

July 1, 2019

Vermont Legal Aid, Inc.
Office of the Health Care Advocate
264 North Winooski Avenue
Burlington, VT 05401

To whom it may concern:

The information below is Southwestern Vermont Medical Center's responses to the Vermont Legal Aid's questions outlined in the March 8, 2019 letter to the Chairman of the Green Mountain Care Board, Mr. Kevin Mullin. The questions are in bold and SVMC's management's response follows.

- 1.) Please provide by payer (Medicare, Medicaid, BCBSVT, TVHP, MVP, and Cigna):**
- a. Your budgeted net patient revenue (NPR) and proposed NPR change from FY2019.**
 - b. The formula(s) you used to calculate your budgeted NPR, the definition of each variable in the formula(s), and the budgeted value of each variable for FY2020.**
 - c. The average ratio of the payer's reimbursement rate to Medicare's reimbursement rate.**

Management Response

A. Net Patient Service Revenues (hereafter "NPSR")

The growth in NPSR is nearly \$7.1 million or 4.28% over budgeted FY 2019. This increase has two high-level components, rate and volume. The net change in the "rate" is \$2,018,000 or approximately 1.22%. The volume component, including Anesthesia professional billings (\$1,301,000) is approximately \$5,065,000 or 3.07%%.

On the next page is a table to help in the explanation:

FY 2019 budgeted NPSR	\$165,201,376
Rate increases	2,018,000
Volume increases	<u>5,065,269</u>
FY 2020 NPSR Budget	<u><u>\$172,284,645</u></u>

The table below shows the budgeted NPR by payer as requested.

	Budgeted NPSR FY 2020	Proposed Rate Increase
Medicare	\$64,866,013	(\$89,000)
Medicaid	20,661,512	(45,000)
BCBSVT	15,174,458	421,874
TVHP	10,732,561	289,499
MVP	6,432,593	189,323
Cigna	6,895,605	197,339
Commerical/other	47,521,903	1,053,965
Total	<u><u>\$172,284,645</u></u>	<u><u>\$2,018,000</u></u>

B. The “high level” formulas used to calculate budgeted NPSR are:

- Establish a baseline for NPR and statistics or units of service to establish NPR by unit of service. SVMC used the most recent twelve month period at the start of the budget cycle, (February 2018 – January 2019), for capturing actual NPR (cash received) by service, location and payer.
- Adjust gross charges and NPR by budget assumptions for changes in volumes by multiplying the assumed volume changes by established NPR by unit of service.
- Establish assumptions for Medicare and Medicaid reimbursement changes for the budget year.
- Establish assumptions for changes in bad debt and charity care for the budget year.
- Determine the proposed rate increase for charges.
- Multiply gross charge rate increases by collection rates, by payer, by contract, to establish net realization of the charge increase.

The following tables show the value of each variable:

<u>Volumes / Services</u>	<u>Amount</u>	<u>Percent of FY 2019 NPSR</u>
Medical Practices	\$1,181,000	0.72%
Oncology services/drug revenues	1,140,000	0.69%
Outpatient surgical volumes	585,000	0.35%
Inpatient volumes	563,000	0.34%
Endoscopy	372,000	0.23%
MRI	205,000	0.12%
Outpatient volumes and others	(281,731)	(0.17%)
<i>Subtotal</i>	<u>3,764,269</u>	<u>2.28%</u>
New Anesthesia professional revenues	<u>1,301,000</u>	<u>0.79%</u>
Total volume and service changes in revenues	<u><u>\$5,065,269</u></u>	<u><u>3.07%</u></u>

<u>Rate Changes</u>	<u>Amount</u>	<u>Percent of FY 2019 NPSR</u>
Net realization of the charge increase	\$2,776,000	1.68%
Medicare proposed rate increase	673,000	0.41%
Medicaid proposed rate increase	138,000	0.08%
Medicaid Disproportionate Share	(183,000)	(0.11%)
1% Payer mix shift to Medicare	(424,000)	(0.26%)
Medicare provider based payment	(762,000)	(0.46%)
<i>Subtotal</i>	<u>2,218,000</u>	<u>1.34%</u>
Net change in bad debt and charity care	(200,000)	(0.12%)
Total changes in rate	<u><u>\$2,018,000</u></u>	<u><u>1.22%</u></u>

On average Medicare reimbursement received is approximately 32.9% of every gross charge dollar, Medicaid reimbursement is approximately 30.4% of every gross charge dollar and all commercial and other payers SVMC collects approximately 72.8% of charges.

- 2.) Please delineate the hospital's financial performance and patient distribution by capitated business, fee for service business, and any other payment methodologies. (If you only have one type of business please state which type.)**
- a. Please indicate which entities the hospital has capitated or other alternative payment agreements with (e.g., insurer(s), ACO).**

Management Response

SVMC has both fee for service and capitated payment agreements. The capitated payments are with OneCare Vermont ACO. Effective January 1, 2019 SVMC began participating in Medicare, Vermont Medicaid and Blue Cross QHP with more than 9,000 attributed lives. SVMC is responsible for approximately \$90,000,000 in healthcare spending, 48% occurs at SVMC for which the hospital receives approximately \$36,500,000 in fixed prospective payments and the remaining \$7,000,000 is fee for service payments.

- 3.) Please describe any initiatives that you have implemented to address the inadequate access to mental health treatment experienced by Vermonters.**
- a. What other avenues are you pursuing to address this crisis in a sustainable way?**

Management Response

In 2018, SVMC saw an average of about 60 to 65 mental health patients per month. Approximately 7% of those patients required transfer to an inpatient psychiatric unit. Through 2019 we have seen an increase in at amount to close to nearly 80 patients a month. The patients who require transfer to an inpatient setting or other settings are typically delayed and remain in the Emergency Room a significant amount of time. There have been occurrences where a patient may be in the Emergency Room over 30 days.

SVMC maintains a three bed ligature free environment as an extension of our Emergency Room for Mental Health patients needing assessments or waiting for placement into acute mental health facilities, requiring staffing above previous Emergency Room staffing to ensure safety of staff and patients.

The Medical Center has contracted with United Counseling Services to provide on-site psychiatric consultants four hours a day, five days a week, and on call for off hours and weekends for Emergency Room and Inpatient populations that have a primary or secondary mental health diagnosis. This agreement assists with medication management and creates patient care plans while these patients await an appropriate mental health care plan.

There continues to be engagement with community agencies who provide services that address the social determinants of health. The Community Care Teams, with patient's

expressed permission, meet on a monthly basis to review the specific needs of adult mental health patients within our community to ensure their needs are met without requiring an Emergency Room or Inpatient admission to meet those needs.

SVMC last year initiated a Pediatric Community Care team to provide coordinated services for at risk youth in our community to ensure their or their family's needs are met without requiring Emergency Room or Inpatient admission to meet those needs. This work is continuing.

SVMC continues to utilize SBIRT clinicians to do risk screening of Emergency Room and Inpatient populations to identify those patients who may be at risk for substance abuse to provide immediate counseling and connect them with ongoing support to treat their addiction.

SVMC has just initiated a Y- SBIRT program within our Pediatric office to identify youths at risk who would benefit from referrals to the Pediatric Community Care team, United Counseling Service for outpatient support or Emergency Room assessment for youths in crisis. In addition, we are partnering with United Counseling Services to initiate a Pediatric Urgent Care model this school year that would provide assessment, counseling and support in an alternative setting to school or home for youths in crisis rather than have them sent to the Emergency Room, via police. This program is intended to provide crisis services as well as to initiate plans of care that provide for re-entry into the public school system.

Tele-Psychiatry services have been implemented to enable access to a psychiatric provider 24/7 for consultation related to mental health diagnoses, medication management and developing a plan for care.

Additionally, the Medical Center has added additional clinical as well as non-clinical staff in the Emergency Room to address the challenges of the Behavioral Health patients.

- 4.) Please provide data on substance use treatment at your hospital, including:**
- a. The number of patients currently enrolled in medication-assisted treatment at your hospital**
 - b. The number of MAT providers employed by your hospital, and**
 - c. Other avenues that you are pursuing to address this crisis in a sustainable way.**

Management Response

The Medical Center works closely with the Community Care Teams, Blueprint for Health as well as other providers in the Bennington region. In the Bennington region there are 15 providers prescribing patients. SVMC current has 3 individuals and 61 patients being treated.

The leadership of SVMC is constantly working with our community partners to find ways to address this crisis. Evaluations are under way to find local and regional partners. In addition see the response to question number 3, many mental health issues are interrelated to substance use.

5.) Please provide the number of patient bed days attributable to patients awaiting placement in an appropriate Skilled Nursing Facility bed, and average bed days per patient, for:

- a. FY 2018, and**
- b. FY2019 to date.**

Management Response

SVMC's management believes the spirit of this question is not to address the routine patient that is going to a nursing home but the patients that are difficult. If we provide the total and an average the numbers will not address the true problem which management believes the question is truly inquiring into.

In FY 2019, to date, the SVMC identified 35 patients that were difficult patients to place. The excess days for these difficult, mostly behavioral health patients are over 700 days with one individual over 100 days.

This data does not include the patients that spend days and in a few cases weeks in the Medical Center's Emergency Room awaiting transfer.

6.) Please provide the hospital's per unit profit margin on each 340B drug dispensed and the number of units of each drug dispensed.

Management Response

SVMC at this time does not maintain a cost accounting system which would allow management a tool to determine the cost per unit and profit margin per unit. Any calculation which tries to isolate a particular drug / supply or even procedure typically at best is an estimate without a cost accounting system. Estimates are challenged due to their nature. To make it even more complicated for SVMC without the cost accounting system, for a specific drug, identification of the particular price, prices change daily and or weekly, to a particular patient with a particular financial class is close to impossible at this time.

Overall, the 340B drug program is a Federal program created that requires drug manufactures to provide outpatient drugs to healthcare organizations that meet certain criteria, at a significantly reduced cost. For SVMC it is estimated that drug costs administered to SVMC patients would be \$3 million greater than submitted in SVMC FY 2020 budget.

Attachment A provides the 340b drugs and units purchased.

7.) Please describe any changes to the hospital's shared-decision making programs. a. For any new initiatives, please describe the initiative(s), which departments participate, how you chose which departments participate, and how you plan to identify cost savings and quality improvement.

Management Response

The examples below are just a few of the many ways the SVMC care givers and patients work together in shared decision making. The providers, associate providers, nurses, case workers, and any other professional involved in the care of the patient are all working with our patients and families, where appropriate, to assure they are all part of the decision making process.

Here are examples:

Pain Management Agreements. These are documents that give patients options in their treatment for pain. They outline choices and consequences and are signed by the patient and providers.

Referrals to Palliative Care. These occur when patients have a choice to make regarding their care and treatment for the future.

Cologuard vs. Colonoscopy. Patients who refuse a Colonoscopy are offered the option of Cologuard, with an explanation of its strengths and weaknesses.

Learning Needs Assessment. In order for any provider or clinical staff member to engage in shared decision making with a patient, they first need to assess how best to meet the patient's needs. SVMC engages with patients and ask them how best they learn and that helps to direct our ability to explain care options in a way that they can understand.

Care Plans. We work with many patients to identify, with them, a Care Plan for their treatment or to mitigate risks, etc. These Care Plans are mostly documented in the Electronic Medical Record, but can also be found in OneCare's system, CareNavigator. Care Plans may include providers, clinical staff, external participants (like United Counseling Services or schools) and others. They are not always specific to clinical care or choices, but may instead include discussions regarding housing, education, support systems, etc.

Transitional Care Team and Community Health Team (Blueprint). When a patient has been identified as needing assistance, whether it's through multiple admissions, visits to the Emergency Room or a phone call to the office or visit with a provider, the Transitional

Care Team and/or Community Health Team members are engaged. They work with patients to help facilitate a plan for future care or needs.

Women's Health Initiative. In our Ob/Gyn office, providers and/or clinical staff work with patients to identify their personal goals related to contraception and then help to remove barriers to that care. It is the patient's choice.

YSBIRT. In Pediatrics, we recently began surveying Pediatric patients to identify children who may be at risk due to their own behaviors, thoughts, or actions, or those of others. With that information, the patient (and family) are then offered options for care and resources.

Immunizations. Patients are given the risks and rewards for immunizations and allowed to make their own decisions. Please note however, that schools and/or employers may require vaccinations, so in those instances there is a strong argument in favor of the vaccination, which makes it less of a shared decision.

Treatment Plan Options. Outlines patient choices for care. These are performed in most if not all offices and occur when a patient needs to make a decision about their next steps in care. Patients are given their options and information about their choices. This may include testing, referrals, medications, etc.

These are just a few examples the teams have worked on this past year.

8. Please provide copies of your financial assistance policy, application, and plain language summary (noting any changes from your last submission).

a. Please provide detailed information about the ways in which these three items can be obtained by patients, including links if they are available online.

b. Please provide the following data by year, 2014 to 2019 (to date):

i. Number of people who were screened for financial assistance eligibility,

ii. Number of people who applied for financial assistance,

iii. Number of people who were granted financial assistance by level of financial assistance received,

iv. Number of people who were denied financial assistance by reason for denial.

v. Percentage of your patient population who received financial assistance.

c. Please provide the statistics and analyses you relied on to determine the qualification criteria, including any geographic restrictions, and the amount of assistance provided under your current financial assistance program. For example, analysis of financial need in the community and analysis of how much people can afford to pay.

Management's Response

In the Medical Center's submission to the Green Mountain Care Board copies of the financial assistance policy, application, and plain language summary is included. The information can be obtained on-line, requested in writing, requested via the phone, requested in person as well as any other method of communication where the patient requested the information.

In FY 2016, management started automated the collection of the requested data. Below is the information for FY 2016, 2017, 2018 and six months ended March 31, 2019.

Attachment B has the information requested.

9.) For the hospital's inpatient services, please provide your total discharges, case mix adjusted discharges, all payer case mix index, and average cost per case mix adjusted discharge for 2014 (actual) through the present (2019 budget and projected) and 2020 (budget).

Management Response

Below is the table of the requested information. As on can see the all-payer case mix index has remained constant.

The adjusted admission have grown by an annual rate of 2.6%. A portion of the increase is in out of state patients utilizing SVMC. The increase has not been in the inpatient or costly setting but in the outpatient setting. Inpatient admissions were 3,544 in 2014 compared to 3,406 projected in 2019. This is a reduction of 3.9%. Eight years ago SVMC's revenues were 70% outpatient in the FY 2020 budget outpatient revenue will be over 81%.

The cost per adjusted admission has increased 0.8% per year from \$8,778 to FY 2020 budget of \$9,292.

	<u>FY2014</u>	<u>FY2015</u>	<u>FY2016</u>	<u>FY2017</u>	<u>FY2018</u>	<u>FY2019 Projected</u>	<u>FY2020 Budget</u>
All-payer case mix index	1.18	1.22	1.17	1.20	1.21	1.22	1.21
Adjusted admissions	15,662	15,024	17,157	16,205	17,741	18,028	18,506
Cost per adjusted admission	\$8,778	\$9,339	\$8,705	\$9,294	\$8,937	\$9,059	\$9,292

10.) Last year the Board's hospital budget orders instructed hospitals to negotiate with insurers rather than seeing the Board's approval as a specific set rate. Please describe how you implemented this directive.

- a. What average commercial rate increase did you implement for FY2019?**
- b. What commercial rate increase did you get from each commercial payer (BCBSVT, TVHP, MVP, Cigna)?**

Management Response

In the budget order the GMCB noted "We (the GMCB) further note that the rate increase approved by the Board does not constrain negotiations between the hospital and insurers, and that actual prices paid by Vermont commercial ratepayers for health care services should reflect underlying cost and market rates for comparable services."

In fiscal year 2019 the Medical Center increased its charges as provided in the budget order. As per our contracts we notified the payers of the charge increase and if applicable the payments to SVMC were increased. During discussions with several payers in FY 2019 they were non-responsive to management's request for a different or higher increase as a result the rates were increased as described in the budget order.

* * * * *

If there are any questions or comments please do not hesitate to contact Stephen D. Majetich, Chief Financial Officer at 802.447.5011 or Stephen.majetich@svhealthcare.org.

SVMC Financial Assistance Program Plain Language Summary

Southwestern Vermont Medical Center's Financial Assistance Program offers discounted or free care to uninsured or underinsured individuals who are in need of emergency or medically necessary services. SVMC will render financial assistance to persons with a demonstrated inability to pay regardless of race, color, gender, immigration status, sexual orientation or religious affiliation. A patient determined to be eligible for Financial Assistance will not be billed more for emergency or medically necessary services than the amounts generally billed to insurance companies.

Eligibility Requirements

- Patients household income/assets do not exceed 400% of the Federal Poverty level guidelines
 - Income is calculated at gross earnings per month
 - Assets include cash, savings, checking, CDs, Stocks/bonds and secondary homes
 - Patient's primary residence is not considered in determining eligibility
- The patient has no medical insurance, liability or other third party coverage that will pay for the services
- Uninsured patients are required to apply for Medicaid or insurance through the Health Exchange
- Patients must reside within the SVMC service area unless care was a medical emergency. The SVMC service area includes: Bennington (VT), Windham (VT), Rensselaer (NY), Washington (NY), and Berkshire (MA) counties where SVMC is the closest hospital to the patient's home or place of work.
- Services must be Medically necessary

How to Apply

- Submit a completed Financial Assistance Application along with all of the required supporting documents to:
Southwestern Vermont Medical Center
100 Hospital Drive, Box 52
Bennington, VT 05201
- A written notification of eligibility will be sent to the patient.
- Eligibility is determined based on a calculation of patient's income and assets. Financial Assistance adjustments will be made to all eligible service dates where patients below 225% of the Federal Poverty Limit (FPL) will receive 100% discount, patients between 226%-300% will receive 75% discount and patients between 301%-400% will receive 65% discount.

Where to obtain copies of the Financial Assistance Application

- The SVMC Financial Assistance Policy and Application can be downloaded from our website:
<http://svhealthcare.org/patients-visitors/billing-insurance/>
- An application may be obtained from any registration desk at the hospital, at any SVMC physician practice or at the SVMC Billing office.
- An application may be requested by phone by calling the billing department at 802-447-4500

Contact Us

For more information about the Financial Assistance Program:

- Contact the SVMC Billing Department at 802-447-4500
- Contact the SVMC Financial Counselor at 802-440-4083
- To speak to someone in person, please feel free to visit the SVMC Billing Department at:
100 Hospital Drive (1st Floor, East Wing)
Bennington, VT 05201
- Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-367-9559
- TTY: 1-866-237-0174, option 1 then client code 05201.

SOUTHWESTERN VERMONT MEDICAL CENTER

FINANCIAL ASSISTANCE APPLICATION

Southwestern Vermont Medical Center is committed to its community by making available financial assistance to all its patients living within its service area. The determination in establishing financial assistance is based on the most recently published poverty guidelines as set forth by the Federal Government. The financial assistance program covers medically necessary medical services. Patients should be full time residents of our service area for at least six months to qualify.

Please complete the attached form, sign it and return all the necessary information needed. All applications must have proof of income attached. The hospital does reserve the right to request a copy of the Medicaid Denial of Assistance if proof of income appears to be within the Medicaid Eligibility Guidelines or if income can not be verified. Your application will be reviewed to determine eligibility and you will be notified of our determination in a timely manner. All applications for financial assistance without the necessary documentation for support will be returned to the patient. **Please include all applicable documentation from the list below:**

1. **Copy of prior year Federal Tax Return**
2. **Copy of prior year State Tax Return**
3. **Copy of Business Tax Return (If applicable)**
4. **Copies of 2 most recent pay stubs or written verification from employer**
5. **2 Months of bank statements including checking, savings and money market**
6. **Copy of Social Security income statement**
7. **Copy of pension benefit statement**
8. **Copy of unemployment benefit statement**

Effective 1/1/2019, the income/Assets requirements are:

Family Size	< 225% FPL	300%FPL	400%FPL
	100% Discount	75% Discount	65% Discount
1	\$28,103	\$37,470	\$49,960
2	\$38,048	\$50,730	\$67,640
3	\$47,993	\$63,990	\$85,320
4	\$57,938	\$77,250	\$103,000
5	\$67,883	\$90,510	\$120,680
6	\$77,828	\$103,770	\$138,360
7	\$87,773	\$117,030	\$156,040
8	\$97,718	\$130,290	\$173,720
Over 8	Add \$9,945 per person	Add \$13,260 per person	Add \$17,680 per person

For the purposes of determining eligibility for financial assistance, assets in excess of 100% of the federal poverty level will be considered. Examples of Assets include cash, savings, checking CD, stocks/bonds, secondary homes. Patient's primary residence and automobiles are not considered in determining eligibility.

