

Women & Infants Hospital of Rhode Island – Annual 340B Report

Women & Infants Hospital of Rhode Island (“W & I”) 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 W & I’s ability to deliver community benefits to its patients.

W & I, a Care New England hospital, is one of the nation’s leading specialty hospitals for women and newborns. W & I is a major teaching affiliate of The Warren Alpert Medical School of Brown University and the 9th largest stand-alone obstetrical service in the country with approximately 8,500 deliveries per year. W & I, alongside The Warren Alpert Medical School of Brown University offers fellowship programs in gynecologic oncology, maternal-fetal medicine, urogynecology and reconstructive pelvic surgery, women’s mental health, neonatal-perinatal medicine, pediatric and perinatal pathology, gynecologic pathology and cytopathology, breast disease, obstetric medicine, and reproductive endocrinology and infertility.

W & I is one of the largest and most prestigious research facilities in high-risk and normal obstetrics, gynecology, and newborn pediatrics in the nation, and is a member of the NRG Oncology, the Maternal-Fetal Medicine Units Network, the Neonatal Research Network, and the Pelvic Floor Disorders Network. Notable research projects involve pioneering a newborn hearing screening test, improving detection of Down Syndrome through the AFP test, and studying the impact of diabetes in pregnancy.

W & I’s participation in the 340B program is critical to W & I’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 W & I’s participation in the 340B program also allows W & I to maintain its commitment to serving patients without regard to their income or insurance status, allowing W & I 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 W & I’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 W & I generated \$27,737,405.98 in 340B savings in 2025.

Schedule B – Acquisition Cost by Vendor

Schedule B is a summary of the total costs to W & I of drugs purchased through the 340B program. Data for schedule B was pulled directly from W & I’s wholesalers and direct accounts for all 340B purchase accounts. In 2025, W & I used 3 wholesalers and 2 direct accounts to obtain 340B drugs and spent a total of \$55,496,300.74.

Schedule C – Claim Reimbursements

Schedule C is a summary of payments W & I 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.

W & I 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, W & I Hospital collected \$85,067,393.65 in reimbursement for 340B drugs across all reimbursement sources.

Schedule D – Payment to Contract Pharmacies

Schedule D is a summary of fees paid by W & I to contract pharmacies for dispensing 340B drugs to patients of W & I. 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 W & I patients are aggregated by pharmacy company. In 2025, W & I paid \$942,016.96 to one individual contract pharmacy and four 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 W & I's participation in the 340B program. Data for Schedule E was pulled from vendor data systems and vendor invoices. W & I used five 340B vendors during the year that were paid at least \$5,000. In 2025, W & I paid a total of \$627,191.47 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 340B drugs dispensed or administered to W & I 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 Program Savings

Schedule H details W & I'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 W & I's participation in the 340B program in 2025.

Schedule I – Covered Entity Certification

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

Tom Ricci

Interim Chief Operating Officer | Vice President, Finance
340B Authorizing Official
Women & Infants 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:	Women & Infants Hospital of RI
Covered Entity Corporate Address:	101 Dudley St. Providence, RI 02905
340B ID Number(s)	DSH410010
Reporting for Calendar Year:	2025

Covered Entity Required Information

Date of most recent recertification with the Health Resources and Service Administration	8/13/2025
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: Women & Infants Hospital of RI
 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	55,496,300.74	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	85,067,393.65	USD
3	Total Aggregated Payments to Contract Pharmacies for 340B Program Prescription Drugs	Total payments made to contract pharmacies for dispensing 340B drugs.	D	942,016.96	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	627,191.47	USD
5	Total Aggregated Administrative Expenses for 340B Program	Total covered entity expenses for staffing, operations, and administration related to the 340B program.	F	264,478.50	USD
6	Net 340B Revenue Calculation (Auto-Calculated)	Payments Received (Line 2) - (Acquisition Costs (Line 1) + Administration Expenses (Lines 3, 4 & 5))		\$27,737,405.98	USD



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

Schedule B

Covered Entity Name:
 Reporting for Calendar Year:

Women & Infants Hospital of RI
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	54,243,020.89	USD
2	Cardinal	891,824.14	USD
3	Nexplanon Direct	264,847.80	USD
4	Cencora	48,139.00	USD
5	Paragard Direct	45,591.10	USD
6			USD
7			USD
8			USD
9			USD
10			USD
	Total for vendors under \$5,000	<u>2,877.81</u>	USD
	Total Aggregated Acquisition Cost for all 340B Program Drugs - (Supports Schedule A, Line 1)	<u><u>55,496,300.74</u></u>	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:

Women & Infants Hospital of RI

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	48,228,384.23	USD	150,661	Claims
2	Medical Assistance (i.e., Medicaid)	5,755,793.78	USD	53,986	Claims
3	Medicare	30,533,194.00	USD	17,872	Claims
4	Other Sources	550,021.64	USD	46,196	Claims
Total Aggregated Payment Amount Received for Dispensed/Administered 340B Drugs (Supports Schedule A - Line 2)		<u>85,067,393.65</u>		<u>268,715</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:
Reporting for Calendar Year:

