



## Final Approved Manufacturer Plan for 340B Rebate Model Pilot Program – Astellas Pharma US, Inc. (“Astellas”) Dated September 28, 2026

### **A. General 340B Rebate Model Pilot Plan Requirements**

**Criteria: Plan must identify the IT platform to be used for covered entity data submission and include assurances that all costs for IT platform used for data submission, be borne by the manufacturer.**

From Effective Date, CEs seeking 340B pricing on Xtandi® (enzalutamide) (“Xtandi”) can submit data through the Beacon Rebate Model, a third-party platform (the “Platform”). The Platform is a web-based technology platform that supports the effectuation of a 340B rebate model. The Platform is used to collect 340B claims data from CEs, validate eligibility of submitted data, facilitate payment of 340B rebates to CEs, provide data and reporting, and provide real-time access to 340B rebate status to CEs and manufacturer.

Astellas is paying fees for the Platform, and there will be no cost to the CE to use the Platform for the 340B rebate model.

**Criteria: Plan must allow for 90 calendar days’ notice to covered entities and other impacted stakeholders before implementing an approved rebate pilot plan, with instructions for registering for any IT platforms. Changes to approved plans must be submitted to OPA for review and approval prior to implementation, including the mechanism by which covered entities are to acquire drugs included in the rebate model pilot. OPA will determine**

**if the changes can take effect immediately or if they require a notification period to covered entities. Manufacturers will be expected to provide HRSA with a copy of their final approved plan for public posting on HRSA's website to ensure consistency with what HRSA approved.**

Ninety days before Effective Date, Astellas will provide rebate pilot plan information to CEs, including Platform registration instructions, by providing a publicly posted copy of the plan on HRSA's website and Astellas's Platform vendor's website, as well as email communications to known CEs. Astellas intends to issue this notice to covered entities by Friday October 2, 2026, in order to provide the requisite 90-day prior notice and go-live with the 340B Rebate Model on January 1, 2027.

Astellas will provide ongoing technical assistance and customer service to CEs via the Platform vendor at no cost to the CE. During registration and throughout the pilot, CEs can engage in good faith with the Customer Support Team of Astellas' Platform vendor regarding questions. Inquiries may be escalated to Astellas' POC for resolution.

CEs that elect to submit 340B claims data must first register with the Platform online. Use of the Platform shall be governed by the Platform vendor's Terms of Use and Privacy Policy available at the applicable website. To comply with federal law and financial institution requirements, new users must complete a Know Your Business (KYB) verification process, which includes the submission of certain legal documents such as Articles of Incorporation and IRS letter CP 575. Once a new account has been verified, additional users may be given access to the Platform account by the initial registrant.

Users must also submit bank account information for ACH payments, which is verified according to financial institution requirements. Verification includes the submission of a bank letter and performance of a standard penny test.

CEs that had that have previously registered with Astellas' Platform vendor prior to the cancelation of the original rebate pilot in 2025 will need to confirm documentation to ensure no information has changed. Additionally, to ensure payment can be made in a timely manner, said vendor will require CEs to submit an updated bank letter and will send additional micro-deposits for verification.

Astellas will provide HRSA with a copy of the final approved plan for public posting in accordance with the 90-calendar day notice period. Changes to the approved plan will be submitted to OPA for review and approval prior to implementation, consistent with the HRSA Pilot Program Notice requirements.

**Criteria: Plan must allow for covered entities to order the selected drugs under existing distribution mechanisms (e.g., 340B wholesaler accounts with WAC prices loaded) to ensure purchases flow through existing infrastructure.**

Astellas will allow CEs to order Xtandi under existing distribution mechanisms, with no change to distribution infrastructure as a result of the 340B rebate pilot model.

From Effective Date, CEs should order Xtandi through its 340B wholesale account. Astellas will update its wholesaler pricing files to reflect WAC in 340B accounts, and will pay the ceiling price via rebate only on such sales accordingly.

**Criteria: Plan must provide technical assistance/customer service component and ensure that opportunities to engage directly with the manufacturer in good faith regarding questions or concerns are made available to covered entities through both the IT platform and provide a point of contact at the manufacturer.**

The Platform vendor's Customer Support Team is trained to engage with 340B CEs and address questions or concerns that may arise from their use of the Platform for 340B rebate payments. The Customer Support Team is available via Phone and Web Chat Monday to Friday 9am to 9pm ET, as well as via Email. Astellas' Platform vendor will work in coordination with Astellas to provide accurate and timely responses. Additionally, education and customer support information is provided proactively by the Platform Vendor through online resources, pre-recorded training webinars and live training sessions as well as reactively through responses to inbound calls, emails, and chats.

