



PHARMACY BENEFITS MANAGER 2024 ANNUAL REPORT FOR CALENDAR YEAR 2023

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, 2024, there were forty-nine PBMs licensed in Iowa. At the time of the preparation of this report, forty-five PBMs submitted complete annual reports for calendar year 2023. Three PBMs were finalizing their reports; they will be published by the Iowa Insurance Division (IID) upon completion. One PBM has not filed its report; the IID is considering taking administrative action on this PBM.

Seventeen PBMs provided reports without any detail and explained that they did not do business with any third-party payors in Iowa in 2023. Several other PBMs had limited detail in their reports due to having business models that, for example, provide services only to other PBMs, work with workers compensation companies or other entities that are not third-party payors.

Of those PBMs that reported data, most reported aggregate dollar amounts similar to the previous year. Some PBMs, however, reported significantly different annual numbers, for example, in their reporting of third-party payor administrative service fees. This may be due to the change in the Iowa Administrative Code requiring this fee to include prescription drug cost reimbursement amounts to pharmacies. Additional information would be needed to confirm the reason for the changes reported.

The PBM reports are attached.

Iowa
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

Company Name: A & A Drug Co. dba Sav-Rx Prescription Services
 Address: 224 N Park Ave
 City, State, Zip: Fremont, NE 68025
 Phone Number: 402-753-2800

The purpose of this form is to report the information required by Iowa Code section 510C.2
For all zero entries, you MUST attach a statement explaining the zero entry.

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$1,174,493.14

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate. \$0.00

c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. \$178.60

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. \$176,173.97

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". 15.00%

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 all zero entries, you MUST 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: 2/15/2024

Contact: Ronda Thiessen Licensing Coordinator
 Name Title
 gov@savrx.com 402-753-2839
 Email Phone

Submitted by: Christy Piti Owner/CEO
 Name Title
 Verified by: Alexis Cox
 Name Title
 Verified by: Ronda Thiessen Licensing Coordinator
 Name Title

Iowa
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

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
For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate.

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 all zero entries, you MUST 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
2024 Annual Pharmacy Benefit Manager Report

Company Name: Alluma, LLC
Address: 290 E John Carpenter Freeway
City, State, Zip: Irving, TX 75062
Phone Number: 214-574-3802

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

For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate.

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 all zero entries, you MUST 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: Amber Halstad Compliance Manager
Name Title
licensing@allumaco.com 612-248-0710
Email Phone

Submitted by: Amber Halstad Compliance Manager
Name Title

Verified by: Byron Jobe President
Name Title

Verified by: David Berry Secretary
Name Title

Iowa
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

Company Name: Amwins Group Benefits, LLC
 Address: 50 Whitecap Drive
 City, State, Zip: North Kingstown, RI 02852
 Phone Number: (401) 734-5957

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

For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate.

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 all zero entries, you MUST 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: Lucas Spaulding
 Name
 Email: luke.spaulding@amwins.com
 Phone

Submitted by: Lucas Spaulding
 Name
 Verified by: Samuel Fleet
 Name
 Verified by: Scott King
 Name

Iowa
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

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
For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate.

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 all zero entries, you MUST 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
2024 Annual Pharmacy Benefit Manager Report

Company Name: Capital Rx, Inc
 Address: 228 Park Ave S Ste 87234
 City, State, Zip: New York, NY 10003
 Phone Number: 888-617-6521

The purpose of this form is to report the information required by Iowa Code section 510C.2
For all zero entries, you MUST attach a statement explaining the zero entry.

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$1,049,010.08

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate. \$112,590.37

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 all zero entries, you MUST 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: 2/12/2024

Contact: Robin Hutsko Licensing Manager
 Name Title
 Licensing@cap-rx.com 888-617-6521 x 1454
 Email Phone

Submitted by: Robin Hutsko Licensing Manager
 Name Title

Verified by: Anthony J. Loiacono Chief Executive Officer
 Name Title

Verified by: Lloyd Fiorini General Counsel
 Name Title

Iowa
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

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

For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate.

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 all zero entries, you MUST 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
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

Company Name: Caremark, L.L.C.
 Address: 9501 E. Shea Blvd., MC024
 City, State, Zip: Scottsdale, AZ 85260
 Phone Number: 480-314-8319

The purpose of this form is to report the information required by Iowa Code section 510C.2
For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate.

