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## United States Senate

COMMITTEE ON HEALTH, EDUCATION,  
LABOR, AND PENSIONS

WASHINGTON, DC 20510-6300

February 1, 2026

### **VIA ELECTRONIC TRANSMISSION**

Christopher A. Hatwig, MS, RPh, FASHP  
President  
Apexus, LLC  
290 E. John Carpenter Freeway  
Irving, TX 75062

Mr. Hatwig:

As Chairman of the Senate Health, Education, Labor, and Pensions (“HELP”) Committee, I am committed to protecting the integrity of the 340B Drug Pricing Program (“340B Program”) and to ensure that it fulfills Congress’s goal of lowering health care costs. To that end, I write to request information regarding Apexus, LLC’s (“Apexus”) role in the 340B Program.

Section 340B(a)(8) of the Public Health Service Act requires the Secretary of Health and Human Services (“HHS”) to “establish a prime vendor program under which covered entities may enter into contracts with prime vendors for the distribution of covered outpatient drugs.”<sup>1</sup> The Health Resources and Services Administration (“HRSA”), which administers the 340B Program, states that the purpose of the prime vendor program (“PVP”) is “to develop, maintain, and coordinate a program capable of distribution, facilitation, and other activities in support of the 340B Program.”<sup>2</sup>

According to HRSA, the PVP has three primary roles: “(1) negotiating sub-340B pricing on pharmaceuticals; (2) establishing distribution solutions and networks that improve access to affordable medications; and (3) providing other value-added products and services.”<sup>3</sup> All covered entities may participate in the PVP, including hospitals that are prohibited by statute from purchasing in a group purchasing arrangement (“GPO”).<sup>4</sup> Currently, about 90 percent of the covered entities that participate in the 340B Program also participate in the PVP.<sup>5</sup> Drug manufacturers may also voluntarily participate in the PVP.

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<sup>1</sup> Public Health Service Act, 42 U.S.C. § 256b(a)(8).

<sup>2</sup> *What is the 340B Prime Vendor Program (PVP)?*, HEALTH RES. & SERVS. ADMIN., <https://www.hrsa.gov/about/faqs/what-340b-prime-vendor-program-pvp> (last updated June 2024).

<sup>3</sup> *Id.*

<sup>4</sup> *Id.*

<sup>5</sup> *Growth in the 340B Drug Pricing Program*, CONG. BUDGET OFF. (Sept. 2025), <https://www.cbo.gov/publication/61730>.

Since HRSA first implemented the PVP in 1999, it has only contracted with one entity per contract term to serve as the prime vendor, despite the statute allowing the PVP to include multiple prime vendors at once.<sup>6</sup> HRSA recognized this in its most recent public solicitation for the 340B PVP, stating that the agency planned “to enter into an agreement with the successful *offeror(s)*.”<sup>7</sup> However, Apexus has served as the sole 340B prime vendor since 2004.<sup>8</sup> Its current PVP contract with HRSA, signed in December 2019, provides for a three-year base period followed by two three-year option periods and one one-year option period, for a potential total term of 10 years.<sup>9</sup>

During Apexus’s time as the 340B prime vendor, the 340B Program has seen rapid growth. In 2005, covered entities spent \$2.4 billion on 340B drugs<sup>10</sup> compared to a record \$81.4 billion in 2024<sup>11</sup>—a 3,291 percent increase. The 340B Program is now the second largest federal prescription drug program, trailing only Medicare Part D.

The precipitous growth of the 340B Program, especially since 2010, has led to questions about where revenue generated from the Program is going and whether this revenue is being used pursuant to the original intent of 340B. As noted above, Apexus has a unique role in the 340B Program as the current 340B prime vendor. However, it is also a for-profit company that has significantly benefitted from the growth of the 340B Program. A *New York Times* investigation in January 2025, found that Apexus generated \$227 million in revenue in 2022 and that the company generates profit margins above 80 percent.<sup>12</sup> This is driven in large part by the fees that Apexus collects for almost every drug sold under the 340B Program.<sup>13</sup>

Apexus has also expanded its business beyond the core PVP contract, such as offering trainings to 340B participants for a fee and deploying purchasing optimization teams to help covered entities maximize 340B drug utilization.<sup>14</sup> In addition, concerns have been raised about Apexus’s

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<sup>6</sup> See Public Health Service Act, 42 U.S.C. § 256b(a)(8) (“covered entities may enter into contracts with prime vendors for the distribution of covered outpatient drugs”) (emphasis added).

