Shifting Landscape: The impact of new pricing models on 340B Programs

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OHIO PHARMACISTS ASSOCIATION

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DISCLOSURE STATEMENT

- Felicity Homsted has no relevant financial relationship(s) with ineligible companies to disclose.

and

- None of the planners for this activity have relevant financial relationships with ineligible companies to disclose.

LEARNING OBJECTIVES

At the completion of this activity, the participant will be able to:

- Analyze the impact of pricing models including MFP, MFN, and 340B rebates on 340B program operations
- Identify strategies to prepare for and mitigate the impact of new pricing models on 340B programs.

Session Topics

Maximum Fair Prices

Most Favored Nations

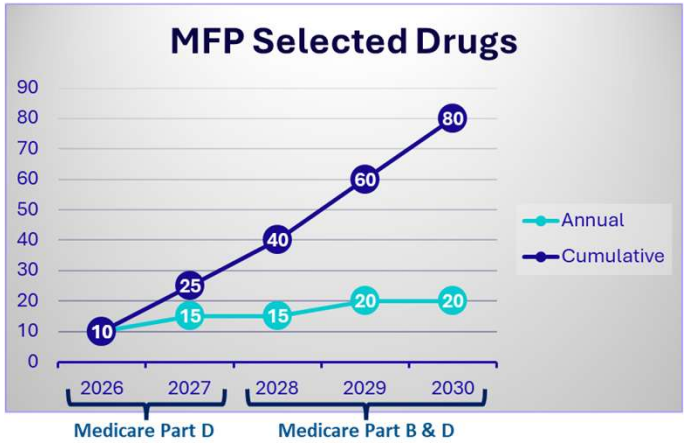
Medicare Inflationary Penalty 340B Data Repository

Maximum Fair Prices

The Inflation Reduction Act: Medicare Impact

- Inflation Reduction Act was signed into law Aug 16th, 2022.
  - Included provisions to address rising drug prices:

Provision	Effective	Applies To
Inflationary Rebate Penalties	2023	Part B & D drugs
$35 Insulin Co-Pay Cap	2023	Medicare
Vaccine Cost-Sharing Elimination	2023	Medicare Part D
$2,000 Out-of-Pocket Cap	2025	Medicare Part D
Medicare Drug Price Negotiation	**2026***	**Part B & D**



  - To be included in Medicare Drug Price Negotiation, must be:
    - A **single-source** brand-name drug or biological product (with no bona fide generic or biosimilar)
    - On the market for at least 9 years for small-molecule drugs & 13 years for biologics
    - High Medicare spend in previous 12 months
  - Negotiation starts with **Part D** in 2026 & adding **Part B** in 2028.
    - Drugs selected for 2028 are due to be announced February 1st, 2026.

https://www.congress.gov/117/plaws/publ169/PLAW-117publ169.pdf

2026 Negotiated MFP Drugs

Brand	Manufacturer	Indication	Exit List
Eliquis	Bristol-Myers Squibb	Anticoagulant	
Enbrel	Amgen (Immunex Corp)	Rheumatology	
Entresto	**Novartis**	**Heart Failure**	**12/31/2026**
Farxiga	AstraZeneca (& Prasco)	Diabetes	
Imbruvica	AbbVie (Pharmacyclics)	Oncology	
Januvia	Merck	Diabetes	
Jardiance	Boehringer Ingelheim	Diabetes	
Novolog/FIASP	**Novo Nordisk**	**Diabetes**	**12/31/2026**
Stelara	**Johnson & Johnson**	**Rheumatology**	**12/31/2026**
Xarelto	**Johnson & Johnson**	**Anticoagulant**	**12/31/2026**

https://www.cms.gov/sites/default/files/2026-04/cms_negotiation_program_selected_drug_list_and_maximum_fair_price_data_file_20260420.zip

2027 Negotiated MFP Drugs

Brand	Manufacturer	Indication
Austedo	Teva	Huntington Dz
Breo Ellipta	GSK (& Prasco)	Asthma & COPD
Calquence	AstraZeneca	Oncology
Ibrance	Pfizer	Oncology
Janumet; Janumet Xr	Merck	Diabetes
Linzess	Allergan	GI Indications
Ofev	Boehringer Ingelheim	Pulmonary Fibrosis
Otezla	Amgen Inc	Rheumatology
Ozempic; Rybelsus; Wegovy	Novo Nordisk	Diabetes & Weight Loss
Pomalyst	Bristol-Myers Squibb	Oncology
Tradjenta	Boehringer Ingelheim/ Lilly	Diabetes
Trelegy Ellipta	GlaxoSmithKline	Asthma & COPD
Vraylar	Allergan	Antipsychotic
Xifaxan	Bausch	GI Indications
Xtandi	Astellas	Oncology

https://www.cms.gov/sites/default/files/2026-04/cms_negotiation_program_selected_drug_list_and_maximum_fair_price_data_file_20260420.zip

2028 Negotiated MFP Drugs

Brand	Manufacturer	Indication
Anoro	GSK	COPD
Biktarvy	Gilead	HIV
Botox	AbbVie	Migraines, Cosmetic Treatments
Cimzia	UCB	Rheumatology
Cosentyx	Novartis	Rheumatology
Entyvio	Takeda	GI Indications
Erleada	Johnson & Johnson (Janssen)	Oncology
Kisqali	Novartis	Oncology
Lenvima	Eisai	Oncology
Orencia	Bristol Myers Squibb	Rheumatology
Rexulti	Otsuka	Antipsychotic
Trulicity	Eli Lilly	Diabetes
Verzenio	Eli Lilly	Oncology
Xeljanz; Xeljanz XR	Pfizer	Rheumatology
Xolair	Genetech & Novartis	Allergenic Conditions

https://www.cms.gov/sites/default/files/2026-04/cms_negotiation_program_selected_drug_list_and_maximum_fair_price_data_file_20260420.zip