Please return application and proof of income to: **SVMC**
100 Hospital Drive, Box 52
Bennington, VT 05201

You can either bring in our forms in person or mail them to a Patient Financial Advisor. Should you require any help in completing these forms, please either call (802) 447-4502 or come see us in person. A Patient Financial Advisor will be glad to assist you.

Request for Determination of Eligibility for Uncompensated Services

I hereby request that Southwestern Vermont Medical Center make a written determination of my eligibility for uncompensated services at Southwestern Vermont Medical Center. I understand that the information that I submit concerning my annual income and family size is subject to verification and if it is determined to be false, such a determination will result in a denial of providing services as uncompensated services and that I will be liable for charges of such services provided.

Name: _____ Date of Birth: _____

Address: _____

Phone Number (Home): _____ Work: _____

Employer: _____ Occupation: _____

Spouse Name: _____ Date of Birth: _____

Spouse Employer: _____ Occupation: _____

Household Information

Please list dependents who live in your household. Household is defined as all dependents who live in the same residence as the patient and/or guarantor. Dependents listed should be reflected on your federal income tax returns.

Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Gross Monthly Household Income		
	Self	Spouse
Wages	_____	_____
Farm or Self-Employment	_____	_____
Public Assistance	_____	_____
Social Security	_____	_____
Unemployment	_____	_____
Workman's Compensation	_____	_____
Alimony/Child Support	_____	_____
Pensions	_____	_____
Income from Dividends	_____	_____
Interest, Rent, Etc	_____	_____

Types of Services Required/Received: _____

Have you applied for state health insurance Yes No.?

If yes, what is the status of the application? _____

Did you file previous year taxes Yes No?

If No, please indicate why you did not file taxes:

I certify that the information provided in this application is true and correct.

Signature: _____ Date: _____

SOUTHWESTERN VERMONT MEDICAL CENTER 340B DRUG PURCHASES

Date Selection:10/01/2018 to 03/31/2019

Customer Selection:069512 SW VT MED CTR NEPC PHS

McK Item#	NDC/UPC	Item Description	Generic Description	Ord Qty	Net UOM
3618857	30121131400	ACETAM OS 325MG 10.15MLP/A100@	acetaminophen	4	4 CS
3233665	34580273230	ACETAM SUPP 120MG PERR 12@	acetaminophen	4	4 EA
1847722	00409330803	ACETYLCYS SOL 20% 30ML HW CT3	acetylcysteine	1	1 CT
2122844	43598020451	ACP OS PWD 250/5ML DR/R75ML	amoxicillin/potassium clav	2	2 EA
1308063	30574012104	ACTIDOSE+AQUA SUSP 25GM 120ML	activated charcoal	5	5 EA
2060861	00904578961	ACYCLOVIR CP 200MG UD MMP 100@	acyclovir	1	1 EA
2070274	42023015925	ADRENALIN CHL INJ 1MG/ML 1ML25	epinephrine	16	9 CT
2470748	00703301912	ADRUCIL PBV 5GM TEV 5@	fluorouracil	1	1 CT
2772069	17478025310	AK-FLUOR VIAL 10% 5ML LIGHT 12	fluorescein sodium	2	2 CT
2434801	00487950101	ALBUT SIV INH .083% UD NEPH30@	albuterol sulfate	16	16 CT
3920436	62856079701	ALOXI SDV 0.25MG/5ML VL	palonosetron HCl	152	152 EA
2154771	00023932105	ALPHAGAN-P OPH SOL 0.1% 5ML	brimonidine tartrate	1	1 EA
2484335	00023917705	ALPHAGAN-P OPH SOL 0.15% 5ML	brimonidine tartrate	1	1 EA
1332725	00703903203	AMIKA SDV500MG/2ML SIC NOV 10@	amikacin sulfate	1	0 CT
3478377	16714047601	AMOXICI CLV+POT250/125 30NSTR@	amoxicillin/potassium clav	4	4 EA
3478401	16714047801	AMOXICI CLV+POT875/12520NSTR@	amoxicillin/potassium clav	8	8 EA
1216704	16714029801	AMOXICIL CAP 250MG 100 NSTAR@	amoxicillin	1	1 EA
1324474	16714029302	AMOXICIL CLVP400+57MG75MLNSTR@	amoxicillin/potassium clav	15	15 EA
1845023	00143988980	AMOXICIL OS 250/5ML WEST 80ML@	amoxicillin	28	26 EA
1863919	00143988701	AMOXICIL OS 400/5ML WEST100ML@	amoxicillin	12	12 EA
3652237	00641611610	AMPIC+SULB VL 1.5GM/10MLWEST10	ampicillin sodium/sulbactam Na	4	0 CT
1709302	55150011720	AMPICIL+SULB VL 3GM AUR/M10@	ampicillin sodium/sulbactam Na	26	0 CT
1709286	55150011620	AMPICIL+SULB VL 1.5GM AUR/M10@	ampicillin sodium/sulbactam Na	1	0 CT
3599701	67457034910	AMPICIL+SULB VL 3GM MYL 10	ampicillin sodium/sulbactam Na	2	1 CT
1188143	30536515026	ANTIFUNGAL PWD 1% MMP 45GM@	tolnaftate	1	1 EA
1802636	55513002504	ARANESP PFS 100MCG 0.5ML 4	darbeoetin alfa in polysorbat	64	64 CT
1803477	55513002801	ARANESP PFS 200MCG 0.4ML 1	darbeoetin alfa in polysorbat	43	43 EA
1800713	55513005704	ARANESP PFS 25MCG 0.4ML 4	darbeoetin alfa in polysorbat	101	101 CT
1804129	55513011101	ARANESP PFS 300MCG 0.6ML 1	darbeoetin alfa in polysorbat	9	9 EA
1801471	55513002104	ARANESP PFS 40MCG 0.4ML 4	darbeoetin alfa in polysorbat	87	83 CT
1802081	55513002304	ARANESP PFS 60MCG 0.3ML 4	darbeoetin alfa in polysorbat	44	44 CT
3772514	16714078501	ARIPIRAZOLE TB10MG 30NSTAR@	aripirazole	3	3 EA
3516119	30536108691	ARTIFIC TEAR OPH/O MMP 3.5GM	mineral oil/petrolatum,white	4	0 EA
1109297	31747806235	ARTIFICIAL TEAR OINT AKOR 3.5GM	mineral oil/petrolatum,white	49	0 EA
3499282	30536108494	ARTIFICIAL TEAR OPH MMP 15ML@	polyvinyl alcohol	15	5 EA
1219278	36373943401	ASPIR CHLD CHW 81MG UD SKY750@	aspirin	4	4 EA
2231769	60505258009	ATORVAS CALC TB 40MG APX 90@	atorvastatin calcium	1	1 EA
2231793	60505267109	ATORVAS CALC TB 80MG APX 90@	atorvastatin calcium	1	1 EA
3421880	17478021505	ATROP CARE OS 1% 5ML	atropine sulfate	7	0 EA
2720340	00409491134	ATROP SYR 10ML LFSH+NDLE HW 10	atropine sulfate	1	1 CT
1861657	60505083305	AZELAST N/SPR 137MCGAPX 30ML@	azelastine HCl	2	2 EA
1951144	59762314001	AZITHROMY O/S 1200MG GRE 30ML@	azithromycin	31	31 EA
1949775	59762311001	AZITHROMY O/S 300MG GRE 15ML@	azithromycin	2	2 EA
1672005	63323039810	AZITHROMY PWD 500MG/10MLFRE 10	azithromycin	2	2 CT
2163699	50111078710	AZITHROMY TAB 250MG TEVA 30@	azithromycin	4	4 EA
1283209	50268009815	AZITHROMY TAB 250MG UD AVK 50@	azithromycin	9	8 EA
3675535	00781577669	AZITHROMY TAB 250MG UD SAN 50	azithromycin	12	0 EA
3625233	60687028201	AZITHROMY TB 250MG AHP UD100	azithromycin	3	2 EA
2164309	50111078766	AZITHROMY TB 250MG BP TEVA3X6@	azithromycin	2	2 EA
1115526	00065027510	AZOPT 10ML	brinzolamide	2	2 EA
1371715	24208055555	BACIT+ZINC+POL B SU B&L 3.5GM@	bacitracin/polymyxin B sulfate	1	1 EA
2569226	00574402235	BACITRACIN OPT/OINT 1/3.5G@	bacitracin	1	1 EA
1911676	30904555159	BANOPHEN CAPL 25MG MMP 100@	diphenhydramine HCl	3	3 EA
3513983	63459034804	BENDEKA MDV 100MG 4ML	bendamustine HCl	11	11 EA
1347731	58914008052	BENTYL AMP 20MG 2ML 5	dicyclomine HCl	2	2 CT
1973130	00517072001	BETAMET MDV 6MG/ML A/R 5ML	betamethasone acetate,sod phos	23	3 EA
3221991	63323013610	BLEOMYCIN VIAL 15UN FRE 10ML	bleomycin sulfate	12	12 EA
1621507	00023391950	BOTOX COSMETIC VL 50U DS	onabotulinumtoxinA	1	1 EA
1428937	00023114501	BOTOX THERAPEUTIC VL 100U DS	onabotulinumtoxinA	1	1 EA
3508595	00006542312	BRIDION INJ 200MG/2ML 10	sugammadex sodium	12	12 CT
2703312	61314014305	BRIMONID OPH SOL 0.2% FAL 5ML@	brimonidine tartrate	2	2 EA
1887850	00409361301	BUPIVAC 0.75%+DEX AMP 2ML HW10	bupivacaine HCl in dextrose/PF	2	2 CT

SOUTHWESTERN VERMONT MEDICAL CENTER 340B DRUG PURCHASES

Date Selection:10/01/2018 to 03/31/2019

Customer Selection:069512 SW VT MED CTR NEPC PHS

McK Item#	NDC/UPC	Item Description	Generic Description	Ord Qty	Net UOM
2052462	55150016710	BUPIVAC SDV .25% 10ML AUR/M25	bupivacaine HCl/PF	1	0 CT
2052447	55150016910	BUPIVAC SDV 0.5% 10ML AUR/M25	bupivacaine HCl/PF	4	2 CT
1831353	00409115901	BUPIVAC TTV 0.25% 10ML 25@	bupivacaine HCl/PF	60	5 CT
3205580	00409904201	BUPIVAC+EPI TTV 0.25% 10ML 10	bupivacaine HCl/epinephrine/PF	73	0 CT
3211968	00409904501	BUPIVAC+EPI TTV 0.5% 10ML 10	bupivacaine HCl/epinephrine/PF	59	0 CT
2142115	00409904517	BUPIVAC+EPI TTV 0.5% 30ML 25	bupivacaine HCl/epinephrine/PF	3	3 CT
2130326	00409904217	BUPIVAC+EPI TTV0.25% 30ML HW25	bupivacaine HCl/epinephrine/PF	60	0 CT
1798958	00456140530	BYSTOLIC TAB 5MG 30	nebivolol HCl	1	1 EA
3709086	63323036019	CALC GLUC SDV 1000MG/10MLFRE25	calcium gluconate	2	2 CT
3215381	60505082306	CALCITON SALMON SPR APX 3.7ML@	calcitonin,salmon,synthetic	5	5 EA
2453157	17478093101	CALCITR 1MCG/ML 1ML UU AKOR10	calcitriol	7	0 CT
3572138	00093735301	CALCITR CAP 0.5MCG TEV 100@	calcitriol	4	4 EA
1822964	00009752904	CAMPTOSAR VL 20MG/ML PFIZ 2ML	irinotecan HCl	11	10 EA
1825629	00009752903	CAMPTOSAR VL 20MG/ML PFIZ 5ML	irinotecan HCl	82	82 EA
2140044	00703424801	CARBOPLAT MDV 450MG TEVA 45ML@	carboplatin	56	56 EA
2058816	10122031310	CARD IV PREM X SOD CHL20/200 10	nicardipine in NaCl, iso-osm	1	1 CT
1642750	50242004164	CATHFLO ACTIVASE VIAL 2MG	alteplase	112	112 EA
2013332	16714039102	CEFDINIR CAP 300MG 60 NSTR@	cefdinir	1	1 EA
2041127	16714039201	CEFDINIR OS125MG/5ML 60MLNSTR@	cefdinir	1	1 EA
1810787	00409733701	CEFTRIAX VL 0.25GM/15ML H/W10@	ceftriaxone sodium	3	3 CT
1810373	00409733201	CEFTRIAX VL 1GM/15ML H/W 10@	ceftriaxone sodium	10	10 CT
1810548	00409733503	CEFTRIAX VL 2GM/30ML H/W 10@	ceftriaxone sodium	4	4 CT
3567732	00378715001	CELECOXIB CAP 200 MG MYL 100	celecoxib	1	1 EA
3660982	16714073301	CELECOXIB CAP 200MG 100 NSTR@	celecoxib	1	0 EA
2004687	67877022001	CEPHALEX CAP 250MG ASCE 100@	cephalexin	4	4 EA
3728219	68180044101	CEPHALEX O/S 250/5MLLUPH100ML@	cephalexin	3	3 EA
2220200	00065853110	CIPRO HC OTIC SUSP 10ML	ciprofloxacin/hydrocortisone	9	9 EA
1265883	61314065625	CIPROFLOX O/S 0.3% FAL 2.5ML@	ciprofloxacin HCl	15	4 EA
1698034	63323010365	CISPLATIN VIAL 100MG FRE 100ML	cisplatin	16	16 EA
3658366	00338955324	CLINDAMY SOD/CH 900MG/50ML24	clindamycin in 0.9 % sod chlor	1	1 CS
1196245	00378087299	CLONIDINE TS PATCH 0.2MG MYL4@	clonidine	1	1 CT
1309384	65862035790	CLOPIDOGR TAB 75MG AURO 90@	clopidogrel bisulfate	1	1 EA
1390467	00904629461	CLOPIDOGR TB 75MG UD MMP10X10@	clopidogrel bisulfate	1	1 EA
1474444	00023921105	COMBIGAN OPTH SOL 5ML	brimonidine tartrate/timolol	4	4 EA
1191741	00032120601	CREON 6000 CAP 100	lipase/protease/amylase	1	1 EA
1310242	00517003125	CYANOCOB VL 1MMCG 1ML A/R 25	cyanocobalamin (vitamin B-12)	1	1 CT
1261569	63323004401	CYANOCOB VL 1MMCG 1ML FRE 25	cyanocobalamin (vitamin B-12)	1	1 CT
1713551	63323012710	DACARBAZ SDV 100MG 10ML FRE 10	dacarbazine	1	1 CT
1242643	00703507501	DACARBAZ SDV 200MG SIC 20ML@	dacarbazine	1	1 EA
3738614	66993048983	DACTINOMYC 0.5MG SDV PWD PRA1@	dactinomycin	5	5 EA
3414273	57970010001	DALVANCE 500MG VL	dalbavancin HCl	6	2 EA
3789351	63323037110	DAPTOMYCIN SDV 500MG/10ML FRE1	daptomycin	113	76 EA
3605656	16729022405	DECITABINE SDV50MG/MLACC20ML@	decitabine	78	78 EA
1429786	00009307303	DEPO-MEDROL VIAL 40MG 1ML 25	methylprednisolone acetate	20	20 CT
1605567	00009041701	DEPO-TESTOS CYP V200MGPFIZ1ML@	testosterone cypionate	10	10 EA
3517265	69918090110	DESMOPRES AC MDV40MCG/10MLAMR@	desmopressin acetate	2	2 EA
2057016	67457042312	DEXAMETH SDV 4MG/ML1ML MYL 25	dexamethasone sodium phosphate	35	27 CT
1251453	00054817525	DEXAMETH TAB 4MG UD ROX 100@	dexamethasone	3	3 EA
1983865	63323050601	DEXAMETH VL 10MG/ML PF FRE 25	dexamethasone sodium phosp/PF	6	1 CT
2787505	00409751716	DEXTR ANSY 50% 50ML HOSP 10	dextrose 50 % in water	9	2 CT
2005973	76329330101	DEXTR INJ 50% 50ML LJ LL IMS10	dextrose 50 % in water	5	0 CT
1317932	63739007910	DILTIAZEM TAB 30MG UD SKY 100@	diltiazem HCl	1	1 EA
2402287	30904530661	DIPHENHYD CP 25MG UD MMP10X10@	diphenhydramine HCl	5	5 EA
3671526	00121097800	DIPHENHYD OS 25MG/10ML P/A100@	diphenhydramine HCl	1	1 CS
2283521	00641037625	DIPHENHYD VL 50MG 1ML WEST 25@	diphenhydramine HCl	8	4 CT
1906361	63323026929	DIPRIVAN 10MG/ML 20ML FRE 10	propofol	81	81 CT
1900356	63323026950	DIPRIVAN EM VL 10MG 50MLFRE 20	propofol	22	22 CT
3434461	68084077601	DIVALP SOD DRTB250MG UDAHP100@	divalproex sodium	1	1 EA
3491834	16714048501	DIVALP SOD ER TB500MG100NSTAR@	divalproex sodium	1	1 EA
1705755	55111053201	DIVALP SPRNK CP 125MG DR/R100@	divalproex sodium	1	1 EA
1164979	00955102001	DOCETAXEL VL 20MG/ML WINT 1ML@	docetaxel	19	19 EA
1431469	36373947810	DOCUS SOD SFTG 1CMG UD SKY100@	docusate sodium	1	1 EA