Astellas requests that CEs engage in good faith communication with the Customer Support Team as an initial step regarding questions or concerns regarding the 340B Rebate Model Pilot. CEs may contact Astellas directly by using the following email address:PHSInquiries-sm@astellas.com. This mailbox will be monitored by designated Astellas team members, who will provide responses in a timely manner.

**Criteria: Plan must ensure that the IT platform has assurances in place to ensure that the data is secure and protected and collection of the data is limited to the elements listed below that are necessary for providing 340B rebates pursuant to section 340B(a)(1) of the PHSA.**

The Platform utilizes a robust data security framework. See Appendix 1 for additional Platform technical information regarding security and protection of data. If HRSA has further questions, Astellas can provide more information.

The Platform will only collect the data elements listed in the HRSA Pilot Program Notice that have been deemed necessary for providing 340B rebates pursuant to section 340B(a)(1) of the PHSA.

**Criteria: Plan must ensure that the manufacturer and the IT platform have mechanisms in place to protect the privacy and security of PHI or other PII, which is required to be safeguarded in a manner consistent with any applicable federal privacy and data security laws, including HIPAA.**

The Platform is designed to operate without the use of any protected health information (PHI) as defined by the Health Information Portability and Accountability Act (HIPAA). The Platform vendor has received an expert determination that the data collected through the Platform meets the definition of a De-Identified Dataset under HIPAA. A copy of this expert determination is available upon request. While the Platform also collects personally identifiable information (PII) (e.g., user's names and email addresses), this information is stored securely, and the Platform vendor complies with all applicable privacy and data security laws with respect to such information. See Appendix 1 for additional Platform technical information regarding security and protection of data. If HRSA has further questions, Astellas can provide more information.

Astellas shall implement and maintain a commercially reasonable security program for protection of the data that includes administrative, technical, and physical safeguards designed to be consistent with industry standards and applicable law. Astellas' use and handling of the data shall comply in all material respects with applicable federal and state laws relating to the privacy and security of PHI or other PII, including but not limited to HIPAA, to the extent applicable to Astellas' activities under this Plan.

**Criteria: Plan must describe whether an exception that would not apply broadly to all covered entities, and if any, will be communicated to both HRSA and affected covered entities (e.g., covered entities without access to a third-party administrator or rural hospitals or health centers).**

Astellas's Rebate Model Pilot plan is intended to include all CE types.

## **B. Reporting Requirements**

**Criteria: Plan must ensure that covered entities are allowed to submit and report data (as detailed below), at a minimum, up to 45 calendar days from date of dispense, with allowances for extenuating circumstances and other exceptions, including adjustments when a 340B status change occurs on a claim.**

CEs can submit data up to 45 calendar days from date of dispense to the Platform either directly or through participating third-party administrators. The Platform's validations will ensure a maximum of 45 calendar days between date of dispense and submission. CEs seeking an exception to this deadline for extenuating circumstances may request the

exception via the Platform Vendor's Customer Support Team. Exceptions will be considered on a case-by-case basis. Such criteria for exception may include newly identified 340B status changes (e.g., new enrollment, termination, site change) and instances where the CE was unable to submit within 45 days due to circumstances that temporarily prevent access to required submission records. Examples of such circumstances could include natural disaster or emergency event, significant IT or cybersecurity incident, extraordinary operational disruptions (e.g., loss of key operational personnel due to unforeseen events, temporary closure of site), and Platform-related issues. .

When a CE's 340B enrollment status changes, including through a new enrollment, termination, or site change, Astellas and its Platform vendor will accommodate adjustments to claims previously submitted or pending, permit resubmission or correction of affected claims within the 45-day window or as otherwise approved by HRSA, and coordinate with HRSA/OPA regarding any systemic status-change issues.

