



April 16, 2025

Pfizer Provides Updates to Defined Distribution Systems in the State of Nebraska

Dear 340B Hospital Covered Entity,

This letter provides notice of updates to Pfizer's Defined Distribution systems, for Nebraska 340B hospital covered entities.¹ These updates apply to 340B hospital covered entity purchases at 340B ceiling prices on or after April 9, 2025.

The updates are as follows:

- Any eligible 340B hospital covered entity registered on HRSA 340B OPAIS with a Nebraska address may use one or multiple of their registered contract pharmacy locations to receive Bill To / Ship To deliveries at the 340B ceiling price for the Pfizer products listed in Exhibit A, Table 1.
 - No action is needed by OPAIS registered Nebraska 340B hospital covered entities to implement this change.
 - Pfizer has notified its contracted wholesalers to ship 340B priced products listed on Exhibit A Table 1 to any validly registered OPAIS contract pharmacy location found on the HRSA 340B OPAIS database if ordered by any eligible 340B hospital covered entity registered with a Nebraska address.
 - Each contract pharmacy location must be registered individually on the HRSA 340B OPAIS contract pharmacy database.
- This update does not represent a change for Federal grantee covered entities. As has always remained the case under Pfizer's policy, any 340B covered entities that are Federal grantees² may continue to use their OPAIS registered contract pharmacies and receive Bill To / Ship To deliveries at the 340B ceiling price at these OPAIS registered contract pharmacies. Federal grantees may continue to have multiple contract pharmacy relationships for these products.

¹ The term "340B hospital covered entity" in this letter refers to those entities eligible for participation in the 340B Drug Pricing Program under 42 U.S.C. §256b(a)(4)(L)-(O)

² Federal grantees are eligible for 340B participation under 42 U.S.C. § 256b(a)(4)(A)-(K). Federal grantee 340B covered entities are: Black Lung Clinics Program; Consolidated Health Center Program; Title X funded Family Planning; Tribal Contract/Compact with IHS (P.L. 93-638); Federally Qualified Health Center Look-Alikes; Comprehensive Hemophilia Treatment Center; Native Hawaiian Health Care Program; Ryan White Clinics; Sexually Transmitted Diseases; Tuberculosis, and Urban Indian.

- Pfizer's defined distribution policy for Vyndamax® and Vyndaqel® in the state of Nebraska has one change. 340B covered entities registered on HRSA 340B OPAIS with a Nebraska address may engage in multiple VYNDA Network specialty contract pharmacy arrangements without providing limited claims data. Pfizer's defined distribution policy for Vyndamax® and Vyndaqel® is available at [Second Sight Solutions \(340besp.com\)](http://SecondSightSolutions.com) under Pfizer policy, Exhibit B. The Vyndamax® and Vyndaqel® products are listed in the attached Exhibit A, Table 2.
- Pfizer's Defined Oncology Distribution Network ("DON") for oral oncology medicines in the state of Nebraska has one change. 340B covered entities registered on HRSA 340B OPAIS with a Nebraska address may engage in multiple DON Network specialty contract pharmacy arrangements without providing limited claims data. Pfizer's defined distribution policy for oral oncology medicines is available at [Second Sight Solutions \(340besp.com\)](http://SecondSightSolutions.com) under Pfizer policy, Exhibit C. The DON products are listed in the attached Exhibit A, Table 3.

Pfizer is continuing to utilize the Second Sight Solutions' 340B ESP™ platform (www.340besp.com) to support the Defined Distribution systems for Pfizer products.

Pfizer will continue to review and assess developments relating to state laws that address the 340B Program and may update this policy in the future.

Voluntary Submission of Claims Level Data

- A 340B covered entity may voluntarily submit claims data for any Pfizer products dispensed by one or multiple contract pharmacy(ies) via the 340B ESP™ platform.
- Please visit www.340BESP.com for additional information.

If you have questions regarding the change in distribution for 340B hospital covered entities in Nebraska, please contact Pfizer at 340BCP@pfizer.com

Thank you for your interest in Pfizer's products for your patients.

