

KIM REYNOLDS
GOVERNOR

DOUG OMMEN
COMMISSIONER OF INSURANCE

ADAM GREGG
LT. GOVERNOR

**PHARMACY BENEFITS MANAGER 2022 ANNUAL REPORT
FOR CALENDAR YEAR 2021**

During the 2019-2020 Legislative session, the Iowa Legislature passed, and Governor Reynolds signed, Iowa Code Chapter 510C into law. This legislation requires pharmacy benefits managers (“PBM”) licensed in Iowa to file an annual report with the Insurance Commissioner by February 15th of each year. PBMs are required to report the following data as it relates to 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 health carrier 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 health carrier.
- 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 health carrier.
- 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 health carrier clients with whom the pharmacy benefits manager was contracted, the highest and the lowest aggregate retained rebate percentages.

As of February 15, 2022, there were forty-seven PBMs licensed in Iowa. Forty-six PBMs submitted annual reports for calendar year 2021. One PBM did not submit a report and has not responded to an inquiry about not doing so; for this PBM, the Iowa Insurance Division is considering its enforcement authority authorized pursuant to Iowa Code §510C.4. One PBM annual report is considered confidential pursuant to Iowa Code §510C.2(2)(b) and is excluded from this document.

Several PBMs provided reports without any detail and when questioned about the lack of detail, claimed to be pre-empted from state authority due to working only with self-funded ERISA plans. Given several recent court decisions regarding state authority of PBMs, including *Rutledge v. PCMA*, the Division is evaluating whether PBMs will be permitted to claim this exemption in future annual reports.

The PBM reports are attached.

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: A & A Drug Co. dba Sav-Rx Prescription Services
 Address: 224 N Park Ave
 City, State, Zip: Fremont, NE 68025
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$102,364,948.89

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$1,272,129.04

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 health carrier. \$19,827,182.54

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 health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 19.37%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 15.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 100.00%

For any zero entries please 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 financial statements have been audited and 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: 1/20/2022

Contact: Ronda Thiessen Licensing Coordinator
 Name Title
 Email Phone

Submitted by: Christy Piti CEO/Owner
 Name Title

Verified by: Ronda Thiessen Licensing Coordinator
 Name Title

Verified by: Lisa Quincy-Rump VP
 Name Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name:
 Address:
 City, State, Zip:
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager.

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager.

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager.

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 health carrier.

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 health carrier.

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

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages.

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.

For any zero entries please 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 financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee

Select:

Date Submitting Filing in OPTins:

Contact:	<input type="text" value="Elizabeth Thomas"/>	<input type="text" value="Compliance Officer"/>
	Name	Title
	<input type="text"/>	<input type="text"/>
	Email	Phone

Submitted by:	<input type="text" value="Elizabeth Thomas"/>	<input type="text" value="Compliance Officer"/>
	Name	Title
Verified by:	<input type="text" value="Robyn Satterfield"/>	<input type="text" value="Chief Operating Officer"/>
	Name	Title
Verified by:	<input type="text" value="Joseph Favazzo"/>	<input type="text" value="Chief Executive Officer"/>
	Name	Title

**Iowa
2022 Annual Pharmacy Benefit Manager Report**

Company Name: Alluma, LLC
 Address: 290 East John Carpenter Fwy
 City, State, Zip: Irving, TX 75062
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

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

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier 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 health carrier. \$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 health carrier. \$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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please 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 financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$100.00

Select: Agree

Date Submitting Filing in OPTins: 2/23/2022

Contact: James Berg VP Operations & Client Mgt
 Name Title
 Email Phone

Submitted by: James Berg VP Operations & Client Mgt
 Name Title
 Verified by: Monica Bacon Finance Director
 Name Title
 Verified by: Priyesh Patel VP & General Manager
 Name Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: AmWINS Group Benefits, LLC
 Address: 50 Whitecap Drive
 City, State, Zip: North Kingstown, RI 02852
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