MTF Processing Timeline

Per CMS: There are three major phases of the MFP refund process that drive the ultimate timeline including:

1. **Claim data** must be submitted to CMS **from the Part D Plan Sponsor** (the Plans are allotted **up to seven (7) days** to submit data).
2. Drug **manufacturers** are allotted **up to 14 days to process** the data and provide the MTF with instructions and **approvals** for processing **MFP refunds**.
3. The **banking processes to transfer MFP refunds** from manufacturer bank accounts to the bank accounts designated by dispensing entities require **up to five (5) business days**.

Reality: CMS says expect payments near 21-day mark

https://www.cms.gov/files/document/pharmacy-dispensing-entity-mtf-fact-sheet.pdf

Deduplication – MFP, 340B, & Medicaid

Inflation Reduction Act:

(5) the **manufacturer complies** with requirements determined by the Secretary to be necessary for purposes of administering the program and monitoring compliance with the program.

(b) AGREEMENT IN EFFECT UNTIL DRUG IS NO LONGER A SELECTED DRUG.—An agreement entered into under this section shall be effective, with respect to a selected drug, until such drug is no longer considered a selected drug under section 1192(c).

(c) CONFIDENTIALITY OF INFORMATION.—Information submitted to the Secretary under this part by a manufacturer of a selected drug that is proprietary information of such manufacturer (as determined by the Secretary) shall be used only by the Secretary or disclosed to and used by the Comptroller General of the United States for purposes of carrying out this part.(d) **NONDUPLICATION WITH 340B CEILING PRICE.—**Under an agreement entered into under this section, **the manufacturer of a selected drug—**

(1) shall not be required to provide access to the maximum fair price under subsection (a)(3), with respect to such selected drug and maximum fair price eligible individuals who are eligible to be furnished, administered, or dispensed such selected drug at a covered entity described in section 340B(a)(4) of the Public Health Service Act, to such covered entity if such selected drug is subject to an agreement described in section 340B(a)(1) of such Act and the ceiling price (defined in section 340B(a)(1) of such Act) is lower than the maximum fair price for such selected drug; and

(2) **shall be required to provide access to the maximum fair price** to such covered entity with respect to maximum fair price eligible individuals who are eligible to be furnished, administered, or dispensed such selected drug at such entity at such ceiling price in a nonduplicated amount to the ceiling price if such maximum fair price is below the ceiling price for such selected drug.

340B Statute

(5) REQUIREMENTS FOR COVERED ENTITIES.

(A) **PROHIBITING DUPLICATE DISCOUNTS OR REBATES**.—

(i) IN GENERAL.—A **covered entity shall not** request payment under title XIX of the Social Security Act for medical assistance described in section 1905(a)(12) of such Act with respect to a drug that is subject to an agreement under this section if the drug is subject to the payment of a rebate to the State under section 1927 of such Act.

https://www.congress.gov/117/plaws/publ169/PLAW-117publ169.pdf
https://www.hrsa.gov/sites/default/files/hrsa/rural-health/phs-act-section-340b.pdf

Corrections For Duplication of MFP & 340B

Per CMS:

"If the Primary Manufacturer pays a MFP refund through the MTF PM and later verifies the claim was processed at the 340B ceiling price and the 340B ceiling price is lower than the MFP, the **Primary Manufacturer may use the credit/debit ledger system** described in section 40.4.3.2 of final guidance **to reconcile duplicate discounts."**

https://www.cms.gov/files/document/medicare-transaction-facilitator-pharmacies-other-dispensing-entities-frequently-asked-questions.pdf-0

Voluntarily 340B Claims Identification

- Beginning January 1, 2025, the "Submission Clarification Code" value of "**20**" and the "Submission Type Code" value of "AA" will be added to the PDE record to indicate a 340B claim.
  - A **dispensing entity may voluntarily apply** these indicators to a Part D claim to indicate the claim is being billed for a 340B drug.

- The MTF's provision of the "340B Claim Indicator" data element does not represent or imply that CMS verified the 340B status of the claim nor that dispensing entities are required to include this code on claim submissions.

Reality: Many Medicare Part D Plan Sponsors are **still failing to transmit the SCC 20 codes** to the MTF

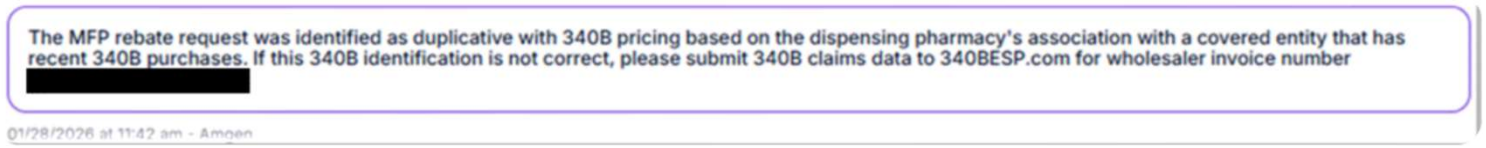
https://www.cms.gov/files/document/2025-pde-file-layouts.pdf.
https://www.ncpdp.org/NCPDP/media/pdf/340B_Information_Exchange_Reference_Guide.pdf.

