



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 Providence Community Health Centers, Inc
Covered Entity Corporate Address:	375 Allens Avenue, Providence RI 02905
340B ID Number(s)	CH010580
Reporting for Calendar Year:	2025

**Covered Entity Required Information**

Date of most recent recertification with the Health Resources and Service Administration	2/2/2025
Reporting Basis (i.e., Cash or Accrual)	Accrual - Using 2025 Fill Dates

**RHODE ISLAND**



**340B DRUG PRICING  
PROGRAM**



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

Schedule A

Covered Entity Name: The Providence Community Health Centers, Inc.  
 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	\$ 8,143,697.89	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	\$ 21,865,013.46	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	\$ 1,896,747.87	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	\$ 2,519,143.47	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	\$ 335,386.00	USD
6	<b>Net 340B Revenue Calculation (Auto-Calculated)</b>	Payments Received (Line 2) - (Acquisition Costs (Line 1) + Administration Expenses (Lines 3, 4 & 5))		\$8,970,038.23	USD



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

Schedule B

Covered Entity Name:

The Providence Community Health Center, Inc.

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	Amerisource	\$ 2,808,150.92	USD
2	Cardinal	\$ 2,580,893.40	USD
3	McKesson	\$ 2,754,653.57	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>	\$ 8,143,697.89	USD
		Schedule A - Line 1	



State of Rhode Island  
 340B Drug Pricing Program - Covered Entity Reporting  
 Schedule C - Claim Reimbursements For 340B  
 Dispensed / Administered Drugs

Schedule C

Covered Entity Name: The Providence Community Health Centers, Inc  
 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	\$ 7,900,974.77	USD	19290	Claims
2	Medical Assistance (i.e., Medicaid)	\$ 7,170,442.39	USD	22569	Claims
3	Medicare	\$ 6,674,610.27	USD	12493	Claims
4	Other Sources	\$ 118,986.03	USD	7495	Claims
<b>Total Aggregated Payment Amount Received for Dispensed/Administered 340B Drugs (Supports Schedule A - Line 2)</b>		<u>\$ 21,865,013.46</u>		<u>61,847</u>	
		Schedule A - Line 2			



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

Schedule D

Covered Entity Name:

The Providence Community Health Centers, Inc

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	CarePlus 02293 (CVS)	\$ 342,007.96	USD
2	Walmart Pharmacy #3301	\$ 239,987.99	USD
3	Walgreens #4145	\$ 116,094.00	USD
4	CVS 04796	\$ 116,025.00	USD
5	Walgreens #15538	\$ 105,323.50	USD
6	Walgreens #3204	\$ 97,182.00	USD
7	Caremark Massachusetts Specialty Pharmacy 48036 (CVS	\$ 90,671.48	USD
8	Caremark New Jersey Specialty Pharmacy 1701 (CVS Spec	\$ 88,602.15	USD
9	Walmart Pharmacy #1873	\$ 76,666.16	USD
10	Walgreens #11147	\$ 74,037.50	USD
11	Walmart Pharmacy 2373	\$ 72,097.81	USD
12	CVS 00994	\$ 47,790.00	USD
13	CVS 00212	\$ 46,365.00	USD
14	Optum Specialty Of Indiana	\$ 45,669.84	USD
15	CVS 02417	\$ 25,560.00	USD
16	Walgreens #3703	\$ 23,150.00	USD
17	CVS 00856	\$ 22,680.00	USD
18	Genoa Healthcare-Providence RI	\$ 18,540.82	USD
19	Anthony's Pharmacy Atwood LLC	\$ 17,269.71	USD
20	Walgreens #10099	\$ 16,816.50	USD
21	Asthenis	\$ 16,395.38	USD
22	Walgreens #10256	\$ 12,470.00	USD
23	Accredo Health Group-Newark(VHUB)	\$ 11,400.00	USD
24	Walgreens #3468	\$ 10,853.50	USD
25	CVS 04096	\$ 10,065.00	USD
26	CVS 00351	\$ 10,005.00	USD
27	White Cross Pharmacy	\$ 9,698.20	USD
28	Walgreens #3737	\$ 9,563.00	USD