<sup>7</sup> Solicitation Number 75R60219R00085, *Health Resources and Services Administration 340B Prime Vendor Agreement*, U.S. DEP’T OF HEALTH & HUM. SERVS. HEALTH RES. & SERVS. ADMIN. (Aug. 16, 2019), <https://sam.gov/opp/a87131c908ecce4ae73f5ab5cb02f7a5/view> (emphasis added).

<sup>8</sup> *340B Drug Pricing Program Overview*, 340B HEALTH, <https://www.340bhealth.org/members/340b-program/overview/> (last visited Dec. 17, 2025).

<sup>9</sup> *HRSA 340B Prime Vendor Agreement, HRSA-250-2019-PVA*, U.S. DEP’T OF HEALTH & HUM. SERVS. HEALTH RES. & SERVS. ADMIN. (Dec. 19, 2019) [hereinafter 2019 PVP Contract].

<sup>10</sup> *Report to the Congress: Overview of the 340B Drug Pricing Program*, MEDICARE PAYMENT ADVISORY COMM’N (May 2015), [https://www.medpac.gov/wp-content/uploads/import\\_data/scrape\\_files/docs/default-source/reports/may-2015-report-to-the-congress-overview-of-the-340b-drug-pricing-program.pdf](https://www.medpac.gov/wp-content/uploads/import_data/scrape_files/docs/default-source/reports/may-2015-report-to-the-congress-overview-of-the-340b-drug-pricing-program.pdf).

<sup>11</sup> *2024 340B Covered Entity Purchases*, HEALTH RES. & SERVS. ADMIN., <https://www.hrsa.gov/opa/updates/2024-340b-covered-entity-purchases> (last updated Dec. 2024). Notably, the total 340B drug spend is actually higher than the \$81.4 billion reported because that figure only includes purchasing data provided by the PVP, which does not capture all 340B transactions. *Id.*

<sup>12</sup> Ellen Gabler, *How a Company Makes Millions Off a Hospital Program Meant to Help the Poor*, THE N.Y. TIMES (Jan. 15, 2025), <https://www.nytimes.com/2025/01/15/us/340b-apexus-drugs-middleman.html>.

<sup>13</sup> *Id.*

<sup>14</sup> *Id.*

relationship and potential conflicts of interest with its parent company, Vizient, Inc., the largest group purchasing organization (“GPO”) in the country.<sup>15</sup>

As I indicated in my report on the 340B Program last spring, a serious lack of transparency in the 340B Program prevents 340B discounts from translating to better access or lower costs for patients.<sup>16</sup> In light of Apexus’s role as the current 340B prime vendor, and given questions raised into its business practices, I am requesting information and data to better understand how Apexus generates its revenue and designs its commercial offerings related to the 340B Program.

Please respond to the following questions, on a question-by-question basis, **no later than February 23, 2026**. I request that all documents, data, and any other responsive materials be unredacted, produced in electronic form, and Bates stamped. Unless otherwise stated, the below questions seek information or documentation from 2014 through the date of this letter. The questions are grouped by topic area for ease of reading, but I request a response to each individual question and sub-question listed below.

### **Apexus’s Revenue and Compensation Structure**

1. Please produce a complete copy of Apexus’s annual financial statements since 2014.
2. Please produce a complete copy of any of Apexus’s internal revenue and/or profit projections since 2014.
3. Please produce an Excel spreadsheet of Apexus’s revenue, on an annual basis since 2014, from each 340B covered entity parent site and each child site and indicate their 340B ID and entity type. In this spreadsheet, please include and identify all revenue sources.
4. Please produce a complete copy of Apexus’s annual federal tax returns since 2014.
5. Please describe the bonus structure for Apexus employees, including whether potential bonuses are tied to the revenue Apexus generates through the 340B PVP.
6. Are any Apexus employees’ compensation amounts tied in any way to growing the 340B Program and/or increasing 340B sales? If yes, please describe how employee compensation amounts are tied to growing the 340B Program and/or increasing 340B sales.
7. Please provide complete copies of the annual Apexus Short Term Incentive Plan company revenue targets, the annual results, and the bonus payout percentage to Apexus employees since 2014.
8. Apexus generates revenue from nearly every purchase in the 340B Program, regardless of whether Apexus has a separate “sub-340B” drug pricing contract with a covered entity. Please list all the additional programs and services that Apexus provides to 340B Program

