LT. GOVERNOR ADAM GREGG

DOUG OMMEN, INSURANCE COMMISSIONER

PHARMACY BENEFITS MANAGER 2024 ANNUAL REPORT FOR CALENDAR YEAR 2023

During the 2022-2023 Legislative session, the Iowa Legislature passed revisions to <u>Iowa Code</u> 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 <u>Iowa Code section 510B.1</u>. As required in Iowa Code 510C, all PBMs licensed in Iowa must file an annual report with the Insurance Commissioner by February 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) A & A Drug Co. dba Sav-Rx Prescription Services Company Name: 224 N Park Ave Address: Fremont, NE 68025 City, State, Zip: 402-753-2800 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. \$1,174,493.14 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 \$0.00 benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate. \$178.60 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 \$176,173.97 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 15.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 15.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 100.00% 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/15/2024 Contact: Ronda Thiessen **Licensing Coordinator** Title Name 402-753-2839 gov@savrx.com **Email** Phone Submitted by: **Christy Piti** Owner/CEO Title Name Verified by: Alexis Cox Title Name Verified by: Ronda Thiessen **Licensing Coordinator** Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) Alius Health, LLC Company Name: PO Box 1710 Address: Westerville, OH 43086 City, State, Zip: 740-661-4463 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 \$5,690.58 manager. **b.** The aggregate dollar amount of all administrative fees received by the pharmacy \$0.00 benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate. \$25,847.08 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 \$4,550.58 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 79.97% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 100.00% 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$0.00 Select: Agree Date Submitting Filing in OPTins: 1/29/2024 Contact: Elizabeth Thomas **Compliance Officer** Title Name ethomas@aliushealth.com 740-661-4463 Ext. 106 **Email** Phone Submitted by: **Elizabeth Thomas Compliance Officer** Title Name Verified by: Robyn Satterfield **Chief Operating Officer** Title Name Chief Executive Officer Verified by: Joseph Favazzo Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report Alluma, LLC Company Name: 290 E John Carpenter Freeway Address: Irving, TX 75062 City, State, Zip: 214-574-3802 Phone Number: The purpose of this form is to report the information required by lowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry. \$0.00 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 \$0.00 c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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: 3/14/2024 Contact: **Amber Halstad** Compliance Manager Name Title licensing@allumaco.com 612-248-0710 **Email** Phone Submitted by: **Amber Halstad** Compliance Manager Title Name Verified by: Byron Jobe President Name Title Secretary Verified by: David Berry Title Name

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) Amwins Group Benefits, LLC Company Name: 50 Whitecap Drive Address: North Kingstown, RI 02852 City, State, Zip: (401) 734-5957 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 \$0.00 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. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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: 1/22/2024 Contact: **Lucas Spaulding Contracts and Compliance Attorney** Name Title luke.spaulding@amwins.com (401) 734-5957 **Email** Phone Submitted by: **Lucas Spauling Contracts and Compliance Attorney** Name Verified by: Samuel Fleet President, Group Benefits Division Title Name Scott King Verified by: President Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) Benecard Services, Inc Company Name: 3131 Princeton Pike, Bld 5, Ste 105 Address: Lawrenceville, NJ 08648 City, State, Zip: 888-907-0070 Phone Number: The purpose of this form is to report the information required by lowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry. \$40,498,006.16 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 c. The aggregate dollar amount of all third-party payor administrative service fees \$27,789,824.00 received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/12/2024 Contact: Maria Minelli Licensing Manager Name Title PBF_licensing@benecard.com 717-619-2622 Email Phone Submitted by: Maria Minelli Licensing Manager Title Name Verified by: Richard Terranova Treasurer Title Name President Verified by: Michael A. Perry Title Name

