



Notice Regarding Limitation on Hospital Contract Pharmacy Distribution

December 1, 2020

Beginning on January 1, 2021, Novo Nordisk Inc. (labeler codes 00169 and 71090) and Novo Nordisk Pharma, Inc. (labeler code 73070) (Novo Nordisk Inc. and Novo Nordisk Pharma, Inc. are collectively referred to herein as “Novo Nordisk”) will no longer facilitate “bill-to/ship-to” distribution of 340B product to a contract pharmacy of any of the six “hospital” covered entity types.

If a “hospital” covered entity does not have an in-house pharmacy capable of dispensing product to outpatients, that covered entity may designate one contract pharmacy location to which product purchased by that covered entity may be shipped.

A hospital covered entity that does not maintain an on-site pharmacy at either a parent or child location may contact Novo Nordisk at 340BInfo@novonordisk.com to designate a single contract pharmacy location to accept bill-to/ship-to orders.

Novo Nordisk’s new policy will not deny access to 340B-priced covered outpatient drugs to any “hospital” covered entity. Each may purchase as much Novo Nordisk product at the discounted 340B price that it wishes. At no time will Novo Nordisk fail to offer 340B prices to each and every 340B covered entity. It is merely the Novo Nordisk-facilitated shipment of that product to contract pharmacies (which are not themselves covered entities) that will be curtailed as of January 1, 2021.

None of the “grantee” covered entity types are impacted by this change in policy. Novo Nordisk will continue to facilitate contract pharmacy “bill-to/ship-to” arrangements for these covered entities. All “grantees,” including Community Health Centers, Ryan White HIV Clinics, Hemophilia Treatment Centers, Indian Health Centers, and all other grantee covered entity types, may continue to place orders for Novo Nordisk product and have them shipped to their registered contract pharmacies, without limitation.

Questions about this policy change should be directed to 340BInfo@novonordisk.com.

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NDC#	Description
00169-8100-01	ESPEROCT 1000 IU
00169-8150-01	ESPEROCT 1500 IU
00169-8200-01	ESPEROCT 2000 IU
00169-8300-01	ESPEROCT 3000 IU
00169-8500-01	ESPEROCT 500 IU
00169-3204-15	FIASP FLEXTOUCH U100 5X3 ML
00169-3205-15	FIASP PENFILL 100U/ML 5X3ML
00169-3201-11	FIASP VIAL 100U/ML 10ML
00169-7065-15	GLUCAGEN HYPOKIT
73070-0200-11	INS ASP INJ SUS70/30 100U 10ML
73070-0203-15	INS ASP INJ SUSP 70/30 FP 5PC
73070-0103-15	INS ASPART INJECT 5X3ML FLEXPEN
73070-0102-15	INS ASPART INJECT PENFILL 5PCS
73070-0100-11	INS ASPART INJECTION 1X10ML
00169-3687-12	LEVEMIR 10ML VIAL
00169-6438-10	LEVEMIR FLEXTOUCH 5X3ML
00169-1401-01	MACRILEN 60MG
71090-0002-02	MACRILEN
00169-7705-21	NORDITROPIN FLEXPRO 10MG 1.5ML
00169-7708-21	NORDITROPIN FLEXPRO 15MG 1.5ML
00169-7703-21	NORDITROPIN FLEXPRO 30MG
00169-7704-21	NORDITROPIN FLEXPRO 5MG 1.5ML
00169-7810-01	NOVOEIGHT 1000 IU
00169-7815-01	NOVOEIGHT 1500IU
00169-7820-01	NOVOEIGHT 2000 IU
00169-7825-01	NOVOEIGHT 250 IU
00169-7830-01	NOVOEIGHT 3000IU
00169-7850-01	NOVOEIGHT 500 IU
00169-1837-11	NOVOLIN 70/30 - 10ML
00169-3007-15	NOVOLIN 70/30 FP 5PC NN
00169-1834-11	NOVOLIN N - 10ML
00169-3004-15	NOVOLIN N FP 100U 5PC *NN
00169-1833-11	NOVOLIN R - 10ML
00169-3003-15	NOVOLIN R FP 100U 5PC *NN
00169-7501-11	NOVOLOG 10ML
00169-3303-12	NOVOLOG 3.0 ML
00169-6339-10	NOVOLOG FLEXPEN
00169-3685-12	NOVOLOG MIX 10ML
00169-3696-19	NOVOLOG MIX FLEXPEN
00169-7201-01	NOVOSEVEN RT 1MG PF DIL SYR
00169-7202-01	NOVOSEVEN RT 2MG PF DIL SYR
00169-7205-01	NOVOSEVEN RT 5MG PF DIL SYR
00169-7208-01	NOVOSEVEN RT 8MG PF DIL SYR
00169-4132-12	OZEMPIC 0.25MG/0.5MG 6PC.NFPL
00169-4130-13	OZEMPIC 1MG 1X3ML 4PCS.NFPL.
00169-4136-02	OZEMPIC 1MG 2X1.5ML 4PCS.NFPL

00169-4772-12 OZEMPIC 2MG 1x3ML
00169-7901-01 REBINYN 1000IU
00169-7902-01 REBINYN 2000IU
00169-7905-01 REBINYN 500IU
00169-4314-13 RYBELSUS 14MG 3X10 TABLETS
00169-4314-30 RYBELSUS 14MG TAB BOTTLE
00169-4303-13 RYBELSUS 3MG 3X10 TABLETS
00169-4303-30 RYBELSUS 3MG TAB BOTTLE
00169-4307-13 RYBELSUS 7MG 3X10 TABLETS
00169-4307-30 RYBELSUS 7MG TAB BOTTLE
00169-2800-15 SAXENDA 6 MG/ML 5X3 ML
00169-2660-15 TRESIBA FLEXTOUCH U100 5X3 ML
00169-2550-13 TRESIBA FLEXTOUCH U200 3X3 ML
00169-2662-11 TRESIBA VIAL 100U ML 10 ML
00169-7013-01 TRETEN
00169-5176-04 VAGIFEM 10MCG 1X18
00169-5176-03 VAGIFEM 10MCG 1X8
00169-4060-12 VICTOZA 6 MG/ML 2X3 ML
00169-4060-13 VICTOZA 6 MG/ML 3X3 ML
00169-4525-14 WEGOVY 0.25 MG 4 PREF PENS
00169-4505-14 WEGOVY 0.5 MG 4 PREF PENS
00169-4501-14 WEGOVY 1 MG 4 PREF PENS
00169-4517-14 WEGOVY 1.7 MG 4 PREF PENS
00169-4524-14 WEGOVY 2.4 MG 4 PREF PENS
00169-2911-15 XULTOPHY 100/3.6 5X3 ML