

Bristol Myers Squibb
Rebate Model Pilot Plan Submission
September 11, 2026

A. General 340B Rebate Model Pilot Plan Requirements

Rebate Platform

Beginning January 1, 2027 (Effective Date), 340B covered entities (“CEs”) seeking 340B pricing on Eliquis and Pomalyst can submit data through the Beacon Rebate Model platform (“Beacon”). Beacon is a web-based technology platform that supports the effectuation of a 340B rebate model. Beacon is used to collect 340B claims data from 340B CEs, validate eligibility of submitted data, facilitate payment of 340B rebates to 340B CEs, provide data and reporting, and provide real-time access to 340B rebate status to 340B CEs and Bristol Myers Squibb (BMS). All costs for the Beacon platform will be borne by BMS.

Notice

Ninety days before the Effective Date, BMS will provide rebate plan information to CEs, including Beacon registration instructions, by providing a publicly posted notice on HRSA’s website and Second Sight Solution’s website as well as email communications.

BMS will provide the Health Resources and Services Administration (HRSA) with a copy of the approved plan for public posting.

Plan Amendments

Changes to the approved plan will be submitted to HRSA for review and approval prior to implementation, including the mechanism by which CEs are to acquire drugs included in the rebate model pilot.

Registration

As noted above, ninety days before the Effective Date, BMS will provide CEs detailed Beacon registration instructions by providing a publicly posted notice on HRSA’s website and Second Sight Solution’s website as well as email communications. 340B CEs that elect to submit 340B claims data must first register with Beacon by navigating to <http://cm.beaconchannelmanagement.com/> and completing the registration process. CEs that had previously registered on Beacon prior to the cancellation 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, Beacon requires all CEs

to submit an updated bank letter and will send additional micro-deposits for verification.

Purchasing

From the Effective Date of the approved Rebate Pilot Plan and except as necessary to implement the initial grace period discussed herein, BMS will continue to require CEs to place 340B orders for Eliquis and Pomalyst through their 340B wholesaler accounts at WAC during the pilot program.

BMS will update its wholesaler pricing files to reflect WAC in 340B wholesaler accounts and will pay the ceiling price through a rebate on such sales.

A rebate will not be denied solely on the basis of a perceived non-WAC purchase without the concern first being raised with HRSA or addressed through statutory dispute resolution or audit mechanisms. BMS will continually monitor instances where non-340B account-based WAC purchases were used for 340B rebate submission and will promptly raise such deviations with HRSA.

Customer Support

BMS will, via Beacon, provide rebate effectuation support, ongoing technical assistance, customer service, and educational resources to CEs at no cost. During registration and throughout the pilot, CEs can engage in good faith with Beacon's Customer Support Team regarding questions. Inquiries may be escalated to BMS at BMSRebateModel@bms.com. For additional information, please visit:

<https://cm.beaconchannelmanagement.com/pages/support-center>.

BMS requests that CEs engage in good faith communication with the Beacon Customer Support team as an initial step in challenging denied claims before reporting denied rebates through HRSA's dispute process. This will ensure documentation to inform the dispute resolution and provide a mechanism to resolve issues without unnecessarily using government resources. BMS and Beacon will coordinate to provide timely responses and additional information as required to assist in resolution.

Privacy and Security of Information

Beacon is designed to operate without the use of any protected health information (PHI) as defined by the Health Information Portability and Accountability Act (HIPAA). Second Sight has received an expert determination from Dr. Brad Malin that the data collected through Beacon meets the definition of a De-Identified Dataset under HIPAA. A copy of this expert determination is available upon request.

Beacon has implemented a robust data security framework. Beacon provides detailed resources on cm.beaconchannelmanagement.com under [Trust Center](#) and [Support Center](#). If HRSA has additional questions, BMS will provide more information.

No Exceptions

BMS's Rebate Model Pilot plan includes all CE types, in accordance with HRSA's scoping to ensure the pilot captures all transactions for which compliance risks exist across the full range of CE setting in which those drugs are dispensed.

B. Reporting Requirements

Claims Submission Timeframe and Exceptions

CEs can submit data up to 45 calendar days from date of dispense to Beacon either directly or through participating third-party administrators (TPAs). Beacon'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 Beacon's Customer Support Team.

Allowances for extenuating circumstances and other exceptions, including adjustments when a claims status changes to 340B, will be considered on a case-by-case basis and in accordance with BMS standard business practices. Erroneous 340B claims will be reversed as soon as discovered, and credits for such reversals will be used to offset future 340B rebate payments. This process will be transparent to entities in Beacon and the Beacon Customer Support Team will be available to resolve inquiries.

