cencora

Manufacturer restrictions

	Entities affected			Pharmacy restrictions				Requirements			Medications affected	Contact
Manufacturer	**Hospitals (PED, DSH, CAH, CAN, RRC, SCH)**	**Federal Grantees (Ryan White, CH(C), FQHC)**	**Specific CE states that are not affected**	**Contract Pharmacy Restriction**	**Within 40 Miles**	**Wholly Owned Exemption**	**Central-Fill Pharmacies**	**Data Share**	**340B ESP™ Platform**	**Beacon**	**Items**	**Primary Email**
AbbVie / Pharmacyclics	Yes	Yes	Arkansas Minnesota Mississippi Missouri Nebraksa Maryland (with claims submission)	Single CP (if no entity-owned pharmacy) For Duopa / Elahere / Imbruvica / Venclexta / Vyalev: one additional LDN CP	Yes	No	N/A	Required	Yes	No	Updated 2/27/25: Actonel, Acular, Acular LS, Acuvail, Alphagan P, Androderm, Androgel, Armour Thyroid, Atelvia, Avycaz, Bentyl, Botox, Bystolic, Canasa, Carafate, Celexa, Combigan, Condylox, Creon, Crinone, Dalvance, Delzicol, Depakote, Duopa, Durysta, Elahere, Estrace, Fetzima, FML, FML Forte, Gelnique, Gengraf, Humira, Imbruvica, Infed, Kaletra, K-tab, Kybella, Lastacaft, Latisse, Lexapro, Linzess, LO Loestrin FE, Lumigan, Lupron, Mayvret, Namenda, Namenda (XR), Namzaric, Norvir, Ocuflox, Oriahnn, Orlissa, Oxytrol, Ozurdex, Pred Forte, Pred Mild, Pylera, Qulipta, Rapaflo, Rectiv, Refresh, Restasis, Rinvoq, Saphris, Savella, Skyrizi, Survanta Synthroid, Taytulla, Teflaro, Tricor, Trilipix Ubrelvy, Ultane, Uros Forte (250), Venclexta, Viberzi, Viibryd, Vraylar, Vuity, Vyalev, Zemplar	support@340BESP.com
Alkermes	Yes	Yes	Arkansas Louisiana Mississippi Maryland Minnesota Missouri Nebraska Utah	Single CP (if no entity-owned pharmacy)	No	No	N/A	No	Yes	No	All products	support@340BESP.com
Amgen	Yes	Yes	Arkansas Maryland Mississippi Missouri Utah South Dakota North Dakota	Single CP (if no entity-owned pharmacy) If submit data: Additional CP (If have entity-owned pharmacy)	Yes	No	N/A	No; Required (if utilizing in-house pharmacy AND one CP)	Yes	No	Repatha®, Tezspire®, Amjevita®, Aimovig®, Enbrel®, Otezla®	support@340BESP.com
Astellas	Yes	No	Arkansas, Louisiana, Maryland, Mississippi	Single CP (if no entity-owned pharmacy)	No	No	N/A	No	Yes	No	Xtandi®, Myrbetriq®	support@340BESP.com
AstraZeneca	Yes	Yes	Arkansas	Single CP (if no entity-owned pharmacy) Specialty Medications: Single Specialty Pharmacy (if no-entity owned pharamcy or in house pharmcy incapablae of dispensing specialty medications)	No	No	Yes	Yes	Yes	No	All Items beginning with NDC Labeler Code 00310 AirSupra®, Bevespi Aerosphere®, Breztri Aerosphere®, Brilinta®, Bydureon®, Byetta®, Crestor®, Daliresp®, Farxiga®, Kombiglyze® XR, Lokelma™, Nexium®, Onglyza®, Pulmicort®, Qtern®, Seroquel®**, Seroquel XR®**, Symbicort®, Symlin®, Xigduo® XR **Divested as of 3/31/25 Specialty Products: Lynparza, Tagrisso, Truqap	support@340BESP.com