SOUTHWESTERN VERMONT MEDICAL CENTER 340B DRUG PURCHASES

Date Selection:10/01/2018 to 03/31/2019

Customer Selection:069512 SW VT MED CTR NEPC PHS

McK Item#	NDC/UPC	Item Description	Generic Description	Ord Qty	Net UOM
1425156	50383023310	DORZO/TIM22.3/6.8/ML HI-T10ML@	dorzolamide HCl/timolol maleat	11	2 EA
1435445	50383023210	DORZOL OS 20MG HI-T 10ML@	dorzolamide HCl	3	2 EA
3684420	59676096601	DOXORUB LIPO 2MG/ML PATR10ML@	doxorubicin HCl peg-liposomal	4	4 EA
1907294	47335005040	DOXORUB LIPO SDV2MG/MLCAR25ML@	doxorubicin HCl peg-liposomal	3	3 EA
1321637	63323013011	DOXYCYC SDV 100MG 20ML FRE 10	doxycycline hyclate	1	1 CT
2013282	00003089421	ELIQUIS TAB 5MG 60	apixaban	2	2 EA
3675469	00006306100	EMEND VL 150MG 10ML	fosaprepitant dimeglumine	89	89 EA
1419852	00548560500	ENOXAP SAF 100MG/1ML AMPHA 10@	enoxaparin sodium	1	1 CT
3430410	63323056884	ENOXAP SOD SYR 100MG/1MLFRE10	enoxaparin sodium	9	6 CT
3430352	63323056883	ENOXAP SOD SYR 30MG/0.3MLFRE10	enoxaparin sodium	1	1 CT
3430386	63323056887	ENOXAP SOD SYR 40MG/0.4MLFRE10	enoxaparin sodium	15	11 CT
2008233	76329331601	EPINEPH SYR 1MG 10ML LJ IMS 10	epinephrine	9	1 CT
1405604	66733094823	ERBITUX VL 2MG/ML 50ML	cetuximab	1	1 EA
1411651	66733095823	ERBITUX VL 2MG/ML 100ML	cetuximab	4	4 EA
3921301	55150028220	ERTAPENEM SDV 1GM AUR/M 10@	ertapenem sodium	2	2 CT
1663434	24208091055	ERYTHR O/O .5% B&L 3.5GM@	erythromycin base	2	2 EA
1278274	17478007035	ERYTHR O/O .5% AKOR 3.5GM	erythromycin base	1	1 EA
3581840	00143950610	ETOMIDATE INJ 20MG/10MLWEST10@	etomidate	1	1 CT
3635976	65250013309	EXPAREL INJ 133MG/10ML DS 10	bupivacaine liposome/PF	3	3 CT
2737799	63323073912	FAMOTID SDV 20MG/2ML 2ML FRE25	famotidine/PF	1	1 CT
1150978	00641602225	FAMOTID VL 10MG/ML 2ML WEST25	famotidine/PF	10	10 CT
1610625	00310072010	FASLODEX PFS 250MG/5ML 2X5.0ML	fulvestrant	44	43 CT
3780764	65628020605	FIRVANQ 50MG/ML 150ML	vancomycin HCl	1	1 EA
1733641	16714069211	FLUCONAZ TAB 150MG 12X1 NSTAR@	fluconazole	1	1 EA
1331867	63323011720	FLUOROUR SDV 1GM 20ML FRE 10	fluorouracil	37	37 CT
1327261	63323011710	FLUOROUR SDV 500MG 10ML FRE 10	fluorouracil	4	4 CT
2059624	16729027638	FLUOROUR VL 5GM ACC 100ML@	fluorouracil	43	32 EA
1903707	68084060501	FLUOXET CAP 20MG UD AHP 100@	fluoxetine HCl	1	1 EA
1372002	60505082901	FLUTICAS NAS SP 50MCG APX16GM@	fluticasone propionate	20	20 EA
1799386	50383070016	FLUTICAS NAS SP50MCG HI-T16GM	fluticasone propionate	2	0 EA
2254993	63323018410	FOLIC ACID MDV 50MG FRE 10ML	folic acid	3	3 EA
1485606	63739053710	FOLIC ACID TAB 1MG UD SKY 100@	folic acid	5	0 EA
2721363	00409610202	FUROSEM FTV 20MG 2ML HW 25@	furosemide	1	1 CT
1378280	16714033001	GABAPENT TAB 600MG 100 NSTAR@	gabapentin	1	1 EA
3510336	63739059110	GABAPENTIN CAPS100MG UDSKY100@	gabapentin	3	1 EA
3510351	63739023610	GABAPENTIN CAPS300MG UDSKY100@	gabapentin	1	1 EA
1641851	50419032512	GADAVIST VIAL 10ML 20	gadobutrol	9	9 CS
1665637	50419032513	GADAVIST VIAL 15ML 20	gadobutrol	1	1 CS
1658772	50419032511	GADAVIST VIAL 7.5ML 20	gadobutrol	6	6 CS
3292448	50383018902	GATIFLOXACIN SOL0.5%HI-T2.5ML@	gatifloxacin	3	3 EA
3425527	45963061959	GEMCITAB LYO SDV ACT 1GM@	gemcitabine HCl	33	33 EA
1824903	63323010213	GEMCITAB LYO SDV 200MG FRE10ML	gemcitabine HCl	6	6 EA
3414471	25021023410	GEMCITAB LYO SDV 200MG SAG10ML	gemcitabine HCl	15	15 EA
1720879	00409120703	GENTAMIC FTV 40MG/ML 2ML HW25@	gentamicin sulfate	4	0 CT
1734482	63323001002	GENTAMIC MDV 80MG 2ML FRE 25	gentamicin sulfate	4	0 CT
1185859	17478028435	GENTAMIC OPH OIN GENTAK 3.5GM	gentamicin sulfate	75	1 EA
2402030	60758018805	GENTAMIC SUL OPH 0.3% GRE 5ML@	gentamicin sulfate	4	4 EA
2245629	00049392083	GEODON SDV 20MG 10	ziprasidone mesylate	1	1 CT
3442738	00597026010	GLUCAGEN DIAGN KIT 1MG	glucagon,human recombinant	19	19 EA
3407988	25021067376	GLYDO TOP JEL PFS 2%6MLSAG10@	lidocaine HCl	1	1 CT
2048569	63459091011	GRANIX PFS INSTL 300MCG/.5ML 1	tbo-filgrastim	1	1 EA
2048577	63459091211	GRANIX PFS INSTL 480MCG/.8ML 1	tbo-filgrastim	65	64 EA
3461977	68382007901	HALOPERIDOL TAB 5MG ZYD 100@	haloperidol	1	1 EA
1607811	58468012601	HECTOROL SDV 2.0MCG 50	doxercalciferol	32	10 CT
2233633	63323026201	HEPAR MDV 5MU 1ML FRE 25	heparin sodium,porcine	1	1 CT
1138130	63323054011	HEPAR SOD MDV 10MU 10ML FRE 25	heparin sodium,porcine	2	2 CT
2292308	00264957710	HEPAR SOL 25MU 500ML BRAU CS24	heparin sodium,porcine/D5W	2	2 CS
1367531	34580243803	HYDROCORT CRM 1% PERR 1OZ@	hydrocortisone	4	4 EA
2188928	45802000403	HYDROCORT CRM 2.5% PERR 28GM@	hydrocortisone	1	1 EA
1959873	35416250001	HYDROPHOR OINT 16OZ@	petrolatum,white	2	1 EA
3430972	68084084701	HYDROXYZ PAM CAP25MG UDAHP100@	hydroxyzine pamoate	1	0 EA
1155100	36809449461	IBUPROF OS CHL 1CMG/5ML P/D 1C	ibuprofen	5	4 CS

SOUTHWESTERN VERMONT MEDICAL CENTER 340B DRUG PURCHASES

Date Selection:10/01/2018 to 03/31/2019

Customer Selection:069512 SW VT MED CTR NEPC PHS

McK Item#	NDC/UPC	Item Description	Generic Description	Ord Qty	Net UOM
2030302	63739068410	IBUPROF TAB 600MG UD SKY 100@	ibuprofen	4	4 EA
1868900	63323032225	IMIPEN+CIL SDV 500MG 20MLFRE25	imipenem/cilastatin sodium	1	1 CT
2404820	54643564901	INFUVITE ADL INF 2VL SYS BAX 5	multivit infusn,adult 4,vit K	2	2 CT
1111160	00085117701	INTEGRILIN VIAL 20MG 10ML	eptifibatide	4	4 EA
1125533	00085113601	INTEGRILIN VIAL 75MG 100ML	eptifibatide	2	2 EA
2470037	00006384371	INVANZ VIAL 1GM 10	ertapenem sodium	2	2 CT
3478914	76204060001	IPRALB I/SSGVL.5/3MG/3MLRIT30@	ipratropium/albuterol sulfate	20	20 CT
1725381	00054004544	IPRATRO NAS SPR 0.03% ROX30ML@	ipratropium bromide	2	1 EA
1796010	00487020101	IPRATRO/ALB 0.5/MG 3MLUDNEP30@	ipratropium/albuterol sulfate	5	5 CT
1165745	00143970201	IRINOTEC SDV 40MG WEST 2ML	irinotecan HCl	1	1 EA
1457837	42023011510	KETALAR VIAL 500MG 5ML 10	ketamine HCl	18	2 CT
3608353	00143950910	KETAM HCL VL100MG/ML 5MLWEST10	ketamine HCl	5	1 CT
1273325	00168009915	KETOCONAZOLE CRM 2% FOUG 15GM@	ketoconazole	1	1 EA
1494194	61314012605	KETOR OPHT SOL 0.5% FAL 5ML@	ketorolac tromethamine	3	3 EA
3741477	69543038625	KETOROL TR SDV30MG 1ML VIRT25	ketorolac tromethamine	1	0 CT
3757762	70860070103	KETOROL TRO SDV 30MG/ML ATH 25	ketorolac tromethamine	2	2 CT
1772680	31747871710	KETOTIF FUM SOL 0.025%AKOR5ML@	ketotifen fumarate	1	1 EA
2777357	00270055615	KINEVAC VIAL 5MCG 10	sincalide	1	0 CT
3299906	66758016013	KLOR-CON E/R TAB 10MEQ UD 100	potassium chloride	5	5 EA
3300464	66758019013	KLOR-CON E/R TAB M20 UD 100	potassium chloride	1	1 EA
1835818	00409233934	LABELALOL CRP/LL 5MG/ML 4ML 10	labetalol HCl	26	0 CT
3678125	47781058629	LABELALOL HCL MDV100MGALV20ML@	labetalol HCl	16	9 EA
3646460	51991093498	LABELALOL MDV 100MG BRECK 20ML	labetalol HCl	6	0 EA
3632403	00143962201	LABELALOL MDV 100MG WEST20ML	labetalol HCl	3	0 EA
1225259	00409226720	LABELALOL MDV 5MG/ML HW 20ML	labetalol HCl	102	0 EA
2125193	30536708706	LAC-DOSE TAB MMP 50	lactase	1	0 EA
1626688	00088221905	LANTUS SOLOSTAR PEN 3ML 5	insulin glargine,hum.rec.anlog	7	7 CT
2134708	61314054701	LATANOP OS 0.005% FAL 2.5ML@	latanoprost	4	1 EA
1805308	59762033302	LATANOP OS 125MCG/2.5ML GRE 1@	latanoprost	3	3 EA
2113991	24208046325	LATANOPR OS 0.005% B&L 2.5ML@	latanoprost	5	1 EA
2145266	63323071050	LEUCOVOR CAL 200MG FRE 50ML	leucovorin calcium	49	49 EA
3651908	76204080001	LEVALBUT SGLVL .63/3ML RITE30@	levabuterol HCl	1	1 CT
2733459	00169643810	LEVEMIR FLEXTOUCH INJ 3ML 5	insulin detemir	2	2 EA
2047603	00143972124	LEVOFLOX 5% 5MG/ML 100MLWEST24	levofloxacin in dextrose 5 %	2	2 CS
1693910	00469650189	LEXISCAN SYR S/U 0.08MG/ML 5ML	regadenoson	180	180 EA
3593902	00115146860	LID+PRIL CRM 2.5/2.5% IMP5X5G@	lidocaine/prilocaine	4	4 EA
2717445	00409428301	LIDOCA AMP 4% 5ML HW 25	lidocaine HCl/PF	16	1 CT
1758523	00409132305	LIDOCA ANSYR 2% 5ML HW 10	lidocaine HCl/PF	1	1 CT
2465821	17478071110	LIDOCA HCl JEL 2% 5ML AKOR10	lidocaine HCl	29	5 CT
2717080	00409427601	LIDOCA MDV 1% 20ML HW 25	lidocaine HCl	12	5 CT
2717189	00409427701	LIDOCA MDV 2% 20ML HW 25@	lidocaine HCl	45	2 CT
1622208	50383077504	LIDOCA ORAL SOL 2% HI-T 100ML@	lidocaine HCl	2	2 EA
2025211	50383077517	LIDOCA SOL 2% 15ML UD HI-T 40@	lidocaine HCl	3	3 CS
1367895	00054350547	LIDOCA SOL 4% ROX 50ML@	lidocaine HCl	5	5 EA
1472331	00054852725	LITHIUM CAP 300MG UD ROX 100@	lithium carbonate	1	1 EA
1417419	30496088206	LMX4 CRM 4% TOPICAL LIDO 5X5GM	lidocaine	2	2 EA
1713346	30904772512	LOPERAM CAP 2MG MMP 12@	loperamide HCl	1	1 EA
2775740	00409677802	LORAZEP FTV 2MG/ML 1ML PFIZ10@	lorazepam	2	2 CT
1237692	63739049910	LORAZEP TAB 0.5MG UD SKY10X10@	lorazepam	17	0 EA
1320969	00641604425	LORAZEP VL 2MG/ML 1ML WEST25	lorazepam	8	8 CT
1893080	00023320503	LUMIGAN OPH SOL 0.01% 2.5ML	bimatoprost	2	2 EA
1474741	00074334603	LUPRON DEPOT 22.5MG KT 3346-03	leuprolide acetate	48	48 EA
1611961	00074364103	LUPRON DEPOT 3.75MG KT 3641-03	leuprolide acetate	3	3 EA
1448349	00074364203	LUPRON DEPOT 7.5MG KIT 3642-03	leuprolide acetate	11	11 EA
3612959	00074366303	LUPRON DEPOT GYN 11.25MG 1	leuprolide acetate	1	1 EA
1269562	30121176130	MAG-AL+ SIMETH 30ML UD P/A 1C@	mag hydrox/aluminum hyd/simeth	2	2 CS
1472901	30904630477	MAGNES CITR LIQ MMP 296ML	magnesium citrate	6	2 EA
1971233	00536352141	MAGNES OXID TB 400MG WAT 120	magnesium oxide	1	1 EA
2769974	00409672723	MAGNES SUL 1GM/100ML PFIZCT24@	magnesium sulfate/D5W	2	2 CT
3758638	63323006411	MAGNES SUL INJ 5G/10ML FRE 25	magnesium sulfate	8	0 CT
1431360	30904198860	MAPAP TAB 500MG UNB MMP 100	acetaminophen	2	2 EA
1768035	00409156010	MARCAINE VIAL 0.5% 10ML HW 10	bupivacaine HCl/PF	1	0 CT

SOUTHWESTERN VERMONT MEDICAL CENTER 340B DRUG PURCHASES

Date Selection:10/01/2018 to 03/31/2019

Customer Selection:069512 SW VT MED CTR NEPC PHS

McK Item#	NDC/UPC	Item Description	Generic Description	Ord Qty	Net UOM
1780584	00409174610	MARCAINE+EPI VL 0.25% 10ML 10	bupivacaine HCl/epinephrine/PF	4	0 CT
1780857	00409174630	MARCAINE+EPI VL 0.25% 30ML 10	bupivacaine HCl/epinephrine/PF	2	0 CT
1783018	00409174910	MARCAINE+EPI VL 0.5% 10ML 10	bupivacaine HCl/epinephrine/PF	4	0 CT
3511680	00904651661	MECLIZINE HCl 12.5MG MMPUD100@	meclizine HCl	1	1 EA
1614536	35416255007	MEN-PHOR LOT 7.5OZ @	menthol/camphor	1	1 EA
1263037	10019095301	MESNA MDV 100MG/ML BAX 10ML	mesna	2	2 EA
2574598	63739064010	METFORM HCL TB 500MG UDSKY100@	metformin HCl	1	1 EA
1475466	17478050410	METHYLEN BL VL 1% 10ML AKOR 10	methylene blue	6	4 CT
1248798	51079025520	METOPROL TAB 25MG UD UDL 100@	metoprolol tartrate	1	1 EA
3584877	67457067502	MIACALCIN INJ 400IU/2ML 1	calcitonin,salmon,synthetic	1	1 EA
1952050	60505132501	MIDODRIN TAB 10MG APX 100@	midodrine HCl	3	3 EA
1333301	00245021311	MIDODRIN TAB 10MG U/S 100@	midodrine HCl	7	5 EA
1332238	00245021211	MIDODRIN TAB 5MG U/S 100@	midodrine HCl	1	1 EA
3276789	50419042301	MIRENA 20UG/DAY DS1	levonorgestrel	138	138 EA
1448042	59762500701	MISOPROST TAB 100MCG GRE 60@	misoprostol	1	1 EA
2232585	16729011638	MITOMYCIN VL 40MG ACC 1@	mitomycin	2	2 EA
2061422	76045000410	MORPHINE PFS 2MG/ML 1ML FRE 24	morphine sulfate	1	0 CT
2036739	76045000510	MORPHINE PFS 4MG/ML 1ML FRE 24	morphine sulfate	15	0 CT
1814946	00409202902	MORPHINE VL 30MG 30ML PF HW 10	morphine sulfate/PF	1	0 CT
2291540	44206025105	MPB ALBURX 25% 50ML	albumin human	120	120 EA
3498193	57894050205	MPB DARZALEX 100MG/5ML VIAL	daratumumab	221	221 EA
3498201	57894050220	MPB DARZALEX 400MG/20ML VIAL	daratumumab	392	392 EA
2782639	64764030020	MPB ENTYVIO SDV 300MG 20ML	vedolizumab	30	30 EA
1250810	13533080071	MPB GAMUNEX-C 10GM 100ML	immune globul G/gly/IgA avg 46	4	4 EA
1254986	13533080024	MPB GAMUNEX-C 20GM 200ML	immune globul G/gly/IgA avg 46	10	10 EA
3652856	00310450012	MPB IMFINZI VIAL 120MG 1	durvalumab	47	47 EA
2042950	63833038602	MPB KCENTRA 400-620IU	hum prothrombin cplx(PCC)4fact	9	4945 IU
3425493	00006302602	MPB KEYTRUDA VIAL 100MG/4ML	pembrolizumab	122	122 EA
3408309	55513022101	MPB NPLATE SDV 250MCG 0.5ML	romiplostim	26	26 EA
3430337	55513019201	MPB PHS NEULASTA 6MG 0.6ML+KT	PEGFILGRASTIM	27	27 EA
2042489	55513019001	MPB PHS NEULASTA PFS 6MG 0.6ML	PEGFILGRASTIM	54	54 EA
2293488	44206043710	MPB PRIVIGEN 10GM 100ML	immun glob G(IgG)/pro/IgA 0-50	19	19 EA
2293538	44206043820	MPB PRIVIGEN 20GM 200ML	immun glob G(IgG)/pro/IgA 0-50	38	38 EA
2042513	44206043940	MPB PRIVIGEN 40GM 400ML	immun glob G(IgG)/pro/IgA 0-50	22	22 EA
3761343	15054112003	MPB SOMATULINEDEP120MG/.5MLPFS	LANREOTIDE ACETATE	26	26 EA
1285790	36382400820	MUCINEX TAB EXT/REL 20	guaifenesin	1	1 EA
2144632	68462018022	MUPIROCIN OINT 2% GLEN 22GM@	mupirocin	12	12 EA
1131093	76329336901	NALOX LL SYR 1MG/ML 2ML IMS10	naloxone HCl	1	1 CT
3487394	63739040310	NAPROXEN TAB 500MG UD SKY 100@	naproxen	1	1 EA
3519402	69547035302	NARCAN NASAL SPRAY 4MG CT2	naloxone HCl	1	1 CT
2067940	63323028635	NAROPIN SDV 0.5% 30ML FRE 25	ropivacaine HCl/PF	5	5 CT
1433788	30904571135	NASAL DECON SPR 12HR MMP 15ML@	oxymetazoline HCl	61	46 EA
1894534	64370053202	NAVELBINE VIAL 50MG 5ML	vinorelbine tartrate	4	4 EA
2773836	24208063562	NEOMY+POL B+HYD OS B&L 10ML@	neomycin/polymyxin B/hydrocort	5	5 EA
3292570	00281032630	NITRO-BID OINT 2% 30GM	nitroglycerin	1	1 EA
3237708	16714043901	NITROFURANT CAP 100MG100 NSTR@	nitrofurantoin monohyd/m-cryst	1	1 EA
1686708	00338104702	NITROGL 25MG+5%DEXTR 250ML 12	nitroglycerin in 5 % dextrose	2	2 CS
1379593	00169633910	NOVOLOG F/PEN PREF SYR 3ML 5	insulin aspart	16	16 CT
2458404	00169750111	NOVOLOG VIAL 100U 10ML	insulin aspart	28	28 EA
3407889	45802005935	NYSTATIN CRM 100MU PERR 15GM@	nystatin	2	2 EA
1367515	00574200815	NYSTOP TOPICAL PWD PERR 15GM@	nystatin	3	3 EA
1811124	17478071310	OFLOXACIN OPH 0.3% AKOR 5ML@	ofloxacin	4	0 EA
1306851	63739035810	OMEPRAZ DR 20MG UD SKY 100@	omeprazole	1	1 EA
1712249	00143989001	ONDANS MDV 2MG/ML WEST 20ML@	ondansetron HCl	4	4 EA
2460210	00641607825	ONDANS SDV 2MG/ML 2ML WEST25	ondansetron HCl/PF	118	117 CT
2011641	65862039010	ONDANSETRO OD TB 4MG AURO3X10@	ondansetron	41	41 EA
3605003	47781046813	OSELTAM PHOS CP 30MG ALVOBP10@	oseltamivir phosphate	2	0 EA
3774973	68180067801	OSELTAM PHOS OS6MG/ML LUP60ML@	oseltamivir phosphate	12	10 EA
3601770	61703036318	OXALIPLAT 5MG/ML SOL HW 10ML	oxaliplatin	48	48 EA
3601804	61703036322	OXALIPLAT 5MG/ML SOL HW 20ML	oxaliplatin	101	101 EA
2012805	68308050547	OXYCOD HCL 5MG UD MAYN 100@	oxycodone HCl	3	0 EA
1125046	63323076350	PACLITAX INJ 6MG/ML FRE 50ML	paclitaxel	80	0 EA