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

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier 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 health carrier. \$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 health carrier. \$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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please 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 financial statements have been audited and 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: 2/14/2022

Contact:	Lucas Spaulding	Contracts and Compliance Attorney
	Name	Title
	Email	Phone

Submitted by:	Lucas Spaulding	Contracts and Compliance Attorney
	Name	Title
Verified by:	Scott King	President
	Name	Title
Verified by:	Scott Purviance	Chief Executive Officer
	Name	Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: Benecard Services, Inc
 Address: 3131 Princeton Pike, Bld 2B, Ste 103
 City, State, Zip: Lawrenceville, NJ 08648
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

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

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier 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 health carrier. \$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 health carrier. \$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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please 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 financial statements have been audited and 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: 1/21/2022

Contact:	Maria Minelli	Licensing Manager
	Name	Title
	Email	Phone

Submitted by:	Maria Minelli	Licensing Manager
	Name	Title
Verified by:	Michael A. Perry	President
	Name	Title
Verified by:	Richard Terranova	Treasurer
	Name	Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: CaremarkPhC, L.L.C.
 Address: 9501 E. Shea Blvd., MC024
 City, State, Zip: Scottsdale, AZ 85260
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

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

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier 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 health carrier. \$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 health carrier. \$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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please 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 financial statements have been audited and 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: 2/11/2022

Contact:	Karen S. Llano	Sr. Analyst, Business Compliance
	Name	Title
	Email	Phone

Submitted by:	Karen S. Llano	Sr. Analyst, Business Compliance
	Name	Title
Verified by:	John M. Conroy	President and Treasurer
	Name	Title
Verified by:	Thomas S. Moffatt	Vice President and Secretary
	Name	Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: Caremark, L.L.C
 Address: 9501 E. Shea Blvd., MC024
 City, State, Zip: Scottsdale, AZ 85260
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

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

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier 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 health carrier. \$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 health carrier. \$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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please 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 financial statements have been audited and 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: 2/11/2022

Contact: Karen S. Llano Sr. Analyst, Business Compliance
 Name Title
 Email Phone

Submitted by: Karen S. Llano Sr. Analyst, Business Compliance
 Name Title

Verified by: John M. Conroy President and Treasurer
 Name Title

Verified by: Thomas S. Moffatt Vice President and Secretary
 Name Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: CaremarkPCS Health, L.L.C.
 Address: 9501 E. Shea Blvd., MC024
 City, State, Zip: Scottsdale, AZ 85260
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$930,378.60

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$186,457.17

c. The aggregate dollar amount of all health carrier 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 health carrier. \$8,876.01

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 health carrier. \$1,806.87

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.95%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 6.00%

For any zero entries please 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 financial statements have been audited and 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: 2/11/2022

Contact: Karen S. Llano Sr. Analyst, Business Compliance
 Name Title
 Email Phone

Submitted by: Karen S. Llano Sr. Analyst, Business Compliance
 Name Title

Verified by: John M. Conroy President and Treasurer
 Name Title

Verified by: Thomas S. Moffatt Vice President and Secretary
 Name Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name:
 Address:
 City, State, Zip:
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager.

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager.

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager.

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 health carrier.

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 health carrier.

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

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages.

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.

For any zero entries please 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 financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee

Select:

Date Submitting Filing in OPTins:

Contact:	<input type="text" value="Gargi Patel"/>	<input type="text" value="Project Coordinator"/>
	Name	Title
	<input type="text"/>	<input type="text"/>
	Email	Phone

Submitted by:	<input type="text" value="Gargi Patel"/>	<input type="text" value="Project Coordinator"/>
	Name	Title
Verified by:	<input type="text" value="Peggy Beat"/>	<input type="text" value="Legal Counsel"/>
	Name	Title
Verified by:	<input type="text" value="Dan Hardin"/>	<input type="text" value="Senior Vice President"/>
	Name	Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: Cigna Health and Life Insurance Company
 Address: 900 Cottage Grove Road
 City, State, Zip: Bloomfield, CT 06152
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$728,777.91

