

Hospitals Urge Health Agency to Block Novo Drug Discount Plan

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Reporter

A group representing over a thousand hospitals is asking the US government to block a Novo Nordisk A/S policy that will soon require certain health providers to submit claims data for all dispensing of the company's drugs.

- The policy is said to conflict with the 340B statute and would impose severe administrative and financial burdens on 340B covered entities, according to 340B Health.
- Novo Nordisk's policy seeks to identify any unlawful duplicate discounts and promote transparency under the program, and failure to submit complete and accurate data may bar access to 340B pricing for Novo's drugs.

A group representing over a thousand hospitals participating in a federal drug discount program is asking the US government to block a Novo Nordisk A/S policy that will soon require certain health providers to submit claims data for all dispensing of the company's drugs.

The coalition, 340B Health, urged in a [letter](#) sent Monday to the US Health Resources and Services Administration for the agency to use “all available enforcement options” to prevent Novo from implementing a plan that requires all covered entities under the [340B Drug Pricing Program](#) to submit claims-level data for the dispensing of their drugs.

“Novo Nordisk’s policy conflicts with the 340B statute and would impose severe administrative and financial burdens on 340B covered entities, which are essential to our nation’s health care safety net,” according to the letter obtained by Bloomberg Law.

“It’s a tremendous amount of data,” Maureen Testoni, the president and CEO of 340B Health, said in an interview. “It’s going to be too expensive to submit, to track, to make sure that they are getting the pricing that they’re supposed to get.”

Manufacturers under the 340B program are required to steeply discount medicines to qualifying health providers that treat a disproportionate number of low-income and uninsured patients, also known as covered entities.

Drugmakers have been skeptical of the program that has grown significantly in recent years, questioning if their medicines are going to patients that are eligible for the discounted drugs.

Novo announced March 2 that the new [policy](#) applies to all 340B entities, expanding a claims reporting requirement that previously targeted pharmacies that contract with providers under the program. It’s slated to go into effect April 1 and seeks to identify any unlawful duplicate discounts and promote transparency under the program, according to Novo.

Failure to submit complete and accurate data may bar access to 340B pricing for Novo’s drugs, according to the company.

Eli Lilly & Co. in January imposed a similar [policy](#), which 340B Health has also pushed back against in a separate letter to HRSA.

The American Hospital Association also [said](#) it sent letters to HRSA, but the agency didn’t respond to their concerns about Lilly’s policy.

HRSA didn’t immediately respond to requests for comment.

Novo and Lilly’s policies appear to roll out after a federal court decision [halted](#) a plan that would have required covered entities to buy certain medicines at full market price and then submit data to drugmakers to receive a discount, also known as a rebate system.

The government, in a second attempt, is currently [seeking information](#) on how it should implement the potential use of rebates under the program.

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