29	CVS 05868	\$	8,625.00	USD
30	Walgreens #3491	\$	8,526.00	USD
31	CVS 00494	\$	7,710.00	USD
32	CVS 00729	\$	7,275.00	USD
33	Caremark Illinois Specialty Pharmacy 48031 (CVS Specialt	\$	7,273.86	USD
34	ProCare Pharmacy Direct, L.L.C. 2921 - PA (CVS Specialty)	\$	6,681.85	USD
35	Optum Specialty Of New York	\$	5,850.00	USD
36	CVS 02347	\$	5,505.00	USD
37	CVS 00670	\$	5,220.00	USD

**Total for contract pharmacies under \$5,000** \$ 61,093.66

**Total Aggregated Payments to Contract Pharmacies for  
340B Program Prescription Drugs (Supports Schedule A -  
Line 3)** \$ 1,896,747.87

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 Providence Community Health Centers, Inc

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	Par8o/Cloudmed	Referral Capture	\$ 611,653.30	USD
2	Louvir	Program Optimization	\$ 30,000.00	USD
3	Walgreens	TPA	\$ 755,246.16	USD
4	CVS/Wellpartner	TPA	\$ 988,217.78	USD
5	Equiscript	TPA	\$ 117,371.44	USD
6	CaptureRx	TPA	\$ 16,654.79	USD
7				USD
8				USD
<b>Total Vendor Categories individually under \$5,000</b>				
<b>Total Aggregated Payments to Outside Entities (Vendors) for 340B Program Management, Administration, or Facilitation (Supports Schedule A - Line 4)</b>			<u>\$ 2,519,143.47</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 Providence Community Health Centers, Inc.

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 - Admin and Clerical Support	\$ 258,720.00	USD
2	Benefits	\$ 61,629.00	USD
3	Supplies - Office and Pharmaceutical	\$ 13,860.00	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>	\$ 1,177.00	
	<b>Total Aggregated Administrative Expenses for 340B Program</b>	<u>\$ 335,386.00</u>	

Schedule A - Line 5



State of Rhode Island

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.

Schedule G

Covered Entity Name:

The Providence Community Health Centers, Inc.

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	BIKTARVY 50/200/25MG TABLETS	61958250101	\$ 648,404.79	USD	231	Claims
2	OZEMPIC 0.25 OR 0.5MG DOS(2MG/3ML)	00169418113	\$ 636,465.60	USD	1,897	Claims
3	OZEMPIC 1MG PER DOSE (4MG/3ML) PFP	00169413013	\$ 438,230.08	USD	1,239	Claims
4	OZEMPIC 2MG PER DOSE (8MG/3ML) PFP	00169477212	\$ 360,640.64	USD	1,113	Claims
5	RINVOQ 15MG ER TABLETS	00074230630	\$ 273,818.39	USD	89	Claims
6	XOLAIR INJ 150MG/ML	50242021503	\$ 199,558.56	USD	96	Claims
7	SKYRIZI 150MG/ML SINGL DOSE PEN 1ML	00074210001	\$ 193,859.16	USD	17	Claims
8	BASAGLAR 100 U/ML KWIKPEN INJ 3ML	00002771559	\$ 189,229.98	USD	349	Claims
9	TREMFYA INJ 100MG/ML	57894064011	\$ 171,290.76	USD	38	Claims
10	FASENRA 30 MG/ML SYR	00310173030	\$ 169,041.94	USD	44	Claims
11	TRULICITY 0.75MG/0.5ML INJ (4 PENS)	00002143380	\$ 130,120.49	USD	295	Claims
12	RYBELSUS 14MG TABLETS	00169431430	\$ 100,896.73	USD	204	Claims
13	DOVATO 50-300MG TABLETS	49702024613	\$ 99,898.56	USD	45	Claims
14	Erleada	59676060012	\$ 98,194.08	USD	10	Claims
15	XOLAIR INJ 150MG/ML	50242021501	\$ 97,035.38	USD	57	Claims
16	FASENRA PEN INJ 30MG/ML	00310183030	\$ 96,098.63	USD	24	Claims
17	WEGOVY 2.4MG/0.75ML INJ (4 PENS)	00169452414	\$ 93,099.97	USD	157	Claims
18	PAXLOVID NEW 300/100MG T STANDARD	00069532130	\$ 91,793.24	USD	91	Claims
19	COSENTYX UNO INJ 300/2ML	00078107068	\$ 83,771.19	USD	32	Claims

