

Insurance Division

DOUG OMMEN, INSURANCE COMMISSIONER

PHARMACY BENEFITS MANAGER 2025 ANNUAL REPORT FOR CALENDAR YEAR 2024

During the 2022-2023 Legislative session, the Iowa Legislature passed revisions to <u>Iowa Code</u> <u>Chapter 510C</u>. 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 January 9, 2025, there were fifty PBMs licensed in Iowa. At the time of the preparation of this report, forty-eight PBMs submitted complete annual reports for calendar year 2024. Two PBMs were finalizing their reports; they will be published by the Iowa Insurance Division (IID) upon completion.

Seventeen PBMs provided reports without any detail and explained that they did not do business with any third-party payors in Iowa in 2024. A few 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. One PBM surrendered their license in 2024.

Of those PBMs that reported data, most reported aggregate dollar amounts with marginal increases to the previous year. Some PBMs, however, reported significantly different annual numbers in their reporting of third-party payor administrative service fees and rebates received. Additional information would be needed to confirm the reason for the changes reported.

The PBM reports are attached.

	Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	024)
Company Name:	A & A Services, LLC dba Sav-Rx Prescription Services	
Address:	224 N Park Ave	
City, State, Zip:	Fremont, NE 68025	
Phone Number:	402-753-2800	
The pu	urpose of this form is to report the information required by Iowa Coc For all zero entries, you MUST attach a statement explaining the z	
a. The aggregate do manager for its bus	ollar amount of all rebates received by the pharmacy benefit siness in lowa.	\$1,570,367.14
	ollar amount of all administrative fees received by the pharmacy his should include ALL remuneration from the manufacturer that is business in Iowa.	\$0.00
received by the pha including Prescripit	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, <i>ion Drug Cost Reimbursement Fees</i> , received by the PBM from the for its business in Iowa.	\$3,041,965.42
d. The aggregate d	ollar amount of all rebates received by the pharmacy benefit wharmacy benefit manager did not pass through to the third-party	\$233,051.39
	mount of all administrative fees received by the pharmacy benefit wharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00
	tained rebate percentage as calculated by dividing the dollar amoun y the dollar amount in "a".	t 14.84%
	all third-party payor clients with whom the pharmacy benefit acted, the lowest aggregate retained rebate percentages.	15.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	100.00%
	For all zero entries, you MUST attach a statement explaining the z	ero entry
are made in good	Attestation in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees	er's knowledge, information,
	Late Filing Fee	\$0.00
	Select	: Agree
	Date Submitting Filing in OPTins:	2/7/2025
Contact:	Ronda Thiessen Name	Licensing Coordinator Title
	gov@savrx.com Email	402-753-2839 Phone
Submitted by:	Christy Piti Name	CEO/Owner Title
Verified by:	Alexis Cox Name	Head of Regulatory Compliance Title
Verified by:	Ronda Thiessen Name	Licensing Coordinator Title

	Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	2024)
Company Name:	Alius Health, LLC	
Address:	PO Box 1710	
City, State, Zip:	Westerville, OH 43086	
Phone Number:	740-661-4463	
The pu	urpose of this form is to report the information required by Iowa Coc For all zero entries, you MUST attach a statement explaining the z	
a. The aggregate d manager for its bu	ollar amount of all rebates received by the pharmacy benefit siness in lowa.	\$12,496.30
	ollar amount of all administrative fees received by the pharmacy his should include ALL remuneration from the manufacturer that is business in Iowa.	\$0.00
received by the ph including Prescripit	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, <i>ion Drug Cost Reimbursement Fees</i> , received by the PBM from the for its business in Iowa.	\$195,494.88
	ollar amount of all rebates received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in lowa.	\$11,176.30
	mount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in Iowa.	\$0.00
	tained rebate percentage as calculated by dividing the dollar amoun y the dollar amount in "a".	t 89.44%
	all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	69.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	100.00%
	For all zero entries, you MUST attach a statement explaining the a	ero entry
	Attestation	
are made in good	in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees	er's knowledge, information,
	Late Filing Fee	\$0.00
	Select	: Agree
	Date Submitting Filing in OPTins:	2/11/2025
Contact:	Elizabeth Thomas	Compliance Officer
	Name	Title
	ethomas@aliushealth.com Email	740-661-4463 Ext. 106 Phone
Submitted by:	Elizabeth Thomas Name	Compliance Officer Title
Verified by:	Robyn Satterfield Name	Chief Operating Officer Title
Verified by:	Joseph Favazzo Name	Chief Executive Officer Title

	lowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	2024)
Company Name:	Alluma, LLC	
Address:	290 E John Carpenter Freeway	
City, State, Zip:	Irving, TX 75062	
Phone Number:	972-830-0000	
The p	urpose of this form is to report the information required by Iowa Coc For all zero entries, you MUST attach a statement explaining the z	
 a. The aggregate d manager for its but 	ollar amount of all rebates received by the pharmacy benefit siness in lowa.	\$0.00
	ollar amount of all administrative fees received by the pharmacy 'his should include ALL remuneration from the manufacturer that is business in Iowa.	\$0.00
received by the ph including Prescripit	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, tion Drug Cost Reimbursement Fees, received by the PBM from the for its business in Iowa.	\$0.00
	ollar amount of all rebates received by the pharmacy benefit oharmacy benefit manager did not pass through to the third-party ess in Iowa.	\$0.00
	mount of all administrative fees received by the pharmacy benefit obarmacy benefit manager did not pass through to the third-party ess in Iowa.	\$0.00
	tained rebate percentage as calculated by dividing the dollar amoun y the dollar amount in "a".	t 0.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	0.00%
	For all zero entries, you MUST attach a statement explaining the z	zero entry
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees	er's knowledge, information, plus any late payment.
	Late Filing Fee	
	Select Date Submitting Filing in OPTins:	3
Contact:	Amber Larsen Name	Compliance Manager Title
	licensing@allumaco.com Email	612-248-0710 Phone
Submitted by:	Amber Larsen Name	Compliance Manager Title
Verified by:	Byron Jobe Name	President Title
Verified by:	David Berry Name	Secretary Title

	lowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	024)
Company Name:	Amwins Group Benefits, LLC	
Address:	50 Whitecap Drive	
City, State, Zip:	North Kingstown, RI 02852	
Phone Number:	401.372.3403	
The p	urpose of this form is to report the information required by Iowa Cod For all zero entries, you MUST attach a statement explaining the ze	
a. The aggregate d manager for its bu	ollar amount of all rebates received by the pharmacy benefit	\$0.00
benefit manager.	lollar amount of all administrative fees received by the pharmacy Fhis should include ALL remuneration from the manufacturer that is s business in lowa.	\$0.00
received by the ph including <i>Prescripi</i>	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, <i>tion Drug Cost Reimbursement Fees</i> , received by the PBM from the for its business in Iowa.	\$0.00
d. The aggregate d	lollar amount of all rebates received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party	\$0.00
	mount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00
	etained rebate percentage as calculated by dividing the dollar ph "d" by the dollar amount in "a".	0.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%
	ss all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	0.00%
	For all zero entries, you MUST attach a statement explaining the z	ero entry
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte	
	is submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins:	\$0.00 Agree
Contact:	Late Filing Fee Select	\$0.00 Agree
Contact:	Late Filing Fee Select Date Submitting Filing in OPTins: Larissa Newman	\$0.00 Agree 2/4/2025 VP, Compliance
Contact: Submitted by:	Late Filing Fee: Select Date Submitting Filing in OPTins: Larissa Newman Name larissa.newman@amwins.com	\$0.00 Agree 2/4/2025 VP, Compliance Title 401.372.3403
	Late Filing Fee Select Date Submitting Filing in OPTins: Larissa Newman larissa.newman@amwins.com Email Larissa Newman	\$0.00 Agree 2/4/2025 VP, Compliance Title 401.372.3403 Phone VP, Compliance

	Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	024)
Company Name:	Benecard Services, Inc	
Address:	3131 Princeton Pike, Bld 5, Ste 105	
City, State, Zip:	Lawrenceville, NJ 08648	
Phone Number:	888-907-0070	
The p	urpose of this form is to report the information required by Iowa Code For all zero entries, you MUST attach a statement explaining the ze	
a. The aggregate d manager for its bu	ollar amount of all rebates received by the pharmacy benefit	\$5,617.00
	ollar amount of all administrative fees received by the pharmacy This should include ALL remuneration from the manufacturer that is business in Iowa.	\$0.00
received by the ph including <i>Prescripi</i>	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, tion Drug Cost Reimbursement Fees, received by the PBM from the for its business in Iowa.	\$102,307.42
	ollar amount of all rebates received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in Iowa.	\$0.00
	mount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00
	tained rebate percentage as calculated by dividing the dollar amount y the dollar amount in "a".	0.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%
	is all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	0.00%
	For all zero entries, you MUST attach a statement explaining the zero	ero entry
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of I faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees	r's knowledge, information, plus any late payment.
	Late Filing Fee:	\$0.00
	Colort	-
	Select:	5
	Date Submitting Filing in OPTins:	Agree 2/11/2025
Contact:		5
Contact:	Date Submitting Filing in OPTins: Maria Minelli	2/11/2025 Licensing Manager
Contact:	Date Submitting Filing in OPTins: Maria Minelli Name	2/11/2025 Licensing Manager Title
	Date Submitting Filing in OPTins: Maria Minelli Name PBF_licensing@benecard.com	2/11/2025 Licensing Manager Title 717-619-2622
Contact: Submitted by: Verified by:	Date Submitting Filing in OPTins: Maria Minelli Name PBF_licensing@benecard.com Email Richard Terranova	2/11/2025 Licensing Manager Title 717-619-2622 Phone Treasurer

	Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	2024)
Company Name:	CarelonRx, Inc.	
Address:	220 Virginia Avenue	
City, State, Zip:	Indianapolis, IN 46204	
Phone Number:	757-681-7755	
The p	urpose of this form is to report the information required by lowa Coc For all zero entries, you MUST attach a statement explaining the z	
a. The aggregate d manager for its bu	ollar amount of all rebates received by the pharmacy benefit siness in lowa.	\$537,327.20
benefit manager.	lollar amount of all administrative fees received by the pharmacy Fhis should include ALL remuneration from the manufacturer that is business in lowa.	\$81,723.48
received by the phincluding <i>Prescripi</i>	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, tion Drug Cost Reimbursement Fees, received by the PBM from the for its business in Iowa.	\$388,490,457.53
d. The aggregate d	lollar amount of all rebates received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party	\$0.00
	mount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in Iowa.	\$0.00
	etained rebate percentage as calculated by dividing the dollar ph "d" by the dollar amount in "a".	0.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%
	ss all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	0.00%
	For all zero entries, you MUST attach a statement explaining the z	ero entry
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees	er's knowledge, information, plus any late payment.
	Late Filing Fee	
	Select	0
	Date Submitting Filing in OPTins:	2/6/2025
Contact:	Lindsey Hammett Name	Compliance Consultant Title
	Caralon Dy DDML iconsing @caralon.com	407-622-7960
	CarelonRxPBMLicensing@carelon.com Email	Phone
Submitted by:	-	
Submitted by: Verified by:	Email Lindsey Hammett	Phone Compliance Consultant

	2025 Annual Pharmacy Benefit Manager Report (for CY 20	024)
Company Name:	Caremark, L.L.C.	
Address:	9501 E. Shea Blvd., MC024	
City, State, Zip:	Scottsdale, AZ 85260	
Phone Number:	480-314-8319	
The p	urpose of this form is to report the information required by Iowa Code For all zero entries, you MUST attach a statement explaining the ze	
a. The aggregate d	ollar amount of all rebates received by the pharmacy benefit	\$0.00
manager for its bu	siness in Iowa.	
	ollar amount of all administrative fees received by the pharmacy 'his should include ALL remuneration from the manufacturer that is business in Iowa.	\$0.00
received by the ph including Prescripit	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, <i>cion Drug Cost Reimbursement Fees</i> , received by the PBM from the For its business in Iowa.	\$0.00
	ollar amount of all rebates received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00
	mount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in Iowa.	\$0.00
	tained rebate percentage as calculated by dividing the dollar amount y the dollar amount in "a".	0.00%
	all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	0.00%
	For all zero entries, you MUST attach a statement explaining the zero	ero entry
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of I faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees Late Filing Fee:	r's knowledge, information, plus any late payment.
	Select:	
	-	· · · ·
Contact:	Select:	Agree 2/11/2025
Contact:	Select: Date Submitting Filing in OPTins: Karen S. Llano	Agree 2/11/2025 Sr. Analyst, Business Compl
	Select: Date Submitting Filing in OPTins: Karen S. Llano Name Karen.Llano@CVSHealth.com	Agree 2/11/2025 Sr. Analyst, Business Compl Title 480-314-8319 Phone
Contact: Submitted by: Verified by:	Select: Date Submitting Filing in OPTins: Karen S. Llano Name Karen Llano@CVSHealth.com Email Karen S. Llano	Agree 2/11/2025 Sr. Analyst, Business Compl Title 480-314-8319 Phone Sr. Analyst, Business Compl