SOUTHWESTERN VERMONT MEDICAL CENTER 340B DRUG PURCHASES

Date Selection:10/01/2018 to 03/31/2019

Customer Selection:069512 SW VT MED CTR NEPC PHS

McK Item#	NDC/UPC	Item Description	Generic Description	Ord Qty	Net UOM
3756699	47781059507	PACLITAX MDV 300MGL ALV50ML@	paclitaxel	21	21 EA
3654654	69097092735	PALONOSETR HCl 0.25MG/5MLCIPL	palonosetron HCl	148	148 EA
1777747	61703032418	PAMIDRON VL 3MG/ML MAYNE10ML@	pamidronate disodium	1	1 EA
1359900	63739056410	PANTOPRAZ SOD DR40MG UDSKY100@	pantoprazole sodium	1	1 EA
3732252	00143928410	PANTOPRAZ SOD LYO 40MG WEST 10	pantoprazole sodium	16	12 CT
3542982	55150020210	PANTOPRAZ SOD VL 40MG AURO 10@	pantoprazole sodium	1	1 CT
1160506	16714023401	PENICIL V POT TB 250MG100NSTR@	penicillin V potassium	1	1 EA
1383058	00093412773	PENICIL-VK O/S 250MG TEV 1CML@	penicillin V potassium	2	2 EA
2116572	00472024260	PERMETHRIN CRM 5% W/W ACT60GM@	permethrin	7	7 EA
3428018	17478020102	PHENYLEPHR OPH/S 2.5%AKOR 2ML	phenylephrine HCl	2	0 EA
1758986	00781311395	PIPER/TAZ 3.375GM 30ML SAN 10	piperacillin sodium/tazobactam	8	7 CT
1760248	00781311495	PIPER/TAZ 4.5GM 50ML SAN 10	piperacillin sodium/tazobactam	5	5 CT
3404282	00574402135	POLYCIN OPH OINT PERR 3.5GM@	bacitracin/polymyxin B sulfate	1	1 EA
1483981	35107930630	POLYETH GLYC PWD 17GM UDL 30@	polyethylene glycol 3350	1	1 BX
2296010	30904110231	POVIDINE IOD OINT 10% MMP 1OZ@	povidone-iodine	1	1 EA
3433364	00378110101	PRAZOSIN CAP 1MG MYL 100@	prazosin HCl	1	1 EA
1137934	11980018005	PRED FORTE OPTH SUSP 1% 5ML	prednisolone acetate	1	0 EA
2738524	61314063705	PREDNISOL AC OPH 1% FAL 5ML@	prednisolone acetate	3	3 EA
1304856	59746017506	PREDNISON TAB 20MG JUB 100@	prednisone	1	1 EA
1254812	00054001820	PREDNISON TAB 20MG UD ROX 100@	prednisone	5	5 EA
3491255	60687014501	PREDNISON TAB 20MG AHP UD100	prednisone	1	1 EA
1109925	00046087221	PREMARIN VAG CRM 0.625MG 30GM	estrogens, conjugated	7	7 EA
2008068	59310057922	PROAIR HFA MDI W/COUNTER 8.5GM	albuterol sulfate	4	4 EA
1925965	55513071001	PROLIA PFS 60MG/1ML 1	denosumab	132	132 EA
3436367	00904646161	PROMETH TAB 25MG UD MMP 10X10@	promethazine HCl	1	1 EA
1391762	00641092825	PROMETH VL 25MG 1ML WEST 25	promethazine HCl	7	7 CT
1372697	24208073006	PROPARACAINE SOL 0.5% B&L15ML@	proparacaine HCl	1	0 EA
1212695	61314001601	PROPARACAINE SOL 0.5% FAL15ML@	proparacaine HCl	156	98 EA
1450386	17478026312	PROPARACAINE SOL 0.5%AKOR15ML	proparacaine HCl	42	8 EA
3574969	00517037405	PROVAYBLUE AMP .5%10ML A/R UD5	methylene blue	1	1 CT
2738037	00409662902	QUELICIN FTV 2CMG 10ML HOSP 25	succinylcholine chloride	1	1 CT
3280773	16714045201	QUETIAPIN FUM TB 25MG 100NSTR@	quetiapine fumarate	2	2 EA
1245695	30487590199	RACEPINE INH SOL2.25% UD.5ML30	racinephrine HCl	1	1 EA
3510492	84898500047	RANITIDINE TAB 150MG 24	ranitidine HCl	3	3 EA
3746120	60687032201	RANITIDINE TAB 150MG AHPUD100@	ranitidine HCl	1	1 EA
1212950	57894003001	REMICADE PWD 100MG IN 20ML VL1	infliximab	662	662 EA
2046597	00904635961	RISPERID TAB 1MG UD MMP 100@	risperidone	1	1 EA
3231404	00409955805	ROCURON BRO 10MG/ML5MLPFIZ10@	rocuronium bromide	1	1 CT
3560133	17478008130	ROPIVAC HCl SDV 5MG/MLAKOR30ML	ropivacaine HCl/PF	12	12 EA
3599180	55150019830	ROPIVAC SDV .5% 30ML AURO/M25	ropivacaine HCl/PF	2	2 CT
2129476	30536589688	RUGBY NICOTIN 21MG PTCH WAT14@	nicotine	4	4 EA
3549466	30904652261	SENNA LAX TAB UD MMP 10X10@	sennosides	4	1 EA
2136174	63323046817	SENS+EPI MPF SDV.25%10MLFRE25	bupivacaine HCl/epinephrine/PF	30	12 CT
3237443	63323046417	SENSOR SDV 0.25% 10ML FRE 25	bupivacaine HCl/PF	2	2 CT
2104768	63323046217	SENSOR+EPI MPF 0.5% 10ML FRE25	bupivacaine HCl/epinephrine/PF	6	2 CT
3616224	60687024201	SERTRALIN TB 50MG UD AHP 100@	sertraline HCl	1	1 EA
2070977	57894035001	SIMPONI ARIA VL 50MG/4ML 1	golimumab	16	16 EA
1445634	16714068402	SIMVASTAT TAB 40MG 90 NSTAR@	simvastatin	1	1 EA
3509700	01093978144	SM ACID RED RANIT TAB 150MG 24	ranitidine HCl	3	3 EA
3509718	01093978244	SM ACID RED RANIT TB 150MG 65	ranitidine HCl	1	1 EA
1980457	01093927633	SM ADULT CHW ASPIR CHRRY TB 36	aspirin	1	1 EA
1848522	01093923633	SM ANTI-DIARRH CAPL 12	loperamide HCl	3	3 EA
1302116	01093911233	SM MAGNES CIT LAX LEMON 10OZ	magnesium citrate	12	10 EA
3789104	01093990844	SM MAGNES CIT LAX LEMON 10OZ	magnesium citrate	4	2 EA
1981257	01093924933	SM PAIN REL CAPL X/STR 50	acetaminophen	1	1 EA
1981273	01093925033	SM PAIN REL CAPL X/STR 100	acetaminophen	2	2 EA
2746428	00409663734	SOD BIC SYR+NDL 50ML 8.4 L/S10	sodium bicarbonate	8	0 CT
1806637	00409196605	SOD CHL BAC FTV .9% 20ML HW 25	bacteriostatic sodium chloride	3	3 CT
1807015	00409196607	SOD CHL BAC FTV .9% 30ML HW 25	bacteriostatic sodium chloride	20	6 CT
1471218	00009001104	SOLU-CORTEF AOV 100MG PF 2ML25	hydrocortisone sodium succ/PF	2	2 CT
1610708	00009001305	SOLU-CORTEF AOV 250MG PF 2ML	hydrocortisone sodium succ/PF	2	2 EA
2247609	00009004722	SOLU-MEDROL A-O-V 125MG 2ML 25	methylprednisolone sod succ/PF	5	5 CT

SOUTHWESTERN VERMONT MEDICAL CENTER 340B DRUG PURCHASES

Date Selection:10/01/2018 to 03/31/2019

Customer Selection:069512 SW VT MED CTR NEPC PHS

McK Item#	NDC/UPC	Item Description	Generic Description	Ord Qty	Net UOM
2247468	00009003928	SOLU-MEDROL A-O-V 40MG 1ML 25	methylprednisolone sod succ/PF	3	2 CT
1676667	00009069801	SOLU-MEDROL VIAL 1000MG 1	methylprednisolone sod succ	10	8 EA
2741452	00009075801	SOLU-MEDROL VIAL 500MG 1	methylprednisolone sod succ	8	8 EA
1743061	30904625549	SORE THROAT LOZ CHRY MMP 18@	benzocaine/menthol	1	1 EA
1766005	00597007575	SPIRIVA HANDIHALER INST 5	tiotropium bromide	54	54 EA
2144244	43598021055	SSD CREAM 1% JAR DR/R 50GM@	silver sulfadiazine	15	15 EA
1618990	57894006103	STELARA PFS 90MG/1.0ML 1	USTEKINUMAB	2	2 EA
2791101	61314070101	SULFACET OPH SOL 10% FAL 15ML@	sulfacetamide sodium	3	3 EA
1150192	24208031705	SULFACET+PRED OPH B&L 5ML@	sulfacetamide/prednisolone sp	10	10 EA
2022598	55150017301	SUMATRIP SDV 6MG/0.5ML AUR/M5@	sumatriptan succinate	2	1 CT
1134683	16714053211	SUMATRIP TAB 50MG UD 9 NSTAR	sumatriptan succinate	2	0 EA
1480797	00186037028	SYMBICORT MDI 160/4.5MCG HUD60	budesonide/formoterol fumarate	24	24 EA
1474154	00186037228	SYMBICORT MDI 80/4.5MCG HUD60	budesonide/formoterol fumarate	7	7 EA
2095024	00004082205	TAMIFLU O/S 6MG/ML 60ML NR	oseltamivir phosphate	6	6 EA
2214419	63739056710	TAMSULOS CAP0.4MG UD SKY10X10@	tamsulosin HCl	3	2 EA
1661420	00075800301	TAXOTERE INJ ONE-VIAL 20MG	docetaxel	34	8 EA
1622380	00075800404	TAXOTERE INJ ONE-VIAL 80MG	docetaxel	21	19 EA
1262484	63323001302	THIAMIN MDV 2CMG 2ML FRE 25	thiamine HCl	5	1 CT
2951382	00099999999	THIRD PARTY DEBITS CREDITS		0	-1 EA
3645983	00052060202	TICE BCG 1TO8X10E8 CFU/VL 50MG	BCG live	12	2 EA
1632504	00069581043	TIKOSYN CAP 250MCG UD DS 40	dofetilide	1	1 EA
3465416	64980051405	TIMOLOL MAL OPH .50% RIS 5ML@	timolol maleate	6	3 EA
1398510	60758080105	TIMOLOL OPH SOL 0.5% GRE 5ML@	timolol maleate	1	0 EA
1379320	50242012001	TNKASE VL 50MG KIT	tenecteplase	8	8 EA
1101674	61314064705	TOBRAMYC+DEXAM OS FAL 5ML @	tobramycin/dexamethasone	1	1 EA
2187946	00065064435	TOBEX O/O 0.3% 3.5GM	tobramycin	1	1 EA
3216140	63739067110	TRAMADOL TAB 50MG SKY UD 100@	tramadol HCl	2	2 EA
1831528	00065026025	TRAVATAN Z OS 0.004% 2.5ML	travoprost	3	3 EA
3544657	00904655561	TRAZODONE TAB 100MG MMP UD100@	trazodone HCl	1	1 EA
3405933	60432056160	TRIAMCIN LOT 0.1% MOR 2OZ	triamcinolone acetonide	1	0 EA
3432382	45802005535	TRIAMCIN OINT 0.1% PERR 15GM@	triamcinolone acetonide	1	1 EA
3643210	45802004935	TRIAMCIN OINT 0.5% PERR 15GM@	triamcinolone acetonide	1	1 EA
1124304	61314062810	TRIMETH+ SUL+POLY OPH FAL 10ML@	polymyxin B sulf/trimethoprim	6	6 EA
3603958	10019055303	TRNSDM SCO TDS 1.5MG 1MG/3DY10	scopolamine	16	8 CT
2708642	61314035501	TROPICAM OPHT SOL 1% FAL 3ML@	tropicamide	55	0 EA
3696960	00049001383	UNASYN VIAL 1.5GM 10	ampicillin sodium/sulbactam Na	4	0 CT
1648070	00049002428	UNASYN VIAL 15GM BULK 1657	ampicillin sodium/sulbactam Na	1	1 EA
3696895	00049001483	UNASYN VIAL 3GM 10	ampicillin sodium/sulbactam Na	4	0 CT
1479310	16714069801	VALACYCL TAB 500MG 30 NSTAR@	valacyclovir HCl	1	1 EA
1135383	00143978510	VALPROATE 1CMG/ML 5ML WEST 10@	valproic acid (as sodium salt)	1	1 CT
1843317	55513095401	VECTIBIX VL 20MG/ML 5ML	panitumumab	4	4 EA
1845122	55513095601	VECTIBIX VL 20MG/ML 20ML	panitumumab	3	3 EA
2266831	00517234010	VENOFER SDV 20MG/ML 5ML A/R 10	iron sucrose complex	97	91 CT
1894260	00173068224	VENTOLIN HFA 60 DSE W/CTR	albuterol sulfate	161	161 EA
3257854	61703030916	VINCISTIN SDV 2MG/2ML H/W2ML@	vincristine sulfate	4	4 EA
3429230	45963060755	VINORELB INJ 10MG/ML ACT 1ML@	vinorelbine tartrate	24	22 EA
1305408	25021020401	VINORELB INJ 10MG/ML SAG 1ML@	vinorelbine tartrate	2	2 EA
1305440	25021020405	VINORELB INJ 10MG/ML SAG 5ML@	vinorelbine tartrate	18	14 EA
2068831	35026885115	VITAMIN B1 TB 100MG UD AVK50@	thiamine mononitrate (vit B1)	1	1 EA
2429967	00013830304	XALATAN 0.005% 2.5ML	latanoprost	1	1 EA
1611441	55513073001	XGEVA SDV 120MG/1.7ML 1	denosumab	184	184 EA
2131985	63323048227	XYLOCAIN+EPI MDV 1% 20MLFRE25	lidocaine HCl/epinephrine	3	3 CT
1145614	63323048737	XYLOCAIN+EPI SDV 1% FRE30ML 25	lidocaine HCl/epinephrine/PF	2	2 CT
1382134	63323048627	XYLOCAINE MDV 2% 20ML FRE 25	lidocaine HCl	10	0 CT
1780865	63323049257	XYLOCAINE MPF SDV 1% 5ML FRE25	lidocaine HCl/PF	15	3 CT
3416385	68084010309	ZIPRASID CAP 20MG UD AHP 80@	ziprasidone HCl	1	1 EA
3727633	70720095036	ZOLADEX PF SYR 3.6MG SNGL DS	goserelin acetate	7	7 EA
2017234	55111068507	ZOLEDRON ACID SDV 4MG DR/R5ML@	zoledronic acid	34	34 EA
3644309	63323096600	ZOLEDRON ACID SDV5MG/100MLFRE1	zoledronic acid/mannitol-water	13	13 EA
2017226	55111068852	ZOLEDRON ACID SDV5MGDR/R100ML@	zoledronic acid/mannitol-water	6	6 EA
GRAND TOTAL				7538	11086

CY 2019 APPLICATIONS (JANUARY-JUNE)	#Applications (Per Household)	#Applicants (Total household members)
Approved at 100% Discount	296	480
Approved at 75% Discount	91	197
Approved at 65% Discount	87	205
Approved at the Medicaid Rate	1	1
Denied-Over Income	5	5
Denied- Incomplete Application	50	84
Pending Applications	153	237
Total Processed	683	1,209

CY 2018 Applications	#Applications (Per Household)	#Applicants (Total household members)
Approved at 100% Discount	563	918
Approved at 75% Discount	172	376
Approved at 65% Discount	114	256
Approved at the Medicaid Rate	7	17
Denied-Over Income	12	28
Denied- Incomplete Application	69	122
Pending Applications	99	162
Total Processed	1,036	1,879

CY 2017 Applications	#Applications (Per Household)	#Applicants (Total household members)
Approved at 100% Discount	685	1129
Approved at 75% Discount	188	400
Approved at 65% Discount	132	301
Approved at the Medicaid Rate	11	11
Denied-Over Income	16	34
Denied- Incomplete Application	87	157
Total Processed	1,119	2,032

CY 2016 Applications	#Applications (Per Household)	#Applicants (Total household members)
Approved at 100% Discount	493	785
Approved at 75% Discount	131	252
Approved at 65% Discount	97	204
Denied-Over Income	6	8
Denied- Incomplete Application	41	61
Total Processed	768	1,310



July 1, 2019

Attn: Office of the Health Care Advocate
264 North Winooski Ave.
Burlington, Vermont 05401

Re: HCA FY20 Hospital Budget Guidance Letter – Full List of Questions

To Whom It May Concern,

This letter serves as the responses required as instructed in the FY20 Hospital Budget Guidance letter.

1. Please provide by payer (Medicare, Medicaid, BCBSVT, TVHP, MVP, and Cigna):
 - a. Your budgeted net patient revenue (NPR) and proposed NPR change from FY2019.
Refer to GMCB Narrative
 - b. The formula(s) you used to calculate your budgeted NPR, the definition of each variable in the formula(s), and the budgeted value of each variable for FY2020.
Refer to GMCB Narrative and GMCB Budget Guidance
 - c. The average ratio of the payer's reimbursement rate to Medicare's reimbursement rate.
With Medicare set at 1.0, Medicaid and average Commercial payers reimbursement ratios are .75 and 1.3 respectively.

2. Please delineate the hospital's financial performance and patient distribution by capitated business, fee for service business, and any other payment methodologies. (If you only have one type of business please state which type.)

MAHHC	
Type of Reimbursement	%
Cost Based Reimbursement	48%
Fee Schedule	17%
Percent of Charges	12%
Prospective Payment (DRG)	9%
Capitation	14%

- a. Please indicate which entities the hospital has capitated or other alternative payment agreements with (e.g., insurer(s), ACO).
Refer to GMCB Narrative

3. Please describe any initiatives that you have implemented to address the inadequate access to mental health treatment experienced by Vermonters.

We offer and facilitate many initiatives addressing mental health treatment such as our Wellness Recovery Action Plan, our embedded HCRS in LADC, free Mental Health Counseling at the Windsor Connection Resource Center.

a. What other avenues are you pursuing to address this crisis in a sustainable way?

We have hired a full-time psychiatrist and two social workers. We have begun a Family Wellness programs to better deal with family response to ACES. We are hiring a second psychiatrist within 60 days.

4. Please provide data on substance use treatment at your hospital, including:

a. The number of patients currently enrolled in medication-assisted treatment at your hospital, Approximately 20 patients in our clinics and responsible for 152 other individuals in our Spoke Program.

b. The number of MAT providers employed by your hospital, and 5 MAT providers

c. Other avenues that you are pursuing to address this crisis in a sustainable way.

MAT initiation in our Emergency Room and are working with local EMS to get local overdose patients to our ED to start MAT. We utilize SBIRT in the Clinic to screen for patients in need of an intervention, convene several multi-disciplinary groups and organizations to discuss and coordinate prevention efforts on an ongoing basis.

5. Please provide the number of patient bed days attributable to patients awaiting placement in an appropriate Skilled Nursing Facility bed, and average bed days per patient, for:

a. FY2018, and

b. FY2019 to date.

	Average	Total	Total	Total
	Days	Days	Charges	Allowances
FY18	613	88	\$ 460,204	\$ 319,214
FY19 YTD	700	140	\$ 613,878	\$ 452,878
				\$ 140,990
				\$ 161,000

6. Please provide the hospital's per unit profit margin on each 340B drug dispensed and the number of units of each drug dispensed.

Seeking clarification and support for this, we will respond as soon as we are able to.

7. Please describe any changes to the hospital's shared-decision making programs. No changes.

a. For any new initiatives, please describe the initiative(s), which departments participate, how you chose which departments participate, and how you plan to identify cost savings and quality improvement.

8. Please provide copies of your financial assistance policy, application, and plain language summary (noting any changes from your last submission). See appendix.

a. Please provide detailed information about the ways in which these three items can be obtained by patients, including links if they are available online.

These three items are available on our website under the Patients and Visitors tab on the home screen. It is the first link on the first list viewable by the public under "Billing and Financial Assistance". Clicking that link shows the Billing and Financial Assistance page on

our website, in which the first items on the page are links to the three documents mentioned above.

- b. Please provide the following data by year, 2014 to 2019 (to date): See table below
- i. Number of people who were screened for financial assistance eligibility,
 - ii. Number of people who applied for financial assistance,
 - iii. Number of people who were granted financial assistance by level of financial assistance received,
 - iv. Number of people who were denied financial assistance by reason for denial.
 - v. Percentage of your patient population who received financial assistance.

MAHHC							
Financial Assistance Approval Statistics							
Year	25%	50%	75%	100%	Total #	Denied	Total Screened
2014	8	10	16	372	406		
2015	7	7	18	270	302		
2016	5	19	13	221	258		
2017	8	17	17	144	186		
2018	15	18	16	286	335		
2019 Projected	13	15	7	310	345		
Total:					1,832	420	2,252
Financial Assistance Denial Statistics (FY14 - PROJ19)							
Reason	Total #	% of Denials					
Incomplete Application	187	45%					
Over Income	182	43%					
Assets	26	6%					
Insurance Available	18	4%					
Not Resident of Service Area	6	1%					
Total:	420						
% Denied of Total Screened	19%						

c. Please provide the statistics and analyses you relied on to determine the qualification criteria, including any geographic restrictions, and the amount of assistance provided under your current financial assistance program. For example, analysis of financial need in the community and analysis of how much people can afford to pay. We aligned our policy with that of D-HH and the Federal Poverty Guidelines.