Iowa 2024 Annual Pharmacy Benefit Manager Report Capital Rx, Inc Company Name: 228 Park Ave S Ste 87234 Address: New York, NY 10003 City, State, Zip: 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. \$1,049,010.08 a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$112,590.37 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 \$0.00 c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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 Robin Hutsko Submitted by: Licensing Manager Name Verified by: Anthony J. Loiacono Chief Executive Officer Title Name **General Counsel** Verified by: Lloyd Fiorini Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) CarelonRx, Inc. Company Name: 220 Virginia Avenue Address: Indianapolis, IN 46204 City, State, Zip: 757-681-7755 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. \$846,556.77 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 \$152,428.38 benefit manager. This should include ALL remuneration from the manufacturer that is c. The aggregate dollar amount of all third-party payor administrative service fees \$9,316,887.75 received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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: Lacey Newman **Director Contract Compliance** Name Title CarelonRxContracting@carelon.com 757-681-7755 **Email** Phone Submitted by: Shannon Kwok Regulatory Affairs Analyst Title Name Verified by: Vincent E. Scher Treasurer/Director Title Name Danielle A. Swenson Verified by: Asst. Secretary/Director Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) Caremark, L.L.C. Company Name: 9501 E. Shea Blvd., MC024 Address: Scottsdale, AZ 85260 City, State, Zip: 480-314-8319 Phone Number: The purpose of this form is to report the information required by lowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry. \$0.00 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 c. The aggregate dollar amount of all third-party payor administrative service fees \$0.00 received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/1/2024 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 Verified by: Maria Markos **President and Treasurer** Title Name Verified by: Thomas S. Moffatt Vice President and Secretary Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) CaremarkPCS Health, L.L.C. Company Name: 9501 E. Shea Blvd., MC024 Address: Scottsdale, AZ 85260 City, State, Zip: 480-314-8319 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. \$266,395,703.55 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 \$23,882,919.54 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 \$1,118,243,548.04 received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$23,882,919.54 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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 Verified by: Maria Markos **President and Treasurer** Title Name Verified by: Thomas S. Moffatt **VP & Secretary** Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) Caremark PhC, L.L.C. Company Name: 9501 E. Shea Blvd., MC024 Address: Scottsdale, AZ 85260 City, State, Zip: 480-314-8319 Phone Number: The purpose of this form is to report the information required by lowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry. \$0.00 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 c. The aggregate dollar amount of all third-party payor administrative service fees \$0.00 received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/1/2024 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 Verified by: Maria Markos **President and Treasurer** Title Name Verified by: Thomas S. Moffatt Vice President and Secretary Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) Centene Pharmacy Services, Inc. Company Name: 7700 Forsyth Boulevard Address: Clayton, MO 63105 City, State, Zip: (646) 303-3450 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 \$0.00 manager. b. The aggregate dollar amount of all administrative fees received by the pharmacy \$0.00 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. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$0.00 Select: Agree Date Submitting Filing in OPTins: 1/29/2024 Contact: Shanie Stein Reg. Compliance Analyst Name Title shoshana.stein@centene.com 646-303-3450 **Email** Phone Submitted by: **Shanie Stein** Reg. Compliance Analyst Name Verified by: Marjorie G. Hartman Sr. Director, Compliance Title Name Verified by: Matthew J. Merlo Sr. VP Operations Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) Cigna Health and Life Insurance Company Company Name: 900 Cottage Grove Road Address: Bloomfield, CT 06152 City, State, Zip: 860.226.6000 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 \$0.00 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. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/1/2024 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 Verified by: Robert X. Johnson Cigna Pharmacy Operations Vice President Title Name Gloria Perrotta **CHLIC Assistant Director** Verified by: Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) Costco Health Solutions, Inc. Company Name: 999 Lake Drive Address: Issaquah, WA 98027 City, State, Zip: (425) 313-8100 Phone Number: The purpose of this form is to report the information required by lowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry. \$125,964,691.00 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 c. The aggregate dollar amount of all third-party payor administrative service fees \$3,814.00 received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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: 1/25/2024 Contact: Lisa Simpson **Licensing Specialist** Name Title lsimpson@costco.com (425) 313-6275 Email Phone Submitted by: Lisa Simpson **Licensing Specialist** Name Verified by: **Christopher Pierce Assistant Secretary** Title Name Verified by: **Gary Swearingen** Treasurer Title Name

