

September 5, 2023

Subject: UCB 340B Contract Pharmacy Policy Update

Dear 340B Covered Entity,

I am writing to inform you UCB is modifying its policy regarding the provision of drugs at the 340B price, effective October 2, 2023.

Under UCB's current 340B contract pharmacy policy and the modified policy described below, UCB will continue to ship products purchased at the 340B discounted price to locations registered as a 340B covered entity or its child site location. To ensure all 340B covered entities have access to products purchased at the 340B price, a 340B covered entity that does not have an in-house pharmacy will continue to be allowed to designate a single contract pharmacy location to receive products purchased at the 340B price.

Please note, the following contract pharmacy policy modifications will become effective October 2, 2023:

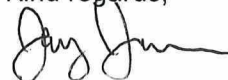
- Contract pharmacies that are wholly owned by a covered entity or under common ownership with a covered entity health system can be designated as a covered entity's single contract pharmacy but will no longer be separately eligible to receive 340B pricing.
- The single contract pharmacy location designated by the covered entity not having an in-house pharmacy must be located within 40 miles of the covered entity parent site.

Contract pharmacy arrangements with covered entities that participate in the 340B program under 42 U.S.C. § 256b(a)(4)(A)-(K)—commonly known as federal “grantees”—will continue to be exempt from UCB's 340B contract pharmacy policy. For these covered entities that utilize contract pharmacies, UCB will continue to provide products purchased at the 340B price to multiple contract pharmacies regardless of geographic location.

UCB will continue to utilize the 340B ESP™ platform to support designation of a contract pharmacy for covered entities that do not have an in-house pharmacy. If the covered entity has not already registered an account with 340B ESP™, please enter your designation by visiting www.340besp.com/designations. Users that have registered an account with 340B ESP™ can designate a single contract pharmacy by navigating to the Entity Profile tab. If you have questions regarding the change in our 340B distribution model, please contact us at 340B@ucb.com.

In support of a smooth transition to our new policy, 340B covered entities should work with their contract pharmacy administrators and wholesalers to process any outstanding Bill To / Ship To replenishment orders in advance of the October 2, 2023, effective date. 340B contracts administered by our wholesalers will no longer support provision of drugs purchased at the 340B discount price to contract pharmacies under UCB's prior policy after October 2, 2023.

Kind regards,



Jay Janco

Head of Contracts & Pricing

Frequently Asked Questions

Q: Which products are subject to UCB's policy?

A: A full list of products subject to UCB's policy can be found below.

Q: My covered entity has a contract pharmacy relationship with a pharmacy that is owned by our health system. Is this pharmacy subject to UCB's policy?

A: Under UCB's 340B contract pharmacy policy, contract pharmacies that are wholly owned by the covered entity or share common ownership with a health system can be designated as a covered entity's single contract pharmacy but will no longer be separately eligible to receive 340B pricing.

Q: I have an in-house pharmacy that is capable of purchasing and dispensing UCB drugs, but I don't use it to dispense UCB drugs. Can I designate one contract pharmacy instead?

A: No, under UCB's policy, if a covered entity has an in-house pharmacy capable of purchasing at the 340B price and dispensing, the entity must use that pharmacy and cannot designate a separate contract pharmacy for UCB drugs.

Q. How do I change my contract pharmacy designation?

A. 340B covered entities that do not have an in-house pharmacy capable of dispensing medicines to their patients can elect a single contract pharmacy every twelve (12) months. Changes to the single contract pharmacy can be made only by visiting www.340Besp.com/designations. Users that have registered an account with 340B ESP™ can navigate to the Entity Profile tab to make their contract pharmacy designation.

Q. How often can I change my contract pharmacy designation?

A. Covered entities that do not have an in-house pharmacy capable of dispensing medicines to its patients may change its contract pharmacy designation once every twelve (12) months or more often if the designated contract pharmacy relationship is terminated from the HRSA OPAIS database.

Q. My 340B covered entity has contract pharmacy arrangements with multiple locations of the same pharmacy (e.g. six different Accredo® pharmacy locations). Can I designate all locations of the same pharmacy?

A. UCB's policy allows 340B covered entities that do not have an in-house pharmacy capable of dispensing medicines to its patients to designate only one contract pharmacy location. Contract pharmacy locations are registered individually on the HRSA database and 340B covered entities are permitted to designate only one contract pharmacy location which corresponds to a single contract pharmacy registration with HRSA.

Q. How do I ensure that my contract pharmacy designation takes effect on October 2, 2023?

A. For a covered entity's contract pharmacy designation to take effect on October 2, 2023, its contract pharmacy selection needs to be made by September 18, 2023. After September 18, 2023, please allow 10 business days for the designation to take effect.

Q. How long does it take for my contract pharmacy designation to take effect if I make the designation after September 18, 2023?

A. You can designate a contract pharmacy after UCB's policy goes into effect on October 2, 2023. If you designate after September 18, 2023, please allow 10 business days for the designation to take effect.

Q. What if my 340B covered entity hospital does not have a contract pharmacy within 40 miles of my parent site?

A. If your covered entity hospital does not have a contract pharmacy registered with HRSA that is within 40 miles of the parent site, please contact support@340Besp.com to find an acceptable alternative pharmacy.



