



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:

The Miriam Hospital Immunology Center

Covered Entity Corporate Address:

164 Summit Ave, Fain 2 Rm 238,  
Providence, RI 02906

340B ID Number(s)

STD02904

Reporting for Calendar Year:

2025

**Covered Entity Required Information**

Date of most recent recertification with the  
Health Resources and Service Administration

5/29/2025

Reporting Basis (i.e., Cash or Accrual)

Cash

**RHODE ISLAND**



**340B DRUG PRICING  
PROGRAM**



Title: Addressing and quantifying outliers and other concerns regarding data sharing requirements under S.0114

*Brown University Health has long supported the 340B program and are grateful to our legislative leaders for their commitment to protecting it. This vital program allows hospitals and health centers to care for more patients and sustain critical services. Brown Health invests 340B savings throughout our health system including into pharmacy care services that directly impact patient care to ensure that patients stay adherent to their medication therapies to improve overall health.*

Throughout the legislative process during the 2025 session, we communicated concerns around the data reporting requirements, including challenges in producing accurate data under the statutory language and the potential for misinterpretation and misuse if the data is presented without appropriate context. These concerns remain relevant as the reporting framework is implemented.

Other states have recognized these challenges and have taken steps to provide contextualized reporting. For example, Minnesota supplements submitted data with detailed summaries that explain methodology, limitations, and key considerations. Hawaii is expected to follow a similar approach, though its initial report has not yet been published. In contrast, Rhode Island's approach of publishing submitted data without additional context does not sufficiently account for the complexity of the information and may lead to misunderstandings among stakeholders and the public.

In light of these considerations, we are submitting this supplemental document to accompany our report. The intent is to highlight key areas where the data may be overstated, understated, or otherwise misaligned with standard 340B reporting practices, and to provide the necessary clarification to support accurate interpretation. The following sections outline specific methodological limitations, reporting constraints, and contextual factors relevant to each schedule.

#### Schedule A

This Schedule requires data to be reported in a manner that may be different from current reporting requirements for our grant funding.

## Schedule G

Some claims with reported reimbursement will not have associated drug expense included due to timing of drug orders, package size, and accumulation amounts being less than 1. Conversely, there may be drug expenses tied to claims from the previous calendar year that are not included in this data set due to the timing of drug orders, availability of the NDC (i.e. backorders), etc.

## Schedule H

For this Schedule, we have used details from our FY25 funding report as part of our obligations under our grant application and approval. Not all use of savings includes the pre-populated categories, which have been marked as Not Applicable, and should not be misinterpreted as not fulfilling our requirements under our grant or the 340B program.

In summary, while we have made every effort to comply with the reporting requirements under S.0114, the limitations outlined above highlight the challenges in presenting this data in a manner that is both precise and fully representative of 340B program activity. Without appropriate context, these figures risk being misunderstood or misapplied.

We respectfully encourage consideration of these factors when reviewing the submitted data and reiterate the importance of continued dialogue to ensure reporting requirements support transparency without compromising accuracy. We remain committed to compliance and to working collaboratively to improve the clarity and usefulness of future reporting.



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

Schedule A

Covered Entity Name:

The Miriam Hospital Immunology Center

Reporting for Calendar Year:

2025

Line No.	Data Element	Data Element Description	Schedule Ref	Amount	Unit
1	<b>Total Aggregated Acquisition Cost for All 340B Program Drugs</b>	Total aggregated cost to entity for drugs purchased under 340B (actual paid, incl. fees) during the previous calendar year.	B	\$2,859,268.09	USD
2	<b>Total Aggregated Payment Amount Received for Dispensed/Administered 340B Drugs</b>	Total payments (claim reimbursements) received for 340B drugs dispensed/ administered to patients with commercial medical insurance, Medical Assistance, and/or Medicare Supplemental plans.	C	\$4,783,953.08	USD
3	<b>Total Aggregated Payments to Contract Pharmacies for 340B Program Prescription Drugs</b>	Total payments made to contract pharmacies for dispensing 340B drugs.	D	\$590,314.48	USD
4	<b>Total Aggregated Payments to Outside Entities (Vendors) for 340B Program Management, Administration, or Facilitation</b>	Total payments to vendors managing, administering, or facilitating any aspect of the 340B covered entity's drug program.	E	\$61,397.88	USD
5	<b>Total Aggregated Administrative Expenses for 340B Program</b>	Total covered entity expenses for staffing, operations, and administration related to the 340B program.	F	\$61,512.80	USD
6	<b>Net 340B Revenue Calculation (Auto-Calculated)</b>	Payments Received (Line 2) - (Acquisition Costs (Line 1) + Administration Expenses (Lines 3, 4 & 5))		\$1,211,459.83	USD



State of Rhode Island  
 340B Drug Pricing Program - Covered Entity Reporting  
 Schedule B - Acquisition Cost Detail Schedule

Schedule B

Covered Entity Name:

The Miriam Hospital  
 Immunology Center

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	Cardinal	\$ 64,057.44	USD
2	Cencora	\$ 2,480,083.82	USD
3	McKesson	\$ 315,126.83	USD
4			USD
5			USD
6			USD
7			USD
8			USD
9			USD
10			USD
	<b>Total for vendors under \$5,000</b>		USD
	<b>Total Aggregated Acquisition Cost for all 340B Program Drugs - (Supports Schedule A, Line 1)</b>	\$ 2,859,268.09	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:

The Miriam Hospital  
Immunology Center

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	\$ 2,826,980.52	USD	1398	Claims
2	Medical Assistance (i.e., Medicaid)	\$ 618,514.05	USD	391	Claims
3	Medicare	\$ 1,270,540.56	USD	574	Claims
4	Other Sources	\$ 67,917.95	USD	33	Claims
<b>Total Aggregated Payment Amount Received for Dispensed/Administered 340B Drugs (Supports Schedule A - Line 2)</b>		<b>\$ 4,783,953.08</b>		<b>2396</b>	
		Schedule A - Line 2			



