



KIM REYNOLDS
GOVERNOR

DOUG OMMEN
COMMISSIONER OF INSURANCE

ADAM GREGG
LT. GOVERNOR

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

During the 2022-2023 Legislative session, the Iowa Legislature passed revisions to [Iowa Code Chapter 510C](#). The revisions expand the reporting obligations to require Pharmacy Benefits Managers (PBMs) to report information on all third-party payors as defined in [Iowa Code section 510B.1](#). As required in Iowa Code 510C, all PBMs licensed in Iowa must file an annual report with the Insurance Commissioner by February 15th 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.

Iowa
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 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. \$117,696,644.96

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. \$2,106,522.80

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. \$21,434,649.92

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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 18.21%

g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was contracted, the lowest 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. 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 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: 2/2/2023

Contact:	Ronda Thiessen	Licensing Coordinator
	Name	Title
	Email	Phone

Submitted by:	Christy Piti	CEO/Owner
	Name	Title

Verified by:	Collin Piti	Director of Finance
	Name	Title

Verified by:	Ronda Thiessen	Licensing Coordinator
	Name	Title

Iowa
2023 Annual Pharmacy Benefit Manager Report

Company Name:
 Address:
 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.

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 the pharmacy benefit manager.

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 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 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.

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

Select:

Date Submitting Filing in OPTins:

Contact:	<input type="text" value="Elizabeth Thomas"/>	<input type="text" value="Compliance Officer"/>
	Name	Title
	<input type="text"/>	<input type="text"/>
	Email	Phone

Submitted by:	<input type="text" value="Elizabeth Thomas"/>	<input type="text" value="Compliance Officer"/>
	Name	Title
Verified by:	<input type="text" value="Joseph Favazzo"/>	<input type="text" value="Chief Executive Officer"/>
	Name	Title
Verified by:	<input type="text" value="Robyn Satterfield"/>	<input type="text" value="Chief Operating Officer"/>
	Name	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:

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 manager. \$0.00

c. The aggregate dollar amount of all third-party payor administrative service fees 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. \$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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

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. 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 \$0.00

Select: Agree

Date Submitting Filing in OPTins: 1/24/2023

Contact: Lucas Spaulding Contracts and Compliance Attorney
 Name Title
 Email Phone

Submitted by: Lucas Spaulding Contracts and Compliance Attorney
 Name Title

Verified by: Scott King President
 Name Title

Verified by: Samuel Fleet Chief Executive Officer
 Name Title

**Iowa
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 section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$39,602,666.00

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. \$24,230,330.00

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. \$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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

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. 0.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

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Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/14/2023

Contact: Maria Minelli Licensing Manager
 Name Title
 Email Phone

Submitted by: Maria Minelli Licensing Manager
 Name Title
 Verified by: Richard Terranova Treasurer
 Name Title
 Verified by: Michael A. Perry President
 Name Title

**Iowa
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 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. \$1,259,983.40

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$152,089.91

c. The aggregate dollar amount of all third-party payor administrative service fees 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. \$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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

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. 0.00%

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Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/15/2023

Contact: Matthew Wille, Licensing and Compliance Manager
 Name Title
 Email Phone

Submitted by: Matthew Wille, Licensing and Compliance Manager
 Name Title

Verified by: Ben Schuster, Director, Pricing
 Name Title

Verified by: _____
 Name Title

**Iowa
2023 Annual Pharmacy Benefit Manager Report**

Company Name: IngenioRx, Inc.
 Address: 220 Virginia Avenue
 City, State, Zip: Indianapolis, IN 46204
 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. \$755,609.77

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$155,824.26

c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. \$11,700,597.50

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. \$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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

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. 0.00%

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Late Filing Fee \$100.00

Select: Agree

Date Submitting Filing in OPTins: 2/15/2023

Contact:	Lacey Newman	Director Contract Compliance
	Name	Title
	Email	Phone

Submitted by:	Shannon Kwok	Regulatory Affairs Analyst
	Name	Title

Verified by:	S. Owen Hunt	Assistant Secretary/Director
	Name	Title

Verified by:	Vincent E. Scher	Treasurer/Director
	Name	Title

**Iowa
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 section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager.

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 the pharmacy benefit manager.

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 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 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.

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.

