

# SPBP

## PROVIDER BULLETIN

August 23, 2019

### 34ØB PRICING

Pharmacy providers enrolled as 34ØB providers are reminded that, in accordance with the Special Pharmaceutical Benefits Program (SPBP) Provider Agreement and to comply with Health Resources and Services Administration (HRSA) rules to prevent 34ØB duplicate discounts, claims (primary, secondary, etc.) submitted to SPBP using pharmaceuticals purchased through the 34ØB Drug Discount Program must be identified as 34ØB purchased products on the claims submission.

***Federal law prohibits duplicate discounts or rebates on pharmaceuticals purchased using the 34ØB Pricing Program. The SPBP does not collect rebates on pharmaceuticals purchased through the 34ØB Drug Discount Program.***

The following fields are to be used on the claim to SPBP for pharmaceuticals purchased through the 34ØB Drug Discount Program:

- Submission Clarification Code Field (42Ø-DK): enter 2Ø indicating a 34ØB drug
- Ingredient Cost (Field 4Ø9-D9) is to contain the Actual Acquisition Cost (AAC)
- Basis of Cost Determination (Field 423-DN): enter Ø8 for 34ØB/Disproportionate Share Pricing/Public Health Service.

Claims for brand/single source 34ØB pharmaceuticals will be reimbursed on the lower of the provider's Usual and Customary (U&C) price or the Wholesale Acquisition Cost (WAC) minus 49% plus dispensing fee.

Claims for generic 34ØB pharmaceuticals will be reimbursed on the lowest of:

- the provider's Usual and Customary (U&C) price,
- the Wholesale Acquisition Cost (WAC) minus 49% or
- the Federal Upper Limit (FUL) price plus dispensing fee.

**NOTE:** 340B claims found to be dispensed to 340B eligible cardholders, but not submitted with the 340B claim identifiers described above will be disallowed on audit.

Questions may be directed to Provider Services at 1-800-835-4080