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 all zero entries, you MUST 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: Karen S. Llano Paralegal/Sr. Analyst
 Name Title
 Karen.Llano@CVSHealth.com 480-314-8319
 Email Phone

Submitted by: Karen S. Llano Paralegal/Sr. Analyst
 Name Title

Verified by: Maria Markos President and Treasurer
 Name Title

Verified by: Thomas S. Moffatt Vice President and Secretary
 Name Title

Iowa
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

Company Name: CaremarkPCS Health, L.L.C.
 Address: 9501 E. Shea Blvd., MC024
 City, State, Zip: Scottsdale, AZ 85260
 Phone Number: 480-314-8319

The purpose of this form is to report the information required by Iowa Code section 510C.2
For all zero entries, you MUST attach a statement explaining the zero entry.

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$266,395,703.55

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate. \$23,882,919.54

c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. \$1,118,243,548.04

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. \$23,882,919.54

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 all zero entries, you MUST 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: 2/13/2024

Contact:	Karen S. Llano	Paralegal/Sr. Analyst
	Name	Title
	Karen.Llano@CVSHealth.com	480-314-8319
	Email	Phone

Submitted by:	Karen S. Llano	Paralegal/Sr. Analyst
	Name	Title
Verified by:	Maria Markos	President and Treasurer
	Name	Title
Verified by:	Thomas S. Moffatt	VP & Secretary
	Name	Title

Iowa
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

Company Name: Caremark PhC, L.L.C.
 Address: 9501 E. Shea Blvd., MC024
 City, State, Zip: Scottsdale, AZ 85260
 Phone Number: 480-314-8319

The purpose of this form is to report the information required by Iowa Code section 510C.2
For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate. \$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 all zero entries, you MUST 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: 2/1/2024

Contact:	Karen S. Llano	Paralegal/Sr. Analyst
	Name	Title
	Karen.Llano@CVSHealth.com	480-314-8319
	Email	Phone

Submitted by:	Karen S. Llano	Paralegal/Sr. Analyst
	Name	Title

Verified by:	Maria Markos	President and Treasurer
	Name	Title

Verified by:	Thomas S. Moffatt	Vice President and Secretary
	Name	Title

Iowa
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

Company Name: Centene Pharmacy Services, Inc.
 Address: 7700 Forsyth Boulevard
 City, State, Zip: Clayton, MO 63105
 Phone Number: (646) 303-3450

The purpose of this form is to report the information required by Iowa Code section 510C.2
For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate.

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 all zero entries, you MUST 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
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

Company Name: Cigna Health and Life Insurance Company
 Address: 900 Cottage Grove Road
 City, State, Zip: Bloomfield, CT 06152
 Phone Number: 860.226.6000

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

For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate. \$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 all zero entries, you MUST 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: 2/1/2024

Contact:	Vallorie Miller	Legal Compliance Lead Analyst
	Name	Title
	Vallorie.Miller@CignaHealthcare.com	954.514.6644
	Email	Phone

Submitted by:	Vallorie Miller	Lefal Compliance Lead Analyst
	Name	Title

Verified by:	Robert X. Johnson	Cigna Pharmacy Operations Vice President
	Name	Title

Verified by:	Gloria Perrotta	CHLIC Assistant Director
	Name	Title

Iowa
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

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
For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate.

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 all zero entries, you MUST 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
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

Company Name: DST Pharmacy Solutions, Inc.
 Address: 1055 Broadway Blvd
 City, State, Zip: Kansas City, MO 64105
 Phone Number: (833) 252-1679

The purpose of this form is to report the information required by Iowa Code section 510C.2
For all zero entries, you MUST attach a statement explaining the zero entry.

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$122,516.81

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate. \$0.00

c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. \$409,086.52

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. \$5,206.96

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". 4.25%

g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 4.25%

g2. (highest) Across all third-party payor clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 4.25%

For all zero entries, you MUST 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: 2/23/2024

Contact:	Baylee Worel	Paralegal, The Phoenix Law Group
	Name	Title
	DSTPharmacy-Licensing@sscinc.com	480-361-0436
	Email	Phone

Submitted by:	Lucy Hicks	VP & Associate General Counsel
	Name	Title

Verified by:	Tori Dargati	President & General Manager
	Name	Title

Verified by:	Brian Schell	SVP, Treasurer, & Director
	Name	Title

Iowa
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

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

For all zero entries, you MUST attach a statement explaining the zero entry.