	2025 Annual Pharmacy Benefit Manager Report (for CY 2	024)
Company Name:	CaremarkPCS Health, L.L.C.	
Address:	ddress: 9501 E. Shea Blvd., MC024	
City, State, Zip:	Scottsdale, AZ 85260	
Phone Number:	480-314-8319	
The p	urpose of this form is to report the information required by lowa Cod For all zero entries, you MUST attach a statement explaining the ze	
a. The aggregate d manager for its bu	ollar amount of all rebates received by the pharmacy benefit	\$591,558,152.78
	lollar amount of all administrative fees received by the pharmacy Fhis should include ALL remuneration from the manufacturer that is business in lowa.	\$54,830,152.26
received by the ph including Prescripi	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, <i>tion Drug Cost Reimbursement Fees</i> , received by the PBM from the for its business in Iowa.	\$881,361,062.55
d. The aggregate d	lollar amount of all rebates received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party	\$129,808.83
	mount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in lowa.	\$86,452.66
f The aggregate re	etained rebate percentage as calculated by dividing the dollar amount	0.02%
	y the dollar amount in "a".	0.0270
in paragraph "d" b g1. (lowest) Across		0.00%
in paragraph "d" b g1. (lowest) Across manager was cont g2. (highest) Across	y the dollar amount in "a". s all third-party payor clients with whom the pharmacy benefit	
in paragraph "d" b g1. (lowest) Across manager was cont g2. (highest) Across	y the dollar amount in "a". s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages. ss all third-party payor clients with whom the pharmacy benefit	0.00%
in paragraph "d" b g1. (lowest) Across manager was cont g2. (highest) Across manager was cont By selecting agree are made in good	y the dollar amount in "a". s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages. ss all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages. For all zero entries, you MUST attach a statement explaining the z	0.00% 5.00% ero entry lowa, that these statements er's knowledge, information, plus any late payment. : \$100.00 : Agree
in paragraph "d" b g1. (lowest) Across manager was cont g2. (highest) Across manager was cont By selecting agree are made in good	y the dollar amount in "a". s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages. s all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages. For all zero entries, you MUST attach a statement explaining the z Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitted is submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins: Karen S. Llano	0.00% 5.00% ero entry lowa, that these statements er's knowledge, information, plus any late payment. : \$100.00 : Agree 3/31/2025 Sr. Analyst, Business Compl
in paragraph "d" b g1. (lowest) Across manager was cont g2. (highest) Across manager was cont By selecting agree are made in good and belief th	y the dollar amount in "a". s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages. ss all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages. For all zero entries, you MUST attach a statement explaining the z Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitted is submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins: Karen S. Llano Name	0.00% 5.00% ero entry lowa, that these statements er's knowledge, information, plus any late payment. \$100.00 Agree 3/31/2025 Sr. Analyst, Business Compl Title
in paragraph "d" b g1. (lowest) Across manager was cont g2. (highest) Across manager was cont By selecting agree are made in good and belief th	y the dollar amount in "a". s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages. s all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages. For all zero entries, you MUST attach a statement explaining the z Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitted is submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins: Karen S. Llano	0.00% 5.00% ero entry lowa, that these statements er's knowledge, information, plus any late payment. : \$100.00 : Agree 3/31/2025 Sr. Analyst, Business Compl
in paragraph "d" b g1. (lowest) Across manager was cont g2. (highest) Across manager was cont By selecting agree are made in good and belief th	y the dollar amount in "a". s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages. ss all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages. For all zero entries, you MUST attach a statement explaining the z Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitted is submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins: Karen S. Llano Name Karen.Llano@CVSHealth.com	0.00% 5.00% ero entry lowa, that these statements er's knowledge, information, plus any late payment. : \$100.00 : Agree 3/31/2025 Sr. Analyst, Business Compl Title 480-314-8319 Phone
in paragraph "d" b g1. (lowest) Across manager was cont g2. (highest) Across manager was cont By selecting agree are made in good and belief th Contact:	y the dollar amount in "a". s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages. ss all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages. For all zero entries, you MUST attach a statement explaining the z Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins: Karen S. Llano Karen S. Llano Karen S. Llano	0.00% 5.00% ero entry lowa, that these statements er's knowledge, information, plus any late payment. : \$100.00 : Agree 3/31/2025 Sr. Analyst, Business Compl Title 480-314-8319 Phone Sr. Analyst, Business Compl

	2025 Annual Pharmacy Benefit Manager Report (for CY 2	024)
Company Name:	Caremark PhC, L.L.C.	
Address:	9501 E. Shea Blvd., MC024	
City, State, Zip:	Scottsdale, AZ 85260	
Phone Number:	480-314-8319	
The p	urpose of this form is to report the information required by Iowa Cod For all zero entries, you MUST attach a statement explaining the ze	
a. The aggregate d manager for its but	ollar amount of all rebates received by the pharmacy benefit	\$0.00
	ollar amount of all administrative fees received by the pharmacy This should include ALL remuneration from the manufacturer that is business in Iowa.	\$0.00
received by the ph including Prescripit	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, tion Drug Cost Reimbursement Fees, received by the PBM from the for its business in Iowa.	\$0.00
d. The aggregate d	ollar amount of all rebates received by the pharmacy benefit oharmacy benefit manager did not pass through to the third-party	\$0.00
	mount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in Iowa.	\$0.00
	tained rebate percentage as calculated by dividing the dollar amount y the dollar amount in "a".	0.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%
manager was contr g2. (highest) Acros		0.00%
manager was contr g2. (highest) Acros	racted, the lowest aggregate retained rebate percentages. s all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages. For all zero entries, you MUST attach a statement explaining the z	0.00%
manager was contr g2. (highest) Acros manager was contr By selecting agree are made in good	racted, the lowest aggregate retained rebate percentages. as all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages. For all zero entries, you MUST attach a statement explaining the z Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitted is submission is a true, correct and complete report including all fees Late Filing Feet Select	0.00% ero entry lowa, that these statements er's knowledge, information, plus any late payment. : \$0.00 : Agree
manager was contr g2. (highest) Acros manager was contr By selecting agree are made in good	racted, the lowest aggregate retained rebate percentages. as all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages. For all zero entries, you MUST attach a statement explaining the z Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitted is submission is a true, correct and complete report including all fees Late Filing Feer	0.00% ero entry lowa, that these statements er's knowledge, information, plus any late payment. (\$0.00 Agree
manager was contr g2. (highest) Acros manager was contr By selecting agree are made in good	racted, the lowest aggregate retained rebate percentages. as all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages. For all zero entries, you MUST attach a statement explaining the z Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitted is submission is a true, correct and complete report including all fees Late Filing Fee: Select Date Submitting Filing in OPTins: Karen S. Llano	0.00% ero entry lowa, that these statements er's knowledge, information, plus any late payment. : \$0.00 : Agree 2/11/2025 Sr. Analyst, Business Compli
manager was conti g2. (highest) Acros manager was conti By selecting agree are made in good and belief th	racted, the lowest aggregate retained rebate percentages. as all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages. For all zero entries, you MUST attach a statement explaining the z Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitted is submission is a true, correct and complete report including all fees Late Filing Fee: Select Date Submitting Filing in OPTins: Karen S. Llano Name	0.00% ero entry lowa, that these statements er's knowledge, information, plus any late payment. : \$0.00 : Agree 2/11/2025 Sr. Analyst, Business Compli Title
manager was conti g2. (highest) Acros manager was conti By selecting agree are made in good and belief th	racted, the lowest aggregate retained rebate percentages. as all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages. For all zero entries, you MUST attach a statement explaining the z Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitted is submission is a true, correct and complete report including all fees Late Filing Fee: Select Date Submitting Filing in OPTins: Karen S. Llano	0.00% ero entry lowa, that these statements er's knowledge, information, plus any late payment. : \$0.00 : Agree 2/11/2025 Sr. Analyst, Business Compli
manager was conti g2. (highest) Acros manager was conti By selecting agree are made in good and belief th	racted, the lowest aggregate retained rebate percentages. as all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages. For all zero entries, you MUST attach a statement explaining the z Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitted is submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins: Karen S. Llano Karen S. Llano Karen S. Llano Karen S. Llano	0.00% ero entry lowa, that these statements er's knowledge, information, plus any late payment. : \$0.00 : Agree 2/11/2025 Sr. Analyst, Business Compli Title 480-314-8319 Phone Sr. Analyst, Business Compli
manager was conting g2. (highest) Across manager was conting By selecting agreed are made in good and belief th Contact: Submitted by:	racted, the lowest aggregate retained rebate percentages. as all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages. For all zero entries, you MUST attach a statement explaining the z Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitted is submission is a true, correct and complete report including all fees Late Filing Fee: Select Date Submitting Filing in OPTins: Karen S. Llano Name Karen S. Llano Name	0.00% ero entry lowa, that these statements er's knowledge, information, plus any late payment. : \$0.00 : Agree 2/11/2025 Sr. Analyst, Business Compli Title 480-314-8319 Phone Sr. Analyst, Business Compli Title
manager was contr g2. (highest) Acros manager was contr By selecting agree are made in good and belief th Contact:	racted, the lowest aggregate retained rebate percentages. as all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages. For all zero entries, you MUST attach a statement explaining the z Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitted is submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins: Karen S. Llano Karen S. Llano Karen S. Llano Karen S. Llano	0.00% ero entry lowa, that these statements er's knowledge, information, plus any late payment. : \$0.00 : Agree 2/11/2025 Sr. Analyst, Business Compli Title 480-314-8319 Phone Sr. Analyst, Business Compli
manager was contr g2. (highest) Acros manager was contr By selecting agree are made in good and belief th Contact: Submitted by:	racted, the lowest aggregate retained rebate percentages. as all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages. For all zero entries, you MUST attach a statement explaining the z Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitted is submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins: Karen S. Llano Name Karen S. Llano Name Maria T. Markos	0.00% ero entry lowa, that these statements er's knowledge, information, plus any late payment. : \$0.00 : Agree 2/11/2025 Sr. Analyst, Business Complia Title 480-314-8319 Phone Sr. Analyst, Business Complia Title President and Treasurer

	Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	024)
Company Name:	Centene Pharmacy Services, Inc.	
Address:	7700 Forsyth Blvd.	
City, State, Zip:	Clayton, MO 63105	
Phone Number:	855-422-2742	
The p	urpose of this form is to report the information required by Iowa Cod For all zero entries, you MUST attach a statement explaining the ze	
a. The aggregate d manager for its bu	ollar amount of all rebates received by the pharmacy benefit siness in lowa.	\$0.00
	ollar amount of all administrative fees received by the pharmacy This should include ALL remuneration from the manufacturer that is business in Iowa.	\$0.00
received by the ph ncluding <i>Prescripi</i>	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, tion Drug Cost Reimbursement Fees, received by the PBM from the for its business in Iowa.	\$0.00
d. The aggregate c	ollar amount of all rebates received by the pharmacy benefit oharmacy benefit manager did not pass through to the third-party	\$0.00
	mount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00
	tained rebate percentage as calculated by dividing the dollar ph "d" by the dollar amount in "a".	0.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%
	is all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	0.00%
	For all zero entries, you MUST attach a statement explaining the z	ero entry
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees	er's knowledge, information,
	Late Filing Fee: Select Date Submitting Filing in OPTins:	\$0.00 Agree
Contact:	Select	\$0.00 Agree
Contact:	Select: Date Submitting Filing in OPTins: Shanie Stein	\$0.00 Agree 1/10/2025 Reg. Compliance Analyst
	Select: Date Submitting Filing in OPTins: Shanie Stein Name shanie.stein@centene.com	\$0.00 Agree 1/10/2025 Reg. Compliance Analyst Title 646-303-3450
Contact: Gubmitted by: /erified by:	Select: Date Submitting Filing in OPTins: Shanie Stein Name shanie.stein@centene.com Email Shanie Stein	\$0.00 Agree 1/10/2025 Reg. Compliance Analyst Title 646-303-3450 Phone Reg. Compliance Analyst

	Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	2024)
Company Name:	Cigna Health and Life Insurance Company	
Address:	900 Cottage Grove Road	
City, State, Zip:	Bloomfield, CT 06152	
Phone Number:	860.226.6000	
The pu	rpose of this form is to report the information required by Iowa Coc For all zero entries, you MUST attach a statement explaining the z	
a. The aggregate do manager for its bus	ollar amount of all rebates received by the pharmacy benefit siness in lowa.	\$0.00
	ollar amount of all administrative fees received by the pharmacy his should include ALL remuneration from the manufacturer that is business in Iowa.	\$0.00
received by the phi including Prescripit	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, <i>ion Drug Cost Reimbursement Fees</i> , received by the PBM from the for its business in Iowa.	\$0.00
	ollar amount of all rebates received by the pharmacy benefit wharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00
	mount of all administrative fees received by the pharmacy benefit wharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00
	tained rebate percentage as calculated by dividing the dollar oh "d" by the dollar amount in "a".	0.00%
	all third-party payor clients with whom the pharmacy benefit acted, the lowest aggregate retained rebate percentages.	0.00%
	s all third-party payor clients with whom the pharmacy benefit acted, the highest aggregate retained rebate percentages.	0.00%
	For all zero entries, you MUST attach a statement explaining the a	zero entry
	Attestation	
-	faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins:	s plus any late payment. : \$0.00 : Agree
-	is submission is a true, correct and complete report including all fees Late Filing Fee Select	s plus any late payment. : \$0.00 : Agree
and belief thi	is submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins: Vallorie Miller	s plus any late payment. : \$0.00 : Agree 2/4/2025 Legal Compliance Lead Analyst
and belief th	is submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins: Vallorie Miller Name Vallorie.Miller@Cignahealthcare.com	s plus any late payment. : \$0.00 : Agree 2/4/2025 Legal Compliance Lead Analyst Title 954.514.6644
and belief thi	is submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins: Vallorie Miller Vallorie.Miller@Cignahealthcare.com Email Vallorie Miller	s plus any late payment. : \$0.00 : Agree 2/4/2025 Legal Compliance Lead Analyst Title 954.514.6644 Phone Legal Compliance Lead Analyst

	Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	:024)	
Company Name:	DST Pharmacy Solutions, Inc.		-
Address:	1055 Broadway Blvd, 4th Floor		
City, State, Zip:	Kansas City, MO 64105		
Phone Number:	(833) 252-1679		
The p	urpose of this form is to report the information required by Iowa Cod		
- The energy of the	For all zero entries, you MUST attach a statement explaining the z	•	-
a. The aggregate d manager for its bu	ollar amount of all rebates received by the pharmacy benefit siness in lowa.	\$0.00	
	ollar amount of all administrative fees received by the pharmacy This should include ALL remuneration from the manufacturer that is business in Iowa.	\$0.00	
received by the ph including Prescripi	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, tion Drug Cost Reimbursement Fees, received by the PBM from the for its business in Iowa.	\$1,297,486.13	
	ollar amount of all rebates received by the pharmacy benefit oharmacy benefit manager did not pass through to the third-party ess in Iowa.	\$0.00	
	mount of all administrative fees received by the pharmacy benefit oharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00	
	etained rebate percentage as calculated by dividing the dollar ph "d" by the dollar amount in "a".	0.00%	
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%	
	ss all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	0.00%	
	For all zero entries, you MUST attach a statement explaining the z	ero entry	
	Attestation		-
are made in good	e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees	er's knowledge, information,	
	Late Filing Fee	\$100.00	
	Select	Agree	
	Date Submitting Filing in OPTins:	3/21/2025	
Contact:	Marsha Smitherman Name	Senior Contracts/Compliance A	 Administrator, Contracts & Complia
	DSTPharmacy-Licensing@sscinc.com	(833) 252-1679	
	Email	Phone	
Submitted by:	Marsha Smitherman	Senior Contracts/Compliance A	┤ Administrator, Contracts & Complia
	Name	Title	,
Verified by:	Tori Dargati	President & General Manager	
	Name	Title	
Verified by:	Brian Schell Name	SVP, Treasurer, & Director Title	

	lowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	2024)
Company Name:	Express Scripts, Inc.	
Address:	1 Express Way	
City, State, Zip:	St. Louis, MO 63121	
Phone Number:	800-282-2881	
The p	urpose of this form is to report the information required by lowa Cod For all zero entries, you MUST attach a statement explaining the z	
a. The aggregate d manager for its bu	ollar amount of all rebates received by the pharmacy benefit	\$8,491,592.73
	lollar amount of all administrative fees received by the pharmacy This should include ALL remuneration from the manufacturer that is business in Iowa.	\$670,821.46
received by the ph including Prescripi	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, tion Drug Cost Reimbursement Fees, received by the PBM from the	\$2,592,287.48
d. The aggregate d	for its business in Iowa. Iollar amount of all rebates received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in Iowa.	\$0.00
	mount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in lowa.	\$270,421.81
	etained rebate percentage as calculated by dividing the dollar ph "d" by the dollar amount in "a".	0.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%
	ss all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	0.00%
	For all zero entries, you MUST attach a statement explaining the z	ero entry
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees Late Filing Fee	er's knowledge, information, plus any late payment.
		· · · ·
	Select	0
	Date Submitting Filing in OPTins:	2/14/2025
	Kara Fuccello	Sr. Product Manager
Contact:	Name	Title
Contact:	Name	-
Contact:		Title
	Name KBFuccello@express-scripts.com	Title 800-282-2881
Contact: Submitted by: Verified by:	Name KBFuccello@express-scripts.com Email Kara Fuccello	Title 800-282-2881 Phone Sr. Product Manager

	Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	024)
Company Name:	FairosRx, LLC	
Address:	1800 S Washington St, Ste 100	
City, State, Zip:	Amarillo, TX 79102	
Phone Number:	806-464-9600	
	rpose of this form is to report the information required by Iowa Cod For all zero entries, you MUST attach a statement explaining the ze	
a. The aggregate do manager for its bus	llar amount of all rebates received by the pharmacy benefit iness in Iowa.	\$0.00
	llar amount of all administrative fees received by the pharmacy nis should include ALL remuneration from the manufacturer that is business in lowa.	\$0.00
received by the pha including Prescripiti	Ilar amount of all third-party payor administrative service fees Irmacy benefit manager. This should include ALL remuneration, Ion Drug Cost Reimbursement Fees, received by the PBM from the Ior its business in Iowa.	\$0.00
	ollar amount of all rebates received by the pharmacy benefit harmacy benefit manager did not pass through to the third-party ss in lowa.	\$0.00
	nount of all administrative fees received by the pharmacy benefit harmacy benefit manager did not pass through to the third-party ss in lowa.	\$0.00
	ained rebate percentage as calculated by dividing the dollar amount the dollar amount the dollar amount in "a".	0.00%
	all third-party payor clients with whom the pharmacy benefit acted, the lowest aggregate retained rebate percentages.	0.00%
	all third-party payor clients with whom the pharmacy benefit acted, the highest aggregate retained rebate percentages.	0.00%
	For all zero entries, you MUST attach a statement explaining the z	ero entry
are made in good f	Attestation in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte	
	s submission is a true, correct and complete report including all fees	plus any late payment.
	s submission is a true, correct and complete report including all fees Late Filing Fee:	plus any late payment. \$0.00
	s submission is a true, correct and complete report including all fees	plus any late payment. \$0.00
	s submission is a true, correct and complete report including all fees Late Filing Fee:	plus any late payment. \$0.00 Agree
Contact:	s submission is a true, correct and complete report including all fees Late Filing Fee: Select:	plus any late payment. \$0.00 Agree
Contact:	s submission is a true, correct and complete report including all fees Late Filing Fee: Select: Date Submitting Filing in OPTins: Laura Porterfield	plus any late payment. \$0.00 Agree 2/11/2025 Admin Assistant
Contact: Submitted by:	s submission is a true, correct and complete report including all fees Late Filing Fee: Select: Date Submitting Filing in OPTins: Laura Porterfield Name laura.porterfield@fairosrx.com	plus any late payment. \$0.00 Agree 2/11/2025 Admin Assistant Title 806-464-9600
	s submission is a true, correct and complete report including all fees Late Filing Fee: Select: Date Submitting Filing in OPTins: Laura Porterfield Name laura.porterfield@fairosrx.com Email Laura Porterfield Name Steve Smith	plus any late payment. \$0.00 Agree 2/11/2025 Admin Assistant Title 806-464-9600 Phone Admin Assistant Title President
Submitted by:	s submission is a true, correct and complete report including all fees Late Filing Fee: Select: Date Submitting Filing in OPTins: Laura Porterfield Name laura.porterfield@fairosrx.com Email Laura Porterfield Name	plus any late payment. \$0.00 Agree 2/11/2025 Admin Assistant Title 806-464-9600 Phone Admin Assistant Title

	lowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	2024)
Company Name:	Fairview Pharmacy Services, LLC d/b/a ClearScript	
Address:	668 24th Ave SE	
City, State, Zip:	Minneapolis, MN 55414	
Phone Number:	612-672-6500	
The pu	urpose of this form is to report the information required by lowa Coo For all zero entries, you MUST attach a statement explaining the z	
 a. The aggregate d manager for its bus 	ollar amount of all rebates received by the pharmacy benefit siness in lowa.	\$244,199.03
	ollar amount of all administrative fees received by the pharmacy 'his should include ALL remuneration from the manufacturer that is business in Iowa.	\$0.00
received by the ph including Prescripit	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, tion Drug Cost Reimbursement Fees, received by the PBM from the for its business in Iowa.	\$93,998.56
	ollar amount of all rebates received by the pharmacy benefit oharmacy benefit manager did not pass through to the third-party ess in Iowa.	\$22,279.18
	mount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in Iowa.	\$0.00
	tained rebate percentage as calculated by dividing the dollar amoun y the dollar amount in "a".	t 9.12%
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	55.00%
	For all zero entries, you MUST attach a statement explaining the a	zero entry
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submittu- is submission is a true, correct and complete report including all fees Late Filing Fee	er's knowledge, information, plus any late payment.
	Select	: Agree
	Date Submitting Filing in OPTins:	-
Contact:	Jessica Mullen Name	Licensing Specialist Title
	dept-fps-licensing@fairview.org Email	612-672-6173 Phone
Submitted by:	Jessica Mullen Name	Licensing Specialist Title
Verified by:	Alyssa Goree Name	Compliance Manager Title
Verified by:	Cheryl Koenen Name	VP Finance Title

	Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	024)
Company Name:	Health E Systems,LLC	
Address:	5404 Cypress Center Drive, Suite 210	
City, State, Zip:	Tampa, FL 33609	
Phone Number:	813-367-2944	
The pu	rpose of this form is to report the information required by Iowa Cod For all zero entries, you MUST attach a statement explaining the ze	
a. The aggregate do manager for its bus	ollar amount of all rebates received by the pharmacy benefit	\$68,814.00
	ollar amount of all administrative fees received by the pharmacy his should include ALL remuneration from the manufacturer that is business in Iowa.	\$0.00
received by the pha including Prescripit	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, <i>ion Drug Cost Reimbursement Fees</i> , received by the PBM from the or its business in Iowa.	\$0.00
	ollar amount of all rebates received by the pharmacy benefit harmacy benefit manager did not pass through to the third-party ss in lowa.	\$0.00
	nount of all administrative fees received by the pharmacy benefit harmacy benefit manager did not pass through to the third-party ss in lowa.	\$0.00
	tained rebate percentage as calculated by dividing the dollar amount the dollar amount in "a".	0.00%
	all third-party payor clients with whom the pharmacy benefit acted, the lowest aggregate retained rebate percentages.	0.00%
	s all third-party payor clients with whom the pharmacy benefit acted, the highest aggregate retained rebate percentages.	0.00%
	For all zero entries, you MUST attach a statement explaining the z	ero entry
are made in good	Attestation in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte s submission is a true, correct and complete report including all fees Late Filing Fee	er's knowledge, information, plus any late payment.
	-	
	Select Date Submitting Filing in OPTins:	Agree 2/6/2025
Contact:	Tracy Euler Name	Manager,Advocacy and Complia
	teuler@healthesystems.com Email	813-367-2944 Phone
Submitted by:	Jennifer Davis Name	Advocacy and Compliance Analy Title
Verified by:	Matt Hewitt Name	EVP, PBM General Manager Title

	lowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	2024)
Company Name:	Healthcare Highways Rx, LLC dba CerpassRx	
Address:	5904 Stone Creek Dr, Ste 120	
City, State, Zip:	The Colony, TX 75056	
Phone Number:	972-830-2730	
The pu	rpose of this form is to report the information required by Iowa Coc For all zero entries, you MUST attach a statement explaining the z	
a. The aggregate do manager for its bus	ollar amount of all rebates received by the pharmacy benefit siness in Iowa.	\$0.00
	ollar amount of all administrative fees received by the pharmacy his should include ALL remuneration from the manufacturer that is business in Iowa.	\$0.00
received by the pha including Prescripit	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, <i>ion Drug Cost Reimbursement Fees</i> , received by the PBM from the for its business in Iowa.	\$0.00
	ollar amount of all rebates received by the pharmacy benefit harmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00
	mount of all administrative fees received by the pharmacy benefit wharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00
	tained rebate percentage as calculated by dividing the dollar amoun y the dollar amount in "a".	t 0.00%
	all third-party payor clients with whom the pharmacy benefit acted, the lowest aggregate retained rebate percentages.	0.00%
	s all third-party payor clients with whom the pharmacy benefit acted, the highest aggregate retained rebate percentages.	0.00%
	For all zero entries, you MUST attach a statement explaining the z	ero entry
are made in good	Attestation in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees	er's knowledge, information, plus any late payment.
	Late Filing Fee	
	Select Date Submitting Filing in OPTins:	
Contact:	Brittany Brodie	Paralegal
	Name	Title
	brittany.brodie@cerpassrx.com Email	972-830-2730 Phone
Submitted by:	Brittany Brodie Name	Paralegal Title
Verified by:	Elisa Muller Name	General Counsel Title
Verified by:	Eric Yonkus Name	President & COO Title

	Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	2024)
Company Name:	Humana Pharmacy Solutions, Inc.	
Address:	500 W. Main Street	
City, State, Zip:	Louisville, KY 40202	
Phone Number:	502-580-1000	
The p	urpose of this form is to report the information required by Iowa Cod For all zero entries, you MUST attach a statement explaining the ze	
a. The aggregate of manager for its bu	lollar amount of all rebates received by the pharmacy benefit	\$0.00
benefit manager.	dollar amount of all administrative fees received by the pharmacy This should include ALL remuneration from the manufacturer that is s business in Iowa.	\$0.00
received by the phincluding <i>Prescripi</i>	lollar amount of all third-party payor administrative service fees narmacy benefit manager. This should include ALL remuneration, tion Drug Cost Reimbursement Fees, received by the PBM from the for its business in Iowa.	\$0.00
	dollar amount of all rebates received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00
	mount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00
	etained rebate percentage as calculated by dividing the dollar amount by the dollar amount in "a".	t 0.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%
	ss all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	0.00%
	For all zero entries, you MUST attach a statement explaining the z	ero entry
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of I faith for the period indicated. To the best of the authorized submitten his submission is a true, correct and complete report including all fees	er's knowledge, information, plus any late payment.
	Late Filing Fee	
	Select	: Agree
Contact:		: Agree
Contact:	Select Date Submitting Filing in OPTins:	: Agree 2/10/2025
Contact:	Select Date Submitting Filing in OPTins: B.J. Stivers	: Agree 2/10/2025 Compliance Lead
	Select Date Submitting Filing in OPTins: B.J. Stivers Name ComplianceReporting@humana.com	: Agree 2/10/2025 Compliance Lead Title 502-580-1000
Contact: Submitted by: Verified by:	Select Date Submitting Filing in OPTins: B.J. Stivers Name ComplianceReporting@humana.com Email B.J. Stivers	: Agree 2/10/2025 Compliance Lead Title 502-580-1000 Phone Compliance Lead

	IOWa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	2024)
Company Name:	Independent Health's Pharmacy Benefit Dimensions, LLC	
Address:	511 Farber Lakes Drive	
City, State, Zip:	Buffalo, New York 14221	
Phone Number:	(716) 635-7862	
The p	ourpose of this form is to report the information required by Iowa Coc For all zero entries, you MUST attach a statement explaining the z	
a. The aggregate of manager for its but	dollar amount of all rebates received by the pharmacy benefit	\$1,412.00
benefit manager.	dollar amount of all administrative fees received by the pharmacy This should include ALL remuneration from the manufacturer that is s business in Iowa.	\$0.00
received by the pl including Prescrip	dollar amount of all third-party payor administrative service fees harmacy benefit manager. This should include ALL remuneration, <i>ition Drug Cost Reimbursement Fees</i> , received by the PBM from the for its business in Iowa.	\$217.11
	dollar amount of all rebates received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ness in lowa.	\$227.77
	amount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ness in lowa.	\$216.11
	retained rebate percentage as calculated by dividing the dollar aph "d" by the dollar amount in "a".	16.13%
	ss all third-party payor clients with whom the pharmacy benefit tracted, the lowest aggregate retained rebate percentages.	16.13%
	oss all third-party payor clients with whom the pharmacy benefit tracted, the highest aggregate retained rebate percentages.	16.13%
	For all zero entries, you MUST attach a statement explaining the	zero entry
	Attactat!	
are made in good	Attestation be in the field below, I certify, under penalties provided by the laws of d faith for the period indicated. To the best of the authorized submittu- his submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins:	er's knowledge, information, s plus any late payment. :: \$0.00 :: Agree
are made in good	ee in the field below, I certify, under penalties provided by the laws of d faith for the period indicated. To the best of the authorized submitt his submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins: John Doyle	er's knowledge, information, s plus any late payment. :: \$0.00 :: Agree : 2/14/2025 PBM Contract & Regulatory Compliance Mar
are made in good and belief th	ee in the field below, I certify, under penalties provided by the laws of d faith for the period indicated. To the best of the authorized submitt his submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins:	er's knowledge, information, s plus any late payment. : \$0.00 : Agree 2/14/2025
are made in good and belief th	ee in the field below, I certify, under penalties provided by the laws of d faith for the period indicated. To the best of the authorized submitte his submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins: John Doyle Name pbdcontracts@pbdrx.com	er's knowledge, information, s plus any late payment. :: \$0.00 :: Agree : 2/14/2025 PBM Contract & Regulatory Compliance Mar Title (716) 635-7862
are made in good and belief th Contact:	ee in the field below, I certify, under penalties provided by the laws of d faith for the period indicated. To the best of the authorized submittu- his submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins: John Doyle Name pbdcontracts@pbdrx.com Email John Doyle	er's knowledge, information, s plus any late payment. :: \$0.00 :: Agree : 2/14/2025 PBM Contract & Regulatory Compliance Mar Title (716) 635-7862 Phone PBM Contract & Regulatory Compliance Mar

	lowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	2024)
Company Name:	Interchange Rx, LLC	
Address:	2431 E. 61ST STREET, SUITE 300	
City, State, Zip:	TULSA, OK, 74136	
Phone Number:	8889012092	
The pu	urpose of this form is to report the information required by Iowa Coc For all zero entries, you MUST attach a statement explaining the z	
a. The aggregate d manager for its bu	ollar amount of all rebates received by the pharmacy benefit siness in lowa.	\$12,331.80
	ollar amount of all administrative fees received by the pharmacy 'his should include ALL remuneration from the manufacturer that is business in Iowa.	\$0.00
received by the ph including Prescripit	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, tion Drug Cost Reimbursement Fees, received by the PBM from the for its business in Iowa.	\$65,893.85
	ollar amount of all rebates received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in lowa.	\$12,331.80
	mount of all administrative fees received by the pharmacy benefit obarmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00
	tained rebate percentage as calculated by dividing the dollar amoun y the dollar amount in "a".	t 100.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	100.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	100.00%
	For all zero entries, you MUST attach a statement explaining the z	ero entry
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees	er's knowledge, information, plus any late payment.
	Late Filing Fee	
	Select Date Submitting Filing in OPTins:	3
Contact:	DEBBIE REDWINE	Director of Compliance
	Name	Title
	compliance@pdrcrx.com Email	8889012092 Phone
Submitted by:	Paul Hagen Name	President Title
Verified by:	Jaymie Wilson Name	COO Title
Verified by:	Eduardo Contador Name	Director of IT Title

	2025 Annual Pharmacy Benefit Manager Report (for CY 2	024)
Company Name:	Kroger Prescription Plans, Inc.	
Address:	1014 Vine Street	
City, State, Zip:	Cincinnati, OH 45202	
Phone Number:	513-387-7581	
The p	urpose of this form is to report the information required by lowa Cod For all zero entries, you MUST attach a statement explaining the ze	
a. The aggregate d manager for its bu	ollar amount of all rebates received by the pharmacy benefit siness in lowa.	\$49,242,223.70
	lollar amount of all administrative fees received by the pharmacy Fhis should include ALL remuneration from the manufacturer that is business in lowa.	\$0.00
received by the phincluding <i>Prescripi</i>	ollar amount of all third-party payor administrative service fees harmacy benefit manager. This should include ALL remuneration, tion Drug Cost Reimbursement Fees, received by the PBM from the	\$166,424,176.60
d. The aggregate d	for its business in Iowa. Iollar amount of all rebates received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in Iowa.	\$11,537.96
e. The aggregate a	mount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party	\$0.00
	etained rebate percentage as calculated by dividing the dollar amount y the dollar amount in "a".	0.02%
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%
	ss all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	50.47%
	racted, the highest aggregate retained rebate percentages. For all zero entries, you MUST attach a statement explaining the z	
By selecting agree are made in good	racted, the highest aggregate retained rebate percentages.	ero entry lowa, that these statements er's knowledge, information, plus any late payment. \$100.00 Agree
By selecting agree are made in good	racted, the highest aggregate retained rebate percentages. For all zero entries, you MUST attach a statement explaining the z Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitted is submission is a true, correct and complete report including all fees Late Filing Fee Select	ero entry lowa, that these statements er's knowledge, information, plus any late payment. \$100.00 Agree
By selecting agree are made in good and belief th	racted, the highest aggregate retained rebate percentages. For all zero entries, you MUST attach a statement explaining the z Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitted is submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins:	ero entry lowa, that these statements er's knowledge, information, plus any late payment.
By selecting agree are made in good and belief th	racted, the highest aggregate retained rebate percentages. For all zero entries, you MUST attach a statement explaining the z Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins: Emily Schubeler	ero entry lowa, that these statements er's knowledge, information, plus any late payment.
By selecting agree are made in good and belief th	racted, the highest aggregate retained rebate percentages. For all zero entries, you MUST attach a statement explaining the z Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins: Emily Schubeler Name emily.schubeler@krogerhealth.com	ero entry lowa, that these statements er's knowledge, information, plus any late payment. : \$100.00 : Agree 3/24/2025 Strategic Programs Administrate Title 513-387-7581
By selecting agree are made in good and belief th	racted, the highest aggregate retained rebate percentages. For all zero entries, you MUST attach a statement explaining the z Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins: Emily Schubeler emily.schubeler@krogerhealth.com Email Emily Schubeler	ero entry lowa, that these statements er's knowledge, information, plus any late payment.

	Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	2024)
Company Name:	LithiaRx, LLC	
Address:	11270 W Park Pl, Ste 625	
City, State, Zip:	Milwaukee, WI 53224	
Phone Number:	(262) 317-9648	
•	rpose of this form is to report the information required by Iowa Coc For all zero entries, you MUST attach a statement explaining the z	
	ollar amount of all rebates received by the pharmacy benefit	\$0.00
	ollar amount of all administrative fees received by the pharmacy his should include ALL remuneration from the manufacturer that is business in Iowa.	\$0.00
received by the pha including Prescripit	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, <i>ion Drug Cost Reimbursement Fees</i> , received by the PBM from the or its business in Iowa.	\$0.00
	ollar amount of all rebates received by the pharmacy benefit harmacy benefit manager did not pass through to the third-party ss in Iowa.	\$0.00
	nount of all administrative fees received by the pharmacy benefit harmacy benefit manager did not pass through to the third-party ss in Iowa.	\$0.00
	tained rebate percentage as calculated by dividing the dollar oh "d" by the dollar amount in "a".	0.00%
	all third-party payor clients with whom the pharmacy benefit acted, the lowest aggregate retained rebate percentages.	0.00%
	s all third-party payor clients with whom the pharmacy benefit acted, the highest aggregate retained rebate percentages.	0.00%
	For all zero entries, you MUST attach a statement explaining the z	zero entry
are made in good f	Attestation in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte s submission is a true, correct and complete report including all fees	er's knowledge, information,
	Late Filing Fee	\$0.00
	Select	: Agree
	Date Submitting Filing in OPTins:	1/27/2025
Contact:	Laurel Wala	General Counsel, Sec'y, and Chief Compliance Officer
	Name	Title
	compliance@lithiarx.com Email	(262) 317-9648 Phone
Submitted by:	Michelle Pribyl Name	Senior Legal Specialist Title
Verified by:	Laurel Wala	General Counsel, Sec'y, and Chief Compliance Officer
	Name	Title

	lowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	2024)
Company Name:	MaxorPlus, Ltd.	
Address:	320 S. Polk Street, Suite 200	
City, State, Zip:	Amarillo, TX 79101	
Phone Number:	806-324-5400	
The p	ourpose of this form is to report the information required by Iowa Coo For all zero entries, you MUST attach a statement explaining the z	
a. The aggregate of manager for its bu	dollar amount of all rebates received by the pharmacy benefit usiness in Iowa.	\$720,316.25
benefit manager.	dollar amount of all administrative fees received by the pharmacy This should include ALL remuneration from the manufacturer that is s business in Iowa.	\$4,996.87
received by the pl including Prescript	dollar amount of all third-party payor administrative service fees narmacy benefit manager. This should include ALL remuneration, <i>ition Drug Cost Reimbursement Fees</i> , received by the PBM from the for its business in Iowa.	\$3,111,202.84
	dollar amount of all rebates received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in lowa.	\$420,304.27
	amount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party less in lowa.	\$4,996.87
	etained rebate percentage as calculated by dividing the dollar aph "d" by the dollar amount in "a".	58.35%
	is all third-party payor clients with whom the pharmacy benefit tracted, the lowest aggregate retained rebate percentages.	55.70%
	ss all third-party payor clients with whom the pharmacy benefit tracted, the highest aggregate retained rebate percentages.	91.29%
	For all zero entries, you MUST attach a statement explaining the a	zero entry
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of d faith for the period indicated. To the best of the authorized submitten his submission is a true, correct and complete report including all fees Late Filing Fee	er's knowledge, information, s plus any late payment.
	Select Date Submitting Filing in OPTins:	3
Contact:	Lacey Hall Name	Director, PBM Licensing Title
	PBMLicensing@maxor.com Email	806-324-5400 Phone
Submitted by:	Lacey Hall Name	Director, PBM Licensing Title
Verified by:	Victoria Naranjo Name	Licensing & Compliance Associa Title
Verified by:	Leah Bailey Name	General Counsel Title