20	SKYRIZI INJ 150MG/ML	00074105001	\$	79,833.55	USD	7	Claims
21	VOSEVI TABLETS	61958240101	\$	75,305.94	USD	4	Claims
22	TRELEGY ELLIPTA 100-62.5MCG INH 30P	00173088710	\$	73,000.87	USD	280	Claims
23	TRULICITY 1.5MG/0.5ML INJ (4 PENS)	00002143480	\$	71,521.15	USD	180	Claims
24	TRULICITY 3MG/0.5ML INJ (4 PENS)	00002223680	\$	70,339.10	USD	85	Claims
25	MOUNJARO 5MG/0.5ML INJ (4 PENS)	00002149580	\$	68,202.46	USD	73	Claims
26	WEGOVY 1.7MG/0.75ML INJ ( 4 PENS)	00169451714	\$	66,826.37	USD	113	Claims
27	DESCOVY 200MG/25MG TABLETS	61958200201	\$	61,907.51	USD	56	Claims
28	RINVOQ 45MG ER TABLETS	00074104328	\$	59,641.01	USD	10	Claims
29	TRELEGY ELLIPTA 200-62.5MCG INH 30P	00173089310	\$	58,560.58	USD	207	Claims
30	WEGOVY 1MG/0.5ML INJ (4 PENS)	00169450114	\$	57,281.63	USD	97	Claims
31	STELARA 90MG/ML PFS	57894006103	\$	56,317.63	USD	7	Claims
32	RYBELSUS 7MG TABLETS	00169430730	\$	55,890.93	USD	127	Claims
33	WEGOVY 0.5MG/0.5ML INJ (4 PENS)	00169450514	\$	52,479.20	USD	89	Claims
34	MOUNJARO 7.5MG/0.5ML INJ (4 PENS)	00002148480	\$	52,049.28	USD	54	Claims
35	NUCALA INJ 100MG/ML	00173089242	\$	51,361.00	USD	20	Claims
36	DAPAGLIFLOZIN 5MG TABLETS	66993045630	\$	50,756.04	USD	209	Claims
37	NURTEC 75MG ODT TABLETS	72618300002	\$	50,741.25	USD	95	Claims
38	MOUNJARO 2.5MG/0.5ML INJ ( 4 PENS)	00002150680	\$	50,229.37	USD	64	Claims
39	MAVYRET TAB 100-40MG	00074262528	\$	48,447.48	USD	5	Claims
40	WEGOVY 0.25MG/0.5ML INJ ( 4 PENS)	00169452514	\$	48,025.94	USD	84	Claims
41	TREMFYA INJ 100MG/ML	57894064001	\$	47,844.99	USD	11	Claims
42	TRULICITY 4.5MG/0.5ML INJ (4 PENS)	00002318280	\$	46,814.14	USD	51	Claims
43	GENVOYA (150/150/200/TAF10) TAB	61958190101	\$	46,642.14	USD	19	Claims
44	HUMIRA PEN 40MG/0.4ML KIT(2PENS)CF	00074055402	\$	46,414.82	USD	32	Claims
45	COSENTYX PEN INJ 300DOSE	00078063941	\$	45,616.02	USD	29	Claims
46	ENTRESTO 24-26MG TABLETS	00078065920	\$	43,830.73	USD	109	Claims
47	PAXLOVID STANDARD DOSE 300/100MG T	00069504530	\$	43,213.60	USD	40	Claims
48	Lonsurf	64842102003	\$	43,091.00	USD	4	Claims
49	ILUMYA INJ 100MG/ML	47335017795	\$	37,651.12	USD	4	Claims
50	BOTOX 200UNIT INJ, 1 VIAL	00023392102	\$	35,529.88	USD	37	Claims
51	BUDESONIDE/FORM 160/4.5MCG(120 INH)	00310737020	\$	35,400.09	USD	313	Claims
52	MOUNJARO 10MG/0.5ML INJ (4 PENS)	00002147180	\$	35,319.54	USD	34	Claims
53	ENTRESTO 49-51MG TABLETS	00078077720	\$	34,893.52	USD	80	Claims
54	BOTOX 100UNIT INJECTION	00023114501	\$	34,577.20	USD	46	Claims
55	BUDESONIDE/FORM 80/4.5MCG (120 INH)	00310737220	\$	31,771.59	USD	335	Claims
56	Erleada	59676060430	\$	30,659.52	USD	3	Claims
57	PROLIA 60MG/ML PF SYR INJ, 1ML	55513071021	\$	29,865.49	USD	36	Claims