Women & Infants Hospital of I
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	Optum	417,960.00	USD
2	CVS/Caremark	401,121.96	USD
3	Accredo	64,900.00	USD
4	Walgreens	34,050.00	USD
5	Freedom Fertility	23,985.00	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)	942,016.96	
		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:

Women & Infants Hospital of RI

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		533,068.97	USD
2	Internal Third Party Administrator		25,200.00	USD
3	External Compliance Auditor		12,500.00	USD
4	Professional Organization		10,480.00	USD
5	Outside Legal Services		45,942.50	USD
6				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>627,191.47</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:
 Reporting for Calendar Year:

Women & Infants Hospital of RI
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	264,478.50	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	<u>264,478.50</u>	

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:

Women & Infants Hospital of RI

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	pembrolizumab 100 mg/4 mL IV SOLN	00006302602	\$9,971,689.13	USD	1171	Claims
2	dostarlimab-glxy 500 mg/10 mL INJ	00173089803	\$3,395,439.29	USD	275	Claims
3	Enhertu 100 MG SOLR	65597040601	\$2,933,497.62	USD	776	Claims
4	ocrelizumab (Ocrevus) 300 mg in sodium chloride 0.9 %	50242015001	\$2,288,292.59	USD	105	Claims
5	ustekinumab (Stelara) 90 mg/mL injection	57894006103	\$1,711,579.88	USD	103	Claims
6	daratumumab-hyaluronidase 1800 mg-30,000 units INJ	157894050301	\$1,500,938.66	USD	89	Claims
7	Elahere 100 MG/20ML SOLN	72903085301	\$1,476,838.08	USD	148	Claims
8	atezolizumab 1200 mg/20 mL VIAL	50242091701	\$1,262,793.31	USD	85	Claims
9	LYNPARZA 150 MG TABLET	00310067912	\$1,337,354.76	USD	102	Claims
10	Entyvio 300 MG SOLR	64764030020	\$1,189,387.40	USD	307	Claims
11	bevacizumab-awwb (Mvasi) 400 mg/16 mL INJ VIAL	55513020701	\$998,288.39	USD	926	Claims
12	canakinumab (Ilaris, PF,) 150 mg/mL Soln	00078073461	\$839,016.71	USD	20	Claims
13	tucatinib (Tukysa) 150 mg Tab	51144000260	\$785,065.86	USD	50	Claims
14	KISQALI TAB 400DOSE	00078086742	\$754,106.71	USD	96	Claims
15	durvalumab 500 mg/10 mL INJ	00310461150	\$724,602.58	USD	91	Claims
16	olaparib (Lynparza) 100 mg Tab	00310066812	\$663,802.48	USD	39	Claims
17	abemaciclib (Verzenio) 150 mg Tab	00002533754	\$610,804.70	USD	46	Claims
18	romosozumab-aqqg Syrg 210 mg	55513099802	\$560,808.75	USD	298	Claims
19	nivolumab (Opdivo) 240 mg in sodium chloride 0.9 %	26 00003373413	\$521,618.99	USD	101	Claims

