

Kent Hospital – Annual 340B Report

Kent County Memorial Hospital (“Kent”) submits the attached annual 340B report pursuant to R.I. Gen. Laws § 5-19.3-6 (2025) (“Report”). This Report includes data from calendar year 2025, unless otherwise noted, and outlines 340B drug acquisition costs, reimbursement, contract pharmacy usage, and net savings. This Report, together with the summary below, explains how reduced drug acquisition costs associated with the 340B program support Kent’s ability to deliver community benefits to its patients.

Kent, located in Warwick, Rhode Island, is a 359-bed, non-profit, acute care hospital. As the second-largest hospital in the state, it serves approximately 300,000 residents in the central Rhode Island area. Kent has over 2,000 employees, a medical staff of 600 and a volunteer corps of more than 300 and 327 auxiliaries. Kent’s Emergency Department (ED) is the second busiest in the state with some 60,000 annual visits. Kent offers the state’s only highly specialized, comprehensive geriatric program, including a verified Geriatric Surgery Facility, a silver-level Geriatric Emergency Department (GEDA), and an Age-Friendly Health System Initiative. The program focuses on specialized care, including palliative care, inpatient rehabilitation, and a Hospital at Home program.

Kent’s participation in the 340B program is critical to Kent’s ability to continue to provide the highest quality care to patients in Rhode Island and the surrounding region. The savings on drug costs due to Kent’s participation in the 340B program also allows Kent to maintain its commitment to serving patients without regard to their income or insurance status, allowing Kent to provide significant financial assistance and ensure that cost is not a barrier to care.

Schedule A- Program Totals

Schedule A is a high-level overview of Kent’s 340B program financials. It includes acquisition costs for drugs obtained through the 340B program, payments and reimbursement received for 340B drugs, fees paid to contract pharmacies and external vendors as well as administrative expenses for operating the 340B program. Schedule A reflects that Kent generated \$37,941,584.00 in 340B savings in 2025.

Schedule B – Acquisition Cost by Vendor

Schedule B is a summary of the total costs to Kent of drugs purchased through the 340B program. Data for schedule B was pulled directly from Kent’s wholesalers for all 340B purchase accounts. In 2025, Kent used three wholesalers to obtain 340B drugs and spent a total of \$44,095,350.32.

Schedule C – Claim Reimbursements

Schedule C is a summary of payments Kent received for separately-billed 340B drugs, broken down by payer class. Data for Schedule C was pulled directly from our billing and revenue cycle management systems.

Kent is unable to separate payments for drugs on claims for services paid at a bundled rate. Drugs on such claims are not separately identified when paid, so it is not possible to determine the amount of the bundled rate that corresponds to the drugs administered to the patient.

For “other sources”, this includes government payers, such as Tricare along with cash payments received from patients in the form of copays and deductibles.

In 2025, Kent collected \$87,366,669.74 in reimbursement for 340B drugs across all reimbursement sources.

Schedule D – Payment to Contract Pharmacies

Schedule D is a summary of fees paid by Kent to contract pharmacies for dispensing 340B drugs to patients of Kent. Data for Schedule D was pulled from data systems maintained by the vendors that administer these arrangements. Any individual pharmacy paid more than \$5,000 is listed by name and locations of national chain pharmacies used to dispense 340B drugs to Kent patients are aggregated by pharmacy company. In 2025, Kent paid \$2,504,133.56 to five chain pharmacies.

Schedule E – Payments to Vendors

Schedule E is a summary of fees paid to outside vendors related to the management, administration, and/or facilitation of Kent's participation in the 340B program. Data for Schedule E was pulled from vendor data systems and vendor invoices. Kent used six 340B vendors during the year that were paid at least \$5,000. In 2025, Kent paid a total of \$2,517,183.36 to outside vendors.

Schedule F – Administrative Expenses

Administrative expenses in this section include salaries plus fringe benefits of employees working with the 340B program daily.

Schedule G – Drug Claim Detail

Schedule G is a list of all drugs dispensed or administered to 340B patients that had a total annual cost of \$5,000 or more. For drugs that exceeded a total cost of \$5,000, the total number of combined dispenses plus administrations equals the number of claims reported for each medication. Any drug that had a cost of less than \$5,000 is aggregated.

Schedule H – Use of 340B Dollars

Schedule H details Kent's use of 340B savings to ensure access to care for patients and expand services needed in the community. Data for this schedule was compiled from 2024 data as that was the most complete available at the time of this filing. Community benefit expenditures reported on Schedule H for 2024 exceed any cost savings associated with Kent's participation in the 340B program in 2025.

Schedule I – Covered Entity Certification

During the reporting period, Kent was not audited by HRSA but did hire an independent third party to perform a comprehensive self-audit of its 340B program.

James Burke
Vice President, Finance
340B Authorizing Official
Kent Hospital



State of Rhode Island
340B Drug Pricing Program - Mandated Covered Entity Reporting
Mandated Reporting Cover Page

**Covered Entity 340B Drug Pricing Program Reporting Mandated by
RI General Law Section 5-19.3-6.**

Covered Entity Name:	Kent County Memorial Hospital
Covered Entity Corporate Address:	455 Toll Gate Rd. Warwick, RI 02886
340B ID Number(s)	DSH410009
Reporting for Calendar Year:	2025

Covered Entity Required Information

Date of most recent recertification with the Health Resources and Service Administration	8/15/2025
Reporting Basis (i.e., Cash or Accrual)	Accrual

#UNKNOWN!



State of Rhode Island
 340B Drug Pricing Program - Covered Entity Reporting
 Schedule A - Aggregate Reporting Schedule

Schedule A

Covered Entity Name: Kent County Memorial Hospital
 Reporting for Calendar Year: 2025

Line No.	Data Element	Data Element Description	Schedule Ref	Amount	Unit
1	Total Aggregated Acquisition Cost for All 340B Program Drugs	Total aggregated cost to entity for drugs purchased under 340B (actual paid, incl. fees) during the previous calendar year.	B	44,095,350.32	USD
2	Total Aggregated Payment Amount Received for Dispensed/Administered 340B Drugs	Total payments (claim reimbursements) received for 340B drugs dispensed/ administered to patients with commercial medical insurance, Medical Assistance, and/or Medicare Supplemental plans.	C	87,366,669.74	USD
3	Total Aggregated Payments to Contract Pharmacies for 340B Program Prescription Drugs	Total payments made to contract pharmacies for dispensing 340B drugs.	D	\$ 2,504,133.56	USD
4	Total Aggregated Payments to Outside Entities (Vendors) for 340B Program Management, Administration, or Facilitation	Total payments to vendors managing, administering, or facilitating any aspect of the 340B covered entity's drug program.	E	2,517,183.36	USD
5	Total Aggregated Administrative Expenses for 340B Program	Total covered entity expenses for staffing, operations, and administration related to the 340B program.	F	308,418.50	USD
6	Net 340B Revenue Calculation (Auto-Calculated)	Payments Received (Line 2) - (Acquisition Costs (Line 1) + Administration Expenses (Lines 3, 4 & 5))		\$37,941,584.00	USD



State of Rhode Island

Schedule B

340B Drug Pricing Program - Covered Entity Reporting

Schedule B - Acquisition Cost Detail Schedule

Covered Entity Name:

Kent County Memorial Hospital

Reporting for Calendar Year:

2025

Instruction: Provide detail for all vendors (e.g. manufacturers, wholesalers) where the covered entity procured \$5,000 or more of prescription drugs from an individual vendor/pharmacy under the 340B program. Provide an aggregated total for vendors where procurement was less than \$5,000.