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<sup>15</sup> *Top 10 GPOs by staffed beds*, DEFINITIVE HEALTHCARE (Oct. 24, 2025), <https://www.definitivehc.com/blog/top-10-gpos-by-staffed-beds>.

<sup>16</sup> *See Congress Must Act to Bring Needed Reforms to the 340B Drug Pricing Program*, S. COMM. ON HEALTH, EDUC., LAB., & PENSIONS (Apr. 2025), [https://www.help.senate.gov/imo/media/doc/final\\_340b\\_majority\\_staff\\_report.pdf](https://www.help.senate.gov/imo/media/doc/final_340b_majority_staff_report.pdf).

participants (covered entities, manufacturers, wholesalers, etc.) that are beyond the scope of the 340B statute's requirement to "distribute[] . . . covered outpatient drugs."<sup>17</sup>

- a. How much money does Apexus make from each 340B transaction that is not made through one of Apexus's contracts for "sub-340B" pricing?
9. Does any other entity, other than Apexus, receive administrative fees for drug sales in the 340B wholesale account?
10. Does Apexus share any of the administrative fees it receives for drug sales in the wholesale acquisition cost ("WAC") accounts with any other entity, including GPOs?
11. Apexus states that the 340B PVP is "funded through nominal fees charged to distributors and suppliers."<sup>18</sup> Please provide a breakdown of all fees charged to distributors and suppliers through the 340B PVP. Please include the different administrative fees for manufacturer contracting and distributor contracting.
12. Please provide a complete list of all manufacturers, distributors, and wholesalers that participate in the 340B PVP in any way.

### **Apexus's "Share Back" Practices**

13. Does Apexus remit any of the revenue it collects from the 340B PVP to covered entities annually (or at any other time interval) based on the covered entities' 340B drug utilization (*i.e.*, a "share back")?
  - a. If yes, please describe this practice, including how covered entities are selected to receive a share back, how the share back is calculated, and what funds are used to pay the share back (*i.e.*, revenue generated from the 340B Program or other revenue sources). Please also produce an Excel spreadsheet with a breakdown of all share backs provided to covered entities since 2014, including the covered entity name, 340B ID, covered entity type, date of share back, amount of share back, and amount of share back as a percentage of Apexus's annual revenue.
  - b. If Apexus no longer provides share backs to covered entities, please describe when Apexus stopped this practice and why it stopped. Please also provide the information and data requested in question 13(a) above for all time periods that Apexus did provide share backs to covered entities.

### **Apexus's Organizational Structure and Internal Access Controls for 340B PVP Data**

14. Please produce a current organizational chart for Apexus, LLC including employees working under the 340B PVP and employees working on the other "non-340B PVP" business areas of Apexus.
  - a. Are all employees uniquely allocated or are there employees that are shared? How does Apexus leadership oversee these "firewalled" areas in a way that complies with the 340B Prime Vendor Agreement?

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<sup>17</sup> Public Health Service Act, 42 U.S.C. § 256b(a)(8).

<sup>18</sup> FAQ ID: 1596, *HRSA FAQs*, 340B PRIME VENDOR PROGRAM, [https://www.340bpvp.com/search#tab=faq&f-lp\\_faq\\_category\\_hierarchy=340B%20PVP,340B%20University](https://www.340bpvp.com/search#tab=faq&f-lp_faq_category_hierarchy=340B%20PVP,340B%20University) (last modified Aug. 11, 2013).

