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 Colorado Hawaii (with claims submission) Maine Maryland (with claims submission) Mississippi (with claims submission) Missouri Nebraksa Oklahoma North Dakota Rhode Island South Dakota Tennessee Vermont	Single CP (if no entity-owned pharmacy) For Duopa / Elahere / Imbruvica / Venclexta / Vyalev: one additional LDN CP	x	No	N/A	Required (Hawaii, Mississippi, Maryland)	Yes	No	Please visit 340BESP.com for full NDC detail	support@340BESP.com
Alkermes	Yes	Yes	Arkansas Louisiana Mississippi Maryland Minnesota Missouri Nebraska Utah Hawaii South Dakota Vermont North Dakota Colorado Oregon Maine Rhode Island	Single CP (if no entity-owned pharmacy)	No	No	N/A	No	Yes	No	All NDCs	support@340BESP.com
Amgen	Yes	Yes	Arkansas Maryland Mississippi Missouri Utah South Dakota North Dakota Tennessee Vermont Hawaii Nebraska Oklahoma	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	Aimovig, Amjevita, Enbrel, Otezla, Repatha, Tezspire	support@340BESP.com

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Astellas	Yes	No	Arkansas, Louisiana, Maryland, Mississippi	Single CP (if no entity-owned pharmacy)	No	No	N/A	No	Yes	No	Xtandi, Myrbetriq, Cresemba, Xospata	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 & 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 Colorado Hawaii *(Claims submission required) Kansas Louisiana Maryland Maine Minnesota Mississippi Missouri Nebraska North Dakota Oregon Rhode Island South Dakota Utah West Virginia Vermont	Single CP (if no entity-owned pharmacy) For Zurzuvae: Additional CP in LD network	Yes	No	N/A	Yes	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	Yes	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

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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**
Bristol Myers Squibb	Yes	Yes	Arkansas Maryland Mississippi South Dakota Vermont Tennessee North Dakota	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	Yes	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	Yes	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
Exelixis	Yes	No		Single CP (if no in-house pharmacy)	No	No	Yes	Yes	Yes	No	Cometriq®, Cabometyx®	340B@exelixis.com
Genentech	Yes	No	Arkansas, West Virginia	Single CP (if no entity-owned pharmacy)	No	No	Yes	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	No	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
GlaxoSmith-Kline	Yes	Yes	Arkansas Louisiana West Virginia Minnesota Missouri Mississippi Maryland Nebraska Utah Hawaii South Dakota Vermont North Dakota Colorado Maine Oregon Rhode Island	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®, Jemperli®, Krintafel®, Lamictal®, Malarone®, Mepron®, Relenza®, Serevent®, Trelegy®, Valtrex®, Ventolin®, Wellbutrin® Specialty: Benlysta®, Flolan®, Nucala®, Ojjaara®, Zejula®	support@340BESP.com

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Incyte	Yes	No		Single CP (if no in-house outpatient 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 Missouri North Dakota South Dakota	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 (except for North Dakota & South Dakota)	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 Hawaii Kansas Louisiana Maryland Minnesota Mississippi Missouri Nebraska Utah West Virginia Tennessee South Dakota Vermont North Dakota Colorado Oregon Maine Rhode Island	Exclusively locations within Liquidia's limited distribution network (Accredo or Caremark / CVS).	No	No	N/A	Required (except for Nebraska, Tennessee, South Dakota, Vermont, Utah, West Virginia, Arkansas, Colorado, North Dakota, Oregon, Maine, Rhode Island)	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	Yes	No	No	Acthar Gel	FFFCustomerCare@fffenterprises.com to

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Merck	Yes	Only CH / CHC	Arkansas Colorado Hawaii Louisiana Maine Maryland Minnesota Mississippi Missouri Nebraska North Dakota Oklahoma Oregon Rhode Island South Dakota Tennessee Utah Vermont West Virginia	NOT in Arkansas, Hawaii, Louisiana, Maryland, Minnesota, Mississippi, Missouri, Oklahoma, West Virginia: Single CP (have the option of wholly owned pharmac as CP) NOT in Vermont, Tennessee, Colorado,Nebraska, North Dakota, South Dakota, Utah, Maine, Oregon, Rhode Island (Unlimited CP) IN Arkansas, Hawaii, Louisiana, Maryland, Minnesota, Missouri, Oklahoma, West Virginia: Unlimited number of CP as long as they submit claims data	Yes	No	Yes	No: Colorado, Maine, Nebraska, North Dakota, Oregon, Rhode Island, South Dakota, Tennessee, Utah, Vermont Louisiana, Arkansas, Maryland, Mississippi, Minnesota, Missouri, West Virginia, Hawaii, Oklahoma Required	Yes	No	Belsomra®, Januvia®, Janumet®, Janumet XR®, Steglatro®, Steglujan®, Segluromet®, Winrevair, Verquvo®	support@340BESP.com
MTPA	Yes	Yes	See Policy	Single CP (regardless of entity-owned pharmacy)	No	No	N/A	Yes	Yes	No	Radicava ORS (edaravone)	brian_vander-pol@mt-pharma-us.com
Novartis	Yes	No	Arkansas Colorado Hawaii Louisiana Maine Maryland Minnesota Mississippi Missouri Nebraska North Dakota Rhode Island South Dakota Vermont	Single CP (if no entity-owned pharmacy)	No	No	Yes	Yes	Yes (Except Arkansas, Nebraska, South Dakota, Vermont, North Dakota, Colorado, Maine, Rhode Island)	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