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Late Filing Fee

Select:

Date Submitting Filing in OPTins:

Contact:	Karen S. Llano Name	Sr. Analyst, Business Compliance Title
	<input type="text"/>	<input type="text"/>
	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

Iowa
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 section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$86,451,232.11

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$6,544,389.69

c. The aggregate dollar amount of all third-party payor administrative service fees 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. \$9,057,251.68

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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 10.48%

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. 12.00%

For any zero entries please attach a statement explaining the zero entry.

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Late Filing Fee \$100.00

Select: Agree

Date Submitting Filing in OPTins: 2/17/2023

Contact: Karen S. Llano Sr. Analyst, Business Compliance
 Name Name Title

Email Phone

Submitted by: Karen S. Llano Sr. Analyst, Business Compliance
 Name Name Title

Verified by: Thomas S. Moffatt VP & Secretary
 Name Name Title

Verified by: Joshua C. Cole Assistant Treasurer
 Name Name Title

Iowa
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 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 manager. \$0.00

c. The aggregate dollar amount of all third-party payor administrative service fees 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. \$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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

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. 0.00%

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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

**Iowa
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 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 manager. \$0.00

c. The aggregate dollar amount of all third-party payor administrative service fees 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. \$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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

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. 0.00%

For any zero entries please attach a statement explaining the zero entry.

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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:	Clinton J. Palmer Name	Vice President, Finance Title

**Iowa
2023 Annual Pharmacy Benefit Manager Report**

Company Name:
 Address:
 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.

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 the pharmacy benefit manager.

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 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 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.

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

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Late Filing Fee

Select:

Date Submitting Filing in OPTins:

Contact:	<input type="text" value="Melissa K. Fitch"/>	<input type="text" value="Project Coordinator"/>
	Name	Title
	<input type="text"/>	<input type="text"/>
	Email	Phone

Submitted by:	<input type="text"/>	<input type="text"/>
	Name	Title

Verified by:	<input type="text"/>	<input type="text"/>
	Name	Title

Verified by:	<input type="text"/>	<input type="text"/>
	Name	Title

Iowa
2023 Annual Pharmacy Benefit Manager Report

Company Name: Cigna Health and Life Insurance Company
 Address: 900 Cottage Grove Road
 City, State, Zip: Bloomfield, CT 06152
 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 manager. \$0.00

c. The aggregate dollar amount of all third-party payor administrative service fees 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. \$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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

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. 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: 2/9/2023

Contact:	Julie Lesmes Name	Legal Compliance Lead Analyst Title
	Email	Phone

Submitted by:	Julie Lesmes Name	Legal Compliance Lead Analyst Title
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Verified by:	Robert X. Johnson Name	Business Project Sr Director, Pharmacy Title
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Verified by:	Gloria Perrotta Name	CHLIC Asst Director Title
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Iowa
2023 Annual Pharmacy Benefit Manager Report

Company Name:
 Address:
 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.

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 the pharmacy benefit manager.

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 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 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.

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.

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Late Filing Fee:

Select:

Date Submitting Filing in OPTins:

Contact:
 Name Title

 Email Phone

Submitted by:
 Name Title

Verified by:
 Name Title

Verified by:
 Name Title

**Iowa
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 section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$1,254,206.39

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. \$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. \$98,357.95

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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 7.84%

g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was contracted, the lowest 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 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 Paralegal
 Name Title
 Email Phone

Submitted by: Lucy Hicks VP & General Counsel
 Name Title

Verified by: Patrick Pedonti VP & Treasurer
 Name Title

Verified by: Tori Dargati President & General Manager
 Name 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 section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$1,449,653.78

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$73,793.65

c. The aggregate dollar amount of all third-party payor administrative service fees 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. \$420,976.19

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. \$73,793.65

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 29.04%

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. 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 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: 2/2/2023

Contact: Jennifer Asewicz Regulatory Affairs Administrator
Name Title

Email Phone

Submitted by: Angela Eden Senior Manager/AP
Name Title

Verified by: Angela Eden Senior Manager/AP
Name Title

Verified by: Name Title

**Iowa
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 section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$562,459.11

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$103,401.38

c. The aggregate dollar amount of all third-party payor administrative service fees 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. \$13,848.51

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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 2.46%

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. 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 \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/2/2023

Contact: Jennifer Asewicz Regulatory Affairs Administrator
 Name Title
 Email Phone

Submitted by: Jordan Bradford Sr. Staff Accountant
 Name Title

Verified by: Chad Sullivan Director of Accounting
 Name Title

Verified by: Name Title

**Iowa
2023 Annual Pharmacy Benefit Manager Report**

Company Name: Express Scripts
 Address: 1 Express Way
 City, State, Zip: St. Louis, MO 63121
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$10,350,258.33

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$861,858.52

c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. \$3,894,716.28

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. \$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. \$8,177.95

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

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. 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 \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/15/2023

Contact: Kara Fucello Product Manager
 Name Title
 Email Phone

Submitted by: Kara Fucello Product Manager
 Name Title

Verified by: Kara Fucello Product Manager
 Name Title

Verified by: Tou Yang Business Analytics Manager
 Name Title

Iowa
2023 Annual Pharmacy Benefit Manager Report

Company Name:

Address:

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.

