



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:	Thundermist Health Center
Covered Entity Corporate Address:	25 John A Cummings Way, Woonsocket RI 02895
340B ID Number(s)	CH011820, CH01182C, CH01182J, CH01182N, CH01182P, CH01182Q, CH01182R, CH01182S, CH01182U, CH01182V, CH01182W, FP028951
Reporting for Calendar Year:	2025

**Covered Entity Required Information**

Date of most recent recertification with the Health Resources and Service Administration	02/10/2026 (CH IDs), 5/9/2025 (FP IDs)
Reporting Basis (i.e., Cash or Accrual)	Accrual

**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: **Thundermist Health 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>B</b>	\$ 15,048,214.13	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.	<b>C</b>	\$ 35,646,243.90	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.	<b>D</b>	\$ 6,115,892.71	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.	<b>E</b>	\$ 3,293,236.54	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.	<b>F</b>	\$ 395,033.73	USD
6	<b>Net 340B Revenue Calculation (Auto-Calculated)</b>	Payments Received (Line 2) - (Acquisition Costs (Line 1) + Administration Expenses (Lines 3, 4 & 5))		<u>\$10,793,866.79</u>	USD



State of Rhode Island

Schedule B

340B Drug Pricing Program - Covered Entity Reporting

Schedule B - Acquisition Cost Detail Schedule

Covered Entity Name:

Thundermist Health 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	Drug Wholesalers (Cardinal Health, McKesson, Amerisource Bergen/Cencora, CuraScript, Paragard)*	\$ 15,048,214.13	USD
2			USD
3			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>	<b>\$ 15,048,214.13</b>	USD
		Schedule A - Line 1	

\*Thundermist can provide a breakdown by wholesaler if needed. For reporting purposes, and due to proprietary information, total wholesaler drug costs are currently presented in aggregate. The total wholesaler cost reflects all drug purchases made during CY 2025, which may include drugs purchased to replenish claims dispensed in the prior year.



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:

Thundermist Health 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	\$ 13,859,026.40	USD	96545	Claims
2	Medical Assistance (i.e., Medicaid)	\$ 10,692,796.12	USD	119787	Claims
3	Medicare	\$ 10,614,550.22	USD	56403	Claims
4	Other Sources	\$ 479,871.16	USD	12062	Claims
<b>Total Aggregated Payment Amount Received for Dispensed/Administered 340B Drugs (Supports Schedule A - Line 2)</b>		<b>\$ 35,646,243.90</b>		<b>284797</b>	
		Schedule A - Line 2			

Note: Thundermist is reporting on claims with a date of service in CY 2025 at contract pharmacies and not what was recorded financially in CY 2025. There were limitations in the payer information provided by our TPAs. Walgreens does not provide detailed payer information in their claims data; instead, claims are grouped into three categories in their claims detail report: Commercial, Medicare, and Uninsured/Self-Pay. White Cross does provide Group/BIN/PCN payer information; however, due to limited visibility into the payer category these payers fall under, we made best-effort attempts to cross-reference payer categories using data from other TPAs that do provide this information.



State of Rhode Island

Schedule D

340B Drug Pricing Program - Covered Entity Reporting

Schedule D - Payment to Contract Pharmacy Detail Schedule

Covered Entity Name:

Thundermist Health 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	Contract Pharmacy Dispensing Fees (CVS, Walgreens, Walmart, White Cross, Genoa Healthcare and Optum)*	\$ 6,115,892.71	USD
2			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>	<b>\$ 6,115,892.71</b>	
		Schedule A - Line 3	

\*Thundermist can provide a breakdown of dispensing fees by contract pharmacy if needed. For reporting purposes, and due to proprietary information, total dispensing fees are currently presented in aggregate. The dispensing fees were calculated for claims with a date dispensed in CY 2025.



