

STATE OF IOWA

KIM REYNOLDS GOVERNOR

ADAM GREGG LT. GOVERNOR DOUG OMMEN COMMISSIONER OF INSURANCE

PHARMACY BENEFITS MANAGER 2022 ANNUAL REPORT FOR CALENDAR YEAR 2021

During the 2019-2020 Legislative session, the Iowa Legislature passed, and Governor Reynolds signed, Iowa Code Chapter 510C into law. This legislation requires pharmacy benefits managers ("PBM") licensed in Iowa to file an annual report with the Insurance Commissioner by February 15th of each year. PBMs are required to report the following data as it relates to the prior calendar year:

- a. The aggregate dollar amount of all rebates received by the pharmacy benefits manager.
- b. The aggregate dollar amount of all administrative fees received by the pharmacy benefits manager.
- c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefits manager.
- d. The aggregate dollar amount of all rebates received by the pharmacy benefits manager that the pharmacy benefits manager did not pass through to the health carrier.
- e. The aggregate amount of all administrative fees received by the pharmacy benefits manager that the pharmacy benefits manager did not pass through to the health carrier.
- f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in paragraph "a".
- g. Across all health carrier clients with whom the pharmacy benefits manager was contracted, the highest and the lowest aggregate retained rebate percentages.

As of February 15, 2022, there were forty-seven PBMs licensed in Iowa. Forty-six PBMs submitted annual reports for calendar year 2021. One PBM did not submit a report and has not responded to an inquiry about not doing so; for this PBM, the Iowa Insurance Division is considering its enforcement authority authorized pursuant to Iowa Code §510C.4. One PBM annual report is considered confidential pursuant to Iowa Code §510C.2(2)(b) and is excluded from this document.

Several PBMs provided reports without any detail and when questioned about the lack of detail, claimed to be pre-empted from state authority due to working only with self-funded ERISA plans. Given several recent court decisions regarding state authority of PBMs, including Rutledge v. PCMA, the Division is evaluating whether PBMs will be permitted to claim this exemption in future annual reports.

The PBM reports are attached.

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	A & A Drug Co. dba Sav-Rx Prescription Services	
Address:	224 N Park Ave	
City, State, Zip	Fremont, NE 68025	
Phone Number:		
The p	ourpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$102,364,948.89
b. The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit ma	r amount of all health carrier administrative service fees received by the nager.	\$1,272,129.04
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$19,827,182.54
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	19.37%
	l health carrier clients with whom the pharmacy manager was t aggregate retained rebate percentages.	15.00%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	100.00%
	For any zero entries please attach a statement explaining the zero e	entry.
have been audited ar	Attestation In the field below, I certify, under penalties provided by the laws of Iowa, to all are made in good faith for the period indicated. To the best of the authobelief this submission is a true, correct and complete report including all the Late Filing Fee Select: Date Submitting Filing in OPTins:	norized submitter's knowledge, fees plus any late payment \$0.00
Contact:	Ronda Thiessen	Licensing Coordinator
	Name	Title
	Email	Phone
Submitted by:	Christy Piti Name	CEO/Owner Title
Verified by:	Ronda Thiessen Name	Licensing Coordinator Title
Verified by:	Lisa Quincy-Rump Name	VP Title

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	Alius Health, LLC	
Address:	PO Box 1710	
City, State, Zip	Westerville, OH 43086	
Phone Number:		
The p	ourpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$1,992.78
b. The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit mar	r amount of all health carrier administrative service fees received by the nager.	\$4,302.57
	r amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$1,600.48
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	80.31%
	health carrier clients with whom the pharmacy manager was taggregate retained rebate percentages.	0.00%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	100.00%
	For any zero entries please attach a statement explaining the zero e	entry.
	Attestation	
have been audited an	the field below, I certify, under penalties provided by the laws of Iowa, to deare made in good faith for the period indicated. To the best of the authoelief this submission is a true, correct and complete report including all the Late Filing Fee	norized submitter's knowledge, fees plus any late payment
	Select:	
	Date Submitting Filing in OPTins:	1/21/2022
Contact:	Elizabeth Thomas	Compliance Officer
	Name	Title
	Email	Phone
Submitted by:	Elizabeth Thomas Name	Compliance Officer Title
Verified by:	Robyn Satterfield Name	Chief Operating Officer Title
Verified by:	Joseph Favazzo Name	Chief Executive Officer Title

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	Alluma, LLC	
Address:	290 East John Carpenter Fwy	
City, State, Zip:	Irving, TX 75062	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	ar amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dollar pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the nager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retai paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	II health carrier clients with whom the pharmacy manager was contracted retained rebate percentages.	, 0.00%
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.		
	For any zero entries please attach a statement explaining the zero e	entry.
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment		
,	Late Filing Fee	
	Select:	Agree
	Date Submitting Filing in OPTins:	2/23/2022
Contact:	James Berg Name	VP Operations & Client Mgt Title
	Email	Phone
Submitted by:	James Berg Name	VP Operations & Client Mgt Title
Verified by:	Monica Bacon Name	Finance Director Title
Verified by:	Priyesh Patel Name	VP & General Manager Title

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	AmWINS Group Benefits, LLC	
Address:	50 Whitecap Drive	
City, State, Zip	North Kingstown, RI 02852	
Phone Number:		
Th	e purpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate do	ollar amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate domanager.	ollar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate do pharmacy benefit n	ollar amount of all health carrier administrative service fees received by the nanager.	\$0.00
	ollar amount of all rebates received by the pharmacy benefit manager that fit manager did not pass through to the health carrier.	\$0.00
	mount of all administrative fees received by the pharmacy benefit manager benefit manager did not pass through to the health carrier.	\$0.00
	tained rebate percentage as calculated by dividing the dollar amount in ne dollar amount in "a".	0.00%
	all health carrier clients with whom the pharmacy manager was vest aggregate retained rebate percentages.	0.00%
	s all health carrier clients with whom the pharmacy manager was hest aggregate retained rebate percentages.	0.00%
	For any zero entries please attach a statement explaining the zero e	entry.
have been audited	Attestation e in the field below, I certify, under penalties provided by the laws of Iowa, t and are made in good faith for the period indicated. To the best of the auth ad belief this submission is a true, correct and complete report including all t Late Filing Fee	norized submitter's knowledge, fees plus any late payment \$0.00
	Select: Date Submitting Filing in OPTins:	Agree 2/14/2022
Contact:	Lucas Spaulding Name	Contracts and Compliance Attorney Title
	Email	Phone
Submitted by:	Lucas Spaulding Name	Contracts and Compliance Attorney Title
Verified by:	Scott King Name	President Title
Verified by:	Scott Purviance Name	Chief Executive Officer Title

