



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.**

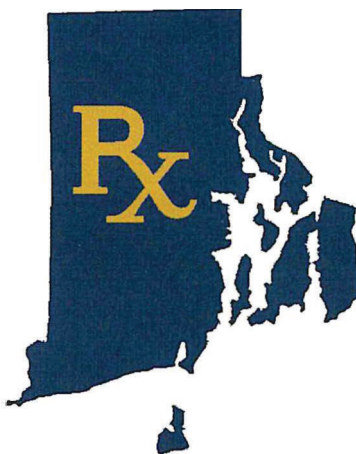
Covered Entity Name:	Wood River Health Services, Inc.
Covered Entity Corporate Address:	823 Main St, Hope Valley, RI 02832
340B ID Number(s)	CH012230, CH012230A
Reporting for Calendar Year:	2025

Covered Entity Required Information

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

Reporting Basis (i.e., Cash or 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: Wood River Health Services
 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	1,677,990	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	4,475,073	USD
3	Total Aggregated Payments to Contract Pharmacies for 340B Program Prescription Drugs	Total payments made to contract pharmacies for dispensing 340B drugs.	D	549,180	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	267,997	USD
5	Total Aggregated Administrative Expenses for 340B Program	Total covered entity expenses for staffing, operations, and administration related to the 340B program.	F	14,500	USD
6	Net 340B Revenue Calculation (Auto-Calculated)	Payments Received (Line 2) - (Acquisition Costs (Line 1) + Administration Expenses (Lines 3, 4 & 5))		\$1,965,406.00	USD



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Schedule B

340B Drug Pricing Program - Covered Entity Reporting
Schedule B - Acquisition Cost Detail Schedule

Covered Entity Name:

Wood River Health Services

Reporting for Calendar Year

2025

Instruction: Provide detail for all vendors (e.g. manufacturers, wholesalers) where the covered entity procured \$5,000 or more of prescription drugs from an individual vendor/pharmacy under the 340B program. Provide an aggregated total for vendors where procurement was less than \$5,000.

Line No.	Vendor Name	Amount Paid	Unit
1	Cardinal Health	1,453,252	USD
2	McKesson	224,738	USD
3			USD
4			USD
5			USD
6			USD
7			USD
8			USD
9			USD
10			USD
	Total for vendors under \$5,000		USD
	340B Program Drugs - (Supports Schedule A, Line 1)	1,677,990	USD
		Schedule A - Line 1	



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Schedule C

340B Drug Pricing Program - Covered Entity Reporting

Schedule C - Claim Reimbursements For 340B

Dispensed / Administered Drugs

Covered Entity Name:

Woodriver Health Services

Reporting for Calendar Year:

2025

Instruction: Provide detail (amount and number of individual claims) for all reimbursements relating to pharmaceuticals obtained under the 340B Drug Program from commercial insurance (including Medicare Supplemental plans), Medical Assistance, Medicare, and or other sources. This schedule should total all reimbursements relating to pharmaceuticals obtained under the 340B Drug Program.

Line No.	Reimbursement Source	Amount Reimbursed	Unit	Count	Unit
1	Commercial Insurance	2,104,225	USD	4,088	Claims
2	Medical Assistance (i.e., Medicaid) Mgd care	493,520	USD	712	Claims
3	Medicare	1,835,529	USD	2,767	Claims
4	Other Sources	41,799	USD	150	Claims
Total Aggregated Payment Amount Received for Dispensed/Administered 340B Drugs (Supports Schedule A - Line 2)		<u>4,475,073</u>		<u>7,717</u>	
		Schedule A - Line 2			



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Schedule D

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

Covered Entity Name:

Wood River Health Services

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	CVS	427,546	USD
2	Walgreens	48,886	USD
3	Walmart	25,653	USD
4	Genoa	33,524	USD
5	Seaside	3,902	USD
6	McQuades	9,669	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)	549,180	
		Schedule A - Line 3	



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 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: Wood River Health Services
 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	Facilitation	Capture Referral, specialty referral workflows, Eli:	230,947	USD
2	Administration	Audit	11,550	USD
3	Consultant	Compliance, Maximization, Regulatory	25,500	USD
4				USD
5				USD
6				USD
7				USD
8				USD
Total Vendor Categories individually under \$5,000				
(Vendors) for 340B Program Management, Administration, or Facilitation (Supports Schedule A - Line 4)				
			<u>267,997</u>	
			Schedule A - Line 4	



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Schedule F

340B Drug Pricing Program - Covered Entity Reporting
Schedule F - Administrative Expenses for 340B Program

Covered Entity Name:

Wood River Health Service

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	Staffing - three people .25 FTE	11,000	USD
2	Staffing IT	2,500	USD
3	Staffing Quality Assurance	1,000	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	14,500	

Schedule A - Line 5



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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:

Wood River Health Services

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	ZAVZPRET SPR 10MG	00069350002	5,355	USD	8	Claims
2	BRIXADI SY356MG/ML0.27MLER SPD C3	58284029601	5,934	USD	5	Claims
3	TRULICITY INJ 1.5/0.5	00002143480	6,062	USD	14	Claims
4	FYCOMPA TAB 8MG	69616027830	6,066	USD	12	Claims
5	WIXELA INHUB AER 500/50	00378932232	6,099	USD	73	Claims
6	VALTOCO SPR 15MG	72252051510	6,237	USD	7	Claims
9	PAXLOVID TAB 150-100	00069531720	6,480	USD	6	Claims
10	PAXLOVID TAB 300-100	00069504530	6,542	USD	8	Claims
11	BASAGLAR INJ 100UNIT	00002771559	6,763	USD	14	Claims
12	VRAYLAR CAP 1.5MG	61874011530	6,773	USD	8	Claims
13	WEGOVY PEN .5MG/.5ML NOV4	00169450514	6,938	USD	14	Claims
14	Descovy	61958200201	7,470	USD	4	Claims
15	WIXELA INHUB AER 250/50	00378932132	9,251	USD	164	Claims
16	ZEPBOUND INJ 5/0.5ML	00002249580	9,906	USD	12	Claims
17	SUBLOCADE INJ 100MG/0.5ML 1	12496010001	11,143	USD	8	Claims
18	HUMIRA CF AUTO INJ 40MG/.4ML 2	00074055402	11,209	USD	8	Claims
19	AJOVY INJ 225/1.5	51759020210	11,582	USD	78	Claims
20	REXULTI TAB 0.5MG	59148003613	11,639	USD	15	Claims