Line No.	Vendor Name	Amount Paid	Unit
1	Mckesson	41,701,516.07	USD
2	Cardinal	2,232,712.97	USD
3	Cencora	161,121.28	USD
4			USD
5			USD
6			USD
7			USD
8			USD
9			USD
10			USD
	Total for vendors under \$5,000		USD
	Total Aggregated Acquisition Cost for all 340B Program Drugs - (Supports Schedule A, Line 1)	44,095,350.32	USD
		Schedule A - Line 1	



State of Rhode Island

Schedule C

340B Drug Pricing Program - Covered Entity Reporting

Schedule C - Claim Reimbursements For 340B

Dispensed / Administered Drugs

Covered Entity Name:

Kent County Memorial Hospital

Reporting for Calendar Year:

2025

Instruction: Provide detail (amount and number of individual claims) for all reimbursements relating to pharmaceuticals obtained under the 340B Drug Program from commercial insurance (including Medicare Supplemental plans), Medical Assistance, Medicare, and or other sources. This schedule should total all reimbursements relating to pharmaceuticals obtained under the 340B Drug Program.

Line No.	Reimbursement Source	Amount Reimbursed	Unit	Count	Unit
1	Commercial Insurance	43,388,233.40	USD	178,777	Claims
2	Medical Assistance (i.e., Medicaid)	1,365,132.32	USD	39,042	Claims
3	Medicare	40,351,374.34	USD	39,545	Claims
4	Other Sources	2,261,929.68	USD	75,146	Claims
Total Aggregated Payment Amount Received for Dispensed/Administered 340B Drugs (Supports Schedule A - Line 2)		<u>87,366,669.74</u>		<u>332,510</u>	
		Schedule A - Line 2			



State of Rhode Island

Schedule D

340B Drug Pricing Program - Covered Entity Reporting

Schedule D - Payment to Contract Pharmacy Detail Schedule

Covered Entity Name:

Kent County Memorial Hospital

Reporting for Calendar Year:

2025

Instruction: Provide detail for all payments made to contract pharmacies for dispensing 340B prescription drugs during the reporting period. Individually list any contract pharmacy paid \$5,000 or more. Aggregate payments to contract pharmacies paid less than \$5,000.

Line No.	Contract Pharmacy Name	Amount Paid	Unit
1	CVS/Caremark	\$ 1,209,395.56	USD
2	Optum	\$ 654,000.00	USD
3	Accredo	\$ 459,800.00	USD
4	Onco 360	\$ 141,388.00	USD
5	Walgreens	\$ 38,350.00	USD
6			USD
7			USD
8			USD
9			USD
10			USD
	Total for contract pharmacies under \$5,000	<u>\$ 1,200.00</u>	
	Total Aggregated Payments to Contract Pharmacies for 340B Program Prescription Drugs (Supports Schedule A - Line 3)	<u>\$ 2,504,133.56</u>	
		Schedule A - Line 3	



State of Rhode Island

Schedule E

340B Drug Pricing Program - Covered Entity Reporting
Schedule E - Payments to Outside Entities (Vendors) for 340B Program
Management, Administration, or Facilitation

Covered Entity Name:

Kent County Memorial Hospital

Reporting for Calendar Year:

2025

Instruction: Aggregate detail by service/contractor category for all payments made to vendors/contractors relating to the management, administration, and/or facilitation of any aspect of the Covered Entity's participation in the 340B Program. Examples of services/contractors to be aggregated include contracted pharmacies, split billing vendors, consultants, third-party administrators, and other vendors. For consultants and other vendors, provide a brief description of service provided. Aggregate payments for service/contractor categories individually paid less than \$5,000.

Line No.	Program Management, Administration, or Facilitation Category	Description For Other / Consultants	Amount	Unit
1	Contract Pharmacy Third Party Administrator		2,340,647.96	USD
2	Internal Third Party Administrator		25,200.00	USD
3	Program Consultant		77,322.90	USD
4	External Compliance Auditor		14,000.00	USD
5	Professional Organization		14,070.00	USD
6	Outside Legal Services		45,942.50	USD
7				USD
8				USD
	Total Vendor Categories individually under \$5,000			
	Total Aggregated Payments to Outside Entities (Vendors) for 340B Program Management, Administration, or Facilitation (Supports Schedule A - Line 4)		<u>2,517,183.36</u>	
			Schedule A - Line 4	



State of Rhode Island

Schedule F

340B Drug Pricing Program - Covered Entity Reporting
Schedule F - Administrative Expenses for 340B Program

Covered Entity Name:

Kent County Memorial Hospital

Reporting for Calendar Year:

2025

Instruction: Provide detail for all covered entity expenses (noncontracted) relating to the administration of the 340B program including staffing, operational, and administrative expenses. Detail individual expense categories with expenses of \$5,000 or more. Aggregate expense categories individually less than \$5,000.

Line No.	Expense Category Description	Amount/Value	Unit
1	Salaries	308,418.50	USD
2			USD
3			USD
4			USD
5			USD
6			USD
7			USD
8			USD
9			USD
10			USD
	Total for expense categories individually under \$5,000		
	Total Aggregated Administrative Expenses for 340B Program	308,418.50	

Schedule A - Line 5



State of Rhode Island

Schedule G

340B Drug Pricing Program - Covered Entity Reporting

Schedule G - Detail of Prescription Drugs Relating to Covered Entity Participation in the 340B Program Dispensed or Administered During the Period.

Covered Entity Name:

Kent County Memorial Hospital

Reporting for Calendar Year:

2025

Instruction: List all prescription drugs relating to Covered Entity participation in the 340B Program during the period. Detail the total amount (cost of prescription drug obtained through the 340B program) and count of individual prescription drug claims dispensed or administered during the period. Aggregate all prescription drugs where costs for the particular drug were less than \$5,000.

Line No.	Prescription Drug Name	National Drug Code Number	Amount	Unit	Count	Unit
1	KESIMPTA 20 MG/0.4 ML PEN	00078100768	\$1,933,416.47	USD	276	Claims
2	pembrolizumab 100 mg/4 mL INJ	00006302602	\$1,559,990.40	USD	171	Claims
3	daratumumab-hyaluronidase 1800 mg-30,000 units INJ	157894050301	\$1,240,777.54	USD	206	Claims
4	BRUKINSA 80 MG CAPSULE	72579001102	\$1,181,074.04	USD	128	Claims
5	DUPIXENT 300 MG/2 ML PEN	00024591502	\$1,168,095.81	USD	171	Claims
6	TAGRISSO 80 MG TABLET	00310135030	\$1,119,735.99	USD	91	Claims
7	OFEV 150 MG CAPSULE	00597014560	\$996,080.90	USD	112	Claims
8	CALQUENCE 100 MG TABLET	00310351260	\$958,829.00	USD	103	Claims
9	MPB OPDIVO 240MG/24ML SDV	00003373413	\$866,349.21	USD	154	Claims
10	NUBEQA 300 MG TABLET	50419039501	\$693,979.05	USD	88	Claims
11	HUMIRA(CF) PEN 40 MG/0.4 ML	00074055402	\$631,773.90	USD	376	Claims
12	NUCALA 100 MG/ML AUTO-INJECTOR	00173089201	\$605,715.89	USD	87	Claims
13	ivosidenib 250 mg Tab	72694061760	\$592,600.36	USD	26	Claims
14	venetoclax (Venclexta) 100 mg Tab	00074057622	\$559,576.98	USD	95	Claims
15	VERZENIO 100 MG TABLET	00002481554	\$535,284.40	USD	9	Claims
16	SKYRIZI 150 MG/ML PEN	00074210001	\$528,240.25	USD	32	Claims
17	tafamidis 61 mg cap	00069873030	\$525,724.66	USD	31	Claims
18	palbociclib (Ibrance) 75 mg Tab	00069028403	\$503,801.00	USD	56	Claims
19	ravulizumab-cwvz 300 mg/3 mL INJ	25682002501	\$475,610.73	USD	10	Claims