Bausch Health	Yes	Yes	Arkansas West Virigina	Single CP (if no entity-owned pharmacy)	Yes	No	N/A	No	Yes	No	All Branded and unbranded products (List on 340B ESP)	support@340BESP.com

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Manufacturer	**Hospitals (PED, DSH, CAH, CAN, RRC, SCH)**	**Federal Grantees (Ryan White, CH(C), FQHC)**	**Specific CE states that are not affected**	**Contract Pharmacy Restriction**	**Within 40 Miles**	**Wholly Owned Exemption**	**Central-Fill Pharmacies**	**Data Share**	**340B ESP™ Platform**	**Beacon**	**Items**	**Primary Email**
Bausch & Lomb	Yes	Yes		Single CP (if no entity-owned pharmacy)	Yes	No	N/A	Yes (Voluntary)	Yes	No	All Branded and unbranded products (List on 340B ESP)	support@340BESP.com
Bayer	Yes	Yes	Contact support@340BESP.com if state has passed legislation	Single CP (if no entity-owned pharmacy) For Adempas: Additional CP	Yes (*Except for Adempas CP)	No	N/A	Yes	Yes	No	Angeliq®, Betaseron®, Beyaz®, Biltricide®, Cipro®, Climara® Pro TS, Climara® TS, Menostar®, Natazia®, Nexavar®, Safyral®, Stivarga®, Vitrakvi®, Yasmin®, Yaz®, Adempas® (as of 6/1/23), Nubeqa® (as of 6/24/24) *Does NOT include Aliqopa®, Jivi®, Kerendia®, Kogenate®, Kovaltry®, Kyleena®, Lmpit®, Mirena®, Skyla®, Xofigo®	support@340BESP.com
Biogen	Yes	Yes	Arkansas Louisiana Kansas Maryland Minnesota Mississippi Missouri West Virginia Nebraska	Single CP (if no entity-owned pharmacy) For Zurzuvae: Additional CP in LD network	Yes	No	N/A	No	Yes	No	Avonex®, Plegridy®, Zurzuvae™ (added 12/1/2023)	support@340BESP.com
Boehringer Ingelheim	Yes	Yes	Arkansas, Louisiana, Maryland, Mississippi, Missouri	Single CP (if no entity-owned pharmacy); For OFEV: Additional CP	Yes	No	No	Yes	Yes	No	Adalimumab-ADBM®, Aptivus®, Atrovent®, Catapres Patch Combivent® Respimat, Cyltezo®, Glyxambi®, Jardiance®, Jentadueto®, Jentadueto XR®, Micardis®, Micardis HCT®, Mirapex Er, Mobic, OFEV®, Pradaxa®, Spiriva® Handihaler, Spiriva® Respimat, Stiolto® Respimat, Striverdi® Respimat, Synjardy®, Synjardy XR®, Tradjenta®, Trijardy XR®, Viramune XR®	support@340BESP.com
Bristol Myers Squibb	Yes	Yes	Arkansas Maryland Mississippi	Five CPs: one for IMiDs + one for non-IMiDs + one for Camzyos + one for Krazati + one for Augtyro (if no entity-owned pharmacy)	No	Yes	N/A	Yes-serialization (FDA exemption for serialization requirements for manufacturers through May 27th, 2025)	Yes	No	Krazati, Camzyos, Augtyro IMiDs (labeler code 59572): Revlimid®, Pomalyst®Thalomid®, Non-iMiDs (labeler code 00003, 57572, 00056): Abraxane®, Augtryo, Azactam®, Baraclude®, Cobenfy, Eliquis®, Empliciti®, Evotaz®, Idhifa®, Inrebic®, Istodax®, Kenalog® - 10, Kenalog® - 40, Kenalog® - 80, Nulojix®, Onureg®, Opdivo®, Opdivo Qvantig, Opdualag, Orencia®, Orencia® ClickJet, Reblozyl®, Reyataz®, Sotyktu, Sprycel®, Vidaza, Yervoy®, Zeposia® (IMiDs via drop ship exclusively by AmerisourceBergen)	BMS340B@bms.com