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	Benecard Services, Inc	
Address:	3131 Princeton Pike, Bld 2B, Ste 103	
City, State, Zip	Lawrenceville, NJ 08648	
Phone Number:		
The p	ourpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit mar	r amount of all health carrier administrative service fees received by the nager.	\$0.00
	r amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	health carrier clients with whom the pharmacy manager was taggregate retained rebate percentages.	0.00%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	For any zero entries please attach a statement explaining the zero e	entry.
	Attestation	
have been audited an	the field below, I certify, under penalties provided by the laws of Iowa, to deep made in good faith for the period indicated. To the best of the authorile this submission is a true, correct and complete report including all to the control of the submission is a true, correct and complete report including all to the control of the con	norized submitter's knowledge, fees plus any late payment
	Late Filing Fee	\$0.00
	Select:	Agree
	Date Submitting Filing in OPTins:	1/21/2022
Contact:	Maria Minelli	Licensing Manager
	Name	Title
	Email	Phone
Submitted by:	Maria Minelli Name	Licensing Manager Title
Verified by:	Michael A. Perry Name	President Title
Verified by:	Richard Terranova Name	Treasurer Title

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	CaremarkPhC, L.L.C.	
Address:	9501 E. Shea Blvd., MC024	
City, State, Zip	Scottsdale, AZ 85260	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit ma	ir amount of all health carrier administrative service fees received by the nager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retai paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	I health carrier clients with whom the pharmacy manager was contracted retained rebate percentages.	, 0.00%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	For any zero entries please attach a statement explaining the zero e	entry.
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have been audited a	n the field below, I certify, under penalties provided by the laws of Iowa, and are made in good faith for the period indicated. To the best of the authorise belief this submission is a true, correct and complete report including all	norized submitter's knowledge,
	Late Filing Fee	\$0.00
	Select	: Agree
	Date Submitting Filing in OPTins:	2/11/2022
Contact:	Karen S. Llano	Sr. Analyst, Business Compliance
	Name	Title
	Email	Phone
Submitted by:	Karen S. Llano Name	Sr. Analyst, Business Compliance Title
Verified by:	John M. Conroy Name	President and Treasurer Title
Verified by:	Thomas S. Moffatt Name	Vice President and Secretary Title

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	Caremark, L.L.C	
Address:	9501 E. Shea Blvd., MC024	
City, State, Zip	Scottsdale, AZ 85260	
Phone Number:		
The _l	ourpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit ma	r amount of all health carrier administrative service fees received by the nager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	I health carrier clients with whom the pharmacy manager was contracted retained rebate percentages.	I, 0.00%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	For any zero entries please attach a statement explaining the zero e	entry.
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have been audited ar	n the field below, I certify, under penalties provided by the laws of lowa, and are made in good faith for the period indicated. To the best of the authorise belief this submission is a true, correct and complete report including all	norized submitter's knowledge, fees plus any late payment
	Late Filing Fee	\$0.00
	Select:	: Agree
	Date Submitting Filing in OPTins:	2/11/2022
Contact:	Karen S. Llano	Sr. Analyst, Business Compliance
	Name	Title
	Email	Phone
Submitted by:	Karen S. Llano Name	Sr. Analyst, Business Compliance Title
Verified by:	John M. Conroy Name	President and Treasurer Title
Verified by:	Thomas S. Moffatt Name	Vice President and Secretary Title

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	CaremarkPCS Health, L.L.C.	
Address:	9501 E. Shea Blvd., MC024	
City, State, Zip	Scottsdale, AZ 85260	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate doll	ar amount of all rebates received by the pharmacy benefit manager.	\$930,378.60
b. The aggregate doll manager.	ar amount of all administrative fees received by the pharmacy benefit	\$186,457.17
c. The aggregate dollar pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the mager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that t manager did not pass through to the health carrier.	\$8,876.01
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the health carrier.	\$1,806.87
	ined rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.95%
	II health carrier clients with whom the pharmacy manager was contracted retained rebate percentages.	, 0.00%
	all health carrier clients with whom the pharmacy manager was est aggregate retained rebate percentages.	6.00%
	For any zero entries please attach a statement explaining the zero e	entry.
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have been audited a	in the field below, I certify, under penalties provided by the laws of lowa, and are made in good faith for the period indicated. To the best of the authorises belief this submission is a true, correct and complete report including all	norized submitter's knowledge, fees plus any late payment
	Late Filing Fee	\$0.00
	Select	: Agree
	Date Submitting Filing in OPTins:	2/11/2022
Contact:	Karen S. Llano Name	Sr. Analyst, Business Compliance Title
	Email	Phone
Submitted by:	Karen S. Llano Name	Sr. Analyst, Business Compliance Title
Verified by:	John M. Conroy Name	President and Treasurer Title
Verified by:	Thomas S. Moffatt Name	Vice President and Secretary Title

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	Change Healthcare Pharmacy Solutions, Inc.	
Address:	45 Commerce Drive, Suite 5	
City, State, Zip	Augusta, ME 04330	
Phone Number:		
The p	ourpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit man	r amount of all health carrier administrative service fees received by the nager.	\$0.00
	ir amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	l health carrier clients with whom the pharmacy manager was t aggregate retained rebate percentages.	0.00%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	For any zero entries please attach a statement explaining the zero e	entry.
	Attestation	
have been audited ar	the field below, I certify, under penalties provided by the laws of lowa, to dear made in good faith for the period indicated. To the best of the authories this submission is a true, correct and complete report including all the Late Filing Fee	norized submitter's knowledge, fees plus any late payment \$0.00 Agree
	Date Submitting Filing in OPTins:	2/15/2022
Contact:	Gargi Patel Name	Project Coordinator Title
	Nume	
	Email	Phone
Submitted by:	Gargi Patel Name	Project Coordinator Title
Verified by:	Peggy Beat Name	Legal Counsel Title
Verified by:	Dan Hardin Name	Senior Vice President Title