20	durvalumab (Imfinzi) 1,500 mg in sodium chloride 0.9 %	00310461150	\$466,661.08	USD	72	Claims
21	OFEV 100 MG CAPSULE	00597014360	\$462,673.60	USD	54	Claims
22	teprotumumab (Tepezza) 500 mg injection	75987013015	\$421,049.28	USD	8	Claims
23	MOUNJARO 5 MG/0.5 ML PEN	00002149580	\$408,777.81	USD	42	Claims
24	talquetamab tgvs 40 mg/mL INJ	57894047001	\$388,414.12	USD	49	Claims
25	VERZENIO 150 MG TABLET	00002533754	\$368,827.48	USD	10	Claims
26	MPB TEZSPIRE 210MG/1.91ML PEN	55513012301	\$335,617.81	USD	121	Claims
27	Privigen 40 GM/400ML SOLN	44206043940	\$328,335.70	USD	148	Claims
28	COSENTYX SNRDY 300MG DOSE-2PEN	00078063941	\$307,517.32	USD	43	Claims
29	FASENRA PEN 30 MG/ML	00310183030	\$288,508.19	USD	76	Claims
30	Kcentra 1000 UNIT KIT	63833038702	\$285,916.19	USD	82	Claims
31	IBRANCE TAB 125MG	00069068803	\$279,800.77	USD	30	Claims
32	ERBITUX VL 2MG/ML 100ML	66733095823	\$279,398.77	USD	280	Claims
33	XTANDI 40 MG TABLET	00469062599	\$270,850.49	USD	50	Claims
34	SKYRIZI 360 MG/2.4 ML ON-BODY	00074107001	\$266,341.39	USD	27	Claims
35	MPB ERLEADA 60MG TAB 120	59676060012	\$259,454.97	USD	26	Claims
36	Privigen 20 GM/200ML SOLN	44206043820	\$250,477.15	USD	220	Claims
37	MPB GAZYVA INJ 1000MG/40ML INJ	50242007001	\$246,600.69	USD	47	Claims
38	MPB TAVALISSE 100MG TAB 60	71332000101	\$239,946.48	USD	29	Claims
39	STELARA PFS 90MG/1.0ML 1	57894006103	\$239,671.99	USD	29	Claims
40	MEKINIST TAB 2MG	00078111215	\$238,145.26	USD	14	Claims
41	TALTZ 80 MG/ML AUTOINJECTOR	00002144511	\$237,833.62	USD	32	Claims
42	TAFINLAR 75 MG CAPSULE	00078068166	\$234,586.59	USD	14	Claims
43	KISQALI 600 MG DAILY DOSE	00078087463	\$229,674.19	USD	12	Claims
44	OZEMPIC 0.25-0.5 MG/DOSE PEN	00169418113	\$226,875.28	USD	701	Claims
45	MOUNJARO 7.5 MG/0.5 ML PEN	00002148480	\$222,565.78	USD	18	Claims
46	OZEMPIC 2 MG/DOSE (8 MG/3 ML)	00169477212	\$220,425.00	USD	820	Claims
47	MOUNJARO 2.5 MG/0.5 ML PEN	00002150680	\$217,002.22	USD	15	Claims
48	MPB TECENTRIQ 1200MG/20ML SDV	50242091701	\$207,753.69	USD	27	Claims
49	asciminib (Scemblix) 40 mg Tab	00078109820	\$206,269.52	USD	20	Claims
50	MOUNJARO 10 MG/0.5 ML PEN	00002147180	\$205,173.97	USD	23	Claims
51	OZEMPIC 1 MG/DOSE (4 MG/3 ML)	00169413013	\$202,809.95	USD	562	Claims
52	MPB LONSURF 20MG/8.19MG TAB 60	64842102003	\$200,790.95	USD	19	Claims
53	MPB TEPMETKO 225MG TAB 30 DS	44087500003	\$198,564.10	USD	21	Claims
54	VERZENIO 50 MG TABLET	00002448354	\$197,159.48	USD	1	Claims
55	MPB JAKAFI 10MG TAB 60	50881001060	\$196,312.46	USD	34	Claims
56	ACTEMRA ACTPEN INJ 162MG/0.9ML	50242014301	\$196,287.78	USD	100	Claims
57	canakinumab (Ilaris, PF,) 150 mg/mL Soln	00078073461	\$194,196.84	USD	14	Claims

58	REPATHA 140MG/ML SURECLICK 2CT	72511076002	\$192,265.18	USD	1118	Claims
59	Bridion 200 MG/2ML SOLN	00006542312	\$192,125.48	USD	2269	Claims
60	MPB SARCLISA 500MG/25ML SDV	00024065601	\$188,067.09	USD	65	Claims
61	GAMMAGARD LIQUID 10% VIAL	00944270007	\$186,216.80	USD	119	Claims
62	osimertinib (Tagrisso) 40 mg Tab	00310134930	\$180,379.65	USD	14	Claims
63	MPB REBLOZYL 75MG SDV	59572077501	\$170,509.02	USD	19	Claims
64	glecaprevir-pibrentasvir (Mavyret) 100-40 mg Tab	00074262528	\$169,321.81	USD	9	Claims
65	MOUNJARO 15 MG/0.5 ML PEN	00002145780	\$168,293.50	USD	10	Claims
66	KEVZARA INJ PFP200MG/1.14ML 2	00024592201	\$166,932.87	USD	88	Claims
67	TRELEGY ELLIPTA 200-62.5-25	00173089310	\$163,642.98	USD	675	Claims
68	MPB IMBRUVICA 420MG TAB 28	57962042028	\$154,896.66	USD	24	Claims
69	MPB JAKAFI 20MG TAB 60	50881002060	\$150,533.78	USD	26	Claims
70	midostaurin (Rydapt) 25 mg cap	00078069819	\$149,632.24	USD	6	Claims
71	IBRANCE 100 MG TABLET	00069048603	\$149,033.77	USD	18	Claims
72	enzalutamide 40 mg cap	00469012599	\$148,991.78	USD	13	Claims
73	nilotinib HCl 150 mg cap	00078059287	\$148,606.03	USD	26	Claims
74	RINVOQ ER 15 MG TABLET	00074230630	\$141,029.85	USD	52	Claims
75	MPB DOPTLET 20MG TAB 15	71369002015	\$140,431.86	USD	37	Claims
76	MPB VONJO 100MG CAP 120	72482010012	\$137,892.12	USD	9	Claims
77	cabazitaxel 60 mg/6 mL INJ	00024582411	\$135,477.92	USD	23	Claims
78	MPB LONSURF 15MG/6.14MG TAB 60	64842102503	\$134,817.20	USD	17	Claims
79	iron dextran 100 mg/2 ml INJ	00023608210	\$133,832.32	USD	358	Claims
80	MPB BRUKINSA 160MG TAB 60	72579012201	\$133,178.54	USD	11	Claims
81	TRELEGY ELLIPTA 100-62.5-25	00173088710	\$128,672.64	USD	789	Claims
82	ribociclib (Kisqali) 400 mg/day (200 mg x 2) Tab	00078086742	\$127,830.02	USD	16	Claims
83	HADLIMA PSH INJ 40MG/0.4ML 2PK	78206018701	\$127,026.66	USD	218	Claims
84	MPB KYPROLIS 60MG INJ PWD	76075010101	\$126,559.70	USD	82	Claims
85	Nplate 500 MCG SOLR	55513022201	\$122,752.37	USD	148	Claims
86	MPB LENVIMA 18MG BPK CAP 90	62856071830	\$120,481.41	USD	11	Claims
87	REPATHA LF INJ 140MG 1ML 2	72511039302	\$119,366.36	USD	697	Claims
88	MPB ENHERTU 100MG SDV	65597040601	\$117,375.84	USD	56	Claims
89	XGEVA SDV 120MG/1.7ML 1	55513073001	\$116,922.90	USD	78	Claims
90	MPB POLIVY 30MG SDV	50242010301	\$116,002.13	USD	40	Claims
91	TRULICITY 3 MG/0.5 ML PEN	00002223680	\$113,433.21	USD	6	Claims
92	MPB YERVOY 50MG/10ML SDV	00003232711	\$112,974.18	USD	18	Claims
93	DUPIXENT PFS300MG/2ML 2	00024591401	\$109,947.01	USD	50	Claims
94	ZEPBOUND 5 MG/0.5 ML PEN	00002249580	\$109,749.40	USD	1	Claims
95	MPB LAZCLUZE 80MG TAB 60	57894008060	\$109,267.39	USD	8	Claims