Challenges and Observations

- Mixed experience when attempting to make individual claims accurate
  - Easy to change status from MFP to 340B (i.e. remove refund)
  - Difficult to correct status from 340B to MFP (i.e. receive MFP refund)
    - Multi-step process includes uploading claims to 340B ESP

Covered Entities are not required by IRA Statute to make individual claims accurate.

Reasonable to validate refunds are generally consistent with dispensing patterns



MFP-340B De-Duplication in Action

Manufactures & Beacon MFP are estimating 340B vs MFP status in many situations

Price Code	Description	Definition
P1	340B Claim Indicator	Claim included a 340B modifier.
P2	340B Claim	Claim submitted by the entity as 340B.
P3	340B Pharmacy	Claim from a pharmacy with evidence of recent 340B purchase.
P4	340B Prescriber	Prescription written by a 340B prescriber and dispensed by a pharmacy with evidence of recent 340B purchase.
P5	Contract Price	Basis price is a Contract Price.
P7	Non SDRA MFR Reprice	Value other than WAC used to determine MFP refund amount.
P8	Entity Identified 340B	Claim manually identified as 340B in Beacon by Dispensing Entity.
P9	340B Pharmacy Allocation	Claim identified as 340B according to the aggregate 340B purchase history of the Dispensing Entity.
P10	CE Identified 340B Site	Rebate identified as 340B when it is associated with an NPI that has been designated as a 340B-Only site within the Beacon MFP platform

https://mfp.support.beaconchannelmanagement.com/en/articles/13335320-validation-codes-and-pricing-codes-glossary

IPAY 2026 Selected Drug

Drug	Good Profit	Profit	Neutral	MFP Lower	Total NDCs	Avg Spread	Verdict
IMBRUVICA	7	0	0	0	7	$9,250.00	All Profitable
ENBREL	5	0	0	0	5	$1,800.00	All Profitable
STELARA	6	0	0	2	8	$1,800.00	Mostly Profitable
XARELTO	15	0	0	0	15	$900.00	All Profitable
JANUVIA	7	3	0	0	10	$425.00	All Profitable
JARDIANCE	6	0	0	0	6	$350.00	All Profitable
ELIQUIS	6	0	0	0	6	$300.00	All Profitable
FARXIGA	5	0	0	2	7	$220.00	Mostly Profitable
NOVOLOG, FIASP	0	6	2	2	10	$40.00	Mostly Profitable
ENTRESTO	0	0	0	8	8	**-$90.00**	MFP Rebate
Grand Total	**57**	**9**	**2**	**14**	**82**	**$1500.00**	

Good Profit ≥ +$100 • Profit +$25 to <+$100 • Neutral $0 to <+$25 • Loss <$0
(Based on Q2 2026)

Profitable **(Good Profit + Profit)**	**66**	**80.5%**
Neutral **(Neutral + MFP Lower)**	**16**	**19.5%**

IPAY 2027 Selected Drug

Drug	Good Profit	Profit	Neutral	MFP Lower	Total NDCs	Avg Spread	Verdict
OTEZLA	6	0	0	0	6	$1,700.00	All Profitable
XTANDI	3	0	0	0	3	$650.00	All Profitable
JANUMET	10	5	0	0	15	$400.00	All Profitable
TRADJENTA	2	1	0	0	3	$200.00	All Profitable
LINZESS	3	0	0	0	3	$150.00	All Profitable
POMALYST	0	0	0	8	8	-$40.00	MFP Rebate
BREO ELLIPTA	0	0	0	7	7	-$50.00	MFP Rebate
OZEMPIC, RYBELSUS, WEGOVY	0	0	0	11	11	-$55.00	MFP Rebate
TRELEGY ELLIPTA	0	0	0	4	4	-$60.00	MFP Rebate
VRAYLAR	0	0	0	6	6	-$65.00	MFP Rebate
AUSTEDO	0	0	0	12	12	-$275.00	MFP Rebate
OFEV	0	0	0	2	2	-$1,400.00	MFP Rebate
IBRANCE	0	0	0	6	6	-$1,800.00	MFP Rebate
CALQUENCE	0	0	0	1	1	-$2,900.00	MFP Rebate
Grand Total	**24**	**6**	**0**	**57**	**87**	**-$250.00**	

Good Profit ≥ +$100 • Profit +$25 to <+$100 • Neutral $0 to <+$25 • Loss <$0
(Based on Q2 2026)

Profitable (Good Profit + Profit)	**34.5%**
Neutral (Neutral + MFP Lower)	**65.5%**

