abbvie

340B Rebate Model Pilot Plan

AbbVie Inc. manufactures IMBRUVICA® (ibrutinib). The Centers for Medicare and Medicaid Services (CMS) refers to AbbVie's wholly owned subsidiary, Pharmacyclics LLC (Pharmacyclics), as the "primary manufacturer" of IMBRUVICA for purposes of the Inflation Reduction Act's Medicare Drug Price Negotiation Program (IRA's MDPNP). Nevertheless, we refer to AbbVie and Pharmacyclics LLC herein jointly as "AbbVie." IMBRUVICA was selected by CMS under the IRA's MDPNP for Initial Price Applicability Year 2026. AbbVie hereby submits this rebate model plan for participation in the Pilot for the NDC-11s associated with IMBRUVICA listed below:

IPAY	Selected Drug Name	NDC-11s
2026	IMBRUVICA	57962-0007-12
2026	IMBRUVICA	57962-0014-28
2026	IMBRUVICA	57962-0070-28
2026	IMBRUVICA	57962-0140-09
2026	IMBRUVICA	57962-0140-12
2026	IMBRUVICA	57962-0280-28
2026	IMBRUVICA	57962-0420-28

A. General Requirements:

Our proposed plan aligns with the Notice[1] criteria, as further described herein. Beginning January 1, 2027 (Effective Date), covered entities (CEs) seeking 340B pricing on purchases of IMBRUVICA may submit data through the Beacon Rebate Model platform (Beacon). Beacon is a web-based technology platform operated by Second Sight Solutions that supports the effectuation of a 340B rebate model. AbbVie will utilize Beacon to collect 340B claims data from CEs, validate eligibility of submitted data, facilitate payment of 340B rebates to 340B covered entities, provide data and reporting, and provide real-time access to 340B rebate status to 340B covered entities and manufacturers. AbbVie will provide CEs access to Beacon at no cost. In accordance with the Pilot as proposed by HRSA that recognizes compliance risks across the full range of CE settings in which IMBRUVICA is dispensed, AbbVie's plan is applicable to all CEs. On or before October 2, 2026, AbbVie will provide CEs notice of its approved Pilot plan by providing a publicly posted notice on Second Sight Solution's website. The notice will contain relevant information about AbbVie's approved plan, including instructions for registering for Beacon. AbbVie will also provide HRSA with a copy of their final approved plan for public posting on its website. Any changes to the approved plan will be submitted to Office of Pharmacy Affairs (OPA) for review and approval prior to implementation.

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. Use of Beacon is governed by the Terms of Use and Privacy Policy which are available at http://cm.beaconchannelmanagement.com/. To comply with federal law and financial institution requirements, Second Sight requires that new users 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 Beacon account by the initial registrant. Users must also submit bank account information for

[1] 340B Program Notice: Notice regarding 340B Rebate Model Pilot Program, 91 Fed. Reg. 48883 (Aug. 3, 2026)

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 have previously registered on Beacon during the initial iteration of the rebate pilot in 2025 will need to re-confirm documentation to ensure no information has changed. Additionally, to ensure payment can be made in a timely manner, Beacon is requiring these CEs to submit an updated bank letter and will send additional micro-deposits for verification.

Beginning on the Effective Date, all eligible orders of the NDC-11s associated with IMBRUVICA must be placed through a CE's 340B wholesale account. AbbVie will update its wholesaler pricing files to reflect Wholesale Acquisition Cost (WAC) in 340B wholesale accounts so that the 340B ceiling price is effectuated via rebate. AbbVie will make the ceiling price available via rebate only and will issue such rebates to a CE through a rebate payment to the CE via Beacon.