20	sacituzumab govitecan (Trodelvy) 620 mg in sodium chlo	55135013201	\$512,121.71	USD	200	Claims
21	mepolizumab (Nucala) injection 300 mg	00173088101	\$509,609.60	USD	192	Claims
22	Injectafer 750 MG/15ML SOLN	00517065001	\$471,480.74	USD	791	Claims
23	palbociclib (Ibrance) 125 mg Tab	00069068803	\$335,711.56	USD	32	Claims
24	pertuzumab-trastuzumab-hyaluronidase (Phesgo) 600 m	50242026001	\$402,925.94	USD	66	Claims
25	risankizumab-rzaa (Skyrizi) 1,200 mg in sodium chloride	00074501501	\$380,756.10	USD	62	Claims
26	abemaciclib (Verzenio) 50 mg Tab	00002448354	\$379,521.96	USD	43	Claims
27	niraparib (Zejula) 200 mg Tab	00173091213	\$362,511.39	USD	32	Claims
28	ado-trastuzumab emtansine (Kadcyla) 240 mg in sodium	50242008801	\$358,671.12	USD	128	Claims
29	immune globulin (Privigen) 10% infusion 30 g	44206043820	\$358,155.37	USD	332	Claims
30	immune globulin (Privigen) 10% infusion 45 g	44206043940	\$332,490.59	USD	160	Claims
31	Avsola 100 MG SOLR	55513067001	\$328,560.22	USD	591	Claims
32	denosumab (Prolia) 60 mg/mL Syrg	55513071021	\$307,047.42	USD	369	Claims
33	niraparib (Zejula) 100 mg Tab	00173090913	\$298,259.38	USD	21	Claims
34	Kanjinti 150 MG SOLR	55513014101	\$293,652.87	USD	1349	Claims
35	amivantamab vmjw 350 mg/7 mL INJ	57894050101	\$270,002.91	USD	27	Claims
36	IBRANCE 100 MG TABLET	00069048603	\$355,679.40	USD	32	Claims
37	risankizumab-rzaa (Skyrizi) 360 mg/2.4 mL (150 mg/mL)	00074107001	\$321,483.52	USD	21	Claims
38	onabotulinumtoxinA (Botox) 100 unit injection	00023114501	\$256,478.22	USD	493	Claims
39	lenvatinib (Lenvima) 14 mg/day(10 mg x 1-4 mg x 1) cap	62856071430	\$252,843.19	USD	26	Claims
40	goserelin (Zoladex) injection 3.6 mg	70720095036	\$252,179.93	USD	272	Claims
41	riTUXimab-pvvr (Ruxience) 680 mg in sodium chloride 0.5	00069024901	\$251,511.78	USD	197	Claims
42	Bridion 200 MG/2ML SOLN	00006542312	\$248,920.64	USD	3093	Claims
43	dupilumab (Dupixent Pen) 300 mg/2 mL Pnlj	00024591502	\$239,746.88	USD	60	Claims
44	goserelin (Zoladex) injection 10.8 mg	70720095130	\$223,846.26	USD	115	Claims
45	ado-trastuzumab emtansine (Kadcyla) 260 mg in sodium	50242008701	\$222,057.72	USD	45	Claims
46	tirzepatide (Mounjaro) 5 mg/0.5 mL pen-injector	00002149580	\$196,352.62	USD	256	Claims
47	ipilimumab 60 mg in sodium chloride 0.9 % 50 mL IVPB	00003232711	\$218,515.62	USD	18	Claims
48	immune globulin (Gamunex-C) 10% infusion 120 g	13533080040	\$212,195.96	USD	78	Claims
49	adalimumab 40 mg/0.4 mL PnKt	00074055402	\$207,688.22	USD	77	Claims
50	abatacept (Orencia) 750 mg in sodium chloride 0.9 % 10	00003218713	\$204,069.18	USD	192	Claims
51	trabectedin (Yondelis) 1.55 mg in sodium chloride 0.9 %	59676061001	\$185,621.32	USD	80	Claims
52	bictegravir-emtricitabine-tenofovir (Biktarvy) 50-200-25 r	61958250101	\$225,646.68	USD	76	Claims
53	MOUNJARO INJ 7.5/0.5	00002148480	\$187,063.10	USD	238	Claims
54	immune globulin 20 g/200 mL (10%) IV SOLN (Gammaga	00944270006	\$160,118.06	USD	124	Claims
55	bevacizumab-awwb (Mvasi) 100 mg/4 mL INJ VIAL	55513020601	\$159,531.39	USD	792	Claims
56	immune globulin (Gamunex-C) 10% infusion 20 g	13533080024	\$158,492.47	USD	113	Claims
57	MOUNJARO INJ 10MG/0.5	00002147180	\$182,382.93	USD	235	Claims

