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August 5, 2022

**Notice to 340B Covered Entities:  
Update to Boehringer Ingelheim Contract Pharmacy Policy  
Effective September 1, 2022**

Dear 340B Covered Entity:

I am writing to inform you that Boehringer Ingelheim Pharmaceuticals, Inc. (BI) is updating its 340B Program contract pharmacy policy that went into effect on August 1, 2021 (Primary Care) and December 1, 2021 (OFEV), respectively.

Effective September 1, 2022, except as provided below, BI will no longer offer voluntarily 340B discounts on shipments of BI product to contract pharmacies of Federal grantee covered entities enrolled in the 340B Program as a Consolidated Health Center Program (CH/CHC covered entity type). At this time, for all other Federal grantee types, aside from CH/CHC covered entity type, BI will continue to voluntarily honor 340B discounts on shipments of BI products to contract pharmacies of covered entities with multiple contract pharmacy arrangements. Further, this update does not alter BI's existing limitations on multiple contract pharmacy arrangement shipments for hospital covered entity types.

To ensure that all 340B CH/CHC covered entity types and their patients continue to have access to life-enhancing products purchased at the 340B price, BI will voluntarily apply the following general exceptions to its approach:

- First, any CH/CHC covered entity that does not have an in-house pharmacy capable of dispensing primary care 340B purchased products to its patients may designate a single contract pharmacy location to receive and dispense 340B purchased products. If covered entities have an in-house pharmacy that is not capable of dispensing specialty products, each such covered entity may also designate one (1) specialty pharmacy from within BI's limited distribution network for the sole purpose of dispensing OFEV to its patients. BI is utilizing the 340B ESP™ platform to support this designation. 340B covered entities that do not have an in-house pharmacy and have not already registered an account with 340B ESP™ can make their designations by visiting [www.340besp.com/designations](http://www.340besp.com/designations). Users that have registered an account with 340B ESP™ can designate a single contract pharmacy by navigating to the Entity Profile tab. If you have questions regarding the change in our 340B distribution model, please contact us at [support@340Besp.com](mailto:support@340Besp.com).
- Second, for any CH/CHC covered entity type that provides specified 340B contract pharmacy claims data through the 340B ESP™ platform, such entity may continue to purchase BI products at the 340B discounted price and have such discounted product shipped to those contract pharmacies that are registered on the HRSA website as a contract pharmacy of the entity and identified in the submitted contract pharmacy claims data.

- Third, contract pharmacies that are wholly owned by a 340B covered entity or are under common ownership with a 340B health system, may apply for an exemption to remain eligible to receive “Bill To / Ship To” replenishment orders of 340B priced products. These pharmacies must be registered with HRSA as a contract pharmacy of their related 340B covered entity. To request a wholly owned contract pharmacy exemption, please reach out to support@340besp.com. If such request is approved, the wholly owned pharmacy will become eligible for “Bill To / Ship To” replenishment orders.

The contract pharmacy policy currently in effect includes BI’s entire primary care portfolio and its specialty product OFEV. OFEV is subject to a limited distribution network that includes several specialty pharmacies approved by BI to purchase and dispense OFEV, and a number of in-house pharmacies that are capable of dispensing specialty care products.

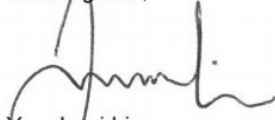
Covered entities that are non-CH/CHC covered entity type Federal grantees and are eligible for 340B participation under 42 U.S.C. § 256b(a)(4)(B)-(K) will remain eligible to place “Bill To / Ship To” replenishment orders of 340B priced products for their contract pharmacies.

BI is utilizing the 340B ESP™ platform to support these designations. 340B covered entities that have not already registered an account with 340B ESP™ can make their designations by visiting [www.340besp.com/designations](http://www.340besp.com/designations). Users that have registered an account with 340B ESP™ can designate a contract pharmacy by navigating to the Entity Profile tab. If you have questions regarding the change in our 340B distribution model, please contact us at support@340Besp.com.

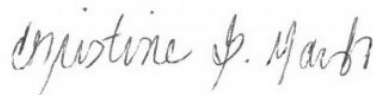
BI is utilizing the 340B ESP™ platform to support claims collection on behalf of CH/CHC entity type. This entity type that wishes to submit 340B claims under BI’s policy can do so by registering an account at [www.340Besp.com](http://www.340Besp.com). Users that have registered an account with 340B ESP™ can begin submitting 340B claims for BI by navigating to the Claims Data Submission tab. 340B claims must be submitted within forty-five (45) days of the date of dispense in order for the contract pharmacy to remain eligible to receive 340B purchased products.

If you have any questions regarding BI’s updated 340B Program contract pharmacy policy, please reach out to support@340besp.com.

Best regards,



Yew Looi Liew  
President U.S. Human Pharma  
Boehringer Ingelheim Pharmaceuticals, Inc.