58	JULUCA 50-25MG TABLETS	49702024213	\$	29,622.81	USD	12	Claims
59	ZEPBOUND 2.5MG/0.5ML INJ (4PF PENS)	00002250680	\$	28,297.07	USD	34	Claims
60	GAMUNEX-C INJ 20GM/200	13533080024	\$	27,872.13	USD	11	Claims
61	UBRELVY 100MG TABLETS	00023650110	\$	27,829.29	USD	65	Claims
62	XIFAXAN 550MG TABLETS	65649030302	\$	27,408.96	USD	20	Claims
63	QULIPTA 60MG TABLETS	00074709430	\$	27,134.13	USD	66	Claims
64	Lynparza	00310067912	\$	25,922.10	USD	2	Claims
65	XOLAIR INJ 300/2ML	50242022701	\$	25,553.59	USD	10	Claims
66	AUSTEDO XR TAB 12MG	68546047156	\$	25,233.77	USD	8	Claims
67	RYBELSUS 3MG TABLETS	00169430330	\$	24,446.31	USD	69	Claims
68	EPINEPHRINE 0.3MG INJ 2 PACK	00115169449	\$	24,306.82	USD	269	Claims
69	DAPAGLIFLOZIN 10MG TABLETS	66993045730	\$	23,976.53	USD	97	Claims
70	ENTRESTO 97-103MG TABLETS	00078069620	\$	23,885.04	USD	45	Claims
71	FLUTICASON E HFA 44MCG INH 120INH	66993007896	\$	23,310.73	USD	336	Claims
72	INGREZZA CAP 80MG	70370108001	\$	23,263.68	USD	6	Claims
73	TIVICAY 50MG TABLETS	49702022813	\$	22,604.87	USD	22	Claims
74	MOUNJARO 12.5MG/0.5ML INJ (4 PENS)	00002146080	\$	22,313.80	USD	22	Claims
75	MEKINIST TAB 0.5MG	00078110515	\$	20,888.47	USD	9	Claims
76	FLUTICASON E HFA 110MCG ORAL INH	66993007996	\$	20,289.61	USD	221	Claims
77	ODEFSEY (FTC200/RPV25/TAF25) TAB	61958210101	\$	20,115.66	USD	9	Claims
78	ZORYVE 0.3% TOPICAL FOAM 60GM	80610043060	\$	19,220.86	USD	32	Claims
79	BELBUCA 900MCG BUCCAL FILM	59385002760	\$	19,152.53	USD	61	Claims
80	Zarxio	61314032610	\$	19,146.75	USD	5	Claims
81	BIMZELX INJ 320MG/2	50474078284	\$	18,443.61	USD	3	Claims
82	ZEPBOUND 5MG/0.5ML INJ (4 PF PENS)	00002249580	\$	18,269.34	USD	22	Claims
83	ACTEMRA INJ 162/0.9	50242013801	\$	18,030.88	USD	8	Claims
84	INVOKANA 100MG TABLETS	50458014030	\$	18,028.20	USD	77	Claims
85	BENLYSTA INJ 200MG/ML	49401008847	\$	17,787.65	USD	5	Claims
86	VEMLIDY 25MG TABLETS	61958230101	\$	17,058.69	USD	13	Claims
87	BREO ELLIPTA 100-25MCG ORAL INH(30)	00173085910	\$	16,539.79	USD	171	Claims
88	STELARA INJ 45/0.5ML	57894006003	\$	16,501.80	USD	4	Claims
89	PREVYMIS TAB 480MG	00006307602	\$	15,706.12	USD	3	Claims
90	JARDIANCE 10MG TABLETS	00597015230	\$	15,393.41	USD	743	Claims
91	HIZENTRA INJ 10/50ML	44206045525	\$	15,175.52	USD	7	Claims
92	CAPLYTA CAP 42MG	72060014240	\$	15,110.86	USD	10	Claims
93	ZAFEMY PATCHES	65162035803	\$	14,520.29	USD	146	Claims
94	ZEPBOUND 10MG/0.5ML INJ (4 PF PENS)	00002247180	\$	14,154.21	USD	17	Claims
95	JARDIANCE 25MG TABLETS	00597015330	\$	14,140.92	USD	912	Claims