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	Cigna Health and Life Insurance Company	
Address:	900 Cottage Grove Road	
City, State, Zip	Bloomfield, CT 06152	
Phone Number:		
Th	ne purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate do	ollar amount of all rebates received by the pharmacy benefit manager.	\$728,777.91
b. The aggregate d manager.	ollar amount of all administrative fees received by the pharmacy benefit	\$59,525.17
c. The aggregate do	ollar amount of all health carrier administrative service fees received by the manager.	\$0.00
	ollar amount of all rebates received by the pharmacy benefit manager that efit manager did not pass through to the health carrier.	\$728,777.91
	mount of all administrative fees received by the pharmacy benefit manager benefit manager did not pass through to the health carrier.	\$59,525.17
	tained rebate percentage as calculated by dividing the dollar amount in he dollar amount in "a".	100.00%
	s all health carrier clients with whom the pharmacy manager was west aggregate retained rebate percentages.	100.00%
	is all health carrier clients with whom the pharmacy manager was the state of the s	100.00%
	For any zero entries please attach a statement explaining the zero e	entry.
have been audited	Attestation e in the field below, I certify, under penalties provided by the laws of lowa, if and are made in good faith for the period indicated. To the best of the author belief this submission is a true, correct and complete report including all Late Filing Fee Select: Date Submitting Filing in OPTins:	norized submitter's knowledge, fees plus any late payment \$0.00
Contact:	Julie Lesmes	Legal Compliance Lead Analyst
	Name	Title
	Email	Phone
Submitted by:	Julie Lesmes Name	Legal Compliance Lead Analyst Title
Verified by:	Robert X. Johnson Name	Business Project Sr Director, Pharm Title
Verified by:	Gloria Perrotta Name	CHLIC Asst, Director Title

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	Costco Health Soultions, Inc.	
Address:	999 Lake Drive	
City, State, Zip	Issaquah, WA 98027	
Phone Number:		
The p	ourpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit ma	r amount of all health carrier administrative service fees received by the nager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	l health carrier clients with whom the pharmacy manager was t aggregate retained rebate percentages.	0.00%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	For any zero entries please attach a statement explaining the zero e	entry.
have been audited ar	Attestation In the field below, I certify, under penalties provided by the laws of Iowa, to are made in good faith for the period indicated. To the best of the authorise this submission is a true, correct and complete report including all the Late Filing Fee Select: Date Submitting Filing in OPTins:	norized submitter's knowledge, fees plus any late payment \$0.00
Contact:	Lisa Simpson	Licensing Specialist
	Name	Title
	Email	Phone
Submitted by:	Lisa Simpson Name	Licensing Specialist Title
Verified by:	Christopher Pierce Name	AVP Pharmacy Title
Verified by:	Name	Title

	lowa 2021 Annual Pharmacy Benefit Manager Repor	
Company Name:	DST Pharmacy Solutions Inc.	
Address:	1055 Broadway	
City, State, Zip	Kansas City, MO 64105	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dol	lar amount of all rebates received by the pharmacy benefit manager.	\$685,461.72
b. The aggregate dol manager.	llar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dol pharmacy benefit m	lar amount of all health carrier administrative service fees received by the anager.	\$0.00
	llar amount of all rebates received by the pharmacy benefit manager that it manager did not pass through to the health carrier.	\$66,456.21
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the health carrier.	\$0.00
	ained rebate percentage as calculated by dividing the dollar amount in e dollar amount in "a".	9.70%
	all health carrier clients with whom the pharmacy manager was est aggregate retained rebate percentages.	5.00%
	all health carrier clients with whom the pharmacy manager was est aggregate retained rebate percentages.	10.00%
	For any zero entries please attach a statement explaining the zero e	ntry.
have been audited a	Attestation in the field below, I certify, under penalties provided by the laws of Iowa, tend are made in good faith for the period indicated. To the best of the authorised belief this submission is a true, correct and complete report including all the	norized submitter's knowledge, fees plus any late payment
	Late Filing Fee	\$100.00
	Select:	Agree
	Date Submitting Filing in OPTins:	2/15/2022
Contact:	Marsha Smitherman	Sr. Contracts/Compliance Administrato
	Name	Title
	Email	Phone
Submitted by:	Marsha Smitherman Name	Sr. Contracts/Compliance Administrato Title
Verified by:	Chad Weydert	Dir. Bus. Systems Analyst
	Name	Title
Verified by:	Name	Title

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	Elixir Rx Solutions, LLC dba Elixir	
Address:	8921 Canyon Falls Blvd., Suite 100	
City, State, Zip	Twinsburg, OH 44087	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate dolla	ar amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit ma	or amount of all health carrier administrative service fees received by the nager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	ount of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retai paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	I health carrier clients with whom the pharmacy manager was contracted retained rebate percentages.	, 0.00%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	For any zero entries please attach a statement explaining the zero e	entry.
	Attestation	
have been audited a	n the field below, I certify, under penalties provided by the laws of Iowa, and are made in good faith for the period indicated. To the best of the authorise belief this submission is a true, correct and complete report including all	norized submitter's knowledge, fees plus any late payment
	Late Filing Fee	\$0.00
	Select	Agree
	Date Submitting Filing in OPTins:	1/25/2022
Contact:	Jennifer Asewicz	Regulatory Affairs Administrator
	Name	Title
	Email	Phone
Submitted by:	Jennifer Asewicz Name	Regulatory Affairs Administrator Title
Verified by:	Jordan Bradford Name	Senior Accountant Title
Verified by:	Scott Gonia Name	Treasurer Title

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	Elixir Rx Solutions, LLC dba Elixir Rx	
Address:	8921 Canyon Falls Blvd	
City, State, Zip	Twinsburg, OH 44087	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate doll	ar amount of all rebates received by the pharmacy benefit manager.	\$1,374,965.63
b. The aggregate doll manager.	ar amount of all administrative fees received by the pharmacy benefit	\$28,048.40
c. The aggregate doll pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the mager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that t manager did not pass through to the health carrier.	\$200,288.33
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the health carrier.	\$28,048.40
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".		
g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, 0.73% the lowest aggregate retained rebate percentages.		
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.		
	For any zero entries please attach a statement explaining the zero e	entry.
	Attestation	
By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment		
	Late Filing Fee	\$0.00
	Select:	Agree
	Date Submitting Filing in OPTins:	1/25/2022
Contact:	Jennifer Asewicz	Regulatory Affairs Administrator
	Name	Title
	Email	Phone
Submitted by:	Jennifer Asewicz Name	Regulatory Affairs Administrator Title
Verified by:	Jordan Bradford Name	Senior Staff Accounting Title
Verified by:	Scott Gonia Name	Treasurer Title

lowa 2022 Annual Pharmacy Benefit Manager Repor		
Company Name:	Express Scripts	
Address:	1 Express Way	
City, State, Zip:	St. Louis, MO 63121	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate doll	ar amount of all rebates received by the pharmacy benefit manager.	\$6,589,221.34
b. The aggregate doll manager.	ar amount of all administrative fees received by the pharmacy benefit	\$533,356.66
c. The aggregate doll pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the mager.	\$3,059,744.27
	ar amount of all rebates received by the pharmacy benefit manager that the manager did not pass through to the health carrier.	\$20,027.75
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the health carrier.	\$15,227.65
	ined rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.30%
g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, 0.00% the lowest aggregate retained rebate percentages.		
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.		
	For any zero entries please attach a statement explaining the zero e	entry.
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment		
	Late Filing Fee	\$0.00
	Select:	Agree
	Date Submitting Filing in OPTins:	2/14/2022
Contact:	Kara Fuccello	Product Manager
	Name	Title
	Email	Phone
Submitted by:	Kara Fuccello Name	Product Manager Title
Verified by:	Kara Fuccello	
vermed by:	Name	Product Manager Title
Verified by:	Tou Yang Name	Business Analytics Manager Title