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$8,145,335.05

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate. \$759,794.43

c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. \$2,556,771.99

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. \$10,084.25

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. \$17,402.39

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.12%

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. 22.89%

For all zero entries, you MUST 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: 2/14/2024

Contact: Kara Fucello Sr. Product Manager
 Name Title
 KBFucello@express-scripts.com 800-282-2881
 Email Phone

Submitted by: Kara Fucello Sr. Product Manager
 Name Title

Verified by: Kara Fucello Sr. Product Manager
 Name Title

Verified by: Tou Yang Business Analytics Manager
 Name Title

Iowa
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

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
For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate.

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 all zero entries, you MUST 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
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

Company Name: Fairview Pharmacy Services, LLC d/b/a ClearScript
 Address: 668 24th Ave SE
 City, State, Zip: Minneapolis, MN 55414
 Phone Number: 612-672-6500

The purpose of this form is to report the information required by Iowa Code section 510C.2
For all zero entries, you MUST attach a statement explaining the zero entry.

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$81,789,968.70

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate. \$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. \$14,018,568.23

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". 17.14%

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. 55.00%

For all zero entries, you MUST 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: 2/14/2024

Contact: Jessica Mullen Compliance Specialist
 Name Title
dept-fps-licensing@fairview.org 612-672-6173
 Email Phone

Submitted by: Jessica Mullen Compliance Specialist
 Name Title
 Verified by: Alyssa Goree Compliance Manager
 Name Title
 Verified by: Cheryl Koenen VP of Finance
 Name Title

Iowa
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

Company Name: Health E Systems,LLC
 Address: 5404 Cypress Center Drive Suite 210
 City, State, Zip: Tampa, FL 33609
 Phone Number: 813-367-2944

The purpose of this form is to report the information required by Iowa Code section 510C.2
For all zero entries, you MUST attach a statement explaining the zero entry.

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$61,258.38

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate. \$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 all zero entries, you MUST 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: 2/1/2024

Contact:	Sandy Shtab	AVP Advocacy and Compliance
	Name	Title
	sshtab@healthsystems.com	813-868-2264
	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
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

Company Name: healthcare highways rx, llc
 Address: 5904 stone creek dr suite 120
 City, State, Zip: the colony tx 75056
 Phone Number: 7738965681

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

For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate.

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 all zero entries, you MUST 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: elisa muller Name Title general counsel
 elisa.muller@cerpassrx.com Email Phone 7738965681

Submitted by: elisa muller Name Title general counsel
 Verified by: david fein Name Title chief data officer
 Verified by: maureen roy Name Title strategic acct executive

Iowa
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

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
For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate.

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 all zero entries, you MUST 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
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

Company Name: Independent Health's Pharmacy Benefit Dimensions, LLC
Address: 511 Farber Lakes Drive
City, State, Zip: Buffalo, New York 14221
Phone Number: (716) 635-7862

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

For all zero entries, you MUST attach a statement explaining the zero entry.

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$247.37

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate. \$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. \$82.21

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". 33.23%

g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 33.23%

g2. (highest) Across all third-party payor clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 33.23%

For all zero entries, you MUST 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: 2/13/2024

Contact:	John Doyle	PBM Contract & Regulatory Compliance Manager
	Name	Title
	pbdcontracts@pbdrx.com	(716) 635-7862
	Email	Phone

Submitted by:	Denzel Moore	Contract Manager
	Name	Title
Verified by:	Timothy Flanagan	Director, Business Operations
	Name	Title
Verified by:		
	Name	Title

Iowa
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

Company Name: Kroger Prescription Plans, Inc.
 Address: 1014 Vine Street
 City, State, Zip: Cincinnati, OH 45202
 Phone Number: 513-387-7581

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

For all zero entries, you MUST attach a statement explaining the zero entry.