Paul Hiley



Authorizing Official (AO)
Director/Team Leader, Government Contracts



EXHIBIT A

Cibinqo™ (abrocitinib), Estrin® (estradiol), Genotropin® (somatropin [rDNA origin]), Inflectra® (infliximab-dyyb), Ngenla® (somatropin-ghla), Nivestym™ (filgrastim-aafi), Nurtec® (rimegepant), Nyvepria™ (Pegfilgrastim-apgf), Paxlovid™ (nirmatrelvir; ritonavir), Premarin® Tablets and Vaginal Cream (conjugated estrogens), Premphase® and Prempro® (conjugated estrogens/medroxy progesterone acetate), Ruxience™ (rituximab-pvvr), Trazimera™ (trastuzumab-quup), Xeljanz® and Xeljanz XR® (tofacitinib), Zavzpret™ (zavegepant) and Zirabev™ (bevacizumab-bvzr).

Table 1: Pfizer Defined Distribution Products by NDC11

Products	NDC 11	Description
Cibinqo™ (abrocitinib)	00069-0235-30	50 mg Tablet
Cibinqo™ (abrocitinib)	00069-0335-30	100 mg Tablet
Cibinqo™ (abrocitinib)	00069-0435-30	200 mg Tablet
Estrin® (estradiol)	00013-1042-01	2 mg Vaginal Ring
Genotropin® (somatropin [rDNA origin]) Lyophilized Powder	00013-2626-81	5.0 mg Cartridge
Genotropin® (somatropin [rDNA origin]) Lyophilized Powder	00013-2646-81	12.0 mg Cartridge
Genotropin® (somatropin [rDNA origin]) MiniQuick®	00013-2649-02	0.2 mg Syringe
Genotropin® (somatropin [rDNA origin]) MiniQuick®	00013-2650-02	0.4 mg Syringe
Genotropin® (somatropin [rDNA origin]) MiniQuick®	00013-2651-02	0.6 mg Syringe
Genotropin® (somatropin [rDNA origin]) MiniQuick®	00013-2652-02	0.8 mg Syringe
Genotropin® (somatropin [rDNA origin]) MiniQuick®	00013-2653-02	1.0 mg Syringe
Genotropin® (somatropin [rDNA origin]) MiniQuick®	00013-2654-02	1.2 mg Syringe
Genotropin® (somatropin [rDNA origin]) MiniQuick®	00013-2655-02	1.4 mg Syringe
Genotropin® (somatropin [rDNA origin]) MiniQuick®	00013-2656-02	1.6 mg Syringe
Genotropin® (somatropin [rDNA origin]) MiniQuick®	00013-2657-02	1.8 mg Syringe
Genotropin® (somatropin [rDNA origin]) MiniQuick®	00013-2658-02	2.0 mg Syringe

