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Pfizer 340B Rebate Model Pilot Program Plan

The following Rebate Model Pilot Program Plan (the “Plan”) was approved by the Health Resources and Services Administration (“HRSA”) on September 24, 2026.

A. General 340B Rebate Model Pilot Plan Requirements

1. 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.	Pfizer proposes to utilize the Beacon Rebate Model platform (“Beacon”), a secure web-based technology platform developed and administered by Second Sight Solutions (“Second Sight”) to support the implementation and operation of a 340B rebate model. Beginning on January 1, 2027, covered entities seeking 340B pricing on Ibrance will submit required claims data through Beacon. Beacon facilitates the collection of covered entity claims data, validation of submitted data, processing and payment of 340B rebates, reporting and analytics, and real-time visibility into rebate status for both covered entities and Pfizer. Consistent with the requirements of the Pilot Program, Pfizer will be solely responsible for all costs associated with the use, operation, maintenance, and administration of Beacon. Covered entities will not be charged any fees, subscriptions, transaction costs, or other amounts in connection with accessing or using the platform to submit data under Pfizer’s 340B Rebate Model.
2. 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	At least ninety days before the effective date of Pfizer’s participation in the Pilot, Pfizer will provide Rebate Model Plan information to covered entities and other stakeholders, including Beacon registration instructions, by providing a publicly posted notice on Second Sight’s website as well as through email communications. Pfizer will provide ongoing technical assistance, customer service, and educational resources to covered entities through Beacon at no cost. During registration and throughout the Pilot, covered entities can engage in good faith with Beacon’s Customer Support Team with questions, with inquiries escalated to Pfizer as appropriate. Covered entities must register for 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 available at http://cm.beaconchannelmanagement.com/. To comply with federal law and financial institution requirements, Second Sight requires new users to complete a Know Your Business (“KYB”) verification process, which includes

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.	the submission of certain organizational documents such as Articles of Incorporation and IRS Letter CP 575. Once an account has been verified, the initial registrant may authorize additional users to access the Beacon account. Users must also provide bank account information for ACH payments, which will be verified in accordance with financial institution requirements. Verification includes submission of a bank letter and performance of a standard penny test. Covered entities that have previously registered on Beacon will be required to confirm their registration information to ensure no information has changed. Additionally, to facilitate timely rebate payments, Beacon is requiring these covered entities to submit an updated bank letter and to perform additional micro-deposits for verification. Pfizer will provide HRSA with a copy of its final approved Rebate Model 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.
3. 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.	As of the effective date of Pfizer's participation in the Pilot, covered entities will continue to purchase Ibrance through their existing 340B wholesale account. Pfizer will update its wholesaler pricing notifications to reflect WAC pricing for eligible 340B accounts, to ensure wholesalers allow purchases to flow through existing 340B wholesale infrastructure. Pfizer will not pay rebates on purchases made from non-340B wholesaler accounts.
4. Plan must provide technical assistance/customer service component and ensure that opportunities to engage directly with the	Beacon's Customer Support Team is trained to assist covered entities and address questions or concerns related to the use of Beacon and administration of 340B rebate payments. Support is available by phone and web chat Monday through Friday from 9am to 9pm ET, as well as by email. Support topics involve technical issues, rebate eligibility determinations and denials, payment amount and status,

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.	and other operational matters. Beacon will coordinate with Pfizer, as necessary, to provide accurate and timely responses. Education and customer support resources are made available through online reference materials, prerecorded training webinars, live training sessions, and responses to inbound calls, emails, and chat inquiries. Additional information regarding available support resources can be found at the Beacon Support Center.¹ Beacon is committed to responding to covered entity inquiries within 24 hours of receipt and will work to resolve inquiries as quickly as possible. To facilitate review of a question or concern, the Customer Support Team may request additional information or documentation from the covered entity. Information regarding covered entity inquiries is analyzed to identify recurring themes and opportunities for process improvements, technology updates, or enhanced guidance intended to address common questions raised by covered entities. Pfizer encourages covered entities to engage in good faith communication with the Beacon Customer Support Team regarding concerns with denied claims before pursuing HRSA's dispute resolution process. This approach promotes efficient resolution of issues, facilitates information sharing, and may help resolve concerns without unnecessarily using government resources. Pfizer and Beacon will coordinate to provide timely responses and additional information as necessary to assist in addressing covered entity questions and concerns. Although Pfizer encourages covered entities to raise questions or concerns through Beacon as the primary support channel, covered entities may contact Pfizer directly at Pfizer340BRebates@pfizer.com.
5. 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.	Beacon has implemented a robust data security framework that includes technical and administrative safeguards designed to protect the security of data submitted through the platform and to limit data collection to only those data elements approved by HRSA and necessary to administer 340B rebates under the Pilot. Technical controls are designed to prevent submission of data outside the scope of the Pilot. Additionally, Beacon is designed to operate without the use of protected health information, and data submitted through the platform is de-identified prior to submission. Second Sight has obtained an expert determination concluding that the data collected through Beacon constitutes a de-identified dataset under HIPAA.
6. Plan must ensure that the	Additional information regarding Beacon's data security and privacy controls is available at cm.beaconchannelmanagement.com under Trust Center² and Support

¹ <https://cm.beaconchannelmanagement.com/pages/support-center>.

