



July 3, 2023

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Dear 340B Covered Entity,

I am writing to inform you that effective August 1, 2023, AstraZeneca will transition the administration of our 340B contract pharmacy program to platform, 340B ESP™. Please note there will be no change to the scope of products subject to our contract pharmacy policy – Oncology and Specialty Pharmacy products remain excluded.

The FAQs below provide a list of impacted brands and appropriate National Drug Codes. Covered entities with an on-site dispensing pharmacy will continue to be able to purchase AstraZeneca product at the 340B price. Covered entities without an on-site dispensing pharmacy, may select a single contract pharmacy location.

As part of this transition all covered entities without an on-site dispensing pharmacy must designate a contract pharmacy using the 340B ESP portal. This applies to covered entities that have already selected a contract pharmacy directly with AstraZeneca.

Covered entities that do not have an on-site pharmacy 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.

In support of a smooth transition to our new distribution model, 340B covered entities should work with their contract pharmacy administrators and wholesalers to process any outstanding Bill To / Ship To replenishment orders in advance of the August 1, 2023, effective date.

Covered entities may also submit 340B claims through 340B ESP™ for all utilization. Covered entities that are interested in submitting 340B claims will need to register an account with 340B ESP™ and it is requested that the 340B claims are submitted within 45 days of the dispense date. While it is not a requirement, AstraZeneca encourages covered entities to submit data for program transparency purposes.

If you have questions regarding the change in our 340B distribution model, please contact us at [support@340BESP.com](mailto:support@340BESP.com).

Sincerely,

  

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Rod Lauzon (Jun 29, 2023 08:22 EDT)

Rod Lauzon  
Executive Director, Contract Operations

## Frequently Asked Questions

**Q: Are Oncology & Specialty products subject to AstraZeneca’s Contract Pharmacy policy?**

A: No.

**Q: Which products are subject to AstraZeneca’s Contract Pharmacy policy?**

A: AstraZeneca’s contract pharmacy policy applies to 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. The NDC list can be found below.

**Q: My covered entity has an in-house pharmacy that is capable of purchasing and dispensing AstraZeneca’s drugs, but my entity doesn’t use it to dispense AstraZeneca’s drugs. Can my entity designate one contract pharmacy instead?**

A: No, under AstraZeneca’s policy, if a covered entity has an in-house pharmacy capable of dispensing 340B purchased products to eligible patients then the covered entity must use that pharmacy and cannot designate a contract pharmacy instead.

**Q. My 340B covered entity has contract pharmacy arrangements with multiple locations of the same pharmacy (e.g., six different Accredo pharmacy locations). Can my entity designate all locations of the same pharmacy?**

A. No. AstraZeneca’s policy allows qualifying 340B covered entities (i.e., covered entities without an on-site pharmacy) to designate a single contract pharmacy location. Contract pharmacy locations are registered individually on the HRSA database and 340B covered entities are permitted to designate only a single contract pharmacy location which corresponds to a single contract pharmacy registration with HRSA.

**Q. Can my covered entity designate a centralized pharmacy replenishment facility as my single contract pharmacy location?**

A. No. Centralized pharmacy replenishment facilities or “central-fill pharmacies” are not eligible to be designated as a single contract pharmacy location for a covered entity. Please refer to the FAQs for a listing of Brands and NDC’s above.

**Q. How does my covered entity change its contract pharmacy designation and how often can it be changed?**

A. 340B covered entities can elect a single contract pharmacy every twelve (12) months or more often if the designated contract pharmacy relationship is terminated from the HRSA OPAIS database. Changes to the single contract pharmacy can only be made by visiting [www.340BESP.com/designations](http://www.340BESP.com/designations). Users that have registered an account with 340B ESP™ can navigate to the Entity Profile tab to make their contract pharmacy designation.

**Q. Is AstraZeneca requiring covered entities to have a HIN registered for the contract pharmacy that they designate?**

A. Yes, a contract pharmacy must have a HIN assigned to it for a covered entity to designate it as its single contract pharmacy. This information is important for AstraZeneca to manage its process with its wholesalers.

**Q. If the contract pharmacy my covered entity wants to designate doesn't have a HIN, how does my entity get one?**

A: AstraZeneca will not register a HIN on your behalf, however if you need guidance or more information on how to get a HIN assigned to your contract pharmacy, please reach out to [support@340BESP.com](mailto:support@340BESP.com). If you try to designate a contract pharmacy without a HIN in 340B ESP™, the system will notify you of this requirement and provide instructions for how to obtain a HIN.

**Q: My covered entity would like to submit 340B claims for its contract pharmacies. What does our entity need to do to begin submitting 340B claims?**

A: 340B covered entities that wish to submit 340B claims under AstraZeneca'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 AstraZeneca by navigating to the Claims Data Submission tab. It is requested that the 340B claims are submitted within 45 days of the dispense date.

