



PHARMACY BENEFITS MANAGER 2025 ANNUAL REPORT FOR CALENDAR YEAR 2024

During the 2022-2023 Legislative session, the Iowa Legislature passed revisions to [Iowa Code Chapter 510C](#). The revisions expand the reporting obligations to require Pharmacy Benefits Managers (PBMs) to report information on all third-party payors as defined in [Iowa Code section 510B.1](#). As required in Iowa Code 510C, all PBMs licensed in Iowa must file an annual report with the Insurance Commissioner by February 15th that contains the following data for the prior calendar year:

- a. The aggregate dollar amount of all rebates received by the pharmacy benefits manager.
- b. The aggregate dollar amount of all administrative fees received by the pharmacy benefits manager.
- c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefits manager.
- d. The aggregate dollar amount of all rebates received by the pharmacy benefits manager that the pharmacy benefits manager did not pass through to the third-party payor.
- e. The aggregate amount of all administrative fees received by the pharmacy benefits manager that the pharmacy benefits manager did not pass through to the third-party payor.
- f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph “d” by the dollar amount in paragraph “a”.
- g. Across all third-party payor clients with whom the pharmacy benefits manager was contracted, the highest and the lowest aggregate retained rebate percentages.

As of 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 2024)		
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	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p>For all zero entries, you MUST attach a statement explaining the zero entry.</p>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$1,570,367.14	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$3,041,965.42	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$233,051.39	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	14.84%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	15.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	100.00%	
<p>For all zero entries, you MUST attach a statement explaining the zero entry</p>		
<p align="center">Attestation</p> <p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.</p> <div> <div>Late Filing Fee:</div> <div>\$0.00</div> </div> <div> <div>Select:</div> <div>Agree</div> </div> <div> <div>Date Submitting Filing in OPTins:</div> <div>2/7/2025</div> </div>		
Contact:	Ronda Thiessen Name gov@savrx.com Email	Licensing Coordinator Title 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 2024)		
Company Name:	Alius Health, LLC	
Address:	PO Box 1710	
City, State, Zip:	Westerville, OH 43086	
Phone Number:	740-661-4463	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p>For all zero entries, you MUST attach a statement explaining the zero entry.</p>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$12,496.30	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$195,494.88	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$11,176.30	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	89.44%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	69.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	100.00%	
<p>For all zero entries, you MUST attach a statement explaining the zero entry</p>		
<p align="center">Attestation</p> <p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.</p> <div> <div>Late Filing Fee:</div> <div>\$0.00</div> </div> <div> <div>Select:</div> <div>Agree</div> </div> <div> <div>Date Submitting Filing in OPTins:</div> <div>2/11/2025</div> </div>		
Contact:	<div>Elizabeth Thomas</div> <div>Name</div> <div>ethomas@aliushealth.com</div> <div>Email</div>	<div>Compliance Officer</div> <div>Title</div> <div>740-661-4463 Ext. 106</div> <div>Phone</div>
Submitted by:	<div>Elizabeth Thomas</div> <div>Name</div>	<div>Compliance Officer</div> <div>Title</div>
Verified by:	<div>Robyn Satterfield</div> <div>Name</div>	<div>Chief Operating Officer</div> <div>Title</div>
Verified by:	<div>Joseph Favazzo</div> <div>Name</div>	<div>Chief Executive Officer</div> <div>Title</div>

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	Alluma, LLC	
Address:	290 E John Carpenter Freeway	
City, State, Zip:	Irving, TX 75062	
Phone Number:	972-830-0000	
The purpose of this form is to report the information required by Iowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry.		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$0.00	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
For all zero entries, you MUST attach a statement explaining the zero entry		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.		
Late Filing Fee:		\$100.00
Select:		Agree
Date Submitting Filing in OPTins:		2/26/2025
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

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	Amwins Group Benefits, LLC	
Address:	50 Whitecap Drive	
City, State, Zip:	North Kingstown, RI 02852	
Phone Number:	401.372.3403	
The purpose of this form is to report the information required by Iowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry.		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$0.00	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
For all zero entries, you MUST attach a statement explaining the zero entry		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.		
Late Filing Fee:		\$0.00
Select:		Agree
Date Submitting Filing in OPTins:		2/4/2025
Contact:	Larissa Newman	VP, Compliance
	Name	Title
	larissa.newman@amwins.com	401.372.3403
	Email	Phone
Submitted by:	Larissa Newman	VP, Compliance
	Name	Title
Verified by:	Samuel Fleet	President, Group Benefits
	Name	Title
Verified by:	Scott King	President
	Name	Title

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	Benecard Services, Inc	
Address:	3131 Princeton Pike, Bld 5, Ste 105	
City, State, Zip:	Lawrenceville, NJ 08648	
Phone Number:	888-907-0070	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p>For all zero entries, you MUST attach a statement explaining the zero entry.</p>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$5,617.00	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$102,307.42	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
<p>For all zero entries, you MUST attach a statement explaining the zero entry</p>		
<p align="center">Attestation</p> <p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.</p> <p align="right">Late Filing Fee: <input type="text" value="\$0.00"/></p> <p align="right">Select: <input type="text" value="Agree"/></p> <p align="right">Date Submitting Filing in OPTins: <input type="text" value="2/11/2025"/></p>		
Contact:	Maria Minelli Name PBF_licensing@benecard.com Email	Licensing Manager Title 717-619-2622 Phone
Submitted by:	Richard Terranova Name	Treasurer Title
Verified by:	Richard Terranova Name	Treasurer Title
Verified by:	Jeffrey Shea Name	President Title

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	CarelonRx, Inc.	
Address:	220 Virginia Avenue	
City, State, Zip:	Indianapolis, IN 46204	
Phone Number:	757-681-7755	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p>For all zero entries, you MUST attach a statement explaining the zero entry.</p>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$537,327.20	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$81,723.48	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$388,490,457.53	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
<p>For all zero entries, you MUST attach a statement explaining the zero entry</p>		
<p align="center">Attestation</p> <p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.</p> <div> <div>Late Filing Fee:</div> <div>\$0.00</div> </div> <div> <div>Select:</div> <div>Agree</div> </div> <div> <div>Date Submitting Filing in OPTins:</div> <div>2/6/2025</div> </div>		
Contact:	<div>Lindsey Hammett</div> <div>Name</div> <div>CarelonRxBMLicensing@carelon.com</div> <div>Email</div>	<div>Compliance Consultant</div> <div>Title</div> <div>407-622-7960</div> <div>Phone</div>
Submitted by:	<div>Lindsey Hammett</div> <div>Name</div>	<div>Compliance Consultant</div> <div>Title</div>
Verified by:	<div>Vincent E. Scher</div> <div>Name</div>	<div>Treasurer</div> <div>Title</div>
Verified by:	<div>Danielle A. Swenson</div> <div>Name</div>	<div>Assistant Secretary</div> <div>Title</div>