58	Inflectra 100 MG SOLR	00069080901	\$154,814.12	USD	437	Claims
59	enfortumab vedotin 20 mg PWDI	51144002001	\$154,477.52	USD	20	Claims
60	PACLitaxel protein-bound (Abraxane) 125 mg in sodium	00517430001	\$151,223.62	USD	164	Claims
61	tezepelumab-ekko (Tezspire) injection 210 mg	55513011201	\$150,619.94	USD	61	Claims
62	telisotuzumab vedotin tllv 100 mg PWDI	00074105501	\$146,837.44	USD	5	Claims
63	anifrolumab (Saphnelo) 300 mg in sodium chloride 0.9 %	00310304000	\$146,326.48	USD	50	Claims
64	elotuzumab (Empliciti) 2,400 mg in sodium chloride 0.9 %	00003452211	\$145,351.17	USD	9	Claims
65	panitumumab (Vectibix) 500 mg in sodium chloride 0.9 %	55513095601	\$143,534.50	USD	21	Claims
66	tisotumab vedotin (Tivdak) 130 mg in sodium chloride 0.9 %	51144000301	\$137,803.12	USD	14	Claims
67	Exparel 1.3 % SUSP	65250013304	\$133,592.70	USD	18	Claims
68	Herceptin Hylecta 600-10000 MG-UNT/5ML SOLN	50242007701	\$132,496.44	USD	119	Claims
69	MOUNJARO INJ 15MG/0.5	00002145780	\$146,220.99	USD	190	Claims
70	Mirena (52 MG) 20 MCG/DAY IUD	50419042301	\$124,247.25	USD	278	Claims
71	denosumab 120 mg/1.7 mL	55513073001	\$121,494.47	USD	85	Claims
72	tirzepatide (Mounjaro) 12.5 mg/0.5 mL pen-injector	00002146080	\$131,900.58	USD	164	Claims
73	ribociclib (Kisqali) 200 mg/day (200 mg x 1) tablet	00078086001	\$121,285.56	USD	33	Claims
74	omalizumab (Xolair) injection 150 mg	50242004062	\$115,657.80	USD	148	Claims
75	daratumumab 400 mg/20 mL SOLN INJ	57894050520	\$114,020.39	USD	18	Claims
76	nivolumab (Opdivo) 110 mg in sodium chloride 0.9 % 50	00003377211	\$113,462.50	USD	31	Claims
77	semaglutide (Ozempic) 1 mg/dose (4 mg/3 mL) pen-injec	00169413013	\$113,052.90	USD	176	Claims
78	luspatercept (Reblozyl) subcutaneous injection 136 mg	59572077501	\$107,304.50	USD	9	Claims
79	capivasertib (Truqap) 200 mg Tab	00310950101	\$107,000.40	USD	9	Claims
80	ENTYVIO 108 MG/0.68 ML PEN	64764010821	\$103,982.66	USD	26	Claims
81	ipilimumab 330 mg in sodium chloride 0.9 % 250 mL IVP	00003232822	\$102,988.48	USD	2	Claims
82	eriBULin (Halaven) 2 mg in sodium chloride 0.9 % 100 ml	62856038901	\$102,011.49	USD	114	Claims
83	Cabenuva 600 & 900 MG/3ML SUER	49702024015	\$101,026.41	USD	26	Claims
84	capivasertib (Truqap) 160 mg Tab	00310950002	\$100,722.44	USD	5	Claims
85	pemivibart (Pemgarda) 4,500 mg in sodium chloride 0.9 %	81960003103	\$99,300.00	USD	13	Claims
86	inFLIXimab (Remicade) 100 mg/10 mL PWDI	57894003001	\$98,881.88	USD	111	Claims
87	lenvatinib (Lenvima) 8 mg/day (4 mg x 2) cap	62856070830	\$95,849.52	USD	8	Claims
88	tirzepatide, weight loss, (Zepbound) 10 mg/0.5 mL pen-inj	00002247180	\$95,029.80	USD	111	Claims
89	budesonide (Uceris) 9 mg TaDE	68682030930	\$94,045.07	USD	2	Claims
90	immune globulin (Privigen) 10% infusion 110 g	44206043710	\$93,790.56	USD	170	Claims
91	ferumoxytol (Feraheme) 1,020 mg in sodium chloride 0.9 %	59338077501	\$90,987.65	USD	150	Claims
92	mirikizumab-mrzk 900 mg in sodium chloride 0.9 % 250 mL	00002757501	\$90,231.22	USD	5	Claims
93	margetuximab-cmkb 250 mg /10 mL INJ	74527002202	\$90,121.35	USD	6	Claims
94	tirzepatide, weight loss, (Zepbound) 5 mg/0.5 mL pen-inj	00002249580	\$89,510.35	USD	112	Claims
95	Neulasta Onpro 6 MG/0.6ML SOSY	55513019201	\$87,910.14	USD	16	Claims

96	donanemab-azbt (Kisunla) 1,400 mg in sodium chloride (00002940101	\$87,670.19	USD	54	Claims
97	lenvatinib (Lenvima) 10 mg/day (10 mg x 1) cap	62856071030	\$87,634.31	USD	8	Claims
98	cetuximab (Erbix) IVPB 500 mg	66733095823	\$86,927.09	USD	28	Claims
99	OZEMPIC INJ 0.25MG/0.5MG 3ML	00169418113	\$85,955.35	USD	206	Claims
100	Venofer 20 MG/ML SOLN	00517231005	\$85,332.54	USD	704	Claims
101	Actemra 200 MG/10ML SOLN	50242013601	\$84,316.79	USD	62	Claims
102	nivolumab (Opdivo) 200 mg in sodium chloride 0.9 % 50	00003377412	\$83,772.82	USD	40	Claims
103	OZEMPIC INJ 8MG/3ML	00169477212	\$83,472.51	USD	233	Claims
104	immune globulin (Gammagard) 10% infusion 30 g (Patier	00944270007	\$81,757.38	USD	34	Claims
105	tirzepatide, weight loss, (Zepbound) 7.5 mg/0.5 mL pen-i	00002248480	\$81,413.26	USD	98	Claims
106	MPB SPEVIGO 450MG/7.5ML SDV 2	00597003510	\$80,380.34	USD	2	Claims
107	tirzepatide, weight loss, (Zepbound) 12.5 mg/0.5 mL pen	00002246080	\$79,481.21	USD	100	Claims
108	guselkumab 200 mg/20 mL INJ	57894065002	\$79,344.26	USD	10	Claims
109	mepolizumab (Nucala) 100 mg/mL Atln	00173089201	\$78,378.83	USD	17	Claims
110	aprepitant (Cinvanti) injection 130 mg	47426020101	\$78,003.32	USD	561	Claims
111	niraparib (Zejula) 300 mg Tab	00173091513	\$74,619.52	USD	6	Claims
112	panitumumab (Vectibix) 300 mg in sodium chloride 0.9 %	55513095401	\$72,362.65	USD	42	Claims
113	natalizumab (TYSABRI) 300 mg in sodium chloride 0.9 %	64406000801	\$71,169.48	USD	59	Claims
114	lurbinectedin 4 mg PWDI	68727071201	\$70,504.34	USD	15	Claims
115	irbesartan (AVAPRO) 300 mg tablet	31722073190	\$69,987.40	USD	2	Claims
116	acalabrutinib maleate (Calquence, acalabrutinib mal,) 1	00310351260	\$69,810.93	USD	6	Claims
117	immune globulin (Gamunex-C) 15 g	13533080020	\$67,456.76	USD	204	Claims
118	glecaprevir-pibrentasvir (Mavyret) 100-40 mg Tab	00074262528	\$67,078.28	USD	4	Claims
119	romiplostim 500 mcg PWDI	55513022201	\$55,981.98	USD	30	Claims
120	tirzepatide (Mounjaro) 2.5 mg/0.5 mL Pnlj	00002150680	\$81,976.48	USD	108	Claims
121	belimumab (Benlysta) 1,080 mg in sodium chloride 0.9 %	49401010101	\$66,058.44	USD	12	Claims
122	octreotide (SandoSTATIN) injection 30 mg	00078082581	\$64,895.25	USD	59	Claims
123	ZEPBOUND INJ 15/0.5ML	00002245780	\$64,343.34	USD	86	Claims
124	teprotumumab trbw 500 mg PWDI	75987013015	\$63,251.55	USD	12	Claims
125	golimumab (Simponi Aria) 110 mg in sodium chloride 0.9	57894035001	\$61,507.01	USD	10	Claims
126	irinotecan liposomal 43 mg/10 mL INJ	15054004301	\$60,464.40	USD	28	Claims
127	OFEV 150 MG CAPSULE	00597014560	\$60,058.96	USD	55	Claims
128	semaglutide, weight loss, (Wegovy) 2.4 mg/0.75 mL pen-	00169452414	\$62,699.92	USD	97	Claims
129	risankizumab-rzaa (Skyrizi) 180 mg/1.2 mL (150 mg/mL)	00074106501	\$59,729.60	USD	6	Claims
130	telisotuzumab vedotin-tllv (Emrelis) 120 mg in sodium cf	00074104401	\$49,698.90	USD	6	Claims
131	immune globulin (human) (Octagam) 10% infusion 40 g	68982085004	\$56,995.58	USD	37	Claims
132	isatuximab-irfc (Sarclisa) 1,000 mg in sodium chloride 0.	00024065601	\$47,115.20	USD	8	Claims
133	Trokendi XR 100 mg Cp24	17772010330	\$54,513.07	USD	10	Claims