9. For the hospital's inpatient services, please provide your total discharges, case mix adjusted discharges, all payer case mix index, and average cost per case mix adjusted discharge for 2014 (actual) through the present (2019 budget and projected) and 2020 (budget).

MAHHC								
	FY14	FY15	FY16	FY17	FY18	BUDGET FY19	PROJECTED FY19	BUDGET FY20
ALL PAYER CASE MIX INDEX	1.2370	1.1533	1.0638	0.9800	1.0621	1.0500	1.0500	1.0600
DISCHARGES	916	1,073	977	775	1,075	1,127	956	1,020
COST PER (ADJUSTED) DISCHARGE	\$ 10,027	\$ 10,107	\$ 13,036	\$ 17,932	\$ 13,110	\$ 13,074	\$ 14,986	\$ 13,974

10. Last year the Board's hospital budget orders instructed hospitals to negotiate with insurers rather than seeing the Board's approval as a specific set rate. Please describe how you implemented this directive.

There is no such order indicated in the FY19 GMCB Budget Order, document entitled "FY19 Hospital Budget Decision and Order", docket No. 18-007-H.

a. What average commercial rate increase did you implement for FY2019?

Our overall gross price increase was 2.9%

b. What commercial rate increase did you get from each commercial payer (BCBSVT, TVHP, MVP, Cigna)?

We are not comfortable publishing this information. This may inhibit our ability to negotiate adequately and fairly with insurers.

Policy Title:	SVMC Financial Assistance Program Eligibility Policy - Patient Accounting	Policy ID	5954
Department	*Business Office , Business Services		
Keywords	Financial, Bills, payment		

I. Purpose of Policy

Southwestern Vermont Medical Center (SVMC) will:

- Treat all patients equitably, with dignity, with respect and compassion.
- Serve the emergency and health care needs of everyone, regardless of a patient's ability to pay for care.
- Assist patients who cannot pay for part or all the care they receive.
- Balance needed financial assistance for some patients with broader fiscal responsibilities in order to keep the hospital's doors open for all who need care in the community.

SVMC will render financial assistance to persons with a demonstrated inability to pay regardless of race, color, gender, immigration status, sexual orientation, or religious affiliations. Financial Assistance represents medical services provided to a person for which the hospital has no expectation of receiving full payment. Financial Assistance eligibility may include an amount the patient or household is expected to pay, in addition to an amount which is written off.

SVMC recognizes that it will be necessary to identify patient's that are uninsured, underinsured, ineligible for government programs or otherwise unable to pay and establish the amount of financial assistance to be rendered for medically necessary care based on their individual financial situation. It is the policy of SVMC to follow the federal poverty household guidelines to determine eligibility for financial assistance. Individuals eligible for SVMC's financial assistance program will not be charged more than amounts general billed to patients that have insurance. The discount provided to individuals eligible for financial assistance will be consistent with the average discount provided to Vermont Medicaid. This discount is calculated using the look back method taking previous year total Medicaid Charges minus Payments to determine Medicaid contractual allowance and then dividing by Medicaid charges to calculate the Medicaid discount. Based on this calculation the minimum discount granted to eligible patients under this policy is 65%.

SVMC will not impose extraordinary collection actions, such as reporting to credit bureau, for patients without first making reasonable efforts to determine whether patient is eligible for Financial Assistance. For information on the steps SVMC will take to inform patients of the financial assistance policy and collection activities we may pursue, please see SVMC Billing and Collections policy. This policy can be found online at <http://svhealthcare.org/patients-visitors/billing-insurance> can be requested by phone by calling the SVMC billing department at 802-447-4500.

Length of eligibility for Financial Assistance will be reviewed every six months for patients who receive wages from employment or have income that may fluctuate to determine if a change in status has occurred. Patients who receive Social Security and pensions that do not change are granted for 1 year.

Covered Providers

This policy covers hospital services performed by SVMC and professional services provided by SVMC medical providers. You may receive services at SVMC from Radiology Associates of Bennington, Anesthesiology Associates or other private physicians in the community. These providers are separate entities and services are billed separately. These physician groups are not required to follow SVMC's Financial Assistance policy.

II. Policy Scope

Applies to all Southwestern Vermont Medical Center (SVMC) entities and subsidiaries.

III. Definitions

Not applicable

IV. Policy Statement

A. Eligibility Criteria for Routine Determinations:

SVMC will use the following criteria to determine if a patient qualifies for Financial Assistance:

1. The patient's gross household income/assets do not exceed 400% of the current year Federal Poverty Income Guidelines (see Chart A). The number of dependents and others in the household must be taken into account in making this determination.
 - "Patient's household income and/or assistance" includes all funds received by all members of the patient's household for the 12 month period prior to receiving services at SVMC.
 - "Household" is defined as all dependents who live in the same residence as the patient and/or guarantor. A patient's household includes the patient, spouse, dependent children and unmarried couples with a mutual child living together.
 - A "dependent" is defined as a person who can be claimed by the guarantor and/or patient as a dependent on their federal tax return.
 - Examples of "Assets" include cash, savings, checking, CDs, stocks/bonds, secondary homes. For the purposes of qualifying for Financial Assistance, assets in excess of 100% of the FPL will be considered in determining eligibility.
 - Patient's primary residence and automobile(s) are not considered in determining eligibility.
2. The patient has no medical insurance, liability or other third-party coverage that will pay for the services the patient received at SVMC. All insurance guidelines/plan provisions must have been followed

including obtaining necessary referrals/authorizations and staying within your plans specified provider network.

- The financial assistance determination will be rescinded should the patient subsequently receive medical, liability or third-party coverage that will pay for the services.
3. Uninsured patients are required to apply for Medicaid or insurance through the Health Exchange in order to be considered for assistance.
 - SVMC does reserve the right to request a copy of the Medicaid Denial of Assistance if proof of income appears to be within the Medicaid Eligibility Guidelines or income cannot be verified.
 - Exceptions to this requirement may be approved by Director of Revenue Cycle or Chief Financial Officer for good cause on a case by case basis.
 4. Patients must reside in the SVMC service area unless care was a medical emergency. The SVMC service area includes: Bennington (VT), Windham (VT), Rensselaer (NY), Washington (NY) and Berkshire (MA) counties where SVMC is the closest hospital to the patient's home or place of work.
 5. Services must be medically necessary.
 - Services Eligible for Financial Assistance:
 - Emergency or Urgent Medical Services.
 - Elective medically necessary services for patients who meet program guidelines.
 - Services not eligible for Financial Assistance:
 - Cosmetic, Infertility and other elective procedures and services that are not medically necessary.
 - Services where an Advanced Beneficiary Notice (ABN) was signed.
 - General Dentistry.
 - Services reimbursed directly to the patient by an insurance carrier or third party.
 - Non-emergency care that may be covered by an insurance carrier at another provider, but are not covered at SVMC.
 6. Financial Assistance applications must be received within 240 days of the patient's first billing statement for services.

B. Determination Process for Routine Determinations:

1. The patient indicates to any Access Services or Financial Services Representative that they would like to apply for financial assistance.

Financial assistance applications can be obtained:

- Online at <http://svhealthcare.org/patients-visitors/billing-insurance>

- In person at any registration desk at the hospital, SVMC physician practice, or at the SVMC Billing Office.
 - By calling the SVMC billing department at 802-447-4500.
2. A SVHC application for financial assistance is completed with supporting documentation and forwarded to SVHC financial advisor. Supporting documentation shall include:
- 2 most recent Payroll Stubs or written verification of wage from employer.
 - Prior year Federal and State Income Tax Returns.
 - Business Tax Return (if applicable).
 - 2 months of bank statements including checking, savings and money market.
 - Social security statements.
 - Pension statements.
 - Forms approving or denying unemployment compensation or Worker Compensation, if appropriate
 - Written verification from public welfare agencies or any other government agency, which can attest to the income status for the past twelve (12) months. (if applicable).
3. If the application submitted is incomplete, then the financial advisor will send written notification to the patient of what is still required in order to process the application. If the information is not received within 30 days then the application will be denied. If any extraordinary collection actions have begun they will be suspended until determination is complete.
4. Patients with excessively large account balances that apply and do not qualify but may have extenuating circumstances should be referred to one of the following for review: Refer to “Presumptive Determinations”, below.
- Supervisor of Patient Accounts.
 - Director of Revenue Cycle Management.
 - Chief Financial Officer.
5. If the application is approved, the following actions should occur:
- The Supervisor of Patient Financial Services or their designee (Patient Financial Advisor) will prepare the necessary paperwork to post the appropriate adjustment to any open accounts within 240 days (from 1st post-discharge billing statement) from receipt of completed application.
 - The Financial Advisor will notify the patient by letter that their request for financial assistance has been approved.
 - All collection activities on FAP eligible accounts will be suspended and any ECA actions will be reversed.
6. If the application is denied, the following actions should occur:
- The application for financial assistance will be retained on file.

- The Financial Advisor will notify the patient by letter that their request for financial assistance has been denied.

7. Appeals Process:

- If SVMC denies partial or total financial assistance then the patient can appeal the decision within 30 days. The patient must write a letter to the Supervisor of Patient Accounts explaining why the original decision should be reconsidered and assistance granted. The letter will be reviewed and a final decision sent to the patient within 30 days.

C. Eligibility Criteria for Presumptive Determinations:

Known circumstances surrounding a patient's personal situation may support the conclusion that they qualify for financial assistance. In addition, the patient is either unable to apply for financial assistance and/or provide required supporting documentation to make a routine determination of eligibility.

1. Some common, specific scenarios where a patient may be eligible for financial assistance but unable to document it are listed below. This is not an all-encompassing list. Unique situations that are not listed may occur and should be evaluated independently.
 - A patient is a foreign national who was in the area for a limited period of time and appears to have limited means as best we can tell. We can confirm or have a reasonable belief that the patient has returned to their country and it is questionable whether they will return to this area again. Furthermore, they do not qualify for any kind of other assistance program.
 - The patient is deceased. There is no probate filed in the local jurisdiction where the person resided. There may or may not be family we can locate. We have no reason to believe that the patient has assets that would cover the bill (as determined from whatever sources of information available). No assistance programs are available to cover the patient's services.
 - The patient is known to be homeless. They do not have a job and no assets. They do not qualify for any kind of assistance program.
 - The patient is currently eligible for Medicaid.
2. In addition to specific scenarios, there may be other factors that could indicate that a person might qualify for financial assistance. All of these factors assume that the person has no or very limited insurance coverage.
 - Their income is below \$5,000 per annum for each family member in the household.
 - They are a full-time student who is on their own.
 - A large cumulative balance of \$20,000 or more is owed to the hospital.
 - The patient is disabled or unemployed.
 - The patient is elderly and is not on Medicare or had Medicare Part B only.
 - The patient has a serious or debilitating illness or injury that could cause a person who was previously employed to be unable to work for an extended (6 months for more) period.

3. The reasons above are not by themselves are not a definitive reason to grant presumptive assistance, but are an indicator that further review of the patient’s circumstances may be warranted. The following individuals are authorized to examine the facts of a potential presumptive financial assistance and make a determination as to whether to approve the write-off:
- \$1 to \$5,000 Supervisor of Patient Accounts.
 - \$5,000 to \$10,000 Director of Revenue Cycle.
 - Greater than \$10,000 Chief Financial Officer.

D. Communication:

- SVMC will provide financial counseling to patient’s about their bills and will make the availability of such counseling widely known.
- SVMC will respond promptly to patient questions about their bills and requests for financial assistance. It is the goal of SVHC to process completed financial assistance applications within 30 days.
- SVMC will use a billing process that is clear, concise and patient friendly.
- SVMC will post information on SVHC’s Financial Assistance Program, including copies of the policy and application on the SVHC website, <http://www.svhealthcare.org>
- SVMC will send a Financial Assistance Application to all self-pay patients living in the SVHC service area with their initial bill and notify patients of the Financial Assistance Program on all patient statements.
- SVMC will post information regarding the SVHC Financial Assistance Program in patient registration areas.

Chart A: FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA

Effective January 1, 2019 the income requirements are:

Family Size	< 225% FPL 100% Discount	300%FPL 75% Discount	400%FPL 65% Discount
1	\$28,103	\$37,470	\$49,960
2	\$38,048	\$50,730	\$67,640
3	\$47,993	\$63,990	\$85,320
4	\$57,938	\$77,250	\$103,000
5	\$67,883	\$90,510	\$120,680
6	\$77,828	\$103,770	\$138,360
7	\$87,773	\$117,030	\$156,040
8	\$97,718	\$130,290	\$173,720
Over 8	Add \$9,945 per person	Add \$13,260 per person	Add \$17,680 per person

V. References

Not applicable

Responsible Owner:	Antonietta Mazzariello	Original Creation Date	10/01/2016
Approved By:	Policy/Tech Oversight Committee, Antonietta Mazzariello	Last Modified	03/15/2019
Approval Date:	03/15/2019	Next Periodic Review	03/15/2022
Related Polices & Procedures:			
Related Job Aids:			

Policy Title:	SVMC Financial Assistance Program Eligibility Policy - Patient Accounting	Policy ID	5954
Department	*Business Office , Business Services		
Keywords	Financial, Bills, payment		

I. Purpose of Policy

Southwestern Vermont Medical Center (SVMC) will:

- Treat all patients equitably, with dignity, with respect and compassion.
- Serve the emergency and health care needs of everyone, regardless of a patient's ability to pay for care.
- Assist patients who cannot pay for part or all the care they receive.
- Balance needed financial assistance for some patients with broader fiscal responsibilities in order to keep the hospital's doors open for all who need care in the community.

SVMC will render financial assistance to persons with a demonstrated inability to pay regardless of race, color, gender, immigration status, sexual orientation, or religious affiliations. Financial Assistance represents medical services provided to a person for which the hospital has no expectation of receiving full payment. Financial Assistance eligibility may include an amount the patient or household is expected to pay, in addition to an amount which is written off.

SVMC recognizes that it will be necessary to identify patient's that are uninsured, underinsured, ineligible for government programs or otherwise unable to pay and establish the amount of financial assistance to be rendered for medically necessary care based on their individual financial situation. It is the policy of SVMC to follow the federal poverty household guidelines to determine eligibility for financial assistance. Individuals eligible for SVMC's financial assistance program will not be charged more than amounts general billed to patients that have insurance. The discount provided to individuals eligible for financial assistance will be consistent with the average discount provided to Vermont Medicaid. This discount is calculated using the look back method taking previous year total Medicaid Charges minus Payments to determine Medicaid contractual allowance and then dividing by Medicaid charges to calculate the Medicaid discount. Based on this calculation the minimum discount granted to eligible patients under this policy is 65%.

SVMC will not impose extraordinary collection actions, such as reporting to credit bureau, for patients without first making reasonable efforts to determine whether patient is eligible for Financial Assistance. For information on the steps SVMC will take to inform patients of the financial assistance policy and collection activities we may pursue, please see SVMC Billing and Collections policy. This policy can be found online at <http://svhealthcare.org/patients-visitors/billing-insurance> can be requested by phone by calling the SVMC billing department at 802-447-4500.

Length of eligibility for Financial Assistance will be reviewed every six months for patients who receive wages from employment or have income that may fluctuate to determine if a change in status has occurred. Patients who receive Social Security and pensions that do not change are granted for 1 year.

Covered Providers

This policy covers hospital services performed by SVMC and professional services provided by SVMC medical providers. You may receive services at SVMC from Radiology Associates of Bennington, Anesthesiology Associates or other private physicians in the community. These providers are separate entities and services are billed separately. These physician groups are not required to follow SVMC's Financial Assistance policy.

II. Policy Scope

Applies to all Southwestern Vermont Medical Center (SVMC) entities and subsidiaries.

III. Definitions

Not applicable

IV. Policy Statement

A. Eligibility Criteria for Routine Determinations:

SVMC will use the following criteria to determine if a patient qualifies for Financial Assistance:

1. The patient's gross household income/assets do not exceed 400% of the current year Federal Poverty Income Guidelines (see Chart A). The number of dependents and others in the household must be taken into account in making this determination.
 - "Patient's household income and/or assistance" includes all funds received by all members of the patient's household for the 12 month period prior to receiving services at SVMC.
 - "Household" is defined as all dependents who live in the same residence as the patient and/or guarantor. A patient's household includes the patient, spouse, dependent children and unmarried couples with a mutual child living together.
 - A "dependent" is defined as a person who can be claimed by the guarantor and/or patient as a dependent on their federal tax return.
 - Examples of "Assets" include cash, savings, checking, CDs, stocks/bonds, secondary homes. For the purposes of qualifying for Financial Assistance, assets in excess of 100% of the FPL will be considered in determining eligibility.
 - Patient's primary residence and automobile(s) are not considered in determining eligibility.
2. The patient has no medical insurance, liability or other third-party coverage that will pay for the services the patient received at SVMC. All insurance guidelines/plan provisions must have been followed

including obtaining necessary referrals/authorizations and staying within your plans specified provider network.

- The financial assistance determination will be rescinded should the patient subsequently receive medical, liability or third-party coverage that will pay for the services.
3. Uninsured patients are required to apply for Medicaid or insurance through the Health Exchange in order to be considered for assistance.
 - SVMC does reserve the right to request a copy of the Medicaid Denial of Assistance if proof of income appears to be within the Medicaid Eligibility Guidelines or income cannot be verified.
 - Exceptions to this requirement may be approved by Director of Revenue Cycle or Chief Financial Officer for good cause on a case by case basis.
 4. Patients must reside in the SVMC service area unless care was a medical emergency. The SVMC service area includes: Bennington (VT), Windham (VT), Rensselaer (NY), Washington (NY) and Berkshire (MA) counties where SVMC is the closest hospital to the patient's home or place of work.
 5. Services must be medically necessary.
 - Services Eligible for Financial Assistance:
 - Emergency or Urgent Medical Services.
 - Elective medically necessary services for patients who meet program guidelines.
 - Services not eligible for Financial Assistance:
 - Cosmetic, Infertility and other elective procedures and services that are not medically necessary.
 - Services where an Advanced Beneficiary Notice (ABN) was signed.
 - General Dentistry.
 - Services reimbursed directly to the patient by an insurance carrier or third party.
 - Non-emergency care that may be covered by an insurance carrier at another provider, but are not covered at SVMC.
 6. Financial Assistance applications must be received within 240 days of the patient's first billing statement for services.

B. Determination Process for Routine Determinations:

1. The patient indicates to any Access Services or Financial Services Representative that they would like to apply for financial assistance.

Financial assistance applications can be obtained:

- Online at <http://svhealthcare.org/patients-visitors/billing-insurance>

- In person at any registration desk at the hospital, SVMC physician practice, or at the SVMC Billing Office.
 - By calling the SVMC billing department at 802-447-4500.
2. A SVHC application for financial assistance is completed with supporting documentation and forwarded to SVHC financial advisor. Supporting documentation shall include:
- 2 most recent Payroll Stubs or written verification of wage from employer.
 - Prior year Federal and State Income Tax Returns.
 - Business Tax Return (if applicable).
 - 2 months of bank statements including checking, savings and money market.
 - Social security statements.
 - Pension statements.
 - Forms approving or denying unemployment compensation or Worker Compensation, if appropriate
 - Written verification from public welfare agencies or any other government agency, which can attest to the income status for the past twelve (12) months. (if applicable).
3. If the application submitted is incomplete, then the financial advisor will send written notification to the patient of what is still required in order to process the application. If the information is not received within 30 days then the application will be denied. If any extraordinary collection actions have begun they will be suspended until determination is complete.
4. Patients with excessively large account balances that apply and do not qualify but may have extenuating circumstances should be referred to one of the following for review: Refer to “Presumptive Determinations”, below.
- Supervisor of Patient Accounts.
 - Director of Revenue Cycle Management.
 - Chief Financial Officer.
5. If the application is approved, the following actions should occur:
- The Supervisor of Patient Financial Services or their designee (Patient Financial Advisor) will prepare the necessary paperwork to post the appropriate adjustment to any open accounts within 240 days (from 1st post-discharge billing statement) from receipt of completed application.
 - The Financial Advisor will notify the patient by letter that their request for financial assistance has been approved.
 - All collection activities on FAP eligible accounts will be suspended and any ECA actions will be reversed.
6. If the application is denied, the following actions should occur:
- The application for financial assistance will be retained on file.