All 2027 Selected Drug

Profitable (Good Profit + Profit)	**55%**
Neutral (Neutral + MFP Lower)	**45%**

Drug	Good Profit	Profit	Neutral	MFP Lower	Total NDCs	Avg Spread	Verdict
AUSTEDO	0	0	0	12	12	-$275.00	MFP Rebate
BREO ELLIPTA	0	0	0	7	7	-$50.00	MFP Rebate
CALQUENCE	0	0	0	1	1	-$2,900.00	MFP Rebate
IBRANCE	0	0	0	6	6	-$1,800.0	MFP Rebate
JANUMET	10	5	0	0	15	$400.00	All Profitable
LINZESS	3	0	0	0	3	$150.00	All Profitable
OFEV	0	0	0	2	2	-$1,400.00	MFP Rebate
OTEZLA	6	0	0	0	6	$1,700.00	All Profitable
OZEMPIC; RYBELSUS; WEGOVY	0	0	0	11	11	-$50.00	MFP Rebate
POMALYST	0	0	0	8	8	-$40.00	MFP Rebate
TRADJENTA	2	1	0	0	3	$200.00	All Profitable
TRELEGY ELLIPTA	0	0	0	4	4	-$60.00	MFP Rebate
VRAYLAR	0	0	0	6	6	-$65.00	MFP Rebate
XTANDI	3	0	0	0	3	$650.00	All Profitable
ELIQUIS	6	0	0	0	6	$300.00	All Profitable
ENBREL	5	0	0	0	5	$1,900.00	All Profitable
FARXIGA	5	0	0	2	7	$220.00	Mostly Profitable
IMBRUVICA	7	0	0	0	7	$9,250.00	All Profitable
JANUVIA	7	3	0	0	10	$425.00	All Profitable
JARDIANCE	6	0	0	0	6	$350.00	All Profitable
Total	**60**	**9**	**0**	**59**	**128**	**$450.00**	

Good Profit ≥ +$100 • Profit +$25 to <+$100 • Neutral <+$25 (Based on Q2 2026)

Pricing Trends: Q1 2025 Vs Q2 2026

- 11 Drugs (36 NDCs) have seen price decreases
  - Average decrease ~ $1570.00
- 30 Drugs (155 NDCs) have seen price increases
  - Average increase ~ $550.00
- Total 191 NDCs reviewed, average change ~$150.00 increase

Dispensing Fees for Negotiated Drugs

- Starting January 1, 2026, Part D plan payments for selected drugs must not exceed the drug's MFP plus any dispensing fees. **Pharmacies should be reimbursed at least the MFP plus a fair dispensing fee.**
- CMS is aware of concerns that pharmacies may be reimbursed below acquisition cost or MFP. The agency will monitor for any practices that undermine fair compensation and may adjust program requirements if needed.
- **Definition of Dispensing Fee**: Dispensing fees cover pharmacy costs beyond the drug's ingredient cost, including: salaries, time for coverage checks, filling containers, packaging, overhead (e.g., IT), etc.
- Network Adequacy Requirements: Part D sponsors must ensure enough pharmacies participate in their networks to provide convenient access to covered drugs.

Reality: Dispensing Fees are still well below $15.00
(2024 average cost to dispense a prescription)

https://www.cms.gov/about-cms/information-systems/hpms/hpms-memos-archive-weekly/hpms-memos-wk-5-august-25-29

Dispensing Fees Example – FQHC Pharmacy

Plan	Number of Claims	Average Dispensing Fee Paid
Medicare Plan A	74	$0.75
Medicare Plan B	83	$0.03
Medicare Plan C	11	$0.05
Medicare Plan D	27	$0.25
Medicare Plan E	3	$0.00
Medicare Plan F	94	$1.08
Medicare Plan G	8	$10.50
Medicare Plan H	3	$0.00
Medicare Plan I	1	$1.50
Medicare Plan J	61	$1.92
Totals (10 Plans)	**365**	**$1.01**

Note: We are seeing at least one plan paying less than MFP for Ingredient Cost in addition to low dispensing fees.

Most Favored Nations

Most Favored Nations (Executive Order 14297)

- Sec. 4. Enabling Direct-to-Consumer Sales to American Patients at the Most-Favored-Nation Price… to "facilitate direct-to-consumer purchasing programs for pharmaceutical manufacturers that sell their products to American patients at the most-favored-nation price."
- Sec. 5. Establishing Most-Favored-Nation Pricing… 'to bring prices for American patients in line with comparably developed nations."
- Leverages Executive Order 14272: Ensuring National Security & Economic Resilience Through Section 232 Actions on Processed Critical Minerals & Derivative Products
  - Summarized: Reduce reliance on foreign suppliers, leverage tariffs, incentivize domestic production.
  - Translated into a threat of 100% importation tax on pharmaceuticals.

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered:

Section 1. Purpose. The United States has less than five percent of the world's population and yet funds around three quarters of global pharmaceutical profits. This egregious imbalance is orchestrated through a purposeful scheme in which drug manufacturers deeply discount their products to access foreign markets, and subsidize that decrease through enormously high prices in the United States.

The United States has for too long turned its back on Americans, who unwittingly sponsor both drug manufacturers and other countries. These entities today rely on price markups on American consumers, generous public subsidies for research and development primarily through the National Institutes of Health, and robust public financing of prescription drug consumption through Federal and State healthcare programs. Drug manufacturers, rather

https://www.federalregister.gov/documents/2025/05/15/2025-08876/delivering-most-favored-nation-prescription-drug-pricing-to-american-patients
https://www.whitehouse.gov/presidential-actions/2025/05/delivering-most-favored-nation-prescription-drug-pricing-to-american-patients/