**Q: Can multiple wholly owned pharmacies be designated as the covered entity's contract pharmacies?**

**A:** Contract pharmacies that are wholly owned by the covered entity (or have common ownership with the entity) will not be able to access 340B pricing unless the covered entity does not have an in-house pharmacy, and the wholly owned pharmacy is designated as the **single** contract pharmacy through the 340B ESP™ platform.

**Q: Can child sites also designate a single contract pharmacy relationship?**

A: No. All child sites must utilize the parent site's contract pharmacy designation.

Updated 1/1/2024

Product Name		NDC
<b>AIRSUPRA®</b>		
	90/80MCG PMDI 120D US	00310-9080-12
<b>BEVESPI AEROSPHERE®</b>		
	9/4.8 MCG 120 ACT INHALATION	00310-4600-12
<b>BREZTRI AEROSPHERE®</b>		
	160/9/4.8MCG	00310-4616-12
	160/9/4.8MCG Inst. Pack	00310-4616-39
<b>BRILINTA®</b>		
	TAB 90MG UD Inst. Pack	00186-0777-39
	TAB 90MG	00186-0777-60
	TAB 60MG	00186-0776-60
<b>BYDUREON®</b>		
	BCISE AUTOINJECTOR	00310-6540-04
<b>BYETTA®</b>		
	PEN 250MCG/ML	00310-6512-01
	PEN 250MCG/ML	00310-6524-01
<b>CRESTOR®</b>		
	TAB 5MG	00310-7560-90
	TAB 10 MG	00310-7570-90
	TAB 20 MG	00310-7580-90
	TAB 40 MG	00310-7590-30
<b>DALIRESP®</b>		
	TAB 250MCG	00310-0088-28
	TAB 250MCG Inst. Pack	00310-0088-39
	TAB 500MCG	00310-0095-30
	TAB 500MCG	00310-0095-90
<b>FARXIGA®</b>		
	TAB 5MG	00310-6205-30
	TAB 10MG	00310-6210-30
	TAB 10MG Inst. Pack	00310-6210-39
<b>KOMBIGLYZE® XR</b>		
	TAB 5MG/500MG	00310-6135-30
	TAB 2.5MG/1000MG	00310-6125-60
	TAB 5MG/1000MG	00310-6145-30
<b>LOKELMA®</b>		
	ORAL SUSPENSION 5G	00310-1105-30
	ORAL SUSPENSION 5G Inst. Pack	00310-1105-39
	ORAL SUSPENSION 10G	00310-1110-30
	ORAL SUSPENSION 10G Inst. Pack	00310-1110-39
<b>NEXIUM®</b>		
	CAPS 20MG	00186-5020-31
	CAPS 20MG	00186-5020-54
	CAPS 40MG	00186-5040-31
	CAPS 40MG	00186-5040-54

	IV INJ 40MG/5mL	00186-6040-01
	ORAL SUSPENSION 2.5MG	00186-4025-01
	ORAL SUSPENSION 5MG	00186-4050-01
	ORAL SUSPENSION 10MG	00186-4010-01
	ORAL SUSPENSION 20MG	00186-4020-01
	ORAL SUSPENSION 40MG	00186-4040-01
<b>ONGLYZA®</b>		
	TAB 2.5MG	00310-6100-30
	TAB 2.5MG	00310-6100-90
	TAB 5MG	00310-6105-30
	TAB 5MG	00310-6105-90
<b>PULMICORT®</b>		
	RESPULES 0.25 mg/2 ml	00186-1988-04
	RESPULES 0.5 mg/2 ml	00186-1989-04
	RESPULES 1 mg/2 ml	00186-1990-04
<b>QTERN®</b>		
	TAB 5MG/5MG	00310-6770-30
	TAB 10MG/5MG	00310-6780-30
<b>SEROQUEL®</b>		
	TAB 100MG	00310-0271-10
	TAB 200MG	00310-0272-10
	TAB 25MG	00310-0275-10
	TAB 300 MG	00310-0274-60
	TAB 50 MG	00310-0278-10
	TAB 400 MG	00310-0279-10
<b>SEROQUEL XR®</b>		
	TAB 50 MG	00310-0280-60
	TAB 150 MG	00310-0281-60
	TAB 200 MG	00310-0282-60
	TAB 300 MG	00310-0283-60
	TAB 400 MG	00310-0284-60
<b>SYMBICORT®</b>		
	80/4.5MCG	00186-0372-20
	160/4.5MCG	00186-0370-20
	80/4.5MCG Inst. Pack	00186-0372-28
	160/4.5MCG Inst. Pack	00186-0370-28
<b>SYMLIN®</b>		
	60-PEN 1000mcg/ml	00310-6615-02
	120-PEN 1000mcg/ml	00310-6627-02
<b>XIGDUO® XR</b>		
	TAB 2.5MG/1000MG	00310-6225-60
	TAB 5MG/500MG	00310-6250-30
	TAB 5MG/1000MG	00310-6260-60
	TAB 10MG/500MG	00310-6270-30
	TAB 10MG/1000MG	00310-6280-30