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 the pharmacy benefit manager.

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 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 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.

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

Select:

Date Submitting Filing in OPTins:

Contact:	<input type="text" value="Steve Smith"/>	<input type="text" value="President"/>
	Name	Title
	<input type="text"/>	<input type="text"/>
	Email	Phone

Submitted by:	<input type="text" value="Laura Porterfield"/>	<input type="text" value="Executive Assistant"/>
	Name	Title

Verified by:	<input type="text" value="Steve Smith"/>	<input type="text" value="President"/>
	Name	Title

Verified by:	<input type="text" value="Kathryn Bowen"/>	<input type="text" value="Analyst"/>
	Name	Title

Iowa
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 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. \$82,931,700.31

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. \$5,170,555.13

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. \$19,670,920.26

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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 23.72%

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. 20.00%

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 \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/14/2023

Contact: Jessica Mullen Licensing Specialist
 Name Title
 Email Phone

Submitted by: Jessica Mullen Compliance Licensing Specialist
 Name Title

Verified by: Macneil Olson PBM Finance Manager
 Name Title

Verified by: Cheryl Koenen VP Finance
 Name 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 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 manager. \$0.00

c. The aggregate dollar amount of all third-party payor administrative service fees 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. \$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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

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. 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: 2/23/2023

Contact: Elisa Muller Name Title general counsel
 Email Phone

Submitted by: elisa muller Name Title general counsel

Verified by: david fein Name Title SVP data

Verified by: maureen roy Name Title dr acct management

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 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. \$61,534.14

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. \$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. \$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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

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. 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 \$0.00

Select: Agree

Date Submitting Filing in OPTins: 1/16/2023

Contact: Sandy Shtab AVP Advocacy and Compliance
Name Title
Email Phone

Submitted by: Jennifer Davis Advocacy & Compliance Associate
Name Title

Verified by: Matt Hewitt EVP, PBM General Manager
Name Title

Verified by: Stephanie Narvades Chief Financial Officer
Name Title

**Iowa
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:

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 manager. \$0.00

c. The aggregate dollar amount of all third-party payor administrative service fees 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. \$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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

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. 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 \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/14/2023

Contact:	B.J. Stivers Name	Compliance Lead Title
	Email	Phone

Submitted by:	B.J. Stivers Name	Compliance Lead Title
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Verified by:	Dawna Kelly Name	Sr. Risk Management Professional Title
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Verified by:	Bryan Duke Name	Associate VP, Pharmacy Contracting Title
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Iowa
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 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.

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 the pharmacy benefit manager.

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 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 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.

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

Select:

Date Submitting Filing in OPTins:

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

Iowa
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 section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$46,704,644.38

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$6,348.00

c. The aggregate dollar amount of all third-party payor administrative service fees 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. \$34,111.00

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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.07%

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. 48.11%

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: 2/15/2024

Contact: Emily Schubeler Strategic Programs Administrator
 Name Title

Email Phone

Submitted by: Emily Schubeler Strategic Programs Administrator
 Name Title

Verified by: Kevin Favro Senior Vice President
 Name Title

Verified by: Mike Henschke Pricing Strategy Manager
 Name Title

Iowa
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 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 manager. \$0.00

c. The aggregate dollar amount of all third-party payor administrative service fees 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. \$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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

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. 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 \$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
Name
EVP
Title

Iowa
2023 Annual Pharmacy Benefit Manager Report

Company Name:
 Address:
 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.

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 the pharmacy benefit manager.

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 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 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.