Most Favored Nations (MFN) Pricing Programs

	GENEROUS	GLOBE	GUARD	TrumpRx
Model	GENErating cost Reductions for U.S. Medicaid)	Global Benchmark for Efficient Drug Pricing)	Guarding U.S. Medicare Against Rising Drug Costs	Direct to Consumer Pricing
Payer	State Medicaid Agencies	Medicare Part B (Fee-For-Service)	Medicare Part D (Traditional & Advantage Plans)	Individual
Participation	Voluntary	Mandatory (for 25% of Enrollees)		Voluntary
340B	Does not impact 340B ceiling price calculation	Excludes 340B Units	Excludes 340B by estimate (10%)	Does not impact 340B ceiling price calculation
Supplemental	In addition to URA	In addition to IRA Part B & D Inflationary Penalties		N/A
Calculation	Rebate = WAC – (GNUP + URA) GNUP: Guaranteed Net Unit Price (MFN benchmark)	Per-unit rebate: Difference between the performance year Medicare net price and international benchmark		Based on MFN prices & Manufacturer discretion
Paid To	States & CMS (via reduction in federal share of Medicaid payments)	Medicare Supplementary Medical Insurance Trust Fund.		N/A
Comparator Countries	United Kingdom (UK), France, Germany, Italy, Canada, Japan), Denmark, & Switzerland	Australia, Austria, Belgium, Canada, Czech Republic, Denmark, France, Germany, Ireland, Israel, Italy, Japan, the Netherlands, Norway, South Korea, Spain, Sweden, Switzerland, & UK		Not explicitly stated
Performance Dates	Jan 1, 2026 - Dec 31, 2030	Oct 1, 2026 - Sept 30, 2031	Jan 1, 2027 - Dec 31, 2031	Started Feb 5, 2026

https://www.cms.gov/priorities/innovation/innovation-models/generous
https://www.cms.gov/priorities/innovation/innovation-models/globe
https://www.cms.gov/priorities/innovation/innovation-models/guard

Balance, Bridge & 340B

Coverage & Considerations	Bridge	Balance - Medicaid	Balance Medicare D
BMI greater than or equal to **twenty-seven (≥27) with**	• Pre-diabetes • Previous myocardial infarction • Previous stroke • Symptomatic peripheral artery disease.		
BMI greater than or equal to **thirty (≥30) with**	• Heart failure w preserved ejection fraction • Uncontrolled hypertension (defined as systolic blood pressure above 140 mm Hg or diastolic blood pressure above 90 mm Hg, despite treatment with 2 medications) • Chronic kidney disease stage 3a or above		
BMI greater than or equal to **thirty-five (≥35)**	☑		
Type 2 Diabetes	☒	☑	
Noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH) w. moderate to advanced liver fibrosis	☒	☑	
Obstructive sleep apnea	☒	☑	
340B Considerations	-	**Per State Medicaid Policy**	**Excluded 340B by Adjustment (Up to 5%)**

https://www.cms.gov/medicare/coverage/prescription-drug-coverage/medicare-glp-1-bridge
https://www.cms.gov/priorities/innovation/files/balance-state-medicaid-rfa.pdf
https://www.cms.gov/priorities/innovation/files/balance-part-d-plans-rfa.pdf

BALANCE (Better Approaches to Lifestyle and Nutrition for Comprehensive hEalth) Model

- Through the BALANCE Model, CMS aims to:
- Develop standardized GLP-1 obesity coverage pathways for Medicaid programs & Medicare plans electing to participate (working around Medicare's statutory exclusion on weight loss drugs)
- GLP-1 manufacturers voluntarily work with CMS to establish pricing and access terms
- Key details to be finalized:
  - Which state Medicaid plans will participate
  - The enrollment process
  - Clinical eligibility criteria
- BALANCE on hold for Medicare Part-D, Bridge GLP-1 extended until end of 2027

https://www.obesityaction.org/cms-update-what-to-know-about-the-balance-model/
https://www.kff.org/medicare/what-to-know-about-the-balance-model-for-glp-1s-in-medicare-and-medicaid/

Medicare GLP-1 Bridge

- The Medicare GLP-1 Bridge will operate outside of the Medicare Part D benefit's coverage and payment flow.
  - Part D sponsors will not carry risk for eligible GLP-1 drugs furnished under the Medicare GLP-1 Bridge, and Part D sponsors do not have to opt in to the Medicare GLP-1 Bridge for eligible beneficiaries to access these drugs beginning July 1, 2026- December 31, 2027.
- Eligible GLP-1 drug: Foundayo®, Wegovy® (injection and tablets), and Zepbound® (KwikPen®).
  - Prior authorization required
  - Co-pay: $50
  - Reimbursement: WAC
  - BIN: **028918**
  - PCN: **MEDDGLP1BR**

https://www.cms.gov/files/document/glp-1-bridge-payer-sheet.pdf
https://www.cms.gov/medicare/coverage/prescription-drug-coverage/medicare-glp-1-bridge

BRIDGE Program FAQ

Q. How will the pharmacy know to submit the GLP-1 claim to the BRIDGE program?

A. Through a prescriber or patient notification of a Part D PA denial or if the pharmacy receives the **BRIDGE specific reject message** from the Medicare Part D Plan

"FOR OBESITY USE BIN028918 PCN MEDDGLP1BR".