	lowa 2021 Annual Pharmacy Benefit Manager Repor	
Company Name:	FairosRx, LLC	
Address:	1800 S Washington, Suite 100	
City, State, Zip:	Amarillo, TX, 79102	
Phone Number:		
The p	ourpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit man	r amount of all health carrier administrative service fees received by the nager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	l health carrier clients with whom the pharmacy manager was contracted retained rebate percentages.	, 0.00%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	For any zero entries please attach a statement explaining the zero e	entry.
	Attestation	
have been audited ar	n the field below, I certify, under penalties provided by the laws of lowa, the dare made in good faith for the period indicated. To the best of the authorise belief this submission is a true, correct and complete report including all the Late Filing Fee	norized submitter's knowledge, fees plus any late payment
	Select:	
	Date Submitting Filing in OPTins:	2/8/2022
Contact:	Steve Smith	President
	Name	Title
	Email	Phone
Submitted by:	Laura Porterfield Name	Executive Assistant Title
Verified by:	Steve Smith	President
	Name	Title
Verified by:	Kathryn Bowen	Analyst
	Name	Title

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	Fairview Pharmacy Services, LLC d/b/a ClearScrip	
Address:	668 24th Ave SE	
City, State, Zip	Minneapolis, MN 55414	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	ar amount of all rebates received by the pharmacy benefit manager.	\$59,389,215.03
b. The aggregate doll manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dollar pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the mager.	\$4,965,415.10
	ar amount of all rebates received by the pharmacy benefit manager that tmanager did not pass through to the health carrier.	\$14,258,439.75
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the health carrier.	\$0.00
	ined rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	24.01%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	all health carrier clients with whom the pharmacy manager was est aggregate retained rebate percentages.	20.00%
	For any zero entries please attach a statement explaining the zero e	entry.
have been audited a	Attestation In the field below, I certify, under penalties provided by the laws of lowa, the laws of loward are made in good faith for the period indicated. To the best of the authorized belief this submission is a true, correct and complete report including all the laws of lower laws of laws	norized submitter's knowledge, fees plus any late payment \$0.00
Contact:	Jessica Mullen	Compliance Licensing Specialist
	Name	Title
	Email	Phone
Submitted by:	Jessica Mullen Name	Compliance Licensing Specialist Title
Verified by:	Alyssa Goree Name	Compliance and Licensing Manager Title
Verified by:	Cheryl Koenen Name	VP, Finance Title

lowa 2022 Annual Pharmacy Benefit Manager Repor		
Company Name:	Health E Systems, LLC	
Address:	5404 Cypress Center Drive, Suite 350	
City, State, Zip:	Tampa, FL 33609	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	ar amount of all rebates received by the pharmacy benefit manager.	\$22,193.29
b. The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the nager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	II health carrier clients with whom the pharmacy manager was contracted retained rebate percentages.	, 0.00%
	all health carrier clients with whom the pharmacy manager was set aggregate retained rebate percentages.	0.00%
For any zero entries please attach a statement explaining the zero entry.		
have been audited a	Attestation In the field below, I certify, under penalties provided by the laws of lowa, the laws of loward are made in good faith for the period indicated. To the best of the authorized belief this submission is a true, correct and complete report including all the laws of lower laws of laws	norized submitter's knowledge, fees plus any late payment \$0.00
Contact:	Sandy Shtab Name	AVP Advocacy and Compliance Title
	Email	Phone
Ch		
Submitted by:	Jennifer Davis Name	Advocacy & Compliance Associate Title
Verified by:	Matt Hewitt Name	EVP, PBM General Manager Title
Verified by:	Stephanie Narvades Name	Chief Financial Officer Title

	lowa 2021 Annual Pharmacy Benefit Manager Repor	
Company Name:	Healthcare Higjways Rx, LLC	
Address:	5904 Stone Creek Dr, Suite 120	
City, State, Zip	The Colony, TX 75056	
Phone Number:		
The _l	ourpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit ma	•	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	I health carrier clients with whom the pharmacy manager was contracted retained rebate percentages.	, 0.00%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	For any zero entries please attach a statement explaining the zero e	entry.
	Attestation	
By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment		
	Late Filing Fee	
	Select:	Agree
	Date Submitting Filing in OPTins:	2/23/2022
Contact:	Elisa Muller	General Counsel
	Name	Title
	Email	Phone
Submitted by:	Elisa Muller	General Counsel
Vowified b	Name Frie Yankur	Title
Verified by:	Eric Yonkus Name	President and COO Title
Verified by:	Greg Buscetto	CEO
,	Name	Title

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	Humana Pharmacy Solutions, Inc.	
Address:	500 W. Main Street	
City, State, Zip:	Louisville, KY 40202	
Phone Number:		
Th	e purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate do	ollar amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate domanager.	ollar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate do pharmacy benefit n	ollar amount of all health carrier administrative service fees received by the nanager.	\$0.53
	ollar amount of all rebates received by the pharmacy benefit manager that fit manager did not pass through to the health carrier.	\$0.00
	nount of all administrative fees received by the pharmacy benefit manager benefit manager did not pass through to the health carrier.	\$0.00
	tained rebate percentage as calculated by dividing the dollar amount in ne dollar amount in "a".	0.00%
	all health carrier clients with whom the pharmacy manager was contracted te retained rebate percentages.	1, 0.00%
	s all health carrier clients with whom the pharmacy manager was hest aggregate retained rebate percentages.	0.00%
	For any zero entries please attach a statement explaining the zero ϵ	entry.
have been audited	Attestation e in the field below, I certify, under penalties provided by the laws of lowa, and are made in good faith for the period indicated. To the best of the author belief this submission is a true, correct and complete report including all	horized submitter's knowledge,
	Late Filing Fee	\$0.00
	Select	: Agree
	Date Submitting Filing in OPTins:	2/11/2022
Contact:	B.J. Stivers	Sr. Compliance Professional
	Name	Title
	Email	Phone
Submitted by:	B.J. Stivers Name	Sr. Compliance Professional Title
Verified by:	Dawna Kelly Name	Senior Risk Management Profession: Title
Verified by:	Bryan Duke	Director, Pharmacy Contracting