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) DST Pharmacy Solutions, Inc. Company Name: 1055 Broadway Blvd Address: Kansas City, MO 64105 City, State, Zip: 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. \$122,516.81 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 \$409,086.52 c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. \$5,206.96 d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 4.25% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 4.25% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 4.25% 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: \$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 Verified by: Tori Dargati President & General Manager Name Title **Brian Schell** Verified by: SVP, Treasurer, & Director Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) **Express Scripts** Company Name: 1 Express Way Address: St. Louis, MO 63121 City, State, Zip: 800-282-2881 Phone Number: The purpose of this form is to report the information required by lowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry. \$8,145,335.05 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 \$759,794.43 benefit manager. This should include ALL remuneration from the manufacturer that is c. The aggregate dollar amount of all third-party payor administrative service fees \$2,556,771.99 received by the pharmacy benefit manager. \$10,084.25 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 \$17,402.39 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.12% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 22.89% 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/14/2024 Contact: Kara Fuccello Sr. Product Manager Name Title KBFuccello@express-scripts.com 800-282-2881 **Email** Phone Submitted by: Kara Fuccello Sr. Product Manager Name Verified by: Kara Fuccello Sr. Product Manager Title Name Verified by: Tou Yang **Business Analytics Manager** Title Name

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) FairosRx, LLC Company Name: 1800 S Washington St. Ste. 100 Address: Amarillo, TX 79102 City, State, Zip: 806-464-9600 Phone Number: The purpose of this form is to report the information required by lowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry. \$0.00 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 \$0.00 c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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: 2/16/2024 Contact: Steve Smith President Name Title steve.smith@fairosrx.com 806-242-0342 **Email** Phone Admin Assistant Submitted by: Laura Porterfield Title Name Verified by: Steve Smith President Title Name Verified by: Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) Fairview Pharmacy Services, LLC d/b/a ClearScript Company Name: 668 24th Ave SE Address: Minneapolis, MN 55414 City, State, Zip: 612-672-6500 Phone Number: The purpose of this form is to report the information required by lowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry. \$81,789,968.70 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 c. The aggregate dollar amount of all third-party payor administrative service fees \$0.00 received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$14,018,568.23 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 17.14% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 55.00% 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/14/2024 Contact: Jessica Mullen **Compliance Specialist** Name Title dept-fps-licensing@fairview.org 612-672-6173 Email Phone Submitted by: Jessica Mullen **Compliance Specialist** Name Verified by: Alyssa Goree Compliance Manager Title Name **VP** of Finance Verified by: Cheryl Koenen Title Name

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) Health E Systems, LLC Company Name: 5404 Cypress Center Drive Suite 210 Address: City, State, Zip: Tampa, FL 33609 813-367-2944 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. \$61,258.38 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. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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@healthesystems.com 813-868-2264 Email Phone Submitted by: Jennifer Davis Advocacy & Compliance Associate Name Verified by: Matt Hewitt EVP, PBM General Manager Title Name Chief Financial Officer Verified by: Stephanie Narvades Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) healthcare highways rx, llc Company Name: 5904 stone creek dr suite 120 Address: the colony tx 75056 City, State, Zip: 7738965681 Phone Number: The purpose of this form is to report the information required by lowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry. \$0.00 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 \$0.00 c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$100.00 Select: Agree Date Submitting Filing in OPTins: 2/20/2024 Contact: elisa muller general counsel Name Title elisa.muller@cerpassrx.com 7738965681 **Email** Phone Submitted by: elisa muller general counsel Title Name Verified by: david fein chief data officer Title Name Verified by: maureen roy strategic acct executive Title Name