Inflectra® (infliximab-dyyb)	00069-0809-01	20 mL/100 mg Glass Vial
NGENLA® (somatrogon-ghla)	00069-0505-02	24 mg 1.2 mL Prefilled Pen
NGENLA® (somatrogon-ghla)	00069-0520-02	60 mg 1.2 mL Prefilled Pen
Nivestym™ (filgrastim-aafi)	00069-0291-01	300 mcg/0.5 mL Pre-filled Syringe
Nivestym™ (filgrastim-aafi)	00069-0291-10	300 mcg/0.5 mL Pre-filled Syringe
Nivestym™ (filgrastim-aafi)	00069-0293-10	300 mcg/1.0 mL Single Dose Vial
Nivestym™ (filgrastim-aafi)	00069-0292-01	480 mcg/0.8 mL Pre-filled Syringe
Nivestym™ (filgrastim-aafi)	00069-0292-10	480 mcg/0.8 mL Pre-filled Syringe
Nivestym™ (filgrastim-aafi)	00069-0294-10	480 mcg/1.6 mL Single Dose Vial
NURTEC® (rimegepant)	72618-3000-02	75mg disintegrating tablet (blister pkg of 8)
Nyvepria™ (Pegfilgrastim-apgf)	00069-0324-01	6 mg/0.6 mL Single Dose Prefilled Syringe
Paxlovid™ (nirmatrelvir; ritonavir)	00069-5317-20	150 mg/100 mg Dose Pack Tablet
Paxlovid™ (nirmatrelvir; ritonavir)	00069-5321-30	300 mg/100 mg Dose Pack Tablet
Premarin® (conjugated estrogens) Intravenous	00046-0749-05	25 mg Vial
Premarin® (conjugated estrogens)	00046-1100-81	0.3 mg Tablet
Premarin® (conjugated estrogens)	00046-1100-91	0.3 mg Tablet
Premarin® (conjugated estrogens)	00046-1101-81	0.45 mg Tablet
Premarin® (conjugated estrogens)	00046-1102-81	0.625 mg Tablet
Premarin® (conjugated estrogens)	00046-1102-91	0.625 mg Tablet
Premarin® (conjugated estrogens)	00046-1103-81	0.9 mg Tablet
Premarin® (conjugated estrogens)	00046-1104-81	1.25 mg Tablet
Premarin® (conjugated estrogens)	00046-1104-91	1.25 mg Tablet
Premarin® (conjugated estrogens) Vaginal Cream	00046-0872-21	0.625 mg/30 gm Tube
Premphase® (conjugated estrogens/medroxy progesterone acetate) Tablets Rx	00046-2575-12	0.625 mg/5 mg Tablet
Prempro® (conjugated estrogens/medroxy progesterone acetate) Tablets Rx	00046-1105-11	0.3 mg/1.5 mg Tablet
Prempro® (conjugated estrogens/medroxy progesterone acetate) Tablets Rx	00046-1106-11	0.45 mg/1.5 mg Tablet
Prempro® (conjugated estrogens/medroxy progesterone acetate) Tablets Rx	00046-1107-11	0.625 mg/2.5 mg Tablet
Prempro® (conjugated estrogens/medroxy progesterone acetate) Tablets Rx	00046-1108-11	0.625 mg/5 mg Tablet
Ruxience™ (rituximab-pvvr)	00069-0238-01	100 mg/10mL Vials

Ruxience™ (rituximab-pvvr)	00069-0249-01	500 mg/50 mL Vials
Trazimera™ (trastuzumab-quup)	00069-0308-01	150 mg Single-dose Vial
Trazimera™ (trastuzumab-quup)	00069-0305-01	420 mg Glass Vial
Xeljanz XR® (tofacitinib)	00069-0501-30	11 mg Tablet
Xeljanz XR® (tofacitinib)	00069-0502-30	22mg Tablet
Xeljanz® (tofacitinib) Oral Solution	00069-1029-02	1 mg/mL (240mL bottle)
Xeljanz® (tofacitinib)	00069-1002-01	10 mg Tablet
Xeljanz® (tofacitinib)	00069-1001-01	5 mg Tablet
ZAVZPRET™ (zavegepant)	00069-3500-02	10 mg Nasal Spray
Zirabev™ (bevacizumab-bvzr)	00069-0342-01	400 mg/16mL Injection
Zirabev™ (bevacizumab-bvzr)	00069-0315-01	100 mg/4mL Injection

Table 2: Pfizer Defined Distribution VYNDA Network Products by NDC11

Products	NDC 11	Description
Vyndamax® (tafamidis)	00069-8730-30	61 mg Capsule Blister pac (3x10 Blister Pac)
Vyndaqel® (tafamidis meglumine)	00069-1975-40	20 mg Capsule (4x30 Blister Pac)

Table 3: Pfizer Defined Distribution, Defined Oncology Network (DON) Products by NDC11

Bosulif® (bosutinib), Braftovi® (encorafenib), Daurismo™ (glasdegib), Ibrance® (palbociclib), Inlyta® (axitinib Tablets), Lorbrena® (lorlatinib), Mektovi® (binimetinib), Sutent® (sunitinib malate), Talzena™ (talazoparib), Vizimpro® (dacomitinib), Xalkori® (crizotinib)