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

Schedule E

Covered Entity Name: Thundermist Health 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	Third Party Administrators (TPA)		\$ 2,991,804.97	USD
2	Referral Management Systems		\$ 277,331.57	USD
3	Gateway Administrative Fees		\$ 9,600.00	USD
4	External Auditor Consultant		\$ 14,500.00	USD
5				USD
6				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>		<b>\$ 3,293,236.54</b>	
			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:  
Reporting for Calendar Year:

Thundermist Health Center
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/Fringe	\$ 387,361.30	USD
2	340B Grantee Conference	\$ 2,877.43	USD
3	Dues/Licenses	\$ 170.00	USD
4	Professional Services (Legal Counsel)	\$ 4,295.00	USD
5			USD
6			USD
7			USD
8			USD
9			USD
10			USD
	<b>Total for expense categories individually under \$5,000</b>	<b>\$ 330.00</b>	
	<b>Total Aggregated Administrative Expenses for 340B Program</b>	<b>\$ 395,033.73</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:

Thundermist Health 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 Number	Amount	Unit	Count	Unit
1	BIKTARVY TAB	61958-2501-01	\$ 1,940,910.76	USD	677	Claims
2	OZEMPIC INJ 8MG/3ML	00169-4772-12	\$ 715,386.06	USD	2122	Claims
3	OZEMPIC INJ 2MG/3ML	00169-4181-13	\$ 695,807.01	USD	1946	Claims
4	OZEMPIC INJ 4MG/3ML	00169-4130-13	\$ 619,563.20	USD	1677	Claims
5	CABENUVA SUS 600-900	49702-0240-15	\$ 418,224.87	USD	79	Claims
6	MAVYRET TAB 100-40MG	00074-2625-28	\$ 400,487.14	USD	42	Claims
7	TRELEGY AER 100MCG	00173-0887-10	\$ 276,531.85	USD	934	Claims
8	SKYRIZI PEN INJ 150MG/ML	00074-2100-01	\$ 246,719.65	USD	22	Claims
9	TRELEGY AER 200MCG	00173-0893-10	\$ 218,123.73	USD	736	Claims
10	APRETUDE SUS 600MG ER	49702-0264-23	\$ 172,439.11	USD	55	Claims
11	SUBLOCADE INJ 300MG/1.5ML 1	12496-0300-01	\$ 166,721.74	USD	125	Claims
12	SKYRIZI INJ 360/2.4	00074-1070-01	\$ 162,609.00	USD	14	Claims
13	SUBOXONE MIS 8-2MG	12496-1208-03	\$ 154,169.53	USD	438	Claims
14	AUSTEDO TAB 12MG	68546-0172-60	\$ 143,714.74	USD	22	Claims
15	WEGOVY INJ 2.4MG	00169-4524-14	\$ 141,500.68	USD	226	Claims
16	VEMLIDY TAB 25MG	61958-2301-01	\$ 129,170.18	USD	135	Claims
17	RYBELSUS TAB 14MG	00169-4314-30	\$ 126,120.70	USD	291	Claims
18	DOVATO TAB 50-300MG	49702-0246-13	\$ 124,596.71	USD	45	Claims
19	RYBELSUS TAB 7MG	00169-4307-30	\$ 124,034.05	USD	306	Claims
20	BIKTARVY TAB	61958-2501-03	\$ 118,066.82	USD	43	Claims
21	VRAYLAR CAP 3MG	61874-0130-30	\$ 117,590.46	USD	134	Claims
22	SANTYL OIN 250/GM	50484-0010-30	\$ 114,608.68	USD	10	Claims
23	NURTEC TAB 75MG ODT	72618-3000-02	\$ 111,083.02	USD	262	Claims
24	VRAYLAR CAP 1.5MG	61874-0115-30	\$ 107,021.91	USD	122	Claims
25	DESCOVY TAB 200/25MG	61958-2002-01	\$ 105,311.53	USD	95	Claims
26	VIVITROL INJ 380MG	65757-0300-01	\$ 104,957.67	USD	146	Claims
27	SUBLOCADE INJ 100MG/0.5ML 1	12496-0100-01	\$ 102,757.60	USD	76	Claims
28	ALBUTEROL AER HFA	66993-0019-68	\$ 102,049.95	USD	4496	Claims
29	BUPREN/NALOX MIS 8-2MG	50742-0364-30	\$ 101,992.92	USD	2716	Claims
30	ODEFSEY TAB	61958-2101-01	\$ 100,841.80	USD	45	Claims
31	BUDES/FORMOT AER 160-4.5	00310-7370-20	\$ 99,291.32	USD	848	Claims
32	CAPLYTA CAP 42MG	72060-0142-40	\$ 97,488.53	USD	84	Claims
33	WEGOVY INJ 1.7MG	00169-4517-14	\$ 96,978.71	USD	160	Claims
34	PAXLOVID TAB 300-100	00069-5321-30	\$ 90,904.67	USD	85	Claims
35	WEGOVY INJ 0.5MG	00169-4505-14	\$ 90,387.90	USD	157	Claims
36	WEGOVY INJ 1MG	00169-4501-14	\$ 86,689.37	USD	150	Claims
37	RINVOQ TAB 15MG ER	00074-2306-30	\$ 86,406.33	USD	29	Claims
38	BASAGLAR INJ 100UNIT	00002-7715-59	\$ 86,123.74	USD	227	Claims
39	MOUNJARO INJ 5MG/0.5	00002-1495-80	\$ 82,910.69	USD	98	Claims
40	WEGOVY INJ 0.25MG	00169-4525-14	\$ 75,805.51	USD	132	Claims
41	RINVOQ TAB 30MG ER	00074-2310-30	\$ 75,267.12	USD	23	Claims