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$59,525.17

c. The aggregate dollar amount of all health carrier 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 health carrier. \$728,777.91

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 health carrier. \$59,525.17

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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 100.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 100.00%

For any zero entries please 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 financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/9/2022

Contact: Julie Lesmes Legal Compliance Lead Analyst
 Name Title
 Email Phone

Submitted by: Julie Lesmes Legal Compliance Lead Analyst
 Name Title

Verified by: Robert X. Johnson Business Project Sr Director, Pharmacy
 Name Title

Verified by: Gloria Perrotta CHLIC Asst, Director
 Name Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name:
 Address:
 City, State, Zip:
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager.

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager.

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager.

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 health carrier.

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 health carrier.

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

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages.

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.

For any zero entries please 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 financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee

Select:

Date Submitting Filing in OPTins:

Contact:
 Name Title

 Email Phone

Submitted by:
 Name Title
 Verified by:
 Name Title
 Verified by:
 Name Title

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: DST Pharmacy Solutions Inc.
 Address: 1055 Broadway
 City, State, Zip: Kansas City, MO 64105
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$685,461.72

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier 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 health carrier. \$66,456.21

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 health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 9.70%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 5.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 10.00%

For any zero entries please 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 financial statements have been audited and 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: 2/15/2022

Contact:	Marsha Smitherman	Sr. Contracts/Compliance Administrator
	Name	Title
	Email	Phone

Submitted by:	Marsha Smitherman	Sr. Contracts/Compliance Administrator
	Name	Title
Verified by:	Chad Weydert	Dir. Bus. Systems Analyst
	Name	Title
Verified by:		
	Name	Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: Elixir Rx Solutions, LLC dba Elixir
 Address: 8921 Canyon Falls Blvd., Suite 100
 City, State, Zip: Twinsburg, OH 44087
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

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

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier 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 health carrier. \$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 health carrier. \$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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please 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 financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 1/25/2022

Contact: Jennifer Asewicz Regulatory Affairs Administrator
 Name Title
 Email Phone

Submitted by: Jennifer Asewicz Regulatory Affairs Administrator
 Name Title

Verified by: Jordan Bradford Senior Accountant
 Name Title

Verified by: Scott Gonia Treasurer
 Name Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: Elixir Rx Solutions, LLC dba Elixir Rx
 Address: 8921 Canyon Falls Blvd
 City, State, Zip: Twinsburg, OH 44087
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$1,374,965.63

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$28,048.40

c. The aggregate dollar amount of all health carrier 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 health carrier. \$200,288.33

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 health carrier. \$28,048.40

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 14.57%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.73%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 100.00%

For any zero entries please 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 financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 1/25/2022

Contact: Jennifer Asewicz Regulatory Affairs Administrator
 Name Title
 Email Phone

Submitted by: Jennifer Asewicz Regulatory Affairs Administrator
 Name Title

Verified by: Jordan Bradford Senior Staff Accounting
 Name Title

Verified by: Scott Gonia Treasurer
 Name Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: Express Scripts
 Address: 1 Express Way
 City, State, Zip: St. Louis, MO 63121
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$6,589,221.34

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$533,356.66

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$3,059,744.27

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 health carrier. \$20,027.75

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 health carrier. \$15,227.65

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 0.30%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 21.19%

For any zero entries please 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 financial statements have been audited and 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: 2/14/2022

Contact: Kara Fucello Product Manager
 Name Title
 Email Phone

Submitted by: Kara Fucello Product Manager
 Name Title

Verified by: Kara Fucello Product Manager
 Name Title

Verified by: Tou Yang Business Analytics Manager
 Name Title

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name:

Address:

City, State, Zip:

Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager.

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager.

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager.

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 health carrier.

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 health carrier.

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

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages.

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.