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	Independent Health Pharmacy Benefit Dimensions, LLC.	
Address:	511 Farber Lakes Drive	
City, State, Zip	Buffalo, NY 14221	
Phone Number:		
The p	ourpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit ma	r amount of all health carrier administrative service fees received by the nager.	\$0.00
	r amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	l health carrier clients with whom the pharmacy manager was t aggregate retained rebate percentages.	0.00%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	For any zero entries please attach a statement explaining the zero e	entry.
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment		
	Late Filing Fee Select:	
	Date Submitting Filing in OPTins:	Agree 1/18/2022
Contact:	Dante Fuscardo Name	Regulatory Compliance Title
	Email	Phone
Submitted by:	Dante Fuscardo Name	Regulatory Compliance Title
Verified by:	Keith Held Name	Director Contracts and Revenue Title
Verified by:	Denzel Moore Name	Contract Manager Title

lowa 2022 Annual Pharmacy Benefit Manager Repor		
Company Name:	IngenioRx, Inc.	
Address:	220 Virginia Avenue	
City, State, Zip	Indianapolis, IN 46204	
Phone Number:		
The p	ourpose of this form is to report the information required by Iowa Code se	ection 510C.2
a. The aggregate dolla	ar amount of all rebates received by the pharmacy benefit manager.	\$557,038.67
b. The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the nager.	\$10,450,811.25
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	ount of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	100.00%
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.		
	For any zero entries please attach a statement explaining the zero e	entry.
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment Late Filing Fee \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/9/2022		
Contact:	Michelle Bednarczyk Name	Staff VP, Pharmacy Mgmt Title
	Email	Phone
Submitted by:	Shannon Kwok Name	Regulatory Affairs Analyst Title
Verified by:	Vincent E. Scher Name	Treasurer Title
Verified by:	S. Owen Hunt Name	Assistant Secretary Title

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	Kroger Prescription Plans, Inc.	
Address:	1014 Vine Street	
City, State, Zip:	Cincinnati, OH 45202	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate dolla	ar amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dollar manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dollar pharmacy benefit ma	•	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	II health carrier clients with whom the pharmacy manager was contracted retained rebate percentages.	, 0.00%
	all health carrier clients with whom the pharmacy manager was set aggregate retained rebate percentages.	0.00%
	For any zero entries please attach a statement explaining the zero e	entry.
	Attestation	
By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment		
	Late Filing Fee	
	Select: Date Submitting Filing in OPTins:	Agree 1/27/2022
Contact:	Emily Schubeler	Operations Admin Asst.
contact.	Name	Title
	Email	Phone
Submitted by:	Emily Schubeler	Operations Admin. Asst.
	Name	Title
Verified by:	Kevin Favro Name	Senior Vice President Title
Verified by:	Cory O'Brien	Financial Analyst
- ,	Name	Title

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	LithiaRx, LLC	
Address:	4506 Stickley Ct.	
City, State, Zip:	Palmetto, FL 34221	
Phone Number:		
The	ourpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit ma	•	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retai paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	I health carrier clients with whom the pharmacy manager was contracted retained rebate percentages.	, 0.00%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	For any zero entries please attach a statement explaining the zero e	entry.
	Attestation	
have been audited a	n the field below, I certify, under penalties provided by the laws of Iowa, the dare made in good faith for the period indicated. To the best of the authorise belief this submission is a true, correct and complete report including all	norized submitter's knowledge,
	Late Filing Fee	\$0.00
	Select:	Agree
	Date Submitting Filing in OPTins:	2/5/2022
Contact:	Neil Bansal	Chief Executive Officer
	Name	Title
	Email	Phone
Submitted by:	Neil Bansal Name	Chief Executive Officer Title
Verified by:	Jason Roeder Name	Chief Financial Officer Title
Verified by:	Jeremy Kassulke Name	Chief Operating Officer Title

Iowa 2022 Annual Pharmacy Benefit Manager Repor Magellan Rx Management, LLC Company Name: 8621 Robert Fulton Drive Address: Columbia, MD 21046 City, State, Zip: (410) 953-1000 Phone Number: The purpose of this form is to report the information required by Iowa Code section 510C.2 **a.** The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$6,057,098.03 b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit \$729,097.27 manager. c. The aggregate dollar amount of all health carrier administrative service fees received by the \$135,428.94 pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that \$0.00 the pharmacy benefit manager did not pass through to the health carrier. e. The aggregate amount of all administrative fees received by the pharmacy benefit manager \$729,097.27 that the pharmacy benefit manager did not pass through to the health carrier. 0.00% f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, 0.00% the lowest aggregate retained rebate percentages. 0.00% g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. For any zero entries please attach a statement explaining the zero entry. **Attestation** By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment Late Filing Fee \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/4/2022 Lexy French Contact: Sr. Paralegal Name Title abfrench@magellanhealth.com (410) 953-4719 **Email** Phone Lexy French Submitted by: Sr. Paralegal Name Title Verified by: Kathleen Bagnuolo Sr. Director Pharmacy Rebate Management Name Title Jennifer Coplin Director, Commercial Pharmacy Rebate Verified by:

Operations

Title

Name

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	MaxorPlus, Ltd.	
Address:	320 S. Polk Street, STE 200	
City, State, Zip	Amarillo, TX 79101	
Phone Number:		
The p	urpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dollar	r amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dollar pharmacy benefit man	r amount of all health carrier administrative service fees received by the nager.	\$0.00
	r amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retain paragraph "d" by the c	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	health carrier clients with whom the pharmacy manager was taggregate retained rebate percentages.	0.00%
	I health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	For any zero entries please attach a statement explaining the zero e	entry.
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment		
	Late Filing Fee	\$0.00
	Select:	Agree
	Date Submitting Filing in OPTins:	1/7/2022
Contact:	Kimberly Rieve Name Email	PBM Licensing & Compliance Manager Title
Submitted by:	Abigail Green	Compliance Associate
Submitted by.	Name	Title
Verified by:	Michael Ellis	CEO
	Name	Title
Verified by:	Kimberly Rieve Name	PBM Licensing & Compliance Manager Title

lowa 2022 Annual Pharmacy Benefit Manager Repor		
Company Name:	MedImpact Healthcare Systems, Inc.	
Address:	10181 Scripps Gateway Court	
City, State, Zip:	San Diego, CA, 92131	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	ar amount of all rebates received by the pharmacy benefit manager.	\$10,034.69
b. The aggregate doll manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dollar pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the inager.	\$3,329,866.09
	ar amount of all rebates received by the pharmacy benefit manager that tmanager did not pass through to the health carrier.	\$0.00
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the health carrier.	\$0.00
	ined rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, 0.00% the lowest aggregate retained rebate percentages.		
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.		
For any zero entries please attach a statement explaining the zero entry.		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment Late Filing Fee \$0.00 Select: Agree		
	Date Submitting Filing in OPTins:	2/9/2022
Contact:	Brooke Moore Name	Reg Comp Admin II Title
	Email	Phone
Submitted by:	James L. Gollaher Name	CFO & Secretary Title
Verified by:	James L. Gollaher Name	CFO & Secretary Title
Verified by:	Frederick Howe Name	CEO & President Title

