



## **340B Rebate Model Pilot Program: Frequently Asked Questions**

The Health Resources and Services Administration (HRSA) launched a [340B Rebate Model Pilot Program](#), beginning [January 1, 2026](#). HRSA initially approved eight manufacturer plans covering nine of the ten drugs eligible for the pilot and applied the rebate requirements to all covered entities, including community health centers (CHCs). Novartis has also received approval for its rebate model plan beginning April 1, 2026. All approved plans rely on the same IT platform, [Beacon 340B](#). These frequently asked questions (FAQ) are designed to help CHCs understand the pilot structure, its impact on pharmacy operations and cash flow, and the concerns NACHC continues to raise as implementation moves forward.

### **Table of Contents**

General Rebate Model Pilot Program Requirements .....	1
Beacon Platform & Data Submission.....	2
Claims, Eligibility, and Referrals.....	3
Purchasing, Inventory, and Timing.....	5
Technical Support .....	8

## **General Rebate Model Pilot Program Requirements**

- 1. Is the 340B rebate model pilot program voluntary for health centers?**
  - No, the rebate pilot is voluntary for *manufacturers*, not for covered entities. All HRSA-approved manufacturer plans apply to [all entity types](#), including CHCs.
    - Health centers “opting out” of the 340B rebate pilot model would be required to purchase the selected drugs at Wholesale Acquisition Cost (WAC) or retail price and would not be eligible for 340B pricing on these medications.
- 2. Is there any possibility that the 340B Rebate Model can still be stopped or delayed?**
  - With the exception of some type of legal injunction or delay from the courts, we do not anticipate delay in implementation.
  - On December 1, 2026, the American Hospital Association (AHA), the Maine Hospital Association and four safety-net health systems from across the country [filed a lawsuit](#) requesting a temporary restraining order to prevent the 340B Rebate Model Pilot Program from going into effect on January 1, 2026. If granted, it should apply to all covered entities, including CHCs.

**3. Are all CHCs required to sign up with Beacon 340B?**

- Yes, all 340B entities that wish to dispense or administer these drugs as of January 1, 2026, and receive a rebate down to the 340B price must register a Beacon 340B account to submit claims and receive rebate payments.
- The Beacon 340B platform requires its own separate registration, even if the covered entity already uses 340B ESP to manage manufacturer restrictions or has already registered for Beacon Maximum Fair Price (MFP) for the Medicare Drug Price Negotiation Program. See [NACHC's webpage here](#) to learn more.

**4. What drugs are included in the 340B rebate model pilot?**

Drug	Manufacturer	Indication	Effective Date
Eliquis	BMS	Anticoagulation	01/01/2026
Enbrel	Amgen	RA & Psoriasis	01/01/2026
Entresto	Novartis	Anticoagulation	<b>04/01/2026</b>
Farxiga	Astra Zeneca	Diabetes	01/01/2026
Imbruvica	AbbVie	Cancer	01/01/2026
Januvia	Merck	Diabetes	01/01/2026
Jardiance	Boehringer Ingelheim	Diabetes	01/01/2026
Novolog; fiasp	Novo Nordisk	Diabetes	01/01/2026
Stelara	Janssen (J&J)	Psoriasis, Crohn's, & UC	01/01/2026
Xarelto	Janssen (J&J)	Anticoagulation	01/01/2026

**Beacon Platform & Data Submission**

**1. What is the Beacon 340B platform?**

- Beacon 340B is the [manufacturer-contracted platform](#) through which covered entities submit 340B rebate claims, manufacturers validate eligibility (confirm two entities are not seeking a rebate on the same claim), and rebate payments are issued.

**2. Is the Beacon Business Associates Agreement (BAA) a blanket document for all covered entities, or do we use our own document?**

- Beacon provides its BAA upon request, which we recommend you have your legal counsel review to ensure it meets your organizational standards.