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	Caremark, L.L.C.	
Address:	9501 E. Shea Blvd., MC024	
City, State, Zip:	Scottsdale, AZ 85260	
Phone Number:	480-314-8319	
The purpose of this form is to report the information required by Iowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry.		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$0.00	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
For all zero entries, you MUST attach a statement explaining the zero entry		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. <div>Late Filing Fee: \$0.00</div> <div>Select: Agree</div> <div>Date Submitting Filing in OPTins: 2/11/2025</div>		
Contact:	Karen S. Llano Name Karen.Llano@CVSHealth.com Email	Sr. Analyst, Business Compliance Title 480-314-8319 Phone
Submitted by:	Karen S. Llano Name	Sr. Analyst, Business Compliance Title
Verified by:	Maria T. Markos Name	President and Treasurer Title
Verified by:	Thomas S. Moffatt Name	VP & Secretary Title

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	CaremarkPCS Health, L.L.C.	
Address:	9501 E. Shea Blvd., MC024	
City, State, Zip:	Scottsdale, AZ 85260	
Phone Number:	480-314-8319	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p>For all zero entries, you MUST attach a statement explaining the zero entry.</p>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$591,558,152.78	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$54,830,152.26	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$881,361,062.55	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$129,808.83	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$86,452.66	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.02%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	5.00%	
<p>For all zero entries, you MUST attach a statement explaining the zero entry</p>		
<p align="center">Attestation</p> <p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.</p> <div> <div>Late Filing Fee:</div> <div>\$100.00</div> </div> <div> <div>Select:</div> <div>Agree</div> </div> <div> <div>Date Submitting Filing in OPTins:</div> <div>3/31/2025</div> </div>		
Contact:	<div>Karen S. Llano</div> <div>Name</div> <div>Karen.Llano@CVSHealth.com</div> <div>Email</div>	<div>Sr. Analyst, Business Compliance</div> <div>Title</div> <div>480-314-8319</div> <div>Phone</div>
Submitted by:	<div>Karen S. Llano</div> <div>Name</div>	<div>Sr. Analyst, Business Compliance</div> <div>Title</div>
Verified by:	<div>Thomas S. Moffatt</div> <div>Name</div>	<div>VP & Secretary</div> <div>Title</div>
Verified by:	<div>Joshua C. Cole</div> <div>Name</div>	<div>Asst. Treasurer</div> <div>Title</div>

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	Caremark PhC, L.L.C.	
Address:	9501 E. Shea Blvd., MC024	
City, State, Zip:	Scottsdale, AZ 85260	
Phone Number:	480-314-8319	
The purpose of this form is to report the information required by Iowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry.		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$0.00	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
For all zero entries, you MUST attach a statement explaining the zero entry		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. <div>Late Filing Fee: \$0.00</div> <div>Select: Agree</div> <div>Date Submitting Filing in OPTins: 2/11/2025</div>		
Contact:	Karen S. Llano Name Karen.Llano@CVSHealth.com Email	Sr. Analyst, Business Compliance Title 480-314-8319 Phone
Submitted by:	Karen S. Llano Name	Sr. Analyst, Business Compliance Title
Verified by:	Maria T. Markos Name	President and Treasurer Title
Verified by:	Thomas S. Moffatt Name	VP & Secretary Title

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	Centene Pharmacy Services, Inc.	
Address:	7700 Forsyth Blvd.	
City, State, Zip:	Clayton, MO 63105	
Phone Number:	855-422-2742	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p>For all zero entries, you MUST attach a statement explaining the zero entry.</p>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$0.00	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
<p>For all zero entries, you MUST attach a statement explaining the zero entry</p>		
<p align="center">Attestation</p> <p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.</p> <p align="right">Late Filing Fee: <input type="text" value="\$0.00"/></p> <p align="right">Select: <input type="text" value="Agree"/></p> <p align="right">Date Submitting Filing in OPTins: <input type="text" value="1/10/2025"/></p>		
Contact:	Shanie Stein Name shanie.stein@centene.com Email	Reg. Compliance Analyst Title 646-303-3450 Phone
Submitted by:	Shanie Stein Name	Reg. Compliance Analyst Title
Verified by:	Matthew J. Merlo Name	Chief Executive Officer Title
Verified by:	Tricia Dinkelman Name	Vice President, Tax Title

Iowa
2025 Annual Pharmacy Benefit Manager Report (for CY 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 purpose of this form is to report the information required by Iowa Code section 510C.2

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

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa. \$0.00

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

c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including *Prescription Drug Cost Reimbursement Fees*, received by the PBM from the **third-party payor** for its business in Iowa. \$0.00

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

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

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

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

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

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

Attestation

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

Late Filing Fee: \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/4/2025

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

Submitted by:	Vallorie Miller	Legal Compliance Lead Analyst
Name		Title

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

Verified by:	Gloria Perrotta	Vice President
Name		Title

<div>Iowa</div> <div>2025 Annual Pharmacy Benefit Manager Report (for CY 2024)</div>		
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 purpose of this form is to report the information required by Iowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry.		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including Prescription Drug Cost Reimbursement Fees , received by the PBM from the third-party payor for its business in Iowa.	\$1,297,486.13	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
For all zero entries, you MUST attach a statement explaining the zero entry		
<div>Attestation</div> <p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.</p> <div>Late Filing Fee: \$100.00</div> <div>Select: Agree</div> <div>Date Submitting Filing in OPTins: 3/21/2025</div>		
Contact:	Marsha Smitherman Name DSTPharmacy-Licensing@sscinc.com Email	Senior Contracts/Compliance Administrator, Contracts & Compliance Title (833) 252-1679 Phone
Submitted by:	Marsha Smitherman Name	Senior Contracts/Compliance Administrator, Contracts & Compliance Title
Verified by:	Tori Dargati Name	President & General Manager Title
Verified by:	Brian Schell Name	SVP, Treasurer, & Director Title

