



Insurance Division

GOVERNOR KIM REYNOLDS  
LT. GOVERNOR ADAM GREGG

DOUG OMMEN, INSURANCE COMMISSIONER

# **PBM 2024 Annual Report LATE SUBMISSIONS For Calendar Year 2023**

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

Company Name: MaxorPlus, Ltd.  
 Address: 320 S. Polk Street, STE 200  
 City, State, Zip: Amarillo, TX 79101  
 Phone Number: 806-324-5400

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

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$617,891.00

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. \$7,192.55

c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. \$2,413,293.00

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. \$365,273.30

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. \$7,192.55

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 59.12%

g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 56.00%

g2. (highest) Across all third-party payor clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 91.00%

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

**Attestation**

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.

Late Filing Fee: \$100.00

Select: Agree

Date Submitting Filing in OPTins: 5/7/2024

Contact: Abigail Green Senior Compliance Associate  
 Name Title  
PBMlicensing@maxor.com 806-324-5400  
 Email Phone

Submitted by: Abigail Green Senior Compliance Associate  
 Name Title

Verified by: Leah Bailey General Counsel  
 Name Title

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

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

Company Name: Scrip World, LLC  
Address: 10150 S. Centennial Parkway, Suite 450  
City, State, Zip: Sandy, Utah 84074  
Phone Number: 716-319-5067

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

**a.** The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$0.00

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

**c.** The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. \$116,099.40

**d.** The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor. \$0.00

**e.** The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor. \$0.00

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

**g1. (lowest)** Across all third-party payor clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

**g2. (highest)** Across all third-party payor clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

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

**Attestation**

By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.

Late Filing Fee: \$100.00

Select: Agree

Date Submitting Filing in OPTins: 3/22/2024

Contact: Cheryl Kelly  
Name  
cheryl.kelly@meritain.com  
Prod & Reg Approval Spec  
Title  
716-319-5067

Iowa

2024 Annual Pharmacy Benefit Manager Report (for CY 2023)

Company Name: WellDyneRx, LLC  
Address: 500 Eagles Landing Drive  
City, State, Zip: Lakeland, FL 33810  
Phone Number: 888.479.2000

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

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$229,503.00

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. \$10,928.00

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 4.76%

g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all third-party payor clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 4.76%

**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: 2/20/2024

Contact: Kumarie Jagnarain Senior Legal Specialist  
Name Title  
administration@welldyne.com 863.583.6829