

# STATE OF IOWA

KIM REYNOLDS GOVERNOR

ADAM GREGG LT. GOVERNOR DOUG OMMEN COMMISSIONER OF INSURANCE

## PHARMACY BENEFITS MANAGER 2023 ANNUAL REPORT FOR CALENDAR YEAR 2022

During the 2022-2023 Legislative session, the Iowa Legislature passed revisions to <u>Iowa Code</u> <u>Chapter 510C</u>. The revisions expand the reporting obligations to require Pharmacy Benefits Managers (PBMs) to report information on all third-party payors as defined in <u>Iowa Code section 510B.1</u>. As required in Iowa Code 510C, all PBMs licensed in Iowa must file an annual report with the Insurance Commissioner by February 15<sup>th</sup> that contains the following data for 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 third-party payor 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 third-party payor.
- 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 third-party payor.
- 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 third-party payor clients with whom the pharmacy benefits manager was contracted, the highest and the lowest aggregate retained rebate percentages.

As of February 15, 2023, there were fifty-two PBMs licensed in Iowa. At the time of the preparation of this report, fifty-one PBMs submitted complete annual reports for calendar year 2022. One PBM was finalizing its report and it will be published by the Iowa Insurance Division upon completion. One PBM changed its name mid-year and filed reports under each name.

Eighteen PBMs provided reports without any detail and explained that they did not do business with any third-party payors in Iowa in 2022. Several other PBMs had limited or no detail in their reports due to having business models that work with workers compensation companies or entities that are not third-party payors.

Of those PBMs with data to report, many reported aggregate dollar amounts greater than in the previous year. Without additional information, the Iowa Insurance Division cannot make an assessment as to the whether the increased numbers are a result of the legislative changes or other changes, such as increased business.

The PBM reports are attached.

lowa 2023 Annual Pharmacy Benefit Manager Report		
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 r	purpose 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.	\$117,696,644.96
<b>b.</b> The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
<b>c.</b> The aggregate dolla the pharmacy benefit	ar amount of all third-party payor administrative service fees received by t manager.	\$2,106,522.80
	ar amount of all rebates received by the pharmacy benefit manager that t manager did not pass through to the third-party payor.	\$21,434,649.92
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the third-party payor.	\$0.00
<b>f.</b> The aggregate retain paragraph "d" by the	ined rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	18.21%
	Il third-party payor clients with whom the pharmacy manager was st aggregate retained rebate percentages.	15.00%
g2. (highest) Across all third-party payor 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 statements 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:	2/2/2023
Contact:	Ronda Thiessen Name	Licensing Coordinator Title
	Email	Phone
Submitted by:	Christy Piti Name	CEO/Owner Title
Verified by:	Collin Piti Name	Director of Finance Title
Verified by:	Ronda Thiessen Name	Licensing Coordinator Title

	lowa 2023 Annual Pharmacy Benefit Manager Report	
Company Name:	Alius Health, LLC	
Address:	PO Box 1710	
City, State, Zip	Westerville, OH 43086	
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.	\$3,648.90
<b>b.</b> The aggregate doll manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dollar the pharmacy benefit	ar amount of all third-party payor administrative service fees received by manager.	\$15,756.03
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the third-party payor.	\$360.00
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the third-party payor.	\$0.00
	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	9.87%
	II third-party payor clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	all third-party payor clients with whom the pharmacy manager was est aggregate retained rebate percentages.	100.00%
For any zero entries please attach a statement explaining the zero entry.		
	Attestation	
good faith for th	the field below, I certify, under penalties provided by the laws of lowa, the period indicated. To the best of the authorized submitter's knowledge, is a true, correct and complete report including all fees plus any la	nformation, and belief this
	Late Filing Fee	\$0.00
	Select	: Agree
	Date Submitting Filing in OPTins:	1/23/2023
Contact:	Elizabeth Thomas Name	Compliance Officer Title
	Email	Phone
Submitted by:	Elizabeth Thomas Name	Compliance Officer Title
Verified by:	Joseph Favazzo Name	Chief Executive Officer Title
Verified by:	Robyn Satterfield Name	Chief Operating Officer Title

Iowa 2023 Annual Pharmacy Benefit Manager Report		
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 s	ection 510C.2
a. The aggregate do	ollar amount of all rebates received by the pharmacy benefit manager.	\$0.00
<b>b.</b> The aggregate domanager.	ollar amount of all administrative fees received by the pharmacy benefit	\$0.00
<b>c.</b> The aggregate do	ollar amount of all third-party payor administrative service fees received by effit manager.	\$0.00
	ollar amount of all rebates received by the pharmacy benefit manager that effit manager did not pass through to the third-party payor.	\$0.00
	mount of all administrative fees received by the pharmacy benefit manager benefit manager did not pass through to the third-party payor.	\$0.00
	tained rebate percentage as calculated by dividing the dollar amount in ne dollar amount in "a".	0.00%
	all third-party payor clients with whom the pharmacy manager was est aggregate retained rebate percentages.	0.00%
	s all third-party payor 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.
	Attestation	
By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements 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:	1/24/2023
Contact:	Lucas Spaulding Name	Contracts and Compliance Attorne Title
	Email	Phone
Submitted by:	Lucas Spaulding Name	Contracts and Compliance Attorne Title
Verified by:	Scott King Name	President Title
Verified by:	Samuel Fleet Name	Chief Executive Officer Title

	lowa 2023 Annual Pharmacy Benefit Manager Report	
Company Name:	Benecard Services, Inc	
Address:	3131 Princeton Pike, Bld 2B, Ste 103	
City, State, Zip:	Lawrenceville, NJ 08648	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate dol	lar amount of all rebates received by the pharmacy benefit manager.	\$39,602,666.00
<b>b.</b> The aggregate dol manager.	lar amount of all administrative fees received by the pharmacy benefit	\$0.00
<b>c.</b> The aggregate dol the pharmacy benef	lar amount of all third-party payor administrative service fees received by it manager.	\$24,230,330.00
	lar amount of all rebates received by the pharmacy benefit manager that it manager did not pass through to the third-party payor.	\$0.00
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the third-party payor.	\$0.00
	nined rebate percentage as calculated by dividing the dollar amount in e dollar amount in "a".	0.00%
	all third-party payor clients with whom the pharmacy manager was est aggregate retained rebate percentages.	0.00%
g2. (highest) Across all third-party payor clients with whom the pharmacy manager was contracted, the highest 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 statements 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:	2/14/2023
Contact:	Maria Minelli Name	Licensing Manager Title
	Email	Phone
Submitted by:	Maria Minelli Name	Licensing Manager Title
Verified by:	Richard Terranova Name	Treasurer Title
Verified by:	Michael A. Perry Name	President Title

lowa 2023 Annual Pharmacy Benefit Manager Report		
Company Name:	Capital Rx, Inc.	
Address:	228 Park Avenue South, Suite 87234	
City, State, Zip:	New York, NY	
Phone Number:		
The	e purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate do	llar amount of all rebates received by the pharmacy benefit manager.	\$1,259,983.40
<b>b.</b> The aggregate domanager.	Illar amount of all administrative fees received by the pharmacy benefit	\$152,089.91
<b>c.</b> The aggregate do the pharmacy bene	llar amount of all third-party payor administrative service fees received by fit manager.	\$0.00
	ollar amount of all rebates received by the pharmacy benefit manager that fit manager did not pass through to the third-party payor.	\$0.00
	nount of all administrative fees received by the pharmacy benefit manager penefit manager did not pass through to the third-party payor.	\$0.00
	ained rebate percentage as calculated by dividing the dollar amount in a dollar amount in a dollar amount in "a".	0.00%
	all third-party payor clients with whom the pharmacy manager was est aggregate retained rebate percentages.	0.00%
	s all third-party payor clients with whom the pharmacy manager was nest 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 statements 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:	2/15/2023
Contact:	Matthew Wille Name	Licensing and Compliance Manage
	Email	Phone
Submitted by:	Matthew Wille Name	Licensing and Compliance Manage
Verified by:	Ben Schuster Name	Director, Pricing Title
Verified by:	Name	Title