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	Express Scripts, Inc.	
Address:	1 Express Way	
City, State, Zip:	St. Louis, MO 63121	
Phone Number:	800-282-2881	
The purpose of this form is to report the information required by Iowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry.		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$8,491,592.73	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$670,821.46	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$2,592,287.48	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$270,421.81	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
For all zero entries, you MUST attach a statement explaining the zero entry		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.		
Late Filing Fee:		\$0.00
Select:		Agree
Date Submitting Filing in OPTins:		2/14/2025
Contact:	Kara Fuccello	Sr. Product Manager
	Name	Title
	KBFuccello@express-scripts.com	800-282-2881
	Email	Phone
Submitted by:	Kara Fuccello	Sr. Product Manager
	Name	Title
Verified by:	Kara Fuccello	Sr. Product Manager
	Name	Title
Verified by:	Tou Yang	Business Analytics Manager
	Name	Title

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	FairosRx, LLC	
Address:	1800 S Washington St, Ste 100	
City, State, Zip:	Amarillo, TX 79102	
Phone Number:	806-464-9600	
The purpose of this form is to report the information required by Iowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry.		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$0.00	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
For all zero entries, you MUST attach a statement explaining the zero entry		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.		
Late Filing Fee:		\$0.00
Select:		Agree
Date Submitting Filing in OPTins:		2/11/2025
Contact:	Laura Porterfield Name laura.porterfield@fairosrx.com Email	Admin Assistant Title 806-464-9600 Phone
Submitted by:	Laura Porterfield Name	Admin Assistant Title
Verified by:	Steve Smith Name	President Title
Verified by:	Bogdan Stanca Name	CFO Title

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 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 purpose of this form is to report the information required by Iowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry.		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$244,199.03	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$93,998.56	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$22,279.18	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	9.12%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	55.00%	
For all zero entries, you MUST attach a statement explaining the zero entry		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.		
Late Filing Fee:		\$100.00
Select:		Agree
Date Submitting Filing in OPTins:		2/17/2025
Contact:	Jessica Mullen Name dept-fps-licensing@fairview.org Email	Licensing Specialist Title 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

<div>Iowa</div> <div>2025 Annual Pharmacy Benefit Manager Report (for CY 2024)</div>		
Company Name:	Health E Systems,LLC	
Address:	5404 Cypress Center Drive, Suite 210	
City, State, Zip:	Tampa, FL 33609	
Phone Number:	813-367-2944	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p>For all zero entries, you MUST attach a statement explaining the zero entry.</p>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$68,814.00	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$0.00	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
<p>For all zero entries, you MUST attach a statement explaining the zero entry</p>		
<div>Attestation</div> <p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.</p> <div> <div>Late Filing Fee:</div> <div>\$0.00</div> </div> <div> <div>Select:</div> <div>Agree</div> </div> <div> <div>Date Submitting Filing in OPTins:</div> <div>2/6/2025</div> </div>		
Contact:	<div>Tracy Euler</div> <div>Name</div> <div>teuler@healthsystems.com</div> <div>Email</div>	<div>Manager,Advocacy and Compliance</div> <div>Title</div> <div>813-367-2944</div> <div>Phone</div>
Submitted by:	<div>Jennifer Davis</div> <div>Name</div>	<div>Advocacy and Compliance Analyst</div> <div>Title</div>
Verified by:	<div>Matt Hewitt</div> <div>Name</div>	<div>EVP, PBM General Manager</div> <div>Title</div>
Verified by:	<div>Stephanie Narvades</div> <div>Name</div>	<div>Chief Financial Officer</div> <div>Title</div>

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	Healthcare Highways Rx, LLC dba CerpasRx	
Address:	5904 Stone Creek Dr, Ste 120	
City, State, Zip:	The Colony, TX 75056	
Phone Number:	972-830-2730	
The purpose of this form is to report the information required by Iowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry.		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$0.00	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
For all zero entries, you MUST attach a statement explaining the zero entry		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.		
Late Filing Fee:		\$100.00
Select:		Agree
Date Submitting Filing in OPTins:		2/25/2025
Contact:	Brittany Brodie Name	Paralegal 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 2024)		
Company Name:	Humana Pharmacy Solutions, Inc.	
Address:	500 W. Main Street	
City, State, Zip:	Louisville, KY 40202	
Phone Number:	502-580-1000	
The purpose of this form is to report the information required by Iowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry.		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$0.00	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
For all zero entries, you MUST attach a statement explaining the zero entry		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. <div>Late Filing Fee: \$0.00</div> <div>Select: Agree</div> <div>Date Submitting Filing in OPTins: 2/10/2025</div>		
Contact:	B.J. Stivers Name ComplianceReporting@humana.com Email	Compliance Lead Title 502-580-1000 Phone
Submitted by:	B.J. Stivers Name	Compliance Lead Title
Verified by:	Tarah Wood Name	Associate Director, Risk Management Title
Verified by:	Kate Renn Name	Associate VP, Risk Management Title

Iowa
2025 Annual Pharmacy Benefit Manager Report (for CY 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 purpose of this form is to report the information required by Iowa Code section 510C.2
For all zero entries, you MUST attach a statement explaining the zero entry.

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa. \$1,412.00

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

c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including *Prescription Drug Cost Reimbursement Fees*, received by the PBM from the **third-party payor** for its business in Iowa. \$217.11

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa. \$227.77

e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa. \$216.11

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 16.13%

g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages. 16.13%

g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages. 16.13%

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

Attestation

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

Late Filing Fee: \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/14/2025

Contact: John Doyle
Name

PBM Contract & Regulatory Compliance Manager
Title

pbdcontracts@pbdrx.com
Email

(716) 635-7862
Phone

Submitted by: John Doyle
Name

PBM Contract & Regulatory Compliance Manager
Title

Verified by: Timothy Flanagan
Name

VP-Chief PBM Data & Systems Operations Officer
Title

Verified by:
Name

Title

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	Interchange Rx, LLC	
Address:	2431 E. 61ST STREET, SUITE 300	
City, State, Zip:	TULSA, OK, 74136	
Phone Number:	8889012092	
The purpose of this form is to report the information required by Iowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry.		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$12,331.80	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$65,893.85	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$12,331.80	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	100.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	100.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	100.00%	
For all zero entries, you MUST attach a statement explaining the zero entry		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.		
Late Filing Fee:		\$0.00
Select:		Agree
Date Submitting Filing in OPTins:		2/14/2025
Contact:	DEBBIE REDWINE Name	Director of Compliance Title
	compliance@pdrctx.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