Eisai	Yes	No	Arkansas, Louisiana,	Single CP within LDD (if no entity-owned pharmacy)	No	No	N/A	No	Yes	No	Aricept®, Banzel®, Dayvigo®, Lenvima®, Leqembi®, Halaven®	support@340BESP.com
Eli Lilly	Yes	Yes	Arkansas, Louisiana, Maryland, Minneosta, Mississippi, Missouri	Single CP (if no entity-owned pharmacy)	No	No	N/A	No	Yes	No	Labeler codes 00002, 00077 and 66713	340B@lilly.com
EMD Serono	Yes	Yes (except Ryan White somatropin)	Arkansas	Single CP (if no entity-owned pharmacy) For Serostim: One additional Specialty CP Saizen: restriction policy does not apply due to discontinuation from market	Yes	No	N/A	No	Yes	No	All EMDS marketed products *Except Saizen® which has been discontinued by EMDS Ryan White Clinics: exempt from Serostim (somotropin) only - all other EMDS products restricted to contract pharmacy policy	support@340BESP.com

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Exelixis	Yes	No		Single CP (if no entity-owned pharmacy)	No	Yes	N/A	Yes	Yes	No	Cometriq®, Cabometyx®	340B@exelixis.com
Genentech	Yes	No	Arkansas, West Virginia	Single CP (if no entity-owned pharmacy)	No	No	N/A	Yes	Yes	No	All Genentech products except HEMLIBRA and Evrysdi	
Gilead	Yes	Yes		Single CP (if no entity-owned pharmacy) If submit data: unlimited CPs	No	Yes	N/A	No; Required (for unlimited CPs)	Yes	No	Epclusa®, Harvoni®, Sovaldi®, Vosevi® *Does NOT include authorized generics of Epclusa® and Harvoni® offered by subsidiary, Asega Therapeutics.	support@340BESP.com
GlaxoSmithKline	Yes	Yes	Arkansas, Louisiana, West Virginia Minnesota Missouri Mississippi Maryland, Nebraska, Utah	Single CP (if no entity-owned pharmacy) For onc / SP products: additional specialty CP in limited pharmacy network	No	Yes	N/A	No	Yes	No	Advair®, Advair HFA®, Anoro®, Arnuity®, Breo®, Flovent®, Imitrex®, Incruse®, Jemperili®, Krintafel®, Lamictal®, Malarone®, Mepron®, Relenza®, Serevent®, Trelegy®, Valtrex®, Ventolin®, Wellbutrin® Specialty: Benlysta®, Flolan®, Nucala®, Ojjaara®, Zejula®	support@340BESP.com
Incyte	Yes	No		Single CP (if no entity-owned pharmacy)	Yes	No	N/A	No	Yes	No	Opzelura®	support@340BESP.com
Jazz	Yes	No	Arkansas Louisiana West Virigina Maryland Mississippi Kansas Minnesota Missouri	Single CP (if no entity-owned pharmacy)	No	No	N/A	No	Yes	No	Epidiolex®	support@340BESP.com
Johnson & Johnson (Janssen)	Yes Rebate Model: DSH only (postponed)	No	Maryland Mississippi Arkansas	Single CP (regardless if entity-owned pharmacy) For PAH Specialty drugs: additional specialty CP that is part of limited distribution system	Yes	No	N/A	Required	Yes	Yes	Stelara®, Tremfya®, Simponi Aria®, Simponi®, Remicade®, Xarelto®, Invokamet®, Invokamet® XR, Invokana®, Darzalex®, Darzalex Faspro®, Erleada®, Invega Hafyera™, Invega Sustenna®, Invega Trinza®, Invega®, Opsumit®, Uptravi®, Tracleer®, Veletri®, Symtuza®, Prezcobix®, Prezista®, Zytiga®, Procrit®, Edurant®, Elimiron®, Topamax®, Yondelis®, Rybrevant®, Ustekinumab (unbranded Stelara) Rebate Model: Stelara®, Xarelto®	support@340BESP.com