96	capmatinib 200 mg Tab	00078071656	\$107,217.18	USD	7	Claims
97	MPB SARCLISA 100MG/5ML SDV	00024065401	\$103,855.34	USD	180	Claims
98	BESREMI 500 MCG/ML SYRINGE	73536050001	\$103,686.65	USD	37	Claims
99	momelotinib (Ojjaara) 100 mg Tab	81864010330	\$103,634.09	USD	5	Claims
100	ELIQUIS 5 MG TABLET	00003089421	\$103,028.64	USD	2377	Claims
101	ZEPBOUND 2.5MG/0.5ML INJ (4PF PENS)	00002250680	\$100,133.22	USD	1	Claims
102	TRULICITY 4.5 MG/0.5 ML PEN	00002318280	\$99,808.57	USD	2	Claims
103	Ruxience 500 MG/50ML SOLN	00069024901	\$99,734.08	USD	224	Claims
104	MPB JAYPIRCA 100MG TAB 60	00002702660	\$99,586.02	USD	6	Claims
105	Privigen 10 GM/100ML SOLN	44206043710	\$97,655.46	USD	160	Claims
106	MPB BENLYSTA SC PEN 200MG/ML 4	49401008835	\$96,918.95	USD	29	Claims
107	Botox 200 UNIT SOLR	00023392102	\$95,408.07	USD	4	Claims
108	DUPIXENT 200 MG/1.14 ML PEN	00024591902	\$95,245.85	USD	15	Claims
109	TERIPARATIDE INJ 250MCG/ML 1	47781065289	\$92,833.00	USD	25	Claims
110	immune globulin (Gammagard) IV 10% 20 g/200 mL	00944270006	\$91,936.40	USD	60	Claims
111	MPB TAVALISSE 150MG TAB 60	71332000201	\$91,402.43	USD	11	Claims
112	MOUNJARO 12.5 MG/0.5 ML PEN	00002146080	\$90,438.58	USD	6	Claims
113	MPB IMBRUVICA 140MG CAP 90S	57962014009	\$90,138.54	USD	13	Claims
114	POMALYST 3 MG CAPSULE	59572050321	\$89,061.64	USD	10	Claims
115	NUCALA INJ 100MG/ML	00173089242	\$88,510.68	USD	2	Claims
116	RINVOQ ER 30 MG TABLET	00074231030	\$88,166.23	USD	35	Claims
117	TREMFYA 100MG 1	57894064011	\$81,635.98	USD	20	Claims
118	MPB KRAZATI 200MG TAB 180	80739081218	\$78,447.08	USD	5	Claims
119	olaparib (Lynparza) 150 mg Tab	00310067912	\$78,210.90	USD	7	Claims
120	MPB KADCYLA 160MG SDV	50242008701	\$76,928.74	USD	17	Claims
121	ribociclib (Kisqali) 200 mg/day (200 mg x 1) Tab	00078086001	\$76,772.60	USD	18	Claims
122	TRULICITY 1.5 MG/0.5 ML PEN	00002143480	\$76,729.91	USD	17	Claims
123	MPB LENVIMA 10MG BPK CAP 30	62856071030	\$76,718.04	USD	7	Claims
124	SHINGRIX SDV 50MCG 0.5ML 10	58160082311	\$75,681.19	USD	39	Claims
125	MPB JAKAFI 15MG TAB 60	50881001560	\$74,926.48	USD	13	Claims
126	MPB ALUNBRIG 180MG TAB 30CT	63020018030	\$73,273.87	USD	13	Claims
127	MPB ALECENSA 150MG CAP 240	50242013001	\$73,176.55	USD	6	Claims
128	ENTRESTO 24 MG-26 MG TABLET	00078065920	\$72,489.30	USD	437	Claims
129	secukinumab (Cosentyx UnoReady Pen) 300 mg/2 mL Pn	00078107068	\$71,121.33	USD	29	Claims
130	INVEGA SUSTENNA 234MG KIT	50458056401	\$71,043.83	USD	60	Claims
131	MPB MEKTOVI 15MG TAB 180	70255001002	\$70,095.64	USD	7	Claims
132	Vivitrol 380 MG SUSR	65757030001	\$69,790.54	USD	101	Claims
133	MPB BRAFTOVI 75MG CAP 90X2	70255002501	\$69,467.86	USD	8	Claims