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	Kroger Prescription Plans, Inc.	
Address:	1014 Vine Street	
City, State, Zip:	Cincinnati, OH 45202	
Phone Number:	513-387-7581	
The purpose of this form is to report the information required by Iowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry.		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$49,242,223.70	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$166,424,176.60	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$11,537.96	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.02%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	50.47%	
For all zero entries, you MUST attach a statement explaining the zero entry		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.		
Late Filing Fee:		\$100.00
Select:		Agree
Date Submitting Filing in OPTins:		3/24/2025
Contact:	Emily Schubeler	Strategic Programs Administrator
	Name	Title
	emily.schubeler@krogerhealth.com	513-387-7581
	Email	Phone
Submitted by:	Emily Schubeler	Strategic Programs Administrator
	Name	Title
Verified by:	Mike Henschke	Pricing Analyst
	Name	Title
Verified by:	Brittany Dorsey	Financial Analyst
	Name	Title

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	LithiaRx, LLC	
Address:	11270 W Park Pl, Ste 625	
City, State, Zip:	Milwaukee, WI 53224	
Phone Number:	(262) 317-9648	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p>For all zero entries, you MUST attach a statement explaining the zero entry.</p>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$0.00	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
For all zero entries, you MUST attach a statement explaining the zero entry		
Attestation <p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.</p> <div style="display: flex; justify-content: flex-end; margin-top: 10px;"> <div style="margin-right: 20px;">Late Filing Fee:</div> <div style="border: 1px solid black; padding: 2px 10px;">\$0.00</div> </div> <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <div style="margin-right: 20px;">Select:</div> <div style="border: 1px solid black; padding: 2px 10px;">Agree</div> </div> <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <div style="margin-right: 20px;">Date Submitting Filing in OPTins:</div> <div style="border: 1px solid black; padding: 2px 10px;">1/27/2025</div> </div>		
Contact:	<div style="border: 1px solid black; padding: 2px;">Laurel Wala</div> <div style="border: 1px solid black; padding: 2px;">Name</div> <div style="border: 1px solid black; padding: 2px;">compliance@lithiarx.com</div> <div style="border: 1px solid black; padding: 2px;">Email</div>	<div style="border: 1px solid black; padding: 2px;">General Counsel, Sec'y, and Chief Compliance Officer</div> <div style="border: 1px solid black; padding: 2px;">Title</div> <div style="border: 1px solid black; padding: 2px;">(262) 317-9648</div> <div style="border: 1px solid black; padding: 2px;">Phone</div>
Submitted by:	<div style="border: 1px solid black; padding: 2px;">Michelle Pribyl</div> <div style="border: 1px solid black; padding: 2px;">Name</div>	<div style="border: 1px solid black; padding: 2px;">Senior Legal Specialist</div> <div style="border: 1px solid black; padding: 2px;">Title</div>
Verified by:	<div style="border: 1px solid black; padding: 2px;">Laurel Wala</div> <div style="border: 1px solid black; padding: 2px;">Name</div>	<div style="border: 1px solid black; padding: 2px;">General Counsel, Sec'y, and Chief Compliance Officer</div> <div style="border: 1px solid black; padding: 2px;">Title</div>
Verified by:	<div style="border: 1px solid black; padding: 2px;">Matt Lewis</div> <div style="border: 1px solid black; padding: 2px;">Name</div>	<div style="border: 1px solid black; padding: 2px;">Chief Commercial Officer</div> <div style="border: 1px solid black; padding: 2px;">Title</div>

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	MaxorPlus, Ltd.	
Address:	320 S. Polk Street, Suite 200	
City, State, Zip:	Amarillo, TX 79101	
Phone Number:	806-324-5400	
The purpose of this form is to report the information required by Iowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry.		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$720,316.25	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$4,996.87	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$3,111,202.84	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$420,304.27	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$4,996.87	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	58.35%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	55.70%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	91.29%	
For all zero entries, you MUST attach a statement explaining the zero entry		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment. <div>Late Filing Fee: \$0.00</div> <div>Select: Agree</div> <div>Date Submitting Filing in OPTins: 2/14/2025</div>		
Contact:	Lacey Hall Name PBMlicensing@maxor.com Email	Director, PBM Licensing Title 806-324-5400 Phone
Submitted by:	Lacey Hall Name	Director, PBM Licensing Title
Verified by:	Victoria Naranjo Name	Licensing & Compliance Associate Title
Verified by:	Leah Bailey Name	General Counsel Title

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	MedImpact Healthcare Systems, Inc.	
Address:	10181 Scripps Gateway Court	
City, State, Zip:	San Diego, CA 92131	
Phone Number:	(858) 566-2727	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p>For all zero entries, you MUST attach a statement explaining the zero entry.</p>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$5,396,357.95	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$2,902,982.85	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$5,368,703.93	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$27,654.02	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.51%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	16.23%	
<p>For all zero entries, you MUST attach a statement explaining the zero entry</p>		
<p align="center">Attestation</p> <p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.</p> <div> <div>Late Filing Fee:</div> <div>\$0.00</div> </div> <div> <div>Select:</div> <div>Agree</div> </div> <div> <div>Date Submitting Filing in OPTins:</div> <div>2/14/2025</div> </div>		
Contact:	<div>Lisa Smith</div> <div>Name</div> <div>Licensing@medimpact.com</div> <div>Email</div>	<div>Regulatory Compliance Manager (Licensing)</div> <div>Title</div> <div>858.226.6894</div> <div>Phone</div>
Submitted by:	<div>James Gollaher</div> <div>Name</div>	<div>CFO & Secretary</div> <div>Title</div>
Verified by:	<div>James Gollaher</div> <div>Name</div>	<div>CFO & Secretary</div> <div>Title</div>
Verified by:	<div>Frederick Howe</div> <div>Name</div>	<div>CEO & President</div> <div>Title</div>

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	MedOne, L.C.	
Address:	1590 University Avenue	
City, State, Zip:	Dubuque, IA 52001	
Phone Number:	563-588-8748	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p>For all zero entries, you MUST attach a statement explaining the zero entry.</p>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$13,968,849.20	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$78,111,774.60	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$292.64	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	100.00%	
<p>For all zero entries, you MUST attach a statement explaining the zero entry</p>		
<p align="center">Attestation</p> <p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.</p> <p align="right">Late Filing Fee: <input type="text" value="\$0.00"/></p> <p align="right">Select: <input type="text" value="Agree"/></p> <p align="right">Date Submitting Filing in OPTins: <input type="text" value="2/14/2025"/></p>		
Contact:	<input type="text" value="Michael Hood"/> Name <input type="text" value="mhood@medone-rx.com"/> Email	<input type="text" value="Legal Counsel"/> Title <input type="text" value="803-269-6584"/> Phone
Submitted by:	<input type="text" value="Michael Hood"/> Name	<input type="text" value="Legal Counsel"/> Title
Verified by:	<input type="text" value="Wes Hartig"/> Name	<input type="text" value="Chief Executive Officer"/> Title
Verified by:	<input type="text"/> Name	<input type="text"/> Title