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) Humana Pharmacy Solutions, Inc. Company Name: 500 W. Main Street Address: Louisville, KY, 40202 City, State, Zip: 502-580-1000 Phone Number: The purpose of this form is to report the information required by lowa 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 \$0.00 manager. b. The aggregate dollar amount of all administrative fees received by the pharmacy \$0.00 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. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/5/2024 Contact: **B.J. Stivers** Compliance Lead Title Name ComplianceReporting@humana.com 502-580-1000 **Email** Phone Submitted by: **B.J. Stivers** Compliance Lead Name Verified by: Tarah Wood Associate Director, Risk Management Name Title Verified by: Kate Renn Associate VP, Risk Management Name Title

lowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) Independent Health's Pharmacy Benefit Dimensions, LLC Company Name: 511 Farber Lakes Drive Address: Buffalo, New York 14221 City, State, Zip: (716) 635-7862 Phone Number: The purpose of this form is to report the information required by lowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry. \$247.37 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 \$0.00 c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$82.21 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 33.23% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 33.23% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 33.23% 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: \$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 Verified by: **Timothy Flanagan Director, Business Operations** Name Title Verified by: Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) Kroger Prescription Plans, Inc. Company Name: 1014 Vine Street Address: Cincinnati, OH 45202 City, State, Zip: 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. \$55,887,178.22 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. \$11,010.26 d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.02% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 21.72% 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: \$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 Verified by: Robert "RJ" Beglin **Financial Analyst** Title Name Verified by: Mike Henschke **Pricing Strategy Manager** Name

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) LithiaRx, LLC Company Name: 11270 West Park Place, Suite 625 Address: Milwaukee, WI 53224 City, State, Zip: Phone Number: (262) 317-9648 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 \$0.00 manager. b. The aggregate dollar amount of all administrative fees received by the pharmacy \$0.00 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 \$0.00 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. f. The aggregate retained rebate percentage as calculated by dividing the dollar 0.00% amount in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. 0.00% g2. (highest) Across all third-party payor clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. For 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: 1/29/2024 Contact: General Counsel, Secretary, Laurel Wala and Chief Compliance Officer Name Title compliance@lithiarx.com (262) 317-9648 Email Phone Submitted by: Michelle Pribyl Legal Specialist Name Title Verified by: General Counsel, Secretary, Laurel Wala and Chief Compliance Office Name Title **Matt Lewis Chief Commercial Officer** Verified by: Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report Magellan Rx Management, LLC Company Name: 2900 Ames Crossing Road, Ste. 200 Address: Eagan, MN 55121 City, State, Zip: Phone Number: 720-273-9084 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. \$727,086.29 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 \$115,023.94 benefit manager. This should include ALL remuneration from the manufacturer that is \$12,095.00 c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. \$91,031.48 d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$115,023.94 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 12.52% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was -48.92% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 44.00% 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/15/2024 Contact: Colin Glennan Sr. Director, Compliance Reporting & Analytics Name Title colin.glennan@primetherapeutics.com 612-318-5481 Email Phone Submitted by: Millie Morgan Compliance Manager Name Verified by: Colin Glennan Sr. Director, Compliance Reporting & Analytics Title Name **Chief Financial Officer** Verified by: Mark Renze Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) MedImpact Healthcare Systems, Inc. Company Name: 10181 Scripps Gateway Court Address: City, State, Zip: San Diego, CA 92131 858-566-2727 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 \$3,698,963.84 manager. \$551.84 **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 \$409,349,881.67 received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$100.00 Select: Agree Date Submitting Filing in OPTins: 2/28/2024 Contact: Cathy Wang Reg. Comp. Administrator Title Name Cathy.Wang@MedImpact.com 858-472-0490 **Email** Phone Submitted by: James Gollaher **CFO & Secretary** Title Name Verified by: James Gollaher **CFO & Secretary** Title Name **CEO & President** Verified by: Frederick Howe Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) MedOne, L.C. Company Name: 1590 University Avenue Address: Dubuque, IA 52001 City, State, Zip: 563-588-8748 Phone Number: The purpose of this form is to report the information required by lowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry. \$11,650,800.62 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 \$3,219,425.95 c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. \$11,005.52 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. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.09% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 50.00% 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: \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/15/2024 Contact: Michael Hood Legal Counsel Name Title mhood@medone-rx.com 803-269-6584 **Email** Phone Submitted by: Michael Hood Legal Counsel Title Name Verified by: Wes Hartig CEO Title Name Verified by: Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) Navitus Health Solutions, LLC Company Name: 361 Integrity Drive Address: Madison, WI 53717 City, State, Zip: 608.729.1646 Phone Number: The purpose of this form is to report the information required by lowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry. \$2,184,924.87 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 \$293,425.02 c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/14/2024 Contact: Janice Duncan Staff Attorney Name Title legal@navitus.com 6082985786 **Email** Phone Submitted by: Janice Duncan Staff Attorney Title Name Verified by: Melissa Ziemba **Industry Relations** Name Title Verified by: Paul Page Secretary Title Name