96	VRAYLAR 3MG CAPSULES	61874013030	\$	14,097.02	USD	17	Claims
97	WIXELA INHUB DISKUS 250/50MCG 60S	00378932132	\$	13,605.51	USD	292	Claims
98	VASCEPA CAP 1GM	52937000120	\$	13,445.92	USD	25	Claims
99	STEGLATRO 15MG TABLETS	00006536403	\$	13,151.21	USD	54	Claims
100	INSULIN GLARG-YFGN 100U/ML PEN INJ	83257001532	\$	12,909.52	USD	346	Claims
101	UBRELVY 50MG TABLETS	00023649810	\$	12,857.37	USD	25	Claims
102	JANUVIA 100MG TABLETS	00006027731	\$	12,608.00	USD	204	Claims
103	APRETUDE 600MG/3ML ER INJ SUSP, 3ML	49702026423	\$	12,553.06	USD	4	Claims
104	MOUNJARO 15MG/0.5ML INJ ( 4 PENS)	00002145780	\$	12,231.78	USD	13	Claims
105	QVAR REDIHALER 80MCG ORALINH (120)	59310030480	\$	11,958.64	USD	159	Claims
106	QVAR REDIHALER 40MCG ORALINH (120)	59310030240	\$	11,867.75	USD	186	Claims
107	ALBUTEROL HFA INH (200 PUFFS) 18GM	66993001968	\$	11,859.45	USD	528	Claims
108	INCRUSE ELLIPTA 62.5MCG ORAL INH 30	00173087310	\$	11,829.40	USD	138	Claims
109	XOLAIR INJ 300/2ML	50242022755	\$	11,657.98	USD	6	Claims
110	TYSABRI INJ 300/15ML	64406000801	\$	11,226.05	USD	8	Claims
111	GEMTESA 75MG TABLETS	73336007530	\$	11,093.91	USD	46	Claims
112	KERENDIA TAB 10MG	50419054001	\$	10,880.79	USD	21	Claims
113	YEZTUGO 463.5MG/1.5ML INJ, 2X1.5ML	61958340201	\$	10,849.82	USD	1	Claims
114	XOLAIR INJ 150MG/ML	50242021555	\$	10,664.08	USD	7	Claims
115	SIMLANDI 2PN 40/0.4ML AUTO-INJ KIT	51759040202	\$	10,649.08	USD	20	Claims
116	COPAXONE INJ 40MG/ML	68546032512	\$	10,571.79	USD	8	Claims
117	INVEGA SUSTENNA 234MG/1.5ML INJ	50458056401	\$	10,524.93	USD	9	Claims
118	EPCLUSA TAB 400-100	61958220101	\$	10,483.20	USD	2	Claims
119	COMBIVENT RESPIMAT ORAL 120SPRAY 4G	00597002402	\$	10,251.04	USD	46	Claims
120	ALOGLIPTIN 25MG TABLETS	45802015065	\$	10,122.89	USD	126	Claims
121	CETIRIZINE 1MG/ML ORAL SOLUTION	00121087416	\$	10,116.96	USD	566	Claims
122	HADLIMA PUSH INJ 40/0.4ML	78206018701	\$	10,097.92	USD	13	Claims
123	ZEPBOUND 7.5MG/0.5ML INJ(4PF PENS)	00002248480	\$	9,970.39	USD	12	Claims
124	EMGALITY 120MG/ML AUTO INJECTOR 1ML	00002143611	\$	9,926.88	USD	18	Claims
125	COSENTYX PEN INJ 150MG/ML	00078063968	\$	9,920.99	USD	15	Claims
126	TALTZ 80 MG/ML PEN (1=1)	00002144511	\$	9,868.29	USD	3	Claims
127	XULANE PATCHES	00378334053	\$	9,865.58	USD	65	Claims
128	VRAYLAR 1.5MG CAPSULES	61874011530	\$	9,750.38	USD	12	Claims
129	AUSTEDO XR TAB 24MG	68546047256	\$	9,576.76	USD	2	Claims
130	ADBRY INJ 300/2ML	50222035002	\$	9,536.06	USD	4	Claims
131	RINVOQ TAB 30MG ER	00074231030	\$	9,443.86	USD	3	Claims
132	VALTOCO 10MG NASAL SPR (5X10MG SPR)	72252051005	\$	8,796.38	USD	7	Claims
133	TRESIBA FLEXTOUCH PEN (U-100)INJ3ML	00169266015	\$	8,707.60	USD	90	Claims