42	ENTRESTO TAB 24-26MG	00078-0659-20	\$	75,252.32	USD	229	Claims
43	INCRUSE ELPT INH 62.5MCG	00173-0873-10	\$	73,021.63	USD	718	Claims
44	VRAYLAR CAP 4.5MG	61874-0145-30	\$	70,591.50	USD	83	Claims
45	TRESIBA FLEX INJ 200UNIT	00169-2550-13	\$	69,389.01	USD	380	Claims
46	HUMIRA PEN INJ 40/0.4ML	00074-0554-02	\$	66,182.22	USD	32	Claims
47	VRAYLAR CAP 6MG	61874-0160-30	\$	66,110.26	USD	78	Claims
48	QULIPTA TAB 60MG	00074-7094-30	\$	63,652.09	USD	124	Claims
49	KISQALI TAB 600DOSE	00078-0874-63	\$	60,823.35	USD	6	Claims
50	TREMFYA INJ 100MG/ML	57894-0640-11	\$	60,406.75	USD	14	Claims
51	DAPAGLIFLOZI TAB 10MG	66993-0457-30	\$	59,394.53	USD	219	Claims
52	BUDES/FORMOT AER 80-4.5	00310-7372-20	\$	56,585.28	USD	553	Claims
53	COSENTYX UNO INJ 300/2ML	00078-1070-68	\$	53,487.44	USD	19	Claims
54	MOUNJARO INJ 15MG/0.5	00002-1457-80	\$	53,107.58	USD	61	Claims
55	UBRELVY TAB 100MG	00023-6501-10	\$	52,647.75	USD	100	Claims
56	DAPAGLIFLOZI TAB 5MG	66993-0456-30	\$	52,393.83	USD	195	Claims
57	ZEPBOUND INJ 5/0.5ML	00002-2495-80	\$	51,904.88	USD	61	Claims
58	MOUNJARO INJ 7.5/0.5	00002-1484-80	\$	51,786.21	USD	64	Claims
59	TRULICITY INJ 3/0.5	00002-2236-80	\$	51,253.53	USD	63	Claims
60	MOUNJARO INJ 10MG/0.5	00002-1471-80	\$	48,589.56	USD	54	Claims
61	AUSTEDO XR TAB 24MG	68546-0472-56	\$	47,305.75	USD	10	Claims
62	REXULTI TAB 1MG	59148-0037-13	\$	46,474.23	USD	59	Claims
63	COSENTYX PEN INJ 300DOSE	00078-0639-41	\$	45,131.43	USD	34	Claims
64	MOUNJARO INJ 2.5/0.5	00002-1506-80	\$	45,057.90	USD	57	Claims
65	GENVOYA TAB	61958-1901-01	\$	44,134.79	USD	18	Claims
66	FLUTICAS HFA AER 110MCG	66993-0079-96	\$	43,012.84	USD	429	Claims
67	SYM TUZA TAB	59676-0800-30	\$	42,620.09	USD	11	Claims
68	SANTYL 250U/GM OINTMENT 90GM	50484-0010-90	\$	42,390.95	USD	2	Claims
69	BUPREN/NALOX MIS 8-2MG	47781-0357-03	\$	41,770.71	USD	1230	Claims
70	PAXLOVID TAB 300-100	00069-5045-30	\$	41,595.96	USD	39	Claims
71	TESTOST CYP INJ 200MG/ML	00143-9659-01	\$	40,328.91	USD	1786	Claims
72	JULUCA TAB 50-25MG	49702-0242-13	\$	40,014.92	USD	16	Claims
73	TIOTROP BROM CAP 18MCG	68180-0964-12	\$	37,459.50	USD	184	Claims
74	SKYRIZI SOL 60MG/ML	00074-5015-01	\$	37,153.93	USD	5	Claims
75	ZEPBOUND INJ 2.5/0.5	00002-2506-80	\$	36,958.68	USD	45	Claims
76	TIVICAY TAB 50MG	49702-0228-13	\$	35,603.69	USD	13	Claims
77	AUSTEDO TAB 9MG	68546-0171-60	\$	35,241.92	USD	6	Claims
78	ZEPBOUND INJ 7.5/0.5	00002-2484-80	\$	34,605.79	USD	38	Claims
79	EPINEPHRINE INJ 0.3MG	00115-1694-49	\$	33,982.09	USD	363	Claims
80	COMBIVENT AER 20-100	00597-0024-02	\$	33,043.06	USD	138	Claims
81	ADBRY INJ 300/2ML	50222-0350-02	\$	32,939.90	USD	13	Claims
82	CAPLYTA CAP 21MG	72060-0121-40	\$	32,362.13	USD	31	Claims
83	SKYRIZI INJ 150MG/ML	00074-1050-01	\$	32,201.66	USD	5	Claims
84	ZUBSOLV SUB 8.6-2.1	54123-0986-30	\$	32,022.63	USD	56	Claims
85	TRULICITY INJ 4.5/0.5	00002-3182-80	\$	31,875.97	USD	29	Claims
86	LANTUS SOLOS INJ 100/ML	00088-2219-05	\$	29,139.66	USD	1236	Claims
87	XIFAXAN TAB 550MG	65649-0303-02	\$	29,041.25	USD	40	Claims
88	ZEPBOUND INJ 10/0.5ML	00002-2471-80	\$	28,786.52	USD	35	Claims
89	AUSTEDO XR TAB 12MG	68546-0471-56	\$	28,523.01	USD	9	Claims
90	MOUNJARO INJ 12.5/0.5	00002-1460-80	\$	28,510.89	USD	37	Claims
91	STELARA INJ 90MG/ML	57894-0061-03	\$	28,125.92	USD	3	Claims
92	FLUTICAS HFA AER 44MCG	66993-0078-96	\$	27,655.07	USD	345	Claims
93	UMECLID/VILA INH 62.5-25	66993-0134-97	\$	27,492.29	USD	108	Claims
94	REXULTI TAB 2MG	59148-0038-13	\$	27,299.15	USD	31	Claims
95	DELSTRIGO TAB	00006-5007-01	\$	27,283.94	USD	14	Claims
96	ENTRESTO TAB 49-51MG	00078-0777-20	\$	27,207.91	USD	57	Claims
97	WIXELA INHUB AER 250/50	00378-9321-32	\$	26,329.82	USD	554	Claims
98	ABILIFY ASIM INJ 960MG	59148-0114-80	\$	25,993.23	USD	6	Claims
99	REXULTI TAB 3MG	59148-0039-13	\$	25,265.51	USD	32	Claims
100	RYBELSUS TAB 3MG	00169-4303-30	\$	25,204.86	USD	70	Claims