UCB PRODUCT LIST

PRODUCT NAME	NATIONAL DRUG CODE	UNIT SIZE ORDER QTY
PRESCRIPTION PRODUCTS		
Briviact® (brivaracetam) tablets, CV 10 mg	50474-0370-66	60 tablets
Briviact® (brivaracetam) tablets, CV 25 mg	50474-0470-66	60 tablets
Briviact® (brivaracetam) tablets, CV 50 mg	50474-0570-66	60 tablets
Briviact® (brivaracetam) tablets, CV 75 mg	50474-0670-66	60 tablets
Briviact® (brivaracetam) tablets, CV 100 mg	50474-0770-66	60 tablets
Briviact® (brivaracetam) tablets, CV 25 mg	50474-0470-09	unit dose carton of 100 tablets
Briviact® (brivaracetam) tablets, CV 50 mg	50474-0570-09	unit dose carton of 100 tablets
Briviact® (brivaracetam) tablets, CV 100 mg	50474-0770-09	unit dose carton of 100 tablets
Briviact® (brivaracetam) oral solution, CV 10 mg/mL	50474-0870-15	oral solution (300ml)
Briviact® (brivaracetam) injection for intravenous use, CV 50 mg/5 mL	50474-0970-75	10 vials
Cimzia® (certolizumab pegol) lyophilized powder for reconstitution kit	50474-0700-62	2 x 200 mg vials
Cimzia® (certolizumab pegol) prefilled syringe kit	50474-0710-79	2 X 200 mg/mL prefilled syringes
Cimzia® (certolizumab pegol) prefilled syringe starter kit	50474-0710-81	6 X 200 mg/mL prefilled syringes
Fintepla® (flenfluramine) oral solution, 2.2mg/mL	43376-0322-30	Fintepla 2.2mg/mL, 30mL
Fintepla® (flenfluramine) oral solution, 2.2mg/mL	43376-0322-36	Fintepla 2.2mg/mL, 360mL
Keppra® (levetiracetam) oral solution 100 mg/mL	50474-0001-48	16 oz (Pint)



UCB PRODUCT LIST

PRODUCT NAME	NATIONAL DRUG CODE	UNIT SIZE ORDER QTY
Keppra® (levetiracetam) injection for intravenous use 500 mg/5 mL	50474-0002-63	10 vials
Keppra® (levetiracetam) tablets 250 mg	50474-0594-40	120 tablets
Keppra® (levetiracetam) tablets 500 mg	50474-0595-40	120 tablets
Keppra® (levetiracetam) tablets 750 mg	50474-0596-40	120 tablets
Keppra® (levetiracetam) tablets 1000 mg	50474-0597-66	60 tablets
Keppra XR® (levetiracetam) extended-release tablets 500 mg	50474-0598-66	60 tablets
Keppra XR® (levetiracetam) extended-release tablets 750 mg	50474-0599-66	60 tablets
Nayzilam® (midazolam) nasal spray, CIV 5 mg/0.1 mL	50474-0500-15	2 nasal sprays
Neupro® (rotigotine transdermal system) 1 mg/24 hrs	50474-0801-03	30 transdermal systems
Neupro® (rotigotine transdermal system) 2 mg/24 hrs	50474-0802-03	30 transdermal systems
Neupro® (rotigotine transdermal system) 3 mg/24 hrs	50474-0803-03	30 transdermal systems
Neupro® (rotigotine transdermal system) 4 mg/24 hrs	50474-0804-03	30 transdermal systems
Neupro® (rotigotine transdermal system) 6 mg/24 hrs	50474-0805-03	30 transdermal systems
Neupro® (rotigotine transdermal system) 8 mg/24 hrs	50474-0806-03	30 transdermal systems
Rystiggo® (rozanolixizumab - noli) 280 mg/2 mL	50474-0980-79	1 X 2 mL vial
Vimpat® (lacosamide) injection for intravenous use, CV 200 mg/20 mL	00131-1810-67	10 vials



UCB PRODUCT LIST

PRODUCT NAME	NATIONAL DRUG CODE	UNIT SIZE ORDER QTY
Vimpat® (lacosamide) tablets, CV 50 mg	00131-2477-35	60 tablets
Vimpat® (lacosamide) tablets, CV 100 mg	00131-2478-35	60 tablets
Vimpat® (lacosamide) tablets, CV 150 mg	00131-2479-35	60 tablets
Vimpat® (lacosamide) tablets, CV 200 mg	00131-2480-35	60 tablets
Vimpat® (lacosamide) oral solution, CV 10 mg/mL	00131-5410-72	oral solution (200 mL glass bottle)
Vimpat® (lacosamide) tablets, CV 50 mg	00131-2477-60	60 unit dose tablets
Vimpat® (lacosamide) tablets, CV 100 mg	00131-2478-60	60 unit dose tablets
Vimpat® (lacosamide) tablets, CV 150 mg	00131-2479-60	60 unit dose tablets
Vimpat® (lacosamide) tablets, CV 200 mg	00131-2480-60	60 unit dose tablets

Fintepla & Rystiggo ordering is subject to a limited distribution network. Please refer to HRSA website for 340B Limited Distribution Notices