21	ZEPBOUND INJ 7.5/0.5	00002248480	11,659	USD	16	Claims
22	QULIPTA TAB 60MG	00074709430	12,315	USD	25	Claims
23	REXULTI TAB 1MG	59148003713	12,871	USD	16	Claims
24	ENTRESTO TAB 49-51MG	00078077720	13,332	USD	25	Claims
25	ENTRESTO TAB 97-103MG	00078069620	13,679	USD	23	Claims
26	ZEPBOUND INJ 2.5/0.5	00002250680	16,496	USD	20	Claims
27	IBSRELA TAB 50MG	73154005060	18,513	USD	5	Claims
28	WEGOVY INJ 1.7MG	00169451714	18,783	USD	35	Claims
29	WEGOVY 0.25MG/0.5ML INJ (4 PENS)	00169452514	17,481	USD	2	Claims
30	WEGOVY INJ 0.5MG	00169450514	20,397	USD	37	Claims
31	WEGOVY 1MG/0.5ML INJ (4 PENS)	00169450114	17,481	USD	2	Claims
32	TRELEGY AER 100MCG	00173088710	21,721	USD	80	Claims
33	BIKTARVY TAB 50/200/25MG 30	61958250101	22,237	USD	8	Claims
34	WEGOVY INJ 0.25MG	00169452514	23,900	USD	43	Claims
35	WEGOVY INJ 1MG	00169450114	25,336	USD	43	Claims
36	TRELEGY AER 200MCG	00173089310	25,634	USD	81	Claims
37	ZENPEP CAP 40000UNT	73562011401	26,258	USD	7	Claims
38	WEGOVY PEN 2.4MG/.75ML NOV4	00169452414	26,511	USD	47	Claims
39	PAXLOVID TAB 300-100	00069532130	28,138	USD	30	Claims
40	MOUNJARO INJ 15MG/0.5	00002145780	29,691	USD	35	Claims
41	WEGOVY INJ 2.4MG	00169452414	30,737	USD	56	Claims
42	MOUNJARO INJ 10MG/0.5	00002147180	31,145	USD	40	Claims
43	MOUNJARO INJ 12.5/0.5	00002146080	31,629	USD	38	Claims
44	UBRELVY TAB 100MG	00023650110	32,545	USD	66	Claims
45	ENTRESTO TAB 24-26MG	00078065920	35,331	USD	72	Claims
46	OZEMPIC 2MG PER DOSE (8MG/3ML) PFP	00169477212	28,702	USD	10	Claims
47	OZEMPIC 1MG PER DOSE (4MG/3ML) PFP	00169413013	31,683	USD	10	Claims
48	OZEMPIC PEN 4MG/3ML 4PCSNF	00169413013	15,049	USD	59	Claims
49	MOUNJARO INJ 2.5/0.5	00002150680	47,459	USD	64	Claims
50	MOUNJARO INJ 7.5/0.5	00002148480	58,683	USD	68	Claims
51	OZEMPIC 0.25 OR 0.5MG DOS(2MG/3ML)	00169418113	43,947	USD	13	Claims
52	OZEMPIC INJ 0.25MG/0.5MG 3ML	00169418113	15,680	USD	62	Claims
53	NURTEC TAB 75MG ODT	72618300002	61,055	USD	145	Claims
54	WEGOVY 1.7MG/0.75ML INJ (4 PENS)	00169451714	62,133	USD	11	Claims
55	OZEMPIC INJ 2MG/3ML	00169418113	88,254	USD	256	Claims
56	OZEMPIC INJ 4MG/3ML	00169413013	88,651	USD	249	Claims
57	MOUNJARO INJ 5MG/0.5	00002149580	96,794	USD	117	Claims

58	OZEMPIC INJ 8MG/3ML	00169477212	100,355	USD	312	Claims
	Total Prescription Drugs individually under \$5,000		<u>234,277</u>	USD	<u>5031</u>	Claims
	Total Costs of Prescription Drugs Obtained Through 340B Program Claimed for Reimbursement		<u><u>1,677,990</u></u>		<u><u>7,717</u></u>	
					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:

Wood River Health Services

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	139,255	USD
3	Improving Patient Access	34,559	USD
4	Facility Upgrades	75,649	USD
5	Technology Upgrades	41,478	USD
6	Subsidize Losses - Medicaid and Medicare Program Underpayments	969,326	USD
7	Research and Innovation	-	USD
8	Community Programs	191,191	USD
9	Charity Care/Uncompensated Care	85,468	USD
10	Other Dental program	418,689	USD
	Other programs, projects, and services where costs totaled less than \$5,000.	<u>9,791</u>	USD
	Total Aggregate Costs of Programs, Projects, and/or Services Supported by 340B Net Revenue	<u><u>1,965,406</u></u>	

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:

Wood River Health Services

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		also did outside audit. Updates to Policy document
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?


 Signature

3/30/26

3/30/2026

Date

Donald R. Frink, CFO

Name and Title

donald.frink@outlook.com

Email