101	EPCLUSA TAB 400-100	61958-2201-01	\$	24,593.92	USD	5	Claims
102	WIXELA INHUB AER 500/50	00378-9322-32	\$	23,652.93	USD	247	Claims
103	DOVATO TAB 50-300MG	49702-0246-33	\$	23,152.83	USD	5	Claims
104	ZENPEP CAP 40000UNT	73562-0114-01	\$	22,583.41	USD	9	Claims
105	KISQALI FCT TAB 200 MG	00078-0860-01	\$	22,362.16	USD	6	Claims
106	RADICAVA ORS SUS 105/5ML	70510-2322-01	\$	21,885.60	USD	2	Claims
107	VERZENIO TAB 150MG	00002-5337-54	\$	21,737.12	USD	2	Claims
108	ZEPBOUND INJ 12.5/0.5	00002-2460-80	\$	21,291.08	USD	24	Claims
109	FLUTICAS HFA AER 220MCG	66993-0080-96	\$	20,805.36	USD	123	Claims
110	INVEGA SUST INJ 234/1.5	50458-0564-01	\$	19,773.25	USD	15	Claims
111	STIOLTO AER 2.5-2.5	00597-0155-61	\$	19,687.43	USD	192	Claims
112	BREO ELLIPTA INH 100-25	00173-0859-10	\$	19,562.31	USD	178	Claims
113	TRULICITY INJ 0.75/0.5	00002-1433-80	\$	19,427.79	USD	43	Claims
114	NORELGE/ETHI DIS 150/35	70710-1190-03	\$	19,063.19	USD	294	Claims
115	TREMFYA SY 200MG/ML 2ML PF PPN	57894-0651-02	\$	19,013.76	USD	5	Claims
116	REXULTI TAB 4MG	59148-0040-13	\$	18,362.48	USD	21	Claims
117	BUPREN/NALOX SUB 8-2MG	00054-0189-13	\$	18,152.68	USD	732	Claims
118	QVAR REDIIHA AER 80MCG	59310-0304-80	\$	17,508.44	USD	190	Claims
119	ALBUTEROL AER HFA	69097-0142-60	\$	17,284.36	USD	3784	Claims
120	BREZTRI AERO AER SPHERE	00310-4616-12	\$	17,269.87	USD	65	Claims
121	TRESIBA FLEX INJ 100UNIT	00169-2660-15	\$	17,062.31	USD	147	Claims
122	PREZCOBIX TAB 800-150	59676-0575-30	\$	16,849.20	USD	4	Claims
123	BREO ELLIPTA INH 200-25	00173-0882-10	\$	16,664.14	USD	148	Claims
124	TRULICITY INJ 1.5/0.5	00002-1434-80	\$	16,448.21	USD	38	Claims
125	TRIUMEQ TAB (ABC600/DTG50/3TC 300)	49702-0231-13	\$	16,392.41	USD	8	Claims
126	FLUTICASONE SPR 50MCG	00054-3270-99	\$	16,049.07	USD	4528	Claims
127	ANORO ELLIPT AER 62.5-25	00173-0869-10	\$	16,035.90	USD	249	Claims
128	ALBUTEROL AER HFA	00093-3174-31	\$	15,771.88	USD	2085	Claims
129	SPIRIVA RESP AER 1.25MCG	00597-0160-61	\$	15,729.13	USD	233	Claims