**Criteria: Plan must ensure that the IT platform will have the capacity to receive data from all applicable covered entities and to filter and use only the data required to effectuate the rebate (e.g., if drugs other than a selected drug for initial price applicability year 2026 or 2027 during its price applicability period under the MDPNP are submitted, the platform will be able to identify and discard unneeded data).**

The Platform will have the capacity to receive data from all applicable CEs. Astellas' only selected drug for IPAY27, Xtandi, will be the only Astellas drug using the Platform for the 340B rebate pilot model. The data the Platform collects for Xtandi will be proactively limited to HRSA-approved data fields. Regardless of data submission method, the same filtering, security and privacy protocols apply as detailed in Appendix 1. For online data submissions, JavaScript functions visible to Astellas exclude any non-Xtandi records, ensuring data is filtered before submission. Server-side validations ensure the Platform never possesses ineligible data. The participating third-party administrators filtering process uses similar client-side technology provided by Astellas' Platform vendor, ensuring filtering occurs before submission.

**Criteria: Plan must ensure that the IT platform will have the capability to provide real-time reconciliation reports for covered entities to be informed of the rebate status of submitted claims.**

In the Platform, CEs will have access to real-time rebate status for submitted claims and payments made. Consistent with standard pharmacy data adjudication practices, CEs should submit timely reversals for any claims submitted in error or where 340B eligibility status of a dispense has changed. This aligns with standard pharmacy and claims adjudication practices, whereby adjustments or reversals are submitted timely when previously reported transactions are later determined to be inaccurate. Such reversals utilize existing submission data and workflows, do not require submission of

any additional data elements, and do not impose administrative burden on CEs beyond routine claims correction activities already undertaken by pharmacies as part of their standard business operations.

The operational purpose of the aforementioned process is to facilitate accurate rebate reconciliation. Reversal credits will be used to offset future 340B rebate payments. This process will be transparent to CEs in the Platform, and the Platform's Customer Support Team will be available to resolve inquiries.

**Criteria: Plan must ensure that a quarterly 340B price file for each of the manufacturer's 11-digit NDCs is made available to covered entities, so that covered entities may use the price file in conjunction with pharmacy billing systems to appropriately account for actual acquisition cost (i.e., post rebate price) for Medicaid billing and also to assist with sliding fee scales or cost sharing with patients.**

Through the Platform, Astellas will provide CEs access to a quarterly pricing file containing 340B Package Pricing for Xtandi at the NDC-11 level. This will be available for download on the Platform.

**Criteria: Plan must require the manufacturer to provide HRSA/OPA with periodic reports consistent with the information outlined in this Notice, in a format and manner specified by HRSA/OPA (instructions forthcoming). Such data should detail data on purchases provided through rebates, information related to claim denials, and other information that may evaluate the effectiveness of the rebate model.**

Astellas will work with its Platform vendor to send periodic reports to HRSA/OPA, inclusive of the data elements required by the agency and consistent with the cadence dictated by the agency.

## **C. Rebates**

**Criteria: Plan must include the rebate calculation equal to the wholesale acquisition cost (WAC) less the 340B ceiling price on the day of dispense.**

Astellas will facilitate payment of rebates on a dispensed unit basis for Xtandi dispenses on validated claims, priced at WAC less 340B Ceiling Price on the date of dispense.

**Criteria: Plan must specify that rebates are paid at the unit level.**

Astellas will facilitate payment of rebates on a dispensed unit basis for Xtandi dispenses on validated claims, priced at WAC less 340B Ceiling Price on the date of dispense.

**Criteria: Plan must ensure that all rebates are paid to the covered entity (or denied, with documentation to support) within 10 calendar days of completed data submission. If the submission is returned for incomplete data, the 10-day clock for rebate payment will restart when all necessary data is submitted.**

Rebates will be paid to the CE via ACH transfer through the Platform within 10 calendar days of receipt of complete and validated data submissions. Denials will be processed in the Platform within 10 calendar days of receipt and will include documentation supporting the denial. If a claim is denied and later resubmitted, the Platform will facilitate payment or re-denial (with documentation) within 10 calendar days of resubmission.

If Astellas determines that a CE was paid a rebate that resulted in the CE paying more than the 340B Ceiling Price for any NDC (taking into account the WAC purchase price and the 340B rebate amount), Astellas will promptly calculate the underpayment, issue a supplemental rebate or credit to the affected CE, and document the correction.

**Criteria: Plan must include details to accommodate up to 2 unreplenished accumulated packages during the implementation phase. Covered entities shall have a 15-calendar day grace period, in which they may submit rebate requests for up to 2 unreplenished accumulated packages prior to the Pilot's effective date. For example, a covered entity may request a rebate for up to 2 packages of a product dispensed from its neutral inventory on December 16, even though the effective date for the product's participation in the pilot is January 1. The request for such rebates should still be made within 45 days of dispense.**

Astellas will allow for the payment of 340B rebates based on Xtandi dispensed within 15 calendar days prior to the Rebate Model Pilot Program Effective Date and not otherwise used for 340B purchasing through a 340B chargeback, up to the amount of two packages per NDC-11 as unreplenished accumulated packages. Dispense information for such unreplenished accumulated packages may be submitted for up to 45 days after the date of dispense.