134	Apretude 600 MG/3ML SUER	49702026423	\$54,024.81	USD	24	Claims
135	ublituximab (Briumvi) 450 mg in sodium chloride 0.9 % 2	73150015006	\$52,364.20	USD	3	Claims
136	ENZALUTAMIDE	00469012599	\$46,125.59	USD	1	Claims
137	omalizumab (Xolair) 300 mg/2 mL AtIn	50242022755	\$51,498.38	USD	14	Claims
138	romiPLOStim (Nplate) subcutaneous injection 125 mcg	55513022301	\$45,660.63	USD	51	Claims
139	immune globulin (human) (Privigen) 10% infusion 5 g	44206043605	\$47,385.85	USD	190	Claims
140	ZEPBOUND 2.5MG/0.5MLX4PEND AM	00002250680	\$45,660.63	USD	62	Claims
141	FOLLISTIM AQ 900 UNIT CARTRIDG	78206013101	\$46,939.24	USD	152	Claims
142	Aranesp (Albumin Free) 300 MCG/0.6ML SOSY	55513011101	\$46,626.60	USD	89	Claims
143	SKYRIZI 150 MG/ML PEN	00074210001	\$74,123.45	USD	2	Claims
144	tildrakizumab-asmn (Ilumya) syringe 100 mg	47335017795	\$45,828.00	USD	4	Claims
145	botulinum toxin Type A (Botox) 200 unit SolR	00023392102	\$39,454.32	USD	38	Claims
146	luspatercept-aamt 25 mg PWDI	59572071101	\$38,927.85	USD	4	Claims
147	tremelimumab-actl 75 mg in sodium chloride 0.9 % 50 m	00310450525	\$44,317.86	USD	1	Claims
148	reslizumab (Cinqair) 410 mg in sodium chloride 0.9 % 50	59310061031	\$43,655.71	USD	14	Claims
149	rituximab (Rituxan) 1,000 mg in sodium chloride 0.9 % 1,	50242005306	\$43,417.02	USD	13	Claims
150	adalimumab-bwwd (Hadlima,CF, PushTouch) 40 mg/0.4	78206018701	\$42,828.00	USD	59	Claims
151	lecanemab irmb 200 mg/2 mL INJ	62856021201	\$40,541.16	USD	93	Claims
152	ustekinumab-stba (Steqeyma) 90 mg/mL Syrg	72606002801	\$40,155.98	USD	32	Claims
153	polatuzumab vedotin 140 mg INJ	50242010501	\$40,101.00	USD	2	Claims
154	durvalumab 120 mg/2.4 mL INJ	00310450012	\$38,506.22	USD	39	Claims
155	guselkumab (Tremfya Pen) 200 mg/2 mL Pnlj	57894065102	\$37,538.50	USD	8	Claims
156	palbociclib (Ibrance) 75 mg Tab	00069028403	\$75,157.25	USD	5	Claims
157	Levonorgestrel (Liletta) 20.4 mcg/24 hr (8 yrs) 52 mg IUD	00023585801	\$35,350.00	USD	428	Claims
158	RINVOQ ER 30 MG TABLET	00074231030	\$40,671.78	USD	16	Claims
159	semaglutide, weight loss, (Wegovy) 1.7 mg/0.75 mL pen-	00169451714	\$30,475.42	USD	55	Claims
160	Ondansetron HCl 4 MG/2ML SOLN	00409475503	\$36,921.82	USD	30	Claims
161	DOCEtaxeL (Taxotere) 130 mg in sodium chloride 0.9 % 2	00409036601	\$36,653.92	USD	5	Claims
162	VEMLIDY TAB 25MG 30	61958230101	\$47,667.53	USD	39	Claims
163	immune globulin (Gamunex-C) 30 g	13533080071	\$34,055.84	USD	44	Claims
164	SIMPONI INJ 100MG/ML	57894007102	\$31,587.68	USD	13	Claims
165	ARIPiprazole (Abilify Maintena) 400 mg SERR	59148024512	\$31,495.12	USD	22	Claims
166	ixekizumab (Taltz Syringe) 80 mg/mL Syrg	00002772411	\$28,130.00	USD	5	Claims
167	tezepelumab-ekko (Tezspire) 210 mg/1.91 mL (110 mg/n	55513012301	\$30,580.82	USD	8	Claims
168	upadacitinib (Rinvoq) 45 mg Tb24	00074104328	\$26,378.91	USD	2	Claims
169	RABAVERT PFS 1IU 1ML	50632001001	\$25,457.00	USD	100	Claims
170	darunavir-cobi-emtri-tenof ala (Symtuza) 800-150-200-1	59676080030	\$29,520.30	USD	10	Claims
171	cemiplimab-rwlc 350 mg in sodium chloride 0.9 % 93 mL	61755000801	\$29,233.50	USD	6	Claims