² <https://cm.beaconchannelmanagement.com/pages/trust-center>.

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.	Center.³ Appendix A provides further information regarding the platform's security, privacy, and operational controls. Pfizer would be pleased to provide additional information to HRSA upon request.
7. 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).	Pfizer's Rebate Model Pilot will apply uniformly to all Covered Entity types and does not include any exceptions that apply only to particular categories of covered entities.

B. Reporting Requirements

³ <https://cm.beaconchannelmanagement.com/pages/support-center>.

1. 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.	Covered entities may submit data to Beacon, either directly or through participating third-party administrators (“TPAs”), up to 45 calendar days following the date of dispense. Covered entities seeking an exception to this deadline for extenuating circumstances, including adjustments when a 340B status change occurs on a claim, may request the exception via Beacon’s Customer Support Team. Pfizer will evaluate exception requests on a case-by-case basis in accordance with Pfizer’s standard business practices and may grant appropriate accommodations where warranted by the circumstances.
2. 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).	Beacon is designed to accommodate data submissions from all participating covered entities, either directly or through participating TPAs. The data collected for Ibrance will be proactively limited to HRSA-approved data elements necessary to administer rebates under the Pilot. Regardless of the data submission method, the same filtering, security and privacy protocols apply as detailed in Appendix A. Specifically, client-side validations exclude any non-Ibrance records before data is transmitted to Beacon. Server-side validations ensure Beacon never possesses ineligible data.
3. 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.	Beacon provides covered entities with real-time visibility into the status of submitted rebate claims and payments made by Beacon. Through Beacon, covered entities can access reconciliation information for both approved and denied claims, including the status of rebate payments and, where applicable, information regarding eligibility determinations. Covered entities may also download rebate and reconciliation data for integration into their own systems and records. This functionality enables covered entities to monitor claims and rebate activity on an ongoing basis and reconcile submitted claims with rebate payments in real time. Regarding 340B claims submitted in error, the covered entity must immediately reverse the claim through Beacon. Any resulting reversal credits will be used to offset future 340B rebate payments. This process will be transparent to covered entities in Beacon, and Beacon’s Customer Support Team will be available to resolve inquiries.

4. 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 Beacon, Pfizer will make available for download a quarterly pricing file containing 340B package pricing at the NDC-11 level for Ibrance. This pricing file will be accessible to covered entities through the Beacon platform.
5. 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.	Pfizer will provide HRSA/OPA with periodic reports in the format and manner specified by HRSA/OPA forthcoming instructions. Pfizer will work with Beacon to prepare and submit reports containing the data elements required by HRSA/OPA, including information regarding rebate-eligible purchases, claim denials, and other data necessary to evaluate the operation and effectiveness of the Rebate Model.

C. Rebates

1. Plan must include the rebate calculation equal to the wholesale acquisition cost (WAC) less the 340B ceiling price on the day of dispense.	The rebate amount for validated Ibrance claims will equal the WAC less the 340B ceiling price in effect on the date of dispense. Rebates will be calculated and paid on a unit-level basis. Rebates will be paid to the covered entity via ACH transfer through Beacon within 10 calendar days of receipt of complete and validated data submissions. Claims that are denied will be reflected in Beacon within 10 calendar days of receipt and will include documentation supporting the denial. If a submission is returned because it contains incomplete data, the 10-calendar-day period will restart upon receipt of a complete data submission. If a denied claim is subsequently corrected and resubmitted, Beacon will facilitate payment or denial (with
2. Plan must specify that rebates are paid at the unit level.	
4. 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.	supporting documentation) within 10 calendar days of receipt of the complete resubmission.
3. 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.	Pfizer will allow covered entities to request rebates for up to two unreplenished accumulated packages per NDC-11 for Ibrance dispensed during the 15 days prior to Pfizer's effective date for participation in the Pilot, provided the dispenses are not otherwise subject to a 340B chargeback. Requests for rebates on unreplenished accumulated packages must be submitted within 45 calendar days after the date of dispense and will be processed in the same manner as other eligible rebate submissions.
5. 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	For a complete list of Beacon's claim validations, see Appendix B. 340B Rebates will not be denied based on concerns regarding eligibility, diversion, or Medicaid duplicate discounts. Pfizer currently distributes Ibrance through a Defined Oncology Distribution Network ("DON") that has been in place since 2015. The DON is designed to help ensure that patients receive care from providers with the expertise and experience necessary to prescribe and manage treatment with Ibrance, thereby supporting optimal patient outcomes. The DON applies uniformly to all purchases of Ibrance, including across both covered entities and non-covered entities. Accordingly, any provider seeking to purchase and dispense Ibrance must enroll in the DON and satisfy applicable enrollment requirements. Pfizer applies