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340B Drug Pricing Program - Covered Entity Reporting  
Schedule D - Payment to Contract Pharmacy Detail Schedule

Schedule D

Covered Entity Name:

The Miriam Hospital  
Immunology Center

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	Brown University Health, LLC	\$ 494,757.37	USD
2	CVS	\$ 95,557.11	USD
3			USD
4			USD
5			USD
6			USD
7			USD
8			USD
9			USD
10			USD
	<b>Total for contract pharmacies under \$5,000</b>		
	<b>Total Aggregated Payments to Contract Pharmacies for 340B Program Prescription Drugs (Supports Schedule A - Line 3)</b>	\$ 590,314.48	

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:

The Miriam Hospital  
Immunology Center

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	Program Management	Third Party Administrators	\$ 56,397.88	USD
2	Program Compliance	340B Audit Vendor	\$ 5,000.00	USD
3				USD
4				USD
5				USD
	<b>Total Vendor Categories individually under \$5,000</b>		<hr/>	
	<b>Total Aggregated Payments to Outside Entities (Vendors) for 340B Program Management, Administration, or Facilitation (Supports Schedule A - Line 4)</b>		<u>\$ 61,397.88</u>	
			Schedule A - Line 4	



State of Rhode Island  
 340B Drug Pricing Program - Covered Entity Reporting  
 Schedule F - Administrative Expenses for 340B Program

Schedule F

Covered Entity Name:

The Miriam Hospital  
 Immunology Center

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	Salary	\$ 61,512.80	USD
2			USD
3			USD
4			USD
5			USD
6			USD
7			USD
8			USD
9			USD
10			USD
	<b>Total for expense categories individually under \$5,000</b>		
	<b>Total Aggregated Administrative Expenses for 340B Program</b>	<b>\$ 61,512.80</b>	

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:

The Miriam Hospital Immunology Center

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		Amount	Unit	Count	Unit
		Number					
1	MAVYRET 100/40 MG TAB 84	00074262528		\$ 187,047.21	USD	22	Claims
2	TIVICAY 50 MG TAB 30	49702022813		\$ 11,171.42	USD	6	Claims
3	CABENUVA 600-900 MG SUS KIT	49702024015		\$ 5,044.77	USD	0	Claims
4	DOVATO 50MG-300MG TAB 30	49702024613		\$ 10,078.38	USD	4	Claims
5	APRETUDE 600 MG KIT	49702026423		\$ 1,285,350.78	USD	419	Claims
6	HARVONI 90MG/400MG TAB 28	61958180101		\$ 6,485.78	USD	1	Claims
7	DESCOVY 200-25 MG TAB 30	61958200201		\$ 1,055,345.28	USD	994	Claims
8	DESCOVY 200MG-25MG TAB 30 UD	61958200202		\$ 8,762.95	USD	5	Claims
9	EPCLUSA 400/100 MG TAB 28	61958220101		\$ 47,134.64	USD	9	Claims
10	BIKTARVY 50MG/200MG/25MG TAB 30	61958250101		\$ 24,266.40	USD	5	Claims
11	YEZTUGO 300 MG TAB 4	61958340101		\$ 19,841.58	USD	11	Claims
12	YEZTUGO 463.5 MG SDV 2X1.5 ML	61958340201		\$ 119,049.70	USD	11	Claims
13	SOFOSBUVIR VELPATASVR 400MG-100MG TAB 28	72626270101		\$ 66,655.91	USD	13	Claims
<b>Total Prescription Drugs individually under \$5,000</b>				<b>\$ 13,033.29</b>	<b>USD</b>	<b>799</b>	<b>Claims</b>
<b>Total Costs of Prescription Drugs Obtained Through 340B Program Claimed for Reimbursement</b>				<b>\$ 2,859,268.09</b>		<b>2299</b>	

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:

The Miriam Hospital  
Immunology Center

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	N/A	USD
2	Community and Public Health Programs	N/A	USD
3	Improving Patient Access	N/A	USD
4	Facility Upgrades	N/A	USD
5	Technology Upgrades	N/A	USD
6	Subsidize Losses - Medicaid and Medicare Program Underpayments	N/A	USD
7	Research and Innovation	N/A	USD
8	Community Programs	N/A	USD
9	Charity Care/Uncompensated Care	N/A	USD
10	Facility	\$ 121,763.00	USD
11	Education	\$ 7,268.08	USD
12	Uninsured patient care	\$ 356,125.27	USD
13	Salaries	\$ 419,691.07	USD
14	Other		USD
	<b>Other programs, projects, and services where costs totaled less than \$5,000.</b>		USD
	<b>Total Aggregate Costs of Programs, Projects, and/or Services Supported by 340B Net Revenue</b>	<b>\$ 904,847.42</b>	

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:

The Miriam Hospital  
 Immunology Center

Reporting for Calendar Year:

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)?	X		
2	During the reporting period, was the covered entity audited by HRSA or subject to a drug manufacturer audit approved by HRSA?		X	

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

Peter K. Markell

Peter K. Markell (Apr 1, 2026 13:10:42 EDT)

04/01/26

Signature

Date

Peter K. Markell

EVP & CFO

pmarkell@brownhealth.org

Name and Title

Email


# STD02904 Appendix A - Excel Spreadsheet Structure for 340B Annual Report Form\_Final 3.2.2026


Final Audit Report


2026-04-01


Created:	2026-03-31
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Status:	Signed
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## "STD02904 Appendix A - Excel Spreadsheet Structure for 340B Annual Report Form\_Final 3.2.2026" History


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