172	dupilumab (Dupixent Syringe) 300 mg/2 mL Syrg	00024591401	\$26,371.08	USD	9	Claims
173	Kyleena 19.5 MG IUD	50419042401	\$25,561.44	USD	42	Claims
174	teriparatide 20 mcg/dose (620mcg/2.48mL) Pnlj	47781065289	\$27,380.08	USD	22	Claims
175	rucaparib (Rubraca) 300 mg Tab	82154078501	\$26,992.50	USD	4	Claims
176	TIBSOVO 250MG TAB 60	72694061760	\$24,360.19	USD	1	Claims
177	riTUXimab-abbs (Truxima) 1,000 mg in sodium chloride C	63459010450	\$24,326.75	USD	10	Claims
178	Tranexamic Acid 1000 MG/10ML SOLN	55150018810	\$26,317.88	USD	224	Claims
179	trametinib 2 mg Tab	00078111215	\$23,972.30	USD	5	Claims
180	Trelstar Mixject 3.75 MG SUSR	74676590201	\$25,030.80	USD	134	Claims
181	ProvayBlue 50 MG/10ML SOLN	00517037405	\$21,644.13	USD	271	Claims
182	XIFAXAN TAB 550MG	65649030302	\$21,270.21	USD	11	Claims
183	efgartigimod alfa-hyaluronidase qvfc 1008 mg-11200 uni	73475310203	\$24,285.80	USD	3	Claims
184	STELARA PFS 45MG/0.5ML 1	57894006003	\$20,868.75	USD	1	Claims
185	guselkumab (Tremfya) 100 mg/mL Atln	57894064011	\$23,517.01	USD	6	Claims
186	lenvatinib (Lenvima) 4 mg cap	62856070430	\$22,046.42	USD	1	Claims
187	Acetaminophen 10 MG/ML SOLN	63323043400	\$21,811.11	USD	6566	Claims
188	semaglutide, weight loss, (Wegovy) 0.5 mg/0.5 mL pen-ir	00169450514	\$18,092.04	USD	31	Claims
189	FASENRA 30MG PFS	00310173030	\$17,844.34	USD	4	Claims
190	nivolumab-hyaluronidase-nvhy 600 mg-10,000 unit/5 mL	00003612001	\$16,668.96	USD	3	Claims
191	Indocyanine Green 25 MG SOLR	70100042402	\$20,599.42	USD	186	Claims
192	pegfilgrastim (Neulasta) injection 6 mg	55513019001	\$20,592.39	USD	63	Claims
193	belimumab (Benlysta) 750 mg in sodium chloride 0.9 % z	49401010201	\$20,302.67	USD	3	Claims
194	trametinib (Mekinist) 0.5 mg Tab	00078110515	\$20,096.64	USD	4	Claims
195	dulaglutide (Trulicity) 4.5 mg/0.5 mL Pnlj	00002318280	\$15,629.58	USD	19	Claims
196	WEGOVY INJ 1MG	00169450114	\$20,549.08	USD	37	Claims
197	F/S Sodium Chloride 0.9% 250 mL	00338004902	\$17,112.09	USD	2631	Claims
198	ustekinumab 130 mg/26 mL VIAL	57894005427	\$16,826.46	USD	7	Claims
199	PACLItaxel 300 mg/50 mL MDV	61703034250	\$16,774.57	USD	1960	Claims
200	leuprolide (3-month) (Lupron Depot) injection 22.5 mg	00074334603	\$13,980.26	USD	69	Claims
201	leuprolide (1-month) (Lupron Depot) injection 7.5 mg	00074364203	\$16,359.81	USD	179	Claims
202	GEMTESA TAB 75MG	73336007530	\$29,106.76	USD	110	Claims
203	follitropin alfa (Gonal-F RFF Redi-Ject) 900/1.5 unit/mL P	44087111701	\$15,794.98	USD	42	Claims
204	dulaglutide (Trulicity) 3 mg/0.5 mL Pnlj	00002223680	\$13,332.46	USD	18	Claims
205	Ativan 2 MG/ML SOLN	00641600125	\$15,227.04	USD	137	Claims
206	betamethasone acet,sod phos (CELESTONE) injection 1:	78206011801	\$15,174.72	USD	418	Claims
207	immune globulin (human) (Gammagard Liquid) 10% infu	00944270005	\$15,077.02	USD	38	Claims
208	LENVIMA 20MG BPK CAP 60	62856072030	\$12,801.91	USD	1	Claims
209	cetuximab (Erbix) IVPB 250 mg/m2 = 500 mg 250 mL	66733094823	\$14,754.70	USD	38	Claims

