



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
Ryan White Care Program

Covered Entity Corporate Address:
340B ID Number(s)

164 Summit Ave, Providence, RI 02906
HV00018

Reporting for Calendar Year:

2025

Covered Entity Required Information

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

Feb-26

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.

The purpose of the Ryan White HIV/AIDS Program (RWHAP) is to provide a comprehensive coordination of HIV primary medical care, medications, and essential support services for low-income people living with HIV through grant defined service categories. This program aims to improve health outcomes by helping patients access and stay in care and remain virally suppressed, preventing HIV transmission in the community and reducing healthcare costs.

The Miriam Hospital Immunology Center's Ryan White Program, serving 80% of people living with HIV in Rhode Island, is 80% funded through 340B savings. HRSA HIV AIDS Bureau (HAB) has determined that for RWHAP recipients and subrecipients, the use of program income will be "additive," and program income must be used for the purposes for which the award was made, and may only be used for allowable costs under the award.

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. Our use of savings does not include the pre-populated categories, which have been marked as Not Applicable, and should not be interpreted as not fulfilling our requirements under our grant or the 340B program. Due to a change in financial reporting systems, data is only available through 9/30/2025. To align with our Ryan White grant, we have divided our use of savings by the below categories:

Core Medical Services: Services deemed most necessary to ensure good medical outcomes for people with HIV/AIDS (Categories included outpatient/ambulatory medical services, health insurance premium and cost sharing assistance, medical nutrition therapy, mental health services, substance use services).

Support Services: Services that improve access to Core Services and help people living with HIV comply with their medical treatment plans (Medical Transportation, food bank, emergency financial assistance, health education and risk reduction services, outreach services and housing).

Grant Administration: Required staff, technology, and activities for the program and grant administration.

Clinical Quality Management: Costs associated with developing and maintaining a clinical quality management plan, clinical quality improvement programs, and training/education for staff.

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:
 Reporting for Calendar Year:

The Miriam Hospital Ryan White Care Program
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	\$25,560,979.45	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	\$37,209,999.67	USD
3	Total Aggregated Payments to Contract Pharmacies for 340B Program Prescription Drugs	Total payments made to contract pharmacies for dispensing 340B drugs.	D	\$4,230,703.75	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	\$523,634.33	USD
5	Total Aggregated Administrative Expenses for 340B Program	Total covered entity expenses for staffing, operations, and administration related to the 340B program.	F	\$64,521.00	USD
6	Net 340B Revenue Calculation (Auto-Calculated)	Payments Received (Line 2) - (Acquisition Costs (Line 1) + Administration Expenses (Lines 3, 4 & 5))		\$6,830,161.14	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
 Ryan White Care Program

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	\$ 2,235,413.76	USD
2	Cencora	\$ 20,263,306.10	USD
3	McKesson	\$ 3,062,259.59	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)	\$ 25,560,979.45	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
Ryan White Care Program

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	\$ 13,589,214.39	USD	5984	Claims
2	Medical Assistance (i.e., Medicaid)	\$ 9,467,262.47	USD	5803	Claims
3	Medicare	\$ 13,828,876.03	USD	10369	Claims
4	Other Sources	\$ 324,646.78	USD	137	Claims
Total Aggregated Payment Amount Received for Dispensed/Administered 340B Drugs (Supports Schedule A - Line 2)		\$ 37,209,999.67		22293	
		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:

The Miriam Hospital
Ryan White Care Program

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	\$ 3,074,496.55	USD
2	CVS	\$ 1,156,207.20	USD
3			USD
4			USD
5			USD
6			USD
7			USD
8			USD
9			USD
10			USD
	Total for contract pharmacies under \$5,000	_____	
	Total Aggregated Payments to Contract Pharmacies for 340B Program Prescription Drugs (Supports Schedule A - Line 3)	\$ 4,230,703.75	

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 Ryan White Care Program

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 Administrator	\$ 511,634.33	USD
2	Program Compliance	340B Audit Vendor	\$ 12,000.00	USD
3				USD
4				USD
5				USD
6				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)		\$ 523,634.33	
			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:

The Miriam Hospital
Ryan White Care Program

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	\$ 64,521.00	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	\$ 64,521.00	