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

Select:

Date Submitting Filing in OPTins:

Contact:	<input type="text" value="Colin Glennan"/> Name	<input type="text" value="Sr. Director, Compliance Reporting and Analytics"/> Title
	<input type="text"/> Email	<input type="text"/> Phone

Submitted by:	<input type="text" value="Riz Qureshi"/> Name	<input type="text" value="Sr. Director, Regulatory Affairs"/> Title
---------------	--	--

Verified by:	<input type="text" value="Jennifer Coplin"/> Name	<input type="text" value="Director"/> Title
--------------	--	--

Verified by:	<input type="text" value="Kathleen Bagnuolo"/> Name	<input type="text" value="Sr Director"/> Title
--------------	--	---

Iowa
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 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. \$400,450.00

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. \$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. \$267,102.00

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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 66.70%

g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. -62.00%

g2. (highest) Across all third-party payor clients with whom the pharmacy manager was contracted, the highest 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 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: Kimberly Rieve PBM Licensing & Compliance Manager
 Name Title
 Email Phone

Submitted by: Abigail Green Sr. Compliance Associate
 Name Title

Verified by: Michael Ellis CEO
 Name Title

Verified by: Kimberly Rieve PBM Licensing & Compliance Manager
 Name Title

**Iowa
2023 Annual Pharmacy Benefit Manager Report**

Company Name: MedImpact Healthcare Systems, Inc
 Address: 10181 Scripps Gateway Court
 City, State, Zip: San Diego, CA 92131
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$1,585,339.44

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. \$3,327,725.06

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. \$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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

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. 0.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

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Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/14/2023

Contact: Stephanie Martin Reg Comp Administrator I
 Name Title
 Email Phone

Submitted by: James Gollaher CFO & Secretary
 Name Title

Verified by: James Gollaer CFO & Secretary
 Name Title

Verified by: Frederick Howe CEO & President
 Name Title

**Iowa
2023 Annual Pharmacy Benefit Manager Report**

Company Name: MedOne, LC
 Address: 1590 University Ave
 City, State, Zip: Dubuque, IA 52001
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$6,419,746.81

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. \$1,832,372.83

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. \$39,653.31

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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.62%

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. 50.00%

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 \$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
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 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. \$1,670,541.84

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. \$190,453.00

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. \$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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

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. 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: 2/17/2023

Contact:	Donna Bentley	Senior Staff Attorney
	Name	Title
	Email	Phone

Submitted by:	Donna Bentley	senior staff attorney
	Name	Title
Verified by:	Paul Page	Chief Legal Officer
	Name	Title
Verified by:	Brent Eberle	Chief Pharmacy Officer
	Name	Title

**Iowa
2023 Annual Pharmacy Benefit Manager Report**

Company Name:
 Address:
 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.

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 the pharmacy benefit manager.

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 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 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.

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

Select:

Date Submitting Filing in OPTins:

Contact:
 Name Title

 Email Phone

Submitted by:
 Name Title
 Verified by:
 Name Title
 Verified by:
 Name Title

Iowa
2023 Annual Pharmacy Benefit Manager Report

Company Name:
 Address:
 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.

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 the pharmacy benefit manager.

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 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 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.

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

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Late Filing Fee

Select:

Date Submitting Filing in OPTins:

Contact:	<input type="text" value="Carrie Snyder"/>	<input type="text" value="Licensing Specialist"/>
	Name	Title
	<input type="text"/>	<input type="text"/>
	Email	Phone

Submitted by:	<input type="text" value="Carrie Snyder"/>	<input type="text" value="Licensing Specialist"/>
	Name	Title

Verified by:	<input type="text" value="Karen Bohmer"/>	<input type="text" value="Secretary"/>
	Name	Title

Verified by:	<input type="text" value="David Oberg"/>	<input type="text" value="Assistant Secretary"/>
	Name	Title

Iowa
2023 Annual Pharmacy Benefit Manager Report

Company Name: PerformRx
 Address: 200 Stevens Drive
 City, State, Zip: Philadelphia, PA 19113
 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 manager. \$0.00

c. The aggregate dollar amount of all third-party payor administrative service fees 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. \$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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

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. 0.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

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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: Erica Kiely Paralegal
 Name Title
 Verified by: Michele Patterson Director, Rebate Admin.
 Name Title
 Verified by: Name Title

**Iowa
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 section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager.

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 the pharmacy benefit manager.

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 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 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.