lowa 2023 Annual Pharmacy Benefit Manager Report			
Company Name:	IngenioRx, Inc.		
Address:	220 Virginia Avenue		
City, State, Zip:	Indianapolis, IN 46204		
Phone Number:			
The	e purpose of this form is to report the information required by Iowa Code s	ection 510C.2	
a. The aggregate dol	lar amount of all rebates received by the pharmacy benefit manager.	\$755,609.77	
<b>b.</b> The aggregate dol manager.	llar amount of all administrative fees received by the pharmacy benefit	\$155,824.26	
<b>c.</b> The aggregate dol the pharmacy benef	lar amount of all third-party payor administrative service fees received by fit manager.	\$11,700,597.50	
	llar amount of all rebates received by the pharmacy benefit manager that it manager did not pass through to the third-party payor.	\$0.00	
	nount of all administrative fees received by the pharmacy benefit manager benefit manager did not pass through to the third-party payor.	\$0.00	
	ained rebate percentage as calculated by dividing the dollar amount in e dollar amount in "a".	0.00%	
	all third-party payor clients with whom the pharmacy manager was est aggregate retained rebate percentages.	0.00%	
	g2. (highest) Across all third-party payor 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 statements 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:	2/15/2023	
Contact:	Lacey Newman Name	Director Contract Compliance Title	
	Email	Phone	
Submitted by:	Shannon Kwok Name	Regulatory Affairs Analyst Title	
Verified by:	S. Owen Hunt Name	Assistant Secretary/Director Title	
Verified by:	Vincent E. Scher Name	Treasurer/Director Title	

lowa 2023 Annual Pharmacy Benefit Manager Report		
Company Name:	Caremark, 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 so	ection 510C.2
a. The aggregate dolla	ar amount of all rebates received by the pharmacy benefit manager.	\$0.00
<b>b.</b> The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
<b>c.</b> The aggregate dolla the pharmacy benefit	ar amount of all third-party payor administrative service fees received by manager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the third-party payor.	\$0.00
	ount of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the third-party payor.	\$0.00
<b>f.</b> The aggregate retai paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages.		0.00%
g2. (highest) Across all third-party payor clients with whom the pharmacy manager was contracted, the highest 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 Iowa, that these statements 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:	2/10/2023
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:	Thomas S. Moffatt Name	VP & Secretary Title
Verified by:	Joshua C. Cole	Assistant Treasurer

	lowa 2023 Annual Pharmacy Benefit Manager Report	
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 dolla	ar amount of all rebates received by the pharmacy benefit manager.	\$86,451,232.11
<b>b.</b> The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$6,544,389.69
c. The aggregate dolla the pharmacy benefit	ar amount of all third-party payor administrative service fees received by manager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the third-party payor.	\$9,057,251.68
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the third-party payor.	\$0.00
<b>f.</b> The aggregate retai paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	10.48%
	II third-party payor clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	all third-party payor clients with whom the pharmacy manager was est aggregate retained rebate percentages.	12.00%
	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 statements 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:	2/17/2023
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:	Thomas S. Moffatt Name	VP & Secretary Title
Verified by:	Joshua C. Cole Name	Assistant Treasurer Title

lowa 2023 Annual Pharmacy Benefit Manager Report		
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 doll	ar amount of all rebates received by the pharmacy benefit manager.	\$0.00
<b>b.</b> The aggregate doll manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dollathe pharmacy benefit	ar amount of all third-party payor administrative service fees received by t manager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that t manager did not pass through to the third-party payor.	\$0.00
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the third-party payor.	\$0.00
	ined rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	II third-party payor clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	all third-party payor 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 e	entry.
Attestation		
By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these statements 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:	2/10/2023
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:	Thomas S. Moffatt Name	VP & Secretary Title
Verified by:	Joshua C. Cole Name	Assistant Treasurer Title

lowa 2023 Annual Pharmacy Benefit Manager Report		
Company Name:	Centene Pharmacy Services, Inc	
Address:	8517 SouthPark Circle, Suite 200	
City, State, Zip:	Orlando, FL 32819	
Phone Number:		
The	e purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate do	lar amount of all rebates received by the pharmacy benefit manager.	\$0.00
<b>b.</b> The aggregate do manager.	llar amount of all administrative fees received by the pharmacy benefit	\$0.00
<b>c.</b> The aggregate do the pharmacy benef	llar amount of all third-party payor administrative service fees received by fit manager.	\$0.00
	llar amount of all rebates received by the pharmacy benefit manager that it manager did not pass through to the third-party payor.	\$0.00
	nount of all administrative fees received by the pharmacy benefit manager benefit manager did not pass through to the third-party payor.	\$0.00
	ained rebate percentage as calculated by dividing the dollar amount in e dollar amount in "a".	0.00%
	all third-party payor clients with whom the pharmacy manager was est aggregate retained rebate percentages.	0.00%
	all third-party payor clients with whom the pharmacy manager was lest 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 statements 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:	2/15/2023
Contact:	Shanie Stein Name	Reg. Compliance Analyst Title
	Email	Phone
Submitted by:	Shanie Stein Name	Reg. Compliance Analyst Title
Verified by:	Matthew J. Merlo Name	Sr. VP, Operations Title
Verified by:	Clintton J. Palmer Name	Vice President, Finance Title

	lowa 2023 Annual Pharmacy Benefit Manager Report	
Company Name:	Change Healthcare Pharmacy Solutions, Inc.	
Address:	45 Commerce Drive, Suite 5	
City, State, Zip:	Augusta, ME 04332-1090	
Phone Number:		
The p	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>b.</b> The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$0.00
<b>c.</b> The aggregate dollar the pharmacy benefit	r amount of all third-party payor administrative service fees received by manager.	\$0.00
	r amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the third-party payor.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the third-party payor.	\$0.00
<b>f.</b> The aggregate retair paragraph "d" by the o	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	third-party payor clients with whom the pharmacy manager was taggregate retained rebate percentages.	0.00%
	I third-party payor 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 statements 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:	3/29/2023
Contact:	Melissa K. Fitch Name	Project Coordinator Title
	Email	Phone
Submitted by:		
	Name	Title
Verified by:	Name	Title
Verified by:		
,	Name	Title

### Iowa 2023 Annual Pharmacy Benefit Manager Report Company Name: Cigna Health and Life Insurance Company 900 Cottage Grove Road Address: Bloomfield, CT 06152 City, State, Zip 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. \$0.00 b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit \$0.00 manager. c. The aggregate dollar amount of all third-party payor administrative service fees received by \$0.00 the 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 third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit manager \$0.00 that the pharmacy benefit manager did not pass through to the third-party payor. 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 third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. 0.00% g2. (highest) Across all third-party payor 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 Iowa, that these statements 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 Agree Date Submitting Filing in OPTins: 2/9/2023 Contact: Julie Lesmes Legal Compliance Lead Analyst Name Title Email Phone Submitted by: Julie Lesmes Legal Compliance Lead Analyst Name Title Verified by: Robert X. Johnson Business Project Sr Director, Pharmacy Name Title Gloria Perrotta **CHLIC Asst Director** Verified by: Name Title