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 Ryan White Care Program

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	ELIQUIS 2.5 MG TAB 60	00003089321	\$ 6,763.39	USD	12	Claims
2	ELIQUIS 5 MG TAB 60	00003089421	\$ 29,206.51	USD	56	Claims
3	ISENTRESS 400 MG TAB 60	00006022761	\$ 17,636.04	USD	26	Claims
4	PIFELTRO 100 MG TAB 30	00006306901	\$ 160,213.45	USD	120	Claims
5	DELSTRIGO TAB 30	00006500701	\$ 20,155.11	USD	10	Claims
6	DUPIXENT SY 300MG/2ML 2 PEN	00024591502	\$ 17,993.55	USD	7	Claims
7	MAVYRET 100/40 MG TAB 84	00074262528	\$ 34,095.60	USD	4	Claims
8	OZEMPIC 1MG/0.75ML PFP 3 ML	00169413013	\$ 13,720.00	USD	32	Claims
9	OZEMPIC 0.25/0.5 MG PFP 3 ML	00169418113	\$ 16,881.02	USD	48	Claims
10	WEGOVY 1.7 MG PFP 4X0.75 ML	00169451714	\$ 5,424.87	USD	10	Claims
11	WEGOVY 2.4 MG PFP 4X0.75 ML	00169452414	\$ 19,162.27	USD	34	Claims
12	OZEMPIC 2MG/0.75ML PFP 3 ML	00169477212	\$ 24,012.61	USD	79	Claims
13	TRELEGY ELLIPTA 200-62.5-25 MCG PWD 60	00173089310	\$ 14,262.92	USD	56	Claims
14	CRESEMBA 186 MG CAP 14 UD	00469052002	\$ 23,189.48	USD	11	Claims
15	BUPRENORPHINE 20 MCG-HR PAT 4	42858083940	\$ 5,248.32	USD	67	Claims
16	TIVICAY 50 MG TAB 30	49702022813	\$ 438,217.32	USD	316	Claims
17	TRIUMEQ TAB 30	49702023113	\$ 602,789.06	USD	292	Claims
18	CABENUVA 600-900 MG SUS KIT	49702024015	\$ 3,832,637.65	USD	739	Claims
19	JULUCA 50MG/25MG TAB 30	49702024213	\$ 599,268.18	USD	239	Claims
20	DOVATO 50MG-300MG TAB 30	49702024613	\$ 2,088,315.21	USD	923	Claims



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
Ryan White Care Program

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	Core Medical Services	\$ 1,352,289.94	USD
11	Support Services	\$ 816,686.54	USD
12	Grant Administration	\$ 571,066.41	USD
13	Clinical Quality Management	\$ 150,575.79	USD
14	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	\$ 2,890,618.68	

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
 Ryan White Care Program

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 13:26:03 EDT)

04/01/26

Signature

Date

Peter K. Markell

EVP & CFO

pmarkell@brownhealth.org

Name and Title

Email


HV00018 Appendix A - Excel Spreadsheet Structure for 340B Annual Report Form_Final 3.2.2026


Final Audit Report


2026-04-01


Created:	2026-03-31
By:	Barbara Dominguez (bdominguez@brownhealth.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAZ7Fmssniolp5yWwxRQyyqNU2q_13KHxU


"HV00018 Appendix A - Excel Spreadsheet Structure for 340B Annual Report Form_Final 3.2.2026" History


 Document created by Barbara Dominguez (bdominguez@brownhealth.org)
2026-03-31 - 6:31:14 PM GMT

 Document emailed to pmarkell@brownhealth.org for signature
2026-03-31 - 6:31:20 PM GMT

 Email viewed by pmarkell@brownhealth.org
2026-04-01 - 5:24:46 PM GMT

 Signer pmarkell@brownhealth.org entered name at signing as Peter K. Markell
2026-04-01 - 5:26:01 PM GMT

 Document e-signed by Peter K. Markell (pmarkell@brownhealth.org)
Signature Date: 2026-04-01 - 5:26:03 PM GMT - Time Source: server

 Agreement completed.
2026-04-01 - 5:26:03 PM GMT