Christine Marsh  
Senior Vice President, Market Access  
Boehringer Ingelheim Pharmaceuticals, Inc.

**Boehringer Ingelheim 340B Contract Pharmacy Applicable NDCs**

*Boehringer Ingelheim's 340B contract pharmacy policy applies to the NDCs listed below*

DESCRIPTION	NDC #	UNIT PACKAGING
<b>APTIVUS®</b> (tipranavir)		
250mg Capsules	00597-0003-02	Bottle of 120
<b>ATROVENT®</b> (ipratropium bromide)		
HFA Inhalation Aerosol Complete 12.9grams	00597-0087-17	Box of 1
<b>CATAPRES-TTS®</b> (clonidine)*		
0.1mg Patch	00597-0031-34	1 Package of 4 Patches
0.2mg Patch	00597-0032-34	1 Package of 4 Patches
0.3mg Patch	00597-0033-34	1 Package of 4 Patches
<b>COMBIVENT®RESPIMAT®</b> (ipratropium bromide and albuterol)		
Inhalation Spray 20mcg/100mcg	00597-0024-02	Box of 1
<b>GLUCAGEN®</b> (glucagon(rDNA origin) for injection)		
1mg Vial w/Diluent (Diagnostic Kit)	00597-0260-10	1 Vial in 1 Diagnostic Kit
1mg Vial	00597-0053-45	10 Vials in 1 Carton
<b>GLYXAMBI®</b> (empagliflozin/linagliptin)		
10mg/5mg Tablets	00597-0182-30	Bottle of 30
10mg/5mg Tablets	00597-0182-39	30's (3 x 10 Blister Pack)
10mg/5mg Tablets	00597-0182-90	Bottle of 90
25mg/5mg Tablets	00597-0164-30	Bottle of 30
25mg/5mg Tablets	00597-0164-39	30's (3 x 10 Blister Pack)
25mg/5mg Tablets	00597-0164-90	Bottle of 90
<b>JARDIANCE®</b> (empagliflozin)		
10mg Tablets	00597-0152-30	Bottle of 30
10mg Tablets	00597-0152-37	3 blister cards x 10 tablets
10mg Tablets	00597-0152-90	Bottle of 90
25mg Tablets	00597-0153-30	Bottle of 30
25mg Tablets	00597-0153-37	3 blister cards x 10 tablets
25mg Tablets	00597-0153-90	Bottle of 90
<b>JENTADUETO®</b>		
(linagliptin and metformin HCL)		
2.5mg/500mg Tablets	00597-0146-18	Bottle of 180
2.5mg/500mg Tablets	00597-0146-60	Bottle of 60
2.5mg/850mg Tablets	00597-0147-18	Bottle of 180
2.5mg/850mg Tablets	00597-0147-60	Bottle of 60
2.5mg/1000mg Tablets	00597-0148-18	Bottle of 180
2.5mg/1000mg Tablets	00597-0148-60	Bottle of 60
<b>JENTADUETO XR®</b>		
(linagliptin and metformin hydrochloride extended-release)		
2.5mg/1000mg	00597-0270-73	Bottle of 60
2.5mg/1000mg	00597-0270-94	Bottle of 180
5mg/1000mg	00597-0275-33	Bottle of 30
5mg/1000mg	00597-0275-81	Bottle of 90

DESCRIPTION	NDC #	UNIT PACKAGING
<b>MICARDIS®</b> (telmisartan)		
20mg Tablets	00597-0039-37	30's (3 x 10 Blister Pack)
40mg Tablets	00597-0040-37	30's (3 x 10 Blister Pack)
80mg Tablets	00597-0041-37	30's (3 x 10 Blister Pack)
<b>MICARDIS HCT®</b> (telmisartan/hydrochlorothiazide)		
40mg/12.5mg Tablets	00597-0043-37	30's (3 x 10 Blister Pack)
80mg/12.5mg Tablets	00597-0044-37	30's (3 x 10 Blister Pack)
80mg/25mg Tablets	00597-0042-37	30's (3 x 10 Blister Pack)
<b>MIRAPEX ER®</b> (pramipexole dihydrochloride extended-release)		
0.375mg Tablets	00597-0109-30	Bottle of 30
0.75mg Tablets	00597-0285-30	Bottle of 30
1.5mg Tablets	00597-0113-30	Bottle of 30
2.25mg Tablets	00597-0286-30	Bottle of 30
3.0mg Tablets	00597-0115-30	Bottle of 30
3.75mg Tablets	00597-0287-30	Bottle of 30
4.5mg Tablets	00597-0116-30	Bottle of 30
<b>MOBIC®</b> (meloxicam)*		
15mg Tablets	00597-0030-01	Bottle of 100
7.5mg Tablets	00597-0029-01	Bottle of 100
<b>OFEV®</b> (nintedanib)		
100mg	00597-0143-60	Bottle of 60
150mg	00597-0145-60	Bottle of 60
<b>PRADAXA®</b> (dabigatran etexilate)		
75mg Capsules	00597-0355-09	Bottle of 60
75mg Capsules	00597-0355-56	10 blister cards (6 caps/card)
110mg Capsules	00597-0108-54	Bottle of 60
110mg Capsules	00597-0108-60	10 blister cards (6 caps/card)
150mg Capsules	00597-0360-55	Bottle of 60
150mg Capsules	00597-0360-82	10 blister cards (6 caps/card)
<b>SPIRIVA® HandiHaler®</b> (tiotropium bromide inhalation powder)		
18mcg (tiotropium) per Capsule	00597-0075-75	1 Blister Card x 5 Capsules/Carton with HandiHaler
18mcg (tiotropium) per Capsule	00597-0075-41	3 Blister Card x 10 Capsules/Carton with HandiHaler
18mcg (tiotropium) per Capsule	00597-0075-47	9 Blister Card x 10 Capsules/Carton with HandiHaler
<b>SPIRIVA® RESPIMAT®</b> (tiotropium bromide)		
Inhalation Spray 2.5mcg	00597-0100-51	Box of 1 10 metered actuations
Inhalation Spray 2.5mcg	00597-0100-61	Box of 1 60 metered actuations
<b>SPIRIVA® RESPIMAT®</b> (tiotropium bromide) ASTHMA		
Inhalation Spray 1.25mcg Asthma	00597-0160-61	Box of 1 60 metered actuations