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$55,887,178.22

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate. \$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. \$11,010.26

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". 0.02%

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. 21.72%

For all zero entries, you MUST 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: 2/14/2024

Contact:	Emily Schubeler	Strategic Programs Administrator
	Name	Title
	emily.schubeler@krogerhealth.com	513-387-7581
	Email	Phone

Submitted by:	Emily Schubeler	Strategic Programs Administrator
	Name	Title
Verified by:	Robert "RJ" Beglin	Financial Analyst
	Name	Title
Verified by:	Mike Henschke	Pricing Strategy Manager
	Name	Title

Iowa	
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)	
Company Name:	LithiaRx, LLC
Address:	11270 West Park Place, Suite 625
City, State, Zip:	Milwaukee, WI 53224
Phone Number:	(262) 317-9648
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p>For all zero entries, you MUST attach a statement explaining the zero entry.</p>	
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. This should include ALL remuneration from the manufacturer that is not a rebate.	\$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 all zero entries, you MUST attach a statement explaining the zero entry	
Attestation	
<p>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.</p>	
Late Filing Fee:	\$0.00
Select:	Agree
Date Submitting Filing in OPTins:	1/29/2024
Contact:	
Name	Laurel Wala
Title	General Counsel, Secretary, and Chief Compliance Officer
Email	compliance@lithiarx.com
Phone	(262) 317-9648
Submitted by:	
Name	Michelle Pribyl
Title	Legal Specialist
Verified by:	
Name	Laurel Wala
Title	General Counsel, Secretary, and Chief Compliance Officer
Verified by:	
Name	Matt Lewis
Title	Chief Commercial Officer

Iowa
2024 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

For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate.

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 all zero entries, you MUST 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"/>	Sr. Director, Compliance Reporting & Analytics
	Name	Title
	<input type="text" value="colin.glennan@primetherapeutics.com"/>	<input type="text" value="612-318-5481"/>
	Email	Phone

Submitted by:	<input type="text" value="Millie Morgan"/>	Compliance Manager
	Name	Title
Verified by:	<input type="text" value="Colin Glennan"/>	Sr. Director, Compliance Reporting & Analytics
	Name	Title
Verified by:	<input type="text" value="Mark Renze"/>	Chief Financial Officer
	Name	Title

Iowa
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

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
For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate.

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 all zero entries, you MUST 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
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

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
For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate.

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 all zero entries, you MUST 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
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

Company Name: Navitus Health Solutions, LLC
 Address: 361 Integrity Drive
 City, State, Zip: Madison, WI 53717
 Phone Number: 608.729.1646

The purpose of this form is to report the information required by Iowa Code section 510C.2
For all zero entries, you MUST attach a statement explaining the zero entry.

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$2,184,924.87

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate. \$0.00

c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. \$293,425.02

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 all zero entries, you MUST 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: 2/14/2024

Contact: Janice Duncan Staff Attorney
 Name Title
 legal@navitus.com 6082985786
 Email Phone

Submitted by: Janice Duncan Staff Attorney
 Name Title
 Verified by: Melissa Ziemba Industry Relations
 Name Title
 Verified by: Paul Page Secretary
 Name Title

Iowa
2024 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
For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate.

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 all zero entries, you MUST 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
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

Company Name: PerformRx, LLC
 Address: 200 Stevens Drive
 City, State, Zip: Philadelphia, PA 19113
 Phone Number: 866-533-5492

The purpose of this form is to report the information required by Iowa Code section 510C.2
For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate.

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 all zero entries, you MUST 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="Matther Mortimer"/>	<input type="text" value="Manager of Contracts"/>
	Name	Title
	<input type="text" value="mmortimer@performrx.com/licensing.legal@amerihealth.com"/>	<input type="text" value="484-472-2896"/>
	Email	Phone

Submitted by:	<input type="text" value="Erica Kiely"/>	<input type="text" value="Paralegal"/>
	Name	Title
Verified by:	<input type="text" value="Jason DiMaio"/>	<input type="text" value="Mgr Rebate Administration"/>
	Name	Title
Verified by:	<input type="text"/>	<input type="text"/>
	Name	Title

Iowa
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

Company Name: Pharma Force Group LLC
Address: 4300 S US Hwy 1, Suite 203-329
City, State, Zip: Jupiter, FL 33477
Phone Number: 215-284-9495

The purpose of this form is to report the information required by Iowa Code section 510C.2
For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate.