Liquidia	Yes	Yes	Arkansas, Kansas, Louisiana, Maryland, Minnesota, Mississippi, West Viriginia	Single Accredo or Caremark / CVS Specialty contract pharmacy	No	No	N/A	Required	Yes	No	Yutrepia	support@340BESP.com
Mallinckrodt	Yes	No		Single designated CP limited distribution network for Acthar. Mallinckrodt's limited distribution network for Acthar currently includes CVS, Walgreens Alliance Rx, OptumRx, Senderra, Humana, Alivia (Puerto Rico), Kaiser, and Accredo.	No	No	N/A	Required	No	No	Acthar Gel	FFFCustomerCare@fffenterprises.com

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Manufacturer	**Hospitals (PED, DSH, CAH, CAN, RRC, SCH)**	**Federal Grantees (Ryan White, CH(C), FQHC)**	**Specific CE states that are not affected**	**Contract Pharmacy Restriction**	**Within 40 Miles**	**Wholly Owned Exemption**	**Central-Fill Pharmacies**	**Data Share**	**340B ESP™ Platform**	**Beacon**	**Items**	**Primary Email**
Merck	Yes	Only CH / CHC	Arkansas, Louisiana, Maryland, Mississippi, Kansas, West Virginia Minnesota Missouri South Dakota, Nebraska, Utah, North Dakota	NOT in Arkansas, Louisiana, Maryland, Minnesota, Mississippi, Missouri, West Virginia: Single CP (have the option of wholly owned pharmac as CP) IN Arkansas, Louisiana, Maryland, Minnesota, Mississippi, Missouri, West Virginia: Unlimited number of CP as long as they submit claims data	Yes	No	N/A	No - South Dakota, North Dakota, Nebraska, Utah Louisiana /Arkansas / Maryland / Mississippi / Kansas / Minnesota / Missouri / West Virginia Required	Yes	No	Belsomra®, Januvia®, Janumet®, Janumet XR®, Steglatro®, Steglujan®, Segluromet®, Winrevair, Verquvo®	support@340BESP.com
Novartis	Yes	No	Arkansas, Maryland, Mississippi, Missouri, Minnesota, Louisiana, Nebraska	Single CP (if no entity-owned pharmacy)	No	No	No	No	Yes (Except Arkansas & Nebraska)	No	All Products	Novartis.340B@novartis.com
Novo Nordisk	Yes	Yes	Arkansas	Two CPs (regardless if entity-owned pharmacy) If submit data: unlimited wholly owned CPs	No	Yes (must submit data)	N/A	No; Required (for unlimited wholly owned CPs and for Federal Grantees)	Yes	No	Labeler codes 00169, 71090 and 73070 Esperoct®, Fiasp®, Glucagen®, Insulin Aspart, Levemir®, Macrilen®, Norditropin® Flexpro, Novoeight®, Novolin® 70 / 30, Novolin N®, Novolin R®, Novolog®, Novoseven®, Ozempic®, Rebinyn®, Rybelsus®, Saxenda®, Tresiba®, Tretten®, Vagifem®, Victoza®, Wegovy®, Xultophy®	support@340BESP.com
Organon	Yes	Yes (CH only)	Arkansas, Louisiana, Kansas Maryland Mississippi West Viriginia Minnesota Missouri Utah Nebraska	Single CP (regardless if entity-owned pharmacy)	No	No	N/A	Required (except for Utah, Nebraska, West Virigina)	Yes	No		support@340BESP.com