210	WEGOVY 0.25MG 4 PREF PENS	00169452514	\$12,795.24	USD	26	Claims
211	cycloPHOSphamide 1 GM SOLR	10019095601	\$13,565.43	USD	341	Claims
212	adalimumab-ryvk (Simlandi,CF, Autoinjector) 40 mg/0.4	51759040202	\$13,377.00	USD	19	Claims
213	epoetin alfa-epbx (Retacrit) 40,000 unit/mL Soln	00069130904	\$12,712.42	USD	83	Claims
214	adalimumab-adaz 40 mg/0.4 mL Pnlj	61314032720	\$13,087.50	USD	24	Claims
215	darbepoetin alfa 500 mcg/1 ml SYRINGE	55513003201	\$13,087.02	USD	11	Claims
216	ganirelix 250 mcg/0.5 mL Syrg	00548500100	\$12,554.61	USD	115	Claims
217	inFLIXimab-abda (Renflexis) 100 mg/10 mL PWDI	78206016201	\$12,301.90	USD	12	Claims
218	DUPIXENT INJ 200MG/1.14ML 2	00024591902	\$11,726.76	USD	3	Claims
219	insulin degludec 200 unit/mL (3 mL) InPn	00169255013	\$11,250.06	USD	17	Claims
220	Diprivan 200 MG/20ML EMUL	63323026929	\$12,379.11	USD	11870	Claims
221	tocilizumab (Actemra) 160 mg in sodium chloride 0.9 %	50242013501	\$12,336.52	USD	32	Claims
222	INSULIN GLARGINE,HUM.REC.ANLOG	00002771559	\$15,438.80	USD	45	Claims
223	benralizumab (Fasenra) subQ syringe 30 mg (Patient Sup	00310183030	\$11,386.09	USD	17	Claims
224	everolimus, antineoplastic, 5 mg Tab	70377001123	\$11,170.62	USD	4	Claims
225	eptinezumab (Vyepeti) 100 mg, sodium chloride 0.9 %	67386013051	\$11,068.19	USD	7	Claims
226	obinutuzumab 1000 mg/40 mL SOLN MDV	50242007001	\$10,567.22	USD	2	Claims
227	zoledronic acid (Reclast) IVPB 5 mg	25021083082	\$10,522.84	USD	95	Claims
228	acarbose (PRECOSE) 25 mg tablet	00054014025	\$10,416.25	USD	1	Claims
229	DESCOVY TAB 200/25MG	61958200201	\$17,115.06	USD	19	Claims
230	triptorelin (Trelstar Mixject) intramuscular injection 11.2	74676590401	\$10,049.29	USD	6	Claims
231	DOXOrubicin HCl Liposomal 2 MG/ML SUSP	70710153101	\$10,027.47	USD	94	Claims
232	CARBOplatin 600 MG/60ML SOLN	55150038601	\$9,888.06	USD	142	Claims
233	spironolactone (Aldactone) 100 mg tablet	53746051501	\$9,710.18	USD	2	Claims
234	insulin glargine U-300 conc 300 unit/mL (3 mL) InPn	00024587102	\$9,658.42	USD	44	Claims
235	alteplase (Activase) injection 2 mg	50242004164	\$9,570.54	USD	180	Claims
236	cephalexin (KEFELX) 125 mg/5 mL suspension	68180044001	\$9,475.89	USD	1	Claims
237	norethindrone (MICRONOR) 0.35 mg tablet	68462030529	\$9,254.88	USD	3	Claims
238	denosumab-bbdz (Jubbonti) injection 60 mg	61314024063	\$9,192.15	USD	6	Claims
239	netupitant-palonosetron (Akynzeo, netupitant,) 300-0.5	69639010101	\$9,161.12	USD	4	Claims
240	riTUXimab-pvvr (Ruxience) 100 mg/10mL INJ	00069023801	\$9,145.21	USD	46	Claims
241	sofosbuvir-velpatasvir 400-100 mg Tab	72626270101	\$9,084.10	USD	3	Claims
242	tocilizumab-aazg 162 mg/0.9 mL Pnlj	65219058401	\$9,040.38	USD	8	Claims
243	naltrexone ER (Vivitrol) 380 mg SERR	65757030001	\$8,959.47	USD	15	Claims
244	cycloPHOSphamide 500 mg PWDI	10019095501	\$8,843.05	USD	224	Claims
245	paliperidone palmitate ER (Invega Sustenna) 234 mg/1.5	50458056401	\$7,905.18	USD	2	Claims
246	fezolinetant 45 mg Tab	00469266030	\$18,368.69	USD	35	Claims
247	fosaprepitant (Emend) 150 mg in sodium chloride 250 m	16714024801	\$7,358.66	USD	209	Claims

