



CHC: Navigating Community Pharmacy Partnerships in the 340B Program

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Disclosure Statement

There are no relevant financial relationships with ACPE defined commercial interests for anyone who was in control of the content of the activity.

Pharmacist and Technician Learning Objectives

1. Describe the steps involved in initiating and managing community pharmacy partnerships under the 340B program.
2. Summarize common operational and compliance challenges encountered in 340B contract pharmacy arrangements.
3. Discuss strategies for improving 340B program performance and enhancing patient access through pharmacy collaboration.

Speaker



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Background



- 25 bed critical access hospital in NE Indiana
 - Primary care, OBGYN, Ortho, Cardiology, Gastroenterology, Urology*
- Retail pharmacy opened January 2020
 - Averages 140 prescriptions/day
- Specialty pharmacy started December 2023
 - Averages 25 prescriptions/day

Contract Pharmacy

- Retail pharmacy registered as sole contract pharmacy
- Manage relationship with Third Party Administration (TPA)
 - Compliance (contract, policies, audits)
 - Carve out
 - Locations
 - NPI
 - Encounters
 - Suspect que
- Limited capture rate
 - Average 5-8% of all outpatient prescriptions are filled here
 - ~30% of filled prescriptions are 340B eligible



[The Best Lemonade - Jo Cooks](#)

Referral Capture

- Not able to qualify high dollar medications
 - Lack of specialty providers
 - Employees seeing outside providers
- Referral documented in EMR to outside provider
- Experts estimate 25-35% increase in capture rate

Pharmacotherapy Clinic

- Started to expand access, qualify more prescriptions and decrease employee spend
- Project scope:
 - Reviewed Medicare cost report for clinic location
 - Had to engage with IT for EMR access
 - Change policy to include telehealth visits from this clinic
 - Created referral form
 - Document MTM in clinic EMR
 - Engage with TPA
- HRSA Audit Verified

Additional Contract Pharmacies (CP)

- TPA recommended an additional retail contract pharmacy
 - Report showed high additional revenue
- Challenges:
 - Non-negotiable contract
 - Different TPA
 - Fees
 - Set up a new wholesaler account
 - Generic formulary replenishment list
 - Manufacturer restrictions

Specialty Pharmacy

- Unable to navigate to inhouse specialty pharmacy due to payor restrictions
 - Attempted specialty contract pharmacy
 - Challenges: payor access and contract pharmacy regulations
- Constantly reviewing data for outside opportunities

Alternate Distribution Model (ADM)

- Covered entity receives replenishment drug and then ships it to contract pharmacy for dispensing

340B
Alternative
Distribution
& DSCSA



https://www.youtube.com/watch?v=etUGX_ngp7E

340B Orphan Drug Restriction

- Excluded orphan drugs from 340B pricing for Rural Referral Center (RRC), Critical Access Hospital (CAH), Sole Community Hospital (SCH), and free-standing cancer hospitals
- Lost 340B pricing on top specialty medications
 - Paused ADM

FQHC Partnership



Medication Assistance Program

- Covers copay greater than \$100 for approved patients/drugs
 - Use 340B savings
- Goals:
 - Improve patient outcomes/adherence
 - Increase capture rate/ 340B qualification
- 12 new patients saved a total of \$4,647 in first 2 months



Core Messages

- Know your starting point
- Constantly review data for opportunities
- Review BOTH manufacturer restrictions and state legislation
- Be innovative
- Pivot quickly
- Never lose sight of the goal of the program



Questions?

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