



## **Notice to Covered Entities Regarding 340B Pricing Eligibility**

**August 2020**

AstraZeneca to date has provided 340B pricing to pharmacies associated with Contract Pharmacy arrangements consistent with the approach proposed in the Health Resources and Services Administration's ("HRSA") April 2010 guidance. Beginning on October 1, 2020, AstraZeneca plans to adjust this approach for the products listed on the enclosed attachment, such that AstraZeneca will recognize one Contract Pharmacy per Covered Entity for those Covered Entities that do not maintain an on-site dispensing pharmacy. AstraZeneca will continue to provide our products directly to all Covered Entities at the required statutory ceiling price. Covered Entities will continue to be able to purchase our products at the statutory ceiling price from either their designated single Contract Pharmacy or the Covered Entity's on-site dispensing pharmacy.

To implement this process, any Covered Entity that does not have an outpatient, on-site dispensing pharmacy should contact AstraZeneca at the email below to identify a single Contract Pharmacy of its choice that would be eligible to receive 340B pricing on behalf of the Covered Entity. AstraZeneca deeply values its participation in the 340B program and with Covered Entities and is committed to complying with all applicable requirements of the program. Please contact us at [Membership@AstraZeneca.com](mailto:Membership@AstraZeneca.com) with any questions or to initiate the process of selecting a single Contract Pharmacy to receive 340B pricing on behalf of your Covered Entity.

# NDCs



Product Name	NDC	Pkg Qty	Each Size/Description
<b>BEVESPI AEROSPHERE®</b>			
9/4.8 MCG 120 ACT INHALATION	00310-4600-12	1	1 INHALER
9/4.8 MCG 28 ACT INHALATION	00310-4600-39	1	1 INHALER
<b>BRILINTA®</b>			
TAB 90MG UD	00186-0777-39	1	100 COUNT BOX
TAB 90MG	00186-0777-60	1	60 COUNT BOTTLE
TAB 60MG	00186-0776-60	1	60 COUNT BOTTLE
<b>BYDUREON®</b>			
PEN 2MG	00310-6530-04	4	4 X 2MG Pen
BCISE AUTOINJECTOR	00310-6540-04	4	4 X 2MG AUTOINJECTOR
<b>BYETTA®</b>			
PEN 250MCG/ML	00310-6512-01	1	1 PEN X 1.2ML
PEN 250MCG/ML	00310-6524-01	1	1 PEN X 2.4ML
<b>CRESTOR®</b>			
TAB 5MG	00310-0755-90	1	90 COUNT BOTTLE
TAB 10 MG	00310-0751-90	1	90 COUNT BOTTLE
TAB 20 MG	00310-0752-90	1	90 COUNT BOTTLE
TAB 40 MG	00310-0754-30	1	30 COUNT BOTTLE
<b>DALIRESP®</b>			
TAB 250MCG	00310-0088-28	1	28 COUNT BLISTER
TAB 250MCG	00310-0088-39	1	2X10 HUD BLISTER PACK
TAB 500MCG	00310-0095-30	1	30 COUNT BOTTLE
TAB 500MCG	00310-0095-90	1	90 COUNT BOTTLE
<b>FARXIGA®</b>			
TAB 5MG	00310-6205-30	1	30 COUNT BOTTLE
TAB 10MG	00310-6210-30	1	30 COUNT BOTTLE
<b>KOMBIGLYZE® XR</b>			
TAB 5MG/500MG	00310-6135-30	1	30 COUNT BOTTLE
TAB 2.5MG/1000MG	00310-6125-60	1	60 COUNT BOTTLE
TAB 5MG/1000MG	00310-6145-30	1	30 COUNT BOTTLE
<b>LOKELMA™</b>			
ORAL SUSPENSION 5G	00310-1105-30	30	30 PACKETS
ORAL SUSPENSION 5G	00310-1105-39	11	11 PACKETS
ORAL SUSPENSION 10G	00310-1110-30	30	30 PACKETS
ORAL SUSPENSION 10G	00310-1110-39	11	11 PACKETS
<b>NEXIUM®</b>			
CAPS 20MG	00186-5020-31	1	30 COUNT BOTTLE
CAPS 20MG	00186-5020-54	1	90 COUNT BOTTLE
CAPS 40MG	00186-5040-31	1	30 COUNT BOTTLE
CAPS 40MG	00186-5040-54	1	90 COUNT BOTTLE