- The Financial Advisor will notify the patient by letter that their request for financial assistance has been denied.

7. Appeals Process:

- If SVMC denies partial or total financial assistance then the patient can appeal the decision within 30 days. The patient must write a letter to the Supervisor of Patient Accounts explaining why the original decision should be reconsidered and assistance granted. The letter will be reviewed and a final decision sent to the patient within 30 days.

C. Eligibility Criteria for Presumptive Determinations:

Known circumstances surrounding a patient's personal situation may support the conclusion that they qualify for financial assistance. In addition, the patient is either unable to apply for financial assistance and/or provide required supporting documentation to make a routine determination of eligibility.

1. Some common, specific scenarios where a patient may be eligible for financial assistance but unable to document it are listed below. This is not an all-encompassing list. Unique situations that are not listed may occur and should be evaluated independently.
 - A patient is a foreign national who was in the area for a limited period of time and appears to have limited means as best we can tell. We can confirm or have a reasonable belief that the patient has returned to their country and it is questionable whether they will return to this area again. Furthermore, they do not qualify for any kind of other assistance program.
 - The patient is deceased. There is no probate filed in the local jurisdiction where the person resided. There may or may not be family we can locate. We have no reason to believe that the patient has assets that would cover the bill (as determined from whatever sources of information available). No assistance programs are available to cover the patient's services.
 - The patient is known to be homeless. They do not have a job and no assets. They do not qualify for any kind of assistance program.
 - The patient is currently eligible for Medicaid.
2. In addition to specific scenarios, there may be other factors that could indicate that a person might qualify for financial assistance. All of these factors assume that the person has no or very limited insurance coverage.
 - Their income is below \$5,000 per annum for each family member in the household.
 - They are a full-time student who is on their own.
 - A large cumulative balance of \$20,000 or more is owed to the hospital.
 - The patient is disabled or unemployed.
 - The patient is elderly and is not on Medicare or had Medicare Part B only.
 - The patient has a serious or debilitating illness or injury that could cause a person who was previously employed to be unable to work for an extended (6 months for more) period.

3. The reasons above are not by themselves are not a definitive reason to grant presumptive assistance, but are an indicator that further review of the patient’s circumstances may be warranted. The following individuals are authorized to examine the facts of a potential presumptive financial assistance and make a determination as to whether to approve the write-off:
- \$1 to \$5,000 Supervisor of Patient Accounts.
 - \$5,000 to \$10,000 Director of Revenue Cycle.
 - Greater than \$10,000 Chief Financial Officer.

D. Communication:

- SVMC will provide financial counseling to patient’s about their bills and will make the availability of such counseling widely known.
- SVMC will respond promptly to patient questions about their bills and requests for financial assistance. It is the goal of SVHC to process completed financial assistance applications within 30 days.
- SVMC will use a billing process that is clear, concise and patient friendly.
- SVMC will post information on SVHC’s Financial Assistance Program, including copies of the policy and application on the SVHC website, <http://www.svhealthcare.org>
- SVMC will send a Financial Assistance Application to all self-pay patients living in the SVHC service area with their initial bill and notify patients of the Financial Assistance Program on all patient statements.
- SVMC will post information regarding the SVHC Financial Assistance Program in patient registration areas.

Chart A: FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA

Effective January 1, 2019 the income requirements are:

Family Size	< 225% FPL 100% Discount	300%FPL 75% Discount	400%FPL 65% Discount
1	\$28,103	\$37,470	\$49,960
2	\$38,048	\$50,730	\$67,640
3	\$47,993	\$63,990	\$85,320
4	\$57,938	\$77,250	\$103,000
5	\$67,883	\$90,510	\$120,680
6	\$77,828	\$103,770	\$138,360
7	\$87,773	\$117,030	\$156,040
8	\$97,718	\$130,290	\$173,720
Over 8	Add \$9,945 per person	Add \$13,260 per person	Add \$17,680 per person

V. References

Not applicable

Responsible Owner:	Antonietta Mazzariello	Original Creation Date	10/01/2016
Approved By:	Policy/Tech Oversight Committee, Antonietta Mazzariello	Last Modified	03/15/2019
Approval Date:	03/15/2019	Next Periodic Review	03/15/2022
Related Polices & Procedures:			
Related Job Aids:			

SVMC Financial Assistance Program Plain Language Summary

Southwestern Vermont Medical Center's Financial Assistance Program offers discounted or free care to uninsured or underinsured individuals who are in need of emergency or medically necessary services. SVMC will render financial assistance to persons with a demonstrated inability to pay regardless of race, color, gender, immigration status, sexual orientation or religious affiliation. A patient determined to be eligible for Financial Assistance will not be billed more for emergency or medically necessary services than the amounts generally billed to insurance companies.

Eligibility Requirements

- Patients household income/assets do not exceed 400% of the Federal Poverty level guidelines
 - Income is calculated at gross earnings per month
 - Assets include cash, savings, checking, CDs, Stocks/bonds and secondary homes
 - Patient's primary residence is not considered in determining eligibility
- The patient has no medical insurance, liability or other third party coverage that will pay for the services
- Uninsured patients are required to apply for Medicaid or insurance through the Health Exchange
- Patients must reside within the SVMC service area unless care was a medical emergency. The SVMC service area includes: Bennington (VT), Windham (VT), Rensselaer (NY), Washington (NY), and Berkshire (MA) counties where SVMC is the closest hospital to the patient's home or place of work.
- Services must be Medically necessary

How to Apply

- Submit a completed Financial Assistance Application along with all of the required supporting documents to:
Southwestern Vermont Medical Center
100 Hospital Drive, Box 52
Bennington, VT 05201
- A written notification of eligibility will be sent to the patient.
- Eligibility is determined based on a calculation of patient's income and assets. Financial Assistance adjustments will be made to all eligible service dates where patients below 225% of the Federal Poverty Limit (FPL) will receive 100% discount, patients between 226%-300% will receive 75% discount and patients between 301%-400% will receive 65% discount.

Where to obtain copies of the Financial Assistance Application

- The SVMC Financial Assistance Policy and Application can be downloaded from our website:
<http://svhealthcare.org/patients-visitors/billing-insurance/>
- An application may be obtained from any registration desk at the hospital, at any SVMC physician practice or at the SVMC Billing office.
- An application may be requested by phone by calling the billing department at 802-447-4500

Contact Us

For more information about the Financial Assistance Program:

- Contact the SVMC Billing Department at 802-447-4500
- Contact the SVMC Financial Counselor at 802-440-4083
- To speak to someone in person, please feel free to visit the SVMC Billing Department at:
100 Hospital Drive (1st Floor, East Wing)
Bennington, VT 05201
- Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-367-9559
- TTY: 1-866-237-0174, option 1 then client code 05201.

SOUTHWESTERN VERMONT MEDICAL CENTER 340B DRUG PURCHASES

Date Selection:10/01/2018 to 03/31/2019

Customer Selection:069512 SW VT MED CTR NEPC PHS

McK Item#	NDC/UPC	Item Description	Generic Description	Ord Qty	Net UOM
3618857	30121131400	ACETAM OS 325MG 10.15MLP/A100@	acetaminophen	4	4 CS
3233665	34580273230	ACETAM SUPP 120MG PERR 12@	acetaminophen	4	4 EA
1847722	00409330803	ACETYLCYS SOL 20% 30ML HW CT3	acetylcysteine	1	1 CT
2122844	43598020451	ACP OS PWD 250/5ML DR/R75ML	amoxicillin/potassium clav	2	2 EA
1308063	30574012104	ACTIDOSE+AQUA SUSP 25GM 120ML	activated charcoal	5	5 EA
2060861	00904578961	ACYCLOVIR CP 200MG UD MMP 100@	acyclovir	1	1 EA
2070274	42023015925	ADRENALIN CHL INJ 1MG/ML 1ML25	epinephrine	16	9 CT
2470748	00703301912	ADRUCIL PBV 5GM TEV 5@	fluorouracil	1	1 CT
2772069	17478025310	AK-FLUOR VIAL 10% 5ML LIGHT 12	fluorescein sodium	2	2 CT
2434801	00487950101	ALBUT SIV INH .083% UD NEPH30@	albuterol sulfate	16	16 CT
3920436	62856079701	ALOXI SDV 0.25MG/5ML VL	palonosetron HCl	152	152 EA
2154771	00023932105	ALPHAGAN-P OPH SOL 0.1% 5ML	brimonidine tartrate	1	1 EA
2484335	00023917705	ALPHAGAN-P OPH SOL 0.15% 5ML	brimonidine tartrate	1	1 EA
1332725	00703903203	AMIKA SDV500MG/2ML SIC NOV 10@	amikacin sulfate	1	0 CT
3478377	16714047601	AMOXICI CLV+POT250/125 30NSTR@	amoxicillin/potassium clav	4	4 EA
3478401	16714047801	AMOXICI CLV+POT875/12520NSTR@	amoxicillin/potassium clav	8	8 EA
1216704	16714029801	AMOXICIL CAP 250MG 100 NSTAR@	amoxicillin	1	1 EA
1324474	16714029302	AMOXICIL CLVP400+57MG75MLNSTR@	amoxicillin/potassium clav	15	15 EA
1845023	00143988980	AMOXICIL OS 250/5ML WEST 80ML@	amoxicillin	28	26 EA
1863919	00143988701	AMOXICIL OS 400/5ML WEST100ML@	amoxicillin	12	12 EA
3652237	00641611610	AMPIC+SULB VL 1.5GM/10MLWEST10	ampicillin sodium/sulbactam Na	4	0 CT
1709302	55150011720	AMPICIL+SULB VL 3GM AUR/M10@	ampicillin sodium/sulbactam Na	26	0 CT
1709286	55150011620	AMPICIL+SULB VL 1.5GM AUR/M10@	ampicillin sodium/sulbactam Na	1	0 CT
3599701	67457034910	AMPICIL+SULB VL 3GM MYL 10	ampicillin sodium/sulbactam Na	2	1 CT
1188143	30536515026	ANTIFUNGAL PWD 1% MMP 45GM@	tolnaftate	1	1 EA
1802636	55513002504	ARANESP PFS 100MCG 0.5ML 4	darbeoetin alfa in polysorbat	64	64 CT
1803477	55513002801	ARANESP PFS 200MCG 0.4ML 1	darbeoetin alfa in polysorbat	43	43 EA
1800713	55513005704	ARANESP PFS 25MCG 0.4ML 4	darbeoetin alfa in polysorbat	101	101 CT
1804129	55513011101	ARANESP PFS 300MCG 0.6ML 1	darbeoetin alfa in polysorbat	9	9 EA
1801471	55513002104	ARANESP PFS 40MCG 0.4ML 4	darbeoetin alfa in polysorbat	87	83 CT
1802081	55513002304	ARANESP PFS 60MCG 0.3ML 4	darbeoetin alfa in polysorbat	44	44 CT
3772514	16714078501	ARIPIRAZOLE TB10MG 30NSTAR@	aripirazole	3	3 EA
3516119	30536108691	ARTIFIC TEAR OPH/O MMP 3.5GM	mineral oil/petrolatum,white	4	0 EA
1109297	31747806235	ARTIFICIAL TEAR OINT AKOR 3.5GM	mineral oil/petrolatum,white	49	0 EA
3499282	30536108494	ARTIFICIAL TEAR OPH MMP 15ML@	polyvinyl alcohol	15	5 EA
1219278	36373943401	ASPIR CHLD CHW 81MG UD SKY750@	aspirin	4	4 EA
2231769	60505258009	ATORVAS CALC TB 40MG APX 90@	atorvastatin calcium	1	1 EA
2231793	60505267109	ATORVAS CALC TB 80MG APX 90@	atorvastatin calcium	1	1 EA
3421880	17478021505	ATROP CARE OS 1% 5ML	atropine sulfate	7	0 EA
2720340	00409491134	ATROP SYR 10ML LFSH+NDLE HW 10	atropine sulfate	1	1 CT
1861657	60505083305	AZELAST N/SPR 137MCGAPX 30ML@	azelastine HCl	2	2 EA
1951144	59762314001	AZITHROMY O/S 1200MG GRE 30ML@	azithromycin	31	31 EA
1949775	59762311001	AZITHROMY O/S 300MG GRE 15ML@	azithromycin	2	2 EA
1672005	63323039810	AZITHROMY PWD 500MG/10MLFRE 10	azithromycin	2	2 CT
2163699	50111078710	AZITHROMY TAB 250MG TEVA 30@	azithromycin	4	4 EA
1283209	50268009815	AZITHROMY TAB 250MG UD AVK 50@	azithromycin	9	8 EA
3675535	00781577669	AZITHROMY TAB 250MG UD SAN 50	azithromycin	12	0 EA
3625233	60687028201	AZITHROMY TB 250MG AHP UD100	azithromycin	3	2 EA
2164309	50111078766	AZITHROMY TB 250MG BP TEVA3X6@	azithromycin	2	2 EA
1115526	00065027510	AZOPT 10ML	brinzolamide	2	2 EA
1371715	24208055555	BACIT+ZINC+POL B SU B&L 3.5GM@	bacitracin/polymyxin B sulfate	1	1 EA
2569226	00574402235	BACITRACIN OPT/OINT 1/3.5G@	bacitracin	1	1 EA
1911676	30904555159	BANOPHEN CAPL 25MG MMP 100@	diphenhydramine HCl	3	3 EA
3513983	63459034804	BENDEKA MDV 100MG 4ML	bendamustine HCl	11	11 EA
1347731	58914008052	BENTYL AMP 20MG 2ML 5	dicyclomine HCl	2	2 CT
1973130	00517072001	BETAMET MDV 6MG/ML A/R 5ML	betamethasone acetate,sod phos	23	3 EA
3221991	63323013610	BLEOMYCIN VIAL 15UN FRE 10ML	bleomycin sulfate	12	12 EA
1621507	00023391950	BOTOX COSMETIC VL 50U DS	onabotulinumtoxinA	1	1 EA
1428937	00023114501	BOTOX THERAPEUTIC VL 100U DS	onabotulinumtoxinA	1	1 EA
3508595	00006542312	BRIDION INJ 200MG/2ML 10	sugammadex sodium	12	12 CT
2703312	61314014305	BRIMONID OPH SOL 0.2% FAL 5ML@	brimonidine tartrate	2	2 EA
1887850	00409361301	BUPIVAC 0.75%+DEX AMP 2ML HW10	bupivacaine HCl in dextrose/PF	2	2 CT

SOUTHWESTERN VERMONT MEDICAL CENTER 340B DRUG PURCHASES

Date Selection:10/01/2018 to 03/31/2019

Customer Selection:069512 SW VT MED CTR NEPC PHS

McK Item#	NDC/UPC	Item Description	Generic Description	Ord Qty	Net UOM
2052462	55150016710	BUPIVAC SDV .25% 10ML AUR/M25	bupivacaine HCl/PF	1	0 CT
2052447	55150016910	BUPIVAC SDV 0.5% 10ML AUR/M25	bupivacaine HCl/PF	4	2 CT
1831353	00409115901	BUPIVAC TTV 0.25% 10ML 25@	bupivacaine HCl/PF	60	5 CT
3205580	00409904201	BUPIVAC+EPI TTV 0.25% 10ML 10	bupivacaine HCl/epinephrine/PF	73	0 CT
3211968	00409904501	BUPIVAC+EPI TTV 0.5% 10ML 10	bupivacaine HCl/epinephrine/PF	59	0 CT
2142115	00409904517	BUPIVAC+EPI TTV 0.5% 30ML 25	bupivacaine HCl/epinephrine/PF	3	3 CT
2130326	00409904217	BUPIVAC+EPI TTV0.25% 30ML HW25	bupivacaine HCl/epinephrine/PF	60	0 CT
1798958	00456140530	BYSTOLIC TAB 5MG 30	nebivolol HCl	1	1 EA
3709086	63323036019	CALC GLUC SDV 1000MG/10MLFRE25	calcium gluconate	2	2 CT
3215381	60505082306	CALCITON SALMON SPR APX 3.7ML@	calcitonin,salmon,synthetic	5	5 EA
2453157	17478093101	CALCITR 1MCG/ML 1ML UU AKOR10	calcitriol	7	0 CT
3572138	00093735301	CALCITR CAP 0.5MCG TEV 100@	calcitriol	4	4 EA
1822964	00009752904	CAMPTOSAR VL 20MG/ML PFIZ 2ML	irinotecan HCl	11	10 EA
1825629	00009752903	CAMPTOSAR VL 20MG/ML PFIZ 5ML	irinotecan HCl	82	82 EA
2140044	00703424801	CARBOPLAT MDV 450MG TEVA 45ML@	carboplatin	56	56 EA
2058816	10122031310	CARD IV PREM X SOD CHL20/200 10	nicardipine in NaCl, iso-osm	1	1 CT
1642750	50242004164	CATHFLO ACTIVASE VIAL 2MG	alteplase	112	112 EA
2013332	16714039102	CEFDINIR CAP 300MG 60 NSTR@	cefdinir	1	1 EA
2041127	16714039201	CEFDINIR OS125MG/5ML 60MLNSTR@	cefdinir	1	1 EA
1810787	00409733701	CEFTRIAX VL 0.25GM/15ML H/W10@	ceftriaxone sodium	3	3 CT
1810373	00409733201	CEFTRIAX VL 1GM/15ML H/W 10@	ceftriaxone sodium	10	10 CT
1810548	00409733503	CEFTRIAX VL 2GM/30ML H/W 10@	ceftriaxone sodium	4	4 CT
3567732	00378715001	CELECOXIB CAP 200 MG MYL 100	celecoxib	1	1 EA
3660982	16714073301	CELECOXIB CAP 200MG 100 NSTR@	celecoxib	1	0 EA
2004687	67877022001	CEPHALEX CAP 250MG ASCE 100@	cephalexin	4	4 EA
3728219	68180044101	CEPHALEX O/S 250/5MLLUPH100ML@	cephalexin	3	3 EA
2220200	00065853110	CIPRO HC OTIC SUSP 10ML	ciprofloxacin/hydrocortisone	9	9 EA
1265883	61314065625	CIPROFLOX O/S 0.3% FAL 2.5ML@	ciprofloxacin HCl	15	4 EA
1698034	63323010365	CISPLATIN VIAL 100MG FRE 100ML	cisplatin	16	16 EA
3658366	00338955324	CLINDAMY SOD/CH 900MG/50ML24	clindamycin in 0.9 % sod chlor	1	1 CS
1196245	00378087299	CLONIDINE TS PATCH 0.2MG MYL4@	clonidine	1	1 CT
1309384	65862035790	CLOPIDOGR TAB 75MG AURO 90@	clopidogrel bisulfate	1	1 EA
1390467	00904629461	CLOPIDOGR TB 75MG UD MMP10X10@	clopidogrel bisulfate	1	1 EA
1474444	00023921105	COMBIGAN OPTH SOL 5ML	brimonidine tartrate/timolol	4	4 EA
1191741	00032120601	CREON 6000 CAP 100	lipase/protease/amylase	1	1 EA
1310242	00517003125	CYANOCOB VL 1MMCG 1ML A/R 25	cyanocobalamin (vitamin B-12)	1	1 CT
1261569	63323004401	CYANOCOB VL 1MMCG 1ML FRE 25	cyanocobalamin (vitamin B-12)	1	1 CT
1713551	63323012710	DACARBAZ SDV 100MG 10ML FRE 10	dacarbazine	1	1 CT
1242643	00703507501	DACARBAZ SDV 200MG SIC 20ML@	dacarbazine	1	1 EA
3738614	66993048983	DACTINOMYC 0.5MG SDV PWD PRA1@	dactinomycin	5	5 EA
3414273	57970010001	DALVANCE 500MG VL	dalbavancin HCl	6	2 EA
3789351	63323037110	DAPTOMYCIN SDV 500MG/10ML FRE1	daptomycin	113	76 EA
3605656	16729022405	DECITABINE SDV50MG/MLACC20ML@	decitabine	78	78 EA
1429786	00009307303	DEPO-MEDROL VIAL 40MG 1ML 25	methylprednisolone acetate	20	20 CT
1605567	00009041701	DEPO-TESTOS CYP V200MGPFIZ1ML@	testosterone cypionate	10	10 EA
3517265	69918090110	DESMOPRES AC MDV40MCG/10MLAMR@	desmopressin acetate	2	2 EA
2057016	67457042312	DEXAMETH SDV 4MG/ML1ML MYL 25	dexamethasone sodium phosphate	35	27 CT
1251453	00054817525	DEXAMETH TAB 4MG UD ROX 100@	dexamethasone	3	3 EA
1983865	63323050601	DEXAMETH VL 10MG/ML PF FRE 25	dexamethasone sodium phosp/PF	6	1 CT
2787505	00409751716	DEXTR ANSY 50% 50ML HOSP 10	dextrose 50 % in water	9	2 CT
2005973	76329330101	DEXTR INJ 50% 50ML LJ LL IMS10	dextrose 50 % in water	5	0 CT
1317932	63739007910	DILTIAZEM TAB 30MG UD SKY 100@	diltiazem HCl	1	1 EA
2402287	30904530661	DIPHENHYD CP 25MG UD MMP10X10@	diphenhydramine HCl	5	5 EA
3671526	00121097800	DIPHENHYD OS 25MG/10ML P/A100@	diphenhydramine HCl	1	1 CS
2283521	00641037625	DIPHENHYD VL 50MG 1ML WEST 25@	diphenhydramine HCl	8	4 CT
1906361	63323026929	DIPRIVAN 10MG/ML 20ML FRE 10	propofol	81	81 CT
1900356	63323026950	DIPRIVAN EM VL 10MG 50MLFRE 20	propofol	22	22 CT
3434461	68084077601	DIVALP SOD DRTB250MG UDAHP100@	divalproex sodium	1	1 EA
3491834	16714048501	DIVALP SOD ER TB500MG100NSTAR@	divalproex sodium	1	1 EA
1705755	55111053201	DIVALP SPRNK CP 125MG DR/R100@	divalproex sodium	1	1 EA
1164979	00955102001	DOCETAXEL VL 20MG/ML WINT 1ML@	docetaxel	19	19 EA
1431469	36373947810	DOCUS SOD SFTG 1CMG UD SKY100@	docusate sodium	1	1 EA