IA2025PBMAnnualReportV1

	lowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	2024)
Company Name:	MedImpact Healthcare Systems, Inc.	
Address:	10181 Scripps Gateway Court	
City, State, Zip:	San Diego, CA 92131	
Phone Number:	(858) 566-2727	
The p	purpose of this form is to report the information required by lowa Cod For all zero entries, you MUST attach a statement explaining the z	
a. The aggregate manager for its b	dollar amount of all rebates received by the pharmacy benefit usiness in Iowa.	\$5,396,357.95
benefit manager.	dollar amount of all administrative fees received by the pharmacy This should include ALL remuneration from the manufacturer that is is business in Iowa.	\$2,902,982.85
received by the p including <i>Prescrip</i>	dollar amount of all third-party payor administrative service fees harmacy benefit manager. This should include ALL remuneration, <i>ition Drug Cost Reimbursement Fees</i> , received by the PBM from the for its business in Iowa.	\$5,368,703.93
d. The aggregate	dollar amount of all rebates received by the pharmacy benefit pharmacy benefit pharmacy benefit manager did not pass through to the third-party	\$27,654.02
	amount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ness in lowa.	\$0.00
	retained rebate percentage as calculated by dividing the dollar aph "d" by the dollar amount in "a".	0.51%
	ss all third-party payor clients with whom the pharmacy benefit tracted, the lowest aggregate retained rebate percentages.	0.00%
	oss all third-party payor clients with whom the pharmacy benefit tracted, the highest aggregate retained rebate percentages.	16.23%
	For all zero entries, you MUST attach a statement explaining the z	zero entry
are made in goo	Attestation ee in the field below, I certify, under penalties provided by the laws of d faith for the period indicated. To the best of the authorized submitte his submission is a true, correct and complete report including all fees	er's knowledge, information, s plus any late payment.
	Late Filing Fee Select Date Submitting Filing in OPTins:	Agree
Contact:	Select	: Agree 2/14/2025
Contact:	Select Date Submitting Filing in OPTins:	: Agree
Contact:	Select Date Submitting Filing in OPTins: Lisa Smith	: Agree 2/14/2025 Regulatory Compliance Manager
	Select Date Submitting Filing in OPTins: Lisa Smith Name Licensing@medimpact.com	Agree 2/14/2025 Regulatory Compliance Manager Title 858.226.6894
Contact: Gubmitted by: /erified by:	Select Date Submitting Filing in OPTins: Lisa Smith Name Licensing@medimpact.com Email James Gollaher	: Agree 2/14/2025 Regulatory Compliance Manager Title 858.226.6894 Phone CFO & Secretary
Submitted by:	Select Date Submitting Filing in OPTins: Lisa Smith Name Licensing@medimpact.com Email James Gollaher Name James Gollaher	Agree 2/14/2025 Regulatory Compliance Manager Title 858.226.6894 Phone CFO & Secretary Title CFO & Secretary

	lowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	2024)
Company Name:	MedOne, L.C.	
Address:	1590 University Avenue	
City, State, Zip:	Dubuque, IA 52001	
Phone Number:	563-588-8748	
The pu	urpose of this form is to report the information required by Iowa Coc For all zero entries, you MUST attach a statement explaining the z	
a. The aggregate d manager for its bu	ollar amount of all rebates received by the pharmacy benefit siness in Iowa.	\$13,968,849.20
	ollar amount of all administrative fees received by the pharmacy 'his should include ALL remuneration from the manufacturer that is business in Iowa.	\$0.00
received by the ph including <i>Prescripit</i>	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, tion Drug Cost Reimbursement Fees, received by the PBM from the for its business in Iowa.	\$78,111,774.60
	ollar amount of all rebates received by the pharmacy benefit bharmacy benefit manager did not pass through to the third-party ess in lowa.	\$292.64
	mount of all administrative fees received by the pharmacy benefit obarmacy benefit manager did not pass through to the third-party ess in Iowa.	\$0.00
	tained rebate percentage as calculated by dividing the dollar amoun y the dollar amount in "a".	t 0.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	100.00%
	For all zero entries, you MUST attach a statement explaining the a	ero entry
are made in good	Attestation It in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees	er's knowledge, information,
	Late Filing Fee	: \$0.00
	Select	: Agree
	Date Submitting Filing in OPTins:	2/14/2025
Contact:	Michael Hood	Legal Counsel
	Name	Title
	mhood@medone-rx.com Email	803-269-6584 Phone
Submitted by:	Michael Hood Name	Legal Counsel Title
Verified by:	Wes Hartig Name	Chief Executive Officer Title
Verified by:	Name	Title

	lowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	.024)
Company Name:	Navitus Health Solutions, LLC	
Address:	361 Integrity Drive	
City, State, Zip:	Madison, WI 53717	
Phone Number:	608-298-5863	
The p	urpose of this form is to report the information required by lowa Cod For all zero entries, you MUST attach a statement explaining the z	
a. The aggregate d manager for its bu	ollar amount of all rebates received by the pharmacy benefit	\$4,489,288.15
	ollar amount of all administrative fees received by the pharmacy This should include ALL remuneration from the manufacturer that is business in Iowa.	\$0.00
received by the ph including <i>Prescripi</i>	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, tion Drug Cost Reimbursement Fees, received by the PBM from the for its business in Iowa.	\$609,165.11
d. The aggregate d	ollar amount of all rebates received by the pharmacy benefit oharmacy benefit manager did not pass through to the third-party	\$0.00
	mount of all administrative fees received by the pharmacy benefit oharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00
	etained rebate percentage as calculated by dividing the dollar ph "d" by the dollar amount in "a".	0.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%
	ss all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	0.00%
	For all zero entries, you MUST attach a statement explaining the z	ero entry
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees	er's knowledge, information, plus any late payment.
	Late Filing Fee	
	Select	č
	Date Submitting Filing in OPTins:	2/13/2025
Contact:	Mitali Chatterjee	Paralegal
Contact:		-
Contact:	Name	Title
Contact:		-
	Name legal@navitus.com Email	Title 608-298-5863 Phone
Contact: Submitted by:	Name legal@navitus.com	Title 608-298-5863
Submitted by:	Name legal@navitus.com Email Mitali Chatterjee Name	Title 608-298-5863 Phone Paralegal Title
Submitted by:	Name legal@navitus.com Email Mitali Chatterjee	Title 608-298-5863 Phone Paralegal
	Name legal@navitus.com Email Mitali Chatterjee Name Janice Duncan	Title 608-298-5863 Phone Paralegal Title Staff Attorney

	Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	2024)
Company Name:	OptumRx, Inc.	
Address:	1 Optum Circle	
City, State, Zip:	Eden Prairie, MN 55344	
Phone Number:	888-445-8745	
The p	urpose of this form is to report the information required by lowa Cod For all zero entries, you MUST attach a statement explaining the ze	
a. The aggregate of manager for its bu	lollar amount of all rebates received by the pharmacy benefit	\$10,291,243.48
benefit manager.	dollar amount of all administrative fees received by the pharmacy This should include ALL remuneration from the manufacturer that is s business in Iowa.	\$587,876.03
received by the ph including Prescripi	lollar amount of all third-party payor administrative service fees harmacy benefit manager. This should include ALL remuneration, <i>tion Drug Cost Reimbursement Fees</i> , received by the PBM from the for its business in Iowa.	\$34,487,768.99
d. The aggregate of	dollar amount of all rebates received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party	\$1,603,568.19
	mount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in lowa.	\$507,186.21
	etained rebate percentage as calculated by dividing the dollar amount by the dollar amount in "a".	t 15.58%
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%
	ss all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	65.51%
	For all zero entries, you MUST attach a statement explaining the z	ero entry
	Attestation	
are made in good	e in the field below, I certify, under penalties provided by the laws of I faith for the period indicated. To the best of the authorized submitten his submission is a true, correct and complete report including all fees Late Filing Fee Select	er's knowledge, information, plus any late payment. : \$0.00
are made in good	I faith for the period indicated. To the best of the authorized submitten is submission is a true, correct and complete report including all fees	er's knowledge, information, plus any late payment. : \$0.00 : Agree
are made in good	I faith for the period indicated. To the best of the authorized submitten his submission is a true, correct and complete report including all fees Late Filing Fee Select	er's knowledge, information, plus any late payment. : \$0.00 : Agree
are made in good and belief th	I faith for the period indicated. To the best of the authorized submitten his submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins: Allison Kulas	er's knowledge, information, plus any late payment. : \$0.00 : Agree 2/14/2025 Sr Regulatory Adherence Ana
are made in good and belief th	I faith for the period indicated. To the best of the authorized submitten his submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins: Allison Kulas Name ORxDOILic@optum.com	er's knowledge, information, plus any late payment. : \$0.00 : Agree 2/14/2025 Sr Regulatory Adherence Ana Title 952-251-5266
are made in good and belief th Contact:	I faith for the period indicated. To the best of the authorized submittentiation is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins: Allison Kulas ORxDOILic@optum.com Email Allison Kulas	er's knowledge, information, plus any late payment. \$0.00 Agree 2/14/2025 Sr Regulatory Adherence Ana Title 952-251-5266 Phone Sr Regulatory Adherence Ana

	Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	:024)
Company Name:	PerformRx, LLC	
Address:	200 Stevens Drive	
City, State, Zip:	Philadelphia, PA	
Phone Number:	866-533-5492	
The p	urpose of this form is to report the information required by Iowa Cod For all zero entries, you MUST attach a statement explaining the ze	
a. The aggregate d manager for its but	ollar amount of all rebates received by the pharmacy benefit	\$0.00
	ollar amount of all administrative fees received by the pharmacy his should include ALL remuneration from the manufacturer that is business in Iowa.	\$0.00
received by the ph including Prescripit	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, <i>ion Drug Cost Reimbursement Fees</i> , received by the PBM from the for its business in Iowa.	\$0.00
	ollar amount of all rebates received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00
	mount of all administrative fees received by the pharmacy benefit wharmacy benefit manager did not pass through to the third-party ess in Iowa.	\$0.00
	tained rebate percentage as calculated by dividing the dollar amount y the dollar amount in "a".	t 0.00%
	all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	0.00%
	For all zero entries, you MUST attach a statement explaining the z	ero entry
By selecting agree	Attestation	lows that these statements
-	faith for the period indicated. To the best of the authorized submitter is submission is a true, correct and complete report including all fees Late Filing Fee Select	er's knowledge, information, plus any late payment. : \$0.00 : Agree
-	is submission is a true, correct and complete report including all fees Late Filing Fee	er's knowledge, information, plus any late payment. : \$0.00 : Agree
-	is submission is a true, correct and complete report including all fees Late Filing Fee Select	er's knowledge, information, plus any late payment. : \$0.00 : Agree 1/13/2025
and belief th	is submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins: Jamie Colletti	er's knowledge, information, plus any late payment. : \$0.00 : Agree 1/13/2025 Gov't Programs & Product Dire
and belief th	is submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins: Jamie Colletti Name jcolletti@performrx.com	er's knowledge, information, plus any late payment. : \$0.00 : Agree 1/13/2025 Gov't Programs & Product Dire Title
and belief th Contact:	is submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins: Jamie Colletti Name jcolletti@performrx.com Email Erica Kiely	er's knowledge, information, plus any late payment. : \$0.00 : Agree 1/13/2025 Gov't Programs & Product Dire Title Phone Paralegal

	Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	2024)
Company Name:	Pharma Force Group LLC	
Address:	4300 S US Hwy 1, Suite 203-329	
City, State, Zip:	Jupiter, FL 33477	
Phone Number:	814-393-7354	
The p	urpose of this form is to report the information required by Iowa Coc For all zero entries, you MUST attach a statement explaining the z	
a. The aggregate c manager for its bu	Iollar amount of all rebates received by the pharmacy benefit	\$0.00
benefit manager.	dollar amount of all administrative fees received by the pharmacy This should include ALL remuneration from the manufacturer that is s business in Iowa.	\$0.00
received by the phincluding Prescripi	lollar amount of all third-party payor administrative service fees narmacy benefit manager. This should include ALL remuneration, <i>tion Drug Cost Reimbursement Fees</i> , received by the PBM from the for its business in Iowa.	\$0.00
	dollar amount of all rebates received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00
	mount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in Iowa.	\$0.00
	etained rebate percentage as calculated by dividing the dollar aph "d" by the dollar amount in "a".	0.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%
	ss all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	0.00%
	For all zero entries, you MUST attach a statement explaining the a	zero entry
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of I faith for the period indicated. To the best of the authorized submitten his submission is a true, correct and complete report including all fees	er's knowledge, information,
	Late Filing Fee	: \$100.00
	Select	: Agree
	Date Submitting Filing in OPTins:	3/18/2025
Contact:	Kati Green Name	Supervisor, PBM Compliance Title
	kgreen@thepharmaforce.com Email	814-393-7354 Phone
Submitted by:	Kati Green Name	Supervisor, PBM Compliance Title
Verified by:	Megan Cook Name	Director of PBM Operations Title

	lowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	024)
Company Name:	Prime Therapeutics LLC	
Address:	2900 Ames Crossing Road	
City, State, Zip:	Eagan, MN 55121	
Phone Number:	612-777-4000	
	urpose of this form is to report the information required by Iowa Cod For all zero entries, you MUST attach a statement explaining the ze	
a. The aggregate of manager for its bu	lollar amount of all rebates received by the pharmacy benefit	\$0.00
benefit manager.	dollar amount of all administrative fees received by the pharmacy This should include ALL remuneration from the manufacturer that is s business in Iowa.	\$0.00
received by the pr including Prescripi	lollar amount of all third-party payor administrative service fees narmacy benefit manager. This should include ALL remuneration, <i>tion Drug Cost Reimbursement Fees</i> , received by the PBM from the for its business in Iowa.	\$0.00
	dollar amount of all rebates received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00
	mount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00
	etained rebate percentage as calculated by dividing the dollar amount by the dollar amount in "a".	0.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%
	ss all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	0.00%
	For all zero entries, you MUST attach a statement explaining the z	ero entry
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of I faith for the period indicated. To the best of the authorized submitten his submission is a true, correct and complete report including all fees Late Filing Fee: Select:	er's knowledge, information, plus any late payment. . \$0.00
	Date Submitting Filing in OPTins:	2/7/2025
Contact:	Marit Hansen Name	Data and Reporting Analyst Title
	GPReportingInquiries@primetherapeutics.com Email	612-777-4000 Phone
	Erran	Filone
Submitted by:	Krista Carpenter Name	Paralegal Title
Submitted by: Verified by:	Krista Carpenter	Paralegal

	Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	024)
Company Name:	Prime Therapeutics Management, LLC	
Address:	2900 Ames Crossing Road, Ste. 200	
City, State, Zip:	Eagan, MN 55121	
Phone Number:	720-273-9084	
The pu	rpose of this form is to report the information required by Iowa Cod For all zero entries, you MUST attach a statement explaining the ze	
a. The aggregate do manager for its bus	ollar amount of all rebates received by the pharmacy benefit iness in lowa.	\$178,493.06
	ollar amount of all administrative fees received by the pharmacy his should include ALL remuneration from the manufacturer that is business in Iowa.	\$28,146.29
received by the pha including Prescripit	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, <i>ion Drug Cost Reimbursement Fees</i> , received by the PBM from the or its business in Iowa.	\$1,818,833.43
	ollar amount of all rebates received by the pharmacy benefit harmacy benefit manager did not pass through to the third-party ss in Iowa.	\$0.00
	nount of all administrative fees received by the pharmacy benefit harmacy benefit manager did not pass through to the third-party ss in Iowa.	\$28,146.29
	tained rebate percentage as calculated by dividing the dollar amount v the dollar amount in "a".	0.00%
	all third-party payor clients with whom the pharmacy benefit acted, the lowest aggregate retained rebate percentages.	0.00%
	s all third-party payor clients with whom the pharmacy benefit acted, the highest aggregate retained rebate percentages.	0.00%
	For all zero entries, you MUST attach a statement explaining the z	ero entry
are made in good	Attestation in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte s submission is a true, correct and complete report including all fees Late Filing Fee	er's knowledge, information, plus any late payment.
	Select	Agree
	Date Submitting Filing in OPTins:	č
Contact:	Danielle Laiken Name	Mgr Project & Program Mgn Title
	Danielle.Laiken@primetherapeutics.com Email	612-318-5032 Phone
Submitted by:	Danielle Laiken Name	Mgr Project & Program Mgr Title
Verified by:	Shamika Whitfield Name	Health Data Analyst Title

	lowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	2024)
Company Name:	ProAct, Inc.	
Address:	6333 State Route 298, Ste 210	
City, State, Zip:	East Syracuse, NY 13057	
Phone Number:	315-413-7780	
The p	urpose of this form is to report the information required by Iowa Coo For all zero entries, you MUST attach a statement explaining the z	
a. The aggregate of manager for its but	lollar amount of all rebates received by the pharmacy benefit isiness in lowa.	\$0.00
benefit manager.	dollar amount of all administrative fees received by the pharmacy This should include ALL remuneration from the manufacturer that is s business in Iowa.	\$0.00
received by the ph including Prescripi	ollar amount of all third-party payor administrative service fees harmacy benefit manager. This should include ALL remuneration, <i>tion Drug Cost Reimbursement Fees</i> , received by the PBM from the for its business in Iowa.	\$0.00
	dollar amount of all rebates received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in Iowa.	\$0.00
	mount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00
	etained rebate percentage as calculated by dividing the dollar amoun by the dollar amount in "a".	t 0.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%
	ss all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	0.00%
	For all zero entries, you MUST attach a statement explaining the	zero entry
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of I faith for the period indicated. To the best of the authorized submitt his submission is a true, correct and complete report including all fees Late Filing Fee	er's knowledge, information, s plus any late payment. :: \$0.00
	Select Date Submitting Filing in OPTing	3
Contact:	Ron Romano Name	Director of Regulatory and Complia Title
	licensing@proactrx.com Email	315-413-7780 Phone
Submitted by:	Amy Cobb Name	Regulatory and Compliance Paraleg
Verified by:	Ron Romano Name	Director of Regulatory and Complia Title
Verified by:	Mike Mustac Name	Director of Finance and Analytics Title

	Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	024)
Company Name:	Prodigy Care Services LLC	
Address:	5090 Richmond Ave #163	
City, State, Zip:	Houston, TX 77056	
Phone Number:	713-322-6667	
	rpose of this form is to report the information required by lowa Cod For all zero entries, you MUST attach a statement explaining the z	
a. The aggregate do manager for its bus	ollar amount of all rebates received by the pharmacy benefit iness in lowa.	\$115,212.23
	ollar amount of all administrative fees received by the pharmacy his should include ALL remuneration from the manufacturer that is business in Iowa.	\$0.00
received by the pha including Prescripiti	Ilar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, <i>ion Drug Cost Reimbursement Fees</i> , received by the PBM from the prits business in Iowa.	\$2,067,015.26
	ollar amount of all rebates received by the pharmacy benefit harmacy benefit manager did not pass through to the third-party ss in Iowa.	\$103,517.29
	nount of all administrative fees received by the pharmacy benefit harmacy benefit manager did not pass through to the third-party ss in lowa.	\$0.00
	ained rebate percentage as calculated by dividing the dollar amount the dollar amount in "a".	t 89.85%
	all third-party payor clients with whom the pharmacy benefit acted, the lowest aggregate retained rebate percentages.	50.00%
	all third-party payor clients with whom the pharmacy benefit acted, the highest aggregate retained rebate percentages.	100.00%
	For all zero entries, you MUST attach a statement explaining the z	ero entry
are made in good	Attestation in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte s submission is a true, correct and complete report including all fees Late Filing Fee	er's knowledge, information, plus any late payment. : \$0.00
	Select Date Submitting Filing in OPTins:	č
	Date Submitting rining in OP mis.	2/13/2025
Contact:	Jrean Hays Name	Client Services Manager Title
	jhays@prodigyrx.com Email	713-322-6667 Phone
Submitted by:	Jrean Hays Name	Client Services Manager Title
Verified by:	Delford Doherty Name	CEO Title
Verified by:	Wendy O'Brien Name	Accountant Title

	Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	2024)
Company Name:	Progyny, Inc.	
Address:	1359 Broadway, 2nd Floor	
City, State, Zip:	New York, NY 10018	
Phone Number:	646-350-0747	
The p	urpose of this form is to report the information required by Iowa Coc For all zero entries, you MUST attach a statement explaining the z	
a. The aggregate d manager for its bu	ollar amount of all rebates received by the pharmacy benefit siness in lowa.	\$502,332.35
	ollar amount of all administrative fees received by the pharmacy This should include ALL remuneration from the manufacturer that is business in Iowa.	\$49,681.22
received by the ph including Prescripit	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, tion Drug Cost Reimbursement Fees, received by the PBM from the for its business in Iowa.	\$0.00
d. The aggregate d	ollar amount of all rebates received by the pharmacy benefit oharmacy benefit manager did not pass through to the third-party	\$124,369.29
	mount of all administrative fees received by the pharmacy benefit oharmacy benefit manager did not pass through to the third-party ess in Iowa.	\$49,681.22
	tained rebate percentage as calculated by dividing the dollar amoun y the dollar amount in "a".	t 24.76%
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	17.00%
	is all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	93.00%
	For all zero entries, you MUST attach a statement explaining the z	zero entry
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees Late Filing Fee Select	er's knowledge, information, s plus any late payment. : \$0.00
	Date Submitting Filing in OPTins:	3
Contact:		5
Contact:	Date Submitting Filing in OPTins: Teang Phou-Baxter	2/14/2025 Director, Contract Compliance
	Date Submitting Filing in OPTins: Teang Phou-Baxter Name teang.phoubaxter@progyny.com, legal@progyny.com	2/14/2025 Director, Contract Compliance Title 646-350-0747 Phone
Contact: Submitted by: Verified by:	Date Submitting Filing in OPTins: Teang Phou-Baxter Name teang.phoubaxter@progyny.com, legal@progyny.com Email Vidhu Bhatmagar	2/14/2025 Director, Contract Compliance Title 646-350-0747 Phone Director, Rx Network Managem

	lowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2	2023)
Company Name:	Rightway Healthcare, Inc	
Address:	2 Gansevoort Street, Suite 701	
City, State, Zip:	New York, NY 10014	
Phone Number:	646-661-2051	
The pu	urpose of this form is to report the information required by Iowa Coc For all zero entries, you MUST attach a statement explaining the z	
a. The aggregate de manager.	ollar amount of all rebates received by the pharmacy benefit	\$146,156.06
	ollar amount of all administrative fees received by the pharmacy his should include ALL remuneration from the manufacturer that is	\$0.00
	ollar amount of all third-party payor administrative service fees armacy benefit manager.	\$0.00
	ollar amount of all rebates received by the pharmacy benefit harmacy benefit manager did not pass through to the third-party	\$0.00
	mount of all administrative fees received by the pharmacy benefit harmacy benefit manager did not pass through to the third-party	\$0.00
	tained rebate percentage as calculated by dividing the dollar amoun / the dollar amount in "a".	t 0.00%
	all third-party payor clients with whom the pharmacy manager was vest aggregate retained rebate percentages.	0.00%
	s all third-party payor clients with whom the pharmacy manager wa hest aggregate retained rebate percentages.	s 0.00%
	For all zero entries, you MUST attach a statement explaining the z	ero entry
	Attestation	
are made in good	in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees Late Filing Fee Select	er's knowledge, information, s plus any late payment. : \$100.00
	Date Submitting Filing in OPTins:	2/17/2025
Contact:	Frank Totino	Dir. Compliance
	Name	Title
	compliance@rightwayhealthcare.com Email	646-907-5391 Phone
Submitted by:	Frank Totino	Dir. Compliance
	Name	Title
Verified by:	Frank Totino Name	Dir. Compliance Title
Verified by:	Lucas Gagne Name	Pricing Analytics Title
IA2024PBMAnnual	ReportV1	

