

**Iowa**  
**2023 Annual Pharmacy Benefit Manager Report**

Company Name: Alluma, LLC  
Address: 290 E John Carpenter Freeway  
City, State, Zip: Irving, TX 75062  
Phone Number: 972-581-5556

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: 4/12/2023

Contact:	<span style="background-color: #cccccc;">Amber Halstad</span> Name	<span style="background-color: #cccccc;">Compliance Manager</span> Title
	<span style="background-color: #cccccc;">licensing@allumaco.com</span> Email	<span style="background-color: #cccccc;">612-248-0710</span> Phone

Submitted by:

Amber Halstad

Name

Compliance Manager

Title

Verified by:

Monica Bacon

Name

Finance Director

Title

Verified by:

James Berg

Name

VP Operations

Title

IA2023PBMAAnnualReportV2

Iowa

2023 Annual Pharmacy Benefit Manager Report

Company Name: Express Scripts
Address: 1 Express Way
City, State, Zip: St. Louis, MO 63121
Phone Number: 800-282-2881

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. \$17,554,739.87

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$1,523,824.29

c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. \$3,894,411.48

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. \$11,530.58

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. \$31,727.75

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. 21.66%

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

Attestation

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Late Filing Fee: \$100.00

Select: Agree

Date Submitting Filing in OPTins: 8/15/2023

Contact: Kara Fuccello Name Product Manager Title

Data Class: Confidential

KBFuccello@express-scripts.com Email Phone

Submitted by:	Kara Fucello Name	Product Manager Title
Verified by:	Kara Fucello Name	Product Manager Title
Verified by:	Tou Yang Name	Business Analytics Manager Title

IA2023PBMAAnnualReportV2

**Iowa**  
**2023 Annual Pharmacy Benefit Manager Report**

Company Name: True Rx Management Services, Inc.  
Address: 2495 E National Hwy  
City, State, Zip: Washington, IN 47501  
Phone Number: 866-921-4047

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. \$818,356.00

**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. \$346,874.75

**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: 2/28/2023

Contact: Tanner Bouchie Compliance Officer  
Name Title  
TannerB@truerx.com (812) 254-7425 ext 1412  
Email Phone

Submitted by:

Tanner Bouchie

Name

Compliance Officer

Title

Verified by:

Tyler Showalter

Name

Controller

Title

Verified by:

Brady Abel

Name

Billing Manager

Title

IA2023PBMAAnnualReportV2