134	MPB MEKINIST 0.5MG TAB 30	00078110515	\$69,328.24	USD	38	Claims
135	DUPIXENT 200 MG/1.14 ML SYRING	00024591801	\$69,140.60	USD	13	Claims
136	MPB LAZCLUZE 240MG TAB 30	57894024030	\$68,986.01	USD	5	Claims
137	MPB POLIVY 140MG SDV	50242010501	\$68,654.59	USD	5	Claims
138	MPB LENVIMA 8MG BPK CAP 60	62856070830	\$66,005.92	USD	6	Claims
139	MPB REBLOZYL 25MG SDV	59572071101	\$65,831.69	USD	22	Claims
140	MPB LENVIMA 20MG BPK CAP 60	62856072030	\$64,449.09	USD	5	Claims
141	MPB SOLIRIS 10MG/ML30ML SDV DS	25682000101	\$63,379.03	USD	13	Claims
142	MPB ESBRIET 801MG TAB 90	50242012301	\$62,538.08	USD	8	Claims
143	MPB OJJAARA 200MG TAB 30	81864010130	\$62,120.57	USD	3	Claims
144	tremelimumab-actl 300 mg in sodium chloride 0.9 % 10C	00310453530	\$60,842.00	USD	2	Claims
145	capmatinib 150 mg Tab	00078070956	\$60,774.23	USD	6	Claims
146	MPB STIVARGA 40MG TAB 21 CT4	50419017106	\$59,914.88	USD	8	Claims
147	ZEPBOUND 7.5MG/0.5MLX4PEND AM	00002248480	\$58,864.40	USD	74	Claims
148	INLYTA TAB 5MG	00069015111	\$58,027.99	USD	8	Claims
149	BENDEKA MDV 100MG 4ML	63459034804	\$57,919.66	USD	75	Claims
150	BOSULIF 100 MG TABLET	00069013501	\$57,324.41	USD	14	Claims
151	octreotide LAR 20 mg PWDI	00078081881	\$56,665.27	USD	78	Claims
152	MPB INREBIC 100MG CAP 120	59572072012	\$55,910.84	USD	3	Claims
153	siponimod (Mayzent) 2 mg Tab	00078098615	\$55,654.31	USD	9	Claims
154	nivolumab 40 mg/4 mL INJ	00003377211	\$54,644.18	USD	24	Claims
155	BASAGLAR KWIKPEN 3ML 5	00002771559	\$54,287.20	USD	240	Claims
156	MPB ORGOVYX 120MG TAB 30	72974012001	\$52,991.22	USD	28	Claims
157	WEGOVY 2.4 MG/0.75 ML PEN	00169452414	\$51,602.85	USD	86	Claims
158	HyperRAB 1500 UNIT/5ML SOLN	13533031805	\$51,455.68	USD	30	Claims
159	MPB MONJUVI 200MG SDV	50881001303	\$51,328.50	USD	50	Claims
160	BREZTRI AEROSPHERE INHALER	00310461612	\$51,036.19	USD	235	Claims
161	MPB OCREVUS 300MG/10ML SDV	50242015001	\$50,978.22	USD	4	Claims
162	MPB OCTAGAM 10% 20GM/200ML	68982085004	\$49,454.95	USD	38	Claims
163	MPB PHESGO 1200MG/10ML SDV KIT	50242026001	\$49,387.50	USD	10	Claims
164	TYENNE AUTO INJ 162MG/0.9ML 1	65219058401	\$49,093.88	USD	120	Claims
165	ZEPBOUND 10 MG/0.5 ML PEN	00002247180	\$48,801.95	USD	7	Claims
166	MPB KADCYLA 100MG SDV	50242008801	\$48,089.31	USD	17	Claims
167	Durolane 60 MG/3ML PRSY	89130202001	\$48,005.86	USD	41	Claims
168	MPB IDHIFA 100MG TAB 30	59572071030	\$46,515.58	USD	2	Claims
169	semaglutide, weight loss, (Wegovy) 0.25 mg/0.5 mL pen-	00169452514	\$45,223.35	USD	81	Claims
170	MPB ENJAYMO 1100MG/22ML SDV	55292082001	\$45,205.20	USD	30	Claims
171	MPB INQOVI 35MG/100MG TAB 5	64842072709	\$45,120.56	USD	7	Claims

172	XIFAXAN TAB 550MG 60	65649030302	\$45,001.08	USD	65	Claims
173	BOTOX 100 UNIT VIAL	00023114501	\$44,857.60	USD	86	Claims
174	BOSULIF 500 MG TABLET	00069013601	\$44,825.91	USD	12	Claims
175	DOVATO TB 50/300MG 30	49702024613	\$44,139.63	USD	23	Claims
176	semaglutide, weight loss, (Wegovy) 1.7 mg/0.75 mL pen-	00169451714	\$43,158.06	USD	71	Claims
177	MPB FOTIVDA 0.89MG CAPS 21	45629008902	\$42,752.70	USD	2	Claims
178	MPB FOTIVDA 0.89MG CAPS 21	45629008901	\$42,219.70	USD	2	Claims
179	ORENCIA CLICKJECT 125 MG/ML	00003218851	\$42,076.33	USD	36	Claims
180	TNKase 50 MG KIT	50242012047	\$41,341.36	USD	40	Claims
181	TRULICITY 0.75MG/0.5ML PEN 4	00002143380	\$40,755.43	USD	112	Claims
182	COSENTYX SENSOREADY 150 MG PEN	00078063968	\$40,470.19	USD	3	Claims
183	ZEPBOUND 12.5 MG/0.5 ML PEN	00002246080	\$39,719.49	USD	3	Claims
184	ABILIFY MAINTENA ER 400MG KIT	59148024512	\$39,709.41	USD	27	Claims
185	Kcentra 500 UNIT KIT	63833038602	\$39,536.42	USD	52	Claims
186	MPB EMLICITI 300MG VIAL	00003229111	\$38,960.48	USD	23	Claims
187	ZEPBOUND 15 MG/0.5 ML PEN	00002245780	\$38,932.39	USD	6	Claims
188	STELARA PFS 45MG/0.5ML 1	57894006003	\$38,715.02	USD	10	Claims
189	olaparib (Lynparza) 100 mg Tab	00310066812	\$38,397.12	USD	3	Claims
190	semaglutide, weight loss, (Wegovy) 1 mg/0.5 mL pen-inje	00169450114	\$37,902.64	USD	71	Claims
191	Prolia 60 MG/ML SOSY	55513071021	\$37,444.18	USD	67	Claims
192	VERZENIO 200 MG TABLET	00002621654	\$37,386.50	USD	1	Claims
193	MPB ILUMYA 100MG/1ML PFS	47335017795	\$37,334.02	USD	4	Claims
194	BRILINTA 90 MG TABLET	00186077760	\$37,212.56	USD	72	Claims
195	ELIQUIS 2.5 MG TABLET	00003089321	\$37,052.13	USD	472	Claims
196	SIMLANDI 40MG/.4ML AI 2	51759040202	\$37,044.00	USD	72	Claims
197	Dapagliflozin Propanediol 10 MG TABS	66993045730	\$36,621.73	USD	230	Claims
198	NURTEC ODT 75MG 8	72618300002	\$36,607.72	USD	137	Claims
199	ADALIMUMAB-ADAZ PEN 40MG/0.4ML	61314032720	\$35,990.04	USD	66	Claims
200	MPB BRAFTOVI 75MG CAP 60X2	70255002503	\$35,935.40	USD	6	Claims
201	capivasertib (Truqap) 200 mg tablet	00310950101	\$35,310.22	USD	3	Claims
202	MPB CABOMETYX 20MG TAB 30	42388002446	\$35,064.66	USD	3	Claims
203	MPB GAMUNEX-C 10GM/100ML	13533080071	\$34,055.84	USD	52	Claims
204	Acetaminophen 10 MG/ML SOLN	63323043400	\$33,972.62	USD	10589	Claims
205	MPB BENLYSTA SC PFS 200MG/ML 4	49401008847	\$33,343.91	USD	10	Claims
206	Ruxience 100 MG/10ML SOLN	00069023801	\$33,118.08	USD	170	Claims
207	KEVZARA PFS 200MG/1.14 ML 2	00024591001	\$32,166.93	USD	17	Claims
208	semaglutide (Rybelsus) 14 mg Tab	00169431430	\$31,521.91	USD	56	Claims
209	Retacrit 40000 UNIT/ML SOLN	00069130904	\$30,873.76	USD	160	Claims