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

Select:

Date Submitting Filing in OPTins:

Contact: Jennifer Bierdeman Paralegal
 Name Title
 Email Phone

Submitted by: Jennifer Bierdeman Paralegal
 Name Title

Verified by: James Anderson CPA/CITP Manager, Financial Analysis
 Name Title

Verified by: Janine Easton Chief Financial Officer
 Name Title

Iowa
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 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 manager. \$0.00

c. The aggregate dollar amount of all third-party payor administrative service fees 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. \$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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

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. 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 \$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

**Iowa
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 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 manager. \$0.00

c. The aggregate dollar amount of all third-party payor administrative service fees 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. \$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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

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. 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 \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/2/2023

Contact: Vincent Ferguson Health Data Analyst
 Name Title
 Email Phone

Submitted by: Krista Carpenter Paralegal
 Name Title

Verified by: Marit Hansen Health Data Analyst
 Name Title

Verified by: Valerie Fetters Reporting & Analytics Manager
 Name Title

Iowa
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 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. \$214.79

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees 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 health carrier. \$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 health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 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 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	Regulatory and Compliance Coordinator
	Name	Title
Verified by:	Ron Romano	Director of Regulatory and Compliance
	Name	Title
Verified by:	Mike Mustac	Director of Finance and Analytics
	Name	Title

Iowa
2023 Annual Pharmacy Benefit Manager Report

Company Name: Procure Pharmacy Benefit Manager, Inc
 Address: 2650 SW 145th Avenue
 City, State, Zip: Miramar, FL 33027
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$13,762,591.00

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$3,348,098.00

c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. \$161,169.00

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. \$6,908,526.00

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. \$3,348,098.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 50.20%

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. 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 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:	Barbara Rambo	CEO/CFO
	Name	Title
	Email	Phone

Submitted by:	Joyce Coulter	Legal Assistant
	Name	Title
Verified by:	Debbie Wolf	VP Legal
	Name	Title
Verified by:	Barbara Rambo	CEO/CFO
	Name	Title

Iowa
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 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. \$11,302.57

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$125,124.21

c. The aggregate dollar amount of all health carrier administrative service fees 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 health carrier. \$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 health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest 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. 50.00%

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 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	Client Service Manager
	Name	Title
	Email	Phone

Submitted by:	Jrean P Hays	Client Service Manager
	Name	Title
Verified by:	Delford Doherty	CEO
	Name	Title
Verified by:	Matthew Imes	President
	Name	Title

Iowa
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 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. \$144,242.73

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$10,096.99

c. The aggregate dollar amount of all third-party payor administrative service fees 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. \$144,242.73

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. \$10,096.99

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 100.00%

g1. (lowest) 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 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 Contract Specialist
 Name Title
 Email Phone

Submitted by: Victor Martinez Licensing Analyst
 Name Title

Verified by: Pete Anevski CEO
 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 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 manager. \$0.00

c. The aggregate dollar amount of all third-party payor administrative service fees 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. \$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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

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. 0.00%

For any zero entries please attach a statement explaining the zero entry.

Attestation

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Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/15/2023

Contact:	Timothy Sheble-Hall	Compliance Lead
	Name	Title
	Email	Phone

Submitted by:	Timothy Sheble-Hall	Compliance Lead
	Name	Title
Verified by:	Heather Johnson	Chief Compliance Officer
	Name	Title
Verified by:	Aruna Wickremeratne	Chief Administrative Officer
	Name	Title

**Iowa
2023 Annual Pharmacy Benefit Manager Report**

Company Name:
 Address:
 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.

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 the pharmacy benefit manager.

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 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 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.

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

Select:

Date Submitting Filing in OPTins:

Contact:	<input type="text" value="Cheryl Kelly"/> Name	<input type="text" value="Prog & Reg Apprl Spec"/> Title
	<input type="text"/> Email	<input type="text"/> Phone

Submitted by:	<input type="text" value="Cheryl Kelly"/> Name	<input type="text" value="Prog & Reg Apprl Spec"/> Title
Verified by:	<input type="text" value="Lorre Alexaner"/> Name	<input type="text" value="Sr. Proj. Manager"/> Title
Verified by:	<input type="text" value="Natalie Capurro"/> Name	<input type="text" value="Sr. Mgr Prog & Reg App"/> Title

Iowa
2023 Annual Pharmacy Benefit Manager Report

Company Name: Script Care, Ltd.
 Address: 6380 Folsom Drive
 City, State, Zip: Beaumont, TX 77706
 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.

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 the pharmacy benefit manager.

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 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 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.

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

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Late Filing Fee

Select:

Date Submitting Filing in OPTins:

Contact: Frank Messina
 Name Title

 Email Phone

Submitted by: Margaret Allen
 Name Title

Verified by: Frank Messina
 Name Title

Verified by:
 Name Title

Iowa
2023 Annual Pharmacy Benefit Manager Report

Company Name:

Address:

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.

