

SCRIPTSOURCING

340B Program

01

The Program

OVERVIEW

340B Program

The 340B Program is a U.S. federal initiative that requires drug manufacturers to sell medications at discounted prices to eligible healthcare organizations.

It's named after Section 340B of the Public Health Service Act, which defines the program's rules.

The Health Resources and Services Administration (HRSA) oversees the program, ensuring compliance and managing the list of eligible entities and drug manufacturers.

AT A GLANCE

\$340B

Public Health Service Act

Oversight

HRSA

COVERED ENTITIES

340B Covered Entities

Eligible health care organizations, or covered entities, purchase outpatient drugs at significantly reduced prices.

EXCLUSIONS

- Fee for Service
- Group Purchasing Organizations (GPOs):
 - Pharmacy Benefit Managers (PBMs)

RESTRICTIONS

- **Duplicate Discounts:** Medicaid rebate
- **Diversion:** Drugs purchased can only be used for eligible patients of the covered entity

Note: To participate in the 340B program, eligible entities must register with the Health Resources and Services Administration (HRSA) and comply with all program requirements. For further details, you can visit the HRSA website or consult the Federal Register for updates on 340B program regulations and guidelines.

02

Eligibility & Process

340B Patient Eligibility

The 340B program is vital to serving vulnerable populations by making medications more affordable. Patient eligibility is determined based on several criteria:

01

Established relationship with a 340B covered entity

02

Receives healthcare services from the covered entity (in-person or virtual)

03

Prescription from a provider employed or contracted by the covered entity

04

Outpatient status when prescription is written (excludes inpatient visits)

05

Open to uninsured and commercially insured patients, with proper billing practices

STEP BY STEP

Verifying 340B Patient Eligibility

340B program administrator must share with the covered entity that the patient is 340B eligible by following the steps:

STEP 1

Verifying Eligibility

- Confirm patient receives healthcare services from a covered entity
- Healthcare services are consistent with the type of care specified in the covered entity's 340B status and/or grant funding

STEP 2

Documenting Eligibility

- Maintain medical records, patient registration information, encounter notes, copy of prescriptions

STEP 3

Secure HIPAA Compliant Communication

- Use secure and HIPAA compliant communication methods to share patient eligibility information

STEP 4

Inform Covered Entity

- Notify the covered entity of the patient's eligibility status, including:
 - Patient name, date of birth
 - Medical record number
 - Confirmation of 340B eligibility
 - Copy of encounter notes including diagnostic codes
 - Any supporting documentation

340B Contracted Licensed Physicians

PRESCRIPTION PROCESS

- 340B licensed physicians write prescriptions (copy of original prescriber prescription) for all 340B eligible patients following patient enrollment with the covered entity
- Prescriptions must be for outpatient services
- No prescriptions for controlled drugs

COMPLIANCE

- Physicians must ensure that their prescribing practices comply with the 340B program guidelines, including avoiding diversion and ensuring prescriptions are for outpatient use.

Note: 340B compliant asynchronous and synchronous telemedicine consultations are available across all 50 States. Asynchronous visit is used to establish patient eligibility and issue a prescription for a 340B drug. A follow-up synchronous visit is required once annually within 30 days of the asynchronous visit.

340B Contract Pharmacies



Pharmacy Network Partnerships

Pharmacy enters into an agreement with the 340B covered entity

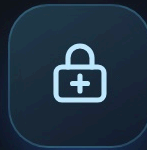
Network of pharmacies across all 50 states



Inventory Management

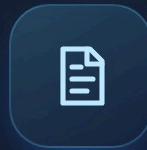
Pharmacy maintains separate inventories for 340B brand and specialty drugs

Software solutions to track 340B drug usage, patient eligibility, and compliance with program requirements.



Dispensing Process

Pharmacy verifies their eligibility and dispenses the appropriate medication from the 340B inventory

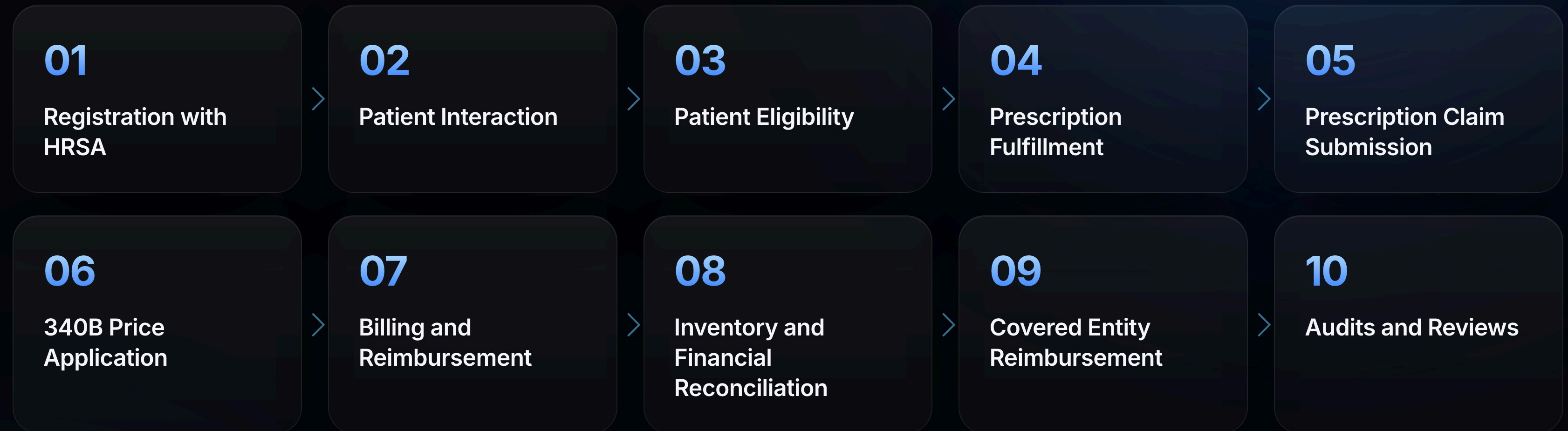


Reimbursement and Reporting

Pharmacy adjudicates and submits claims for reimbursement.

