

Manufacturer	Go live date	Can CE get 340B pricing if they share claims data?	ESP Restoration Logic	Attestion Available?	ESP Day Restrictions	Are system owned contract pharmacies exempted from this policy?	Can CEs with no in-house pharmacy designate a contract pharmacy for 340B pricing access?	Drugs affected by this policy	Policy applies to what entity types?	Important FAQs/Information	Any other Exceptions?
Abbwe	2/1/2022 4/17/23 (New Policy)	Yes but only applies to CEs with no in-house pharmacy. Only one CP designation is allowed and the CP needs to be within 40 miles of the parent site. Such CEs can also designate a second CP for AbSVIe's 2 LDDs (Doopa and imbrurica). No CP access for CEs with in-house pharmacy.	Chain		45 Days	No	the CP needs to be within 40 miles of the parent	CREEN*, DEPAROTE*, DUDNAY, GENERAY*, HUMRINY, IMBRUNCA*, YALETIAY, K. TAR', LUPRONY, MANYRET*, NIAKESAN*, NANDEN*, NORVINY, GURHINY', ULTANE*, NINDES-SYNTEX', SINTANOUT, SINTANOUT, NICON*, RUIJINY, ULTANE*, WEIKIA ANY, ZINALA*, ACTONE*, ACULAR*, ACULAR*, ACULAR*, ACOLIN*, APHRAY, PAROTON, BISTOLIC*, CANASA*, CARAATE*, CELEAY, COMBINING*, NORVOR, TANUNG*, DIA VING*, DEJIZOK*, DURYSIA, SITALE*, RETIAW, FMIK*, MILL FORTE*, GENICUE*, GENICUE*, DURYSIA*, COMBINAC*, CINNOR*, TANUS, PARA MENDA AR*, MANGALA*, CINTANA*, CINTANA*, OLITANA*, VINTANA*, VINTA*, SISTASS*, SAPHISIS*, SWILLA*, TATAULA*, TEFJARO*, UBBRY*, UISO FORTE*/ UISO 250*, VANICA*, VIERYD*, VRAVLAR*, VIITY*, ZMAXID*	Policy applies to hospitals covered entities only. Federal grantees are exempted from this policy.	C: f11 designate one contract pharmacy location to receive orders of medicines subject to his policy, should 1 also make a separate designation for a contract pharmacy location to receive Abbustion network? (%, you should sparately designate one contract pharmacy location to receive medicines subject to a limited distribution network?. Abbus will facilitate bill to dril eggnation is available for Duopa and designation may be in addition to the one designation may be in addition to the designation may be in addition to the one designation may be in addition to the one designation may be in addition to make this selection.	
Amgen	4/11/23 (New Policy)	Yes - 340B ESP Effective 4/11/23: - Only one contract pharmacy will be allowed to get 340B pricing. - CP will need to be within 40 miles of the main CE - if the CE has in-house pharmacies then CE pharmacies in order to get 340B pricing for one CP.	i Chain		45 Days	pharmacy" outside of that.	the CEJ. Data sharing with ESP will be required.	Policy currently applies to only Repatha, Enbrel, Oteda, Armovig, Texpire and Anjevia. Policy does not apply to any medical benefit products	Policy applies to hospitals covered entities only. Federal grantets are exempted from this policy.		
Astelllas	9/1/23	Yes - 340B ESP				Yes but cannot designate "an independent contract pharmacy" outside of that.	Yes	Policy currently applies to Xtandi	Policy applies to hospitals covered entities only. Federal grantees are exempted from this policy.		
AstraZeneca	10/1/2020 8/1/2023 (New Policy)	No			45 Days	No	Yes	All products except Tagrisso and Calquence	All covered entity types except for Ryan White, Community Health Centers and Federal Grantees		
Bausch Health	8/1/2022 6/26/23 (New Policy)	Yes - 340B ESP	Store by store basis	Yes	45 Days	Yes but cannot designate "an independent contract pharmacy" outside of that.	Yes (CP will need to be within 40 mile radius of the CE)	All Products (no exceptions)	All covered entity types (no exceptions)		
Bayer	3/1/2023 6/1/23 (New Policy)	No (data sharing is voluntary)			45 Days	No	Yes (CEs with no in-house pharmacies can select one additional CP for Adempas. The non Adempas CP has to be within 40 miles of the CE. No mileage restriction for Adempas CP. CEs with in-house pharmacies are allowed to designate one CP for Adempas.	All products except Aliqopa, Jivi, Kerendia, Kogenate, Kovaltry, Kyleena, Lampit, Mirena, Skyla, Nubeqa, Xofigo	Policy applies to hospitals covered entities only. Federal grantees are exempted from this policy.		
Biogen	2/1/23	No				Yes	Yes	Only 2 products- Avonex and Plegridy	Only Hospital CEs (Federal grantees are exempted from this policy)	n	
Boehringer Ingelhiem	8/1/21	No				Yes (reach out to support@340besp.com to apply for the exemption)	Yes; policy also states that if a CE has an in-house pharmacy that is NOT capable of dispensing specialty products; then CE may designate one specialty pharmacy from within BI's limited distribution network for the sole purpose of dispensing OFEV to its patients.	All products except Gilotrif and Praxbind	Policy applies to hospitals covered entities only. Federal grantees are exempted from this policy.		