134	OPZELURA 1.5% CREAM 60GM	50881000705	\$	8,645.85	USD	7	Claims
135	QULIPTA 30MG TABLETS	00074709630	\$	8,296.32	USD	20	Claims
136	ENBREL 50MG/ML INJ (4 SYRINGES)	58406002104	\$	8,058.12	USD	2	Claims
137	SLYND 4MG TABLETS 28S	00642747001	\$	7,863.24	USD	44	Claims
138	STEGLATRO 5MG TABLETS	00006536303	\$	7,778.05	USD	29	Claims
139	WIXELA INHUB DISKUS 500/50MCG 60S	00378932232	\$	7,707.16	USD	99	Claims
140	NUCALA INJ 100MG/ML	00173089201	\$	7,704.15	USD	3	Claims
141	FLUTIC/VILAN 200-25MCG ORAL INH(30)	66993013697	\$	7,476.71	USD	44	Claims
142	FLUTIC/VILAN 100-25MCG ORAL INH(30)	66993013597	\$	7,444.90	USD	50	Claims
143	AJOVY 225MG/1.5ML PF AUT INJ 1.5ML	51759020210	\$	7,423.58	USD	37	Claims
144	DUPIXENT 300MG/2ML PF PEN 2X2ML	00024591502	\$	7,395.69	USD	3	Claims
145	VIVITROL 380MG INJ, 1 VIAL	65757030001	\$	7,247.44	USD	10	Claims
146	ORENCIA 125MG/ML PF SYR 4X1ML	00003218811	\$	7,226.35	USD	4	Claims
147	MIRABEGRON 25MG ER TABLETS	68180015106	\$	7,203.36	USD	37	Claims
148	SPIRIVA RESPIMAT 2.5MCG INH 4GM 60D	00597010061	\$	7,090.69	USD	81	Claims
149	XCOPRI 200MG TABLETS	71699020030	\$	7,039.02	USD	3	Claims
150	HADLIMA INJ 40/0.4ML	78206018601	\$	6,942.32	USD	11	Claims
151	XOLAIR INJ 75/0.5	50242021403	\$	6,941.56	USD	8	Claims
152	VRAYLAR CAP 4.5MG	61874014530	\$	6,874.98	USD	8	Claims
153	LANTUS SOLOSTAR PEN INJ 3ML	00088221905	\$	6,728.10	USD	470	Claims
154	INVOKANA 300MG TABLETS	50458014130	\$	6,436.07	USD	32	Claims
155	AJOVY 225MG/1.5ML PF SYR 1.5ML	51759020410	\$	6,430.35	USD	32	Claims
156	NOVOLOG FLEXPEN INJ 3ML (ORANGE)	00169633910	\$	6,264.55	USD	80	Claims
157	STEQEYMA 90 MG/ML SYR 1=1	72606002801	\$	6,192.63	USD	5	Claims
158	ARNUITY ELLIPTA 100MCG ORAL INH 30	00173087410	\$	6,140.89	USD	125	Claims
159	AUSTEDO TAB 6MG	68546017060	\$	6,101.95	USD	2	Claims
160	LOKELMA 10GM PACKETS	00310111030	\$	6,046.92	USD	14	Claims
161	WIXELA INHUB DISKUS 100/50MCG 60S	00378932032	\$	6,035.91	USD	185	Claims