#### lowa 2023 Annual Pharmacy Benefit Manager Report Costco Health Solutions, Inc. Company Name: 999 Lake Drive Address: City, State, Zip: Issaguah, WA 98027 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 \$103,211,675.82 manager. \$0.00 b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. c. The aggregate dollar amount of all third-party payor administrative service fees \$3,834.55 received by the pharmacy benefit manager. \$0.00 d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar 0.00% amount in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager 0.00% was contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager 0.00% 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 Iowa, that these statements 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: 2/3/2023 Contact: Lisa Simpson **Licensing Specialist** Title Name **Email** Phone Submitted by: Lisa Simpson **Licensing Specialist** Name Title Verified by: **Christopher Pierce Assistant Secretary** Title Name Verified by: **Gary Swearingen** Treasurer Title Name

lowa 2023 Annual Pharmacy Benefit Manager Report		
Company Name:	DST Pharmacy Solutions, Inc.	
Address:	1055 Broadway Blvd	
City, State, Zip:	Kansas City, MO 64105	
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.	\$1,254,206.39
<b>b.</b> The aggregate dol manager.	lar amount of all administrative fees received by the pharmacy benefit	\$0.00
<b>c.</b> The aggregate doll the pharmacy benef	lar amount of all third-party payor administrative service fees received by it manager.	\$0.00
	lar amount of all rebates received by the pharmacy benefit manager that it manager did not pass through to the third-party payor.	\$98,357.95
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the third-party payor.	\$0.00
	nined rebate percentage as calculated by dividing the dollar amount in e dollar amount in "a".	7.84%
	all third-party payor clients with whom the pharmacy manager was est aggregate retained rebate percentages.	4.64%
g2. (highest) Across all third-party payor clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.		9.29%
	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 statements 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:	2/14/2023
Contact:	Alissa Meszaros Name	Paralegal Title
	Email	Phone
Submitted by:	Lucy Hicks Name	VP & General Counsel Title
Verified by:	Patrick Pedonti Name	VP & Treasurer Title
Verified by:	Tori Dargati Name	President & General Manager Title

Iowa 2023 Annual Pharmacy Benefit Manager Report		
Company Name:	Elixir Rx Solutions, LLC dba Elixir Rx	
Address:	7835 Freedom Avenue NW	
City, State, Zip	North Canton, OH 44720	
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.	\$1,449,653.78
<b>b.</b> The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$73,793.65
<b>c.</b> The aggregate dollathe pharmacy benefit	ar amount of all third-party payor administrative service fees received by manager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the third-party payor.	\$420,976.19
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the third-party payor.	\$73,793.65
<b>f.</b> The aggregate retai paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	29.04%
	Il third-party payor clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	Ill third-party payor 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	
good faith for the	the field below, I certify, under penalties provided by the laws of Iowa, the period indicated. To the best of the authorized submitter's knowledge, is mission is a true, correct and complete report including all fees plus any labels.	nformation, and belief this
	Late Filing Fee	\$0.00
	Select	: Agree
	Date Submitting Filing in OPTins:	2/2/2023
Contact:	Jennifer Asewicz Name	Regulatory Affairs Administrator Title
	Email	Phone
Submitted by:	Angela Eden Name	Senior Manager/AP Title
Verified by:	Angela Eden Name	Senior Manager/AP Title
Verified by:	Name	Title

lowa 2023 Annual Pharmacy Benefit Manager Report		
Company Name:	Elixir Rx Solutions, LLC	
Address:	7835 Freedom Avenue NW	
City, State, Zip:	North Canton, OH 44720	
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.	\$562,459.11
<b>b.</b> The aggregate dol manager.	lar amount of all administrative fees received by the pharmacy benefit	\$103,401.38
<b>c.</b> The aggregate doll the pharmacy benefi	ar amount of all third-party payor administrative service fees received by t manager.	\$0.00
	lar amount of all rebates received by the pharmacy benefit manager that t manager did not pass through to the third-party payor.	\$13,848.51
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the third-party payor.	\$0.00
	ined rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	2.46%
	all third-party payor clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	all third-party payor 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 e	entry.
	Attestation	
good faith for th	the field below, I certify, under penalties provided by the laws of lowa, the period indicated. To the best of the authorized submitter's knowledge, in bmission is a true, correct and complete report including all fees plus any lab	nformation, and belief this
	Late Filing Fee	\$0.00
	Select:	Agree
	Date Submitting Filing in OPTins:	2/2/2023
Contact:	Jennifer Asewicz Name	Regulatory Affairs Administrator Title
	Email	Phone
Submitted by:	Jordan Bradford Name	Sr. Staff Accountant Title
Verified by:	Chad Sullivan Name	Director of Accounting Title
Verified by:	Name	Title

lowa 2023 Annual Pharmacy Benefit Manager Report		
Company Name:	Express Scripts	
Address:	1 Express Way	
City, State, Zip:	St. Louis, MO 63121	
Phone Number:		
The	e purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate dol	lar amount of all rebates received by the pharmacy benefit manager.	\$10,350,258.33
<b>b.</b> The aggregate do manager.	llar amount of all administrative fees received by the pharmacy benefit	\$861,858.52
<b>c.</b> The aggregate dol the pharmacy benef	lar amount of all third-party payor administrative service fees received by it manager.	\$3,894,716.28
	llar amount of all rebates received by the pharmacy benefit manager that it manager did not pass through to the third-party payor.	\$0.00
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the third-party payor.	\$8,177.95
	ained rebate percentage as calculated by dividing the dollar amount in e dollar amount in "a".	0.00%
	all third-party payor clients with whom the pharmacy manager was est aggregate retained rebate percentages.	0.00%
	all third-party payor 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 e	entry.
	Attestation	
good faith for tl	n the field below, I certify, under penalties provided by the laws of Iowa, the period indicated. To the best of the authorized submitter's knowledge, i bmission is a true, correct and complete report including all fees plus any I	nformation, and belief this
	Late Filing Fee	\$0.00
	Select	: Agree
	Date Submitting Filing in OPTins:	2/15/2023
Contact:	Kara Fuccello Name	Product Manager Title
	Email	Phone
Submitted by:	Kara Fuccello Name	Product Manager Title
Verified by:	Kara Fuccello Name	Product Manager Title
Verified by:	Tou Yang Name	Business Analytics Manager Title

lowa 2023 Annual Pharmacy Benefit Manager Report		
Company Name:	FairosRx, LLC	
Address:	1800 S Washington Street, Suite 100	
City, State, Zip:	Amarillo, TX 79102	
Phone Number:		
The <sub>l</sub>	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.	\$124.81
<b>b.</b> The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla the pharmacy benefit	r amount of all third-party payor administrative service fees received by manager.	\$544.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the third-party payor.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the third-party payor.	\$0.00
<b>f.</b> 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 third-party payor clients with whom the pharmacy manager was t aggregate retained rebate percentages.	0.00%
	Il third-party payor 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	ntry.
	Attestation	
By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these statements 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:	3/1/2023
Contact:	Steve Smith	President
	Name	Title
	Email	Phone
Submitted by:	Laura Porterfield	Executive Assistant
	Name	Title
Verified by:	Steve Smith Name	President Title
Verified by:	Kathryn Bowen	Analyst
	Name	Title

	lowa 2023 Annual Pharmacy Benefit Manager Report	
Company Name:	Fairview Pharmacy Services, LLC d/b/a ClearScrip	
Address:	668 24th Ave SE	
City, State, Zip:	Minneapolis, MN 55414	
Phone Number:		
The	e purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate do	llar amount of all rebates received by the pharmacy benefit manager.	\$82,931,700.31
<b>b.</b> The aggregate do manager.	llar amount of all administrative fees received by the pharmacy benefit	\$0.00
<b>c.</b> The aggregate do the pharmacy benef	llar amount of all third-party payor administrative service fees received by fit manager.	\$5,170,555.13
	llar amount of all rebates received by the pharmacy benefit manager that fit manager did not pass through to the third-party payor.	\$19,670,920.26
	nount of all administrative fees received by the pharmacy benefit manager benefit manager did not pass through to the third-party payor.	\$0.00
	ained rebate percentage as calculated by dividing the dollar amount in e dollar amount in "a".	23.72%
	all third-party payor clients with whom the pharmacy manager was est aggregate retained rebate percentages.	0.00%
	all third-party payor clients with whom the pharmacy manager was nest aggregate retained rebate percentages.	20.00%
	For any zero entries please attach a statement explaining the zero e	entry.
	Attestation	
good faith for t	n the field below, I certify, under penalties provided by the laws of lowa, th he period indicated. To the best of the authorized submitter's knowledge, i ubmission is a true, correct and complete report including all fees plus any I	nformation, and belief this
	Late Filing Fee	\$0.00
	Select	Agree
	Date Submitting Filing in OPTins:	2/14/2023
Contact:	Jessica Mullen Name	Licensing Specialist Title
	Email	Phone
Submitted by:	Jessica Mullen Name	Compliance Licensing Specialist Title
Verified by:	Macneil Olson Name	PBM Finance Manager Title
Verified by:	Cheryl Koenen Name	VP Finance Title

