

# ORPHAN DRUG NDCs



Product Name	NDC	Pkg. Qty	Each Size/Description
<b>ANDEXXA®</b>			
POWDER 200 MG	69853-0102-01	4	4 x LYOPHILIZED 200MG VIAL
<b>FASENRA®</b>			
SOLUTION 30MG/ML	00310-1730-30	1	1 PREFILLED SYRINGE
AUTOINJECTOR 30MG/ML	00310-1830-30	1	1 PREFILLED AUTOINJECTOR
<b>IMFINZITM</b>			
LIQUID 120mg/2.4mL	00310-4500-12	1	120 MG VIAL
LIQUID 500mg/10mL	00310-4611-50	1	500 MG VIAL
<b>IRESSA®</b>			
TAB 250MG	00310-0482-30	30	30 COUNT BOTTLE
<b>KOSELUGO™</b>			
CAPSULE 10MG	00310-0610-60	60	60 COUNT BOTTLE
CAPSULE 25MG	00310-0625-60	60	60 COUNT BOTTLE
CAPSULE 10MG	00310-0610-28	28	28 COUNT BOTTLE
CAPSULE 25MG	00310-0625-28	28	28 COUNT BOTTLE
<b>LUMOXITI®</b>			
POWDER 1MG	73380-4700-01	1	LYOPHILIZED 1MG VIAL
IVSS FOR LUMOXITI	73380-4715-09	1	1 ML VIAL
<b>TAGRISO®</b>			
TAB 40MG	00310-1349-30	30	30 COUNT BOTTLE
TAB 80MG	00310-1350-30	30	30 COUNT BOTTLE

<b>CALQUENCE™</b>		<b>**Voluntary pricing restored effective 10/1/22</b>	
CAP 100MG	00310-0512-60	60	60 COUNT BOTTLE
TAB 100MG	00310-3512-60	60	60 COUNT BOTTLE
<b>LYNPARZA®</b>		<b>**Voluntary pricing restored effective 10/1/22</b>	
TAB 100MG	00310-0668-12	120	120 COUNT BOTTLE
TAB 100MG	00310-0668-60	60	60 COUNT BOTTLE
TAB 150MG	00310-0679-12	120	120 COUNT BOTTLE
TAB 150MG	00310-0679-60	60	60 COUNT BOTTLE

Effective October 1<sup>st</sup>, 2022 AstraZeneca will allow 340B covered entities with expansion entity status as defined under the 340B statute at 42 U.S.C. § 256b(e), (which include rural referral centers, sole community hospitals, critical access hospitals, and free-standing cancer hospitals) to purchase the orphan drugs Calquence and Lynparza irrespective of whether the drug is used for an orphan or non-orphan indication.

The remaining orphan drugs will be excluded based on AstraZeneca's communication from May 2, 2022. This change will not impact 340B grantees or Disproportionate Share Hospitals not subject to the orphan drug exclusion.