For any zero entries please 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 financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee

Select:

Date Submitting Filing in OPTins:

Contact:
 Name Title

 Email Phone

Submitted by:
 Name Title

Verified by:
 Name Title

Verified by:
 Name Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: Fairview Pharmacy Services, LLC d/b/a ClearScrip
 Address: 668 24th Ave SE
 City, State, Zip: Minneapolis, MN 55414
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$59,389,215.03

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$4,965,415.10

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 health carrier. \$14,258,439.75

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 health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 24.01%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 20.00%

For any zero entries please 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 financial statements have been audited and 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: 1/26/2022

Contact: Jessica Mullen Compliance Licensing Specialist
 Name Title
 Email Phone

Submitted by: Jessica Mullen Compliance Licensing Specialist
 Name Title

Verified by: Alyssa Goree Compliance and Licensing Manager
 Name Title

Verified by: Cheryl Koenen VP, Finance
 Name Title

**Iowa
2022 Annual Pharmacy Benefit Manager Report**

Company Name: Health E Systems, LLC
 Address: 5404 Cypress Center Drive, Suite 350
 City, State, Zip: Tampa, FL 33609
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$22,193.29

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier 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 health carrier. \$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 health carrier. \$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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please 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 financial statements have been audited and 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: 1/28/2022

Contact: Sandy Shtab AVP Advocacy and Compliance
 Name Title
 Email Phone

Submitted by: Jennifer Davis Advocacy & Compliance Associate
 Name Title

Verified by: Matt Hewitt EVP, PBM General Manager
 Name Title

Verified by: Stephanie Narvades Chief Financial Officer
 Name Title

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: Healthcare Higjways Rx, LLC
 Address: 5904 Stone Creek Dr, Suite 120
 City, State, Zip: The Colony, TX 75056
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

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

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier 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 health carrier. \$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 health carrier. \$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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please 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 financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$100.00

Select: Agree

Date Submitting Filing in OPTins: 2/23/2022

Contact: Elisa Muller General Counsel
 Name Title
 Email Phone

Submitted by: Elisa Muller General Counsel
 Name Title
 Verified by: Eric Yonkus President and COO
 Name Title
 Verified by: Greg Buscetto CEO
 Name Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: Humana Pharmacy Solutions, Inc.
Address: 500 W. Main Street
City, State, Zip: Louisville, KY 40202
Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

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

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$0.53

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 health carrier. \$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 health carrier. \$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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please 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 financial statements have been audited and 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: 2/11/2022

Contact: B.J. Stivers Sr. Compliance Professional
Name Title
Email Phone

Submitted by: B.J. Stivers Sr. Compliance Professional
Name Title

Verified by: Dawna Kelly Senior Risk Management Professional
Name Title

Verified by: Bryan Duke Director, Pharmacy Contracting
Name Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: Independent Health Pharmacy Benefit Dimensions, LLC.
 Address: 511 Farber Lakes Drive
 City, State, Zip: Buffalo, NY 14221
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

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

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier 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 health carrier. \$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 health carrier. \$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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please 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 financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 1/18/2022

Contact:	Dante Fuscardo	Regulatory Compliance
	Name	Title
	Email	Phone

Submitted by:	Dante Fuscardo	Regulatory Compliance
	Name	Title
Verified by:	Keith Held	Director Contracts and Revenue
	Name	Title
Verified by:	Denzel Moore	Contract Manager
	Name	Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: IngenioRx, Inc.
 Address: 220 Virginia Avenue
 City, State, Zip: Indianapolis, IN 46204
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$557,038.67

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$10,450,811.25

d. The aggregate dollar amount of all rebates received by the pharmacy benefit manager that the pharmacy benefit manager did not pass through to the health carrier. \$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 health carrier. \$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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 100.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 100.00%

For any zero entries please 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 financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/9/2022

Contact: Michelle Bednarczyk Staff VP, Pharmacy Mgmt
 Name Title
 Email Phone

Submitted by: Shannon Kwok Regulatory Affairs Analyst
 Name Title

Verified by: Vincent E. Scher Treasurer
 Name Title

Verified by: S. Owen Hunt Assistant Secretary
 Name Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: Kroger Prescription Plans, Inc.
 Address: 1014 Vine Street
 City, State, Zip: Cincinnati, OH 45202
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