Iowa 2023 Annual Pharmacy Benefit Manager Report		
Company Name:	healthcare highways rx, llc	
Address:	5904 stone creek dr ste 120	
City, State, Zip:	the colony, TX 75056	
Phone Number:		
The	e purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate do	lar amount of all rebates received by the pharmacy benefit manager.	\$0.00
<b>b.</b> The aggregate do manager.	llar amount of all administrative fees received by the pharmacy benefit	\$0.00
<b>c.</b> The aggregate doluthe pharmacy benef	lar amount of all third-party payor administrative service fees received by it manager.	\$0.00
	llar amount of all rebates received by the pharmacy benefit manager that it manager did not pass through to the third-party payor.	\$0.00
	nount of all administrative fees received by the pharmacy benefit manager benefit manager did not pass through to the third-party payor.	\$0.00
	ained rebate percentage as calculated by dividing the dollar amount in e dollar amount in "a".	0.00%
	all third-party payor clients with whom the pharmacy manager was est aggregate retained rebate percentages.	0.00%
	all third-party payor clients with whom the pharmacy manager was lest aggregate retained rebate percentages.	0.00%
	For any zero entries please attach a statement explaining the zero e	entry.
	Attestation	
good faith for t	n the field below, I certify, under penalties provided by the laws of Iowa, th he period indicated. To the best of the authorized submitter's knowledge, i Ibmission is a true, correct and complete report including all fees plus any I	nformation, and belief this
	Late Filing Fee	\$100.00
	Select	: Agree
	Date Submitting Filing in OPTins:	2/23/2023
Contact:	Elisa Muller Name	general counsel Title
	Email	Phone
Submitted by:	elisa muller Name	general counsel Title
Verified by:	david fein Name	SVP data Title
Verified by:	maureen roy Name	dr acct management Title

Iowa 2023 Annual Pharmacy Benefit Manager Report		
Company Name:	Health E Systems, LLC	
Address:	5404 Cypress Center Drive, Suite 210	
City, State, Zip	Tampa, FL 33609	
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.	\$61,534.14
<b>b.</b> The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$0.00
<b>c.</b> The aggregate dolla the pharmacy benefit	r amount of all third-party payor administrative service fees received by manager.	\$0.00
	r amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the third-party payor.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the third-party payor.	\$0.00
<b>f.</b> The aggregate retair paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	third-party payor clients with whom the pharmacy manager was taggregate retained rebate percentages.	0.00%
	Il third-party payor 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	ntry.
	Attestation	
good faith for the	the field below, I certify, under penalties provided by the laws of Iowa, the period indicated. To the best of the authorized submitter's knowledge, in mission is a true, correct and complete report including all fees plus any la	nformation, and belief this
	Late Filing Fee	\$0.00
	Select	Agree
	Date Submitting Filing in OPTins:	1/16/2023
Contact:	Sandy Shtab Name	AVP Advocacy and Compliance Title
	Email	Phone
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 2023 Annual Pharmacy Benefit Manager Report	
Company Name:	Humana Pharmacy Solutions, Inc.	
Address:	500 W. Main Street	
City, State, Zip	Louisville, KY, 40202	
Phone Number:		
T	ne purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate d	ollar amount of all rebates received by the pharmacy benefit manager.	\$0.00
<b>b.</b> The aggregate d manager.	ollar amount of all administrative fees received by the pharmacy benefit	\$0.00
<b>c.</b> The aggregate detection the pharmacy benefits	ollar amount of all third-party payor administrative service fees received by efit manager.	\$0.00
	ollar amount of all rebates received by the pharmacy benefit manager that efit manager did not pass through to the third-party payor.	\$0.00
	mount of all administrative fees received by the pharmacy benefit manager benefit manager did not pass through to the third-party payor.	\$0.00
	tained rebate percentage as calculated by dividing the dollar amount in he dollar amount in "a".	0.00%
	s all third-party payor clients with whom the pharmacy manager was vest aggregate retained rebate percentages.	0.00%
	is all third-party payor clients with whom the pharmacy manager was thest aggregate retained rebate percentages.	0.00%
	For any zero entries please attach a statement explaining the zero e	entry.
	Attestation	
good faith for	in the field below, I certify, under penalties provided by the laws of lowa, the period indicated. To the best of the authorized submitter's knowledge, is submission is a true, correct and complete report including all fees plus any I	information, and belief this late payment.
	Select	: Agree
	Date Submitting Filing in OPTins:	Ü
Contact:	B.J. Stivers	Compliance Lead
	Name	Title
	Email	Phone
Submitted by:	B.J. Stivers Name	Compliance Lead
Verified by:	Dawna Kelly Name	Sr. Risk Management Professional Title
Verified by:	Bryan Duke	Associate VP, Pharmacy Contractin

	lowa 2023 Annual Pharmacy Benefit Manager Report	
Company Name:	Independent Health's Pharmacy Benefit Dimensions	
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 se	ection 510C.2
<b>a.</b> The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$0.00
<b>b.</b> The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
<b>c.</b> The aggregate dolla the pharmacy benefit	r amount of all third-party payor administrative service fees received by manager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the third-party payor.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the third-party payor.	\$0.00
<b>f.</b> 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 third-party payor clients with whom the pharmacy manager was t aggregate retained rebate percentages.	0.00%
	II third-party payor 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	
good faith for the	the field below, I certify, under penalties provided by the laws of Iowa, the period indicated. To the best of the authorized submitter's knowledge, i mission is a true, correct and complete report including all fees plus any la	nformation, and belief this
	Late Filing Fee	\$100.00
	Select:	Agree
	Date Submitting Filing in OPTins:	2/16/2023
Contact:	Keith Held Name	Director, Contracts and Revenue Title
	Email	Phone
Submitted by:	Denzel Moore Name	Contract Manager Title
Verified by:	Keith Held Name	Director, Contracts & Revenue Title
Verified by:	Gerard Zocchi Name	Financial Analyst Title

	lowa 2023 Annual Pharmacy Benefit Manager Report	
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.	\$46,704,644.38
<b>b.</b> The aggregate doll manager.	ar amount of all administrative fees received by the pharmacy benefit	\$6,348.00
c. The aggregate dollar the pharmacy benefit	ar amount of all third-party payor administrative service fees received by manager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the third-party payor.	\$34,111.00
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the third-party payor.	\$0.00
	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.07%
	II third-party payor clients with whom the pharmacy manager was st aggregate retained rebate percentages.	0.00%
	all third-party payor clients with whom the pharmacy manager was est aggregate retained rebate percentages.	48.11%
	For any zero entries please attach a statement explaining the zero e	entry.
	Attestation	
good faith for th	the field below, I certify, under penalties provided by the laws of Iowa, the period indicated. To the best of the authorized submitter's knowledge, is mission is a true, correct and complete report including all fees plus any laws.	nformation, and belief this
	Late Filing Fee	\$100.00
	Select	: Agree
	Date Submitting Filing in OPTins:	2/15/2024
Contact:	Emily Schubeler Name	Strategic Programs Administrator Title
	Email	Phone
Submitted by:	Emily Schubeler Name	Strategic Programs Administrator Title
Verified by:	Kevin Favro Name	Senior Vice President Title
Verified by:	Mike Henschke Name	Pricing Strategy Manager Title