SOUTHWESTERN VERMONT MEDICAL CENTER 340B DRUG PURCHASES

Date Selection:10/01/2018 to 03/31/2019

Customer Selection:069512 SW VT MED CTR NEPC PHS

McK Item#	NDC/UPC	Item Description	Generic Description	Ord Qty	Net UOM
1425156	50383023310	DORZO/TIM22.3/6.8/ML HI-T10ML@	dorzolamide HCl/timolol maleat	11	2 EA
1435445	50383023210	DORZOL OS 20MG HI-T 10ML@	dorzolamide HCl	3	2 EA
3684420	59676096601	DOXORUB LIPO 2MG/ML PATR10ML@	doxorubicin HCl peg-liposomal	4	4 EA
1907294	47335005040	DOXORUB LIPO SDV2MG/MLCAR25ML@	doxorubicin HCl peg-liposomal	3	3 EA
1321637	63323013011	DOXYCYS SDV 100MG 20ML FRE 10	doxycycline hyclate	1	1 CT
2013282	00003089421	ELIQUIS TAB 5MG 60	apixaban	2	2 EA
3675469	00006306100	EMEND VL 150MG 10ML	fosaprepitant dimeglumine	89	89 EA
1419852	00548560500	ENOXAP SAF 100MG/1ML AMPHA 10@	enoxaparin sodium	1	1 CT
3430410	63323056884	ENOXAP SOD SYR 100MG/1MLFRE10	enoxaparin sodium	9	6 CT
3430352	63323056883	ENOXAP SOD SYR 30MG/0.3MLFRE10	enoxaparin sodium	1	1 CT
3430386	63323056887	ENOXAP SOD SYR 40MG/0.4MLFRE10	enoxaparin sodium	15	11 CT
2008233	76329331601	EPINEPH SYR 1MG 10ML LJ IMS 10	epinephrine	9	1 CT
1405604	66733094823	ERBITUX VL 2MG/ML 50ML	cetuximab	1	1 EA
1411651	66733095823	ERBITUX VL 2MG/ML 100ML	cetuximab	4	4 EA
3921301	55150028220	ERTAPENEM SDV 1GM AUR/M 10@	ertapenem sodium	2	2 CT
1663434	24208091055	ERYTHR O/O .5% B&L 3.5GM@	erythromycin base	2	2 EA
1278274	17478007035	ERYTHR O/O .5% AKOR 3.5GM	erythromycin base	1	1 EA
3581840	00143950610	ETOMIDATE INJ 20MG/10MLWEST10@	etomidate	1	1 CT
3635976	65250013309	EXPAREL INJ 133MG/10ML DS 10	bupivacaine liposome/PF	3	3 CT
2737799	63323073912	FAMOTID SDV 20MG/2ML 2ML FRE25	famotidine/PF	1	1 CT
1150978	00641602225	FAMOTID VL 10MG/ML 2ML WEST25	famotidine/PF	10	10 CT
1610625	00310072010	FASLODEX PFS 250MG/5ML 2X5.0ML	fulvestrant	44	43 CT
3780764	65628020605	FIRVANQ 50MG/ML 150ML	vancomycin HCl	1	1 EA
1733641	16714069211	FLUCONAZ TAB 150MG 12X1 NSTAR@	fluconazole	1	1 EA
1331867	63323011720	FLUOROUR SDV 1GM 20ML FRE 10	fluorouracil	37	37 CT
1327261	63323011710	FLUOROUR SDV 500MG 10ML FRE 10	fluorouracil	4	4 CT
2059624	16729027638	FLUOROUR VL 5GM ACC 100ML@	fluorouracil	43	32 EA
1903707	68084060501	FLUOXET CAP 20MG UD AHP 100@	fluoxetine HCl	1	1 EA
1372002	60505082901	FLUTICAS NAS SP 50MCG APX16GM@	fluticasone propionate	20	20 EA
1799386	50383070016	FLUTICAS NAS SP50MCG HI-T16GM	fluticasone propionate	2	0 EA
2254993	63323018410	FOLIC ACID MDV 50MG FRE 10ML	folic acid	3	3 EA
1485606	63739053710	FOLIC ACID TAB 1MG UD SKY 100@	folic acid	5	0 EA
2721363	00409610202	FUROSEM FTV 20MG 2ML HW 25@	furosemide	1	1 CT
1378280	16714033001	GABAPENT TAB 600MG 100 NSTAR@	gabapentin	1	1 EA
3510336	63739059110	GABAPENTIN CAPS100MG UDSKY100@	gabapentin	3	1 EA
3510351	63739023610	GABAPENTIN CAPS300MG UDSKY100@	gabapentin	1	1 EA
1641851	50419032512	GADAVIST VIAL 10ML 20	gadobutrol	9	9 CS
1665637	50419032513	GADAVIST VIAL 15ML 20	gadobutrol	1	1 CS
1658772	50419032511	GADAVIST VIAL 7.5ML 20	gadobutrol	6	6 CS
3292448	50383018902	GATIFLOXACIN SOL0.5%HI-T2.5ML@	gatifloxacin	3	3 EA
3425527	45963061959	GEMCITAB LYO SDV ACT 1GM@	gemcitabine HCl	33	33 EA
1824903	63323010213	GEMCITAB LYO SDV 200MG FRE10ML	gemcitabine HCl	6	6 EA
3414471	25021023410	GEMCITAB LYO SDV 200MG SAG10ML	gemcitabine HCl	15	15 EA
1720879	00409120703	GENTAMIC FTV 40MG/ML 2ML HW25@	gentamicin sulfate	4	0 CT
1734482	63323001002	GENTAMIC MDV 80MG 2ML FRE 25	gentamicin sulfate	4	0 CT
1185859	17478028435	GENTAMIC OPH OIN GENTAK 3.5GM	gentamicin sulfate	75	1 EA
2402030	60758018805	GENTAMIC SUL OPH 0.3% GRE 5ML@	gentamicin sulfate	4	4 EA
2245629	00049392083	GEODON SDV 20MG 10	ziprasidone mesylate	1	1 CT
3442738	00597026010	GLUCAGEN DIAGN KIT 1MG	glucagon,human recombinant	19	19 EA
3407988	25021067376	GLYDO TOP JEL PFS 2%6MLSAG10@	lidocaine HCl	1	1 CT
2048569	63459091011	GRANIX PFS INSTL 300MCG/.5ML 1	tbo-filgrastim	1	1 EA
2048577	63459091211	GRANIX PFS INSTL 480MCG/.8ML 1	tbo-filgrastim	65	64 EA
3461977	68382007901	HALOPERIDOL TAB 5MG ZYD 100@	haloperidol	1	1 EA
1607811	58468012601	HECTOROL SDV 2.0MCG 50	doxercalciferol	32	10 CT
2233633	63323026201	HEPAR MDV 5MU 1ML FRE 25	heparin sodium,porcine	1	1 CT
1138130	63323054011	HEPAR SOD MDV 10MU 10ML FRE 25	heparin sodium,porcine	2	2 CT
2292308	00264957710	HEPAR SOL 25MU 500ML BRAU CS24	heparin sodium,porcine/D5W	2	2 CS
1367531	34580243803	HYDROCORT CRM 1% PERR 1OZ@	hydrocortisone	4	4 EA
2188928	45802000403	HYDROCORT CRM 2.5% PERR 28GM@	hydrocortisone	1	1 EA
1959873	35416250001	HYDROPHOR OINT 16OZ@	petrolatum,white	2	1 EA
3430972	68084084701	HYDROXYZ PAM CAP25MG UDAHP100@	hydroxyzine pamoate	1	0 EA
1155100	36809449461	IBUPROF OS CHL 1CMG/5ML P/D 1C	ibuprofen	5	4 CS

SOUTHWESTERN VERMONT MEDICAL CENTER 340B DRUG PURCHASES

Date Selection:10/01/2018 to 03/31/2019

Customer Selection:069512 SW VT MED CTR NEPC PHS

McK Item#	NDC/UPC	Item Description	Generic Description	Ord Qty	Net UOM
2030302	63739068410	IBUPROF TAB 600MG UD SKY 100@	ibuprofen	4	4 EA
1868900	63323032225	IMIPEN+CIL SDV 500MG 20MLFRE25	imipenem/cilastatin sodium	1	1 CT
2404820	54643564901	INFUVITE ADL INF 2VL SYS BAX 5	multivit infusn,adult 4,vit K	2	2 CT
1111160	00085117701	INTEGRILIN VIAL 20MG 10ML	eptifibatide	4	4 EA
1125533	00085113601	INTEGRILIN VIAL 75MG 100ML	eptifibatide	2	2 EA
2470037	00006384371	INVANZ VIAL 1GM 10	ertapenem sodium	2	2 CT
3478914	76204060001	IPRALB I/SSGVL.5/3MG/3MLRIT30@	ipratropium/albuterol sulfate	20	20 CT
1725381	00054004544	IPRATRO NAS SPR 0.03% ROX30ML@	ipratropium bromide	2	1 EA
1796010	00487020101	IPRATRO/ALB 0.5/MG 3MLUDNEP30@	ipratropium/albuterol sulfate	5	5 CT
1165745	00143970201	IRINOTEC SDV 40MG WEST 2ML	irinotecan HCl	1	1 EA
1457837	42023011510	KETALAR VIAL 500MG 5ML 10	ketamine HCl	18	2 CT
3608353	00143950910	KETAM HCL VL100MG/ML 5MLWEST10	ketamine HCl	5	1 CT
1273325	00168009915	KETOCONAZOLE CRM 2% FOUG 15GM@	ketoconazole	1	1 EA
1494194	61314012605	KETOR OPHT SOL 0.5% FAL 5ML@	ketorolac tromethamine	3	3 EA
3741477	69543038625	KETOROL TR SDV30MG 1ML VIRT25	ketorolac tromethamine	1	0 CT
3757762	70860070103	KETOROL TRO SDV 30MG/ML ATH 25	ketorolac tromethamine	2	2 CT
1772680	31747871710	KETOTIF FUM SOL 0.025%AKOR5ML@	ketotifen fumarate	1	1 EA
2777357	00270055615	KINEVAC VIAL 5MCG 10	sincalide	1	0 CT
3299906	66758016013	KLOR-CON E/R TAB 10MEQ UD 100	potassium chloride	5	5 EA
3300464	66758019013	KLOR-CON E/R TAB M20 UD 100	potassium chloride	1	1 EA
1835818	00409233934	LABELALOL CRP/LL 5MG/ML 4ML 10	labetalol HCl	26	0 CT
3678125	47781058629	LABELALOL HCL MDV100MGALV20ML@	labetalol HCl	16	9 EA
3646460	51991093498	LABELALOL MDV 100MG BRECK 20ML	labetalol HCl	6	0 EA
3632403	00143962201	LABELALOL MDV 100MG WEST20ML	labetalol HCl	3	0 EA
1225259	00409226720	LABELALOL MDV 5MG/ML HW 20ML	labetalol HCl	102	0 EA
2125193	30536708706	LAC-DOSE TAB MMP 50	lactase	1	0 EA
1626688	00088221905	LANTUS SOLOSTAR PEN 3ML 5	insulin glargine,hum.rec.anlog	7	7 CT
2134708	61314054701	LATANOP OS 0.005% FAL 2.5ML@	latanoprost	4	1 EA
1805308	59762033302	LATANOP OS 125MCG/2.5ML GRE 1@	latanoprost	3	3 EA
2113991	24208046325	LATANOPR OS 0.005% B&L 2.5ML@	latanoprost	5	1 EA
2145266	63323071050	LEUCOVOR CAL 200MG FRE 50ML	leucovorin calcium	49	49 EA
3651908	76204080001	LEVAlBUT SGLVL .63/3ML RITE30@	levabuterol HCl	1	1 CT
2733459	00169643810	LEVEMIR FLEXTOUCH INJ 3ML 5	insulin detemir	2	2 EA
2047603	00143972124	LEVOfLOX 5% 5MG/ML 100MLWEST24	levofloxacin in dextrose 5 %	2	2 CS
1693910	00469650189	LEXISCAN SYR S/U 0.08MG/ML 5ML	regadenoson	180	180 EA
3593902	00115146860	LID+PRIL CRM 2.5/2.5% IMP5X5G@	lidocaine/prilocaine	4	4 EA
2717445	00409428301	LIDOCA AMP 4% 5ML HW 25	lidocaine HCl/PF	16	1 CT
1758523	00409132305	LIDOCA ANSYR 2% 5ML HW 10	lidocaine HCl/PF	1	1 CT
2465821	17478071110	LIDOCA HCl JEL 2% 5ML AKOR10	lidocaine HCl	29	5 CT
2717080	00409427601	LIDOCA MDV 1% 20ML HW 25	lidocaine HCl	12	5 CT
2717189	00409427701	LIDOCA MDV 2% 20ML HW 25@	lidocaine HCl	45	2 CT
1622208	50383077504	LIDOCA ORAL SOL 2% HI-T 100ML@	lidocaine HCl	2	2 EA
2025211	50383077517	LIDOCA SOL 2% 15ML UD HI-T 40@	lidocaine HCl	3	3 CS
1367895	00054350547	LIDOCA SOL 4% ROX 50ML@	lidocaine HCl	5	5 EA
1472331	00054852725	LITHIUM CAP 300MG UD ROX 100@	lithium carbonate	1	1 EA
1417419	30496088206	LMX4 CRM 4% TOPICAL LIDO 5X5GM	lidocaine	2	2 EA
1713346	30904772512	LOPERAM CAP 2MG MMP 12@	loperamide HCl	1	1 EA
2775740	00409677802	LORAZEP FTV 2MG/ML 1ML PFIZ10@	lorazepam	2	2 CT
1237692	63739049910	LORAZEP TAB 0.5MG UD SKY10X10@	lorazepam	17	0 EA
1320969	00641604425	LORAZEP VL 2MG/ML 1ML WEST25	lorazepam	8	8 CT
1893080	00023320503	LUMIGAN OPH SOL 0.01% 2.5ML	bimatoprost	2	2 EA
1474741	00074334603	LUPRON DEPOT 22.5MG KT 3346-03	leuprolide acetate	48	48 EA
1611961	00074364103	LUPRON DEPOT 3.75MG KT 3641-03	leuprolide acetate	3	3 EA
1448349	00074364203	LUPRON DEPOT 7.5MG KIT 3642-03	leuprolide acetate	11	11 EA
3612959	00074366303	LUPRON DEPOT GYN 11.25MG 1	leuprolide acetate	1	1 EA
1269562	30121176130	MAG-AL+ SIMETH 30ML UD P/A 1C@	mag hydrox/aluminum hyd/simeth	2	2 CS
1472901	30904630477	MAGNES CITR LIQ MMP 296ML	magnesium citrate	6	2 EA
1971233	00536352141	MAGNES OXID TB 400MG WAT 120	magnesium oxide	1	1 EA
2769974	00409672723	MAGNES SUL 1GM/100ML PFIZCT24@	magnesium sulfate/D5W	2	2 CT
3758638	63323006411	MAGNES SUL INJ 5G/10ML FRE 25	magnesium sulfate	8	0 CT
1431360	30904198860	MAPAP TAB 500MG UNB MMP 100	acetaminophen	2	2 EA
1768035	00409156010	MARCAINE VIAL 0.5% 10ML HW 10	bupivacaine HCl/PF	1	0 CT