**3. How do we know which Beacon platform to submit rebate claim files to?**

- Claims eligible for 340B rebates are uploaded to the [Beacon 340B platform](#) by the covered entity, regardless of payer type or 340B universe (e.g. entity-owned pharmacy, contract pharmacy, or clinic administrations).
- All required claim information for Medicare Part D selected MFP drug prescriptions will be communicated by the Medicare Plan Sponsors to the Medicare Transaction Facilitator (MTF) through switch data by the dispensing pharmacy. Covered entities do not submit any claims data to the Beacon MFP platform, as all necessary data is passed to Beacon MFP from the MTF.

**4. What happens if we submit the same claim to both the Medicare Transaction Facilitator (MTF) and Beacon 340B Rebate Model platforms?**

- In the event the same claim applies to both MFP and 340B Rebate model:
  - **Per Beacon, irrespective of timing, the 340B rebate request will always be paid.**
    - If the MFP refund is requested and paid before the 340B rebate request, the MFP refund amount will be adjusted (reversed) to account for the duplication. The MFP reversal credit is created, and the MTF will withhold from future MFP refunds.
    - If the MFP refund request is received after the 340B rebate payment is made, the MFP request will be denied and the MTF 835 file will denote this with a Remittance Advice Remark Code (RARC) of N907.
    - Track your MFP refund validation and payment status using [this website](#).

**5. I thought there were separate Beacon platforms for MFP and the Rebate Model. Is it actually a single platform?**

- The Beacon Rebate Model platform and Beacon MFP platform are **two separate platforms** and require separate registrations.
- Registration on the Beacon 340B platform is required for data submission, claims status tracking, 340B price file access, and to receive payments for the 340B rebate model.
  - For ALL 340B covered entities participating in the 340B rebate model.
- Registration on the Beacon MFP platform is required to see the real-time status of MFP claim submission and handle good-faith inquiries.
  - Limited to dispensers (e.g., entity-owned pharmacies and retail pharmacies) contracted with Medicare for Part-D prescriptions

**6. Is there a deadline to register on the Beacon 340B Rebate Model platform?**

- You should register on Beacon before the implementation date of the pilot program, which is January 1, 2026. It can take some time to upload the required documents (proof of EIN, Articles of Incorporation, and W-9) for each site, have them reviewed and accepted, and to submit the bank letter and go through the penny test to establish the pathway for ACH payments. To avoid challenges in being able to comply with the 340B rebate requirements when the pilot program starts, we recommend beginning the registration process sooner, rather than later.
- If you have challenges, please contact NACHC at [regulatoryaffairs@nachc.org](mailto:regulatoryaffairs@nachc.org).

**7. How will the rebate be paid?**

- Rebates will be processed as ACH payments to the covered entity's verified bank account listed on the Beacon 340B platform. Covered entities will be able to obtain 835 files from Beacon 340B with payment and reconciliation details.

**Claims, Eligibility, and Referrals**

**1. Do we have any information on whether referral prescriptions will be eligible for rebates?**

- Referral prescriptions will qualify for rebates. [Per HRSA](#) "The HRSA 340B rebate pilot will not restrict 340B eligibility for referral prescriptions written by outside specialists. HRSA does not intend for the implementation of the 340B Rebate Pilot to impose new restrictions on which prescriptions are eligible for 340B drug fillings. [HRSA] will be working with Beacon and manufacturers to ensure that their references to the 340B ID to be included on rebate claims are as clear as intended."
- HRSA will work with Beacon and the participating manufacturers to ensure the 340B ID needed on rebate claims is clear for referral prescriptions.

**2. In a virtual inventory model where purchasing happens only when criteria are met, what happens if a TPA does not trigger a purchase order?**

- HRSA's expectation is that a purchase is made at the WAC price through the 340B account, prior to the submission of the claims data to Beacon for a rebate payment. Where HRSA has not specified whether the dispensing of

that product needs to occur before or after the WAC purchase, health centers should work with their internal 340B and compliance teams, as well as TPAs for contract, entity-owned pharmacies, and dispensaries, to determine appropriate policies and processes.

- Note, current systems were not built with the rebate model in mind; health centers may need to have updates made to ordering processes, policies and procedures, and contract agreements.