162	FLUTICASONE HFA 220MCG ORAL INH	66993008096	\$	5,920.76	USD	42	Claims
163	LIRAGLUTIDE 18MG/3ML INJ PEN (3PK)	00480366722	\$	5,900.80	USD	27	Claims
164	BREYNA 80/4.5MCG ORAL INH (120 INH)	00378750232	\$	5,802.39	USD	46	Claims
165	ELIQUIS 5MG TABLETS	00003089421	\$	5,757.25	USD	216	Claims
166	TRADJENTA 5MG TABLETS	00597014030	\$	5,562.13	USD	171	Claims
167	BIKTARVY TAB	61958250103	\$	5,562.12	USD	2	Claims
168	VENTOLIN HFA INH W/DOS CTR 200PUFFS	00173068220	\$	5,284.57	USD	321	Claims
169	OTEZLA 28 DAY STARTER PACK	55513036955	\$	5,259.32	USD	2	Claims
170	ZORYVE 0.15% CREAM 60GM	80610011560	\$	5,258.79	USD	9	Claims
171	LEVALBUTEROL HFA INH (200PF) 15GM	00591292754	\$	5,158.93	USD	175	Claims

172	VALTOCO 15MG NAS SP(10X7.5MG)5 DOSE	72252051510	\$	5,038.15	USD	4	Claims
	<b>Total Prescription Drugs individually under \$5,000</b>		\$	568,968.95	USD	43,637	Claims

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

<u>\$ 8,143,697.89</u>	<u>61,847</u>
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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 Providence Community Health Centers, Inc.

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		USD
3	Improving Patient Access		USD
4	Facility Upgrades		USD
5	Technology Upgrades	\$ 2,394,528.71	USD
6	Subsidize Losses - Medicaid and Medicare Program		USD
	Underpayments	\$ 6,575,509.52	USD
7	Research and Innovation		USD
8	Community Programs		USD
9	Charity Care/Uncompensated Care		USD
10	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>\$ 8,970,038.23</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:  
Reporting for Calendar Year:

The Providence Community Health Centers, Inc.

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?

DocuSigned by:  
*Merrill Thomas*  
CF71D177962B493...

Signature

03/31/2026

Date

Merrill Thomas

CEO

MThomas@providencechc.org

Name and Title

Email