DESCRIPTION	NDC #	UNIT PACKAGING
<b>STIOLTO® RESPIMAT®</b> (tiotropium bromide and olodaterol)		
Inhalation Spray 2.5 mcg/2.5 mcg	00597-0155-70	Box of 1 10 metered actuations
Inhalation Spray 2.5 mcg/2.5 mcg	00597-0155-61	Box of 1 60 metered actuations
<b>STRIVERDI® RESPIMAT®</b> (olodaterol)		
Inhalation Spray 2.5mcg	00597-0192-61	Box of 1 60 metered actuations
<b>SYNJARDY®</b> (empagliflozin and metformin HCL)		
5mg/500mg Tablets	00597-0159-60	Bottle of 60
5mg/500mg Tablets	00597-0159-18	Bottle of 180
5mg/1000mg Tablets	00597-0175-60	Bottle of 60
5mg/1000mg Tablets	00597-0175-18	Bottle of 180
12.5mg/500mg Tablets	00597-0180-60	Bottle of 60
12.5mg/500mg Tablets	00597-0180-18	Bottle of 180
12.5mg/1000mg Tablets	00597-0168-60	Bottle of 60
12.5mg/1000mg Tablets	00597-0168-18	Bottle of 180
<b>SYNJARDY XR®</b> (empagliflozin and metformin HCL)		
5mg/1000mg Tablets	00597-0290-74	Bottle of 60
5mg/1000mg Tablets	00597-0290-59	Bottle of 180
10mg/1000mg Tablets	00597-0280-73	Bottle of 30
10mg/1000mg Tablets	00597-0280-90	Bottle of 90
12.5mg/1000mg Tablets	00597-0300-45	Bottle of 60
12.5mg/1000mg Tablets	00597-0300-93	Bottle of 180
25mg/1000mg Tablets	00597-0295-88	Bottle of 30
25mg/1000mg Tablets	00597-0295-78	Bottle of 90
<b>TRADJENTA®</b> (linagliptin)		
5mg Tablets	00597-0140-30	Bottle of 30
5mg Tablets	00597-0140-90	Bottle of 90
5mg Tablets	00597-0140-61	10 blister cards (10 tabs/card)
<b>TRIJARDY XR®</b> (empagliflozin/linagliptin/metformin HCL)		
5 mg-2.5 mg-1000 mg Tablets	00597-0395-23	Bottle of 180
5 mg-2.5 mg-1000 mg Tablets	00597-0395-82	Bottle of 60
12.5 mg-2.5 mg-1000 mg Tablets	00597-0385-86	Bottle of 180
12.5 mg-2.5 mg-1000 mg Tablets	00597-0385-77	Bottle of 60
10 mg-5 mg-1000 mg Tablets	00597-0380-13	Bottle of 30
10 mg-5 mg-1000 mg Tablets	00597-0380-68	Bottle of 90
25 mg-5 mg-1000 mg Tablets	00597-0390-71	Bottle of 30
25 mg-5 mg-1000 mg Tablets	00597-0390-13	Bottle of 90
<b>VIRAMUNE®</b> (nevirapine)*		
50mg/5mL Oral Suspension	00597-0047-24	240mL Bottle
<b>VIRAMUNE XR®</b> (nevirapine extended-release tablets)*		
400mg Tablets	00597-0123-30	Bottle of 30

\*Product has been discontinued, divested