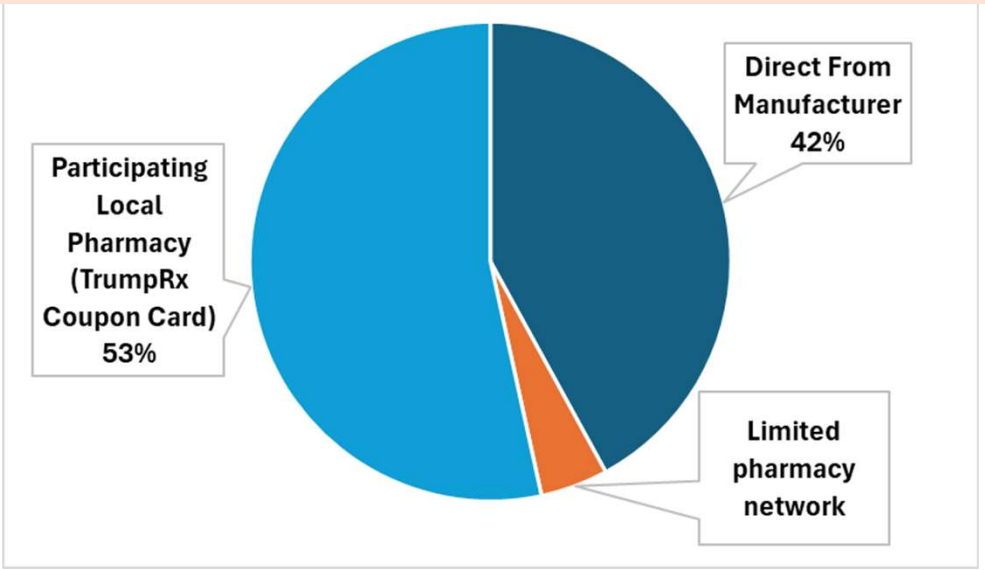
GENERAL INFORMATION

Payer Name: CMS Medicare Part D	Date: 3/16/2026	
Plan Name/Group Name: GLP1Bridge	BIN: 028918	PCN: MEDDGLP1BR
Processor: SS&C Health – All claims are to be routed through RelayHealth		
Effective as of: 7/1/2026	NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: July, 2007	NCPDP External Code List Version Date: October 2024	
Contact/Information Source: 844-673-0910		
Certification Testing Window: Certification Not Required		
Certification Contact Information: Certification Not Required		
Provider Relations Help Desk Info: 844-673-0910		
Other versions supported:		

TrumpRx Prescription Models

Presidential Pricing	74 Drugs
Average Discount?	**~ 66$**
Standard Pricing	602 Drugs

Presidential Drugs



https://trumprx.gov/

TrumpRx Prescription Models

Retail Pharmacies:

Available using TrumpRx coupon card

- **AbbVie:** Alphagan P, Combigan, Humira Pen & Syringe, Synthroid
- **Pfizer:** **Abrilada**, Azulfidine, Azulfidine EN, Colestid, **Duavee**, **Eucrisa**, **Genotropin, Ngenla**, Premarin,**Premarin Vaginal Cream**, **Prempro**, Pristiq, **Toviaz, Vfend, Viracept, Xeljanz, Zavzpret**, Zyvox
- **Amgen:** **Aimovig**, **Amjevita**, **Enbrel**, **Otezla**, **Repatha**
- **Novo Nordisk:** **Ozempic Pen & Pill, Wegovy Pen & Pill**
- **Eli Lilly:** Insulin Lispro

(Blue = Brand Only)

TrumpRx Coupon Card pharmacy billing info…

Drug Name	Manufacturer	Bin	PCN	Group	Member
Multiple	Multiple	015995	GDC	MAHA	TRUMPRX
Alphagan P	AbbVie	600426	54	TrumpRxAlp	Alphagan
Combigan	AbbVie	600426	54	TrumpRxCom	Combigan
Synthroid	AbbVie	600426	54	TrumpRxSyn	Synthroid
Humira Pen	AbbVie	601341	OHCP	OH9013621	AD9100136187
Insulin Lispro	Eli Lilly	610020	PDMI	77166001	30458495301

https://trumprx.gov/

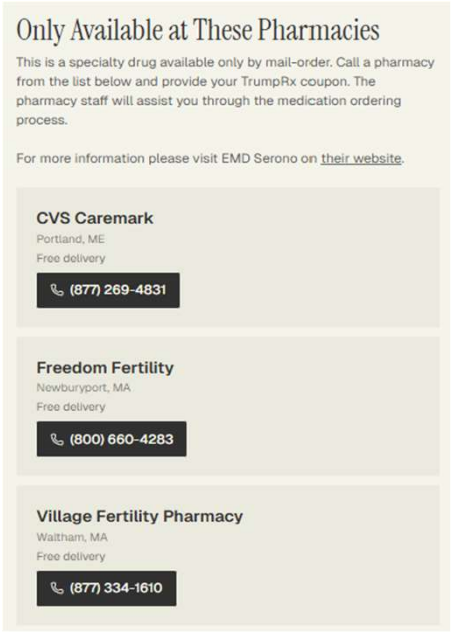
TrumpRx Prescription Models

Limited pharmacy network

- ***EMD Serono:*** Cetrotide, Gonal-F, Ovidrel (Alto Pharmacy)
- ***Genetech:*** Xofluza (Cost Plus Drugs, Alto Pharmacy)

Direct from Manufacturer (Routed to manufacturer-managed website) - 37

- **AstraZeneca:** Airsupra, Bevespi, Farxiga, Xigduo XR
- **Boehringer Ingelheim:** Jentadueto, Jentadueto XR, Striverdi Respimat
- **Bristol Myers Squibb**: Orencia SC, Sotyktu, Zeposia,
- **Eli Lilly:** Emgality, Foundayo, Trulicity, Zepbound KwikPen, Zepbound Vial
- **GSK:** Anoro Ellipta, Arnuity Ellipta, Incruse Ellipta, Relenza,
- **Johnson & Johnson:** Invokamet, Invokamet XR, Invokana, Xarelto
- **Merck:** Janumet, Janumet XR, Januvia
- **Novartis:** Mayzent, Rydapt, Tabrecta,
- **Sanofi:** Admelog, Apidra, Insulin Glargine (U-300), Lantus, Lovenox, Merilog Priftin, Toujeo



https://trumprx.gov/

340B & TrumpRx

- The 340B language appears in the coupon terms for AbbVie retail coupon products
  - Combigan, Humira Pen & Prefilled Syringe, Alphagan P, and Synthroid