	lowa 2023 Annual Pharmacy Benefit Manager Report	
Company Name:	LithiaRx, LLC	
Address:	11270 West Park Place, Suite 625	
City, State, Zip	Milwaukee, WI 53224	
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>b.</b> The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$0.00
<b>c.</b> The aggregate dolla the pharmacy benefit	r amount of all third-party payor administrative service fees received by manager.	\$0.00
	r amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the third-party payor.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the third-party payor.	\$0.00
<b>f.</b> 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%
	third-party payor clients with whom the pharmacy manager was taggregate retained rebate percentages.	0.00%
	I third-party payor 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.
good faith for the	Attestation  he field below, I certify, under penalties provided by the laws of Iowa, th period indicated. To the best of the authorized submitter's knowledge, in hission is a true, correct and complete report including all fees plus any laws.	nformation, and belief this
	Late Filing Fee	\$0.00
	Select:	Agree
	Date Submitting Filing in OPTins:	2/9/2023
Contact:	Laurel Wala Name	General Counsel and Chief Compliance Officer Title
	Email	Phone
Submitted by:	Alissa Meszaros Name	Paralegal Title
Verified by:	Laurel Wala Name	General Counsel and Chief Compliance Officer Title
Verified by:	Matt Lewis	EVP Title

	lowa 2023 Annual Pharmacy Benefit Manager Report	
Company Name:	Magellan Rx Management, LLC	
Address:	2900 Ames Crossing Road	
City, State, Zip	Eagan, Minnesota, 55121	
Phone Number:		
The	e purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate do	llar amount of all rebates received by the pharmacy benefit manager.	\$7,661,207.24
<b>b.</b> The aggregate do manager.	ollar amount of all administrative fees received by the pharmacy benefit	\$1,212,205.66
c. The aggregate do the pharmacy bene	llar amount of all third-party payor administrative service fees received by fit manager.	\$139,777.64
	ollar amount of all rebates received by the pharmacy benefit manager that fit manager did not pass through to the third-party payor.	\$164.07
	nount of all administrative fees received by the pharmacy benefit manager benefit manager did not pass through to the third-party payor.	\$1,212,205.66
	rained rebate percentage as calculated by dividing the dollar amount in the dollar amount in "a".	0.00%
	all third-party payor clients with whom the pharmacy manager was est aggregate retained rebate percentages.	0.00%
	s all third-party payor clients with whom the pharmacy manager was nest aggregate retained rebate percentages.	0.08%
	For any zero entries please attach a statement explaining the zero of	entry.
	Attestation	
good faith for t	n the field below, I certify, under penalties provided by the laws of lowa, the period indicated. To the best of the authorized submitter's knowledge, abmission is a true, correct and complete report including all fees plus any l	information, and belief this ate payment.
	Select Date Submitting Filing in OPTins:	G
Contact:	Colin Glennan Name	Sr. Director, Compliance Reporting an Title
	Email	Phone
Submitted by:	Riz Qureshi Name	Sr. Director, Regulatory Affairs Title
Verified by:	Jennifer Coplin Name	Director Title
Verified by:	Kathleen Bagnuolo	Sr Director

	lowa 2023 Annual Pharmacy Benefit Manager Report	
Company Name:	MaxorPlus, Ltd.	
Address:	320 S. Polk Street, STE 200	
City, State, Zip	Amarillo, TX 79101	
Phone Number:		
The	e purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate dol	lar amount of all rebates received by the pharmacy benefit manager.	\$400,450.00
<b>b.</b> The aggregate do manager.	llar amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dol the pharmacy benef	lar amount of all third-party payor administrative service fees received by it manager.	\$0.00
	llar amount of all rebates received by the pharmacy benefit manager that it manager did not pass through to the third-party payor.	\$267,102.00
	nount of all administrative fees received by the pharmacy benefit manager benefit manager did not pass through to the third-party payor.	\$0.00
	ained rebate percentage as calculated by dividing the dollar amount in e dollar amount in "a".	66.70%
	all third-party payor clients with whom the pharmacy manager was est aggregate retained rebate percentages.	-62.00%
	all third-party payor clients with whom the pharmacy manager was lest aggregate retained rebate percentages.	100.00%
	For any zero entries please attach a statement explaining the zero e	entry.
	Attestation	
good faith for th	n the field below, I certify, under penalties provided by the laws of Iowa, the period indicated. To the best of the authorized submitter's knowledge, i bmission is a true, correct and complete report including all fees plus any la	nformation, and belief this
	Late Filing Fee	\$100.00
	Select:	Agree
	Date Submitting Filing in OPTins:	2/14/2023
Contact:	Kimberly Rieve Name	PBM Licensing & Compliance Manager Title
	Email	Phone
Submitted by:	Abigail Green Name	Sr. Compliance Associate Title
Verified by:	Michael Ellis Name	CEO Title
Verified by:	Kimberly Rieve Name	PBM Licensing & Compliance Manager Title

#### Iowa 2023 Annual Pharmacy Benefit Manager Report MedImpact Healthcare Systems, Inc. Company Name: 10181 Scripps Gateway Court Address: San Diego, CA 92131 City, State, Zip: 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. \$1,585,339.44 \$0.00 b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. c. The aggregate dollar amount of all third-party payor administrative service fees received by \$3,327,725.06 the 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 third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit manager \$0.00 that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in 0.00% paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. 0.00% g2. (highest) Across all third-party payor 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 Iowa, that these statements 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: 2/14/2023 Stephanie Martin Contact: Reg Comp Administrator I Name Title Email Phone James Gollaher Submitted by: **CFO & Secretary** Name Title Verified by: James Gollaer **CFO & Secretary** Title Name Frederick Howe **CEO & President** Verified by: Name Title

lowa 2023 Annual Pharmacy Benefit Manager Report			
Company Name:	MedOne, LC		
Address:	1590 University Ave		
City, State, Zip:	Dubuque, IA 52001		
Phone Number:			
The p	purpose 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.	\$6,419,746.81	
<b>b.</b> The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00	
c. The aggregate dolla the pharmacy benefit	r amount of all third-party payor administrative service fees received by manager.	\$1,832,372.83	
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the third-party payor.	\$39,653.31	
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the third-party payor.	\$0.00	
<b>f.</b> The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".		0.62%	
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages.		0.00%	
	Il third-party payor clients with whom the pharmacy manager was st aggregate retained rebate percentages.	50.00%	
	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 statements 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:	2/15/2023	
Contact:	Michael Hood	Legal Counsel	
	Name	Title	
	Email	Phone	
Submitted by:	Molly Ties	Controller	
,	Name	Title	
Verified by:	Name	Title	
Varified by:	Name	Title	
Verified by:	Name	Title	