END TO END

340B Process



Note: 340B process may be subject to change without notice depending on HRSA rules and regulations.

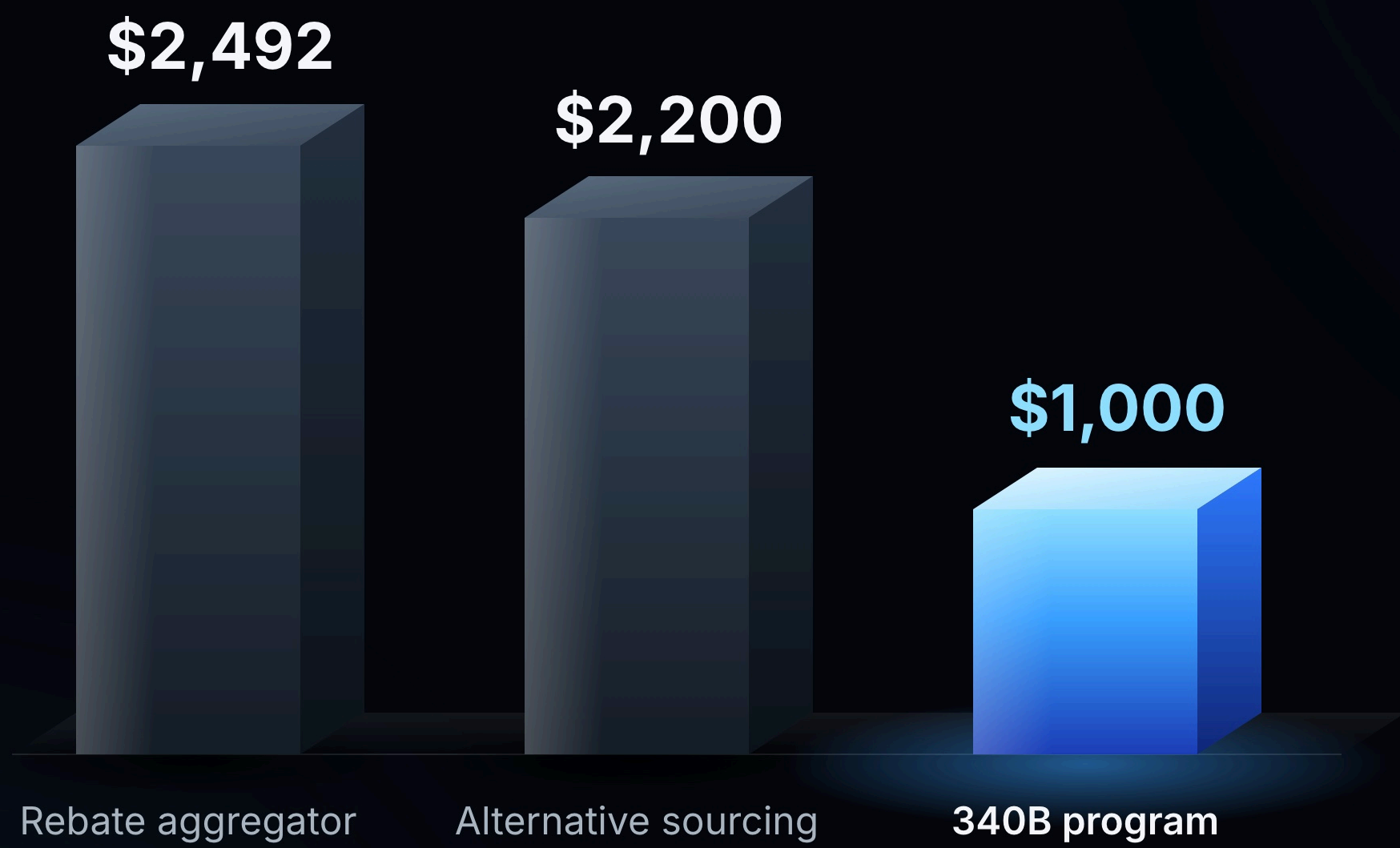
03

Savings

SAVINGS

340B provides significant savings of 20% to 50%

Net cost per Humira prescription (AWP 2023: \$6,922)



AWP (2023)	\$6,922
Rebate aggregator rebate	64%
Rebate per Rx	\$4,431
340B net per Rx	\$1,000

Goal: 340B drug prices set at less than PBM pricing after rebate. The 340B option requires no prior authorization or step-up therapy.

SIGNIFICANT SAVINGS

20–65%

Our clients save on average 20% to 65%
on annual drug spend.



WHY US

Why Employers, PBMs, TPAs, and Stop Loss Carriers Choose Us



Fast Implementation

Configure and launch your pharmacy services in a matter of a single week.



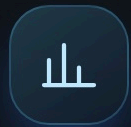
Significant Savings

Our clients save on average **20% to 65%** on annual drug spend.



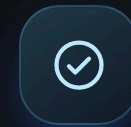
Concierge Services

Collaboratively define your program tailored to your exact needs.



Real Time Data

Receive detailed program reports and leverage our APIs for immediate real time updates.



Less Work

Let us do the heavy lifting while you focus on growing the business.

Thank you



scriptsourcing