Pfizer (DON + Others)	Yes	No	Arkansas, Louisiana, Minnesota, Mississippi, Maryland Missouri, Utah, Nebraska	Defined Oncology Distribution Network (DON) - (i) single specialty contract pharmacy (if no entity-owned pharmacy) or (ii) if submit data: multiple speiclaty CPs Xeljanz: Single CP (if no entity-owned pharmacy)	No	Yes (For DON only)	N/A	No; Required (DON: for multiple Sp CPs)	Yes	No	Defined Distribution: Cibinqo, Estring, Genotropin, Inflectra, Ngenla, Nivestym, Nurtec, Nyvepria, Paxlovid Premarin, Premphase, Prempro, Ruxience, Trazimera, Xeljanz, Xeljanz XR, Zavzpret, Zirabev VYNDA Network: Vyndaquel and Vyndamax DON: Bosulif, Braftovi, Daurismo, Ibrance, Inlyta, Lorbrena, Mektovi, Sutent, Talzenna, Vizimpro, and Xalkori	340BCP@pfizer.com
Pfizer (VYNDA)	Yes	No	Arkansas, Louisiana, Minnesota, Mississippi, Maryland Missouri, Utah, Nebraska	Single Specialty CP (if no entity-owned pharmacy) If submit data: Multiple VYNDA Network Specialty CPs	No	Yes	N/A	No; Required (for multiple Sp CPs)	Yes	No	Vyndamax®, Vyndaquel®	340BCP@pfizer.com

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Sandoz	Yes	No	Arkansas Louisiana West Virignia Maryland Mississippi Kansas Missouri Minnesota Nebraska Utah	Single CP (if no entity-owned pharmacy)	Yes	Yes	N/A	Required	Yes	No	Adalimumab-ADAZ, Arranon, Azopt, Ciloxan, Cipro HC, Dureol, Exelon, Focalin, Focalin XR, Hycamtin, Hyrimoz, Lescol XL, Lotrel, Maxitrol, Omnitrope, Pyzchiva, Reclast, Ritalin, Ritalin LA, Travatan Z, Vivelle Dot, Zarxio	support@340BESP.com
Sanofi	CAH, DSH, RRC, SCH CH	*See below*	Arkansas Maryland Mississippi Kansas (Exemption ends 1/31/25) Missiouri West Virginia (Exemption ends 1/31/25)	Single CP (if no entity-owned pharmacy)	No	No	N/A	Yes	Yes (CP designation)	Yes (Data Sub-mission)	Contract Pharmacy & Credit Model: Admelog, Adlyxin, Amaryl, Ambien, Apidra, Arava, Avalide, Avapro, Doxercalciferol, Dupixent, Enoxaparin Sodium, Flomax, Insulin Glargine, Irbesartan, Kevzara, Lantus, Leflunomide, Lovenox, Multaq, Plavix, Priftin, Primaquine, Renagel, Renvela, Sevelamer, Soliqua, Toujeo, Zolpidem	Sanofi340BOperations@Sanofi.com
Sanofi (CH only*)	*See above*	Only CH	Arkansas Maryland Mississippi Kansas (Exemption ends 1/31/25) Missiouri West Virginia (Exemption ends 1/31/25)	Single CP (if no entity-owned pharmacy)	No	No	N/A	No	Yes (CP designation)	Yes (Data Sub-mission)	Contract Pharmacy & Credit Model: Admelog, Ambien, Apidra, Arava, Avalide, Avapro, Doxercalciferol, Dupixent, Enoxaparin Sodium, Flomax, Insulin Glargine, Irbesartan, Kevzara, Lantus, Leflunomide, Lovenox, Multaq, Plavix, Priftin, Primaquine, Renvela, Sevelamer, Soliqua, Toujeo, Zolpidem	Sanofi340BOperations@Sanofi.com
Sobi	Yes	Yes	Arkansas Kansas Louisiana Maryland Minnesota Mississippi Missouri Nebraska Utah West Virigina	Single CP (if no entity-owned pharmacy)	Yes	No	N/A	No	Yes	No	Doptelet, Kineret, Vonjo	support@340BESP.com