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.	these requirements to 340B covered entities on the same terms as non-340B entities. Pfizer will not deny a rebate request from a covered entity or contract site that is registered to participate in the 340B program and listed in the then-current OPAIS database. However, to maintain the integrity of the DON and the safeguards it provides for patient care, Pfizer will further investigate transactions from covered entities not authorized to participate in the DON and take appropriate steps to address noncompliance with DON requirements. Consistent with the objectives of the Pilot, Pfizer will use covered entity claims data to identify and prevent both 340B/MFP duplication and Medicaid duplicate discounts. As discussed above, Pfizer would not deny a covered entity’s rebate request upon identifying a duplicate discount. Instead, Pfizer would take appropriate steps to prevent payment of the duplicative Medicaid rebate. Covered entity data will not be used, collected, aggregated, shared, or licensed for any purpose beyond the Pilot, by either Pfizer or Second Sight. At this time, Pfizer will address potential duplication between Medicare Drug Price Negotiation Program Maximum Fair Price (“MFP”) and 340B discounts through adjustment or withholding of MFP refunds paid through the Medicare Transaction Facilitator, including through the credit/debit ledger process, as necessary, and 340B rebates will not be denied or adjusted based on duplication with the MFP. The integrity of the data submitted as part of the Rebate Model Pilot is critical to successful administration of the Pilot. Pfizer will regularly monitor 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 covered entities and/or HRSA. Pfizer also will continually monitor instances where non-WAC purchases were used for 340B rebate submissions and will immediately raise such deviations with the appropriate covered entity and HRSA.												
6. 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	Pfizer will accept 340B ceiling price rebate requests for the below salable Ibrance NDC-11s, as included within the CMS Medicare Drug Price Negotiation Selected Drug List: <table><tr><th>IPAY Applicability Period</th><th>Selected Drug Name</th><th>Selected NDC-11s</th></tr><tr><td>2027</td><td>Ibrance</td><td>00069-0187-21</td></tr><tr><td>2027</td><td>Ibrance</td><td>00069-0188-21</td></tr><tr><td>2027</td><td>Ibrance</td><td>00069-0189-21</td></tr></table>	IPAY Applicability Period	Selected Drug Name	Selected NDC-11s	2027	Ibrance	00069-0187-21	2027	Ibrance	00069-0188-21	2027	Ibrance	00069-0189-21
IPAY Applicability Period	Selected Drug Name	Selected NDC-11s											
2027	Ibrance	00069-0187-21											
2027	Ibrance	00069-0188-21											
2027	Ibrance	00069-0189-21											

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.	2027	Ibrance	00069-0284-03
	2027	Ibrance	00069-0486-03
	2027	Ibrance	00069-0688-03

D. Data

1. 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 B for a complete listing of fields required under Pfizer’s Rebate Model, as well as associated definitions. Requested data is limited to pharmacy claims datasets.
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 B for details regarding the submission of BIN, PCN, and Health Plan fields for uninsured or cash paying patients. Because BIN is a numeric field within industry-standard systems, the value “999999” will be used instead of “CASH”.
Covered entities must be permitted to resubmit data if a rebate request is deemed incomplete or missing data.	Beacon allows covered entities to resubmit claims data when a rebate request is deemed incomplete or fails applicable validation requirements. Covered entities may correct and resubmit such claims within the applicable 45-calendar-day window.
Instructions for providing data regarding wasted or undispensed units must be provided as part of the manufacturer’s plan and communicated to covered entities.	Pfizer expects covered entity pharmacies to follow their usual business practices for appropriate inventory management and wholesaler billing adjustments of any undispensed units of Ibrance capsules or tablets. Per D.1., Pfizer does not anticipate medical claims submissions for Ibrance and therefore does not foresee medical claim wastage. If a covered entity does encounter a situation where it has wasted or undispensed units that cannot be returned, it may submit an inquiry to Beacon’s Customer Support Team for resolution.
Covered entity data that is handled by technology platforms and received by manufacturers as a part of this Pilot should not be used for any purpose other than	As discussed above, covered entity data received through the Pilot will not be used, collected, aggregated, shared, or licensed for any purpose beyond the Pilot, by either Pfizer or Second Sight.

those explicitly identified in this Pilot. This limitation extends to any collecting, aggregating, sharing, or licensing of Pilot data by manufacturers or technology platforms	
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Appendix A: Beacon Functionality Overview

Provided by Second Sight Solutions

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.

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.

Beacon Customer Support

Beacon's customer support team is trained to engage with 340B covered entities and address questions or concerns arising from their use of Beacon for 340B rebate payments. Support topics may range from technical (How do I use Beacon?) to policy (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 Pfizer to provide accurate and timely responses. 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 340B covered entity inquiries within 24 hours of receipt and the Beacon customer support team will work to resolve inquiries as quickly as possible. As Beacon interacts with Covered Entities, the Customer Support Team may request additional information from the entity in order to properly understand and evaluate the concern. Data on 340B covered entity inquiries is analyzed to identify themes and trends and may result in process or technology updates intended to address common questions raised by 340B covered entities.

Appendix B: Data Submission Field Definitions and Validations

Provided by Second Sight Solutions

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

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 NPPES databases, or 2. A valid Covered Entity site, shipping address, or contract pharmacy according to HRSA OPA enrollment data.
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.