340B OVERVIEW QUICK GUIDE

NEW PRESCRIPTIONS

- Must match original in drug name, dosage, directions, and quantity
- Changes only allowed if clinically necessary and noted by provider

PROGRAM EXCLUSIONS

- Controlled substances
- REMS drugs
- Medications taken for less than 30 days

PATIENT ELIGIBILITY

- Must NOT receive Medicaid benefits
- Must be 18 years or older

PRESCRIPTION REQUIREMENTS

- No controlled drugs or REMS
- New prescriptions: Upload original or label copy
- Refills: No upload needed
- First-time medications require health screening

PROGRAM COMPLIANCE

- Annual health questionnaire required
- 5-minute provider visit needed
- Synchronous visit required every 12 months
- Complete steps promptly to avoid care interruptions

COPAY ASSISTANCE

- Enroll in PBM and submit secondary claim for copay assistance program

NOTE: *Review guidelines regularly as requirements may change.*

340B OVERVIEW QUICK GUIDE

PRESCRIPTION ORDER

- Place order for 340B-eligible drug on Scripts Platform
- Upload original prescription or label for new orders
- Scripts routes order to 340B-contracted telemedicine provider

REFILL MANAGEMENT

- Use Scripts refill tool for reminders
- Set up automated refills with client consent
- Process refills like new orders; request new prescription if needed

PRESCRIPTION REVIEW

- Confirm medication and prescription meet 340B eligibility requirements

HEALTH SCREENING

- Review completed Health Screening Questionnaire

PROVIDER COMMUNICATION

- 340B contracted physician contacts patient via SMS or email for clarification

SYNCHRONOUS VISIT

- Patient schedules and completes within 30 days of health screening

NEW PRESCRIPTION

- 340B contracted physician generates new prescription matching original
- Modifications require explicit approval
- If prescription not issued, UBACARE notifies plan administrator
- Route to secondary provider if primary refuses authorization

340B OVERVIEW QUICK GUIDE

PRIMARY CLAIM SUBMISSION

- Pharmacy processes claim through patient's primary insurance/PBM
- Determines patient's copay amount after insurance coverage

SECONDARY CLAIM SUBMISSION

- Pharmacy submits secondary claim to copay card program electronically

ADJUDICATION OUTCOME

- Copay card program reduces patient's out-of-pocket cost
- Generates response with approved copay amount and coverage details

PAYMENT COLLECTION

- Copay card program collects and aggregates claim data for manufacturer
- Third-Party Administrators (TPAs) process and track claims
- Payments issued to pharmacy via direct deposit, EFT, or checks

PRESCRIPTION DISPENSING

- Pharmacy dispenses medication and ships to patient

ADDITIONAL STEPS

340B ELIGIBILITY VERIFICATION

- Confirm patient enrollment and eligibility criteria
- Review health screening questionnaire and provider relationship
- Validate prescription and insurance eligibility

340B OVERVIEW QUICK GUIDE

INFORMATION SHARING

- Provider shares relevant information with covered entity
- Upload data to electronic health record (EHR) system

PRESCRIPTION PROCESSING

- Scripts sends fill request to 340B-contracted pharmacy

PLATFORM STATUS MESSAGES

SCRIPTS PLATFORM STATUS MESSAGES

1. **Received**: Order created and editable
2. **Entered**: Order reviewed and processed
3. **Processing**: Order sent to 340B pharmacy, questionnaire generated
4. **Shipped**: Order shipped with tracking details

UBACARE+ STATUS MESSAGES

1. **Email:** Health screening questionnaire sent
2. **Registered**: Member registered with 340B physician
3. **Qnnaire:** Questionnaire opened but incomplete
4. **Async**: Questionnaire completed, async chat in progress
5. **Rx**: Async visit completed, prescription to be generated
6. **RxDenied:** Prescription declined by prescriber
7. **CE:** Awaiting member eligibility confirmation
8. **Pharmacy**: Fill request sent to 340B pharmacy
9. **Sync:** Awaiting 30-day follow-up phone call

KEY STEPS

1. **Shipment Tracking**: Email sent to recipient
2. **Reconciliation**: UBACARE reconciles copay assistance
3. **Status Check**: Monitor questionnaire, prescription, and pharmacy status
4. **Follow-up**: Address incomplete prescriptions after 5 business days
5. **Escalation**: Refer difficulties to Chad for resolution

Note: Medical providers retain the right to decline prescriptions based on clinical judgment