**Criteria: Plan must ensure that 340B rebates are not denied based on eligibility or compliance concerns with diversion or Medicaid duplicate discounts, pursuant to section 340B(a)(5)(A) and (B) of the Public Health Service Act and should provide for rationale and specific documentation for reasons claims are denied (e.g., nonduplication of discounts for a selected drug for which the MFP is required under the MDPNP or 340B rebate provided to another covered entity on the same claim). Rebates may not be denied for perceived lack of WAC**

**purchases. If a manufacturer has concerns regarding Medicaid duplicate discounts, diversion, eligibility, or insufficient WAC purchases to support rebate requests, the manufacturer must raise those concerns directly with HRSA/OPA or utilize the 340B statutory mechanisms, such as audits and administrative dispute resolution, for addressing such issues. Covered entities are also afforded opportunities to raise concerns with HRSA/OPA if there are issues with rebate denials through reporting tools sent to [340Bpricing@hrsa.gov](mailto:340Bpricing@hrsa.gov).**

Claims for 340B rebates will not be rejected due to concerns with Medicaid duplicate discounts, diversion, eligibility, or insufficient WAC purchases. Any concerns regarding Medicaid duplicate discounts, diversion, eligibility, or insufficient WAC purchases will be raised directly with HRSA/OPA or addressed through 340B statutory mechanisms.

For any 340B rebate rejections, Astellas will provide rationale and specific documentation for the reason(s) claims are denied.

**Criteria: Plan must ensure that its implementation of the Pilot is limited to using the 340B rebate model only on sales of active selected drugs for the initial price applicability years 2026 or 2027, as included on the CMS Medicare Drug Price Negotiation Selected Drug List (“List”), regardless of payer, or indication, and only during the selected drug’s effective dates of negotiated prices. The NDC-11s of the selected drug are included in the Pilot only to the extent they are on the List, and the selected drug is in its price applicability period in the MDPNP.**

Astellas is submitting the Rebate Model Pilot Effectuation Plan for the below NDC-11s associated with Xtandi, as included within the CMS Medicare Drug Price Negotiation Selected Drug List.

| <b>IPAY Applicability Period</b> | <b>Selected Drug Name</b> | <b>Selected NDC-11s</b> |
|----------------------------------|---------------------------|-------------------------|
| 2027                             | Xtandi                    | 00469-0125-99           |
| 2027                             | Xtandi                    | 00469-0625-99           |
| 2027                             | Xtandi                    | 00469-0725-60           |

## D. Data

**Criteria: Data definitions for each field must be submitted with the plan for HRSA's approval to ensure consistency and make it available for covered entities. Purchasing data and encounter data requests should not be requested as part of the pilot at this time.**

Please see Appendix 2 for a complete listing of fields to be requested by Astellas and collected through the Platform, as well as their associated definitions. Requested data is limited to Pharmacy and Medical claims datasets outlined in the HRSA Pilot Program Notice.

**Criteria: For BIN, PCN, and Health Plan fields for uninsured or cash paying patients, please allow the submission in the fields to be marked "CASH".**

Please see Appendix 2 for details associated with the submission of insurance fields for uninsured or cash paying patients. Due to BIN being a numeric field within industry systems, the value "999999" is leveraged in place of "CASH".

**Criteria: Covered entities must be permitted to resubmit data if a rebate request is deemed incomplete or missing data.**

The Platform allows for the resubmission of claims data, within 45 days of dispense, when the initial rebate request is deemed incomplete, missing data, or fails certain validations.

**Criteria: Instructions for providing data regarding wasted or undispensed units must be provided as part of the manufacturer's plan and communicated to covered entities.**

Wastage or undispensed units should be submitted via the Platform as a secondary medical claim, with a separate "Claim Line Number" from the dispensed units. Dispensed and undispensed units associated with the same patient encounter should utilize the same "Claim Number" as defined in Appendix 2. This will be communicated via user guide policy documents available on the Platform resource page.