Sumitomo	Yes	Yes	Arkansas Louisiana Maryland Minnesota Mississippi Missouri West Virginia Nebraska South Dakota North Dakota Utah	Single CP (if no entity-owned pharmacy)	Yes (*Except for Orgovyx)	Yes	No	Yes (State specific)	Yes	No	Aptiom, Gemtesa, Myfembree, Orgovyx	support@340BESP.com

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Takeda	Yes	No	Takeda does not provide a list of states. Eligibility is provided to distributors via the weekly files.	Single CP (if no entity-owned pharmacy) LDN Products Single CP in LDN (if no entity-owned pharmacy) No multiple Wholly Owned Pharmacy designations	Yes *Except for LDN Products	No	N/A	No	Yes	No	Effective January 22, 2024: Entyvio Pen, Entyvio IV, Trintellix, Motegrity, Mydayis, Dexilant, Adderall XR, Pentasa, Vyvanse Effective February 16, 2024: Iclusig, Alunbrig, Fruzaqla Effective March 22, 2024: Ninlaro Effective May 23, 2025: All products previously listed	support@340BESP.com
Teva	Yes	No	Arkansas, Louisiana	Single CP (if no entity-owned pharmacy) Louisiana / Arkansas: unlimited CPs	Yes	No	n/a	Yes	Yes	No	Actiq®, Adderall®, Adipex-P®, Airduo Respiclick®, Airduo Digihaler®, Ajovy®, Amrix®, Armonair® Digihaler®, Aygestin®, Azliect®, Bendeka®, Cinqair®, Copaxone®, Fentora®, Fioricet®, Gabitril®, Galzin®, Granix®, Loestrin®, Loseasonique®, Mircette®, Nuvigil®, Prefest®, Proair®, Proglycem®, Provigil®, Qnasl®, Quartette®, Qar Redihaler®, Seasonique®, Synribo®, Treanda®, Trexall®, Trisenox®, Uzedy®, Ziac®, Austedo®, Austedo XR®, Alvaiz, Simlandi, Selarsdi	support@340BESP.com
UCB	Yes	Yes	Arkansas, West Virginia	Single CP (if no entity-owned pharmacy)	Yes	No	n/a	Yes	Yes	No	Bimzelx®, Briviact®, Cimzia®, Keppra®, Keppra XR®, Nayzilam®, Neupro®, Vimpat® Fintepla®, Rystiggo®, and Zibrysq® are subject to limited distribution network	support@340BESP.com
United Therapeutics	Yes	Yes		All eligible CPs	No	N/A	N/A	Yes	Yes	No	Applies to all of United Therapeutics Corporation's covered outpatient drugs, except for Adcirca (tadalifil)	340b@unither.com
Vertex	Yes	No	Arkansas Kansas Louisiana Maryland Minnesota Mississippi West Viriginia Missouri Utah Nebraska South Dakota North Dakota	Single CP (if no entity-owned pharmacy)	No	No	N/A	Optional	Yes	No	Kalydeco, Orkambi, Symdeko, Trikaftam, AlyfTrek, Journavx. Does not include Casgevy	support@340BESP.com
Viatris	Yes	Only CH	Arkansas Louisiana West Virginia Minnesota Mississippi Kansas Maryland Missouri Viatris will no longer send state specific exemptions. 340BESP will be the soure of truth for Viatris state exemptions	Single CP (if no entity-owned pharmacy)	No	N/A	N/A	No	Yes	No	Celebrex, Effexor XR, Lipitor, Lyrica, Neurontin, Norvasc, Relpax, Revatio, Viagra, Xalatan, Xanax, Zoloft, Emsam, Epinephrine, Epipen, Epipen Jr, Felbatol, Perforomist, Yupelri	support@340BESP.com

*For all manufacturer restriction letters please visit AmerisourceBergen's 340B manufacturer updates page

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