MEDICAL ASSISTANCE
BULLETIN

SUBJECT
Rescind 340B Drug Pricing Program – Dispensing 340B Purchased Drugs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: https://www.dhs.pa.gov/providers/Providers/Pages/PROMISe-Enrollment.aspx.

PURPOSE:

The purpose of this bulletin is to inform providers that the Department of Human Services (Department) is rescinding Medical Assistance (MA) Bulletin 01-22-78, titled “340B Drug Pricing Program – Dispensing 340B Purchased Drugs”, issued December 22, 2022, and the provisions of MA Bulletin 99-13-08, titled “340B Drug Pricing Program Provider Requirements and Billing Instructions - Pharmacy Services”, remain in effect.

SCOPE:

This bulletin applies to MA providers that are 340B covered entities and pharmacies enrolled in MA and providing MA covered drugs in the Fee-for-Service (FFS) and/or the managed care delivery system(s).

BACKGROUND/DISCUSSION:


*01-23-02  09-23-02  27-23-01  33-23-02
02-23-01  11-23-01  30-23-02
03-23-01  14-23-01  31-23-02
08-23-03  24-23-02  32-23-01

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-service provider service center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at: https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx.
The Department is rescinding MA Bulletin 01-22-78, effective January 1, 2023. The provisions of MA Bulletin 99-13-08, titled “340B Drug Pricing Program Provider Requirements and Billing Instructions - Pharmacy Services”, remain in effect.

**OBSOLETE:**