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Today's episode of the 340 Banter podcast is being recorded live at the RWC

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340B Grantee Conference in Houston, Texas.

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And one of the hot topics on everyone's minds today is manufacturer restrictions.

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And one of the more recent developments is the addition of entity-owned pharmacy

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data being included in those 340B policies.

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Welcome to 340 Banter, a podcast dedicated to exploring the journeys,

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challenges, and successes of our 340B community.

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Our goal is simple, to engage, inform, and empower you to make the most of your 340B program.

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In each episode, we discuss real-world experiences and opportunities across

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the worlds of pharmacy and 340B.

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You'll hear from industry leaders and experts as they share insights and explore

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the impact on covered entities, pharmacies, and the communities they serve.

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Now, let's get to the banter.

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We're up to eight manufacturers now that are requiring covered entities to submit,

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claims data for their entity-owned pharmacies in order to maintain access to

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340B pricing for those drugs.

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What are you hearing from pharmacists, from covered entities out in the space

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and how they're managing this, particularly with all the different pharmacy

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operating software platforms out there?

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Yeah, it's definitely created a new challenge for a lot of entity-owned pharmacies.

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And especially in the FQHC space, so many of them don't use a TPA.

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So they don't have that TPA that they can pull the data from and send it directly

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to ESP or another platform maybe in the future.

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So they have to work with their pharmacy software to really figure out ways

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to download that data, which can be challenging depending on what software you have.

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And I think a lot of people are really struggling to get that data out of their

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software and may be having to figure out some unique ways to address those challenges.

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Yeah, I know one of the one of the reports I've seen recently,

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I was getting in a PDF format from, you know, from clients and having to transfer.

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Data or, you know, export a PDF report into an Excel report and then work with

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it from there, which is doable, but it's just another, it takes another step. It's more time.

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It's just, again, more complex to have to get through because that's the way

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that the reports came out of that pharmacy software system.

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Yeah. And I would say at most FQHCs, the pharmacists really,

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I'm speaking from experience, don't know how to use Excel.

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So they're having to learn new Excel functions and being able to manipulate

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that data because some of the some of the data elements aren't available in the pharmacy software.

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So you're having to manipulate the data once you get it out of the software.

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And I think that, you know, a lot of the entity owned pharmacy software doesn't

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typically drop the pharmacy NPI necessarily into your reports because you don't

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need that for your, you know, your in-house,

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business operations management.

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So getting that in there, you can drop it in manually afterwards,

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but it's a lot easier if you can, you know, work that into a report,

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but that means building a report or working with the,

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the company to be able to get that into a report. Another thing is the 340B ID.

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And that's not going to be something that, you know, most pharmacy software

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systems are going to be able to populate. So you have to add that in after the

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fact. And something I've seen with that ID is that it may not be the site you're in.

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So you really have to know what your wholesaler, what ID they're using,

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what they're purchasing on.

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So generally, I would say your your 340B ID on the wholesaler is the site which

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you're located. Maybe that's the for my health center. That was the J site.

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But it could be that it's under the main site. And so you need to make sure

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you understand where those purchases are being made because the dispenses have

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to match where the purchases are.

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Yeah. And it definitely gets more complicated, too, with,

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health centers that have done associated site designations, because if they

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had previously had their entity-owned pharmacies, you know, even if they were set up physically.

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In a lettered associated site,

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their wholesaler accounts may have been set up under their zero site.

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But through the associated site designation processes, they've,

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you know, adjusted everything to have the wholesaler accounts to be very aligned

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with the physical location that that pharmacy is in.

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So very important to understand that before assigning the 340B ID in that report,

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when you upload it. And I think if you have a question, the easy solution there

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is just ask your wholesaler what 340B is associated with that account.

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They'll be able to tell you that pretty easily. And that way you make sure you're

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sending the right thing because you don't want those nasty emails that say you've

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got non-conforming claims.

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One of the other things that I know has come up is how pharmacies,

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when pharmacies are submitting this data or pulling the reports to submit the

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data because you have to submit it within 45 days of the dispense,

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But one of the challenges operationally for pharmacies is that you fill a prescription,

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and that's the date of dispense as far as the data goes, but that's not necessarily

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when the prescription is sold to the patient.

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And if the patient doesn't pick up the prescription, you may return it to stock.