130	ACTEMRA INJ 162/0.9	50242-0138-01	\$	15,617.80	USD	7	Claims
131	GVOKE HYPO 2 INJ 1/0.2ML	72065-0121-12	\$	15,508.12	USD	31	Claims
132	ZUBSOLV SUB 5.7-1.4	54123-0957-30	\$	15,448.97	USD	56	Claims
133	BOTOX 200UNIT INJ, 1 VIAL	00023-3921-02	\$	15,413.51	USD	18	Claims
134	TOUJEO MAX INJ 300/ML	00024-5871-02	\$	15,237.53	USD	103	Claims
135	ESTRAD VAL INJ 20MG/ML	70700-0274-22	\$	15,209.62	USD	213	Claims
136	ENTRESTO TAB 97-103MG	00078-0696-20	\$	14,858.97	USD	44	Claims
137	XYOSTED INJ 75/0.5ML	54436-0275-04	\$	14,701.89	USD	46	Claims
138	GEMTESA TAB 75MG	73336-0075-30	\$	14,418.44	USD	61	Claims
139	ARNUITY ELPT INH 200MCG	00173-0876-10	\$	14,399.94	USD	196	Claims
140	NALTREXONE TAB 50MG	47335-0326-88	\$	14,017.99	USD	776	Claims
141	ZEPBOUND INJ 15/0.5ML	00002-2457-80	\$	13,979.05	USD	17	Claims
142	VIBERZI TAB 100MG	61874-0100-60	\$	13,880.85	USD	21	Claims
143	EPINEPHRINE INJ 0.3MG	00093-5986-27	\$	13,850.85	USD	65	Claims
144	TOUJEO SOLO INJ 300/ML	00024-5869-03	\$	13,464.71	USD	132	Claims
145	AUVELITY TAB 45-105MG	81968-0045-60	\$	13,458.60	USD	23	Claims
146	LIDOCAINE PAD 4%	70512-0014-30	\$	12,904.10	USD	60	Claims
147	LIRAGLUTIDE INJ 18MG/3ML	00480-7250-46	\$	12,765.24	USD	13	Claims
148	REXULTI TAB 0.5MG	59148-0036-13	\$	12,705.84	USD	16	Claims
149	LIDOCAINE DIS 5% PATCH	00603-1880-16	\$	12,456.93	USD	516	Claims
150	QVAR REDIIHAL AER 40MCG	59310-0302-40	\$	12,441.99	USD	197	Claims
151	IBUPROFEN TAB 800MG	49483-0604-50	\$	11,900.73	USD	3007	Claims
152	OSELTAMIVIR CAP 75MG	60219-1266-01	\$	11,827.11	USD	559	Claims
153	GLARGIN YFGN INJ 100U/ML	83257-0015-32	\$	11,821.16	USD	147	Claims
154	ABILIFY ASMTFL PFS720MG2.4ML 1	59148-0102-80	\$	11,782.25	USD	4	Claims
155	NICOTINE TD DIS 21MG/24H	00536-5896-88	\$	11,518.32	USD	491	Claims
156	UBRELVY TAB 50MG	00023-6498-10	\$	11,360.36	USD	32	Claims
157	EMVERM CHW 100MG	64896-0669-30	\$	11,199.60	USD	1	Claims
158	WIXELA INHUB AER 100/50	00378-9320-32	\$	11,160.68	USD	289	Claims
159	XCOPRI TAB 200MG	71699-0200-30	\$	11,118.81	USD	15	Claims