Bridol Myers Squibb	3/1/22	Yes but conditions apply: -Applies only to IMRDs (Revimid, Pomalyst and Thalomid) -Wholesaier has to be ABC -C cannot arready be part of BMS network through that in-house pharmacy for the IMBO -If all conditions are met then C can degrate one BMS approved specially pharmacy, BMS will then provide a claims bumission template to the entity. The CE should email the completed template to should so for the completed isol of SPS approved to digenee these IMBDs: https://www.bms.com/patient and- cargives/riik-esuation-and-migration- strategies-rems.html	N/A		60 days	Yes	Yes (CEs can designate 2 CPs - one for non-HMD products and one for IMD products) but certain conditions apply: - Applice only to MDS Rewlind, Pomalyst and Thalonid) - Wholesaler has to be ABC - If both conditions are met then CE can designate one BBA approved specially planmacy. See the link below for the complete list of SPs approved to dispense theme MBDE https://www.bms.com/platferst and- cangivery/ink-auduction-and-migration- strategies-rems.html	All Products (no exceptions)	Policy applies to hospitals covered entities only. Federal grantees are exempted from this policy.		
Eisai	11/1/23	Yes - 340B ESP	NA	NA	NA	No	Yes	ARICEPT*, BANZEL*, DAYVIGO*, HALAVEN*, LENVIMA*, and LEQEMBI**	Policy applies to hospitals covered entities only. Federal grantees are exempted from this policy.	pharmacy options may be available pursuant to Arkansas and Louisiana state law.	
EMD Serono	3/1/2023 10/1/23 (New Policy)	No	NA	NA	NA	Yes	Yes	All Products (no exceptions)	Policy applies to hospitals covered entities only. Federal grantees are exempted from this policy.	pharmacy options may be available pursuant to Arkansas and Louisiana state law.	
Exelixis	7/6/2022 6/26/23 (New Policy)	Yes - 340B ESP	Chain		None Noted	Yes but data sharing is required (effective 6/26/23)	Yes (1 Contract Pharmacy Location within Specialty Network)	CABOMETYX*, COMETRIQ*	All covered entity types (no exceptions)		
Gilead	5/2/22 4/1/2022	Yes - 340B ESP	Chain	Yes	45 Days	Yes	Yes	EPCLUSA, HARVONI, SOVALDI and VOSEVI	All covered entity types (no exceptions)		
GSK	5/1/23 (New Policy)	No	Chain	Yes	45 Days	Yes	Yes (one CP and no mileage restriction)	All GSK products, OJJ AARA added on 10/3/2023	All covered entity types (no exceptions)		
Incyte	10/16/23	No				No	Yes (within 40 miles)	OPZELURA*	Policy applies to hospitals covered entities only. Federal grantees are exempted from this policy.		

Jazz	10/9/23	No				No	Yes	Epidiolex Only	Policy applies to hospitals covered entities only. Federal grantees are exempted from this policy.		
Johnson and Johnson	5/2/2022 3/7/23 (New Policy)	Yei - 340B ESP but conditions apply (see below) Effective 3/7/23 (for Non-PAH Drugs) – Only one contract pharmacy will be allowed to get a 400 pricing. main C. E. – Only one contract on the main of the main of the main C. E. – If the C. Has in-house pharmacies then C. E. – If the C. Has in-house pharmacies then C. E. pharmacies in order to get 340B pricing for one C.P. Effective 3/7/23 (for PAH drugs) – Only one CP designation allowed. No 40 mine radius requirement since only Accredo pharmacies are eligible to receive 340B pharmacies are display to reduce and the since and the pharmacies are display to require the since only Accredo pharmacies are display to reduce and the since only accredo pharmacies are display to reduce and the since and the since only accredo pharmacies are display to reduce and the since and th	Chain	Yes	45 Days	No (effective 3/7/23)	Only one CP designation allowed regardless of whether the CE has in-house pharmacies or not	STELARA*, TREMFYA*, SIMPONI ARIA*, SIMPONI*, REMICADE*, XARELTO*, INVCKAMET*, INVCKAMET KR, INVCKAMA*, DAZALEX*, DAZALE FASRO*, ELEADA*, INVCKAMET*RA*, "INVCKA*, SUSTINNA *, INVCKA*, OPSUMIT*, UPTRAV*, TRACLER*, VELTRI*, SUMTUZA*, PREZOEK*, EDURANT*, ELMRON*, TOPAMA*, SUMBLIS*, SNBELVANT*, PREZSTA*, ZYTIGA*, PROCRIT*, EDURANT*, ELMIRON*, TOPAMAX*, YONDELIS*	Policy applies to hospitals covered entities only. Federal grantees are exempted from this policy.		