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And to the extent that we can, you don't want to limit the information that

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you're reversing back within that 340B ESP platform.

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There were some challenges historically with claims that had been put through

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and then reversed and then put through again, not going through properly in

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the 340B ESP platform. They have...

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Successfully corrected that so that those do go through properly now.

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So if you do need to send through a reversal and, you know, a reissuance of

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the same claim, that should go through the 340B ESP platform as you expect it to at this point.

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But you do, you know, folks do want to limit that. But how do you see health

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centers or pharmacies or, excuse me, covered entities with pharmacies managing

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the timing of when they submit claims?

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Yeah, I think most that I've talked to at this point are waiting till the drug

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is actually sold because with the PBM contracts, you're going to have to reverse

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that claim within 14 days anyway.

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So that still gives you another 30, 31 days to submit the claim.

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So I think that that's probably the safest. That way you don't have to deal with reversals.

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That came up with the rebate model as well, which is going to delay the rebate.

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But here, at least with ESP currently, there's no real downside to waiting.

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So I think that that's probably the best way.

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But it's knowing, again, back to your pharmacy software, knowing how it pulls

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reports and what status it's pulling the report.

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So just knowing how that report's functioning. And that may require some calls

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to the pharmacy software and working through it to find out what those details are.

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And I know with some of the software, we've even gone in and if it's possible,

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we build our own reports so we can control that.

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I think another question that we've heard come up a fair amount,

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well, I will say I have received a lot in the last two weeks,

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has been around the Truso platform and entity-owned pharmacies.

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So we have six manufacturers right now with policies being managed within the Truso platform.

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And none of them include entity-owned pharmacy claims data.

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However, there is a space for you to provide an entity-owned pharmacy NPI, DEA, and HIN,

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as well as within the data upload templates.

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A way to be able to upload.

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Opportunity. Yes, the opportunity, the invitation to upload your entity-owned pharmacy claims data.

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But it is not required at this time. And I would say it's not very clear on

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the website that it's not required.

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So a lot of people think it has been. Yes. So it's caused a lot of concern and

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a lot of, yeah, just a lot of concern.

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And I think that it's important for covered entities to know that at least at

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this point in time, none of the manufacturers in the Truoz platform are requiring

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entity-owned pharmacy claims data. So even though...

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The opportunity is there to submit it or to input the information for the entity-owned

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pharmacies. You do not need to.

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You can kind of don't borrow tomorrow's trouble.

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You know, there may be manufacturers that do require that in the future in the

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Truza platform, but we have enough to manage and handle today to fill our time.

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And I think kind of shifting to state laws around data submission,

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we've seen that some of the manufacturers don't necessarily have exceptions

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when the state law prohibits data submission from the manufacturers.

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So in that case, what I've been recommending to people is go ahead and start

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submitting because you don't want to lose access, but work through your state's

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process to enforce their state law.

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So this recently happened in Tennessee.

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Some covered entities went to the attorney general's office and let them know

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that these manufacturers were not complying.

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And the AG office actually pushed back and was able to get a change to the policy.

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And in fact, that manufacturer changed for several states and added exemptions. So it does work.

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So if you are in that case, it's really work with your PCA or your hospital

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association to find out what the enforcement mechanism is of your state law,

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because they're each a little different. It may be the AG's office.

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It may be the board of pharmacy.

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But working through that to find the right person, because you might be able

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to push back on that policy. Any other words of wisdom for covered entities

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navigating the newest waves of change in the manufacturer 340B policy land?

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I think the biggest thing is just breathe. We're all in this together.

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We're going to get through it.

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It felt daunting when we started this with contract pharmacy restrictions,

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but we've really figured out the path there.

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So we'll get through it together. None of us want it, but we are going to figure it out together.

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And I'm just really concerned about a lot of pharmacist burnout and things.

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So I think working as a team and holding each other up is the best way.

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I would add on to that that leveraging the rest of your team,

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your technician staff. So as you said, pharmacists may not be as skilled in the use of Excel.

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But shop around the rest of your team. See if you've got technicians that you

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can elevate and help build, you know, more of a career ladder for your technicians to help manage,

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the data aspects of these manufacturer policies.

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That way you don't have to hold it all yourself. Yeah.

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Thank you for listening to 340 Banter. This podcast.