Iowa 2024 Annual Pharmacy Benefit Manager Report OptumRx, Inc. Company Name: 11000 Optum Circle Address: Eden Prairie, MN 55344 City, State, Zip: 888-445-8745 Phone Number: The purpose of this form is to report the information required by lowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry. \$49,337,695.90 a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$4,102,443.85 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 c. The aggregate dollar amount of all third-party payor administrative service fees \$92,484,986.71 received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$7,481,957.37 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 \$2,895,830.10 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 15.16% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 50.68% 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: \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/14/2024 Contact: Carrie Snyder **Licensing Specialist** Name Title ORxDOILic@optum.com 763-797-4195 Email Phone Submitted by: Carrie Snyder **Licensing Specialist** Title Name Verified by: Kevin Burr Secretary Title Name **Heather Lang** Verified by: **Assistant Secretary** Title Name

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) PerformRx, LLC Company Name: 200 Stevens Drive Address: Philadelphia, PA 19113 City, State, Zip: 866-533-5492 Phone Number: The purpose of this form is to report the information required by lowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry. \$0.00 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 \$0.00 c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$0.00 Select: Agree Date Submitting Filing in OPTins: 1/22/2024 Contact: Matther Mortimer Manager of Contracts Name Title mmortimer@performrx.com/licensing.legal@amerihealth.com 484-472-2896 Email Phone Submitted by: Erica Kiely **Paralegal** Title Name Verified by: Jason DiMaio Mgr Rebate Administration Title Name Verified by: Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) Pharma Force Group LLC Company Name: 4300 S US Hwy 1, Suite 203-329 Address: City, State, Zip: Jupiter, FL 33477 215-284-9495 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 \$0.00 manager. b. The aggregate dollar amount of all administrative fees received by the pharmacy \$0.00 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. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/6/2024 Contact: Megan Cook **Director of PBM Operations** Title Name mcook@thepharmafoce.com 814-788-2467 **Email** Phone Submitted by: Megan Cook **Director of PBM Operations** Name Verified by: **David Valentine Chief Operation Officer** Title Name Verified by: Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report Prime Therapeutics LLC Company Name: 2900 Ames Crossing Road Address: Eagan, MN 55121 City, State, Zip: 612-777-4000 Phone Number: The purpose of this form is to report the information required by lowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry. \$0.00 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 \$0.00 c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/8/2024 Contact: Marit Hansen Health Data Analyst Name Title GPReportingInquiries@primetherapeutics.com Email Phone Submitted by: Krista Carpenter **Paralegal** Title Name 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) ProAct, Inc. Company Name: 6333 Route 298, Suite 210 Address: East Syracuse, NY 13057 City, State, Zip: Phone Number: 315-413-7780 The purpose of this form is to report the information required by lowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry. \$341.33 a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$18.75 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 \$0.00 c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$186.99 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 \$18.75 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 54.78% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 54.78% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 54.78% 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: \$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 Verified by: Amy Cobb **Regulatory & Compliance Specialist** Name Ronald V. Romano Verified by: Director of Regulatory & Compliance Name