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	MedOne, LC	
Address:	1590 University Ave	
City, State, Zip	Dubuque, IA 52001	
Phone Number:		
The p	ourpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit ma	r amount of all health carrier administrative service fees received by the nager.	\$0.00
	r amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retail paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	I health carrier clients with whom the pharmacy manager was t aggregate retained rebate percentages.	0.00%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	For any zero entries please attach a statement explaining the zero e	entry.
have been audited ar	Attestation In the field below, I certify, under penalties provided by the laws of lowa, the dare made in good faith for the period indicated. To the best of the authorise this submission is a true, correct and complete report including all the Late Filing Fee Select: Date Submitting Filing in OPTins:	norized submitter's knowledge, fees plus any late payment \$0.00
Contact:	Anishka Jayaswal	Legal Counsel
	Name	Title
	Email	Phone
Submitted by:	Molly Ties	Controller
	Name	Title
Verified by:	Name	Title
Verified by:		
Termed by.	Name	Title

lowa 2022 Annual Pharmacy Benefit Manager Repor		
Company Name:	Navitus Health Solutions, LLC	
Address:	361 Integrity Drive	
City, State, Zip:	Madison, WI 53717	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate dolla	ar amount of all rebates received by the pharmacy benefit manager.	\$941,966.11
b. The aggregate dollar manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dollar pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the nager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".		
g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, 0.00% the lowest aggregate retained rebate percentages.		
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.		
For any zero entries please attach a statement explaining the zero entry.		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment		
	Late Filing Fee	
	Select School trians Ellisonia ODT	J
	Date Submitting Filing in OPTins:	2/14/2022
Contact:	Rachel Breger	Staff Attorney
	Name	Title
	Email	Phone
Submitted by:	Rachel Breger	Staff Attorney
	Name	Title
Verified by:	David Fields Name	CEO/President Title
Verified by:	Paul Page	VP & General Counsel
vermed by.	Name	Title

lowa 2022 Annual Pharmacy Benefit Manager Repor		
Company Name:	OptumRx, Inc.	
Address:	2300 Main Street	
City, State, Zip:	Irvine, CA 92614	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate dolla	ar amount of all rebates received by the pharmacy benefit manager.	\$15,786,999.61
b. The aggregate doll manager.	ar amount of all administrative fees received by the pharmacy benefit	\$1,377,676.82
c. The aggregate dollar pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the nager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$251,361.40
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the health carrier.	\$1,555,888.01
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".		
g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, 7.54% the lowest aggregate retained rebate percentages.		
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 45.87%		
For any zero entries please attach a statement explaining the zero entry.		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment Late Filing Fee \$0.00 Select: Agree		
	Date Submitting Filing in OPTins:	2/11/2022
Contact:	Carrie Snyder Name	Licensing Specialist Title
	Email	Phone
Submitted by:	Carrie Snyder Name	Licensing Specialist Title
Verified by:	Karen Bohmer Name	Secretary Title
Verified by:	David Oberg Name	Assistant Secretary Title

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	PerformRx, LLC	
Address:	200 Stevens Drive	
City, State, Zip	Philadelphia, PA 19113	
Phone Number:		
The p	ourpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit man	r amount of all health carrier administrative service fees received by the nager.	\$0.00
	r amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	health carrier clients with whom the pharmacy manager was taggregate retained rebate percentages.	0.00%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	For any zero entries please attach a statement explaining the zero e	entry.
	Attestation	
have been audited an	the field below, I certify, under penalties provided by the laws of Iowa, to dare made in good faith for the period indicated. To the best of the authorelief this submission is a true, correct and complete report including all to the complete report including all the complete reports all the com	norized submitter's knowledge,
	Late Filing Fee	\$0.00
	Select:	Agree
	Date Submitting Filing in OPTins:	2/9/2022
Contact:	Maureen Bonnes	Corporate Paralegal
	Name	Title
	Email	Phone
Submitted by:	Maureen Bonnes Name	Corporate Paralegal Title
Verified by:	Michele Patterson Name	Director, Rebate Admin. Title
Verified by:	Name	Title

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	Pharmacy Data Management, Inc	
Address:	8530 Crossroads Drive	
City, State, Zip	Poland, OH 44514	
Phone Number:		
The p	ourpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$73,637.00
b. The aggregate dolla manager.	ir amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit mar	r amount of all health carrier administrative service fees received by the nager.	\$0.00
	ir amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	l health carrier clients with whom the pharmacy manager was t aggregate retained rebate percentages.	0.00%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	For any zero entries please attach a statement explaining the zero e	entry.
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment Late Filing Fee \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/14/2022		
Contact:	Jennifer Bierdeman	Paralegal
	Name	Title
	Email	Phone
Submitted by:	Jennifer Bierdeman Name	Paralegal Title
Verified by:	Janine Easton Name	CFO Title
Verified by:	Elizabeth Komar Name	General Counsel Title

Iowa 2022 Annual Pharmacy Benefit Manager Repor		
Company Name:	Procare Pharmacy Benefit Manager, Inc	
Address:	2650 SW 145th Avenue	
City, State, Zip:	Miramar, FL 33027	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	ar amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dollar manager.	ar amount of all administrative fees received by the pharmacy benefit	\$65,092.00
c. The aggregate dollar pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the nager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the health carrier.	\$0.00
	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	II health carrier clients with whom the pharmacy manager was contracted retained rebate percentages.	, 0.00%
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.		
For any zero entries please attach a statement explaining the zero entry.		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment Late Filing Fee \$0.00 Select: Agree Date Submitting Filing in OPTins: 1/26/2022		
Contact:	Barbara Rambo	CFO
	Name	Title
	Email	Phone
Submitted by:	Joyce Coulter	Legal Assistant
	Name	Title
Verified by:	Debbie Wolf Name	VP Legal Title
Varified b		
Verified by:	Barbara Rambo Name	CFO Title