	7/1/20 (CIALIS), 9/1/20 (ALL NDCs)	Yes - 3400 ESP	Store by store basis		45 Days	Yes	Yes	All Products (no exceptions)	All covered entity types (no exceptions)	For hospitals that register and provide data for Lifly AIDCs via E3P on or before Mar. 13, 2022, Lifly will home contract pharmacy 2022, Lifly will home contract pharmacy dispersed to eligible 340B patients on or fare Occ. 29, 2021, Regional dimensioned for prescriptions dispersid prior to Oct. 39, 2022 will not before for all hospitals registered with ESP will be honored for prescription dispensed to eligible 340B patients within 42 days of each data admission to E9.	this policy but certain conditions apply: - Point of sle price has to be equal to the 340B price - No mark up fees of any kind can be charged
******	9/1/2021 6/12/23 (New Policy)	No	One Claim Restores All		45 Days	No	Yes (within 40 miles)	BELSOMRA, JANUVIA, JANUMET, JANUMET XR, STEGLATRO, STEGLUJAN, SEGLUROMET, and VERQUVO.	All covered entity types except for Grantees		
Novartis	10/1/2020 5/1/23 (New Policy)	No				Yes	Yes (no mileage restriction)	All Products (no exceptions)	All covered entity types except for Grantees	This exception only applies to contract pharmacies that are more than 40 miles away from the parent location. Any contract pharmacies within 40 miles of the parent location. Can have unlimited access to Novariti products. New Policy (\$/3/23)-40 mile radius rule does not apply any more. No CP access for Novariti products if the CL has a in house pharmacy. Cashwin to in house pharmacy can designate one external CP (no mileage restriction)	
Novo Nordisk	1/1/2021 7/1/23 (New Policy	Yes but only limited to a max of 2 CP designations (one retail/one specialty) for all hospital CEs			45 Days	No (CEs can designate as many wholly owned pharmacies but data sharing is requiired)	2 CP designations apply to CEs with or without in-house pharmacies	All Products (no exceptions)	Policy applies to hospitals covered entities only. Federal grantees are exempted from this policy.		
Organon	7/1/23	Yes but only one CP for all applicable CEs (regardless of whether the CE has an in-house pharmacy or not)				No	Yes but policy applies equally for all applicable CEs (with or without in-house pharmacies)	All Products (no exceptions)	Policy applies to hospitals covered entities only. Federal grantees are exempted from this policy.		
Pfizer	3/1/2022 5/1/23 (New Policy: Only applies to Xeljan2) 11/1/23 (New Policy: Only applies to Vyndamax and Vyndaqel)	Yes but only for Pfizer's Defined Oncology Distribution Network (DON) Effectives 5/1/23: No 340B pricing for Xeljanz specifically for CE swith in house pharmacy Effective 11/1/23: 340B pricing only available for Vyndamas and Vyndagd if claims data is shared with 340B ESP	Store by store basis		45 Days	No (effective 4/30/23- only applies to Xeljanz) Wholly owned allowed 3408 pricing for Vyndamax and Vyndagel as long as the CPs are under VYNDA network.	Yes (CEs can designate 2 CPs - one for Xeljanz specifically and a specialty pharmacy for other oral on cology products affected by this policy CEs and esignate one VYNDA network specialty CP for Vyndamax and Vyndagel as well.	Xeljanz, Bosuffi, Braftovi, Daurismo, Ibrance, Inlyta, Lorbrena, Mektovi, Sutent, Talzenna, Xalkori, Yyndamax and Yyndagel. Effective 5/1/23 (for Xeljanz) and 11/1/23 (for drug list outlined in Exhibit A of 10/2/23 Notice), no CP access for CEs with in house pharmacles.	Policy applies to hospitals covered entities only. Federal grantees are exempted from this policy.		
Sanofi	10/1/2020 6/1/23 (New Policy)	No	One Claim Restores All	Yes	45 Days	No	Yes (no mileage restriction)	Adlysin " Admelog" Amaryl" Ambien " Apidra" Arava" Availde" Avapro" Doxeraldiferol " Dupisent Enosaparin Sodium " Flomax" Insulin Glargine" Ibesartan "Kevara" Lantus" Editomonide " toevoar " Avliaga " Paixie" Pritin Primaquine" Rengel " Renvela" Sevelamer" Soliqua" Toujso" Zolpidem "	New policy applies to CAHs, DSH, RRCs and SCHs only. Consolidated Health centers can get access to unlimited number of contract pharmacies if they share data with ESP. Federal grantees are exempted from this policy		
Teva	7/5/23	No				No	Yes	All Products (no exceptions)	Policy applies to hospitals covered entities only. Federal grantees are exempted from this policy.		
UCB	12/13/2021 10/2/23 (New Policy)	No				No	Yes but the pharmacy needs to be located within 40 miles of the CE parent site.	All Products (no exceptions)	Policy applies to hospitals covered entities only. Federal grantees are exempted from this policy.		
United Therapeutics	(New Policy) 12/1/21	Yes but CES also need to have a valid 3408 purchase of one of the company's covered outpatient drugs froom the contract pharmacy during the first 3 quarters of 2020. If no purchases in the first 3 quarters of 2020 then no 3408 pricing is offered even if the CE shares the data through 3408 ESP.			45 Days	No	Ves	All Products except Adcirca	All covered entity types (no exceptions)		