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) ProCare Pharmacy Benefit Manager, Inc. Company Name: 2850 N Commerce Parkway Address: Miramar, FL 33025 City, State, Zip: 800-562-0586 Phone Number: The purpose of this form is to report the information required by lowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry. \$16,545,550.00 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 \$2,645,672.00 benefit manager. This should include ALL remuneration from the manufacturer that is \$86,496.00 c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$7,140,230.00 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 \$2,645,672.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 43.15% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 100.00% 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/9/2024 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 Title Name Verified by: Barbara Rambo CEO / CFO Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) **Prodigy Care Services** Company Name: 5090 Richmond Ave #163 Address: Houston, TX 77056 City, State, Zip: 713-322-6667 Phone Number: The purpose of this form is to report the information required by lowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry. \$40,549.00 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 \$1,414,544.00 c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$20,275.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 50.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 50.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 50.00% 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$100.00 Select: Agree Date Submitting Filing in OPTins: 3/5/2024 Contact: Jrean Hays Client Service Manager Name Title jhays@prodigyrx.com 713-322-6667 Email Phone Submitted by: Jrean Hays Client Service Manager Title Name Verified by: **Delford Doherty** CEO Title Name President Verified by: Matthew Imes Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) Progyny, Inc. Company Name: 1359 Broadway, 2nd Floor Address: New York, NY 10018 City, State, Zip: 646-350-0747 Phone Number: The purpose of this form is to report the information required by lowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry. \$317,398.56 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 \$22,217.90 benefit manager. This should include ALL remuneration from the manufacturer that is \$0.00 c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$317,398.56 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 \$22,217.90 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 100.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 100.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 100.00% 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/7/2024 Contact: Sharon Launza **Contract Specialist** Name Title 646-350-0747 legal@progyny.com **Email** Phone Submitted by: Victor Martinez **Licensing Analyst** Title Name Verified by: Pete Anevski CEO Title Name Secretary Verified by: Allison Swartz Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) **RxAdvance Corporation** Company Name: 136 Turnpike Road Address: Southborough, MA 01772 City, State, Zip: (508) 804 -6900 Phone Number: The purpose of this form is to report the information required by lowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry. \$0.00 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 \$0.00 c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$100.00 Select: Agree Date Submitting Filing in OPTins: 2/21/2024 Contact: Krupa Patel Compliance Analyst Name Title licensing@rxadvance.com (508) 804-6900 **Email** Phone Submitted by: Krupa Patel **Compliance Analyst** Name Verified by: Heather Johnson **Chief Compliance Officer** Title Name Aruna Wickremeratne Verified by: Chief Administrative Officer Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) Script Care, Ltd Company Name: 6380 Folsom Drive Address: Beaumont TX 77706 City, State, Zip: 800-880-9902 x 1122 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 \$0.00 manager. b. The aggregate dollar amount of all administrative fees received by the pharmacy \$0.00 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. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$100.00 Select: Agree Date Submitting Filing in OPTins: 2/16/2024 Contact: Frank Messina **General Counsel** Title Name fmessina@scriptcare.com 800-880-9902 **Email** Phone Submitted by: Margaret Allen Account Manager Title Name Verified by: Frank Messina **General Counsel** Title Name Verified by: Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) Serve You Custom Prescription Management, Inc. d/b/a Serve You Rx Company Name: 10201 W. Innovation Drive, Suite 600 Address: Milwaukee, WI 53226 City, State, Zip: 414-410-8100 Phone Number: The purpose of this form is to report the information required by lowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry. \$354,294.32 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 c. The aggregate dollar amount of all third-party payor administrative service fees \$0.00 received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$234,295.32 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 66.13% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 15.74% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 95.86% 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/13/2024 Contact: Justin Jasniewski Chief Executive Officer Name Title compliance@serveyourx.com 410-414-8100 **Email** Phone Submitted by: Justin Jasniewski Chief Executive Officer Title Name Verified by: Justin Jasniewski Chief Executive Officer Title Name Verified by: compliance@serveyourx.com President Title Name

