SOUTHERN NEVADA COMMUNITY HEALTH CENTER
DISTRICT-WIDE POLICY

DIVISION:	FQHC	**NUMBER(s):**	CHC-045
PROGRAM:	Pharmacy	**VERSION:**	1.00
TITLE:	340B Medication Inventory Management	**PAGE:**	1 of 4
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION:	Click or tap here to enter text.	**ORIGINATION DATE:** NEW	
APPROVED BY: **CHIEF EXECUTIVE OFFICER - FQHC** Randy Smith, MPA Date		**REPLACES:** P-CHC-029 SOP, V1.01	

I. PURPOSE

Ensure the proper procurement and inventory management of 340B drugs.

II. SCOPE

FQHC and Financial Services

III. POLICY

The Southern Nevada Community Health Center (SNCHC) monitors and maintains accounting of medications purchased under the 340B discount program to prevent diversion of 340B drugs to ineligible patients.

IV. PROCEDURE

A. 340B inventory is procured for and managed in the following settings.

1. SNCHC at 280 S Decatur Blvd, Las Vegas, NV 89107
2. Pharmacy at 280 S Decatur Blvd, Las Vegas, NV 89107
3. SNCHC at 2830 E Fremont ST Las Vegas, NV 89104
4. Pharmacy at 2830 E Fremont ST Las Vegas, NV 89104

B. Physical inventory (both 340B and non-340B drugs) is maintained at the Pharmacy.

1. SNCHC identifies all 340B and non-340B accounts used for purchasing drugs in each practice setting in the pharmacy.
2. SNCHC Pharmacy maintains physically separate inventories of 340B and non-340B drugs.
3. Pharmacy and nursing personnel dispense 340B drugs only to eligible patients as defined in the 340B Eligibility procedure.
4. SNCHC maintains 340B and non-340B accounts with its drug suppliers used for purchasing drugs for the clinic and in-house pharmacy.
5. Medication Ordering
    a. Drug inventory is ordered using the pharmacy software system and transmitted electronically to the drug supplier.
    b. An 11-digit to 11-digit NDC match is used to order 340B drugs.
    c. If an exact 11-digit to 11-digit NDC match is not used, and an alternative NDC must be ordered, pharmacy personnel will ensure that the new NDC has a 340B discount and is stocked in the 340B designated inventory area.
    d. SNCHC receives 340B and non-340B drugs in separate shipping containers.
    e. Upon receipt, drugs and quantities are verified by pharmacy or nursing personnel and documented on the accompanying invoice/packing slip.
    f. Discrepancies are noted on the invoice, reported to the supplier, and resolution is documented on the invoice.
    g. Invoices and packing slips are filed by date and maintained for a minimum of two (2) years.
    h. 340B and non-340B drugs are stocked in their designated areas in the

medication room and pharmacy.

i. Medications that are not 340B qualifying outpatient drugs (i.e., vaccines, orphan drugs) are purchased using retail/WAC accounts.

6. The pharmacist or their designee performs regular inventory reviews and shelf inspections of periodic automatic replenishment (PAR) levels to determine purchase order.

7. SNCHC maintains records of 340B-related transactions for a minimum of two (2) years in a readily retrievable and auditable format located in the electronic health record and the pharmacy management system.

8. Reports and records are reviewed by SNCHC at six (6) month intervals or more frequently as necessary as part of its 340B oversight and compliance program.

9. Wasted 340B medications:

a. SNCHC pharmacy/nursing staff documents wastage/expiration on a wastage transaction log.

b. SNCHC pharmacy/nursing staff communicates wastage to the pharmacist.

c. SNCHC pharmacy/nursing staff adjusts 340B inventory records.

d. SNCHC documents adjustment with reason.

e. Expired medications are processed through returns vendor and reports of returns are maintained for a minimum of two (2) years.

f. If necessary, SNCHC pharmacist replaces medication through appropriate purchasing account.

C. Physical inventory (340B only) is maintained at the SNCHC clinics.

1. SNCHC patient care clinics maintains only 340B inventory.

2. SNCHC performs regular inventory reviews and shelf inspections of periodic automatic replenishment (PAR) levels to determine purchase order.

3. SNCHC clinics place 340B drug orders through the IRS inventory system.

4. SNCHC clinic receives shipments from the warehouse.

5. SNCHC clinic staff verifies quantity received with quantity ordered.

a. Identifies inaccuracies.

b. Resolves inaccuracies.

c. Documents resolution of inaccuracies.

6. SNCHC maintains records of 340B-related transactions for a minimum of two (2) years in a readily retrievable and auditable format in the IRS inventory system.
7. Reports and records are reviewed by SNCHC regularly as necessary as part of its 340B oversight and compliance program.

ACRONYMS/DEFINITIONS

Not Applicable

REFERENCES

Apexus 340B Drug University Sample 340B Policy & Procedure Manual: Community Health Center. 2016: 21-25.

DIRECT RELATED INQUIRIES TO

Pharmacy Manager

ATTACHMENTS-FORMS-TEMPLATES

Not Applicable.

HISTORY TABLE

Table 1: History

Version No.	Effective Date	Change Made
Version 0		First issuance

Standing Operating Procedure History

Version	Effective Date	Change Made
Version 1.01	06/01/2026	1. Periodic review 2. Updated template
Version 1.00	12/30/2016	First issuance