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

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier 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 health carrier. \$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 health carrier. \$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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please 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 financial statements have been audited and 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: 1/27/2022

Contact:	Emily Schubeler Name	Operations Admin Asst. Title
	Email	Phone

Submitted by:	Emily Schubeler Name	Operations Admin. Asst. Title
Verified by:	Kevin Favro Name	Senior Vice President Title
Verified by:	Cory O'Brien Name	Financial Analyst Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: LithiaRx, LLC
 Address: 4506 Stickley Ct.
 City, State, Zip: Palmetto, FL 34221
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

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

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier 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 health carrier. \$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 health carrier. \$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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please 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 financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/5/2022

Contact: Neil Bansal Chief Executive Officer
 Name Title
 Email Phone

Submitted by: Neil Bansal Chief Executive Officer
 Name Title

Verified by: Jason Roeder Chief Financial Officer
 Name Title

Verified by: Jeremy Kassulke Chief Operating Officer
 Name Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: Magellan Rx Management, LLC
 Address: 8621 Robert Fulton Drive
 City, State, Zip: Columbia, MD 21046
 Phone Number: (410) 953-1000

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$6,057,098.03

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$729,097.27

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$135,428.94

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 health carrier. \$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 health carrier. \$729,097.27

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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please 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 financial statements have been audited and 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: 2/4/2022

Contact: Lexy French Sr. Paralegal
 Name Title
 abfrench@magellanhealth.com (410) 953-4719
 Email Phone

Submitted by: Lexy French Sr. Paralegal
 Name Title

Verified by: Kathleen Bagnuolo Sr. Director Pharmacy Rebate Management
 Name Title

Verified by: Jennifer Coplin Director, Commercial Pharmacy Rebate
 Name Operations Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

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

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager.

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager.

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager.

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 health carrier.

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 health carrier.

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

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages.

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.

For any zero entries please 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 financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee

Select:

Date Submitting Filing in OPTins:

Contact:	<input type="text" value="Kimberly Rieve"/> Name	<input type="text" value="PBM Licensing & Compliance Manager"/> Title
	<input type="text"/> Email	<input type="text"/> Phone

Submitted by:	<input type="text" value="Abigail Green"/> Name	<input type="text" value="Compliance Associate"/> Title
---------------	--	--

Verified by:	<input type="text" value="Michael Ellis"/> Name	<input type="text" value="CEO"/> Title
--------------	--	---

Verified by:	<input type="text" value="Kimberly Rieve"/> Name	<input type="text" value="PBM Licensing & Compliance Manager"/> Title
--------------	---	--

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: MedImpact Healthcare Systems, Inc
 Address: 10181 Scripps Gateway Court
 City, State, Zip: San Diego, CA, 92131
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$10,034.69

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$3,329,866.09

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 health carrier. \$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 health carrier. \$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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please 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 financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/9/2022

Contact: Brooke Moore Name Reg Comp Admin II Title
 Email Phone

Submitted by: James L. Gollaher Name CFO & Secretary Title

Verified by: James L. Gollaher Name CFO & Secretary Title

Verified by: Frederick Howe Name CEO & President Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: MedOne, LC
 Address: 1590 University Ave
 City, State, Zip: Dubuque, IA 52001
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

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

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier 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 health carrier. \$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 health carrier. \$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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please 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 financial statements have been audited and 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: 1/12/2021

Contact: Anishka Jayaswal Legal Counsel
 Name Title
 Email Phone

Submitted by: Molly Ties Controller
 Name Title
 Verified by: Name Title
 Verified by: Name Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: Navitus Health Solutions, LLC
 Address: 361 Integrity Drive
 City, State, Zip: Madison, WI 53717
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$941,966.11