160	AJOVY INJ 225/1.5	51759-0202-10	\$	11,005.32	USD	57	Claims
161	ALOGLIPTIN TAB 25MG	45802-0150-65	\$	10,855.85	USD	108	Claims
162	STEGLATRO TAB 15MG	00006-5364-03	\$	10,317.22	USD	36	Claims
163	HUMIRA INJ 40/0.4ML	00074-0243-02	\$	9,931.73	USD	7	Claims
164	NOVOLOG INJ FLEXPEN	00169-6339-10	\$	9,846.54	USD	81	Claims
165	NUBEQA TAB 300MG	50419-0395-01	\$	9,590.52	USD	1	Claims
166	VALTOCO SPR 10MG	72252-0510-05	\$	9,497.48	USD	8	Claims
167	SAXENDA INJ 18MG/3ML	00169-2800-15	\$	9,403.18	USD	21	Claims
168	TRINTELLIX TAB 20MG	64764-0750-30	\$	9,399.11	USD	124	Claims
169	ARNUITY ELPT INH 100MCG	00173-0874-10	\$	9,345.16	USD	188	Claims
170	EPINEPHRINE INJ 0.15MG	00093-5985-27	\$	9,148.82	USD	41	Claims
171	ESTRAD VAL INJ 10MG/ML	70700-0273-22	\$	8,840.57	USD	91	Claims
172	PROLIA INJ 60MG/ML	55513-0710-21	\$	8,321.73	USD	10	Claims
173	NICOTINE TD DIS 14MG/24H	00536-5895-88	\$	8,279.59	USD	339	Claims
174	FLUTIC/VILAN INH 100-25	66993-0135-97	\$	8,201.81	USD	55	Claims
175	SLYND TAB 4MG	00642-7470-01	\$	8,094.44	USD	38	Claims
176	HYDROCORT AC SUP 25MG	00574-7090-12	\$	8,081.76	USD	33	Claims
177	TREMFYA PFS 100MG/ML 1	57894-0640-01	\$	7,971.76	USD	2	Claims
178	NICOTINE POL GUM 4MG	00536-3405-01	\$	7,959.55	USD	229	Claims
179	FASENRA PEN INJ 30MG/ML	00310-1830-30	\$	7,860.75	USD	2	Claims
180	CONTRAVE TAB 8-90MG	51267-0890-99	\$	7,854.35	USD	13	Claims
181	XOLAIR INJ 300/2ML	50242-0227-55	\$	7,769.78	USD	4	Claims
182	MIRABEGRON TAB 50MG ER	70710-1160-03	\$	7,613.00	USD	30	Claims
183	VASCEPA CAP 1GM	52937-0001-20	\$	7,567.74	USD	19	Claims
184	ORILISSA TAB 150MG	00074-0038-28	\$	7,541.81	USD	13	Claims
185	SPIRIVA RESP AER 2.5MCG	00597-0100-61	\$	7,499.89	USD	190	Claims
186	XYOSTED INJ 50/0.5ML	54436-0250-04	\$	7,436.54	USD	25	Claims
187	INVEGA TRINZ INJ 546MG	50458-0608-01	\$	7,387.90	USD	2	Claims
188	XYOSTED INJ 100/0.5	54436-0200-04	\$	7,317.90	USD	24	Claims
189	XCOPRI 150 MG	71699-0150-30	\$	7,316.54	USD	10	Claims
190	QULIPTA TAB 30MG	00074-7096-30	\$	7,312.24	USD	15	Claims
191	FLUTIC/SALME AER 115-21	66993-0087-96	\$	7,311.27	USD	45	Claims
192	FLUTIC/VILAN INH 200-25	66993-0136-97	\$	6,721.70	USD	43	Claims
193	GILENYA CAP 0.5MG	00078-0607-15	\$	6,712.92	USD	2	Claims
194	ARISTADA INJ 882MG/3	65757-0403-03	\$	6,671.12	USD	3	Claims
195	MPB XTANDI 40MG TAB 120	00469-0625-99	\$	6,424.81	USD	1	Claims
196	REXULTI TAB 0.25MG	59148-0035-13	\$	6,400.40	USD	8	Claims
197	BUPREN/NALOX SUB 8-2MG	62756-0970-83	\$	6,304.33	USD	394	Claims
198	NUVARING MIS	59212-0146-03	\$	6,248.06	USD	13	Claims
199	ADALIMU-ADAZ INJ 40/0.4ML	61314-0327-20	\$	5,981.71	USD	13	Claims
200	VOQUEZNA TAB 10MG	81520-0100-30	\$	5,980.99	USD	16	Claims
201	CETIRIZINE SOL 1MG/ML	00121-0874-16	\$	5,964.62	USD	504	Claims
202	VENTOLIN HFA AER	00173-0682-20	\$	5,959.08	USD	360	Claims
203	FLUTIC/SALME AER 230-21	66993-0088-96	\$	5,955.03	USD	28	Claims
204	COMPLERA TAB	61958-1101-01	\$	5,888.26	USD	4	Claims
205	SPINOSAD SUS 0.9%	52246-0570-04	\$	5,789.97	USD	30	Claims
206	INGREZZA 80MG CAPSULES	70370-1080-01	\$	5,737.46	USD	1	Claims
207	IBUPROFEN TAB 600MG	49483-0603-50	\$	5,682.50	USD	2275	Claims
208	GABAPENTIN TAB 800MG	70010-0228-05	\$	5,656.05	USD	1162	Claims
209	VEOZAH TAB 45MG	00469-2660-30	\$	5,619.97	USD	13	Claims
210	BUPREN/NALOX MIS 4-1MG	47781-0356-03	\$	5,596.15	USD	113	Claims
211	LIRAGLUTIDE INJ 18MG/3ML	00480-3667-22	\$	5,591.87	USD	16	Claims
212	ESTRAD VAL INJ 40MG/ML	70700-0275-22	\$	5,562.88	USD	47	Claims
213	VALTOCO 15MG NAS SP(10X7.5MG)5 DOSE	72252-0515-10	\$	5,526.07	USD	4	Claims
214	INSULIN ASPA INJ FLEXPEN	73070-0103-15	\$	5,448.28	USD	82	Claims
215	FLUTIC/SALME AER 45-21MCG	66993-0086-96	\$	5,446.85	USD	42	Claims
216	TRINTELLIX TAB 10MG	64764-0730-30	\$	5,417.93	USD	79	Claims
217	CAPLYTA CAP 10.5MG	72060-0110-40	\$	5,412.48	USD	6	Claims
218	ORACEA CAP 40MG	00299-3822-30	\$	5,405.19	USD	8	Claims