AbbVie will provide ongoing technical assistance, customer service, and educational resources to CEs via Beacon at no cost. Beacon's Customer Support Team is trained to engage with CEs and address questions or concerns arising from their use of Beacon for 340B rebate payments. In addition to the education and support provided through Beacon, AbbVie will offer direct educational opportunities to CEs regarding program implementation, operational requirements, and other topics relevant to participation in AbbVie's 340B rebate model. The Beacon Customer Support Team is available Monday to Friday from 9 am to 9 pm ET, via phone, web chat or email. Support topics may range from technical (e.g., How do I use Beacon?) to policy (e.g., Why was my 340B rebate determined to be ineligible?) to financial (Was my 340B rebate payment made?) in nature. Beacon will work in coordination with AbbVie to provide accurate and timely responses. Education and customer support information is provided proactively through online resources, pre-recorded training webinars and live training sessions as well as reactively through responses to inbound calls, emails, and chats. For additional information, please visit https://cm.beaconchannelmanagement.com/pages/support-center.

Beacon is committed to responding to CE inquiries within 24 hours of receipt of the inquiry and the Beacon Customer Support Team will work to resolve inquiries as quickly as possible. As Beacon interacts with CEs, the Beacon Customer Support Team may request additional information from the CE to properly understand and evaluate the concern. Data on CE inquiries is analyzed to identify themes and trends and may result in process or technology updates intended to address common questions raised by CEs.

During registration and throughout the Pilot, AbbVie requests that CEs engage in good faith communication with the Beacon Customer Support Team as an initial step in resolving questions or challenging denied claims, including before reporting denied rebates through HRSA's dispute process. Unresolved matters may be escalated to AbbVie's Head of 340B Center of Excellence at 340BRebateModel@abbvie.com for resolution. Engaging with the Beacon Customer Support Team directly will ensure documentation is available to inform any dispute resolution and provide a mechanism to resolve issues without unnecessarily using government resources. AbbVie and Beacon will coordinate to provide timely responses and additional information as required to assist in the resolution of denied rebate claims.

Beacon has implemented a robust data security and privacy framework to support the rebate model. In addition, Beacon provides resources on beaconchannelmanagement.com under Trust Center[2] and Support Center[3].

[2] https://cm.beaconchannelmanagement.com/pages/trust-center
[3] https://cm.beaconchannelmanagement.com/pages/support-center

Appendix I contains additional platform information describing Beacon's data security and privacy controls. If OPA has additional questions, AbbVie will provide more information.

B. Reporting Requirements:

CEs can submit data to Beacon either directly or through participating third-party administrators (TPAs) up to 45 calendar days from the date of dispense. Beacon's validation process will confirm that no submission exceeds 45 calendar days from the date of dispense. A CE seeking an exception to this deadline for extenuating circumstances may request an exception by contacting the Beacon Customer Support Team. AbbVie will evaluate exception requests on a case-by-case basis in accordance with AbbVie's standard business practices and may grant allowances for extenuating circumstances and other exceptions identified in the Notice, including but not limited to, operational hardships faced by certain CEs without access to a TPA such as rural hospitals, health centers, or AIDS Drug Assistance Programs (ADAPs). Exceptions for a retroactive change in a claim's 340B status will generally be considered where the request is accompanied by a documented extenuating circumstance. AbbVie also reserves the right, in its discretion, to exempt a CE from any requirement of this plan where a hardship exception is warranted.

The data collected by Beacon for IMBRUVICA dispenses 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 I. For online data submissions, client-side JavaScript functions exclude any non-IMBRUVICA records, ensuring data is filtered before its submission. Server-side validations ensure Beacon never possesses ineligible data. The TPA filtering process will use similar client-side technology provided by Beacon, ensuring filtering occurs before submission.

In Beacon, CEs will have access to real-time rebate status for submitted claims and payments made by Beacon. CEs should reverse any 340B claims submitted in error as soon as the error is discovered by submitting the same 340B rebate claim data with a negative unit amount. The reversal may generate a credit that will offset future 340B rebate payments. This process will be transparent to CEs in Beacon, and the Beacon Customer Support Team will be available to resolve any inquiries.

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

AbbVie will approve reports and will work with Beacon to send reports to HRSA/OPA consistent with the information outlined in the Notice, in the format, manner, and cadence specified by HRSA/OPA.

C. Rebates:

AbbVie and Beacon will facilitate payment of rebates to CEs on a per-unit-basis for validated claims of dispensed or administered IMBRUVICA. The rebate amount will be equal to WAC less the 340B ceiling price on the date of dispense. Rebates will be paid to CEs via Automated Clearinghouse (ACH) transfer through Beacon within 10 calendar days of receipt of a complete data submission, excluding federal holidays.