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 the pharmacy benefit manager.

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 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 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.

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

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Late Filing Fee

Select:

Date Submitting Filing in OPTins:

Contact:	<input type="text" value="Justin Jasniewski"/>	<input type="text" value="Chief Executive Officer"/>
	Name	Title
	<input type="text"/>	<input type="text"/>
	Email	Phone

Submitted by:	<input type="text" value="Justin Jasniewski"/>	<input type="text" value="Chief Executive Officer"/>
	Name	Title
Verified by:	<input type="text" value="Justin Jasniewski"/>	<input type="text" value="Chief Executive Officer"/>
	Name	Title
Verified by:	<input type="text" value="Ted Boylan"/>	<input type="text" value="President"/>
	Name	Title

Iowa
2023 Annual Pharmacy Benefit Manager Report

Company Name: Southern Scripts LLC
 Address: 411 Bienville St
 City, State, Zip: Natchitoches, LA, 71457
 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. \$32,823.35

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$27,349.25

c. The aggregate dollar amount of all health carrier administrative service fees 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 health carrier. \$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 health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 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 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 Pharmacy Network Admin
 Name Title

Verified by: Scott Burger CPO
 Name Title

Verified by: Abdullah Hassan Pharmacy Network Admin
 Name 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 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. \$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. \$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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

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. 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: \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/13/2023

Contact: Angela Plassmann Paralegal
 Name Title
Email Phone

Submitted by: Angela Plassmann Paralegal
 Name Title
 Verified by: Joe Kern Assistant General Counsel
 Name Title
 Verified by: Sarah Mullins Deputy General Counsel
 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 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. \$352,268.51

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. \$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. \$35,226.85

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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 10.00%

g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 10.00%

g2. (highest) Across all third-party payor clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 10.00%

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 \$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:
 Address:
 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.

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 the pharmacy benefit manager.

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 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 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.

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

Select:

Date Submitting Filing in OPTins:

Contact:	<input type="text" value="Laurel Wala"/>	<input type="text" value="General Counsel and Chief Compliance Officer"/>
	Name	Title
	<input type="text"/>	<input type="text"/>
	Email	Phone

Submitted by:	<input type="text" value="Alissa Meszaros"/>	<input type="text" value="Paralegal"/>
	Name	Title

Verified by:	<input type="text" value="Laurel Wala"/>	<input type="text" value="General Counsel and Chief Compliance Officer"/>
	Name	Title

Verified by:	<input type="text" value="Jeremy Kassulke"/>	<input type="text" value="COO"/>
	Name	Title

Iowa
2023 Annual Pharmacy Benefit Manager Report

Company Name:

Address:

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.

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 the pharmacy benefit manager.

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 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 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.

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

Select:

Date Submitting Filing in OPTins:

Contact:
Name Title

Email Phone

Submitted by:
Name Title

Verified by:
Name Title

Verified by:
Name Title

Iowa
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 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. \$12,305,288.39

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$715,486.05

c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. \$104,085.39

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. \$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. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.00%

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. 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 \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/15/2023

Contact:	Amy Wadstrom	COO
	Name	Title
	Email	Phone

Submitted by:	Amy Wadstrom	COO
	Name	Title
Verified by:	Andrew Schreiner	Treasurer, CFO, Director
	Name	Title
Verified by:	Jessica Ringena	President, Director
	Name	Title

**Iowa
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 section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$311,282.88

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. \$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. \$27,962.88

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. \$0.00

f. 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 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 Jagarain	Senior Legal Specialist
	Name	Title
	Email	Phone

Submitted by:	Kumarie Jagarain	Senior Legal Specialist
	Name	Title
Verified by:	Phillip P. Bisesi	SVP & Secretary
	Name	Title
Verified by:		
	Name	Title

Iowa
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.

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 the pharmacy benefit manager.

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 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 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.

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

Select:

Date Submitting Filing in OPTins:

Contact:	<input type="text" value="Jennilyn Nevins"/>	<input type="text" value="Vice President"/>
	Name	Title
	<input type="text"/>	<input type="text"/>
	Email	Phone

Submitted by:	<input type="text" value="Jennilyn Nevins"/>	<input type="text" value="Vice President"/>
	Name	Title
Verified by:	<input type="text" value="Thomas Smith"/>	<input type="text" value="Vice President"/>
	Name	Title
Verified by:	<input type="text" value="Joseph Murad"/>	<input type="text" value="President & CEO"/>
	Name	Title