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	Navitus Health Solutions, LLC	
Address:	361 Integrity Drive	
City, State, Zip:	Madison, WI 53717	
Phone Number:	608-298-5863	
The purpose of this form is to report the information required by Iowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry.		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$4,489,288.15	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$609,165.11	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
For all zero entries, you MUST attach a statement explaining the zero entry		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.		
Late Filing Fee:		\$0.00
Select:		Agree
Date Submitting Filing in OPTins:		2/13/2025
Contact:	Mitali Chatterjee	Paralegal
	Name	Title
	legal@navitus.com	608-298-5863
	Email	Phone
Submitted by:	Mitali Chatterjee	Paralegal
	Name	Title
Verified by:	Janice Duncan	Staff Attorney
	Name	Title
Verified by:	Paul Page	Secretary, CLO
	Name	Title

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	OptumRx, Inc.	
Address:	1 Optum Circle	
City, State, Zip:	Eden Prairie, MN 55344	
Phone Number:	888-445-8745	
The purpose of this form is to report the information required by Iowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry.		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$10,291,243.48	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$587,876.03	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$34,487,768.99	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$1,603,568.19	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$507,186.21	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	15.58%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	65.51%	
For all zero entries, you MUST attach a statement explaining the zero entry		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.		
Late Filing Fee:		\$0.00
Select:		Agree
Date Submitting Filing in OPTins:		2/14/2025
Contact:	Allison Kulas Name ORxDOILic@optum.com Email	Sr Regulatory Adherence Analyst Title 952-251-5266 Phone
Submitted by:	Allison Kulas Name	Sr Regulatory Adherence Analyst Title
Verified by:	Heather Lang Name	Assistant Secretary Title
Verified by:	Lisa Smith Name	President & CEO Title

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	PerformRx, LLC	
Address:	200 Stevens Drive	
City, State, Zip:	Philadelphia, PA	
Phone Number:	866-533-5492	
The purpose of this form is to report the information required by Iowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry.		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$0.00	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
For all zero entries, you MUST attach a statement explaining the zero entry		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.		
Late Filing Fee:		\$0.00
Select:		Agree
Date Submitting Filing in OPTins:		1/13/2025
Contact:	Jamie Colletti Name jcolletti@performrx.com Email	Gov't Programs & Product Director Title Phone
Submitted by:	Erica Kiely Name	Paralegal Title
Verified by:	Jason DiMaio Name	Mgr Rebate Administration Title
Verified by:	 Name	 Title

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 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	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p>For all zero entries, you MUST attach a statement explaining the zero entry.</p>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$0.00	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
<p>For all zero entries, you MUST attach a statement explaining the zero entry</p>		
<p align="center">Attestation</p> <p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.</p> <p align="right">Late Filing Fee: <input type="text" value="\$100.00"/></p> <p align="right">Select: <input type="text" value="Agree"/></p> <p align="right">Date Submitting Filing in OPTins: <input type="text" value="3/18/2025"/></p>		
Contact:	<input type="text" value="Kati Green"/> Name <input type="text" value="kgreen@thepharmaforce.com"/> Email	<input type="text" value="Supervisor, PBM Compliance"/> Title <input type="text" value="814-393-7354"/> Phone
Submitted by:	<input type="text" value="Kati Green"/> Name	<input type="text" value="Supervisor, PBM Compliance"/> Title
Verified by:	<input type="text" value="Megan Cook"/> Name	<input type="text" value="Director of PBM Operations"/> Title
Verified by:	<input type="text"/> Name	<input type="text"/> Title

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	Prime Therapeutics LLC	
Address:	2900 Ames Crossing Road	
City, State, Zip:	Eagan, MN 55121	
Phone Number:	612-777-4000	
The purpose of this form is to report the information required by Iowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry.		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$0.00	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
For all zero entries, you MUST attach a statement explaining the zero entry		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.		
Late Filing Fee:		\$0.00
Select:		Agree
Date Submitting Filing in OPTins:		2/7/2025
Contact:	Marit Hansen Name	Data and Reporting Analyst Title
	GPREportingInquiries@primetherapeutics.com Email	612-777-4000 Phone
Submitted by:	Krista Carpenter Name	Paralegal Title
Verified by:	Matt Coulter Name	Data and Reporting Analyst Title
Verified by:	Jamie Kummer Name	Product Analyst Sr. Title

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
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 purpose of this form is to report the information required by Iowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry.		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$178,493.06	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$28,146.29	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$1,818,833.43	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$28,146.29	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
For all zero entries, you MUST attach a statement explaining the zero entry		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.		
Late Filing Fee:		\$0.00
Select:		Agree
Date Submitting Filing in OPTins:		2/13/2025
Contact:	Danielle Laiken Name Danielle.Laiken@primetherapeutics.com Email	Mgr Project & Program Mgmt Title 612-318-5032 Phone
Submitted by:	Danielle Laiken Name	Mgr Project & Program Mgmt Title
Verified by:	Shamika Whitfield Name	Health Data Analyst Title
Verified by:	 Name	 Title

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	ProAct, Inc.	
Address:	6333 State Route 298, Ste 210	
City, State, Zip:	East Syracuse, NY 13057	
Phone Number:	315-413-7780	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p>For all zero entries, you MUST attach a statement explaining the zero entry.</p>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$0.00	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
<p>For all zero entries, you MUST attach a statement explaining the zero entry</p>		
<p align="center">Attestation</p> <p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.</p> <div> <div>Late Filing Fee:</div> <div>\$0.00</div> </div> <div> <div>Select:</div> <div>Agree</div> </div> <div> <div>Date Submitting Filing in OPTins:</div> <div>2/10/2025</div> </div>		
Contact:	<div>Ron Romano</div> <div>Name</div> <div>licensing@proactrx.com</div> <div>Email</div>	<div>Director of Regulatory and Compliance</div> <div>Title</div> <div>315-413-7780</div> <div>Phone</div>
Submitted by:	<div>Amy Cobb</div> <div>Name</div>	<div>Regulatory and Compliance Paralegal</div> <div>Title</div>
Verified by:	<div>Ron Romano</div> <div>Name</div>	<div>Director of Regulatory and Compliance</div> <div>Title</div>
Verified by:	<div>Mike Mustac</div> <div>Name</div>	<div>Director of Finance and Analytics</div> <div>Title</div>