- b. Please explain the ways Vizient, Inc. employees, officers, directors, affiliates, and/or contractors have access to 340B PVP data.
- 15. Under the 2019 340B Prime Vendor Agreement, Apexus must maintain written standards of conduct regarding conflicts of interest, including standards to ensure that “[o]perational processes, systems and information assigned to the Prime Vendor agreement shall operate independently from any other business operations, and firewalls should be established to ensure information is protected.”<sup>19</sup> Please produce a complete copy of all conflicts of interest-related standards of conduct currently in place at Apexus.
- 16. Does Apexus use any data it collects from PVP or non-PVP participants for sales purposes to expand its business?
- 17. Has Apexus ever shared any data obtained through its performance of the 340B Prime Vendor Agreement with any employees, contractors, officers, directors, or affiliates of Vizient, Inc.? Specifically, is any 340B purchasing data shared with Vizient but not its competitors?
- 18. Has Apexus ever shared its pricing structure for any administrative fees it charges covered entities, manufacturers, or distributors with any employees, contractors, officers, directors, or affiliates of Vizient, Inc.?
- 19. Does Apexus hire its own employees to work on the 340B PVP, or does Vizient hire these employees on behalf of Apexus? If the latter, are 340B PVP employees paid by or overseen in any way by Vizient employees, officers, or directors?
  - a. Please explain why Vizient social media posts advertise Apexus positions.
- 20. Do any Apexus 340B PVP employees have any contractual relationship with Vizient, Inc.?
- 21. Please describe what interactions Apexus 340B PVP employees have with other Apexus, LLC and Vizient, Inc. employees, officers, directors, and contractors that do not work on the 340B PVP.
- 22. Please describe the functions of the 340B Optimization Team, including an organizational chart, revenue generated, and materials shared with covered entities. Please also describe the firewalls in place between the 340B Optimization Team and the 340B PVP employees.
- 23. What year did Apexus become a for-profit company?
  - a. What was the rationale by Apexus’s owner, Vizient, Inc., to change Apexus from non-profit to for-profit?
  - b. Please describe any tax or business advantages Vizient gained as a result of Apexus’s change to for-profit status.

### **Apexus’s Relationship with Vizient**

- 24. Who owns Vizient? Please provide the names of the ownership entities and their percentage ownership and provide the names of the owner entity executives that serve on Vizient’s board of directors.

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<sup>19</sup> 2019 PVP Contract at 8–9.

25. Do any Vizient employees, officers, directors, or contractors work with any Apexus employees on 340B PVP policy guidance generated pursuant to the 340B Prime Vendor Agreement?
26. Do any Vizient employees, officers, directors, or contractors work with any Apexus employees on any 340B-related programs that are outside the scope of the 340B Prime Vendor Agreement?
27. Do any Vizient employees, officers, directors, or contractors work with any Apexus employees on any 340B-related contracts, negotiations, agreements, drug pricing strategy, fee arrangements, or any other 340B-related activity done either pursuant to or outside of the scope of the 340B Prime Vendor Agreement?
28. Please provide the “share back” amounts Vizient has provided to its ownership entities on an annual basis since 2014.
29. Please provide the “share back” amounts Apexus has provided to Vizient ownership entities on an annual basis since 2014.
30. Please provide complete copies of any internal memos, emails, presentations, or other communications that were sent from any Apexus employee, officer, director, and/or contractor to any Vizient employee, officer, director, and/or contractor since 2014 that identified 340B Program industry challenges or political issues that could negatively impact Apexus’s revenue and the mitigation scenarios that were recommended for Apexus or Vizient or their agents (including lobbyists).

### **Apexus’s Engagement with Regulators**

31. Please describe, in detail and with supporting documentation, Apexus’s involvement, if any, in HRSA’s 2013 Policy Release clarifying its policy regarding the statutory prohibition against obtaining covered outpatient drugs through a GPO for certain covered entities.<sup>20</sup> In your response, please describe and produce any communications between Apexus with HRSA, any guidance Apexus provided HRSA, any presentations given by Apexus to HRSA, and any other engagements regarding the 2013 Policy Release.
  - a. Specifically, please provide an overview of how Apexus received authority for the WAC accounts to be established and how Apexus controls what is loaded into these accounts.
  - b. Please describe how Apexus profits from administrative fees and how wholesalers profit from utilization by having controlled access to the WAC account and eliminating competition from other entities in this account.
32. For the HRSA Frequently Asked Questions (“FAQs”), please describe how the questions are collected and how they are responded to.
  - a. What role do stakeholders, such as covered entities, manufacturers, and/or contract pharmacies have in influencing the answers to the FAQs?