Data Collection

The data Beacon collects for Eliquis and Pomalyst will be proactively limited to HRSA-approved data fields. Regardless of data submission method, the same filtering, security and privacy protocols apply. For online data submissions and server-side validations, the Beacon platform will exclude any non-Eliquis and non-Pomalyst records, ensuring data is filtered before submission.

Except as outlined in the eligibility criteria below (see "Eligibility" under Section C. Rebates), covered entity data received through the Rebate Pilot will not be used, collected, aggregated, shared, or licensed for any purpose beyond the Pilot, by either BMS or Second Sight Solutions ("Second Sight"), the designated IT platform vendor.

Rebate Status

In Beacon, CEs will have access to real-time rebate status for submitted claims and payments made by Beacon. CEs must reverse any 340B claims submitted in error immediately. Reversal credits will be used to offset future 340B rebate payments. This process will be transparent to CEs in Beacon, and Beacon's Customer Support Team will be available to resolve inquiries.

Quarterly Price File

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

Manufacturer Reporting

BMS will work with Beacon to prepare and send reports to HRSA inclusive of the required data, consistent with the format and manner as dictated by the agency.

C. Rebates

Rebate Payment

BMS and Beacon will facilitate payment of rebates on a dispensed or administered unit basis for Eliquis and Pomalyst dispenses on validated claims, priced at WAC less 340B Ceiling Price on the date of dispense. BMS will offer the CE the 340B price pursuant to the WAC purchase in the 340B account. Rebates will be paid to the CE via ACH transfer through Beacon within 10 calendar days of receipt of complete and validated data submissions. Denials will be processed in Beacon within 10 calendar days of receipt and will include documentation supporting the denial. If a claim is denied and later resubmitted, Beacon will facilitate payment or re-denial (with documentation) within 10 calendar days of receipt of the complete and validated data resubmission received within the 45-day window.

Initial Grace Period

BMS will allow for the payment of rebates based upon the collection of limited Eliquis and Pomalyst dispenses, dispensed within 15 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 unreplenished accumulated packages may be submitted for up to 45 days after the date of dispense.

340B Deduplication

BMS will initially address MFP-340B Duplication through the adjustment or rejection of MFP Rebates, as paid under existing MFP Part D guidance and governed by BMS 's MFP Effectuation Plan. BMS reserves the right to address potential MFP-340B duplicate discounts through the denial of 340B rebate requests where an applicable MFP rebate has already been approved for the same claim. Any such denial will be limited to circumstances in which the MFP is lower than the applicable 340B ceiling price for the drug/claim in question.

BMS will rely upon the validation of a claim and confirmation that the claim was MFP-eligible based on NDC and date of service, and dispensing data requirements set forth in this plan to identify, investigate, and address potential MFP-340B duplicate discounts.

BMS will not deny 340B rebate requests based on concerns related to diversion or Medicaid duplicate discounts. Any concerns will be addressed through HRSA/OPA or statutory dispute resolution and audit mechanisms. Consistent with Section V.B of the Notice, BMS may use data collected through the Rebate Pilot to identify 340B transactions for purposes of Medicaid managed care deduplication.

The integrity of the data submitted as part of the Rebate Model Pilot is crucial to achieving the pilot's intended goal of minimizing duplication between 340B and other discounts. As such, BMS will regularly monitor rebate submissions to ensure that key data elements (Prescription Number, Pharmacy ID, Dispense Date, etc.) are not altered from their native values. Evidence of data integrity concerns will be raised immediately with CEs and/or HRSA.

Eligibility

340B claim submissions by covered entities will be deemed eligible for rebate payments when the following criteria have been met:

1. The NDC-11 on the 340B claim is one of the NDCs incorporated into BMS's 340B rebate model pilot.
2. The date of dispense occurs during the 340B rebate model pilot period.
3. The dispensing pharmacy or site of administration is registered with HRSA as an eligible covered entity location and is eligible under BMS's 340B program obligations and contract pharmacy policy.
4. The 340B claim has not already been submitted by another 340B covered entity.
5. The 340B claim is not subject to an MFP refund due to the nonduplication provisions applicable when the MFP is lower than the 340B ceiling price.

Any denial of a 340B rebate claim will be consistent with the grounds for denial permitted under the applicable guidance. BMS will provide the basis for any such denial, including the reason for the denial and supporting information, as appropriate.