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	Prodigy Care Services LLC	
Address:	5090 Richmond Ave #163	
City, State, Zip:	Houston, TX 77056	
Phone Number:	713-322-6667	
The purpose of this form is to report the information required by Iowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry.		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$115,212.23	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$2,067,015.26	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$103,517.29	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	89.85%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	50.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	100.00%	
For all zero entries, you MUST attach a statement explaining the zero entry		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.		
Late Filing Fee:		\$0.00
Select:		Agree
Date Submitting Filing in OPTins:		2/13/2025
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 2024)		
Company Name:	Progyny, Inc.	
Address:	1359 Broadway, 2nd Floor	
City, State, Zip:	New York, NY 10018	
Phone Number:	646-350-0747	
The purpose of this form is to report the information required by Iowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry.		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$502,332.35	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$49,681.22	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$0.00	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$124,369.29	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$49,681.22	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	24.76%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	17.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	93.00%	
For all zero entries, you MUST attach a statement explaining the zero entry		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.		
Late Filing Fee:		\$0.00
Select:		Agree
Date Submitting Filing in OPTins:		2/14/2025
Contact:	Teang Phou-Baxter	Director, Contract Compliance
	Name	Title
	teang.phoubaxter@progyny.com, legal@progyny.com	646-350-0747
	Email	Phone
Submitted by:	Vidhu Bhatmagar	Director, Rx Network Management
	Name	Title
Verified by:	Vidhu Bhatnagar	Director, Rx Network Management
	Name	Title
Verified by:		
	Name	Title

Iowa 2024 Annual Pharmacy Benefit Manager Report (for CY 2023)		
Company Name:	Rightway Healthcare, Inc	
Address:	2 Gansevoort Street, Suite 701	
City, State, Zip:	New York, NY 10014	
Phone Number:	646-661-2051	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p>For all zero entries, you MUST attach a statement explaining the zero entry.</p>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager.	\$146,156.06	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager.	\$0.00	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
<p>For all zero entries, you MUST attach a statement explaining the zero entry</p>		
<p align="center">Attestation</p> <p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.</p> <div> <div>Late Filing Fee:</div> <div>\$100.00</div> </div> <div> <div>Select:</div> <div>Agree</div> </div> <div> <div>Date Submitting Filing in OPTins:</div> <div>2/17/2025</div> </div>		
Contact:	<div>Frank Totino</div> <div>Name</div> <div>compliance@rightwayhealthcare.com</div> <div>Email</div>	<div>Dir. Compliance</div> <div>Title</div> <div>646-907-5391</div> <div>Phone</div>
Submitted by:	<div>Frank Totino</div> <div>Name</div>	<div>Dir. Compliance</div> <div>Title</div>
Verified by:	<div>Frank Totino</div> <div>Name</div>	<div>Dir. Compliance</div> <div>Title</div>
Verified by:	<div>Lucas Gagne</div> <div>Name</div>	<div>Pricing Analytics</div> <div>Title</div>

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	Scrip World, LLC	
Address:	10150 S. Centennial Parkway	
City, State, Zip:	Sandy, UT 84074	
Phone Number:	716-319-5500	
The purpose of this form is to report the information required by Iowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry.		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$520,361.73	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$50,635.73	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$1,583,483.33	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
For all zero entries, you MUST attach a statement explaining the zero entry		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.		
Late Filing Fee:		\$0.00
Select:		Agree
Date Submitting Filing in OPTins:		2/14/2025
Contact:	Jodi Padilla	Sr Manager
	Name	Title
	PadillaJL@aetna.com	405-827-4706
	Email	Phone
Submitted by:	Jodi Padilla	Sr Manager
	Name	Title
Verified by:	Mark W. Schmidt	CEO, Chairman, and President
	Name	Title
Verified by:	Jenni A. Losel	Assistant Secretary
	Name	Title

<div>Iowa</div> <div>2025 Annual Pharmacy Benefit Manager Report (for CY 2024)</div>		
Company Name:	Script Care, Ltd.	
Address:	6380 Folsom Drive	
City, State, Zip:	Beaumont, TX 77706	
Phone Number:	800-880-9902 x 1122	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p>For all zero entries, you MUST attach a statement explaining the zero entry.</p>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$645,579.03	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$4,164,614.10	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$177,094.86	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	27.43%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	27.43%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	27.43%	
<p>For all zero entries, you MUST attach a statement explaining the zero entry</p>		
<div>Attestation</div> <p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.</p> <div> <div>Late Filing Fee:</div> <div>\$0.00</div> </div> <div> <div>Select:</div> <div>Agree</div> </div> <div> <div>Date Submitting Filing in OPTins:</div> <div>2/10/2025</div> </div>		
Contact:	<div>Frank Messina</div> <div>Name</div> <div>fmessina@scriptcare.com</div> <div>Email</div>	<div>General Counsel</div> <div>Title</div> <div>800-880-9902</div> <div>Phone</div>
Submitted by:	<div>Margaret Allen</div> <div>Name</div>	<div>Account Manager</div> <div>Title</div>
Verified by:	<div>Frank Messina</div> <div>Name</div>	<div>General Counsel</div> <div>Title</div>
Verified by:	<div>Brett McCarroll</div> <div>Name</div>	<div>CFO</div> <div>Title</div>

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 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 dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$0.00	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
For all zero entries, you MUST attach a statement explaining the zero entry		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.		
Late Filing Fee:		\$0.00
Select:		Agree
Date Submitting Filing in OPTins:		1/7/2024
Contact:	Kassie Thomas Name	Compliance Manager Title
	Scripiuscompliance@selecthealth.org Email	385-214-6800 Phone
Submitted by:	Stacey Eskelson Name	Compliance Consultant I Title
Verified by:	Alyssa Warren Name	Pharmacy Business Analyst Title
Verified by:		
	Name	Title

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	Serve You Custom Prescription Management, Inc. dba Serve You Rx	
Address:	10201 W. Innovation Drive, Suite 600	
City, State, Zip:	Milwaukee, WI 53226	
Phone Number:	414-410-8100	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p>For all zero entries, you MUST attach a statement explaining the zero entry.</p>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$53,994.21	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$0.00	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$51,678.21	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	95.71%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	95.71%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	95.71%	
<p>For all zero entries, you MUST attach a statement explaining the zero entry</p>		
<p align="center">Attestation</p> <p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.</p> <p align="right">Late Filing Fee: <input type="text" value="\$0.00"/></p> <p align="right">Select: <input type="text" value="Agree"/></p> <p align="right">Date Submitting Filing in OPTins: <input type="text" value="2/13/2025"/></p>		
Contact:	Justin Jasniewski	Chief Executive Officer
Name		Title
	compliance@serveyourx.com	414-410-8100
Email		Phone
Submitted by:	Justin Jasniewski	Chief Executive Officer
Name		Title
Verified by:	Ted Boylan	President
Name		Title
Verified by:	Justin Jasniewski	Chief Executive Officer
Name		Title