**3. What if the fill date and completed date are different? What if a patient doesn't pick up their prescription?**

- Per OPA, claims submission must occur within 45 days of the "dispense" date. Beacon defines the **"Date of Dispense" as the date of adjudication with the payer.**
- If a patient does not pick up their prescription and the medication is returned to stock after the claim was submitted for a rebate, the claim reversal needs to be submitted to Beacon 340B.
  - Example: a claim submitted with "100" units in the quantity dispensed field would be reversed by submitting the corresponding claim information with "-100" units in the quantity dispensed field.

**4. My clinic does not process third-party claims and is not set up on any TPA. How should we begin preparing to purchase and report for rebates?**

- There are different methods depending on what software or system you use.
- Rebate requests for 340B eligible pharmacy dispenses are to be uploaded to Beacon 340B using an Excel file, with required and optional fields (shown below).

	A	B	C	D	E	F	G	H	I	J	K
1	340b_id	date_prescribed	date_of_service	rx_number	fill_number	ndc_11	quantity_dispensed	prescriber_id	service_provider_id	rx_bin	rx_pcn
2											
3											
4											

- Rebate requests for 340B eligible medical claim administrations are to be uploaded to Beacon 340B using an Excel file, with required and optional fields (shown below).

	A	B	C	D	E	F	J	K	L	M	N	O	P
1	340b_id	claim_number	claim_line_number	date_of_service	hcpcs_code	hcpcs_code_modifier_1	health_plan_name	health_plan_id	ndc_11	rendering_physician_id	quantity	unit_of_measure	service_provider_id
2													
3													
4													
5													

- If reporting from medical records is not available electronically, these records can be completed manually and submitted based on paper logs

- Health Centers should retain records of data submitted to Beacon 340B as part of their auditable records.
- 5. For dispensaries without a pharmacy NPI, how will this impact participation?**
- Health centers with dispensaries that do not have individual NPIs should use the NPI of the clinic where the dispensary is located and under which billing occurs.
- 6. What do we submit in the Rx BIN and PCN fields if these meds are dispensed to uninsured patients?**
- Per Beacon policy, you will put “CASH” in these fields. If the health center’s pharmacy software or TPA assigns “dummy” BINs and PCNs for internal, slide, cash plans, etc., there is no need to change these prior to submission.

### **Purchasing, Inventory, and Timing**

- 1. How long does it take to receive payment? What should we do if we do not receive a rebate within 10 days?**
- Per the [expectations](#) set by OPA for participation in the 340B Rebate Pilot Program, manufacturers “should ensure that all rebates are paid to the covered entity (or denied, with documentation in support) within 10 calendar days of data submission.”
  - 340B rebates are typically processed and paid within 10 days of a covered entity’s submission of eligible 340B claims data. If delays occur, please contact HRSA at [340BPricing@hrsa.gov](mailto:340BPricing@hrsa.gov). Covered entities can also contact the manufacturers and Beacon support ([support@beaconchannelmanagement.com](mailto:support@beaconchannelmanagement.com)) if issues remain unresolved.
  - Per [OPA](#), “if a claim takes longer than 10 days for a rebate to be paid, covered entities and manufacturers should work to resolve the issue. If HRSA observes trends toward a manufacturer not paying rebates within 10 days of data submissions, OPA reserves the right to revoke the rebate model approval for that manufacturer.”
    - Reporting 340B rebate delays and denials will be essential to help keep manufacturers accountable.
- 2. How can we make sure we purchase all accumulations by 12/31/25?**

- Covered entities should work with each of their TPAs to understand the mechanisms in place to use down accumulations of the drugs that will be impacted by the rebate model.
  - In many instances, this is being implemented by blocking qualification/accumulation of the relevant medications one to two weeks before the 12/31/25 deadline, leaving one to two weeks for the pharmacies to deplete any remaining accumulations.
- Covered entities that manage a virtual inventory without the use of a TPA will need to work directly with the pharmacy staff to develop and execute a process to purchase all remaining accumulations and discontinue 340B capture of these medications immediately prior to the go-live of the rebate pilot.