**Additional Information: Data Use Limitation**

Data submitted by a CE for the Pilot will be used by Astellas and its Platform vendor solely for purposes identified by HRSA with respect to this Pilot, including to effectuate rebate payments to CEs, support non-duplication under the Medicare Drug Price Negotiation Program, and HRSA/OPA reporting.

# Appendix 1 – Platform Data Security Overview

## Data Submission

340B covered entities can submit data online through the Platform or via a direct data submission process with participating third-party administrators (TPAs). Data submissions are proactively limited to only those data elements that have been approved by HRSA and 340B covered entities cannot inadvertently submit additional data elements that fall outside the scope of the 340B rebate model pilot. Regardless of whether data is submitted online or through a TPA, the same filtering, security and privacy protocols apply.

## Data Filtering

The Platform collects data for only those NDCs for which a 340B rebate model pilot has been approved. For online data submissions, client-side JavaScript functions exclude from data submissions any records that include an NDC that has not been approved for a 340B rebate model pilot by HRSA. Client-side JavaScript functions ensure that the data is filtered prior to submission to the Platform and server-side validations ensure that the Platform is never in possession of the ineligible data. For direct data submissions by a TPA, the filtering process is executed by the TPA utilizing similar client-side technology provided by the Platform vendor, again ensuring that data filtering occurs prior to submission to the Platform.

## Data Security

The Platform is hosted on Microsoft Azure, a premier cloud computing platform known for its reliability, scalability, and security. The Platform is distributed across multiple Azure Availability Zones, each a unique physical location comprising of one or more data centers within an Azure region. By distributing applications across multiple Availability Zones, the Platform can achieve high availability and fault tolerance for its service.

At the core of the Platform is a strong commitment to data security. The Platform's systems are built and maintained in alignment with industry-recognized frameworks such as the National Institute of Standards and Technology Cybersecurity Framework (NIST CSF) and Open Web Application Security Project (OWASP) best practices. Security is embedded throughout the software development lifecycle—from design and code reviews to deployment and monitoring. The Platform vendor follows secure coding standards and performs regular threat modeling, vulnerability scanning, and automated testing to ensure a robust security posture.

All data in the Platform is encrypted at rest and in transit using industry-standard protocols supporting the use of Transport Layer Security (TLS) 1.2+ or higher. The Platform services enforce mandatory Multi-Factor Authentication (MFA) to ensure a high level of security for end-users, providing email, SMS, and application-based authentication methods.

The Platform vendor engages established third-party risk and cybersecurity firms to perform annual internal, external, and web application penetration tests, along with comprehensive security assessments across all platforms and infrastructure.

In addition, the Platform has achieved SOC 1 and SOC 2 certification, demonstrating compliance with rigorous standards for security, availability and confidentiality.

To ensure the security of the Rebate Model Platform engagement from synthetic traffic, including but not limited to AI agents, bots, or emulated users, is prohibited platform behavior. Specific monitoring devices are in place to detect and stop this behavior to protect platform security for all users.

### Data Privacy

The Platform is designed to operate without the use of any protected health information (PHI) as defined by the Health Information Portability and Accountability Act (HIPAA). The Platform vendor has received an expert determination from Dr. Brad Malin that the data collected through the Platform meets the definition of a De-Identified Dataset under HIPAA. A copy of this expert determination is available upon request. As described in Dr. Malin's expert determination, the de-identification process occurs prior to the submission of data to the Platform. Furthermore, the vendor does not reidentify this data and personnel with access to identifiable data do not also have access to de-identified data. De-identified datasets can be linked to other de-identified datasets but, as discussed in Dr. Malin's expert determination, this does not constitute a reidentification of data and no PHI is exposed through this linking process. The Platform vendor has utilized this deidentification process with 340B claims data submitted through its current 340B data platform since 2020 and has successfully ensured that no HIPAA violations have occurred.

The Platform also collects personally identifiable information (PII) including user's names and email addresses. This information is stored securely, and the vendor complies with all applicable privacy laws.