lowa 2021 Annual Pharmacy Benefit Manager Repor		
Company Name:	Prodigy Care Services	
Address:	5900 Balcones Drive, Suite 100	
City, State, Zip:	Austin, TX 78731	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate doll	ar amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate doll manager.	ar amount of all administrative fees received by the pharmacy benefit	\$48,000.00
c. The aggregate dollar pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the inager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that t manager did not pass through to the health carrier.	\$0.00
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the health carrier.	\$0.00
	ined rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	II health carrier clients with whom the pharmacy manager was contracted retained rebate percentages.	, 0.00%
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.		
For any zero entries please attach a statement explaining the zero entry.		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment Late Filing Fee \$100.00 Select: Agree Date Submitting Filing in OPTins: 2/1/2022		
Contact:	Jrean P Hays Name	Client Service Supervisor Title
	Name	Title
	Email	Phone
Submitted by:	Jrean P Hays Name	Client Service Supervisor Title
Verified by:	Delford Doherty Name	CEO Title
Verified by:	Matthew Imes Name	President Title

lowa 2022 Annual Pharmacy Benefit Manager Repor		
Company Name:	Progyny, Inc.	
Address:	1359 Broadway, Second Floor	
City, State, Zip	New York, NY 10018	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate doll	ar amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dol manager.	lar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate doll pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the anager.	\$0.00
	lar amount of all rebates received by the pharmacy benefit manager that t manager did not pass through to the health carrier.	\$0.00
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the health carrier.	\$0.00
	ined rebate percentage as calculated by dividing the dollar amount in edollar amount in "a".	0.00%
	all health carrier clients with whom the pharmacy manager was contracted eretained rebate percentages.	, 0.00%
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.		
For any zero entries please attach a statement explaining the zero entry.		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment Late Filing Fee \$0.00 Select: Agree Date Submitting Filing in OPTins: 1/26/2022		
Contact:	Zakiya Boyd Name	Senior Associate General Counsel Title
	Email	Phone
Submitted by:	Victor Martinez Name	Licensing Analyst Title
Verified by:	Pete Anevski Name	CEO Title
Verified by:	Jennifer Bealer Name	Secretary Title

lowa 2022 Annual Pharmacy Benefit Manager Repor		
Company Name:	RxAdvance	
Address:	136 Turnpike Road	
City, State, Zip:	Soutborough, MA 01772	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate doll	ar amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate doll manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dollar pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the inager.	\$1,138,867.16
	ar amount of all rebates received by the pharmacy benefit manager that t manager did not pass through to the health carrier.	\$0.00
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the health carrier.	\$0.00
	ined rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, 0.00% the lowest aggregate retained rebate percentages.		
g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.		
For any zero entries please attach a statement explaining the zero entry.		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment Late Filing Fee \$0.00 Select: Agree		
	Date Submitting Filing in OPTins:	: Agree 2/14/2022
Contact:	Heather Johnson Name	Chief Compliance Officer Title
	Email	Phone
Submitted by:	Timothy Sheble-Hall Name	Compliance Specialist Title
Verified by:	Aruna Wickremeratne Name	Chief Administrative Officer Title
Verified by:	Heather Johnson Name	Chief Administrative Officer Title

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	Scrip World, LLC	
Address:	10150 S. Centennial Parkway	
City, State, Zip	Sandy, Utah 84074	
Phone Number:		
The p	ourpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$365,869.14
b. The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$29,372.29
c. The aggregate dolla pharmacy benefit mar	r amount of all health carrier administrative service fees received by the nager.	\$0.00
	ir amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$29,372.29
f. The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	l health carrier clients with whom the pharmacy manager was t aggregate retained rebate percentages.	0.00%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	For any zero entries please attach a statement explaining the zero e	entry.
	Attestation	
have been audited an	n the field below, I certify, under penalties provided by the laws of Iowa, to do are made in good faith for the period indicated. To the best of the authorise this submission is a true, correct and complete report including all to be a submission is a true, correct and complete report including all to be a submission is a true, correct and complete report including all to be a submission in the submission is a true, correct and complete report including all to be a submission in the submission in the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true, correct and complete report including all the submission is a true and the submission in the submission is a true and the submission in the submission is a true and the submission	norized submitter's knowledge, fees plus any late payment
	Late Filing Fee	\$0.00
	Select:	Agree
	Date Submitting Filing in OPTins:	2/15/2022
Contact:	Cheryl Kelly	Prog & Reg Appvl Spec
	Name	Title
	Email	Phone
Submitted by:	Cheryl Kelly Name	Prog & Reg Appvl Spec Title
Verified by:	Lorre Alexander Name	Sr. Proj Manager Title
Verified by:	Natalie Capurro Name	Sr. MGR, Prog & Reg Appv Title

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	Script Care, Ltd.	
Address:	6380 Folsom Drive	
City, State, Zip	Beaumont, TX 77706	
Phone Number:		
The p	ourpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit mar	r amount of all health carrier administrative service fees received by the nager.	\$0.00
	r amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retain paragraph "d" by the o	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	health carrier clients with whom the pharmacy manager was taggregate retained rebate percentages.	0.00%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	For any zero entries please attach a statement explaining the zero e	entry.
	Attestation	
have been audited an	n the field below, I certify, under penalties provided by the laws of lowa, to deep made in good faith for the period indicated. To the best of the authoelief this submission is a true, correct and complete report including all the Late Filing Fee	norized submitter's knowledge, fees plus any late payment \$100.00
	Date Submitting Filing in OPTins:	1/6/2022
Contact:	Frank Messina	General Counsel
	Name	Title
	Email	Phone
Submitted by:	Margaret Allen Name	Account Manager Title
Verified by:	Frank Messina Name	General Counsel Title
Verified by:	Margaret Allen Name	Account Manager Title

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	Serve You Custom Prescription Management, Inc. dba Serve You Rx	
Address:	10201 W. Innovation Drive, Suite 600	
City, State, Zip	Milwaukee, WI 53226	
Phone Number:		
The p	ourpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit man	r amount of all health carrier administrative service fees received by the nager.	\$0.00
	ir amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	l health carrier clients with whom the pharmacy manager was t aggregate retained rebate percentages.	0.00%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	For any zero entries please attach a statement explaining the zero e	entry.
have been audited ar	Attestation In the field below, I certify, under penalties provided by the laws of lowa, to all are made in good faith for the period indicated. To the best of the authoriselief this submission is a true, correct and complete report including all to a Late Filing Fee Select: Date Submitting Filing in OPTins:	norized submitter's knowledge, fees plus any late payment \$0.00
Contact:	Cindy Ten Pas Name	Director of Compliance Title
	Name	nite
	Email	Phone
Submitted by:	Cindy Ten Pas Name	Director of Compliance Title
Verified by:	Theodore J. Boylan Name	Senior Vice President Title
Verified by:	Sharon R. Murillo Name	President/CEO Title