**3. What is the grace period from manufacturers for accumulated claims that have not yet been replenished, but are outside the rebate period?**

- Each manufacturer has their own individual policy regarding grace period and allowable rebate amount for outstanding accumulations. See the table below for a summary. For more details review the manufacturer's policies at: <https://cm.beaconchannelmanagement.com/pages/resources>

MFR	Policy for Unreplenished Accumulations
AbbVie	<b>Through January 31, 2026</b> , CEs may submit to Beacon rebate requests for <b>up to one package</b> of IMBRUVICA for <b>dispenses</b> that occurred as early as <b>14 calendar days prior to 1/1/2026</b> . AbbVie will consider requests on a case-by-case basis.
Amgen	Allow CEs to receive 340B rebates for eligible claims with dispense dates <b>up to 45 days prior</b> to the 1/1/2026 for one (1) package per NDC-11 of Enbrel. Amgen <b>will consider requests for more the one (1) package</b> per NDC-11 of Enbrel <b>dispensed within 45 days prior to the 1/1/2026, with documentation</b> , for 340B units not replenished prior to 1/1/2026.
BMS	<b>30-day grace period</b> effective as of January 1, 2026, for the purpose of recognizing one <b>(1) package or otherwise appropriate eligible, unreplenished accumulation</b> per NDC-11 of ELIQUIS®.
BI	<b>Two-week grace period</b> for unreplenished accumulated dispenses occurring before January 1, 2026. CEs may submit claims for eligible <b>dispenses made between December 15 and December 31, 2025, by January 31, 2026</b> .
J&J	<b>Discretionary 45-day period</b> to submit 340B rebates for dispenses or administrations of J&J Selected Drugs <b>with dates of service on or after November 14, 2025</b> (“Lookback Period”) that the CE could not replenish at the 340B price prior to January 1, 2026. CE <b>must submit by February 15, 2026</b> .
Merk	<b>One-time accommodation</b> permitting CE to submit rebate requests for <b>unreplenished accumulated Januvia units dispensed during the fourth quarter of 2025</b> , limited to <b>up to one package size per NDC-11</b> .
Novo Nordisk	Will accept 340B claims submissions for <b>up to one (1) full package size for unreplenished partial accumulations</b> of Rebate Model Products with a <b>date of dispense within 45 days prior to January 1, 2026</b> . Outliers addressed on a case-by-case basis.

**4. Should we stock up on the affected drugs?**

- It is not recommended to stockpile these drugs. This type of purchasing anomaly could lead to good faith inquiries from manufacturers.

**5. Would it be best to spend down physical inventory for the affected drugs?**

- If you have a significant volume of any of the rebate drugs on your clinic or entity-owned pharmacy shelves, it may be easiest operationally to use down and/or return stock to facilitate a “fresh start” with the inventory on January 1. With that said, this is not a requirement. Any physical 340B-purchased inventory remaining on January 1 can still be used; the CHC will need to track it to ensure they do not submit a request for a rebate for any inventory previously purchased at the 340B price.
  - E.g., An entity owned pharmacy has two 90-count bottles of Xarelto 10mg on its shelf on January 1, which it has previously purchased on its 340B account, at a 340B price. When preparing claims to submit to Beacon 340B to request rebates, the entity would need to remove claims for Xarelto 10mg from the report prior to upload until 180 tablets had been accounted for. At that point, the entity would begin submitting all claims for Xarelto 10mg to Beacon 340B to request a rebate for drug purchased at WAC.

**6. If we are ordering at WAC but from our 340B account, do we still include an SCC 20 code?**

- Per [NCPDP](#), the SCC 20 code is intended to be used “when a Covered Entity, through its pharmacy or contracted pharmacy, makes the determination that a claim is being billed for Section 340B drugs prior to providing service, usually when using a physical inventory of Section 340B drugs.”
- Where required, the SCC 20 should be applied while using down any remaining 340B physical inventory.

Covered entities should work with state Medicaid agencies to determine appropriate practices for billing each individual state for 340B rebatable drugs when not carving out, to ensure prevention of duplicate discounts, particularly in instances where the SCC 20 code has historically been used for this purpose.

## **Technical Support**

**1. What email should we use for OPA/HRSA?**

- HRSA instructs covered entities to email [340BPricing@hrsa.gov](mailto:340BPricing@hrsa.gov).