



Insurance Division

GOVERNOR KIM REYNOLDS

DOUG OMMEN, INSURANCE COMMISSIONER

LT. GOVERNOR CHRIS COURNOYER

# **PBM Annual Report 2025**

# **LATE SUBMISSIONS**

## **For Calendar Year 2024**

<div>Iowa</div> <div>2025 Annual Pharmacy Benefit Manager Report (for CY 2024)</div>		
Company Name:	Capital Rx, Inc	
Address:	1 World Trade Center Fl 49 Ste D	
City, State, Zip:	New York, NY 10007	
Phone Number:	888-617-6521	
<p>The purpose of this form is to report the information required by Iowa Code section 510C.2</p> <p><b>For all zero entries, you MUST attach a statement explaining the zero entry.</b></p>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$1,018,878.12	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> that is not a rebate for its business in Iowa.	\$104,543.70	
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 <b>third-party payor</b> for its business in Iowa.	\$17,457,288.63	
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><b>For all zero entries, you MUST attach a statement explaining the zero entry</b></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>2/8/2025</div> </div>		
Contact:	<div>Robin Hutsko</div> <div>Name</div> <div>licensing@cap-rx.com</div> <div>Email</div>	<div>Licensing Manager</div> <div>Title</div> <div>888-617-6521 x 1454</div> <div>Phone</div>
Submitted by:	<div>Robin Hutsko</div> <div>Name</div>	<div>Licensing Manager</div> <div>Title</div>
Verified by:	<div>Anthony J. Loiacono</div> <div>Name</div>	<div>Chief Executive Officer</div> <div>Title</div>
Verified by:	<div>Lloyd Fiorini</div> <div>Name</div>	<div>General Counsel</div> <div>Title</div>

<b>Iowa</b> <b>2025 Annual Pharmacy Benefit Manager Report (for CY 2024)</b>		
Company Name:	ProCare Pharmacy Benefit Mnager, Inc.	
Address:	2850 N Commerce Parkway	
City, State, Zip:	Miramar, FL 33025	
Phone Number:	678-248-3101	
The purpose of this form is to report the information required by Iowa Code section 510C.2 <b>For all zero entries, you MUST attach a statement explaining the zero entry.</b>		
a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager for its business in Iowa.	\$2,727,486.00	
b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. This should include ALL remuneration from the <b>manufacturer</b> 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 <b>third-party payor</b> for its business in Iowa.	\$794,486.70	
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.	\$272,149.00	
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".	9.98%	
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%	
<b>For all zero entries, you MUST attach a statement explaining the zero entry</b>		
<b>Attestation</b>  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:	Barbara Rambo Name	CEO / CFO Title
	brambo@procarerx.com Email	678-248-3101 Phone
Submitted by:	Joyce Coulter Name	Legal Assistant Title
Verified by:	Jay Ownesby Name	VP Finance Title
Verified by:	Barbara Rambo Name	CEO / CFO Title