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<sup>20</sup> 340B Drug Pricing Program Notice, *Statutory Prohibition on Group Purchasing Organization Prohibition*, HEALTH RES. & SERVS. ADMIN. (Feb. 7, 2013), <https://www.hrsa.gov/sites/default/files/hrsa/opa/prohibition-gpo-participation-02-07-13.pdf>.

- b. Do any Apexus employees working outside of the 340B PVP have any influence over or any engagement with developing the answers to the FAQs?
- 33. How does Apexus provide operational guidance to covered entities for situations that lack HRSA rules or guidance?
  - a. What is Apexus's authority to provide this guidance and how does it do so?

### **Apexus's Role in Increasing 340B Utilization**

- 34. Please describe how Apexus employees work with covered entities to increase 340B drug utilization and otherwise maximize their 340B participation.
- 35. Please produce complete copies of all documents, emails, meeting minutes, presentations, and any other internal communications describing efforts by Apexus to expand 340B utilization, educate entities about the WAC accounts and contracts Apexus created to drive revenue, and otherwise encourage the growth of the 340B Program in any way.
- 36. Please provide the annual spending by Apexus to any 340B-related trade organizations or groups (including, but not limited to, American Society of Health-System Pharmacists, 340B Health, 340B Coalition, National Association of Community Health Centers, Alliance for Integrated Medication Management, America's Essential Hospitals, American Pharmacists Association, National Community Pharmacists Association, Advocates for Community Health, American Hospital Association, and National Pharmacy Purchasing Association) since 2014 in the form of unrestricted or restricted grants, marketing, conference sponsorships, advertising, exhibits, paying for meeting space at Apexus-hosted events, or any other activity that would convey money to 340B-related trade organizations or groups.
- 37. What internal compliance and audit mechanisms does Apexus have to monitor covered entity behavior and ensure that the 340B benefits acquired under 340B PVP-contracted pricing are being used appropriately (per statute and HRSA guidance)?
  - a. Relatedly, what does Apexus do to stop "covered outpatient drug" contracting from being used on inpatients?
  - b. Please provide copies of all reports Apexus has received regarding covered entities using covered outpatient drugs on inpatients and the steps it took, if any, to remediate this.

### **Apexus's 340B PVP-Related Business**

- 38. Please describe the "customer consultation groups"<sup>21</sup> convened annually by Apexus (also known as Apexus Advisory Councils). In your response, please produce a list of all customer consultation group meetings, a list of each entity in each customer consultation group, the criteria by which Apexus selects members for the customer consultation groups, and the meeting minutes for each customer consultation group meeting since 2014. Please

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<sup>21</sup> 2019 PVP Contract at 2.



ensure this response includes materials for both annual in-person meetings and monthly virtual meetings.