See the Appendix for the complete list of validations.

Rebate Eligible Drugs

BMS is submitting the Rebate Model Pilot Effectuation Plan for the below NDC-11s associated with Eliquis and Pomalyst, as included within the CMS Medicare Drug Price Negotiation Selected Drug List, regardless of payer or indication and only during the drugs' effective dates of negotiated prices.

IPAY Applicability Period	Selected Drug Name	Selected NDC-11s
2026	ELIQUIS TAB 2.5MG (1BTLX60) US	00003-0893-21
2026	ELIQUIS TAB 2.5MG (10BLPX10) HUD US	00003-0893-31
2026	ELIQUIS TAB 5MG (1BTLX60) US	00003-0894-21
2026	ELIQUIS TAB 5MG (10BLPX10) HUD US	00003-0894-31
2026	ELIQUIS TAB 5MG (1BTLX74) US	00003-0894-70
2026	ELIQUIS CAP 0.15MG (1BTLX28) PED US	00003-0898-28
2026	ELIQUIS TAB 2MG (28SACHX4) PED US	00003-1028-12
2026	ELIQUIS TAB 0.5MG (28SACHX1) PED US	00003-1028-28
2026	ELIQUIS TAB 1.5MG (28SACHX3) PED US	00003-1028-84
2026	ELIQUIS STARTER PK 5MG TAB US	00003-3764-74
2027	POMALYST CAP 1MG (1BTLX100) US	59572-0501-00
2027	POMALYST CAP 1MG (1BTLX21) US	59572-0501-21
2027	POMALYST CAP 2MG (1BTLX100) US	59572-0502-00
2027	POMALYST CAP 2MG (1BTLX21) US	59572-0502-21
2027	POMALYST CAP 3MG (1BTLX100) US	59572-0503-00
2027	POMALYST CAP 3MG (1BTLX21) US	59572-0503-21
2027	POMALYST CAP 4MG (1BTLX100) US	59572-0504-00
2027	POMALYST CAP 4MG (1BTLX21) US	59572-0504-21

D. Data

Data Fields

Please see the Appendix for a complete listing of fields to be requested by BMS and collected through the Beacon Rebate Model, as well as associated definitions.

The data elements requested as part of this plan are limited to Pharmacy and Medical Claims datasets and do not require the provision of encounter or purchase data beyond the specific data elements identified in the Appendix.

The Capture Claim Number and Claim Line Number fields facilitate alignment across all claims submitted as part of the Rebate Pilot program. These fields are used to validate the uniqueness and timeliness of the CE submitted claim data and support the implementation of appropriate controls to identify potential MFP-340B rebate claim duplications, as well as to reconcile claim resubmissions and modifications.

Please see the Appendix 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”.

Resubmission

Beacon allows for the resubmission of claims data, within the 45-day window for submission, when the request is deemed incomplete or fails certain validations.

Wastage/Undispensed Units

Wastage or undispensed units should be submitted 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 the Appendix.

Appendix

Data Submission and Validation Fields & Definitions

Pharmacy Claims

Field	Description	Data Type	Required
Date Of Service	Date on which the pharmacy filled the prescription.	Date	Y
Date Prescribed	Date the healthcare provider wrote the prescription.	Date	Y
Rx Number	The native (unmodified) prescription number for the prescription as generated by the pharmacy.	Numeric	Y
Fill Number	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
NDC-11	The 11-digit National Drug Code which indicates the manufacturer, product, and commercial package size.	Numeric (11 Digits)	Y
Quantity	Number of units dispensed to the patient. Appropriate Units of Measure for each product will be provided within Beacon's NDC list.	Numeric	Y
Prescriber ID	National provider identifier (NPI) of the healthcare provider that wrote the prescription.	Numeric (10 Digits)	Y
Service Provider ID	NPI of the pharmacy that filled the prescription	Numeric (10 Digits)	Y
340B ID	HRSA assigned identifier of the 340B covered entity that designated the dispense as 340B.	Alpha/Numeric	Y
BIN Number	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
PCN Number	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
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