“This coupon may not be applied to any units for which AbbVie is obligated, directly or indirectly, to provide a discount or other reduction in price under Section 340B of the Public Health Service Act”.

https://trumprx.gov/p/humira-pen

TrumpRx: Mechanics and Limitations

- **Non-Transactional:** Platform lists discounted offers and links to manufacturer or partner sites/coupons; TrumpRx itself does not sell, dispense, or fulfill medications
- **Cash-Pay Model:** Discounts available only for self-pay/cash-pay purchases outside insurance and PBMs; patients pay manufacturers or pharmacies directly at negotiated MFN-level prices
- **Insurance Interaction:** Because transactions occur outside the pharmacy benefit, amounts paid using TrumpRx discounts generally do not count toward plan deductibles or out-of-pocket maximums; some manufacturers explicitly require patients not to claim them, though future PBM practices may vary
- **Target Population:** Particularly aimed at uninsured and underinsured patients—people without coverage, in high-deductible plans, or whose plans do not cover the relevant brand (including some Medicare Part D "donut hole" situations)
- **Express Scripts Link:** Under an FTC settlement, Express Scripts must include covered access to TrumpRx pricing in its standard PBM offering and count TrumpRx-purchased drugs toward members' deductibles and out-of-pocket maximums for those plans—raising questions whether other plan sponsors/PBMs will follow suit

Medicare Inflationary Penalty 340B Data Repository

Medicare Inflationary Penalties Overview

- Manufacturers whose prices increased faster than inflation must pay rebates to Medicare
- Manufacturers that do not comply must pay civil monetary penalties of 125% of the rebate amount
- Drugs discounted under the 340B Program are excluded from the inflation rebates
- Separate strategies will be taken to identify 340B drugs billed to Medicare, so they may be excluded from the rebates

Medicare Part B & Part D Rebate Reporting & Invoicing Timelines			
Program	Rebate Period	Reporting Deadline	Invoicing Deadline
Part B	Calendar Quarter	6 months post-quarter	Sept 30, 2025 (for 2023-2024)
Part D	12-month Period	9 months post-period	Dec 31, 2025 (for 2022-2024)

https://www.federalregister.gov/public-inspection/2024-25382/medicare-and-medicaid-programs-calendar-year-2025-payment-policies-under-the-physician-fee-schedule

Exclusion of 340B Units from Medicare Part B Inflationary Penalties

Reduced Coinsurance for Certain Part B Rebatable Drugs Under the Medicare Prescription Drug Inflation Rebate Program

Applicable July 1 – September 30, 2024

President Biden's historic Inflation Reduction Act requires drug companies to pay rebates to Medicare when prescription drug prices increase faster than the rate of inflation for certain drugs furnished to people with Medicare. This new inflation rebate applies to Medicare Part B rebatable drugs, which are single source drugs and biological products, including certain biosimilar biological products, beginning January 1, 2023.

HCPCS Code	Short Description	Inflation-Adjusted Coinsurance Percentage (Normally 20.000%)
Q2055	Abecma	19.96%
J0401	Abilify Maintena	19.92%
J0558	Bicillin C-R	14.54%
J0561	Bicillin L-A	14.95%
J0897	Prolia	18.49%

As of January 1, 2025: 340B covered entities must report the **"TB"** modifier on claim lines for 340B-priced drugs billed to Medicare Part B

https://www.cms.gov/files/document/part-b-inflation-rebate-guidance340b-modifierfinal.pdf
https://www.cms.gov/files/document/reduced-coinsurance-certain-part-b-rebatable-drugs-july-1-september-30-2024.pdf

Medicare Part D Inflationary Drug Penalties: **Voluntary** 340B Claims Repository

340B Claims Repository Accelerated:

- **Starting Fall 2026**
- Exclusion of 340B units
- First proposed to start in 2028, then January 2026
- Initial upload expected to include a data lookback to Jan 1, 2026

Key Aspects Claims Repository

- Covered entities to submit 340B-identified Part D claims data
- Stores data elements, no 340B status verification by CMS
- Attestation of data accuracy required by CE
- Data matched to PDE records; matched units excluded
- Data must be submitted 90 days from close of quarter