SOUTHWESTERN VERMONT MEDICAL CENTER 340B DRUG PURCHASES

Date Selection:10/01/2018 to 03/31/2019

Customer Selection:069512 SW VT MED CTR NEPC PHS

McK Item#	NDC/UPC	Item Description	Generic Description	Ord Qty	Net UOM
1780584	00409174610	MARCAINE+EPI VL 0.25% 10ML 10	bupivacaine HCl/epinephrine/PF	4	0 CT
1780857	00409174630	MARCAINE+EPI VL 0.25% 30ML 10	bupivacaine HCl/epinephrine/PF	2	0 CT
1783018	00409174910	MARCAINE+EPI VL 0.5% 10ML 10	bupivacaine HCl/epinephrine/PF	4	0 CT
3511680	00904651661	MECLIZINE HCl 12.5MG MMPUD100@	meclizine HCl	1	1 EA
1614536	35416255007	MEN-PHOR LOT 7.5OZ @	menthol/camphor	1	1 EA
1263037	10019095301	MESNA MDV 100MG/ML BAX 10ML	mesna	2	2 EA
2574598	63739064010	METFORM HCL TB 500MG UDSKY100@	metformin HCl	1	1 EA
1475466	17478050410	METHYLEN BL VL 1% 10ML AKOR 10	methylene blue	6	4 CT
1248798	51079025520	METOPROL TAB 25MG UD UDL 100@	metoprolol tartrate	1	1 EA
3584877	67457067502	MIACALCIN INJ 400IU/2ML 1	calcitonin,salmon,synthetic	1	1 EA
1952050	60505132501	MIDODRIN TAB 10MG APX 100@	midodrine HCl	3	3 EA
1333301	00245021311	MIDODRIN TAB 10MG U/S 100@	midodrine HCl	7	5 EA
1332238	00245021211	MIDODRIN TAB 5MG U/S 100@	midodrine HCl	1	1 EA
3276789	50419042301	MIRENA 20UG/DAY DS1	levonorgestrel	138	138 EA
1448042	59762500701	MISOPROST TAB 100MCG GRE 60@	misoprostol	1	1 EA
2232585	16729011638	MITOMYCIN VL 40MG ACC 1@	mitomycin	2	2 EA
2061422	76045000410	MORPHINE PFS 2MG/ML 1ML FRE 24	morphine sulfate	1	0 CT
2036739	76045000510	MORPHINE PFS 4MG/ML 1ML FRE 24	morphine sulfate	15	0 CT
1814946	00409202902	MORPHINE VL 30MG 30ML PF HW 10	morphine sulfate/PF	1	0 CT
2291540	44206025105	MPB ALBURX 25% 50ML	albumin human	120	120 EA
3498193	57894050205	MPB DARZALEX 100MG/5ML VIAL	daratumumab	221	221 EA
3498201	57894050220	MPB DARZALEX 400MG/20ML VIAL	daratumumab	392	392 EA
2782639	64764030020	MPB ENTYVIO SDV 300MG 20ML	vedolizumab	30	30 EA
1250810	13533080071	MPB GAMUNEX-C 10GM 100ML	immune globul G/gly/IgA avg 46	4	4 EA
1254986	13533080024	MPB GAMUNEX-C 20GM 200ML	immune globul G/gly/IgA avg 46	10	10 EA
3652856	00310450012	MPB IMFINZI VIAL 120MG 1	durvalumab	47	47 EA
2042950	63833038602	MPB KCENTRA 400-620IU	hum prothrombin cplx(PCC)4fact	9	4945 IU
3425493	00006302602	MPB KEYTRUDA VIAL 100MG/4ML	pembrolizumab	122	122 EA
3408309	55513022101	MPB NPLATE SDV 250MCG 0.5ML	romiplostim	26	26 EA
3430337	55513019201	MPB PHS NEULASTA 6MG 0.6ML+KT	PEGFILGRASTIM	27	27 EA
2042489	55513019001	MPB PHS NEULASTA PFS 6MG 0.6ML	PEGFILGRASTIM	54	54 EA
2293488	44206043710	MPB PRIVIGEN 10GM 100ML	immun glob G(IgG)/pro/IgA 0-50	19	19 EA
2293538	44206043820	MPB PRIVIGEN 20GM 200ML	immun glob G(IgG)/pro/IgA 0-50	38	38 EA
2042513	44206043940	MPB PRIVIGEN 40GM 400ML	immun glob G(IgG)/pro/IgA 0-50	22	22 EA
3761343	15054112003	MPB SOMATULINEDEP120MG/.5MLPFS	LANREOTIDE ACETATE	26	26 EA
1285790	36382400820	MUCINEX TAB EXT/REL 20	guaifenesin	1	1 EA
2144632	68462018022	MUPIROCIN OINT 2% GLEN 22GM@	mupirocin	12	12 EA
1131093	76329336901	NALOX LL SYR 1MG/ML 2ML IMS10	naloxone HCl	1	1 CT
3487394	63739040310	NAPROXEN TAB 500MG UD SKY 100@	naproxen	1	1 EA
3519402	69547035302	NARCAN NASAL SPRAY 4MG CT2	naloxone HCl	1	1 CT
2067940	63323028635	NAROPIN SDV 0.5% 30ML FRE 25	ropivacaine HCl/PF	5	5 CT
1433788	30904571135	NASAL DECON SPR 12HR MMP 15ML@	oxymetazoline HCl	61	46 EA
1894534	64370053202	NAVELBINE VIAL 50MG 5ML	vinorelbine tartrate	4	4 EA
2773836	24208063562	NEOMY+POL B+HYD OS B&L 10ML@	neomycin/polymyxin B/hydrocort	5	5 EA
3292570	00281032630	NITRO-BID OINT 2% 30GM	nitroglycerin	1	1 EA
3237708	16714043901	NITROFURANT CAP 100MG100 NSTR@	nitrofurantoin monohyd/m-cryst	1	1 EA
1686708	00338104702	NITROGL 25MG+5%DEXTR 250ML 12	nitroglycerin in 5 % dextrose	2	2 CS
1379593	00169633910	NOVOLOG F/PEN PREF SYR 3ML 5	insulin aspart	16	16 CT
2458404	00169750111	NOVOLOG VIAL 100U 10ML	insulin aspart	28	28 EA
3407889	45802005935	NYSTATIN CRM 100MU PERR 15GM@	nystatin	2	2 EA
1367515	00574200815	NYSTOP TOPICAL PWD PERR 15GM@	nystatin	3	3 EA
1811124	17478071310	OFLOXACIN OPH 0.3% AKOR 5ML@	ofloxacin	4	0 EA
1306851	63739035810	OMEPRAZ DR 20MG UD SKY 100@	omeprazole	1	1 EA
1712249	00143989001	ONDANS MDV 2MG/ML WEST 20ML@	ondansetron HCl	4	4 EA
2460210	00641607825	ONDANS SDV 2MG/ML 2ML WEST25	ondansetron HCl/PF	118	117 CT
2011641	65862039010	ONDANSETRO OD TB 4MG AURO3X10@	ondansetron	41	41 EA
3605003	47781046813	OSELTAM PHOS CP 30MG ALVOBP10@	oseltamivir phosphate	2	0 EA
3774973	68180067801	OSELTAM PHOS OS6MG/ML LUP60ML@	oseltamivir phosphate	12	10 EA
3601770	61703036318	OXALIPLAT 5MG/ML SOL HW 10ML	oxaliplatin	48	48 EA
3601804	61703036322	OXALIPLAT 5MG/ML SOL HW 20ML	oxaliplatin	101	101 EA
2012805	68308050547	OXYCOD HCL 5MG UD MAYN 100@	oxycodone HCl	3	0 EA
1125046	63323076350	PACLITAX INJ 6MG/ML FRE 50ML	paclitaxel	80	0 EA

SOUTHWESTERN VERMONT MEDICAL CENTER 340B DRUG PURCHASES

Date Selection:10/01/2018 to 03/31/2019

Customer Selection:069512 SW VT MED CTR NEPC PHS

McK Item#	NDC/UPC	Item Description	Generic Description	Ord Qty	Net UOM
3756699	47781059507	PACLITAX MDV 300MGL ALV50ML@	paclitaxel	21	21 EA
3654654	69097092735	PALONOSETR HCl 0.25MG/5MLCIPL	palonosetron HCl	148	148 EA
1777747	61703032418	PAMIDRON VL 3MG/ML MAYNE10ML@	pamidronate disodium	1	1 EA
1359900	63739056410	PANTOPRAZ SOD DR40MG UDSKY100@	pantoprazole sodium	1	1 EA
3732252	00143928410	PANTOPRAZ SOD LYO 40MG WEST 10	pantoprazole sodium	16	12 CT
3542982	55150020210	PANTOPRAZ SOD VL 40MG AURO 10@	pantoprazole sodium	1	1 CT
1160506	16714023401	PENICIL V POT TB 250MG100NSTR@	penicillin V potassium	1	1 EA
1383058	00093412773	PENICIL-VK O/S 250MG TEV 1CML@	penicillin V potassium	2	2 EA
2116572	00472024260	PERMETHRIN CRM 5% W/W ACT60GM@	permethrin	7	7 EA
3428018	17478020102	PHENYLEPHR OPH/S 2.5%AKOR 2ML	phenylephrine HCl	2	0 EA
1758986	00781311395	PIPER/TAZ 3.375GM 30ML SAN 10	piperacillin sodium/tazobactam	8	7 CT
1760248	00781311495	PIPER/TAZ 4.5GM 50ML SAN 10	piperacillin sodium/tazobactam	5	5 CT
3404282	00574402135	POLYCIN OPH OINT PERR 3.5GM@	bacitracin/polymyxin B sulfate	1	1 EA
1483981	35107930630	POLYETH GLYC PWD 17GM UDL 30@	polyethylene glycol 3350	1	1 BX
2296010	30904110231	POVIDINE IOD OINT 10% MMP 1OZ@	povidone-iodine	1	1 EA
3433364	00378110101	PRAZOSIN CAP 1MG MYL 100@	prazosin HCl	1	1 EA
1137934	11980018005	PRED FORTE OPTH SUSP 1% 5ML	prednisolone acetate	1	0 EA
2738524	61314063705	PREDNISOL AC OPH 1% FAL 5ML@	prednisolone acetate	3	3 EA
1304856	59746017506	PREDNISON TAB 20MG JUB 100@	prednisone	1	1 EA
1254812	00054001820	PREDNISON TAB 20MG UD ROX 100@	prednisone	5	5 EA
3491255	60687014501	PREDNISON TAB 20MG AHP UD100	prednisone	1	1 EA
1109925	00046087221	PREMARIN VAG CRM 0.625MG 30GM	estrogens, conjugated	7	7 EA
2008068	59310057922	PROAIR HFA MDI W/COUNTER 8.5GM	albuterol sulfate	4	4 EA
1925965	55513071001	PROLIA PFS 60MG/1ML 1	denosumab	132	132 EA
3436367	00904646161	PROMETH TAB 25MG UD MMP 10X10@	promethazine HCl	1	1 EA
1391762	00641092825	PROMETH VL 25MG 1ML WEST 25	promethazine HCl	7	7 CT
1372697	24208073006	PROPARACAINE SOL 0.5% B&L15ML@	proparacaine HCl	1	0 EA
1212695	61314001601	PROPARACAINE SOL 0.5% FAL15ML@	proparacaine HCl	156	98 EA
1450386	17478026312	PROPARACAINE SOL 0.5%AKOR15ML	proparacaine HCl	42	8 EA
3574969	00517037405	PROVAYBLUE AMP .5%10ML A/R UD5	methylene blue	1	1 CT
2738037	00409662902	QUELICIN FTV 2CMG 10ML HOSP 25	succinylcholine chloride	1	1 CT
3280773	16714045201	QUETIAPIN FUM TB 25MG 100NSTR@	quetiapine fumarate	2	2 EA
1245695	30487590199	RACEPINE INH SOL2.25% UD.5ML30	racinephrine HCl	1	1 EA
3510492	84898500047	RANITIDINE TAB 150MG 24	ranitidine HCl	3	3 EA
3746120	60687032201	RANITIDINE TAB 150MG AHPUD100@	ranitidine HCl	1	1 EA
1212950	57894003001	REMICADE PWD 100MG IN 20ML VL1	infliximab	662	662 EA
2046597	00904635961	RISPERID TAB 1MG UD MMP 100@	risperidone	1	1 EA
3231404	00409955805	ROCURON BRO 10MG/ML5MLPFIZ10@	rocuronium bromide	1	1 CT
3560133	17478008130	ROPIVAC HCl SDV 5MG/MLAKOR30ML	ropivacaine HCl/PF	12	12 EA
3599180	55150019830	ROPIVAC SDV .5% 30ML AURO/M25	ropivacaine HCl/PF	2	2 CT
2129476	30536589688	RUGBY NICOTIN 21MG PTCH WAT14@	nicotine	4	4 EA
3549466	30904652261	SENNA LAX TAB UD MMP 10X10@	sennosides	4	1 EA
2136174	63323046817	SENS+EPI MPF SDV.25%10MLFRE25	bupivacaine HCl/epinephrine/PF	30	12 CT
3237443	63323046417	SENSOR SDV 0.25% 10ML FRE 25	bupivacaine HCl/PF	2	2 CT
2104768	63323046217	SENSOR+EPI MPF 0.5% 10ML FRE25	bupivacaine HCl/epinephrine/PF	6	2 CT
3616224	60687024201	SERTRALIN TB 50MG UD AHP 100@	sertraline HCl	1	1 EA
2070977	57894035001	SIMPONI ARIA VL 50MG/4ML 1	golimumab	16	16 EA
1445634	16714068402	SIMVASTAT TAB 40MG 90 NSTAR@	simvastatin	1	1 EA
3509700	01093978144	SM ACID RED RANIT TAB 150MG 24	ranitidine HCl	3	3 EA
3509718	01093978244	SM ACID RED RANIT TB 150MG 65	ranitidine HCl	1	1 EA
1980457	01093927633	SM ADULT CHW ASPIR CHRRY TB 36	aspirin	1	1 EA
1848522	01093923633	SM ANTI-DIARRH CAPL 12	loperamide HCl	3	3 EA
1302116	01093911233	SM MAGNES CIT LAX LEMON 10OZ	magnesium citrate	12	10 EA
3789104	01093990844	SM MAGNES CIT LAX LEMON 10OZ	magnesium citrate	4	2 EA
1981257	01093924933	SM PAIN REL CAPL X/STR 50	acetaminophen	1	1 EA
1981273	01093925033	SM PAIN REL CAPL X/STR 100	acetaminophen	2	2 EA
2746428	00409663734	SOD BIC SYR+NDL 50ML 8.4 L/S10	sodium bicarbonate	8	0 CT
1806637	00409196605	SOD CHL BAC FTV .9% 20ML HW 25	bacteriostatic sodium chloride	3	3 CT
1807015	00409196607	SOD CHL BAC FTV .9% 30ML HW 25	bacteriostatic sodium chloride	20	6 CT
1471218	00009001104	SOLU-CORTEF AOV 100MG PF 2ML25	hydrocortisone sodium succ/PF	2	2 CT
1610708	00009001305	SOLU-CORTEF AOV 250MG PF 2ML	hydrocortisone sodium succ/PF	2	2 EA
2247609	00009004722	SOLU-MEDROL A-O-V 125MG 2ML 25	methylprednisolone sod succ/PF	5	5 CT

SOUTHWESTERN VERMONT MEDICAL CENTER 340B DRUG PURCHASES

Date Selection:10/01/2018 to 03/31/2019

Customer Selection:069512 SW VT MED CTR NEPC PHS

McK Item#	NDC/UPC	Item Description	Generic Description	Ord Qty	Net UOM
2247468	00009003928	SOLU-MEDROL A-O-V 40MG 1ML 25	methylprednisolone sod succ/PF	3	2 CT
1676667	00009069801	SOLU-MEDROL VIAL 1000MG 1	methylprednisolone sod succ	10	8 EA
2741452	00009075801	SOLU-MEDROL VIAL 500MG 1	methylprednisolone sod succ	8	8 EA
1743061	30904625549	SORE THROAT LOZ CHRY MMP 18@	benzocaine/menthol	1	1 EA
1766005	00597007575	SPIRIVA HANDIHALER INST 5	tiotropium bromide	54	54 EA
2144244	43598021055	SSD CREAM 1% JAR DR/R 50GM@	silver sulfadiazine	15	15 EA
1618990	57894006103	STELARA PFS 90MG/1.0ML 1	USTEKINUMAB	2	2 EA
2791101	61314070101	SULFACET OPH SOL 10% FAL 15ML@	sulfacetamide sodium	3	3 EA
1150192	24208031705	SULFACET+PRED OPH B&L 5ML@	sulfacetamide/prednisolone sp	10	10 EA
2022598	55150017301	SUMATRIP SDV 6MG/0.5ML AUR/M5@	sumatriptan succinate	2	1 CT
1134683	16714053211	SUMATRIP TAB 50MG UD 9 NSTAR	sumatriptan succinate	2	0 EA
1480797	00186037028	SYMBICORT MDI 160/4.5MCG HUD60	budesonide/formoterol fumarate	24	24 EA
1474154	00186037228	SYMBICORT MDI 80/4.5MCG HUD60	budesonide/formoterol fumarate	7	7 EA
2095024	00004082205	TAMIFLU O/S 6MG/ML 60ML NR	oseltamivir phosphate	6	6 EA
2214419	63739056710	TAMSULOS CAP0.4MG UD SKY10X10@	tamsulosin HCl	3	2 EA
1661420	00075800301	TAXOTERE INJ ONE-VIAL 20MG	docetaxel	34	8 EA
1622380	00075800404	TAXOTERE INJ ONE-VIAL 80MG	docetaxel	21	19 EA
1262484	63323001302	THIAMIN MDV 2CMG 2ML FRE 25	thiamine HCl	5	1 CT
2951382	00099999999	THIRD PARTY DEBITS CREDITS		0	-1 EA
3645983	00052060202	TICE BCG 1TO8X10E8 CFU/VL 50MG	BCG live	12	2 EA
1632504	00069581043	TIKOSYN CAP 250MCG UD DS 40	dofetilide	1	1 EA
3465416	64980051405	TIMOLOL MAL OPH .50% RIS 5ML@	timolol maleate	6	3 EA
1398510	60758080105	TIMOLOL OPH SOL 0.5% GRE 5ML@	timolol maleate	1	0 EA
1379320	50242012001	TNKASE VL 50MG KIT	tenecteplase	8	8 EA
1101674	61314064705	TOBRAMYC+DEXAM OS FAL 5ML @	tobramycin/dexamethasone	1	1 EA
2187946	00065064435	TOBEX O/O 0.3% 3.5GM	tobramycin	1	1 EA
3216140	63739067110	TRAMADOL TAB 50MG SKY UD 100@	tramadol HCl	2	2 EA
1831528	00065026025	TRAVATAN Z OS 0.004% 2.5ML	travoprost	3	3 EA
3544657	00904655561	TRAZODONE TAB 100MG MMP UD100@	trazodone HCl	1	1 EA
3405933	60432056160	TRIAMCIN LOT 0.1% MOR 2OZ	triamcinolone acetonide	1	0 EA
3432382	45802005535	TRIAMCIN OINT 0.1% PERR 15GM@	triamcinolone acetonide	1	1 EA
3643210	45802004935	TRIAMCIN OINT 0.5% PERR 15GM@	triamcinolone acetonide	1	1 EA
1124304	61314062810	TRIMETH+ SUL+POLY OPH FAL 10ML@	polymyxin B sulf/trimethoprim	6	6 EA
3603958	10019055303	TRNSDM SCO TDS 1.5MG 1MG/3DY10	scopolamine	16	8 CT
2708642	61314035501	TROPICAM OPHT SOL 1% FAL 3ML@	tropicamide	55	0 EA
3696960	00049001383	UNASYN VIAL 1.5GM 10	ampicillin sodium/sulbactam Na	4	0 CT
1648070	00049002428	UNASYN VIAL 15GM BULK 1657	ampicillin sodium/sulbactam Na	1	1 EA
3696895	00049001483	UNASYN VIAL 3GM 10	ampicillin sodium/sulbactam Na	4	0 CT
1479310	16714069801	VALACYCL TAB 500MG 30 NSTAR@	valacyclovir HCl	1	1 EA
1135383	00143978510	VALPROATE 1CMG/ML 5ML WEST 10@	valproic acid (as sodium salt)	1	1 CT
1843317	55513095401	VECTIBIX VL 20MG/ML 5ML	panitumumab	4	4 EA
1845122	55513095601	VECTIBIX VL 20MG/ML 20ML	panitumumab	3	3 EA
2266831	00517234010	VENOFER SDV 20MG/ML 5ML A/R 10	iron sucrose complex	97	91 CT
1894260	00173068224	VENTOLIN HFA 60 DSE W/CTR	albuterol sulfate	161	161 EA
3257854	61703030916	VINCISTIN SDV 2MG/2ML H/W2ML@	vincristine sulfate	4	4 EA
3429230	45963060755	VINORELB INJ 10MG/ML ACT 1ML@	vinorelbine tartrate	24	22 EA
1305408	25021020401	VINORELB INJ 10MG/ML SAG 1ML@	vinorelbine tartrate	2	2 EA
1305440	25021020405	VINORELB INJ 10MG/ML SAG 5ML@	vinorelbine tartrate	18	14 EA
2068831	35026885115	VITAMIN B1 TB 100MG UD AVK50@	thiamine mononitrate (vit B1)	1	1 EA
2429967	00013830304	XALATAN 0.005% 2.5ML	latanoprost	1	1 EA
1611441	55513073001	XGEVA SDV 120MG/1.7ML 1	denosumab	184	184 EA
2131985	63323048227	XYLOCAIN+EPI MDV 1% 20MLFRE25	lidocaine HCl/epinephrine	3	3 CT
1145614	63323048737	XYLOCAIN+EPI SDV 1% FRE30ML 25	lidocaine HCl/epinephrine/PF	2	2 CT
1382134	63323048627	XYLOCAINE MDV 2% 20ML FRE 25	lidocaine HCl	10	0 CT
1780865	63323049257	XYLOCAINE MPF SDV 1% 5ML FRE25	lidocaine HCl/PF	15	3 CT
3416385	68084010309	ZIPRASID CAP 20MG UD AHP 80@	ziprasidone HCl	1	1 EA
3727633	70720095036	ZOLADEX PF SYR 3.6MG SNGL DS	goserelin acetate	7	7 EA
2017234	55111068507	ZOLEDRON ACID SDV 4MG DR/R5ML@	zoledronic acid	34	34 EA
3644309	63323096600	ZOLEDRON ACID SDV5MG/100MLFRE1	zoledronic acid/mannitol-water	13	13 EA
2017226	55111068852	ZOLEDRON ACID SDV5MGDR/R100ML@	zoledronic acid/mannitol-water	6	6 EA
GRAND TOTAL				7538	11086

CY 2019 APPLICATIONS (JANUARY-JUNE)	#Applications (Per Household)	#Applicants (Total household members)
Approved at 100% Discount	296	480
Approved at 75% Discount	91	197
Approved at 65% Discount	87	205
Approved at the Medicaid Rate	1	1
Denied-Over Income	5	5
Denied- Incomplete Application	50	84
Pending Applications	153	237
Total Processed	683	1,209

CY 2018 Applications	#Applications (Per Household)	#Applicants (Total household members)
Approved at 100% Discount	563	918
Approved at 75% Discount	172	376
Approved at 65% Discount	114	256
Approved at the Medicaid Rate	7	17
Denied-Over Income	12	28
Denied- Incomplete Application	69	122
Pending Applications	99	162
Total Processed	1,036	1,879

CY 2017 Applications	#Applications (Per Household)	#Applicants (Total household members)
Approved at 100% Discount	685	1129
Approved at 75% Discount	188	400
Approved at 65% Discount	132	301
Approved at the Medicaid Rate	11	11
Denied-Over Income	16	34
Denied- Incomplete Application	87	157
Total Processed	1,119	2,032

CY 2016 Applications	#Applications (Per Household)	#Applicants (Total household members)
Approved at 100% Discount	493	785
Approved at 75% Discount	131	252
Approved at 65% Discount	97	204
Denied-Over Income	6	8
Denied- Incomplete Application	41	61
Total Processed	768	1,310