Products	NDC 11	Description
Bosulif® (bosutinib)	BOSULIF 100MG TAB 120 US	00069-0135-01
	BOSULIF 400MG TAB 1X30 BTL US	00069-0193-01
	BOSULIF 500MG TAB 30 US	00069-0136-01
	BOSULIF 50MG CAP 30	00069-0504-30
	BOSULIF 100MG CAP 150	00069-1014-15
Braftovi® (encorafenib)	BRAFTOVI CAP 75MG 60	70255-0025-03
	BRAFTOVI CAP 75MG 90	70255-0025-01
Daurismo™ (glasdegib)	DAURISMO 100MG TAB 1X30 BTL US	00069-1531-30

	DAURISMO 25MG TAB 1X60 BTL US	00069-0298-60
Ibrance® (palbociclib)	IBRANCE 100MG CAP 1X21 BTL US	00069-0188-21
	IBRANCE 100MG FCT 3X7 BLS US	00069-0486-03
	IBRANCE 125MG CAP 1X21 BTL US	00069-0189-21
	IBRANCE 125MG FCT 3X7 BLS US	00069-0688-03
	IBRANCE 75MG CAP 1X21 BTL US	00069-0187-21
	IBRANCE 75MG FCT 3X7 BLS US	00069-0284-03
Inlyta® (axitinib)	INLYTA (AXITINIB) 1MG TABLETS	00069-0145-01
	INLYTA (AXITINIB) 5MG TABLETS	00069-0151-11
Lorbrena® (lorlatinib)	LORBRENA 100MG FCT 1X30 BTL US	00069-0231-01
	LORBRENA 25MG FCT 1X30 BTL US	00069-0227-01
	LORBRENA 25MG 120	00069-0227-03
Mektovi® (binimetinib)	MEKTOVI TAB 15MG 180	70255-0010-02
Sutent® (sunitinib malate)	SUTENT 37.5MG HFC 1X28 PBTL US	00069-0830-38
	SUTENT CAP 12.5MG 28	00069-0550-38
	SUTENT CAP 25MG 28	00069-0770-38
	SUTENT CAP 50MG 28	00069-0980-38
Talzenna™ (talazoparib)	TALZENNA 0.1 mg Soft Gel Capsule	00069-0252-30
	TALZENNA 0.25 mg Soft Gel Capsule	00069-0353-30
	TALZENNA 0.35 mg Soft Gel Capsule	00069-0454-30
	TALZENNA 0.5 mg Soft Gel Capsule	00069-0546-30
	TALZENNA 0.75 mg Soft Gel Capsule	00069-0655-30
	TALZENNA 1 mg Soft Gel Capsule	00069-0757-30
<i>Discontinued Feb 28, 2025</i>	TALZENNA 0.25MG CAP 1X30 BTL US	00069-0296-30
<i>Discontinued Feb 28, 2025</i>	TALZENNA 1MG CAP 1X30 BTL US	00069-1195-30
<i>Discontinued Feb 28, 2025</i>	TALZENNA 0.5MG CAP 1X30 BTL US	00069-1501-30
<i>Discontinued Feb 28, 2025</i>	TALZENNA 0.75MG CAP 1X30 BTL US	00069-1751-30
<i>Discontinued Feb 28, 2025</i>	TALZENNA 0.1 MG CAP 1X30 BTL US	00069-1031-30
<i>Discontinued Feb 28, 2025</i>	TALZENNA 0.35 MG CAP 1X30 BTL US	00069-1235-30
Vizimpro® (dacomitinib)	VIZIMPRO 15MG FCT 1X30 BTL US	00069-0197-30
	VIZIMPRO 30MG FCT 1X30 BTL US	00069-1198-30
	VIZIMPRO 45MG FCT 1X30 BTL US	00069-2299-30
Xalkori® (crizotinib)	XALKORI (CRIZOTINIB) 200 MG CAPSULES	00069-8141-20
	XALKORI (CRIZOTINIB) 250 MG CAPSULES	00069-8140-20