



June 2024

## **Pfizer Provides Updates to Defined Distribution Systems in the State of Kansas**

Dear 340B Hospital Covered Entity,

This letter provides notice of updates to Pfizer's Defined Distribution systems, effective July 1, 2024 for Kansas 340B hospital covered entities.<sup>1</sup>

The updates are as follows:

- Any eligible 340B hospital covered entity registered on HRSA 340B OPAIS with a Kansas address may use one or multiple of their registered contract pharmacy locations to receive Bill To / Ship To deliveries at the 340B ceiling price for the Pfizer products listed in Exhibit A, Table 1.
  - No action is needed by OPAIS registered Kansas 340B hospital covered entities to implement this change.
  - Pfizer has notified its contracted wholesalers to ship 340B priced products listed on Exhibit A Table 1 to any validly registered OPAIS contract pharmacy location found on the HRSA 340B OPAIS database if ordered by any eligible 340B hospital covered entity registered with a Kansas address.
    - Each contract pharmacy location must be registered individually on the HRSA 340B OPAIS contract pharmacy database.
- This update does not represent a change for Federal grantee covered entities. As has always remained the case under Pfizer's policy, any 340B covered entities that are Federal grantees<sup>2</sup> may continue to use their OPAIS registered contract pharmacies and receive Bill To / Ship To deliveries at the 340B ceiling price at these OPAIS registered contract pharmacies. Federal grantees may continue to have multiple contract pharmacy relationships for these products.
- Pfizer's defined distribution policy for Vyndamax® and Vyndaqel® in the state of Kansas has one change. 340B covered entities registered on HRSA 340B OPAIS with a

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<sup>1</sup> The term "340B hospital covered entity" in this letter refers to those entities eligible for participation in the 340B Drug Pricing Program under 42 U.S.C. §256b(a)(4)(L)-(O)

<sup>2</sup> Federal grantees are eligible for 340B participation under 42 U.S.C. § 256b(a)(4)(A)-(K). Federal grantee 340B covered entities are: Black Lung Clinics Program; Consolidated Health Center Program; Title X funded Family Planning; Tribal Contract/Compact with IHS (P.L. 93-638); Federally Qualified Health Center Look-Alikes; Comprehensive Hemophilia Treatment Center; Native Hawaiian Health Care Program; Ryan White Clinics; Sexually Transmitted Diseases; Tuberculosis, and Urban Indian.

Kansas address may engage in multiple VYNDA Network specialty contract pharmacy arrangements without providing limited claims data. Pfizer's defined distribution policy for Vyndamax® and Vyndaqel® is available at [Second Sight Solutions \(340besp.com\)](https://www.340besp.com) under Pfizer policy, Exhibit B. The Vyndamax® and Vyndaqel® products are listed in the attached Exhibit A, Table 2.

- Pfizer's Defined Oncology Distribution Network ("DON") for oral oncology medicines in the state of Kansas has one change. 340B covered entities registered on HRSA 340B OPAIS with a Kansas address may engage in multiple DON Network specialty contract pharmacy arrangements without providing limited claims data. Pfizer's defined distribution policy for oral oncology medicines is available at [Second Sight Solutions \(340besp.com\)](https://www.340besp.com) under Pfizer policy, Exhibit C. The DON products are listed in the attached Exhibit A, Table 3.

Pfizer is continuing to utilize the Second Sight Solutions' 340B ESP™ platform ([www.340besp.com](https://www.340besp.com)) to support the Defined Distribution systems for Pfizer products.

Pfizer will continue to review and assess developments relating to state laws that address the 340B Program and may update this policy in the future. Any updates will be posted on the 340B ESP™ website.

#### **Voluntary Submission of Claims Level Data**

- A 340B covered entity may voluntarily submit claims data for any Pfizer products dispensed by one or multiple contract pharmacy(ies) via the 340B ESP™ platform.
- Please visit [www.340BESP.com](https://www.340BESP.com) for additional information.

If you have questions regarding the change in distribution for 340B hospital covered entities in Kansas, please contact Pfizer at [340BCP@pfizer.com](mailto:340BCP@pfizer.com)

Thank you for your interest in Pfizer's products for your patients.

Paul Hiley



Authorizing Official (AO)  
Director/Team Leader, Government Contracts



## EXHIBIT A

Cibinqo™ (abrocitinib), Estrin® (estradiol), Genotropin® (somatropin [rDNA origin]), Inflectra® (infliximab-dyyb), Ngenla® (somatrogon-ghla), Nivestym™ (filgrastim-aafi), Nurtec® (rimegepant), Nyvepria™ (Pegfilgrastim-apgf), Premarin® Tablets and Vaginal Cream (conjugated estrogens), Premphase® and Prempro® (conjugated estrogens/medroxy progesterone acetate), Ruxience™ (rituximab-pvvr), Trazimera™ (trastuzumab-quup), Xeljanz® and Xeljanz XR® (tofacitinib), Zavzpret™ (zavegepant) and Zirabev™ (bevacizumab-bvzr).