Denials will be processed in Beacon within 10 calendar days of receipt of the claim and will include documentation supporting the denial. If a claim is denied and then later resubmitted, Beacon will facilitate payment or re-denial (with documentation) within 10 calendar days of the receipt of the complete resubmission.

AbbVie encourages CEs to process any 340B-eligible accumulations or dispenses of IMBRUVICA prior to the Effective Date. AbbVie will accommodate up to 2 unreplenished accumulated packages per CE per NDC-11 for IMBRUVICA dispenses occurring during the 15 calendar days prior to the Effective Date, provided such dispenses have not otherwise been replenished through a 340B chargeback.

A 340B claim submission will be rejected if any of the required data elements in the submission are invalid or incomplete. A rebate claim submission by a CE will be deemed eligible for rebate payment when all of the following criteria and data validations set forth in Appendix II. AbbVie will notify the CE and HRSA in advance of any modifications to these criteria. A 340B rebate claim will not be rejected for diversion or Medicaid duplicate discounts.

At this time, AbbVie intends to address identified duplication between 340B and Maximum Fair Price (MFP), consistent with applicable law, CMS guidance, and AbbVie's MFP Effectuation Plan, by (i) rejecting or adjusting MFP rebate payments where the 340B ceiling price is lower than the MFP, including through the Medicare Transaction Facilitator (MTF) credit/debit ledger; or, (ii) where the MFP is lower than the 340B ceiling price, AbbVie may reject the 340B rebate claim. As documentation for each claim rejection, AbbVie will provide a rejection code identifying that the rejection is attributable to MFP/340B duplication with a brief description, which will be visible to CEs in Beacon. AbbVie may determine or modify the applicable approach, including following an initial observability period, based on available data and operational considerations.

The integrity of the data submitted to Beacon is crucial to achieving the Pilot's intended goal of minimizing duplication between 340B and MFP discounts. As such, AbbVie 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 promptly raised with CEs and/or HRSA.

In addition, AbbVie will continually monitor instances where non-WAC purchases were used for 340B rebate submission and will immediately raise such deviations with the appropriate CE and HRSA.

Beacon allows for the resubmission of claims data, within the 45-day submission window, when a rebate claim request is deemed incomplete or fails certain validations. Good faith questions or other concerns will be addressed through the Beacon Customer Support Team and may be escalated to AbbVie's Head of 340B Center of Excellence at 340BRebateModel@abbvie.com for resolution.

D. Data Fields:

For a complete listing of fields to be requested by AbbVie and collected through Beacon, as well as associated definitions, please see Appendix II. Requested data is limited to Pharmacy and Medical claims datasets.

For details associated with the submission of insurance fields for uninsured or cash paying patients, please see Appendix II. Because BIN is a numeric field within industry systems, the value "999999" is used in place of "CASH" to indicate a cash transaction.

AbbVie does not expect CEs to provide claims data regarding wasted or undispensed units of IMBRUVICA. Undispensed or unused IMBRUVICA held by a pharmacy prior to dispensing (e.g., expired stock or returns) should be addressed under the pharmacy's applicable purchase terms with its wholesaler or AbbVie.

Finally, AbbVie will use claims data submitted to Beacon for the purposes identified in the Pilot and purposes consistent with applicable law, including to identify and address duplicate discounts and diversion, or to support

good faith inquiry or audits through existing regulatory processes. A 340B rebate claim will not be rejected for diversion or Medicaid duplicate discounts.

Appendix I – Beacon Functionality Overview

(Disclaimer: Appendix I provided by Second Sight Solutions. AbbVie has made no revisions to its contents.)

Beacon Overview

Beacon is a web-based technology platform that supports the effectuation of a 340B rebate model. Beacon is used to collect 340B claims from 340B covered entities, validate eligibility of submitted data, facilitate payment of 340B rebates to 340B covered entities, and provide real-time access to 340B rebate status to 340B covered entities and pharmaceutical manufacturers. Beacon is also utilized to provide reporting to HRSA. The information provided in this document is applicable to any pharmaceutical manufacturer that selects Beacon for its 340B rebate model effectuation.