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier 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 health carrier. \$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 health carrier. \$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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please 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 financial statements have been audited and 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: 2/14/2022

Contact: Rachel Breger Staff Attorney
 Name Title
 Email Phone

Submitted by: Rachel Breger Staff Attorney
 Name Title

Verified by: David Fields CEO/President
 Name Title

Verified by: Paul Page VP & General Counsel
 Name Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: OptumRx, Inc.
 Address: 2300 Main Street
 City, State, Zip: Irvine, CA 92614
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$15,786,999.61

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$1,377,676.82

c. The aggregate dollar amount of all health carrier 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 health carrier. \$251,361.40

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 health carrier. \$1,555,888.01

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 1.59%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 7.54%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 45.87%

For any zero entries please 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 financial statements have been audited and 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: 2/11/2022

Contact: Carrie Snyder Name Licensing Specialist Title
 Email Phone

Submitted by: Carrie Snyder Name Licensing Specialist Title

Verified by: Karen Bohmer Name Secretary Title

Verified by: David Oberg Name Assistant Secretary Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: PerformRx, LLC
 Address: 200 Stevens Drive
 City, State, Zip: Philadelphia, PA 19113
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager.

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager.

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager.

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 health carrier.

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 health carrier.

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

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages.

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.

For any zero entries please 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 financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee

Select:

Date Submitting Filing in OPTins:

Contact:	<input type="text" value="Maureen Bonnes"/> Name	<input type="text" value="Corporate Paralegal"/> Title
	<input type="text"/> Email	<input type="text"/> Phone

Submitted by:	<input type="text" value="Maureen Bonnes"/> Name	<input type="text" value="Corporate Paralegal"/> Title
Verified by:	<input type="text" value="Michele Patterson"/> Name	<input type="text" value="Director, Rebate Admin."/> Title
Verified by:	<input type="text"/> Name	<input type="text"/> Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: Pharmacy Data Management, Inc
 Address: 8530 Crossroads Drive
 City, State, Zip: Poland, OH 44514
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$73,637.00

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier 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 health carrier. \$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 health carrier. \$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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please 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 financial statements have been audited and 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: 2/14/2022

Contact: Jennifer Bierdeman Paralegal
 Name Title
 Email Phone

Submitted by: Jennifer Bierdeman Paralegal
 Name Title
 Verified by: Janine Easton CFO
 Name Title
 Verified by: Elizabeth Komar General Counsel
 Name Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: Procure Pharmacy Benefit Manager, Inc
 Address: 2650 SW 145th Avenue
 City, State, Zip: Miramar, FL 33027
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

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

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$65,092.00

c. The aggregate dollar amount of all health carrier 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 health carrier. \$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 health carrier. \$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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please 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 financial statements have been audited and 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: 1/26/2022

Contact: Barbara Rambo CFO
 Name Name Title
Email Phone

Submitted by: Joyce Coulter Legal Assistant
 Name Name Title

Verified by: Debbie Wolf VP Legal
 Name Name Title

Verified by: Barbara Rambo CFO
 Name Name Title

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name: Prodigy Care Services
 Address: 5900 Balcones Drive, Suite 100
 City, State, Zip: Austin, TX 78731
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

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

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$48,000.00

c. The aggregate dollar amount of all health carrier 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 health carrier. \$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 health carrier. \$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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please 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 financial statements have been audited and 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: 2/1/2022

Contact: Jrean P Hays Client Service Supervisor
 Name Title
 Email Phone

Submitted by: Jrean P Hays Client Service Supervisor
 Name Title

Verified by: Delford Doherty CEO
 Name Title

Verified by: Matthew Imes President
 Name Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: Progyny, Inc.
 Address: 1359 Broadway, Second Floor
 City, State, Zip: New York, NY 10018
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

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

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier 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 health carrier. \$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 health carrier. \$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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please 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 financial statements have been audited and 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: 1/26/2022