210	durvalumab (Imfinzi) 860 mg in sodium chloride 0.9 % 25	00310450012	\$30,287.32	USD	20	Claims
211	eltrombopag olamine (Promacta) 50 mg tablet	00078068615	\$30,287.32	USD	19	Claims
212	HyperRAB 300 UNIT/ML SOLN	13533031801	\$29,908.80	USD	39	Claims
213	MPB KYPROLIS 30MG INJ PWD	76075010201	\$29,558.77	USD	34	Claims
214	ENBREL MINI PF CART 50MG/ML 4	58406004404	\$29,331.31	USD	301	Claims
215	MPB JAKAFI 25MG TAB 60	50881002560	\$29,049.16	USD	5	Claims
216	risankizumab-rzaa (Skyrizi) 150 mg/mL Syrg	00074105001	\$28,799.24	USD	2	Claims
217	semaglutide, weight loss, (Wegovy) 0.5 mg/0.5 mL pen-ir	00169450514	\$28,727.42	USD	51	Claims
218	MPB BAVENCIO 200MG/10ML SDV	44087353501	\$27,909.00	USD	20	Claims
219	MPB XOLAIR 300MG/2ML AUTO INJ	50242022755	\$27,716.39	USD	15	Claims
220	octreotide LAR 30 mg PWDI	00078082581	\$27,694.33	USD	19	Claims
221	inclisiran (Leqvio) 284 mg/1.5 mL Syrg	00078100060	\$27,611.19	USD	12	Claims
222	VUMERITY 231 MG CAP	64406002003	\$27,114.78	USD	10	Claims
223	MPB APRETUDE 600MG/3ML KIT	49702026423	\$27,025.74	USD	9	Claims
224	INCRUSE ELLIPTA 62.5 MCG INH	00173087310	\$27,020.82	USD	228	Claims
225	RYBELSUS 7 MG TABLET	00169430730	\$26,870.76	USD	46	Claims
226	niraparib (Zejula) 200 mg Tab	00173091213	\$26,837.74	USD	2	Claims
227	POMALYST 2 MG CAPSULE	59572050221	\$26,722.29	USD	2	Claims
228	REVLIMID 10 MG CAPSULE	59572041028	\$25,789.86	USD	21	Claims
229	MPB CYRAMZA 500MG/50ML SDV	00002767801	\$25,640.12	USD	5	Claims
230	PAXLOVID NEW 300/100MG T STANDARD	00069532130	\$25,508.11	USD	24	Claims
231	RabAvert SUSR	50632001001	\$25,457.77	USD	63	Claims
232	DEFERIPRONE TB 500MGTARO100@=@	51672419601	\$25,114.83	USD	11	Claims
233	MPB NERLYNX 40MG TAB 180	70437024018	\$24,551.76	USD	3	Claims
234	MPB DARZALEX 400MG/20ML SDV	57894050520	\$24,527.81	USD	14	Claims
235	OLUMIANT TAB 2MG 30	00002418230	\$24,451.97	USD	14	Claims
236	Santyl 250 UNIT/GM OINT	50484001030	\$24,266.10	USD	41	Claims
237	DASATINIB TB 100MG APX 30@	60505363103	\$24,255.35	USD	15	Claims
238	MPB NERLYNX 40MG TB 133	70437024033	\$24,044.36	USD	4	Claims
239	ADBRY AUTOINJ 300MG/2ML 2PK	50222035002	\$23,841.51	USD	11	Claims
240	OPZELURA CRM 1.5% 60GM	50881000705	\$23,568.01	USD	21	Claims
241	rittlecitinib (Litfulo) 50 mg cap	00069033428	\$23,548.58	USD	10	Claims
242	MPB CABOMETYX 40MG TAB 30	42388002546	\$23,252.10	USD	2	Claims
243	GILENYA 0.5 MG CAPSULE	00078060715	\$22,988.96	USD	1	Claims
244	HIZENTRA 10 GRAM/50 ML SYRINGE	44206045525	\$22,684.98	USD	40	Claims
245	MPB NPLATE 250MCG/0.5ML SDV	55513022101	\$22,406.76	USD	24	Claims
246	Neulasta Onpro 6 MG/0.6ML SOSY	55513019201	\$22,181.58	USD	89	Claims
247	INVEGA SUSTENNA 156MG KIT	50458056301	\$22,010.18	USD	28	Claims

248	ERBITUX VL 2MG/ML 50ML	66733094823	\$21,918.33	USD	42	Claims
249	MVASI SDV 400MG/16ML 1	55513020701	\$21,811.09	USD	31	Claims
250	Exparel 1.3 % SUSP	65250013309	\$21,434.43	USD	156	Claims
251	ABILIFY MAINTENA PF SYR 400MG	59148007280	\$21,403.39	USD	16	Claims
252	MPB ADCETRIS 50MG VL LY DS	51144005001	\$21,236.90	USD	6	Claims
253	MPB NPLATE 125MCG/0.25ML SDV	55513022301	\$21,157.01	USD	25	Claims
254	momelotinib 150 mg Tab	81864010230	\$20,974.86	USD	2	Claims
255	MPB GAMUNEX-C 40GM/400ML	13533080040	\$20,957.62	USD	8	Claims
256	QULIPTA TAB 60MG	00074709430	\$20,742.41	USD	62	Claims
257	COMBIVENT RESPIMAT 20-100 MCG	00597002402	\$20,675.81	USD	32	Claims
258	Tivicay 50 MG TABS	49702022813	\$20,187.12	USD	44	Claims
259	TNKase 50 MG KIT	50242017601	\$19,982.29	USD	17	Claims
260	Symbicort 160-4.5 MCG/ACT AERO	00186037028	\$19,783.47	USD	623	Claims
261	STIOLTO RESPIMAT INHALER (60)	00597015561	\$19,497.56	USD	134	Claims
262	BREO ELLIPTA 100-25 MCG INHALR	00173085910	\$19,314.22	USD	214	Claims
263	Veklury 100 MG SOLR	61958290102	\$19,308.00	USD	1	Claims
264	MPB IBRANCE 100MG CAP 21	00069018821	\$18,837.72	USD	2	Claims
265	ENTRESTO 49 MG-51 MG TABLET	00078077720	\$18,827.95	USD	141	Claims
266	MPB KYPROLIS 10MG INJ PWD	76075010301	\$18,102.34	USD	55	Claims
267	STEQEYMA PFS 90MG/ML 1	72606002801	\$18,066.24	USD	16	Claims
268	EPINEPHRINE 0.3 MG AUTO-INJECT	00093598627	\$17,995.59	USD	193	Claims
269	capivasertib (Truqap) 160 mg Tab	00310950002	\$17,903.54	USD	1	Claims
270	MPB JAKAFI 5MG TAB 60	50881000560	\$17,583.60	USD	3	Claims
271	UBRELVY 100MG TABLETS	00023650110	\$17,383.27	USD	2	Claims
272	Entresto 97-103 MG TABS	00078069620	\$17,208.00	USD	73	Claims
273	EMGALITY INJ PEN 120MG/ML 1	00002143611	\$16,740.44	USD	34	Claims
274	ABRAXANE SDV 100MG	68817013450	\$16,692.96	USD	20	Claims
275	VRAYLAR CAP 1.5MG 30	61874011530	\$16,176.21	USD	21	Claims
276	BREO ELLIPTA 200-25 MCG INHALR	00173088210	\$16,169.19	USD	180	Claims
277	ABILIFY MAINTENA 400MG KIT	59148001971	\$15,548.74	USD	13	Claims
278	Zerbaxa 1.5 (1-0.5) GM SOLR	67919003001	\$15,272.11	USD	12	Claims
279	Rexulti 1 MG TABS	59148003713	\$15,260.53	USD	26	Claims
280	BUDESONIDE/FORM 160/4.5MCG(120 INH)	00310737020	\$15,060.51	USD	163	Claims
281	TOUJEO MAX SOLOSTR 300 UNIT/ML	00024587102	\$14,986.82	USD	14	Claims
282	GAMUNEX-C 20 GRAM/200 ML VIAL	13533080024	\$14,740.04	USD	27	Claims
283	Diprivan 200 MG/20ML EMUL	63323026929	\$14,634.45	USD	13759	Claims
284	MPB PHS NEULASTA 6MG/0.6ML PFS	55513019001	\$14,595.41	USD	34	Claims
285	SIVEXTRO TAB 200MG 30	67919004104	\$14,261.32	USD	2	Claims