# Appendix 2 -- Data Submission Fields & Definitions

## Data Submissions

### Pharmacy Claims

| Field                      | Description                                                                                                                                                                                                                                                          | Data Type           | Required |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------|
| <b>Date Of Service</b>     | Date on which the pharmacy filled the prescription.                                                                                                                                                                                                                  | Date                | Y        |
| <b>Date Prescribed</b>     | Date the healthcare provider wrote the prescription.                                                                                                                                                                                                                 | Date                | Y        |
| <b>Rx Number</b>           | The native (unmodified) prescription number for the prescription as generated by the pharmacy.                                                                                                                                                                       | Numeric             | Y        |
| <b>Fill Number</b>         | Indicates the number of times the prescription has been filled as of the current fill. For example, a value of "0" indicates that the prescription has not been filled previously and the current fill is the first one. The first refill would have a value of "1". | Numeric (0-99)      | Y        |
| <b>NDC-11</b>              | The 11-digit National Drug Code which indicates the manufacturer, product, and commercial package size.                                                                                                                                                              | Numeric (11 Digits) | Y        |
| <b>Quantity</b>            | Number of units dispensed to the patient. Appropriate Units of Measure for each product will be provided within Beacon's NDC list.                                                                                                                                   | Numeric             | Y        |
| <b>Prescriber ID</b>       | National provider identifier (NPI) of the healthcare provider that wrote the prescription.                                                                                                                                                                           | Numeric (10 Digits) | Y        |
| <b>Service Provider ID</b> | NPI of the pharmacy that filled the prescription                                                                                                                                                                                                                     | Numeric (10 Digits) | Y        |
| <b>340B ID</b>             | HRSA assigned identifier of the 340B covered entity that designated the dispense as 340B.                                                                                                                                                                            | Alpha/Numeric       | Y        |
| <b>BIN Number</b>          | Prescription Drug Bank Identification Number for the primary payer. Enables pharmacies to electronically transmit data to the appropriate PBM for processing and reimbursement. If a patient is uninsured or a cash payer, mark "999999" in this field.              | Numeric (6 Digits)  | Y        |
| <b>PCN Number</b>          | Processor Control Number for the primary payer. Identifier used to determine which processor will handle a prescription drug claim. If a patient is uninsured or a cash payer, mark "CASH" in this field. If there is no PCN, mark "NONE" in this field.             | Alpha/Numeric       | Y        |

## Medical Claims

| Field                    | Description                                                                                                                                                                                                                                                        | Data Type           | Required |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------|
| Health Plan Name         | Name of the patient's primary health insurance plan. If the patient is uninsured or a cash payer, mark "CASH" in this field. If no health plan information is recorded, mark "NONE" in this field.                                                                 | Alpha/Numeric       | Y        |
| Health Plan ID           | The identifier code of the patient's primary health insurance plan. If the patient is uninsured or a cash payer, mark "CASH" in this field. If no health plan information is recorded, mark "NONE" in this field.                                                  | Alpha/Numeric       | Y        |
| Health Plan ID Qualifier | The qualifier for the patient's health insurance plan ID.                                                                                                                                                                                                          | Alpha/Numeric       |          |
| Service Provider ID      | The NPI of the healthcare entity where the patient received the medication administration. For example, this could be the NPI of a hospital outpatient surgery center or the NPI of an outpatient infusion center.                                                 | Numeric (10 Digits) | Y        |
| NDC-11                   | The 11-digit National Drug Code which indicates the manufacturer, product, and commercial package size.                                                                                                                                                            | Numeric (11 Digits) | Y        |
| Quantity                 | The quantity of medication administered to the patient. Quantity must reflect standardized billing units as defined by NCPDP for the NDC-11.                                                                                                                       | Numeric             | Y        |
| Unit of Measure          | UOM must be consistent with the standardized billing unit as defined by NCPDP for the NDC-11.                                                                                                                                                                      | Alpha/Numeric       | Y        |
| Date of Service          | Date on which the medication was administered to the patient.                                                                                                                                                                                                      | Date                | Y        |
| Rendering Physician ID   | The NPI of the healthcare provider who rendered or supervised the care reported on the claim.                                                                                                                                                                      | Numeric (10 Digits) | Y        |
| Claim Number             | A unique identifier for a prescription and claim processor. This value should align with the Patient Control Number or Claim Submission ID, as set within provider systems and included on EDI 837 transmissions to payers (Form 1500 Box 26 or Claim 1450 Box 3). | Alpha/Numeric       | Y        |
| Claim Line Number        | Identifies an individual line number on a claim. Line numbers distinguish services that are submitted on the same claim. Wastage Claims or undispensed units submitted should include a separate claim line number from the dispensed units.                       | Numeric             | Y        |
| 340B ID                  | HRSA assigned identifier of the 340B covered entity that designated the administration as 340B.                                                                                                                                                                    | Alpha/Numeric       | Y        |