IA2024PBMAnnual	ReportV1	
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	Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	024)
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Company Name:	Scrip World, LLC	
Address:	10150 S. Centennial Parkway	
City, State, Zip:	Sandy, UT 84074	
Phone Number:	716-319-5500	
	urpose of this form is to report the information required by Iowa Cod For all zero entries, you MUST attach a statement explaining the zero	
a. The aggregate d manager for its bu	ollar amount of all rebates received by the pharmacy benefit	\$520,361.73
	ollar amount of all administrative fees received by the pharmacy This should include ALL remuneration from the manufacturer that is business in Iowa.	\$50,635.73
received by the ph including Prescripit	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, <i>tion Drug Cost Reimbursement Fees</i> , received by the PBM from the for its business in Iowa.	\$1,583,483.33
d. The aggregate d	ollar amount of all rebates received by the pharmacy benefit sharmacy benefit manager did not pass through to the third-party	\$0.00
	mount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00
	tained rebate percentage as calculated by dividing the dollar amount y the dollar amount in "a".	0.00%
	all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	0.00%
	For all zero entries, you MUST attach a statement explaining the z	ero entry
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees	er's knowledge, information, plus any late payment.
	Late Filing Fee:	
	Select:	5
	Date Submitting Filing in OPTins:	2/14/2025
Contact:	Jodi Padilla	Sr Manager
Contact:	Jodi Padilla Name	Sr Manager Title
Contact:		-
Contact: Submitted by:	Name PadillaJL@aetna.com	Title 405-827-4706
	Name PadillaJL@aetna.com Email Jodi Padilla	Title 405-827-4706 Phone Sr Manager

	IOWa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	024)
Company Name:	Script Care, Ltd.	
Address:	6380 Folsom Drive	
City, State, Zip:	Beaumont, TX 77706	
Phone Number:	800-880-9902 x 1122	
The pi	urpose of this form is to report the information required by Iowa Cod For all zero entries, you MUST attach a statement explaining the z	
a. The aggregate d manager for its bus	ollar amount of all rebates received by the pharmacy benefit siness in lowa.	\$645,579.03
	ollar amount of all administrative fees received by the pharmacy This should include ALL remuneration from the manufacturer that is business in lowa.	\$0.00
received by the ph including <i>Prescripit</i>	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, tion Drug Cost Reimbursement Fees, received by the PBM from the for its business in Iowa.	\$4,164,614.10
	ollar amount of all rebates received by the pharmacy benefit oharmacy benefit manager did not pass through to the third-party ess in lowa.	\$177,094.86
	mount of all administrative fees received by the pharmacy benefit oharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00
	etained rebate percentage as calculated by dividing the dollar ph "d" by the dollar amount in "a".	27.43%
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	27.43%
	ss all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	27.43%
	For all zero entries, you MUST attach a statement explaining the z	ero entry
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees Late Filing Fee Select	lowa, that these statements er's knowledge, information, plus any late payment. \$0.00 Agree
are made in good and belief th	Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees Late Filing Fee	Iowa, that these statements er's knowledge, information, plus any late payment. \$0.00 Agree
are made in good and belief th	Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins:	lowa, that these statements er's knowledge, information, plus any late payment. \$0.00 Agree 2/10/2025
are made in good and belief th	Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees Late Filing Fee Select Date Submitting Filing in OPTins: Frank Messina	Iowa, that these statements er's knowledge, information, plus any late payment. \$0.00 Agree 2/10/2025 General Counsel
are made in good and belief th Contact:	Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitter is submission is a true, correct and complete report including all fees Late Filing Fee Late Filing Fee Select Date Submitting Filing in OPTins: Frank Messina Name fmessina@scriptcare.com	lowa, that these statements er's knowledge, information, plus any late payment. \$0.00 Agree 2/10/2025 General Counsel Title 800-880-9902
are made in good and belief th Contact: Submitted by:	Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitter is submission is a true, correct and complete report including all fees Late Filing Fee Late Filing Fee Select Date Submitting Filing in OPTins: Frank Messina Name fmessina@scriptcare.com Email Margaret Allen Name Frank Messina	Iowa, that these statements er's knowledge, information, plus any late payment. \$0.00 Agree 2/10/2025 General Counsel Title 800-880-9902 Phone Account Manager Title General Counsel
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitter is submission is a true, correct and complete report including all fees Late Filing Fee Late Filing Fee Select Date Submitting Filing in OPTins: Frank Messina Name Imaginal Margaret Allen Name	lowa, that these statements er's knowledge, information, plus any late payment. \$0.00 Agree 2/10/2025 General Counsel Title 800-880-9902 Phone Account Manager Title

	Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	2024)		
Company Name:	SelectHealth Benefit Assurance Company, Inc.			
Address:	5381 Green Street			
City, State, Zip:	Murray, Utah 84123			
Phone Number:	801-442-5000			
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 of manager for its but	dollar amount of all rebates received by the pharmacy benefit isiness in Iowa.	\$0.00		
benefit manager.	dollar amount of all administrative fees received by the pharmacy This should include ALL remuneration from the manufacturer that is s business in Iowa.	\$0.00		
received by the ph including Prescripi	lollar amount of all third-party payor administrative service fees narmacy benefit manager. This should include ALL remuneration, <i>tion Drug Cost Reimbursement Fees</i> , received by the PBM from the for its business in Iowa.	\$0.00		
	dollar amount of all rebates received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00		
	mount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00		
	etained rebate percentage as calculated by dividing the dollar amoun by the dollar amount in "a".	t 0.00%		
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%		
	ss all third-party payor clients with whom the pharmacy benefit rracted, the highest aggregate retained rebate percentages.	0.00%		
	For all zero entries, you MUST attach a statement explaining the z	ero entry		
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of I faith for the period indicated. To the best of the authorized submitten his submission is a true, correct and complete report including all fees	er's knowledge, information, plus any late payment.		
	Late Filing Fee			
	Select Date Submitting Filing in OPTins:	5		
Contact:	Kassie Thomas Name	Compliance Manager Title		
		385-214-6800		
	Scripiuscompliance@selecthealth.org Email	985-214-6800 Phone		
Submitted by:	Stacey Eskelson Name	Compliance Consultant I Title		
Verified by:	Alyssa Warren Name	Pharmacy Business Analyst Title		
Verified by:	Name	Title		

	lowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	2024)
Company Name:	Serve You Custom Prescription Management, Inc. dba Serve You R	Xx
Address:	10201 W. Innovation Drive, Suite 600	
City, State, Zip:	Milwaukee, WI 53226	
Phone Number:	414-410-8100	
	urpose of this form is to report the information required by Iowa Coc For all zero entries, you MUST attach a statement explaining the z	
a. The aggregate d manager for its bu	lollar amount of all rebates received by the pharmacy benefit siness in lowa.	\$53,994.21
	lollar amount of all administrative fees received by the pharmacy This should include ALL remuneration from the manufacturer that is s business in Iowa.	\$0.00
received by the ph including <i>Prescripi</i>	ollar amount of all third-party payor administrative service fees harmacy benefit manager. This should include ALL remuneration, tion Drug Cost Reimbursement Fees, received by the PBM from the for its business in Iowa.	\$0.00
d. The aggregate d	lollar amount of all rebates received by the pharmacy benefit pharmacy benefit pharmacy benefit manager did not pass through to the third-party	\$51,678.21
	mount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00
	etained rebate percentage as calculated by dividing the dollar ph "d" by the dollar amount in "a".	95.71%
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	95.71%
	ss all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	95.71%
	For all zero entries, you MUST attach a statement explaining the a	zero entry
	Attestation	
are made in good	e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees Late Filing Fee Select	er's knowledge, information, s plus any late payment. : \$0.00
	Date Submitting Filing in OPTins:	2/13/2025
Contact:	Justin Jasniewski Name	Chief Executive Officer Title
	compliance@serveyourx.com Email	414-410-8100 Phone
Submitted by:	Justin Jasniewski Name	Chief Executive Officer Title
Submitted by: Verified by:		

	Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	024)
Company Name:	Smith Health, Inc.	
Address:	300 Brannan Street, Suite 601	
City, State, Zip:	San Francisco, CA 94107	
Phone Number:	(844) 454-0123	
The pu	urpose of this form is to report the information required by Iowa Cod For all zero entries, you MUST attach a statement explaining the ze	
a. The aggregate d manager for its but	ollar amount of all rebates received by the pharmacy benefit	\$2,603,459.66
	ollar amount of all administrative fees received by the pharmacy 'his should include ALL remuneration from the manufacturer that is business in Iowa.	\$0.00
received by the ph including Prescripit	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, <i>cion Drug Cost Reimbursement Fees</i> , received by the PBM from the for its business in Iowa.	\$484,512.90
d. The aggregate d	ollar amount of all rebates received by the pharmacy benefit oharmacy benefit manager did not pass through to the third-party	\$1,129.15
	mount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in Iowa.	\$0.00
	tained rebate percentage as calculated by dividing the dollar ph "d" by the dollar amount in "a".	0.04%
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	45.70%
	For all zero entries, you MUST attach a statement explaining the z	ero entry
are made in good	Attestation in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees	er's knowledge, information,
	Late Filing Fee:	\$0.00
	Calaat	
	Select	Agree
	Date Submitting Filing in OPTins:	5
Contact:		5
Contact:	Date Submitting Filing in OPTins:	2/13/2025
Contact:	Date Submitting Filing in OPTins: Javier Serrano	2/13/2025 Senior Legal Counsel
	Date Submitting Filing in OPTins: Javier Serrano Name compliance@smithrx.com Email	2/13/2025 Senior Legal Counsel Title 844-454-0123 Phone
	Date Submitting Filing in OPTins: Javier Serrano Name compliance@smithrx.com	2/13/2025 Senior Legal Counsel Title 844-454-0123
Submitted by:	Date Submitting Filing in OPTins: Javier Serrano Name compliance@smithrx.com Email Javier Serrano	2/13/2025 Senior Legal Counsel Title 844-454-0123 Phone Senior Legal Counsel
Contact: Submitted by: Verified by:	Date Submitting Filing in OPTins: Javier Serrano Name compliance@smithrx.com Email Javier Serrano Name	2/13/2025 Senior Legal Counsel Title 844-454-0123 Phone Senior Legal Counsel Title

	IOWa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	024)
Company Name:	Southern Scripts, LLC d/b/a Liviniti, LLC	
Address:	411 Bienville Street	
City, State, Zip:	Natchitoches, LA 71457	
Phone Number:	318-214-4764	
The p	urpose of this form is to report the information required by Iowa Cod For all zero entries, you MUST attach a statement explaining the ze	
a. The aggregate d manager for its bu	ollar amount of all rebates received by the pharmacy benefit	\$198,660.64
	ollar amount of all administrative fees received by the pharmacy This should include ALL remuneration from the manufacturer that is business in lowa.	\$23,839.28
received by the ph including <i>Prescripi</i>	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, tion Drug Cost Reimbursement Fees, received by the PBM from the for its business in Iowa.	\$927,077.86
d. The aggregate d	ollar amount of all rebates received by the pharmacy benefit oharmacy benefit manager did not pass through to the third-party	\$0.00
	mount of all administrative fees received by the pharmacy benefit oharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00
	etained rebate percentage as calculated by dividing the dollar amount y the dollar amount in "a".	0.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%
	is all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	0.00%
	For all zero entries, you MUST attach a statement explaining the z	ero entry
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees Late Filing Fee	er's knowledge, information, plus any late payment.
	Select	
	Date Submitting Filing in OPTins:	, ,
Contact:	Abdullah Hassan Name	Sr. Rebate Analyst Title
	abdullah.hassan@liviniti.com	407-929-1502
	ascandinassantenviniti.com	407 525 1502
	Email	Phone
Submitted by:	Email Tracy Lord Name	
Submitted by: Verified by:	Tracy Lord	Legal & Regulatory Ana;yst

	lowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	024)		
Company Name:	Towers Administrators LLC			
Address:	99 High Street, Suite 2800			
City, State, Zip:	Boston, MA 02110			
Phone Number:	310-435-5728			
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 d manager for its bu	ollar amount of all rebates received by the pharmacy benefit siness in lowa.	\$0.00		
	ollar amount of all administrative fees received by the pharmacy 'his should include ALL remuneration from the manufacturer that is business in Iowa.	\$0.00		
received by the ph including Prescripit	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, tion Drug Cost Reimbursement Fees, received by the PBM from the for its business in Iowa.	\$0.00		
	ollar amount of all rebates received by the pharmacy benefit oharmacy benefit manager did not pass through to the third-party ess in Iowa.	\$0.00		
	mount of all administrative fees received by the pharmacy benefit oharmacy benefit manager did not pass through to the third-party ess in Iowa.	\$0.00		
	tained rebate percentage as calculated by dividing the dollar amount y the dollar amount in "a".	0.00%		
	all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%		
	s all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	0.00%		
	For all zero entries, you MUST attach a statement explaining the z	ero entry		
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees Late Filing Fee	er's knowledge, information, plus any late payment.		
	Select	Agree		
	Date Submitting Filing in OPTins:	2/10/2025		
Contact:	Joe Kern Name	Assistant General Counsel Title		
	jkern@rxsense.com Email	310-435-5728 Phone		
Submitted by:	Joe Kern Name	Assistant General Counsel Title		
Verified by:	Benjamin Preston Name	CFO Title		
Verified by:	Sarah Mullins Name	SVP, Peope & Culture Title		

	lowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	2024)		
Company Name:	TRHC TPA, LLC			
Address:	228 Strawbrisge Dr., Ste 100			
City, State, Zip:	Moorestown, NJ 08057			
Phone Number:	(888) 298-7770			
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 d manager for its bu	ollar amount of all rebates received by the pharmacy benefit siness in lowa.	\$519,078.08		
	ollar amount of all administrative fees received by the pharmacy This should include ALL remuneration from the manufacturer that is business in Iowa.	\$78,984.82		
received by the ph including Prescriping	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, tion Drug Cost Reimbursement Fees, received by the PBM from the for its business in Iowa.	\$101,379.60		
	ollar amount of all rebates received by the pharmacy benefit oharmacy benefit manager did not pass through to the third-party ess in Iowa.	\$51,907.80		
	mount of all administrative fees received by the pharmacy benefit oharmacy benefit manager did not pass through to the third-party ess in lowa.	\$7,898.49		
	etained rebate percentage as calculated by dividing the dollar ph "d" by the dollar amount in "a".	10.00%		
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	10.00%		
	ss all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	10.00%		
	For all zero entries, you MUST attach a statement explaining the a	ero entry		
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitt is submission is a true, correct and complete report including all fees	er's knowledge, information,		
	Late Filing Fee	\$0.00		
	Select	: Agree		
	Date Submitting Filing in OPTins:	2/11/2025		
Contact:	Marcey Watson Name	Consultant Title		
	marcey@pattoncompliance.com Email	(850) 768-4687 Phone		
Submitted by:	Marcey Watson Name	Consultant Title		
Verified by:	Brian Adams Name	President Title		
Verified by:	Michael Greenhalgh Name	COO Title		

	Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	.024)
Company Name:	Trinity Healthcare Solutions, LLC	
Address:	11270 W Park Pl, Ste 625	
City, State, Zip:	Milwaukee, WI 53224	
Phone Number:	(262) 794-3167	
•	rpose of this form is to report the information required by lowa Cod For all zero entries, you MUST attach a statement explaining the z	
	ollar amount of all rebates received by the pharmacy benefit	\$0.00
	ollar amount of all administrative fees received by the pharmacy his should include ALL remuneration from the manufacturer that is business in Iowa.	\$0.00
received by the pha including Prescripit	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, <i>ion Drug Cost Reimbursement Fees</i> , received by the PBM from the or its business in Iowa.	\$0.00
	ollar amount of all rebates received by the pharmacy benefit harmacy benefit manager did not pass through to the third-party ss in Iowa.	\$0.00
	nount of all administrative fees received by the pharmacy benefit harmacy benefit manager did not pass through to the third-party ss in Iowa.	\$0.00
	tained rebate percentage as calculated by dividing the dollar oh "d" by the dollar amount in "a".	0.00%
	all third-party payor clients with whom the pharmacy benefit acted, the lowest aggregate retained rebate percentages.	0.00%
	s all third-party payor clients with whom the pharmacy benefit acted, the highest aggregate retained rebate percentages.	0.00%
	For all zero entries, you MUST attach a statement explaining the z	ero entry
are made in good f	Attestation in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte a submission is a true, correct and complete report including all fees	er's knowledge, information,
	Late Filing Fee:	\$0.00
	Select:	Agree
	Date Submitting Filing in OPTins:	1/27/2025
Contact:	Laurel Wala	General Counsel, Sec'y, and Chief Compliance Officer
	Name	Title
	compliance@lithiarx.com Email	(262) 794-3167 Phone
Submitted by:	Michelle Pribyl	Senior Legal Specialist
	Name	Title
Verified by:	Laurel Wala	General Counsel, Sec'y, and Chief Compliance Officer
	Name	Title

IA2025PBMAnnualReportV1

	Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	024)
Company Name:	True Rx Management Services, Inc.	
Address:	2495 E National Hwy	
City, State, Zip:	Washington, IN 47501	
Phone Number:	812-297-7467	
	urpose of this form is to report the information required by Iowa Cod For all zero entries, you MUST attach a statement explaining the zero	
a. The aggregate of manager for its bu	collar amount of all rebates received by the pharmacy benefit	\$1,787,516.00
benefit manager.	dollar amount of all administrative fees received by the pharmacy This should include ALL remuneration from the manufacturer that is s business in Iowa.	\$0.00
received by the pl including <i>Prescrip</i>	lollar amount of all third-party payor administrative service fees harmacy benefit manager. This should include ALL remuneration, <i>tion Drug Cost Reimbursement Fees</i> , received by the PBM from the for its business in Iowa.	\$677,992.83
d. The aggregate of	dollar amount of all rebates received by the pharmacy benefit pharmacy benefit pharmacy benefit manager did not pass through to the third-party	\$0.00
	mount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00
	etained rebate percentage as calculated by dividing the dollar amount by the dollar amount in "a".	t 0.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%
	ss all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	0.00%
	For all zero entries, you MUST attach a statement explaining the z	ero entry
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of I faith for the period indicated. To the best of the authorized submitten his submission is a true, correct and complete report including all fees Late Filing Fee	er's knowledge, information, plus any late payment.
	Select Date Submitting Filing in OPTins:	č
Contact:		2/13/2025
Contact:	Date Submitting Filing in OPTins: Michael Chestnut	2/13/2025 General Counsel/Compliance Of
Contact: Submitted by:	Date Submitting Filing in OPTins: Michael Chestnut Name legal@truerx.com	2/13/2025 General Counsel/Compliance Or Title 812-297-7467 Phone
	Date Submitting Filing in OPTins: Michael Chestnut Name legal@truerx.com Email Michael Chestnut	2/13/2025 General Counsel/Compliance Of Title 812-297-7467 Phone General Counsel/Compliance Of

	Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	024)
Company Name:	TrueScripts Management Services LLC	
Address:	513 E. South St.	
City, State, Zip:	Washington, IN 47501	
Phone Number:	812.630.6866	
The p	urpose of this form is to report the information required by Iowa Cod For all zero entries, you MUST attach a statement explaining the ze	
a. The aggregate d manager for its bu	ollar amount of all rebates received by the pharmacy benefit siness in lowa.	\$390,935.08
	lollar amount of all administrative fees received by the pharmacy Fhis should include ALL remuneration from the manufacturer that is s business in lowa.	\$0.00
received by the ph including Prescripi	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, tion Drug Cost Reimbursement Fees, received by the PBM from the for its business in Iowa.	\$2,191,600.87
	lollar amount of all rebates received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00
	mount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00
	etained rebate percentage as calculated by dividing the dollar amount y the dollar amount in "a".	0.00%
	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%
	as all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	0.00%
	For all zero entries, you MUST attach a statement explaining the zero	ero entry
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees	r's knowledge, information, plus any late payment.
	Late Filing Fee:	
	Select:	0
	Date Submitting Filing in OPTins:	3/12/2025
Contact:		
Contact:	Kevin Messmer Name	Chief Legal Officer Title
Contact:		-
	Name Kevinm@truescripts.com	Title 812.630.6866
Contact: Submitted by: Verified by:	Name Kevinm@truescripts.com Email Kevin Messmer	Title 812.630.6866 Phone Chief Legal Officer

	lowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	2024)			
Company Name:	Ventegra, Inc				
Address:	450 N. Brand Blvd. Suite #600				
City, State, Zip:	Glendale, CA 91203				
Phone Number:	(858) 551-8111				
The pu	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 do manager for its bus	ollar amount of all rebates received by the pharmacy benefit siness in Iowa.	\$0.00			
	ollar amount of all administrative fees received by the pharmacy his should include ALL remuneration from the manufacturer that is business in Iowa.	\$0.00			
received by the pha including <i>Prescripit</i>	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, <i>ion Drug Cost Reimbursement Fees</i> , received by the PBM from the for its business in Iowa.	\$0.00			
	ollar amount of all rebates received by the pharmacy benefit harmacy benefit manager did not pass through to the third-party ess in Iowa.	\$0.00			
	mount of all administrative fees received by the pharmacy benefit harmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00			
	tained rebate percentage as calculated by dividing the dollar amount y the dollar amount in "a".	t 0.00%			
	all third-party payor clients with whom the pharmacy benefit acted, the lowest aggregate retained rebate percentages.	0.00%			
	s all third-party payor clients with whom the pharmacy benefit acted, the highest aggregate retained rebate percentages.	0.00%			
	For all zero entries, you MUST attach a statement explaining the z	ero entry			
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.					
	Late Filing Fee Select				
	Date Submitting Filing in OPTins:	3			
Contact:	Sarah Rudkin Name	Compliance Manager Title			
	sarahl.rudkin@ventegra.org Email	(858) 551-8111 Phone			
Submitted by:	Sarah Rudkin Name	Compliance Manager Title			
Verified by:	Jacob Kammerer Name	Finance Manager Title			
Verified by:	Sarah Rudkin Name	Compliance Manager Title			

	lowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	2024)
Company Name:	Vivid Clear Rx, Inc.	
Address:	13220 Birch Drive, Suite 200	
City, State, Zip:	Omaha, NE 68164	
Phone Number:	(877) 848-4379	
	rpose of this form is to report the information required by Iowa Cod For all zero entries, you MUST attach a statement explaining the z	
a. The aggregate do manager for its bus	ollar amount of all rebates received by the pharmacy benefit iness in lowa.	\$4,633,130.76
	ollar amount of all administrative fees received by the pharmacy his should include ALL remuneration from the manufacturer that is business in lowa.	\$0.00
received by the pha including Prescripiti	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, <i>ion Drug Cost Reimbursement Fees</i> , received by the PBM from the or its business in Iowa.	\$26,093,228.87
	ollar amount of all rebates received by the pharmacy benefit harmacy benefit manager did not pass through to the third-party ss in lowa.	\$0.00
	nount of all administrative fees received by the pharmacy benefit harmacy benefit manager did not pass through to the third-party ss in lowa.	\$0.00
	tained rebate percentage as calculated by dividing the dollar amount / the dollar amount in "a".	t 0.00%
	all third-party payor clients with whom the pharmacy benefit acted, the lowest aggregate retained rebate percentages.	0.00%
	s all third-party payor clients with whom the pharmacy benefit acted, the highest aggregate retained rebate percentages.	0.00%
	For all zero entries, you MUST attach a statement explaining the z	ero entry
are made in good	Attestation in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte s submission is a true, correct and complete report including all fees	er's knowledge, information, plus any late payment.
	Late Filing Fee	: \$0.00
	Select	: Agree
	Date Submitting Filing in OPTins:	2/14/2025
Contact:	Amy Wadstrom	President
	Name	Title
	awadstrom@vividclearrx.com Email	515-971-2117 Phone
Submitted by:	Amy Wadstrom Name	President Title
Verified by:	Amy Wadstrom Name	President Title
Verified by:	Angie Danielson Name	VP, Operations Title

	Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2	2024)	
Company Name:	WellDyneRx, LLC		
Address:	500 Eagles Landing Drive		
City, State, Zip:	Lakeland, FL 33810		
Phone Number:	888.479.2000		
The p	urpose of this form is to report the information required by Iowa Cod For all zero entries, you MUST attach a statement explaining the ze		
a. The aggregate d manager for its bu	ollar amount of all rebates received by the pharmacy benefit	\$235,241.00	
	ollar amount of all administrative fees received by the pharmacy 'his should include ALL remuneration from the manufacturer that is business in lowa.	\$0.00	
received by the ph including Prescripit	ollar amount of all third-party payor administrative service fees armacy benefit manager. This should include ALL remuneration, <i>tion Drug Cost Reimbursement Fees</i> , received by the PBM from the for its business in Iowa.	\$0.00	
d. The aggregate d	ollar amount of all rebates received by the pharmacy benefit oharmacy benefit manager did not pass through to the third-party	\$11,534.00	
	mount of all administrative fees received by the pharmacy benefit pharmacy benefit manager did not pass through to the third-party ess in lowa.	\$0.00	
	tained rebate percentage as calculated by dividing the dollar phane of the dollar phane of the dollar amount in "a".	4.90%	
• • •	s all third-party payor clients with whom the pharmacy benefit racted, the lowest aggregate retained rebate percentages.	0.00%	
	is all third-party payor clients with whom the pharmacy benefit racted, the highest aggregate retained rebate percentages.	4.90%	
	For all zero entries, you MUST attach a statement explaining the z	zero entry	
are made in good	Attestation e in the field below, I certify, under penalties provided by the laws of faith for the period indicated. To the best of the authorized submitte is submission is a true, correct and complete report including all fees	er's knowledge, information, plus any late payment.	
	Late Filing Fee		
	Select Date Submitting Filing in OPTins:	3	
	Date Submitting ming in OF mis.	2/14/2023	
Contact:	Tirthi Sheth Name	Regulatory Legal Specialist Title	
Contact:			
Contact: Submitted by:	Name administration@welldyne.com	Title 888.479.2000	
	Name administration@welldyne.com Email Tirthi Sheth	Title 888.479.2000 Phone Senior Legal Specialist	