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) Southern Scripts, LLC DBA Liviniti, LLC Company Name: 411 Bienville Street Address: Natchitoches, LA 71457 City, State, Zip: 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. \$172,023.32 a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$42,876.21 **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. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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 Verified by: **Robert Carnety Director of Pharmacy Network Operations** Title Name Abdullah Hassan Verified by: Rebate Analyst Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) **Towers Administrators LLC** Company Name: 99 High Street, Floor 28 Address: City, State, Zip: Boston, MA 02110 857-400-2770 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 \$0.00 manager. b. The aggregate dollar amount of all administrative fees received by the pharmacy \$0.00 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. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$0.00 Select: Agree Date Submitting Filing in OPTins: 1/18/2024 Contact: Angela Plassmann **Paralegal** Name Title 413-265-1260 aplassmann@rxsense.com **Email** Phone Paralegal Submitted by: Angela Plassmann Title Name Verified by: Joe Kern **Assistant General Counsel** Title Name Sarah Mullins Verified by: SVP, People & Culture Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) TRHC TPA, LLC Company Name: 2411 N Hillcrest Pkwy, Ste 1A Address: Altoona, WI 54720 City, State, Zip: 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. \$490,384.99 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 \$0.00 c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$49,038.50 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 10.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 10.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 10.00% 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: \$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 Title Name Verified by: **Brian Adams** President Title Name Verified by: Michael Greenhalgh COO Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) Trinity Healthcare Solutions, LLC Company Name: 11270 West Park Place, Suite 625 Address: Milwaukee, WI 53224 City, State, Zip: Phone Number: (262) 794-3167 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 \$0.00 manager. b. The aggregate dollar amount of all administrative fees received by the pharmacy \$0.00 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 \$0.00 received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. \$0.00 e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar 0.00% amount in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager 0.00% was contracted, the highest aggregate retained rebate percentages. For 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: 1/29/2024 Contact: General Counsel, Secretary, Laurel Wala and Chief Compliance Officer Name Title compliance@trinityhc.com (262) 794-3167 Email Phone Submitted by: Michelle Pribyl **Legal Specialist** Name Title Verified by: General Counsel, Secretary, Laurel Wala and Chief Compliance Officer Title Name COO Verified by: Jeremy Kassulke Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) True Rx Management Services, Inc. Company Name: 2495 E National Hwy Address: Washington, IN 47501 City, State, Zip: 866-921-4047 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 \$990,237.00 manager. b. The aggregate dollar amount of all administrative fees received by the pharmacy \$0.00 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 \$9,873,961.07 received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$0.00 Select: Agree Date Submitting Filing in OPTins: 1/18/2024 Contact: **Tanner Bouchie Compliance Officer** Title Name TannerB@truerx.com 812-254-7425 ext. 1412 **Email** Phone **Tanner Bouchie** Submitted by: **Compliance Officer** Title Name Verified by: Mason Edlund **Trade Relations Analyst** Title Name Verified by: Jenna Kaylor **Lead Analytics Consultant** Title Name

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) Ventegra, Inc Company Name: 450 N. Brand Blvd, Suite #600 Address: Glendale, CA 91203 City, State, Zip: 858-551-8111 Phone Number: The purpose of this form is to report the information required by lowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry. \$26,135.43 a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$982.53 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 c. The aggregate dollar amount of all third-party payor administrative service fees \$209,751.85 received by the pharmacy benefit manager. \$781.14 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 \$982.53 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 2.99% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 15.00% 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 lowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. Late Filing Fee: \$0.00 Select: Agree Date Submitting Filing in OPTins: 2/13/2024 Contact: Sarah Rudkin Compliance Administrator Name Title Sarah Rudkin 816-558-2122 **Email** Phone Submitted by: Sarah Rudkin Compliance Administrator Title Name Verified by: Chris H **Data Analytics** Title Name Verified by: Sarah Rudkin Compliance Administrator Name Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023) Vivid Clear Rx, Inc. Company Name: 13220 Birch Drive, Suite 200 Address: Omaha, NE 68164 City, State, Zip: (877) 848-4379 Phone Number: The purpose of this form is to report the information required by lowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry. \$11,682,499.74 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 \$73,991,041.00 c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. d. The aggregate dollar amount of all rebates received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. e. The aggregate amount of all administrative fees received by the pharmacy benefit \$0.00 manager that the pharmacy benefit manager did not pass through to the third-party payor. f. The aggregate retained rebate percentage as calculated by dividing the dollar amount 0.00% in paragraph "d" by the dollar amount in "a". g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the lowest aggregate retained rebate percentages. g2. (highest) Across all third-party payor clients with whom the pharmacy manager was 0.00% contracted, the highest aggregate retained rebate percentages. For 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 Title Name Verified by: **Amy Wadstrom** President Title Name Verified by: **Andrew Schreiner** Treasurer, Director Name Title