Iowa 2023 Annual Pharmacy Benefit Manager Report			
Company Name:	Navitus Health Solutions, LLC		
Address:	361 Integrity Drive		
City, State, Zip	Madison, WI 53717		
Phone Number:			
The p	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.	\$1,670,541.84	
<b>b.</b> The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00	
<b>c.</b> The aggregate dolla the pharmacy benefit	r amount of all third-party payor administrative service fees received by manager.	\$190,453.00	
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the third-party payor.	\$0.00	
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the third-party payor.	\$0.00	
<b>f.</b> 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 third-party payor clients with whom the pharmacy manager was t aggregate retained rebate percentages.	0.00%	
	Il third-party payor 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 entry.			
	Attestation		
By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these statements 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:	2/17/2023	
Contact:	Donna Bentley Name	Senior Staff Attorney Title	
	Email	Phone	
Submitted by:	Donna Bentley Name	senior staff attorney Title	
Verified by:	Paul Page Name	Chief Legal Officer Title	
Verified by:	Brent Eberle Name	Chief Pharmacy Officer Title	

lowa 2023 Annual Pharmacy Benefit Manager Report			
Company Name:	NBFSA, LLC		
Address:	35 Technology Parkway South, Suite 100		
City, State, Zip	Peachtree corners, Georgia, 30092		
Phone Number:			
The p	urpose of this form is to report the information required by Iowa Code se	ection 510C.2	
<b>a.</b> The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$1,017,158.25	
<b>b.</b> The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$258,695.00	
<b>c.</b> The aggregate dolla the pharmacy benefit	r amount of all third-party payor administrative service fees received by manager.	\$0.00	
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the third-party payor.	\$229,654.25	
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the third-party payor.	\$258,695.00	
<b>f.</b> The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	22.58%	
	I third-party payor clients with whom the pharmacy manager was taggregate retained rebate percentages.	10.00%	
	Il third-party payor 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 entry.			
	Attestation		
By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these statements 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:	2/15/2023	
Contact:	Justin Shemaria Name	Director Accounting Title	
	Email	Phone	
Submitted by:	Justin Shemaria Name	Director Acocunting Title	
Verified by:	Name	Title	
Verified by:	Name	Title	

lowa 2023 Annual Pharmacy Benefit Manager Report			
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 doll	ar amount of all rebates received by the pharmacy benefit manager.	\$24,323,395.66	
<b>b.</b> The aggregate dol manager.	lar amount of all administrative fees received by the pharmacy benefit	\$1,950,083.70	
<b>c.</b> The aggregate doll the pharmacy benefi	ar amount of all third-party payor administrative service fees received by t manager.	\$0.00	
	lar amount of all rebates received by the pharmacy benefit manager that t manager did not pass through to the third-party payor.	\$220,510.03	
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the third-party payor.	\$1,948,458.90	
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 third-party payor clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages.  5.69%		
g2. (highest) Across all third-party payor 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 statements 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:	2/1/2023	
Contact:	Carrie Snyder	Licensing Specialist	
	Name	Title	
	Email	Phone	
Submitted by:	Carrie Snyder Name	Licensing Specialist Title	
Verified by:	Karen Bohmer Name	Secretary Title	
Verified by:	David Oberg	Assistant Secretary	

lowa 2023 Annual Pharmacy Benefit Manager Report		
Company Name:	PerformRx	
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>b.</b> The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$0.00
<b>c.</b> The aggregate dolla the pharmacy benefit	r amount of all third-party payor administrative service fees received by manager.	\$0.00
	r amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the third-party payor.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the third-party payor.	\$0.00
<b>f.</b> The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	third-party payor clients with whom the pharmacy manager was taggregate retained rebate percentages.	0.00%
	Il third-party payor 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	
good faith for the	the field below, I certify, under penalties provided by the laws of Iowa, the period indicated. To the best of the authorized submitter's knowledge, in mission is a true, correct and complete report including all fees plus any labels.	nformation, and belief this
	Late Filing Fee	\$0.00
	Select	: Agree
	Date Submitting Filing in OPTins:	1/30/2023
Contact:	Erica Kiely	Paralegal
	Name	Title
	Email	Phone
Submitted by:	Frica Vialu	Paralogal
Submitted by:	Erica Kiely Name	Paralegal Title
Verified by:	Michele Patterson	Director, Rebate Admin.
	Name	Title
Verified by:	Name	Title
	INGILIE	TILLE

	lowa 2023 Annual Pharmacy Benefit Manager Report	
Company Name:	Pharmacy Data Management, Inc	
Address:	8530 Crossroads Drive	
City, State, Zip	Poland, OH 44514	
Phone Number:		
The	purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate dol	lar amount of all rebates received by the pharmacy benefit manager.	\$0.00
<b>b.</b> The aggregate dol manager.	lar amount of all administrative fees received by the pharmacy benefit	\$0.00
<ul><li>c. The aggregate dol the pharmacy benef</li></ul>	lar amount of all third-party payor administrative service fees received by it manager.	\$0.00
	lar amount of all rebates received by the pharmacy benefit manager that it manager did not pass through to the third-party payor.	\$0.00
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the third-party payor.	\$0.00
	ained rebate percentage as calculated by dividing the dollar amount in e dollar amount in "a".	0.00%
	all third-party payor clients with whom the pharmacy manager was est aggregate retained rebate percentages.	0.00%
	all third-party payor 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 e	entry.
	Attestation	
good faith for th	n the field below, I certify, under penalties provided by the laws of Iowa, the period indicated. To the best of the authorized submitter's knowledge, i bmission is a true, correct and complete report including all fees plus any I	information, and belief this
	Late Filing Fee	\$0.00
	Select	_
	Date Submitting Filing in OPTins:	2/1/2023
Contact:	Jennifer Bierdeman	Paralegal
	Name	Title
	Email	Phone
Submitted by:	Jennifer Bierdeman	Paralegal
	Name	Title
Verified by:	James Anderson Name	CPA/CITP Manager, Financial Analysis
Verified by:	Janine Easton	Chief Financial Officer
1:	Name	Title

lowa 2023 Annual Pharmacy Benefit Manager Report		
Company Name:	Pharma Force Group, LLC	
Address:	4300 S US Hwy 1, Suite 203-329	
City, State, Zip	Hollywood, FL 33477	
Phone Number:		
The p	ourpose of this form is to report the information required by Iowa Code s	ection 510C.2
<b>a.</b> The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$0.00
<b>b.</b> The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla the pharmacy benefit	r amount of all third-party payor administrative service fees received by manager.	\$0.00
	r amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the third-party payor.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the third-party payor.	\$0.00
<b>f.</b> 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 third-party payor clients with whom the pharmacy manager was t aggregate retained rebate percentages.	0.00%
	Il third-party payor 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	
good faith for the	the field below, I certify, under penalties provided by the laws of Iowa, the period indicated. To the best of the authorized submitter's knowledge, it mission is a true, correct and complete report including all fees plus any large.	nformation, and belief this
	Late Filing Fee	\$0.00
	Select	: Agree
	Date Submitting Filing in OPTins:	1/24/2023
Contact:	Megan Cook Name	Manager of PBM Operations Title
	Email	Phone
Submitted by:	Megan Cook Name	Manager of PBM Operations Title
Verified by:	David Valentine Name	Chief Operation Officer Title
Verified by:	Name	Title

lowa 2023 Annual Pharmacy Benefit Manager Report		
Company Name:	Prime Therapeutics LLC	
Address:	2900 Ames Crossing Road	
City, State, Zip:	Eagan, MN 55121	
Phone Number:		
The <sub>l</sub>	ourpose of this form is to report the information required by Iowa Code s	ection 510C.2
<b>a.</b> The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$0.00
<b>b.</b> The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
<b>c.</b> The aggregate dolla the pharmacy benefit	r amount of all third-party payor administrative service fees received by manager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the third-party payor.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the third-party payor.	\$0.00
<b>f.</b> The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages.		0.00%
g2. (highest) Across all third-party payor clients with whom the pharmacy manager was contracted, the highest 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 statements 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:	2/2/2023
Contact:	Vincent Ferguson Name	Health Data Analyst Title
	Email	Phone
Submitted by:	Krista Carpenter	Paralegal
	Name	Title
Verified by:	Marit Hansen	Health Data Analyst
Varified by	Name Valorio Fottors	Title
Verified by:	Valerie Fetters Name	Reporting & Analytics Manager Title

	lowa 2022 Annual Pharmacy Benefit Manager Report	
Company Name:	ProAct, Inc.	
Address:	6333 Route 298, Suite 210	
City, State, Zip	East Syracuse, NY 13057	
Phone Number:		
The	e purpose of this form is to report the information required by Iowa Code s	ection 510C.2
a. The aggregate dol	lar amount of all rebates received by the pharmacy benefit manager.	\$214.79
<b>b.</b> The aggregate do manager.	llar amount of all administrative fees received by the pharmacy benefit	\$0.00
<b>c.</b> 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.	\$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
	ained rebate percentage as calculated by dividing the dollar amount in e dollar amount in "a".	0.00%
	all health carrier clients with whom the pharmacy manager was est 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.		0.00%
	For any zero entries please attach a statement explaining the zero e	ntry.
	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	\$100.00
	Select:	Agree
	Date Submitting Filing in OPTins:	2/15/2023
Contact:	Ron Romano	Director of Regulatory and Compliance
	Name	Title
	Email	Phone
Submitted by:	Gordana Aleksovska Name	Regulatory and Compliance Coordinato
Verified by:	Ron Romano Name	Director of Regulatory and Compliance Title
Verified by:	Mike Mustac Name	Director of Finance and Analytics Title