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	SmartScripts	
Address:	1010 W Madison ST	
City, State, Zip	Washington, IA 52353	
Phone Number:		
The p	urpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit mar	r amount of all health carrier administrative service fees received by the lager.	\$0.00
	r amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retain paragraph "d" by the o	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
-	health carrier clients with whom the pharmacy manager was aggregate retained rebate percentages.	0.00%
	l health carrier clients with whom the pharmacy manager was it aggregate retained rebate percentages.	0.00%
	For any zero entries please attach a statement explaining the zero e	ntry.
have been audited an	Attestation the field below, I certify, under penalties provided by the laws of lowa, to dare made in good faith for the period indicated. To the best of the authoelief this submission is a true, correct and complete report including all formula and the late Filing Fee Select: Date Submitting Filing in OPTins:	norized submitter's knowledge, fees plus any late payment \$0.00
Contact:	Todd Thompson	CEO
	Name	Title
	Email	Phone
Submitted by:	Elizabeth Vondracek Name	Executive Assistant Title
Verified by:	Andrew Willems	VP
	Name	Title
Verified by:	Todd Thompson Name	CEO Title

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	TRHC TPA, LLC	
Address:	2411 N Hillcrest Pkwy, Ste 1A	
City, State, Zip:	Altoona, WI 54720	
Phone Number:		
The p	ourpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$107,951.05
b. The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit mar	r amount of all health carrier administrative service fees received by the nager.	\$0.00
	r amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$10,795.11
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	10.00%
-	health carrier clients with whom the pharmacy manager was taggregate retained rebate percentages.	10.00%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	10.00%
	For any zero entries please attach a statement explaining the zero e	entry.
have been audited an	Attestation The field below, I certify, under penalties provided by the laws of lowa, to dare made in good faith for the period indicated. To the best of the authoelief this submission is a true, correct and complete report including all the Late Filing Fee	norized submitter's knowledge, fees plus any late payment
	Select:	
	Date Submitting Filing in OPTins:	Agree 2/3/2022
Contact:	Alyssa Grant	Consultant
	Name	Title
	Email	Phone
Submitted by:	Alyssa Grant	Consultant
~ · · · · · · · · · · · · · · · · · · ·	Name	Title
Verified by:	Brian Adams	Secretary
	Name	Title
Verified by:	Orsula Knowlton Name	President Title
	INGITIC	TILL

lowa 2022 Annual Pharmacy Benefit Manager Repor		
Company Name:	Trinity Healthcare Solutions, LLC	
Address:	11270 W Park Place, Suite 625	
City, State, Zip:	Milwaukee, WI 53224	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate doll	ar amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate doll manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dollar pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the mager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that t manager did not pass through to the health carrier.	\$0.00
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the health carrier.	\$0.00
	ined rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, 0.00% the lowest aggregate retained rebate percentages.		
	all health carrier clients with whom the pharmacy manager was est aggregate retained rebate percentages.	0.00%
For any zero entries please attach a statement explaining the zero entry.		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment		
	Late Filing Fee Select:	
	Date Submitting Filing in OPTins:	Agree 2/5/2022
Contact:	Neil Bansal	Chief Executive Officer
	Name	Title
	Email	Phone
Submitted by:	Neil Bansal Name	Chief Executive Officer Title
Verified by:	Jason Roeder Name	Chief Financial Officer Title
Verified by:	Jeremy Kassulke Name	Chief Operating Officer Title

	lowa 2022 Annual Pharmacy Benefit Manager Repor	
Company Name:	True Rx Management Services, Inc	
Address:	7 Williams Bros. Dr.	
City, State, Zip	Washington, IN 47501	
Phone Number:		
The p	ourpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$588,752.60
b. The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit mar	r amount of all health carrier administrative service fees received by the nager.	\$0.00
	r amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$72,795.50
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	12.36%
	health carrier clients with whom the pharmacy manager was taggregate retained rebate percentages.	10.10%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	28.40%
	For any zero entries please attach a statement explaining the zero e	entry.
have been audited an	Attestation In the field below, I certify, under penalties provided by the laws of Iowa, to all are made in good faith for the period indicated. To the best of the authorelief this submission is a true, correct and complete report including all the Late Filing Fee Select: Date Submitting Filing in OPTins:	norized submitter's knowledge, fees plus any late payment \$0.00
Contact:	Michael D. Chestnut	General Counsel
contact.	Name	Title
	Email	Phone
Submitted by:	Michael D. Chestnut Name	General Counsel Title
Verified by:	Jesse K. McDonald Name	Chief Operating Officer Title
Verified by:	Jenna Kaylor Name	Dir. Of Business Reporting Title

	lowa 2021 Annual Pharmacy Benefit Manager Repor	
Company Name:	Ventegra Inc., A California Benefit Corporation	
Address:	450 N Brand Blvd., Suite 600	
City, State, Zip	Glendale, CA 91203	
Phone Number:		
The p	ourpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla pharmacy benefit ma	r amount of all health carrier administrative service fees received by the nager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	l health carrier clients with whom the pharmacy manager was t aggregate retained rebate percentages.	0.00%
	II health carrier clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	For any zero entries please attach a statement explaining the zero e	entry.
have been audited ar	Attestation In the field below, I certify, under penalties provided by the laws of lowa, the field below, I certify, under penalties provided by the laws of lowa, the field are made in good faith for the period indicated. To the best of the authorized this submission is a true, correct and complete report including all the late Filling Fee select: Date Submitting Filling in OPTins:	norized submitter's knowledge, fees plus any late payment \$100.00
Contact:	Ann Wilson	Special Projects
	Name	Title
	Email	Phone
Submitted by:	Ann Wilson	Special Projects
	Name	Title
Verified by:	Name	Title
Verified by:		
zermed by:	Name	Title

lowa 2022 Annual Pharmacy Benefit Manager Repor		
Company Name:	WellDyneRx, LLC	
Address:	500 Eagles Landing Drive	
City, State, Zip:	Lakeland, FL 33810	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code so	ection 510C.2
a. The aggregate dolla	ar amount of all rebates received by the pharmacy benefit manager.	\$0.00
b. The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dollar pharmacy benefit ma	ar amount of all health carrier administrative service fees received by the nager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the health carrier.	\$0.00
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the health carrier.	\$0.00
f. The aggregate retai paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, 0.00% the lowest aggregate retained rebate percentages.		
	all health carrier clients with whom the pharmacy manager was set aggregate retained rebate percentages.	0.00%
For any zero entries please attach a statement explaining the zero entry.		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment		
	Late Filing Fee	\$0.00
	Select:	Agree
	Date Submitting Filing in OPTins:	2/9/2022
Contact:	Kumarie Jagnarain	Senior Legal Specialist
	Name	Title
	Email	Phone
Submitted by:	Kumarie Jagnarain Name	Senior Legal Specialist Title
Verified by:	Phillip P. Bisesi Name	SVP & General Counsel Title
Verified by:	Name	Title