<div>Iowa</div> <div>2025 Annual Pharmacy Benefit Manager Report (for CY 2024)</div>		
Company Name:	Smith Health, Inc.	
Address:	300 Brannan Street, Suite 601	
City, State, Zip:	San Francisco, CA 94107	
Phone Number:	(844) 454-0123	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p>For all zero entries, you MUST attach a statement explaining the zero entry.</p>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$2,603,459.66	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$484,512.90	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$1,129.15	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.04%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	45.70%	
<p>For all zero entries, you MUST attach a statement explaining the zero entry</p>		
<div>Attestation</div> <p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.</p> <div> <div>Late Filing Fee:</div> <div>\$0.00</div> </div> <div> <div>Select:</div> <div>Agree</div> </div> <div> <div>Date Submitting Filing in OPTins:</div> <div>2/13/2025</div> </div>		
Contact:	<div>Javier Serrano</div> <div>Name</div> <div>compliance@smithrx.com</div> <div>Email</div>	<div>Senior Legal Counsel</div> <div>Title</div> <div>844-454-0123</div> <div>Phone</div>
Submitted by:	<div>Javier Serrano</div> <div>Name</div>	<div>Senior Legal Counsel</div> <div>Title</div>
Verified by:	<div>Javier Serrano</div> <div>Name</div>	<div>Senior Legal Counsel</div> <div>Title</div>
Verified by:	<div></div> <div>Name</div>	<div></div> <div>Title</div>

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
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 purpose of this form is to report the information required by Iowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry.		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$198,660.64	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$23,839.28	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$927,077.86	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
For all zero entries, you MUST attach a statement explaining the zero entry		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.		
Late Filing Fee:		\$0.00
Select:		Agree
Date Submitting Filing in OPTins:		2/14/2025
Contact:	Abdullah Hassan Name abdullah.hassan@liviniti.com Email	Sr. Rebate Analyst Title 407-929-1502 Phone
Submitted by:	Tracy Lord Name	Legal & Regulatory Analyst Title
Verified by:	Erika Cedars Name	Associate Legal Counsel Title
Verified by:	Abdullah Hassan Name	Sr. Rebate Analyst Title

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
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 Iowa Code section 510C.2 For all zero entries, you MUST attach a statement explaining the zero entry.		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$0.00	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
For all zero entries, you MUST attach a statement explaining the zero entry		
Attestation By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.		
Late Filing Fee:		\$0.00
Select:		Agree
Date Submitting Filing in OPTins:		2/10/2025
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, People & Culture Title

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	TRHC TPA, LLC	
Address:	228 Strawbrisse Dr., Ste 100	
City, State, Zip:	Moorestown, NJ 08057	
Phone Number:	(888) 298-7770	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p>For all zero entries, you MUST attach a statement explaining the zero entry.</p>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$519,078.08	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$78,984.82	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$101,379.60	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$51,907.80	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$7,898.49	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	10.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	10.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	10.00%	
<p>For all zero entries, you MUST attach a statement explaining the zero entry</p>		
<p align="center">Attestation</p> <p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.</p> <p align="right">Late Filing Fee: <input type="text" value="\$0.00"/></p> <p align="right">Select: <input type="text" value="Agree"/></p> <p align="right">Date Submitting Filing in OPTins: <input type="text" value="2/11/2025"/></p>		
Contact:	<div>Marcey Watson</div> <div>Name</div> <div>marcey@pattoncompliance.com</div> <div>Email</div>	<div>Consultant</div> <div>Title</div> <div>(850) 768-4687</div> <div>Phone</div>
Submitted by:	<div>Marcey Watson</div> <div>Name</div>	<div>Consultant</div> <div>Title</div>
Verified by:	<div>Brian Adams</div> <div>Name</div>	<div>President</div> <div>Title</div>
Verified by:	<div>Michael Greenhalgh</div> <div>Name</div>	<div>COO</div> <div>Title</div>

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	Trinity Healthcare Solutions, LLC	
Address:	11270 W Park Pl, Ste 625	
City, State, Zip:	Milwaukee, WI 53224	
Phone Number:	(262) 794-3167	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p>For all zero entries, you MUST attach a statement explaining the zero entry.</p>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$0.00	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
<p>For all zero entries, you MUST attach a statement explaining the zero entry</p>		
<p align="center">Attestation</p> <p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.</p> <p align="right">Late Filing Fee: <input type="text" value="\$0.00"/></p> <p align="right">Select: <input type="text" value="Agree"/></p> <p align="right">Date Submitting Filing in OPTins: <input type="text" value="1/27/2025"/></p>		
Contact:	<input type="text" value="Laurel Wala"/> Name <input type="text" value="compliance@lithiarx.com"/> Email	<input type="text" value="General Counsel, Sec'y, and Chief Compliance Officer"/> Title <input type="text" value="(262) 794-3167"/> Phone
Submitted by:	<input type="text" value="Michelle Pribyl"/> Name	<input type="text" value="Senior Legal Specialist"/> Title
Verified by:	<input type="text" value="Laurel Wala"/> Name	<input type="text" value="General Counsel, Sec'y, and Chief Compliance Officer"/> Title
Verified by:	<input type="text" value="Jeremy Kassulke"/> Name	<input type="text" value="COO"/> Title

<div>Iowa</div> <div>2025 Annual Pharmacy Benefit Manager Report (for CY 2024)</div>		
Company Name:	True Rx Management Services, Inc.	
Address:	2495 E National Hwy	
City, State, Zip:	Washington, IN 47501	
Phone Number:	812-297-7467	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p>For all zero entries, you MUST attach a statement explaining the zero entry.</p>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$1,787,516.00	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$677,992.83	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
<p>For all zero entries, you MUST attach a statement explaining the zero entry</p>		
<div>Attestation</div> <p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.</p> <div> <div>Late Filing Fee:</div> <div>\$0.00</div> </div> <div> <div>Select:</div> <div>Agree</div> </div> <div> <div>Date Submitting Filing in OPTins:</div> <div>2/13/2025</div> </div>		
Contact:	<div>Michael Chestnut</div> <div>Name</div> <div>legal@truerrx.com</div> <div>Email</div>	<div>General Counsel/Compliance Officer</div> <div>Title</div> <div>812-297-7467</div> <div>Phone</div>
Submitted by:	<div>Michael Chestnut</div> <div>Name</div>	<div>General Counsel/Compliance Officer</div> <div>Title</div>
Verified by:	<div>Jenna Kaylor</div> <div>Name</div>	<div>Director of Analytics</div> <div>Title</div>
Verified by:	<div>Mason Edlund</div> <div>Name</div>	<div>Client Rebate Manager</div> <div>Title</div>