	IV INJ 40MG/5mL	00186-6040-01	10	10 x 5.0mL VIAL
	ORAL SUSPENSION 2.5MG	00186-4025-01	30	30 PACKETS
	ORAL SUSPENSION 5MG	00186-4050-01	30	30 PACKETS
	ORAL SUSPENSION 10MG	00186-4010-01	30	30 PACKETS
	ORAL SUSPENSION 20MG	00186-4020-01	30	30 PACKETS
	ORAL SUSPENSION 40MG	00186-4040-01	30	30 PACKETS
<b>ONGLYZA®</b>				
	TAB 2.5MG	00310-6100-30	1	30 COUNT BOTTLE
	TAB 2.5MG	00310-6100-90	1	90 COUNT BOTTLE
	TAB 5MG	00310-6105-30	1	30 COUNT BOTTLE
	TAB 5MG	00310-6105-90	1	90 COUNT BOTTLE
<b>PULMICORT®</b>				
	FLEXHALER 90-MCG	00186-0917-06	1	1 INHALER
	FLEXHALER 180-MCG	00186-0916-12	1	1 INHALER
	RESPULES .25 mg/2 ml	00186-1988-04	30	30 RESPULE BOX
	RESPULES .5 mg/2 ml	00186-1989-04	30	30 RESPULE BOX
	RESPULES 1 mg/2 ml	00186-1990-04	30	30 RESPULE BOX
<b>QTERN®</b>				
	TAB 5MG/5MG	00310-6770-30	30	30 COUNT BOTTLE
	TAB 10MG/5MG	00310-6780-30	30	30 COUNT BOTTLE
<b>SEROQUEL®</b>				
	TAB 100MG	00310-0271-10	1	100 COUNT BOTTLE
	TAB 200MG	00310-0272-10	1	100 COUNT BOTTLE
	TAB 25MG	00310-0275-10	1	100 COUNT BOTTLE
	TAB 300 MG	00310-0274-60	1	60 COUNT BOTTLE
	TAB 50 MG	00310-0278-10	1	100 COUNT BOTTLE
	TAB 400 MG	00310-0279-10	1	100 COUNT BOTTLE
<b>SEROQUEL XR®</b>				
	TAB 50 MG	00310-0280-60	1	60 COUNT BOTTLE
	TAB 150 MG	00310-0281-60	1	60 COUNT BOTTLE
	TAB 200 MG	00310-0282-60	1	60 COUNT BOTTLE
	TAB 300 MG	00310-0283-60	1	60 COUNT BOTTLE
	TAB 400 MG	00310-0284-60	1	60 COUNT BOTTLE
<b>SYMBICORT®</b>				
	80/4.5MCG	00186-0372-20	1	1 INHALER
	160/4.5MCG	00186-0370-20	1	1 INHALER
	80/4.5MCG Inst. Pack	00186-0372-28	1	1 INHALER
	160/4.5MCG Inst. Pack	00186-0370-28	1	1 INHALER
<b>SYMLIN®</b>				
	60-PEN 1000mcg/ml	00310-6615-02	2	2 PEN X 1.5ml
	120-PEN 1000mcg/ml	00310-6627-02	2	2 PEN X 2.7ml
<b>XIGDUO® XR</b>				
	TAB 2.5MG/1000MG	00310-6225-60	1	60 COUNT BOTTLE
	TAB 5MG/500MG	00310-6250-30	1	30 COUNT BOTTLE
	TAB 5MG/1000MG	00310-6260-60	1	60 COUNT BOTTLE
	TAB 10MG/500MG	00310-6270-30	1	30 COUNT BOTTLE
	TAB 10MG/1000MG	00310-6280-30	1	30 COUNT BOTTLE