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 all zero entries, you MUST 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: Megan Cook Director of PBM Operations
Name Title
mcook@thepharmafoce.com 814-788-2467
Email Phone

Submitted by: Megan Cook Director of PBM Operations
Name Title
Verified by: David Valentine Chief Operation Officer
Name Title
Verified by: _____
Name Title

Iowa
2024 Annual Pharmacy Benefit Manager Report

Company Name: Prime Therapeutics LLC
 Address: 2900 Ames Crossing Road
 City, State, Zip: Eagan, MN 55121
 Phone Number: 612-777-4000

The purpose of this form is to report the information required by Iowa Code section 510C.2
For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate. \$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 all zero entries, you MUST 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: 2/8/2024

Contact: Marit Hansen Health Data Analyst
 Name Title
 GPRreportingInquiries@primetherapeutics.com
 Email Phone

Submitted by: Krista Carpenter Paralegal
 Name Title
 Verified by: Ben Dunfee Health Data Analyst
 Name Title
 Verified by: Jamie Kummer Health Data Analyst Sr.
 Name Title

Iowa
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

Company Name: ProAct, Inc.
Address: 6333 Route 298, Suite 210
City, State, Zip: East Syracuse, NY 13057
Phone Number: 315-413-7780

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

For all zero entries, you MUST attach a statement explaining the zero entry.

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$341.33

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate. \$18.75

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. \$186.99

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. \$18.75

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 54.78%

g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 54.78%

g2. (highest) Across all third-party payor clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 54.78%

For all zero entries, you MUST 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: 2/13/2024

Contact:	Amy Cobb	Regulatory & Compliance Specialist
	Name	Title
	licensing@proactrx.com	315-413-7780
	Email	Phone

Submitted by:	Amy Cobb	Regulatory & Compliance Specialist
	Name	Title

Verified by:	Amy Cobb	Regulatory & Compliance Specialist
	Name	Title

Verified by:	Ronald V. Romano	Director of Regulatory & Compliance
	Name	Title

Iowa
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

Company Name: ProCare Pharmacy Benefit Manager, Inc.
 Address: 2850 N Commerce Parkway
 City, State, Zip: Miramar, FL 33025
 Phone Number: 800-562-0586

The purpose of this form is to report the information required by Iowa Code section 510C.2
For all zero entries, you MUST attach a statement explaining the zero entry.

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$16,545,550.00

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate. \$2,645,672.00

c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. \$86,496.00

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. \$7,140,230.00

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. \$2,645,672.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 43.15%

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 all zero entries, you MUST 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: 2/9/2024

Contact: Barbara Rambo CEO / CFO
 Name Title
 brambo@procarerx.com 678-248-3101
 Email Phone

Submitted by: Joyce Coulter Legal Assistant
 Name Title

Verified by: Sarah West Staff Attorney
 Name Title

Verified by: Barbara Rambo CEO / CFO
 Name Title

Iowa
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

Company Name: Prodigy Care Services
 Address: 5090 Richmond Ave #163
 City, State, Zip: Houston, TX 77056
 Phone Number: 713-322-6667

The purpose of this form is to report the information required by Iowa Code section 510C.2
For all zero entries, you MUST attach a statement explaining the zero entry.

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$40,549.00

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate. \$0.00

c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. \$1,414,544.00

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. \$20,275.00

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". 50.00%

g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 50.00%

g2. (highest) Across all third-party payor clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 50.00%

For all zero entries, you MUST 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: 3/5/2024

Contact:	Jrean Hays	Client Service Manager
	Name	Title
	jhays@prodigyrx.com	713-322-6667
	Email	Phone

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

Iowa
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

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

For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate.

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 all zero entries, you MUST 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
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

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

For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate.

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 all zero entries, you MUST 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
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

Company Name: Script Care, Ltd
 Address: 6380 Folsom Drive
 City, State, Zip: Beaumont TX 77706
 Phone Number: 800-880-9902 x 1122

The purpose of this form is to report the information required by Iowa Code section 510C.2
For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate.

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 all zero entries, you MUST 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: Frank Messina
 Name
 fmessina@scriptcare.com
 Email

Submitted by: Margaret Allen
 Name
 Verified by: Frank Messina
 Name
 Verified by:
 Name

Iowa
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

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
For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate.

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 all zero entries, you MUST 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
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

Company Name: Southern Scripts, LLC DBA Liviniti, LLC
 Address: 411 Bienville Street
 City, State, Zip: Natchitoches, LA 71457
 Phone Number: 800-710-9341

The purpose of this form is to report the information required by Iowa Code section 510C.2
For all zero entries, you MUST attach a statement explaining the zero entry.