Contact: Zakiya Boyd Senior Associate General Counsel
 Name Title
 Email Phone

Submitted by: Victor Martinez Licensing Analyst
 Name Title

Verified by: Pete Anevski CEO
 Name Title

Verified by: Jennifer Bealer Secretary
 Name Title

**Iowa
2022 Annual Pharmacy Benefit Manager Report**

Company Name: RxAdvance
 Address: 136 Turnpike Road
 City, State, Zip: Soutborough, MA 01772
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

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

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager. \$1,138,867.16

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 health carrier. \$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 health carrier. \$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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please 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 financial statements have been audited and 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: 2/14/2022

Contact: Heather Johnson Name Chief Compliance Officer Title
 Email Phone

Submitted by: Timothy Sheble-Hall Name Compliance Specialist Title

Verified by: Aruna Wickremeratne Name Chief Administrative Officer Title

Verified by: Heather Johnson Name Chief Administrative Officer Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: Scrip World, LLC
 Address: 10150 S. Centennial Parkway
 City, State, Zip: Sandy, Utah 84074
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$365,869.14

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$29,372.29

c. The aggregate dollar amount of all health carrier 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 health carrier. \$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 health carrier. \$29,372.29

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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please 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 financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/15/2022

Contact: Cheryl Kelly Name Prog & Reg Appvl Spec Title
 Email Phone

Submitted by: Cheryl Kelly Name Prog & Reg Appvl Spec Title

Verified by: Lorre Alexander Name Sr. Proj Manager Title

Verified by: Natalie Capurro Name Sr. MGR, Prog & Reg Appv Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: Script Care, Ltd.
 Address: 6380 Folsom Drive
 City, State, Zip: Beaumont, TX 77706
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

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

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier 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 health carrier. \$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 health carrier. \$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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please 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 financial statements have been audited and 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: 1/6/2022

Contact: Frank Messina General Counsel
 Name Title
 Email Phone

Submitted by: Margaret Allen Account Manager
 Name Title
 Verified by: Frank Messina General Counsel
 Name Title
 Verified by: Margaret Allen Account Manager
 Name Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name:

Address:

City, State, Zip:

Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager.

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager.

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager.

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 health carrier.

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 health carrier.

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

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages.

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.

For any zero entries please 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 financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee

Select:

Date Submitting Filing in OPTins:

Contact:	<input type="text" value="Cindy Ten Pas"/>	<input type="text" value="Director of Compliance"/>
	Name	Title
	<input type="text"/>	<input type="text"/>
	Email	Phone

Submitted by:	<input type="text" value="Cindy Ten Pas"/>	<input type="text" value="Director of Compliance"/>
	Name	Title
Verified by:	<input type="text" value="Theodore J. Boylan"/>	<input type="text" value="Senior Vice President"/>
	Name	Title
Verified by:	<input type="text" value="Sharon R. Murillo"/>	<input type="text" value="President/CEO"/>
	Name	Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: SmartScripts
 Address: 1010 W Madison ST
 City, State, Zip: Washington, IA 52353
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

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

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier 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 health carrier. \$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 health carrier. \$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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please 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 financial statements have been audited and 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: 2/2/2022

Contact:	Todd Thompson	CEO
	Name	Title
	Email	Phone

Submitted by:	Elizabeth Vondracek	Executive Assistant
	Name	Title
Verified by:	Andrew Willems	VP
	Name	Title
Verified by:	Todd Thompson	CEO
	Name	Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: TRHC TPA, LLC
 Address: 2411 N Hillcrest Pkwy, Ste 1A
 City, State, Zip: Altoona, WI 54720
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$107,951.05

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier 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 health carrier. \$10,795.11

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 health carrier. \$0.00

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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 10.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 10.00%

For any zero entries please 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 financial statements have been audited and 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: 2/3/2022

Contact:	Alyssa Grant Name	Consultant Title
	Email	Phone

Submitted by:	Alyssa Grant Name	Consultant Title
Verified by:	Brian Adams Name	Secretary Title
Verified by:	Orsula Knowlton Name	President Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name:

Address:

City, State, Zip:

Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager.