## Iowa 2023 Annual Pharmacy Benefit Manager Report Company Name: Procare Pharmacy Benefit Manager, Inc Address: 2650 SW 145th Avenue Miramar, FL 33027 City, State, Zip 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. \$13,762,591.00 \$3,348,098.00 b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. c. The aggregate dollar amount of all third-party payor administrative service fees received by \$161,169.00 the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that \$6,908,526.00 the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit manager \$3,348,098.00 that the pharmacy benefit manager did not pass through to the third-party payor. 50.20% 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 third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. 100.00% g2. (highest) Across all third-party payor 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 statements 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: 2/9/2023 Contact: Barbara Rambo CEO/CFO Name Title Email Phone Joyce Coulter Submitted by: Legal Assistant Name Title Debbie Wolf **VP** Legal Verified by: Title Name CEO/CFO Verified by: Barbara Rambo Name Title

lowa 2023 Annual Pharmacy Benefit Manager Report		
Company Name:	Prodigy Care Services LLC	
Address:	5090 Richmond Ave #163	
City, State, Zip	Houston, TX 77056	
Phone Number:		
The ו	purpose 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.	\$11,302.57
<b>b.</b> The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$125,124.21
<b>c.</b> The aggregate dolla 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 the 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
<b>f.</b> The aggregate retai paragraph "d" by the	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 st aggregate retained rebate percentages.	50.00%
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	ntry.
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 \$100.00  Select: Agree  Date Submitting Filing in OPTins: 1/20/2023		
Contact:	Jrean P Hays Name	Client Service Manager Title
	Email	Phone
Submitted by:	Jrean P Hays Name	Client Service Manager Title
Verified by:	Delford Doherty Name	CEO Title
Verified by:	Matthew Imes Name	President Title

lowa 2023 Annual Pharmacy Benefit Manager Report		
Company Name:	Progyny, Inc.	
Address:	1359 Broadway, Second Floor	
City, State, Zip:	New York, NY 10018	
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.	\$144,242.73
<b>b.</b> The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$10,096.99
c. The aggregate dolla the pharmacy benefit	r amount of all third-party payor administrative service fees received by manager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the third-party payor.	\$144,242.73
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the third-party payor.	\$10,096.99
<b>f.</b> The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	100.00%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages.		10000.00%
g2. (highest) Across all third-party payor clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.		10000.00%
	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 statements 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:	1/26/2023
Contact:	Sharon Launza Name	Contract Specialist Title
	Farail	Dhana
	Email	Phone
Submitted by:	Victor Martinez Name	Licensing Analyst Title
Verified by:	Pete Anevski	CEO
vernieu by.	Name	Title
Verified by:	Allison Swartz	Secretary
	Name	Title

Iowa 2023 Annual Pharmacy Benefit Manager Report		
Company Name:	RxAdvance Corporation	
Address:	136 Turnpike Road	
City, State, Zip	Southborough, MA 01772	
Phone Number:		
The p	ourpose of this form is to report the information required by Iowa Code so	ection 510C.2
<b>a.</b> The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$0.00
<b>b.</b> The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
<b>c.</b> The aggregate dolla the pharmacy benefit	r amount of all third-party payor administrative service fees received by manager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the third-party payor.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the third-party payor.	\$0.00
<b>f.</b> 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 third-party payor clients with whom the pharmacy manager was t aggregate retained rebate percentages.	0.00%
	Il third-party payor 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 entry.		
	Attestation	
By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these statements 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:	2/15/2023
Contact:	Timothy Sheble-Hall Name	Compliance Lead Title
	Email	Phone
Submitted by:	Timothy Sheble-Hall Name	Compliance Lead Title
Verified by:	Heather Johnson Name	Chief Compliance Officer Title
Verified by:	Aruna Wickremeratne Name	Chief Administrative Officer Title

	lowa 2023 Annual Pharmacy Benefit Manager Report	
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 s	ection 510C.2
<b>a.</b> The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$0.00
<b>b.</b> The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$0.00
<b>c.</b> The aggregate dolla the pharmacy benefit	r amount of all third-party payor administrative service fees received by manager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the third-party payor.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the third-party payor.	\$0.00
<b>f.</b> 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 third-party payor clients with whom the pharmacy manager was t aggregate retained rebate percentages.	0.00%
	Il third-party payor 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 statements 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:	2/12/2023
Contact:	Cheryl Kelly Name	Prog & Reg Apprl Spec Title
	Email	Phone
Submitted by:	Cheryl Kelly Name	Prog & Reg Apprl Spec Title
Verified by:	Lorre Alexaner Name	Sr. Proj. Manager Title
Verified by:	Natalie Capurro Name	Sr. Mgr Prog & Reg App Title

	lowa 2023 Annual Pharmacy Benefit Manager Report	
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 s	ection 510C.2
<b>a.</b> The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$0.00
<b>b.</b> The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$0.00
c. The aggregate dolla the pharmacy benefit	r amount of all third-party payor administrative service fees received by manager.	\$0.00
	r amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the third-party payor.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the third-party payor.	\$0.00
<b>f.</b> The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	0.00%
	third-party payor clients with whom the pharmacy manager was taggregate retained rebate percentages.	0.00%
	Il third-party payor 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 statements 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:	1/1/2023
Contact:	Frank Messina Name	General Counsel Title
	Email	Phone
Submitted by:	Margaret Allen Name	Account Manager Title
Verified by:	Frank Messina Name	General Counsel Title
Verified by:	Name	Title

## Iowa 2023 Annual Pharmacy Benefit Manager Report Company Name: Serve You Custom Prescription Management, Inc. d/b/a Serve You Ri 10201 W. Innovation Drive, Suite 600 Address: Milwaukee, WI 53226 City, State, Zip 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. \$263,950.09 b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit \$0.00 manager. c. The aggregate dollar amount of all third-party payor administrative service fees received by \$0.00 the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that \$203,389.09 the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit manager \$0.00 that the pharmacy benefit manager did not pass through to the third-party payor. 77.06% 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 third-party payor clients with whom the pharmacy manager was 61.71% contracted, the lowest aggregate retained rebate percentages. 97.39% g2. (highest) Across all third-party payor 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 statements 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: Justin Jasniewski Chief Executive Officer Name Title Email Phone Submitted by: Justin Jasniewski Chief Executive Officer Name Title Justin Jasniewski Chief Executive Officer Verified by: Title Name Ted Boylan President Verified by: Name Title

	lowa 2023 Annual Pharmacy Benefit Manager Report		
Company Name:	Southern Scripts LLC		
Address:	411 Bienville St		
City, State, Zip	Natchitoches, LA, 71457		
Phone Number:			
The p	ourpose of this form is to report the information required by Iowa Code so	ection 510C.2	
<b>a.</b> The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$32,823.35	
<b>b.</b> The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$27,349.25	
<b>c.</b> 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	
<b>f.</b> 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 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: 2/14/2023			
Contact:	Sarah Landress	PBM Rebates Analyst	
	Name	Title	
	Email	Phone	
Submitted by:	Abdullah Hassan Name	Pharmacy Network Admin Title	
Verified by:	Scott Burger Name	CPO Title	
Verified by:	Abdullah Hassan Name	Pharmacy Network Admin Title	