219	ESTRAD VAL INJ 20MG/ML	00143-9290-01	\$	5,384.34	USD	88	Claims
220	ESTRAD VAL INJ 40MG/ML	00143-9291-01	\$	5,368.75	USD	57	Claims
221	BELBUCA MIS 750MCG	59385-0026-60	\$	5,342.58	USD	17	Claims
222	YUVAFEM TAB 10MCG	65162-0226-21	\$	5,311.12	USD	133	Claims
223	INGREZZA CAP 40MG	70370-2040-01	\$	5,263.04	USD	1	Claims
224	PRALUENT INJ 75MG/ML	61755-0020-02	\$	5,238.92	USD	22	Claims
225	STEGLATRO TAB 5MG	00006-5363-03	\$	5,196.48	USD	13	Claims
226	NALOXONE HCL SPR 4MG	00480-3478-68	\$	5,190.30	USD	174	Claims
227	NUCALA INJ 100MG/ML	00173-0892-01	\$	5,177.42	USD	2	Claims
228	ZUBSOLV SUB 2.9-0.71	54123-0929-30	\$	5,124.55	USD	19	Claims
229	BREYNA 160/4.5MCG ORAL INH(120 INH)	00378-7503-32	\$	5,053.50	USD	14	Claims
230	DEPO PROVERA 150MG	66993-0370-25	\$	165,078.48	USD	1358	Claims
231	Inj, cabote rilpivir 2mg 3mg	49702-0240-15	\$	25,258.75	USD	5	Claims
232	INJECTION, CABOTEGRAVIR 1 MG	49702-0264-23	\$	9,004.95	USD	3	Claims
233	IUD SUPPLIED - KYLEENA	50419-0424-01	\$	10,650.60	USD	15	Claims
234	IUD SUPPLIED - MIRENA	50419-0423-01	\$	67,403.64	USD	188	Claims
235	IUD SUPPLIED - PARAGARD	59365-5129-01	\$	13,222.88	USD	44	Claims
236	IUD SUPPLIED - SKYLA	50419-0422-01	\$	6,068.28	USD	6	Claims
237	RHO IMMUNE GLOBULIN (RH	00562-7805-05	\$	10,454.07	USD	33	Claims
238	TRIAMCINOLONE ACETONIDE 10 MG	70121-1049-05	\$	6,929.60	USD	122	Claims

