Contract Pharmacy Designation with Claims/Encounter-Level Data Collection Policy

November 9, 2026

Dear Covered Entity:

Effective January 1, 2027, Model N will begin handling Contract Pharmacy management and claim/encounter-level data collection on behalf of Medexus for all products listed in **[Exhibit A]**. All contract pharmacy designations and data submissions will be managed in the Truzo® by Model N platform.

Medexus will permit a covered entity to select and utilize a single, designated contract pharmacy location for dispensing their 340B products. The contract pharmacy must be registered as an active contract pharmacy location of the covered entity in the Office of Pharmacy Affairs Information System (OPAIS) database and then designated in Truzo®.

Covered Entities will be required to provide specified claims/encounter-level data elements (CLDE) within [45 days of the date of service for contract pharmacy dispenses] of a Medexus product. The data elements are detailed in **[Exhibit B]** of this policy document and are crucial to support program integrity and effectively reconcile 340B transactions.

Covered Entities can go to GoTruzo.com to register and complete the requirements outlined in this policy. Additional details, including instructions for and use of the Truzo® platform will be shared by Model N.

Sincerely,
Medexus

Frequently Asked Questions (FAQs)

1. When should I start submitting claims?

   Covered entities are required to start submitting claims for contract pharmacy 340B utilization on the effective date of the policy, which is January 1, 2027.

2. What kind of claims will I need to submit?

   The scope of this policy encompasses all 340B utilization of products [Exhibit A] occurring at designated contract pharmacy locations. This includes dispenses processed through a medical or pharmacy benefit (claims), as well as any dispenses processed as cash, patient assistance programs, or charity care (encounters).

3. How often will I need to submit claims?

   You can submit your claims at a cadence that works for you so long as it is within the timeframe allotted (ex. 45 days of the date of service for retail pharmacy claims). To minimize the effort required to assemble the submission, we have found that most covered entities prefer to submit claims at least twice a month.

4. Which products are subject to Medexus's policy?

   This policy applies to all products listed in Exhibit A and can be found at the Truzo® website, www.GoTruzo.com.

5. Do I need to make contract pharmacy designations?

   Yes, covered entities are required to designate their contract pharmacy on the Truzo® platform when they set up their account. The contract pharmacy must be registered as an active contract pharmacy location of the covered entity in the Office of Pharmacy Affairs Information System (OPAIS) database.

   Please note: Medexus does not permit any exemptions for wholly owned contract pharmacies.

6. If I have an entity-owned retail pharmacy, do I need to do anything in Truzo®?

   As part of Medexus's policy, if your covered entity has an entity-owned retail pharmacy you will identify it as part of the onboarding process in Truzo®.

7. How often can I update my contract pharmacy designation?

   Unless there is a material change to the eligibility status of a designated contract pharmacy, covered entities will be permitted to update their contract pharmacy designation annually, based on the initial date of designation. As a result, barring any change to the eligibility status of your designated contract pharmacy,

you will be able to update your contract pharmacy designations on January 1, 2028 or one year from the initial designation, whichever is later.

In the event that something changes with the eligibility of your designated contract pharmacy, please contact Model N's Covered Entity concierge team for assistance.

8. Does Medexus require designated contract pharmacies to have a HIN assigned?

   Yes. A contract pharmacy must have a HIN in order for a 340B covered entity to designate it as its single contract pharmacy location.

9. If the contract pharmacy my covered entity wants to designate does not have a HIN, how does my entity get one?

   Medexus will not register a HIN on your behalf; if you need guidance or more information on how to get a HIN assigned to the contract pharmacy your entity would like to designate please reach out to either your wholesale distributor or email your Truzo® Covered Entity concierge team at truzo-support@kalderos.com

10. How long does it take for my covered entity's designation of its single contract pharmacy location to take effect after?

    It may take up to 10 business days following designation for the system to process the change.

11. Can a child site designate a single contract pharmacy?

    No. All child sites must utilize the parent site's contract pharmacy.

12. What do I need to do if I don't use a Contract Pharmacy?

    Nothing. No action is required.

13. Will I be charged any fees for using Truzo®?

    No. There are no fees associated with your covered entity's use of Truzo®.

14. If my state has passed laws prohibiting either contract pharmacy restrictions and/or requirements around the submission of claims data not required under federal law, am I subject to the policy?

    Medexus understands that state and federal requirements related to contract pharmacy arrangements and claims data submission continue to evolve and may vary across jurisdictions. Covered Entities are responsible for ensuring their own compliance with applicable laws, regulations, and manufacturer policies.

Exhibit A: Medexus Product and NDC List

Rasuvo® (methotrexate injection)

Strength	NDC-9
7.5 mg per 0.15 mL	59137-0505
10 mg per 0.20 mL	59137-0510
12.5 mg per 0.25 mL	59137-0515
15 mg per 0.30 mL	59137-0520
17.5 mg per 0.35 mL	59137-0525
20 mg per 0.40 mL	59137-0530
22.5 mg per 0.45 mL	59137-0535
25 mg per 0.50 mL	59137-0540
27.5 mg per 0.55 mL	59137-0545
30 mg per 0.60 mL	59137-0550

Exhibit B: Required Claims Level Data Elements

Retail Pharmacy Claim Fields

Field Name	Description
Date of Service	
Date Written/Prescribed	
RXID	
Fill Number	
NDC-11	
Quantity Dispensed / Administered / Wasted	
Unit of Measure (optional)	
Ordering Physician NPI	
Service Provider (NPI)	
Submitter (340B ID)	
Submitter (NPI)	
BIN	
PCN	
GRP (optional)	

Medical Claim Fields

Field Name	Description
Date of Service	
Claim Number	
Claim Line Number	
NDC-11	
Quantity Dispensed / Administered / Wasted	
Unit of Measure	
Ordering Physician NPI	
Service Provider (NPI)	
Submitter (340B ID)	
Submitter (NPI)	
Insured's Plan Name or Program Name	
Insured's Policy, Group, or FECA Number	
HCPCS Code	
HCPCS Modifiers	