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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**
Organon	Yes	Yes (CH only)	Arkansas* Louisiana* Kansas* Maryland* Mississippi* West Viriginia Minnesota* Missouri* Utah Nebraska Vermont Hawaii* South Dakota North Dakota Colorado Maine Oregon Rhode Island Oklahoma	Single CP (regardless if entity-owned pharmacy)	No	No	N/A	Required for all * states	Yes	No	All Organon NDCs	support@340BESP.com
Pfizer (DON + Others)	Yes	No	Arkansas Louisiana Minnesota Mississippi Maryland Missouri Utah Nebraska South Dakota North Dakota Hawaii Colorado Vermont Maine Rhode Island Oklahoma Oregon	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	No	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 South Dakota North Dakota Hawaii Colorado Vermont Maine Rhode Island Oklahoma Oregon	Single Specialty CP (if no entity-owned pharmacy) If submit data: Multiple VYNDA Network Specialty CPs	No	No	N/A	No; Required (DON: 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, Jubbonti, Lescol XL, Lotrel, Maxitrol, Omnitrope, Pyzchiva, Reclast, Ritalin, Ritalin LA, Travatan Z, Vivelle Dot, Wyost, Zarxio	support@340BESP.com
Sanofi	CAH, DSH, RRC, SCH CH	*See below*	Arkansas Colorado Maryland Mississippi Kansas (Exemption ends 1/31/25) Missiouri West Virginia (Exemption ends 1/31/25) South Dakota Vermont North Dakota	Single CP (if no entity-owned pharmacy) For CAH, DSH, RRC, SCH, and CH: One Specialty Pharmacy for Rilzabrutinib	No	No	N/A	Yes	Yes (CP designation)	Yes (Data Submission)	Please visit 340BESP.com for full NDC detail	Sanofi340BOperations@Sanofi.com
Sanofi (CH only*)	*See above*	Only CH	Arkansas Colorado Maryland Mississippi Kansas (Exemption ends 1/31/25) Missiouri West Virginia (Exemption ends 1/31/25) South Dakota Vermont North Dakota	Single CP (if no entity-owned pharmacy) For CAH, DSH, RRC, SCH, and CH: One Specialty Pharmacy for Rilzabrutinib	No	No	N/A	No	Yes (CP designation)	Yes (Data Submission)	Contract Pharmacy & Credit Model: Adlyxin™, Admelog™, Amaryl™, Ambien™, Apidra™, Arava™,Avalide™, Avapro™, Doxercalciferol™, Dupixent, Enoxaparin Sodium™, Flomax™, Insulin Glargine™, Ibesartan™, Kevzara™, Lantus™, Leflunomide™, Lovenox™, Multaq™, Plavix™, Priftin™, Primaquine™, Renagel™, Renvela™, Sevelamer™, Soliqua™, Toujeo™, Zolpidem™	Sanofi340BOperations@Sanofi.com
Sobi	Yes	Yes	Arkansas Colorado Hawaii Kansas Louisiana Maine Maryland Minnesota Missouri Mississippi Nebraska North Dakota Oregon Rhode Island South Dakota Utah Vermont West Virginia	Single CP (if no entity-owned pharmacy)	Yes	No	N/A	No	Yes	No	Doptelet, Kineret, Vonjo	support@340BESP.com

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Sumitomo	Yes	Yes	Arkansas Colorado Hawaii Louisiana Maine Maryland Minnesota Mississippi Missouri West Virginia Nebraska New Mexico South Dakota North Dakota Utah Oklahoma Oregon Rhode Island Vermont	Single CP (if no entity-owned pharmacy)	Yes (*Except for Orgovyx)	Yes	Yes	Yes (State specific)	Yes	No	Aptiom, Gemtesa, Myfembree, Orgovyx	support@340BESP.com
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	See 340BESP.com for the most updated list of NDCs impacted	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

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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