

| Number | Drug Manufacturer | Impacted 340B CE Types | Grantee Exemption | Manufacturer Using 340BESP™ | Wholly Owned/Common Ownership Pharmacy Exemption | Allows CP Designation Only (No Data Required) if CE has In-House Pharmacy | Designation of Single Pharmacy if No In-House Pharmacy | CP Must be within 40 Miles of Parent | Separate Designation of LDD / Specialty Pharmacy | Submission of Claims Data to 340BESP™ Required | Multiple CP's Allowed with Claims Submission via 340BESP™ | 340BESP™ Claim Submission Lookback Period | Products Impacted | NDCs Listed On 340B ESP™ | State Exemption | Policy Start Date | Policy Last Updated |
|--------|--|-----------------------------|--------------------|-----------------------------|--|---|--|--------------------------------------|--|---|--|---|--|--------------------------|---------------------|-------------------|---------------------|
| 1 | abbvie | Hospitals | Yes | Yes | No | No | Yes, 1 Retail & 1 Specialty | Yes | Yes | Yes | No | 45 Days | See 340BESP™, Duopa™ and Imbruvica® are LDD ⁵ | Yes | | 2/1/2022 | 5/1/2024 |
| 2 | AMGEN | All CE's | No | Yes | No | Yes | Yes, Wholly Owned or CP | Yes | No | Yes, if in-house must submit data for CP & in-house | No | 45 Days | See 340BESP™ | Yes | AR | 12/31/2021 | 4/2/2024 |
| 3 | astellas | Hospitals | Yes | Yes | No | No | Yes | No | Yes, Xtandi® | No | No | N/A | Xtandi® & Myrbetriq® NDCs from Medi-Span | No | AR, LA | 9/1/2023 | 5/1/2024 |
| 4 | AstraZeneca | All CE's | No | Yes | No | No | Yes | No | No | No | No | 45 Days | See 340BESP™ | Yes | | 10/1/2020 | 8/1/2023 |
| 5 | BAUSCH Health | All CE's | No | Yes | No | No | Yes | Yes | No | No | No | 45 Days | See 340BESP™ | Yes | AR | 8/1/2022 | 3/12/2024 |
| 6 | BAYER | Hospitals | Yes | Yes | No | No | Yes, Wholly Owned or CP | Yes | Yes, for drug Adempas® | No | No | 45 Days | See 340BESP™, Adempas is LDD ⁵ | Yes | AR | 3/1/2023 | 4/1/2024 |
| 7 | Biogen | Hospitals | Yes | Yes | Yes | No | Yes, but not if Wholly Owned Exemption | No | No | No | No | N/A | Avonex® and Plegridy®, NDCs from Medi-Span | No | | 2/1/2023 | 12/1/2023 |
| 8 | Boehringer Ingelheim | All CE's | No | Yes | No | No | Yes, Wholly Owned or CP | Yes | Yes, for drug OFEV® | No | No | N/A | See 340BESP™ | Yes | | 8/1/2021 | 8/1/2023 |
| 9 | Bristol Myers Squibb | All CE's | No | Yes | No | No | Yes, 1 for IMID drugs, 1 for non-IMID drugs and 1 for Camzyos® | No | Yes | Yes, for IMIDs Only (Claim Data to BMS Directly) | No | 60 Days for IMIDs | BMS provides non-IMID NDCs, other NDCs from Medi-Span | No | AR | 3/1/2022 | 3/28/2024 |
| 10 | Eisai | Hospitals | Yes | Yes | No | No | Yes, Wholly Owned or CP | No | Yes | No | No | N/A | NDCs per manufacturer's latest policy | No | | 11/1/2023 | |
| 11 | EMD SERONO | Hospitals | Yes | Yes | Yes | No | Yes, if no in-house or wholly owned | No | Yes, for Serostim® | No | No | N/A | NDCs per manufacturer's latest policy | No | | 3/1/2023 | 10/1/2023 |
| 12 | EXELIXIS | Hospitals | Yes | Yes | Yes, with Data Submission | No | Yes | No | N/A - Policy only applies to LDD Products | Yes | Yes | 45 Days | Cometriq® and Cabometyx®, See 340BESP™ | Yes | | 7/6/2022 | 6/26/2023 |
| 13 | Genentech <small>A Member of the Roche Group</small> | Hospitals | Yes | Yes | No | No | Yes | No | No | No | No | N/A | See 340BESP™ | Yes | | 5/1/2024 | |
| 14 | GILEAD | All CE's | No | Yes | No | No | Yes, Wholly Owned or CP | No | No | No | Yes | 45 Days | See 340BESP™, Hepatitis C products Epclusa®, Harvoni®, Sovaldi®, Vosevi® | Yes | | 5/2/2022 | 1/30/2024 |
| 15 | GlaxoSmithKline | All CE's | No | Yes | Yes | No | Yes | No | Yes | No | No | N/A | NDCs per manufacturer's latest policy | No | | 4/1/2022 | 11/1/2023 |
| 16 | Incyte | Hospitals | Yes | Yes | No | No | Yes, Wholly Owned or CP | No | No | No | No | N/A | Opzelura®, See 340BESP™ | Yes | | 10/16/23 | |
| 17 | Jazz Pharmaceuticals | Hospitals | Yes | Yes | No | No | Yes, Wholly Owned or CP | No | No | No | No | N/A | Epidiolex®, NDCs per manufacturer's latest policy | No | | 10/9/2023 | |
| 18 | Johnson & Johnson | Hospitals | Yes | Yes | No | Yes, Wholly Owned or CP, Data from In-House Required | Yes, Wholly Owned or CP with Data Required | Yes | Yes, PAH LDD Drugs | Yes | No | 45 Days | See 340BESP™, PAH LDD ⁵ Drugs | Yes | | 5/2/2022 | 3/7/2023 |