248	PACLitaxel (Taxol) 102 mg in sodium chloride 0.9 % 250	63323076350	\$7,357.15	USD	133	Claims
249	dulaglutide (Trulicity) 0.75 mg/0.5 mL Pnlj	00002143380	\$7,150.44	USD	10	Claims
250	aripiprazole (ABILIFY) 15 mg tablet	13668021930	\$7,064.24	USD	3	Claims
251	iodine 5%-10% topical 14 mL SOLN	48433023015	\$6,928.69	USD	239	Claims
252	DOXOrubicin liposome (Doxil) 60 mg in dextrose 5 % 25C	70710153001	\$6,906.40	USD	6	Claims
253	Rocuronium Bromide 50 MG/5ML SOLN	00409318910	\$6,900.63	USD	3798	Claims
254	medroxyPROGESTERone Acetate 150 MG/ML SUSY	66993037179	\$6,730.84	USD	771	Claims
255	ceFAZolin Sodium 2 GM SOLR	00143913925	\$6,710.77	USD	2651	Claims
256	dolutegravir (Tivicay) 50 mg tablet	49702022813	\$16,130.39	USD	5	Claims
257	TRESIBA FLEX INJ 100UNIT	00169266015	\$6,577.23	USD	14	Claims
258	Doxycycline Hyclate 100 MG SOLR	16714064410	\$6,527.82	USD	374	Claims
259	risperiDONE microspheres ER (RisperDAL Consta) inject	50458030811	\$6,315.12	USD	15	Claims
260	eluxadoline (Viberzi) 75 mg Tab	61874007560	\$6,255.12	USD	12	Claims
261	Invega Sustenna 117 mg/0.75 mL Syrg	50458056201	\$6,162.82	USD	10	Claims
262	deucravacitinib (Sotyktu) 6 mg Tab	00003089511	\$5,950.89	USD	3	Claims
263	fentaNYL (DURAGESIC) 100 mcg/hr	00378912498	\$5,887.96	USD	3	Claims
264	prucalopride 2 mg Tab	54092054701	\$5,875.00	USD	11	Claims
265	beclomethasone HFA (Qvar) 40 mcg/actuation HFAB	59310030240	\$5,799.99	USD	2	Claims
266	Emerphed 5 MG/ML SOLN	14789025010	\$5,504.20	USD	998	Claims
267	Vancomycin HCl 1.25 GM SOLR	67457082399	\$5,483.22	USD	20	Claims
268	DOCEtaxeL (Taxotere) 104 mg in sodium chloride 0.9 % 2	25021024504	\$5,270.58	USD	30	Claims
269	Glydo 2 % PRSY	25021067376	\$5,163.61	USD	1939	Claims
270	TYMLOS SY 2MG/ML 1.56ML 30DS SPD	70539000102	\$36,171.62	USD	49	Claims
271	menotropins (Menopur) 75 unit SolR	55566750102	\$21,826.75	USD	347	Claims
272	CRINONE GL 8% 15X1.125GM PFA VAG	00023615108	\$13,072.44	USD	48	Claims
273	MIRABEGRON 50MG ER TABLETS	68180015206	\$11,169.84	USD	36	Claims
274	GEMTESA TAB 75MG	73336007590	\$5,040.96	USD	13	Claims

Total Prescription Drugs individually under \$5,000

\$623,385.98 USD 206566 Claims

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

\$55,496,300.74

268715

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:

Women & Infants Hospital of RI

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.

Line No.	340B Net Revenue Usage Description	Amount/Value	Unit
1	Health Services Expansion		USD
2	Community and Public Health Programs	17,988.00	USD
3	Improving Patient Access	12,989,001.00	USD
4	Facility Upgrades		USD
5	Technology Upgrades		USD
6	Subsidize Losses - Medicaid and Medicare Program Underpayments	22,415,041.00	USD
7	Research and Innovation	4,135,772.00	USD
8	Community Programs	24,600.00	USD
9	Charity Care/Uncompensated Care	2,183,813.00	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	41,766,215.00	

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:

Women & Infants Hospital of RI

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?

Signature

3/31/2026

Date

Thomas Ricci, Interim COO / VP of Finance

Name and Title

Tricci@carene.org

Email