Pharmacy Claim Validations

Validation	Description
<i>Front End Validations</i>	
Ineligible Product	NDC submitted must be subject to manufacturer policy.
Invalid [Field]	Entry must meet field requirements, e.g., NPI must be 10 digits.
Policy Exception	If an entity has a policy exception and is not eligible for rebates via Beacon, no submissions will be accepted where entity has been exempted
Registered User	Submission must be for 340B ID registered to User
<i>Back End Validations</i>	
Claim Expired	Claim submission date must be within X days after the Date of Service where X is determined by manufacturer policy.
Pharmacy Eligibility	The Service Provider ID must meet the following conditions as of the Date of Service: 1. Active and included within the NCPDP and NPDES databases, 2. A valid Covered Entity site, shipping address, or contract pharmacy according to HRSA OPA enrollment data, or 3. Eligible to dispense 340B-priced drugs according to the manufacturer's contract pharmacy policy.
CE Eligibility - Date	Covered Entity is active in HRSA OPAIS at Date of Service.
CE Eligibility - Orphan Drug	If an NDC is identified as an orphan drug, and the manufacturer does not voluntarily offer 340B pricing for certain hospital types (e.g., SCH, CAN, CAH, RRC), claims from these hospital types will not be accepted.
Aberrant Quantity	Quantity submitted must align with standard dispensing guidelines, consistent with manufacturer commercial business practices. Aberrant Ceiling: Claim quantity cannot be equal to or greater than the maximum aberrant quantity for the NDC. Aberrant Partial: Claim quantity cannot be a partial number listed for the NDC, e.g. Per NDC, the submitted quantities must be multiples of expected quantities.
NDC Expiration	Claim Date of Service must be prior to the final product expiration date for the NDC.
Prescriber ID - Provider	Prescriber ID must be in the NPI registry as a provider.
Prescriber ID - Active	Prescriber ID must be active in the NPI registry at Date of Service.
Network Eligibility	Service Provider ID must be included in the dispensed drug's Limited Distribution Network, if applicable to the NDC.
Pre-Policy Claim	Claim must have Date of Service on or after policy start, exempting specifically permitted pre-policy claims.
Duplicate - One Entity	Duplicate check is performed on distinct claim fields against past conforming claims submitted to the platform by that covered entity. Distinct claim: Date of Service, Service Provider ID, NDC, Rx Number.
Duplicate - Multiple Entities	When the same claim is submitted by multiple covered entities, the first conforming claim submitted in Beacon will be considered valid. Subsequent submissions will be considered invalid.

Medical Claim Validations

Validation	Description
<i>Front End Validations</i>	
Ineligible Product	NDC submitted must be subject to manufacturer policy.
Invalid [Field]	Entry must meet field requirements, e.g., NPI must be 10 digits.
Policy Exception	If an entity has a policy exception and is not eligible for rebates via Beacon, no submissions will be accepted where entity has been exempted.
Registered User	Submission must be for 340B ID registered to User.
<i>Back End Validations</i>	
Claim Expired	Claim submission date must be within X days after the Date of Service where X is determined by manufacturer policy.
Pharmacy Eligibility	The Service Provider ID must meet the following conditions as of the Date of Service: 1. Active and included within the NCPDP and NPPES databases, 2. A valid Covered Entity site, shipping address, or contract pharmacy according to HRSA OPA enrollment data, or 3. Eligible to dispense 340B-priced drugs according to the manufacturer's contract pharmacy policy.
Prescriber ID - Provider	Prescriber ID must be in the NPI registry as a provider.
Prescriber ID - Active	Prescriber ID must be active in the NPI registry at Date of Service.
CE Eligibility - Date	Covered Entity is active in HRSA OPAIS at Date of Service.
CE Eligibility - Orphan Drug	If an NDC is identified as an orphan drug, and the manufacturer does not voluntarily offer 340B pricing for certain hospital types (e.g., SCH, CAN, CAH, RRC), claims from these hospital types will not be accepted.
Aberrant Quantity	Quantity submitted must align with standard dispensing practices, consistent with manufacturer commercial business practices. Aberrant Ceiling: Claim quantity cannot be equal to or greater than the maximum aberrant quantity for the NDC. Aberrant Partial: Claim quantity cannot be a partial number listed for the NDC, e.g. Per NDC, the submitted quantities must be multiples of expected quantities.
NDC Expiration	Claim Date of Service must be prior to the final product expiration date for the NDC.
Pre-Policy Claim	Claim must have Date of Service on or after policy start, exempting specifically permitted pre-policy claims.
Duplicate - One Entity	Duplicate check is performed on distinct claim fields against past conforming claims submitted to the platform by that covered entity. Distinct claim: Date of Service, Service Provider ID, NDC, Claim Number.
Duplicate - Multiple Entities	When the same claim is submitted by multiple covered entities, the first conforming claim submitted in Beacon will be considered valid. Subsequent submissions will be considered invalid.