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager.

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager.

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 health carrier.

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 health carrier.

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

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages.

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.

For any zero entries please 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 financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee

Select:

Date Submitting Filing in OPTins:

Contact:	<input type="text" value="Neil Bansal"/>	<input type="text" value="Chief Executive Officer"/>
	Name	Title
	<input type="text"/>	<input type="text"/>
	Email	Phone

Submitted by:	<input type="text" value="Neil Bansal"/>	<input type="text" value="Chief Executive Officer"/>
	Name	Title
Verified by:	<input type="text" value="Jason Roeder"/>	<input type="text" value="Chief Financial Officer"/>
	Name	Title
Verified by:	<input type="text" value="Jeremy Kassulke"/>	<input type="text" value="Chief Operating Officer"/>
	Name	Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

Company Name: True Rx Management Services, Inc
 Address: 7 Williams Bros. Dr.
 City, State, Zip: Washington, IN 47501
 Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager. \$588,752.60

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier 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 health carrier. \$72,795.50

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 health carrier. \$0.00

f. The aggregate retained rebate percentage as calculated by dividing the dollar amount in paragraph "d" by the dollar amount in "a". 12.36%

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 10.10%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 28.40%

For any zero entries please 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 financial statements have been audited and 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: 2/7/2022

Contact: Michael D. Chestnut General Counsel
 Name Title
 Email Phone

Submitted by: Michael D. Chestnut General Counsel
 Name Title
 Verified by: Jesse K. McDonald Chief Operating Officer
 Name Title
 Verified by: Jenna Kaylor Dir. Of Business Reporting
 Name Title

Iowa
2021 Annual Pharmacy Benefit Manager Report

Company Name:

Address:

City, State, Zip:

Phone Number:

The purpose of this form is to report the information required by Iowa Code section 510C.2

a. The aggregate dollar amount of all rebates received by the pharmacy benefit manager.

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager.

c. The aggregate dollar amount of all health carrier administrative service fees received by the pharmacy benefit manager.

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 health carrier.

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 health carrier.

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

g1. (lowest) Across all health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages.

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages.

For any zero entries please 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 financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee

Select:

Date Submitting Filing in OPTins:

Contact:	<input type="text" value="Ann Wilson"/>	<input type="text" value="Special Projects"/>
	Name	Title
	<input type="text"/>	<input type="text"/>
	Email	Phone

Submitted by:	<input type="text" value="Ann Wilson"/>	<input type="text" value="Special Projects"/>
	Name	Title
Verified by:	<input type="text"/>	<input type="text"/>
	Name	Title
Verified by:	<input type="text"/>	<input type="text"/>
	Name	Title

Iowa
2022 Annual Pharmacy Benefit Manager Report

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

The purpose of this form is to report the information required by Iowa Code section 510C.2

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

b. The aggregate dollar amount of all administrative fees received by the pharmacy benefit manager. \$0.00

c. The aggregate dollar amount of all health carrier 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 health carrier. \$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 health carrier. \$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 health carrier clients with whom the pharmacy manager was contracted, the lowest aggregate retained rebate percentages. 0.00%

g2. (highest) Across all health carrier clients with whom the pharmacy manager was contracted, the highest aggregate retained rebate percentages. 0.00%

For any zero entries please 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 financial statements have been audited and are made in good faith for the period indicated. To the best of the authorized submitter's knowledge, information, and belief this submission is a true, correct and complete report including all fees plus any late payment

Late Filing Fee \$0.00

Select: Agree

Date Submitting Filing in OPTins: 2/9/2022

Contact: Kumarie Jagnarain Senior Legal Specialist
 Name Title
 Email Phone

Submitted by: Kumarie Jagnarain Senior Legal Specialist
 Name Title

Verified by: Phillip P. Bisesi SVP & General Counsel
 Name Title

Verified by: Title
 Name Title