286	BELRAPZO INJ 100MG/4ML	42367052125	\$14,216.67	USD	31	Claims
287	Rexulti 0.5 MG TABS	59148003613	\$14,104.88	USD	18	Claims
288	TYMLOS 80 MCG DOSE PEN INJECTR	70539000102	\$14,064.42	USD	75	Claims
289	Dapagliflozin Propanediol 5 MG TABS	66993045630	\$14,044.19	USD	82	Claims
290	EMGALITY INJ PFS 120MG 1	00002237711	\$13,758.92	USD	28	Claims
291	MPB LEUKINE 250MCG PWD SDV 5	71837584305	\$13,434.60	USD	24	Claims
292	INVEGA TRINZA PFS 546MG 1	50458060801	\$13,414.18	USD	4	Claims
293	DESCOVY 200MG/25MG TABLETS	61958200201	\$13,203.41	USD	31	Claims
294	BIKTARVY 30-120-15 MG TABLET	61958250501	\$13,203.41	USD	1	Claims
295	VRAYLAR CAP 3MG 30	61874013030	\$13,003.26	USD	17	Claims
296	Venofer 20 MG/ML SOLN	00517234010	\$12,929.08	USD	247	Claims
297	GLATOPA 40 MG/ML SYRINGE	00781325089	\$12,904.71	USD	27	Claims
298	TRESIBA FLEXTOUCH 100 UNIT/ML	00169266015	\$12,777.63	USD	99	Claims
299	Privigen 5 GM/50ML SOLN	44206043605	\$12,458.15	USD	43	Claims
300	TYENNE AUTO INJ 162MG/0.9ML 1	65219059601	\$12,390.60	USD	30	Claims
301	AUSTEDO XR 30 MG TABLET	68546047356	\$12,353.86	USD	3	Claims
302	eltrombopag olamine (PROMACTA) 75 mg Tab	00078068715	\$12,225.88	USD	5	Claims
303	PREZCOBIX TAB 800MG 30	59676057530	\$12,177.30	USD	10	Claims
304	MVASI SDV 100MG/4ML 1	55513020601	\$11,639.85	USD	92	Claims
305	Rexulti 2 MG TABS	59148003813	\$11,582.13	USD	17	Claims
306	NovoLOG 100 UNIT/ML SOLN	00169750111	\$11,479.76	USD	75	Claims
307	adalimumab-adbm (Cyltezo,CF, Pen) 40 mg/0.8 mL PnKl	00597037597	\$11,159.72	USD	13	Claims
308	GENVOYA TAB 30	61958190101	\$11,145.92	USD	5	Claims
309	Exparel 1.3 % SUSP	65250026609	\$10,998.39	USD	48	Claims
310	KERENDIA TB 10MG 30	50419054001	\$10,930.24	USD	29	Claims
311	REVLIMID 5 MG CAPSULE	59572040528	\$10,588.67	USD	13	Claims
312	GEMTESA TB 75MG 30	73336007530	\$10,501.54	USD	56	Claims
313	ZOLADEX PF SYR 3.6MG SNGL DS	70720095036	\$10,415.29	USD	13	Claims
314	MPB XOLAIR 150MG/ML AUTO INJ	50242021555	\$10,356.21	USD	12	Claims
315	LANTUS SOLOSTAR 100 UNIT/ML	00088221905	\$10,335.03	USD	586	Claims
316	glatiramer 40 mg/mL Syrg	00378696112	\$10,302.25	USD	14	Claims
317	ABILIFY MAINTENA ER 300MG KIT	59148023212	\$10,111.68	USD	7	Claims
318	MPB AUSTEDO 9MG TAB 60	68546017160	\$10,040.76	USD	3	Claims
319	Caplyta 42 MG CAPS	72060014240	\$9,948.89	USD	12	Claims
320	PAXLOVID STANDARD DOSE 300/100MG T	00069504530	\$9,608.60	USD	11	Claims
321	Provocholine KIT	64281011006	\$9,490.61	USD	75	Claims
322	Dificid 200 MG TABS	52015008001	\$9,483.82	USD	13	Claims
323	AlbuRx 25 % SOLN	44206025110	\$9,345.45	USD	157	Claims

324	ferric carboxymaltose 750 mg/15 mL INJ	00517065001	\$9,193.32	USD	25	Claims
325	insulin aspart (NovoLOG Flexpen U-100 Insulin) 100 unit	00169633910	\$9,136.01	USD	134	Claims
326	YUPELRI INHAL SOL175MCG/3ML 30	49502080693	\$9,110.93	USD	32	Claims
327	SOFOS/VELPA TB 400MG/100MG 28	72626270101	\$9,033.63	USD	2	Claims
328	Glucagon HCl (Diagnostic) 1 MG SOLR	63323059303	\$8,840.87	USD	81	Claims
329	MPB RITUXAN 500MG/50ML SDV	50242005306	\$8,833.99	USD	4	Claims
330	Acetaminophen 10 MG/ML SOLN	24201010024	\$8,507.32	USD	2544	Claims
331	AIMOVIG INJ 140MG/ML	55513084301	\$8,428.38	USD	68	Claims
332	MPB EVENITY 105MG/1.17ML PFS 2	55513099802	\$8,334.87	USD	5	Claims
333	diazePAM 5 MG/ML SOLN	00409127332	\$8,131.07	USD	1315	Claims
334	VEOZAH TAB 45MG	00469266030	\$7,925.27	USD	28	Claims
335	EPINEPHrine 1 MG/10ML SOSY	76329331801	\$7,887.32	USD	324	Claims
336	BUDESONIDE/FORM 80/4.5MCG (120 INH)	00310737220	\$7,825.80	USD	93	Claims
337	SYMBICORT 160-4.5 MCG INHALER	00186037020	\$7,722.72	USD	130	Claims
338	solriamfetoL (Sunosi) 150 mg Tab	81968035101	\$7,521.47	USD	40	Claims
339	TREMFYA PEN 200MG/2ML 2	57894065104	\$7,507.70	USD	1	Claims
340	TRUXIMA SDV 500MG/50ML 1	63459010450	\$7,476.63	USD	7	Claims
341	TYENNE PFS 162MG/0.9ML 1	65219058604	\$7,355.54	USD	18	Claims
342	ZORYVE CRM 0.3% 60GM	80610013060	\$7,330.84	USD	13	Claims
343	AJOVY AUTOINJECT 225MG/1.5ML 1	51759020210	\$7,191.78	USD	42	Claims
344	QULIPTA 30MG TABLETS	00074709630	\$7,185.34	USD	20	Claims
345	Retacrit 10000 UNIT/ML SOLN	00069130810	\$7,101.84	USD	87	Claims
346	VASCEPA CAP 1GM	52937000120	\$7,076.80	USD	16	Claims
347	SUBLOCADE 100 MG/0.5 ML SYRING	12496010001	\$7,006.67	USD	2	Claims
348	CINVANTI INJ SDV 130MG/18ML 1	47426020101	\$6,980.75	USD	53	Claims
349	ceFAZolin Sodium 1 GM SOLR	00143992490	\$6,973.80	USD	6748	Claims
350	VRAYLAR CAP 4.5MG 30	61874014530	\$6,894.24	USD	9	Claims
351	Admelog SoloStar 100 UNIT/ML SOPN	00024592505	\$6,864.21	USD	4	Claims
352	PLAQUENIL TAB 200MG	59212056210	\$6,766.56	USD	4	Claims
353	Vancomycin HCl 2000 MG/400ML SOLN	70594004402	\$6,662.42	USD	419	Claims
354	Ventolin HFA 108 (90 Base) MCG/ACT AERS	00173068224	\$6,423.57	USD	1024	Claims
355	MPB PEMGARDA 500MG/4ML 9 DS	81960003103	\$6,350.00	USD	1	Claims
356	Sincalide 5 MCG SOLR	72266024805	\$6,336.67	USD	98	Claims
357	PHENobarbital Sodium 130 MG/ML SOLN	00641047725	\$6,281.50	USD	96	Claims
358	MYFEMBREE TB 40/1/0.5MG 28	72974041501	\$6,210.60	USD	11	Claims
359	Elitek 1.5 MG SOLR	00024515010	\$6,203.74	USD	5	Claims
360	Admelog 100 UNIT/ML SOLN	00024592605	\$6,142.50	USD	1510	Claims
361	MPB DARZALEX 100MG/5ML SDV	57894050505	\$6,127.96	USD	14	Claims