For Future Rulemaking

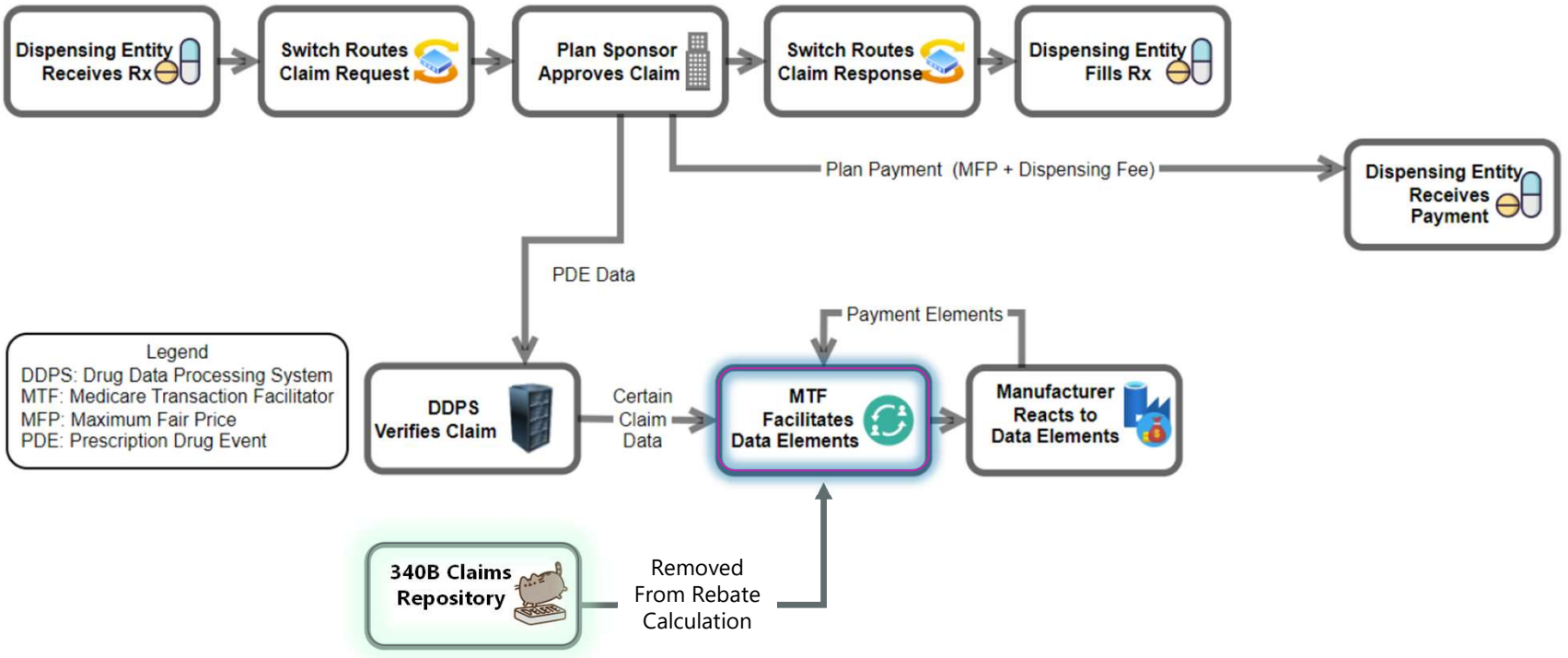
- Potential for covered entities & 340B TPAs to report
- Support for leveraging existing data sources
- Minimize burdens on covered entities
- **"CMS welcomes engagement with interested parties"**

Five Data Elements :

Reality: CMS Is engaging stakeholders in development process!

https://www.federalregister.gov/public-inspection/2025-13271/medicare-and-medicaid-programs-calendar-year-2026-payment-policies-under-the-physician-fee-schedule

340B Claims Repository & MTF



Could there be synergy?

Manufacturers Requiring In-House Data

Manufacturer	Effective Date	Known State Exemptions
AMGEN	June 1, 2026	Arkansas, Hawaii, Maryland, Mississippi, Missouri, Nebraska, Oregon, South Dakota, Tennessee, Vermont
AstraZeneca	May 1, 2026	No state exemptions
Biogen	June 1, 2026	Colorado, Maine, Nebraska, New Mexico, North Dakota, Oregon, Rhode Island, South Dakota, Tennessee, Utah, Vermont, Washington, West Virginia
Boehringer Ingelheim	July 6, 2026	Applies "where applicable by state law."
Bristol Myers Squibb	May 1, 2026	Maryland, North Dakota, South Dakota, Tennessee, Washington
Lilly	Feb. 1, 2026	Colorado, Maine, Nebraska, New Mexico, North Dakota, Oregon, Rhode Island, South Dakota, Tennessee, Vermont, West Virginia
EXELIXIS	Oct. 1, 2025	None stated
Genentech A Member of the Roche Group	August 31, 2026	None listed.

Manufacturer	Effective Date	Known State Exemptions
GSK	July 1, 2026	Colorado, Maine, Nebraska, New Mexico, North Dakota, Oklahoma, Oregon, Rhode Island, South Dakota, Tennessee, Utah, Vermont, Washington, West Virginia
NOVARTIS	July 6, 2026	Colorado, Maine, Nebraska, New Mexico, North Dakota, Rhode Island, South Dakota, Tennessee, Vermont, Washington
novo nordisk	April 1, 2026	Arkansas, Colorado, Maine, Nebraska, New Mexico, Oregon, Rhode Island, South Dakota, Tennessee, Vermont, Washington
sanofi	June 15, 2026	Arkansas, Colorado, Louisiana, North Dakota, South Dakota, Tennessee, Washington
sobi	July 1, 2026	Colorado, Maine, Nebraska, North Dakota, Oklahoma, Oregon, Rhode Island, South Dakota, Tennessee, Utah, Vermont, Washington, West Virginia
ucb	June 1, 2026	Arkansas, Colorado, Hawaii, Kansas, Louisiana, Maryland, Mississippi, Missouri, Nebraska, New Mexico, North Dakota, Oklahoma, Rhode Island, South Dakota, Utah, Vermont, West Virginia

https://340breport.com/trackers/manufacturer-in-house-data-requirements-tracker/

340B REPORT

NEED MORE INFORMATION?

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OHIO PHARMACISTS ASSOCIATION