**Total Prescription Drugs individually under \$5,000**

\$ 1,082,854.53 USD 224540 Claims

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

\$ 14,485,262.62

284797

Mandated by  
RIGL § 5-19.3-6

Note: The list of drugs is based on the claims dispensed in the CY 2025, not on all drugs purchased in the CY 2025.



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:

Thundermist Health Center

Reporting for Calendar Year:

2025

**Instruction: List all programs, projects, and/or services provided by the Covered Entity through 340B Program savings**

<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/Maintenance	11,475	USD
5	Technology Upgrades	177,359	USD
6	Subsidize Losses - Commercial, Medicaid and Medicare Program Underpayments	10,368,152	USD
7	Research and Innovation	-	USD
8	Community Programs		USD
9	Charity Care/Uncompensated Care		USD
10	Other (NP Fellowships) * Family Nurse Practitioners	338,942	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>10,895,928</b>	

Mandated by RIGL § 5-19.3-6.

Note: Thundermist is assuming that the total on this line should reflect the Net 340B revenue reported during CY25 - \$10,895,928. There are additional unfunded expenses



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:

Thundermist Health Center

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		Our self-audit for the July 2025–December 2025 audit period concluded in mid-March 2026, and we have not yet received the final report from our external auditor.
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?

*Charles T. Jones*

Signature

4/1/26

Date

Charles T. Jones

Name and Title

chuckj@thundermisthealth.org

Email