39. Apexus offers a Manufacturer Refund Service (“MRS”) to “help support the integrity and transparency of the 340B Drug Pricing Program by providing a standardized and comprehensive approach for manufacturers to efficiently resolve overcharges to covered entities.”<sup>22</sup>
- a. Do manufacturers pay any fee to participate in MRS? If yes, please describe the fee structure for manufacturers participating in MRS.
  - b. Please provide the revenue generated by MRS on an annual basis since 2014.
40. Under the 2019 Prime Vendor Agreement, Apexus must “Negotiat[e] contracts for non-covered drugs to include orphan drugs as well as generic and branded drugs in the [WAC] account.”<sup>23</sup>
- a. Please provide the average savings off the WAC price that Apexus negotiated for each product in the WAC account on a quarterly and drug-by-drug basis (with 11-digit NDC codes) since 2014. Please separately list any pricing that is negotiated by wholesalers but that Apexus includes under the Apexus Generics Program (“AGP”) for its calculation of total savings it provides for covered entities. Please produce this information in an Excel spreadsheet.
  - b. In the WAC account, are there any sub-WAC prices available to covered entities other than those contracted for by Apexus? In other words, is Apexus the only entity that negotiates sub-WAC prices available to covered entities in their WAC accounts? Do the wholesalers negotiate this pricing and are the wholesalers’ prices allowed to be loaded in the AGP?
  - c. Please provide an accounting of all revenue generated by Apexus from drug purchases in the WAC account on a quarterly and drug-by-drug basis (with 11-digit NDC codes) since 2014. Please produce this information in an Excel spreadsheet.
41. Does Apexus include the wholesale generic source programs that the wholesalers negotiate and that are loaded in the WAC account in its “savings” numbers it says it generates for covered entities?
42. Under the 2019 Prime Vendor Agreement, Apexus must “Negotiat[e] contracts for non-pharmaceutical items, including supplies, software/hardware, and other health products.”<sup>24</sup>
- a. Please provide a list of all non-pharmaceutical items that Apexus negotiates contracts for.
  - b. Please provide the average savings off the list price that Apexus negotiated for each non-pharmaceutical item on a quarterly and item-by-item basis since 2014. Please produce this information in an Excel spreadsheet.
  - c. Please provide an accounting of all revenue generated by Apexus from non-pharmaceutical item purchases on a quarterly and item-by-item basis since 2014. Please produce this information in an Excel spreadsheet.

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<sup>22</sup> 340B PVP Manufacturer Refund Service, APEXUS, <https://www.340bpvp.com/manufacturers/manufacture-refund-service> (last visited Dec. 17, 2025).

<sup>23</sup> 2019 PVP Contract at 3–4.

<sup>24</sup> *Id.*



43. Under the 2019 Prime Vendor Agreement, Apexus must “Maintain an average of 10% or greater sub-ceiling savings.”<sup>25</sup>
- a. Please provide the average savings off the 340B ceiling price that Apexus negotiated for each product in the 340B account on a quarterly and drug-by-drug basis (with 11-digit NDC codes) since 2014. Please remove any savings and separately report wholesaler-negotiated items and separately again, value-added items (non-covered outpatient drugs). Please produce this information in an Excel spreadsheet.
  - b. Please provide an accounting of all revenue generated by Apexus from drug purchases in the 340B account on a quarterly and drug-by-drug basis (with 11-digit NDC codes) since 2014. Please include the percentage provided as a share back to purchasers of total revenue and the percentage and total dollars of Apexus revenue that was provided to Vizient for these years. Produce this information in an Excel spreadsheet.
44. Please provide complete copies of Apexus’s contracts with 340B drug distributors, including, but not limited to, McKesson, Cardinal Health, Cencora (formerly known as AmerisourceBergen), and Morris & Dickson.
45. To what extent are Apexus’s contracts with manufacturers and distributors under the 340B PVP publicly available (or summary terms available) to covered entities, payers, or policymakers?
46. Please provide a complete copy of all the documents and other materials in the “PVP Purchasing and Contract Resources” tab listed under “340B Tools” in the “Resource Center” on the PVP website.<sup>26</sup>

#### **Apexus’s Non-340B PVP-Related Business**

47. Apexus offers an Advanced 340B Operations Certificate Program for a fee.<sup>27</sup>
- a. What relationship and contacts do Apexus employees working on the Advanced 340B Operations Certificate Program have with Apexus employees working on the 340B PVP?
  - b. Does Apexus use any of the information or data gathered from the 340B PVP to inform the Advanced 340B Operations Certificate Program in any way? If yes, please describe the information and data that is shared.
  - c. Does Apexus use or solicit petitions from any external consulting firms to assist in creating modules and writing content and exam questions? If yes, please provide a list of each external consulting firm, describe their role, and explain whether or not they are paid in any way by Apexus.

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<sup>25</sup> 2019 PVP Contract at 5.

<sup>26</sup> *340B Compliance Tools and PVP Resources*, 340B PRIME VENDOR PROGRAM, <https://www.340bpvp.com/resource-center/340b-tools> (last visited Dec. 17, 2025).

<sup>27</sup> *340B Certificate Program*, APEXUS, <https://www.apexus.com/340b-certificate-program> (last visited Dec. 17, 2025).