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$172,023.32

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate. \$42,876.21

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 all zero entries, you MUST 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: 2/14/2024

Contact: Abdullah Hassan Rebate Analyst
 Name Title
 abdullah.hassan@southernscripts.net 407-929-1502
 Email Phone

Submitted by: Erika Cedars Associate Legal Counsel
 Name Title

Verified by: Robert Carnety Director of Pharmacy Network Operations
 Name Title

Verified by: Abdullah Hassan Rebate Analyst
 Name Title

Iowa
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

Company Name: Towers Administrators LLC
Address: 99 High Street, Floor 28
City, State, Zip: Boston, MA 02110
Phone Number: 857-400-2770

The purpose of this form is to report the information required by Iowa Code section 510C.2
For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate. \$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 all zero entries, you MUST 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: 1/18/2024

Contact: Angela Plassmann Paralegal
Name Title
aplassmann@rxsense.com 413-265-1260
Email Phone

Submitted by: Angela Plassmann Paralegal
Name Title
Verified by: Joe Kern Assistant General Counsel
Name Title
Verified by: Sarah Mullins SVP, People & Culture
Name Title

Iowa
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

Company Name: TRHC TPA, LLC
 Address: 2411 N Hillcrest Pkwy, Ste 1A
 City, State, Zip: Altoona, WI 54720
 Phone Number: (888) 298-7770

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

For all zero entries, you MUST attach a statement explaining the zero entry.

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$490,384.99

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate. \$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. \$49,038.50

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 all zero entries, you MUST 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: 2/1/2024

Contact: Marcey Watson Licensing Administrator
 Name Title
 marcey@pattoncompliance.com (850)768-4687
 Email Phone

Submitted by: Marcey Watson Licensing Administrator
 Name Title
 Verified by: Brian Adams President
 Name Title
 Verified by: Michael Greenhalgh COO
 Name Title

Iowa	
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)	
Company Name:	Trinity Healthcare Solutions, LLC
Address:	11270 West Park Place, Suite 625
City, State, Zip:	Milwaukee, WI 53224
Phone Number:	(262) 794-3167
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry.</p>	
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. This should include ALL remuneration from the manufacturer that is not a rebate.	\$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 all zero entries, you MUST attach a statement explaining the zero entry	
Attestation	
<p>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.</p>	
Late Filing Fee:	\$0.00
Select:	Agree
Date Submitting Filing in OPTins:	1/29/2024
Contact:	
Name	Laurel Wala
Title	General Counsel, Secretary, and Chief Compliance Officer
Email	compliance@trinityhc.com
Phone	(262) 794-3167
Submitted by:	
Name	Michelle Pribyl
Title	Legal Specialist
Verified by:	
Name	Laurel Wala
Title	General Counsel, Secretary, and Chief Compliance Officer
Verified by:	
Name	Jeremy Kassulke
Title	COO

Iowa
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

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
For all zero entries, you MUST attach a statement explaining the zero entry.

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$990,237.00

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate. \$0.00

c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. \$9,873,961.07

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 all zero entries, you MUST 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: 1/18/2024

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

Submitted by:	Tanner Bouchie Name	Compliance Officer Title
Verified by:	Mason Edlund Name	Trade Relations Analyst Title
Verified by:	Jenna Kaylor Name	Lead Analytics Consultant Title

Iowa
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

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
For all zero entries, you MUST attach a statement explaining the zero entry.

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. This should include ALL remuneration from the manufacturer that is not a rebate.

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 all zero entries, you MUST 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
2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

Company Name: Vivid Clear Rx, Inc.
 Address: 13220 Birch Drive, Suite 200
 City, State, Zip: Omaha, NE 68164
 Phone Number: (877) 848-4379

The purpose of this form is to report the information required by Iowa Code section 510C.2
For all zero entries, you MUST attach a statement explaining the zero entry.

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$11,682,499.74

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate. \$0.00

c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. \$73,991,041.00

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 all zero entries, you MUST 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: 2/15/2024

Contact: Amy Wadstrom President
 Name Title
 awadstrom@vividclearrx.com 515-971-2117
 Email Phone

Submitted by: Amy Wadstrom President
 Name Title

Verified by: Amy Wadstrom President
 Name Title

Verified by: Andrew Schreiner Treasurer, Director
 Name Title