## Iowa 2023 Annual Pharmacy Benefit Manager Report Company Name: **Towers Administrators LLC** Address: 99 High Street, Floor 28 City, State, Zip: Boston, MA 02110 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 \$0.00 manager. \$0.00 b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00 **c.** The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. \$0.00 e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% 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 Iowa, that these statements 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: 2/13/2023 Contact: Angela Plassmann **Paralegal** Title Name **Email** Phone Submitted by: Angela Plassmann Paralegal Title Name Assistant General Counsel Verified by: Joe Kern Name Title **Deputy General Counsel** Verified by: Sarah Mullins Name Title

Iowa 2023 Annual Pharmacy Benefit Manager Report		
Company Name:	TRHC TPA, LLC	
Address:	2411 N Hillcrest Pkwy, Ste 1A	
City, State, Zip	Altoona, WI 54720	
Phone Number:		
The p	urpose of this form is to report the information required by Iowa Code so	ection 510C.2
<b>a.</b> The aggregate dolla	r amount of all rebates received by the pharmacy benefit manager.	\$352,268.51
<b>b.</b> The aggregate dolla manager.	r amount of all administrative fees received by the pharmacy benefit	\$0.00
<b>c.</b> The aggregate dolla the pharmacy benefit	r amount of all third-party payor administrative service fees received by manager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the third-party payor.	\$35,226.85
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the third-party payor.	\$0.00
<b>f.</b> The aggregate retain paragraph "d" by the	ned rebate percentage as calculated by dividing the dollar amount in dollar amount in "a".	10.00%
	I third-party payor clients with whom the pharmacy manager was t aggregate retained rebate percentages.	10.00%
	Il third-party payor 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	ntry.
	Attestation	
By selecting agree in the field below, I certify, under penalties provided by the laws of lowa, that these statements 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:	1/13/2023
Contact:	Marcey Watson Name	Licensing Administrator Title
	Email	Phone
Submitted by:	Marcey Watson Name	Licensing Administrator Title
Verified by:	Brian Adams Name	CEO Title
Verified by:	Michael Greenhalgh Name	COO Title

## Iowa 2023 Annual Pharmacy Benefit Manager Report Company Name: Trinity Healthcare Solutions, LLC 11270 West Park Place, Suite 625 Address: Milwaukee, WI 53224 City, State, Zip 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. \$0.00 b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit \$0.00 manager. c. The aggregate dollar amount of all third-party payor administrative service fees received by \$0.00 the 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 third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit manager \$0.00 that the pharmacy benefit manager did not pass through to the third-party payor. 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 third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. 0.00% g2. (highest) Across all third-party payor 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 statements 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: 2/9/2023 Contact: General Counsel and Laurel Wala **Chief Compliance Officer** Name Title **Email** Phone Submitted by: Alissa Meszaros Paralegal Name Title General Counsel and Verified by: Laurel Wala Chief Compliance Officer Name Title Verified by: Jeremy Kassulke coo Name Title

lowa 2023 Annual Pharmacy Benefit Manager Report		
Company Name:	Ventegra, Inc., a California Benefit Corporatior	
Address:	450 N. Brand Blvd. Suite #600	
City, State, Zip	Glendale, CA 91203	
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>b.</b> The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$0.00
<b>c.</b> The aggregate dolla the pharmacy benefit	r amount of all third-party payor administrative service fees received by manager.	\$0.00
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the third-party payor.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the third-party payor.	\$0.00
<b>f.</b> 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 third-party payor clients with whom the pharmacy manager was taggregate retained rebate percentages.	0.00%
	Il third-party payor 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 statements 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:	2/6/2023
Contact:	Jocelin Mora Name	Strategic Projects Facilitator Title
	Email	Phone
Submitted by:	Jocelin Mora Name	Strategic Projects Facilitator Title
Verified by:	Robert Taketomo Name	President / CEO Title
Verified by:	Joyce Howie Name	V.P., Business Operations Title

lowa 2023 Annual Pharmacy Benefit Manager Report		
Company Name:	Vivid Clear Rx, Inc.	
Address:	13220 Birch Drive, Suite 200	
City, State, Zip	Omaha, NE 68164	
Phone Number:		
The p	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.	\$12,305,288.39
<b>b.</b> The aggregate dolla manager.	ar amount of all administrative fees received by the pharmacy benefit	\$715,486.05
<b>c.</b> The aggregate dolla the pharmacy benefit	r amount of all third-party payor administrative service fees received by manager.	\$104,085.39
	ar amount of all rebates received by the pharmacy benefit manager that manager did not pass through to the third-party payor.	\$0.00
	unt of all administrative fees received by the pharmacy benefit manager nefit manager did not pass through to the third-party payor.	\$0.00
<b>f.</b> 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 third-party payor clients with whom the pharmacy manager was t aggregate retained rebate percentages.	0.00%
	Il third-party payor 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 statements 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:	2/15/2023
Contact:	Amy Wadstrom Name	COO Title
	Email	Phone
Submitted by:	Amy Wadstrom Name	COO Title
Verified by:	Andrew Schreiner Name	Treasurer, CFO, Director Title
Verified by:	Jessica Ringena Name	President, Director Title

lowa 2023 Annual Pharmacy Benefit Manager Report		
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 s	ection 510C.2
a. The aggregate doll	ar amount of all rebates received by the pharmacy benefit manager.	\$311,282.88
<b>b.</b> The aggregate doll manager.	lar amount of all administrative fees received by the pharmacy benefit	\$0.00
<b>c.</b> The aggregate doll the pharmacy benefi	ar amount of all third-party payor administrative service fees received by t manager.	\$0.00
	lar amount of all rebates received by the pharmacy benefit manager that t manager did not pass through to the third-party payor.	\$27,962.88
	ount of all administrative fees received by the pharmacy benefit manager enefit manager did not pass through to the third-party payor.	\$0.00
<b>f.</b> The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".		8.98%
g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages.		0.00%
g2. (highest) Across all third-party payor clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.		8.98%
	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 statements 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:	2/9/2023
Contact:	Kumarie Jagnarain Name	Senior Legal Specialist Title
	Email	Phone
Submitted by:	Kumarie Jagnarain Name	Senior Legal Specialist Title
Verified by:	Phillip P. Bisesi Name	SVP & Secretary Title
Verified by:	Name	Title

lowa 2023 Annual Pharmacy Benefit Manager Report		
Company Name:	WithMe Health, LLC	
Address:	400 South El Camino Real, Suite 1150	
City, State, Zip	San Mateo, CA 94402	
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.		\$0.00
<b>b.</b> The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager.		\$0.00
<b>c.</b> The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager.		\$0.00
<b>d.</b> The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor.		\$0.00
<b>e.</b> The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor.		\$0.00
${f f.}$ The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".		0.00%
<b>g1. (lowest)</b> Across all third-party payor clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages.		0.00%
<b>g2.</b> (highest) Across all third-party payor clients with whom the pharmacy manager was contracted, the highest 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 statements 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:		1/12/2023
Contact:	Jennilyn Nevins Name	Vice President Title
	Email	Phone
Submitted by:	Jennilyn Nevins Name	Vice President Title
Verified by:	Thomas Smith Name	Vice President Title
Verified by:	Joseph Murad Name	President & CEO Title