Registration

340B covered entities that elect to submit 340B claims must first register with Beacon by navigating to http://cm.beaconchannelmanagement.com and completing the registration process. Registration with and use of Beacon by 340B covered entities is free of charge. Use of Beacon is governed by the Terms of Use and Privacy Policy which are available at http://cm.beaconchannelmanagement.com. To comply with federal law and financial institution requirements, Second Sight requires that new users 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 Beacon account by the initial registrant or subsequent assigned administrators.

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.

Data Submission

340B covered entities can submit data online through Beacon 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

Beacon 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 Beacon and server-side validations ensure that Beacon 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 Second Sight, again ensuring that data filtering occurs prior to submission to Beacon.

abbvie

Data Security

Beacon is hosted on Microsoft Azure, a premier cloud computing platform known for its reliability, scalability, and security. Beacon 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, Beacon can achieve high availability and fault tolerance for its service.

At the core of the Beacon platform is a strong commitment to data security. Second Sight builds and maintains the Beacon systems 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. Second Sight follows secure coding standards and performs regular threat modeling, vulnerability scanning, and automated testing to ensure a robust security posture.

All data in Beacon is encrypted at rest and in transit using industry-standard protocols supporting the use of Transport Layer Security (TLS) 1.2+ or higher. Beacon 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.

Second Sight 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, Beacon has achieved SOC 1 and SOC 2 certification, demonstrating compliance with rigorous standards for security, availability and confidentiality.

To ensure the security of the Beacon 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

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. As described in Dr. Malin's expert determination, the de-identification process occurs prior to the submission of data to Beacon. Furthermore, Second Sight 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. Second Sight has utilized this deidentification process with 340B claims data submitted through 340B ESP since 2020 and has successfully ensured that no HIPAA violations have occurred.

Beacon also collects personally identifiable information (PII) including user's names and email addresses. This information is stored securely, and Second Sight complies with all applicable privacy laws. Additional information on how we collect, maintain and use PII is available in our Privacy Policy.

Rebate Payments and Reconciliation Data

Following the successful validation of 340B claim submissions according to the eligibility criteria approved by HRSA, Beacon initiates the rebate payment process. Rebates are priced based on the WAC price loaded to the 340B account and 340B Ceiling price as of the claim date of dispense. Rebate payments are transmitted to the 340B covered entity via an ACH payment within the time period approved by HRSA. The transaction ID of the rebate payment is appended to the 340B rebate record maintained in Beacon giving the 340B covered entity real-time access to reconciliation data in Beacon. Rebates that are determined to be ineligible are accessible in Beacon by the 340B covered entity and include detail on the eligibility determination.

In addition to accessing information online in Beacon, 340B covered entities can also download 340B rebate data for inclusion in their proprietary systems. Because 340B claims are de-identified prior to submission to the Beacon platform, a unique ID is appended to the data submission and made available to 340B covered entities immediately following the initial 340B claims submission. This unique ID allows 340B covered entities to link de-identified data maintained in Beacon with the identifiable data maintained in 340B covered entities' proprietary systems for reconciliation purposes.

Finally, Second Sight has communicated its willingness and has already begun to integrate directly with TPAs to simplify the reconciliation process. Second Sight will not charge TPAs for this integration service though 340B covered entities will have to approve any integrations with TPAs for their specific data.

Appendix II: Data Submission Fields, Definitions and Validations

(Disclaimer: Appendix II provided by Second Sight Solutions. AbbVie has made no revisions to its contents.)

Data Submissions

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

Validations

Pharmacy Claim Validations

Validation	Description
Front End Validations	
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
Back End Validations	
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.
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.

* AbbVie's 340B Integrity Initiative ("manufacturer's contract pharmacy policy") can be found at https://340besp.com/resources

Medical Claim Validations

Validation	Description
Front End Validations	
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
Back End Validations	
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.

* AbbVie's 340B Integrity Initiative ("manufacturer's contract pharmacy policy") can be found at https://340besp.com/resources