- d. Please provide the total number of enrollees in the Advanced 340B Operations Certificate Program, broken down by covered entity accounts and non-covered entity accounts, on an annual basis since 2014.
  - e. Please provide the revenue generated by the Advanced 340B Operations Certificate Program on an annual basis since 2014.
  - f. Please produce a complete copy of all documents and materials provided to participants in the Advanced 340B Operations Certificate Program.
48. As of October 2025, Apexus offered a “340B Trends & Hot Topics” program for a fee.<sup>28</sup> However, this program no longer appears on Apexus’s website.
- a. Does Apexus still offer the 340B Trends & Hot Topics program? If yes, why does it no longer appear on Apexus’s website?
  - b. What relationship and contacts did Apexus employees working on the 340B Trends & Hot Topics program have with Apexus employees working on the 340B PVP?
  - c. Did Apexus use any of the information or data gathered from the 340B PVP to inform the 340B Trends & Hot Topics program in any way? If yes, please describe the information and data that was used.
  - d. Please provide the total number of enrollees in the 340B Trends & Hot Topics program on an annual basis since 2014.
  - e. Please provide the revenue generated by the 340B Trends & Hot Topics program on an annual basis since 2014.
  - f. Please produce a complete copy of all documents and materials provided to participants in the 340B Trends & Hot Topics program.
49. Apexus also offers a Covered Entity Refund Service (“CRS”) to “facilitate[] the return of ineligible 340B discounts to individual manufacturers.”<sup>29</sup> Why is MRS part of the 340B Prime Vendor Agreement, but CRS is not? Does keeping CRS outside of the 340B Prime Vendor Agreement allow Apexus to collect fees from covered entities that it could not under the Agreement?
50. Apexus states that there is “no cost” for a covered entity to sign up for CRS, but “[f]ees are charged during refund projects based on the number of manufacturers contacted.”<sup>30</sup>
- a. Please describe the fee structure for covered entities participating in CRS, including the fee per manufacturer contacted and any other fees charged to covered entities throughout the CRS project timeline.
  - b. Are consultants or other third parties being used as a conduit for Apexus fees in an attempt to get around the prohibition in the 340B Prime Vendor Agreement from charging fees to covered entities?
  - c. Do manufacturers pay any fee as part of CRS? If yes, please describe the fee structure for manufacturers participating in CRS.

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<sup>28</sup> See *340B Trends & Hot Topics*, APEXUS, <https://web.archive.org/web/20250615232101/https://www.apexus.com/340b-trends-and-hot-topics> (archived link). The former link to this program was: <https://www.apexus.com/340b-trends-and-hot-topics>, however, this link is no longer active and now directs a user to Apexus’s Advanced 340B Operations Certificate Program homepage.

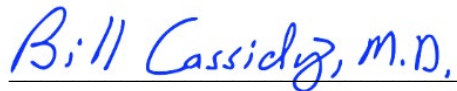
<sup>29</sup> *Covered Entity Refund Service*, APEXUS, <https://www.apexus.com/apexus-refund-services/covered-entity-refund-service> (last visited Dec. 17, 2025).

<sup>30</sup> *Id.*

- d. Please provide the revenue generated by CRS on an annual basis since 2014.
- e. Apexus states that CRS “is a separate Apexus offering that is not a part of the 340B Prime Vendor Program or otherwise associated with the Prime Vendor Agreement between HRSA and Apexus.”<sup>31</sup> Does Apexus use any of the information or data gathered from the 340B PVP, including, but not limited to current and historical WAC and 340B prices for 340B drugs, to inform CRS in any way? If yes, please describe the information and data that is used.
- f. Does Apexus have any potential conflicts of interest between its goal to ensure covered entities’ 340B compliance under the 340B Prime Vendor Agreement (where it cannot collect fees from covered entities) on one hand and its ability to charge fees for CRS when covered entities are out of compliance and must remit ineligible 340B discounts to manufacturers on the other hand? If yes, please describe how Apexus mitigates these conflicts of interest.

Thank you in advance for your cooperation with the Committee’s inquiry.

Sincerely,



Bill Cassidy, M.D.

Chairman

U.S. Senate Committee on Health,  
Education, Labor, and Pensions

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<sup>31</sup> *Id.*