362	MPB ONIVYDE 43MG/10ML SDV	15054004301	\$6,047.44	USD	4	Claims
363	LISDEXAMF DIM CP 70MG ALV 100@	47781056801	\$6,029.76	USD	16	Claims
364	FERAHEME VIAL 510MG 17ML 1	59338077501	\$6,019.56	USD	53	Claims
365	KINEVAC VIAL 5MCG 10	00270055615	\$5,996.20	USD	5	Claims
366	Furosemide 10 MG/ML SOLN	00409610210	\$5,931.54	USD	1281	Claims
367	CIMZIA PRE FILLED SYR 2X200MG	50474071079	\$5,890.27	USD	93	Claims
368	ProvayBlue 50 MG/10ML SOLN	00517037405	\$5,827.09	USD	81	Claims
369	Liletta (52 MG) 20.1 MCG/DAY IUD	00023585801	\$5,717.59	USD	18	Claims
370	MPB XOLAIR 75MG/0.5ML AUTO INJ	50242021455	\$5,681.46	USD	13	Claims
371	PHENobarbital Sodium 130 MG/ML SOLN	54288013710	\$5,679.52	USD	42	Claims
372	COPAXONE 40MG PREF SYR 12	68546032512	\$5,630.09	USD	5	Claims
373	MPB TECENTRIQ 840MG/14ML SDV	50242091801	\$5,556.49	USD	1	Claims
374	PRALUENT 75 MG/ML PEN	61755002002	\$5,552.53	USD	161	Claims
375	INVEGA SUSTENNA 117MG KIT	50458056201	\$5,538.05	USD	9	Claims
376	MPB QUTENZA 8% 179MG PATCH 4	72512093001	\$5,457.25	USD	2	Claims
377	LUPRON DEPOT 22.5MG KT 3346-03	00074334603	\$5,353.70	USD	18	Claims
378	BIMZELX 320MG/2ML PFS KIT	50474078378	\$5,327.36	USD	1	Claims
379	upadacitinib (Rinvoq) 45 mg Tb24	00074104328	\$5,276.29	USD	1	Claims
380	GVOKE HYPOPEN 2-PACK 1MG/0.2ML	72065012112	\$5,272.83	USD	15	Claims
381	Emerphed 5 MG/ML SOLN	14789025010	\$5,200.59	USD	743	Claims
382	Ketorolac Tromethamine 30 MG/ML SOLN	63323016201	\$5,196.11	USD	5762	Claims
383	ALBUTERO SUL HFA90MCG PRAS18G@	66993001968	\$5,169.08	USD	261	Claims
384	ramucirumab 100 mg/10 mL INJ	00002766901	\$5,082.86	USD	2	Claims
385	BIKTARVY TAB 50/200/25MG 30	61958250101	\$5,024.30	USD	2	Claims
386	PRALUENT2X150MG PREFILLED PENS	61755002102	\$5,020.76	USD	23	Claims
387	Acetylcysteine 200 MG/ML SOLN	55150025930	\$5,020.50	USD	117	Claims

Total Prescription Drugs individually under \$5,000

\$2,341,457.11

USD

257,621

Claims

**Total Costs of Prescription Drugs Obtained Through
340B Program Claimed for Reimbursement**

\$44,095,350.32

332510

Mandated by
RIGL § 5-19.3-6



State of Rhode Island

Schedule H

340B Drug Pricing Program - Covered Entity Reporting

Schedule H - 340B Program Savings Usage by Covered Entity to Benefit Patients and/or its Community Through Programs, Projects, and/or Services.

Covered Entity Name:

Kent County Memorial Hospital

Reporting for Calendar Year:

2025

Instruction: List all programs, projects, and/or services provided by the Covered Entity through 340B Program savings that benefited patients and/or its community. Detail individual programs, projects, and/or services provided and the related costs incurred by the covered entity. Individually list programs, projects, and services with costs of \$5,000 or more. Aggregate all other programs, projects, and services where costs totaled less than \$5,000.

<u>Line No.</u>	<u>340B Net Revenue Usage Description</u>	<u>Amount/Value</u>	<u>Unit</u>
1	Health Services Expansion		USD
2	Community and Public Health Programs	136,581.00	USD
3	Improving Patient Access	25,636,375.00	USD
4	Facility Upgrades		USD
5	Technology Upgrades		USD
6	Subsidize Losses - Medicaid and Medicare Program Underpayments	11,347,087.00	USD
7	Research and Innovation		USD
8	Community Programs	98,310.00	USD
9	Charity Care/Uncompensated Care	5,534,589.00	USD
10	Other		USD
	Other programs, projects, and services where costs totaled less than \$5,000.		USD
	Total Aggregate Costs of Programs, Projects, and/or Services Supported by 340B Net Revenue	<u>42,752,942.00</u>	

Mandated by RIGL § 5-19.3-6.



State of Rhode Island
 340B Drug Pricing Program - Covered Entity Reporting
 Schedule I - Covered Entity Certification Page

Schedule I

Covered Entity Name:
 Reporting for Calendar Year:

Kent County Memorial Hospital

2025

Line No.	Covered Entity Certification	YES	NO	If Yes, explain any noncompliance noted.
1	During the reporting period, did the covered entity conduct a self-audit of their participation in the 340B Program as required by the Health Resources and Services Administration (HRSA)?	Yes		
2	During the reporting period, was the covered entity audited by HRSA or subject to a drug manufacturer audit approved by HRSA?		No	

I certify, to the best of my knowledge and belief, that the information reported in this reporting package is materially complete and accurate?

James M Burke

Signature

3/31/2026

Date

James Burke, VP of Finance

Name and Title

Jmburke@carene.org

Email