Iowa 2025 Annual Pharmacy Benefit Manager Report (for CY 2024)		
Company Name:	TrueScripts Management Services LLC	
Address:	513 E. South St.	
City, State, Zip:	Washington, IN 47501	
Phone Number:	812.630.6866	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p>For all zero entries, you MUST attach a statement explaining the zero entry.</p>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$390,935.08	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$2,191,600.87	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
<p>For all zero entries, you MUST attach a statement explaining the zero entry</p>		
<p align="center">Attestation</p> <p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.</p> <p align="right">Late Filing Fee: <input type="text" value="\$100.00"/></p> <p align="right">Select: <input type="text" value="Agree"/></p> <p align="right">Date Submitting Filing in OPTins: <input type="text" value="3/12/2025"/></p>		
Contact:	Kevin Messmer Name Kevinm@truescripts.com Email	Chief Legal Officer Title 812.630.6866 Phone
Submitted by:	Kevin Messmer Name	Chief Legal Officer Title
Verified by:	Nick Rasche Name	CFO / COO Title
Verified by:	Heather Madison Name	Director of Finance Title

<div>Iowa</div> <div>2025 Annual Pharmacy Benefit Manager Report (for CY 2024)</div>		
Company Name:	Ventegra, Inc	
Address:	450 N. Brand Blvd. Suite #600	
City, State, Zip:	Glendale, CA 91203	
Phone Number:	(858) 551-8111	
<div>The purpose of this form is to report the information required by Iowa Code section 510C.2</div> <div>For all zero entries, you MUST attach a statement explaining the zero entry.</div>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$0.00	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$0.00	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
<div>For all zero entries, you MUST attach a statement explaining the zero entry</div>		
<div>Attestation</div> <div>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.</div> <div>Late Filing Fee: \$0.00</div> <div>Select: Agree</div> <div>Date Submitting Filing in OPTins: 2/14/2025</div>		
Contact:	<div>Sarah Rudkin</div> <div>Name</div> <div>sarahl.rudkin@ventegra.org</div> <div>Email</div>	<div>Compliance Manager</div> <div>Title</div> <div>(858) 551-8111</div> <div>Phone</div>
Submitted by:	<div>Sarah Rudkin</div> <div>Name</div>	<div>Compliance Manager</div> <div>Title</div>
Verified by:	<div>Jacob Kammerer</div> <div>Name</div>	<div>Finance Manager</div> <div>Title</div>
Verified by:	<div>Sarah Rudkin</div> <div>Name</div>	<div>Compliance Manager</div> <div>Title</div>

<div>Iowa</div> <div>2025 Annual Pharmacy Benefit Manager Report (for CY 2024)</div>		
Company Name:	Vivid Clear Rx, Inc.	
Address:	13220 Birch Drive, Suite 200	
City, State, Zip:	Omaha, NE 68164	
Phone Number:	(877) 848-4379	
<div>The purpose of this form is to report the information required by Iowa Code section 510C.2</div> <div>For all zero entries, you MUST attach a statement explaining the zero entry.</div>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$4,633,130.76	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$26,093,228.87	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	0.00%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	0.00%	
<div>For all zero entries, you MUST attach a statement explaining the zero entry</div>		
<div>Attestation</div> <div>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.</div> <div>Late Filing Fee: \$0.00</div> <div>Select: Agree</div> <div>Date Submitting Filing in OPTins: 2/14/2025</div>		
Contact:	<div>Amy Wadstrom</div> <div>Name</div> <div>awadstrom@vividclearrx.com</div> <div>Email</div>	<div>President</div> <div>Title</div> <div>515-971-2117</div> <div>Phone</div>
Submitted by:	<div>Amy Wadstrom</div> <div>Name</div>	<div>President</div> <div>Title</div>
Verified by:	<div>Amy Wadstrom</div> <div>Name</div>	<div>President</div> <div>Title</div>
Verified by:	<div>Angie Danielson</div> <div>Name</div>	<div>VP, Operations</div> <div>Title</div>

<div>Iowa</div> <div>2025 Annual Pharmacy Benefit Manager Report (for CY 2024)</div>		
Company Name:	WellDyneRx, LLC	
Address:	500 Eagles Landing Drive	
City, State, Zip:	Lakeland, FL 33810	
Phone Number:	888.479.2000	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p>For all zero entries, you MUST attach a statement explaining the zero entry.</p>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$235,241.00	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the manufacturer that is not a rebate for its business in Iowa.	\$0.00	
c. The aggregate dollar amount of all third-party payor administrative service fees received by the pharmacy benefit manager. This should include ALL remuneration, including <i>Prescription Drug Cost Reimbursement Fees</i> , received by the PBM from the third-party payor for its business in Iowa.	\$0.00	
d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$11,534.00	
e. The aggregate amount of all administrative fees received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the third-party payor for its business in Iowa.	\$0.00	
f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a".	4.90%	
g1. (lowest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the lowest aggregate retained rebate percentages.	0.00%	
g2. (highest) Across all third-party payor clients with whom the pharmacy benefit manager was contracted, the highest aggregate retained rebate percentages.	4.90%	
<p>For all zero entries, you MUST attach a statement explaining the zero entry</p>		
<div>Attestation</div> <p>By selecting agree in the field below, I certify, under penalties provided by the laws of Iowa, that these statements are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment.</p> <div> <div>Late Filing Fee:</div> <div>\$0.00</div> </div> <div> <div>Select:</div> <div>Agree</div> </div> <div> <div>Date Submitting Filing in OPTins:</div> <div>2/14/2025</div> </div>		
Contact:	<div>Tirthi Sheth</div> <div>Name</div> <div>administration@welldyne.com</div> <div>Email</div>	<div>Regulatory Legal Specialist</div> <div>Title</div> <div>888.479.2000</div> <div>Phone</div>
Submitted by:	<div>Tirthi Sheth</div> <div>Name</div>	<div>Senior Legal Specialist</div> <div>Title</div>
Verified by:	<div>Phillip Bisesei</div> <div>Name</div>	<div>General Counsel&Chief compliance Officer</div> <div>Title</div>
Verified by:	<div></div> <div>Name</div>	<div></div> <div>Title</div>