| 19 | Lilly | All CE's | No | Yes | Yes | No | Yes | No | No | No | Yes, (Insulin 340B Cost Must be Passed to Patient. No Mark-up for CE or Pharmacy.) | 45 Days | See 340BESP™ | Yes | | 9/1/2020 | 11/16/2023 |
| 20 | Liquidia | All CE's | No | Yes | No | No | Yes, single Accredo or Caremark/CVS Specialty | No | No | Yes | No | 45 Days | Yutrepia™ Not Currently FDA Approved | Yes | AR | 4/1/2024 | |
| 21 | MERCK | Hospitals, CH/CHC | Yes, Except CH/CHC | Yes | No | No | Yes, Wholly Owned or CP | Yes | No | No | No | 45 Days | See 340BESP™ | Yes | AR, LA ⁶ | 9/1/2021 | 4/12/2024 |
| 22 | NOVARTIS | Hospitals | Yes | Yes | Yes | No | Yes | No | No | No | No | N/A | See 340BESP™ | Yes | | 11/16/2020 | 5/1/2023 |
| 23 | novo nordisk® | Hospitals | Yes | Yes | Yes, with Data Submission | Yes, 1 Retail & 1 Specialty | Yes, 1 Retail & 1 Specialty | No | Yes | No | No | 45 Days | See 340BESP™ | Yes | AR ⁶ | 1/1/2021 | 1/19/2024 |
| 24 | ORGANON | Hospitals | Yes | Yes | No | No | Yes, Wholly Owned or CP with Data Required | No | No | Yes | No | 45 Days | See 340BESP™ | Yes | AR, LA ⁶ | 7/1/2023 | 12/1/2023 |
| 25 | Pfizer | Hospitals | Yes | Yes | Yes, Oral Oncology & Vyndamax® and Vyndaqel® | No | Yes | No | Yes | No | Yes, Oral Oncology & Vyndamax® and Vyndaqel® | 45 Days | See 340BESP™ | Yes | AR, LA | 3/1/2022 | 11/1/2023 |
| 26 | SANDOZ | Hospitals | Yes | Yes | Yes | No | Yes, Data Required | Yes | No | Yes | No | Not Defined | See 340BESP™ | Yes | AR, LA | 12/1/2023 | |
| 27 | sanofi | CAH, DSH, RRC, SCH & CH/CHC | Yes, Except CH/CHC | Yes | Yes, CH/CHC Only | Yes, CH/CHC Only | Yes, Wholly Owned or CP with Data Required | No | No | No | Yes, CH/CHC Only | 45 Days | See 340BESP™ | Yes | AR | 10/1/2020 | 3/18/2024 |
| 28 | Sumitomo Pharma | All CE's | No | Yes | Yes, for Orgovyx® | No | Yes | Yes | Yes, for Orgovyx® | No | No | 45 Days | See 340BESP™ | Yes | AR, LA ⁶ | 5/1/2024 | |
| 29 | Takeda | Hospitals | Yes | Yes | Yes, with Data Submission | No | Yes, Wholly Owned or CP with Data Required | Yes | Yes | Yes | No | 45 Days | See 340BESP™ | Yes | | 1/22/2024 | 3/22/2024 |
| 30 | teva | Hospitals | Yes | Yes | No | No | Yes, Wholly Owned or CP with Data Required | Yes | No | Yes | No | 45 Days | See 340BESP™ | Yes | AR | 7/5/2023 | 4/8/2024 |
| 31 | ucb | Hospitals | Yes | Yes | No | No | Yes | No | No | No | No | N/A | NDCs per manufacturer's latest policy | No | | 12/13/2021 | 10/2/2023 |
| 32 | United Therapeutics CORPORATION | All CE's | No | Yes | No | Yes | Yes | No | No | Yes | Yes | Not Defined | All drugs except Adcirca®, See 340BESP™ | Yes | | 11/20/2020 | 12/1/2021 |

| Key Terms | Definition |
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| ¹ Grantee Exemption | Grantee exemption means that the drug manufacturer policy does not apply to federal grantees. Federal grantee covered entities are non-hospital covered entities described in sections 340B(a)(4)(A) through (K) of the PHSA which include entities that receive certain Federal grants, Federal contracts, Federal designations, or establish Federal projects. |
| ² Wholly Owned/Common Ownership | Pharmacies registered as contract pharmacies which are wholly owned by a 340B covered entity or have common ownership with a 340B covered entity. |
| ³ CP | CP stands for Contract Pharmacy. |
| ⁴ In-house | Pharmacies which are owned by the 340B covered entity but not registered as a contract pharmacy. The pharmacy shipping address should appear on the 340B OPAIS database under shipping addresses. |
| ⁵ LDD | LDD stands for limited distribution drug. A limited distribution drug is a specialty drug which the pharmaceutical manufacturer has limited the number of specialty pharmacies that have access to the drug. |
| ⁶ Lookback Period | Once 340B pricing is restored for a specific contract pharmacy, the covered entity may then place a replenishment order for those qualified claims that adhere to a pharmaceutical manufacturer's lookback policy (e.g. claims with a fill date that occurred within the 45 days prior to the data submission). |
| ⁷ State Exemption | Manufacturers' policy specifically defines the policy does not apply in a State(s). AR = Arkansas, LA = Louisiana. |
| ⁸ State Exemption Limitation | CE required to submit data via 340B ESP™ or required to submit data via 340B ESP™ for 340B pricing at all contract pharmacies. |