**Table 1: Pfizer Defined Distribution Products by NDC11**

Products	NDC 11	Description
Cibinqo™ (abrocitinib)	00069-0235-30	50 mg Tablet
Cibinqo™ (abrocitinib)	00069-0335-30	100 mg Tablet
Cibinqo™ (abrocitinib)	00069-0435-30	200 mg Tablet
Estrin® (estradiol)	00013-1042-01	2 mg Vaginal Ring
Genotropin® (somatropin [rDNA origin]) Lyophilized Powder	00013-2626-81	5.0 mg Cartridge
Genotropin® (somatropin [rDNA origin]) Lyophilized Powder	00013-2646-81	12.0 mg Cartridge
Genotropin® (somatropin [rDNA origin]) MiniQuick®	00013-2649-02	0.2 mg Syringe
Genotropin® (somatropin [rDNA origin]) MiniQuick®	00013-2650-02	0.4 mg Syringe
Genotropin® (somatropin [rDNA origin]) MiniQuick®	00013-2651-02	0.6 mg Syringe
Genotropin® (somatropin [rDNA origin]) MiniQuick®	00013-2652-02	0.8 mg Syringe
Genotropin® (somatropin [rDNA origin]) MiniQuick®	00013-2653-02	1.0 mg Syringe
Genotropin® (somatropin [rDNA origin]) MiniQuick®	00013-2654-02	1.2 mg Syringe
Genotropin® (somatropin [rDNA origin]) MiniQuick®	00013-2655-02	1.4 mg Syringe
Genotropin® (somatropin [rDNA origin]) MiniQuick®	00013-2656-02	1.6 mg Syringe
Genotropin® (somatropin [rDNA origin]) MiniQuick®	00013-2657-02	1.8 mg Syringe
Genotropin® (somatropin [rDNA origin]) MiniQuick®	00013-2658-02	2.0 mg Syringe

Inflectra® (infliximab-dyyb)	00069-0809-01	20 mL/100 mg Glass Vial
NGENLA® (somatrogon-ghla)	00069-0505-02	24 mg 1.2 mL Prefilled Pen
NGENLA® (somatrogon-ghla)	00069-0520-02	60 mg 1.2 mL Prefilled Pen
Nivestym™ (filgrastim-aafi)	00069-0291-01	300 mcg/0.5 mL Pre-filled Syringe
Nivestym™ (filgrastim-aafi)	00069-0291-10	300 mcg/0.5 mL Pre-filled Syringe
Nivestym™ (filgrastim-aafi)	00069-0293-10	300 mcg/1.0 mL Single Dose Vial
Nivestym™ (filgrastim-aafi)	00069-0292-01	480 mcg/0.8 mL Pre-filled Syringe
Nivestym™ (filgrastim-aafi)	00069-0292-10	480 mcg/0.8 mL Pre-filled Syringe
Nivestym™ (filgrastim-aafi)	00069-0294-10	480 mcg/1.6 mL Single Dose Vial
NURTEC® (rimegepant)	72618-3000-02	75mg disintegrating tablet (blister pkg of 8)
Nyvepria™ (Pegfilgrastim-apgf)	00069-0324-01	6 mg/0.6 mL Single Dose Prefilled Syringe
Premarin® (conjugated estrogens) Intravenous	00046-0749-05	25 mg Vial
Premarin® (conjugated estrogens)	00046-1100-81	0.3 mg Tablet
Premarin® (conjugated estrogens)	00046-1100-91	0.3 mg Tablet
Premarin® (conjugated estrogens)	00046-1101-81	0.45 mg Tablet
Premarin® (conjugated estrogens)	00046-1102-81	0.625 mg Tablet
Premarin® (conjugated estrogens)	00046-1102-91	0.625 mg Tablet
Premarin® (conjugated estrogens)	00046-1103-81	0.9 mg Tablet
Premarin® (conjugated estrogens)	00046-1104-81	1.25 mg Tablet
Premarin® (conjugated estrogens)	00046-1104-91	1.25 mg Tablet
Premarin® (conjugated estrogens) Vaginal Cream	00046-0872-21	0.625 mg/30 gm Tube
Premphase® (conjugated estrogens/medroxy progesterone acetate) Tablets Rx	00046-2575-12	0.625 mg/5 mg Tablet
Prempro® (conjugated estrogens/medroxy progesterone acetate) Tablets Rx	00046-1105-11	0.3 mg/1.5 mg Tablet
Prempro® (conjugated estrogens/medroxy progesterone acetate) Tablets Rx	00046-1106-11	0.45 mg/1.5 mg Tablet
Prempro® (conjugated estrogens/medroxy progesterone acetate) Tablets Rx	00046-1107-11	0.625 mg/2.5 mg Tablet
Prempro® (conjugated estrogens/medroxy progesterone acetate) Tablets Rx	00046-1108-11	0.625 mg/5 mg Tablet
Ruxience™ (rituximab-pvvr)	00069-0238-01	100 mg/10mL Vials
Ruxience™ (rituximab-pvvr)	00069-0249-01	500 mg/50 mL Vials
Trazimera™ (trastuzumab-quup)	00069-0308-01	150 mg Single-dose Vial

Trazimera™ (trastuzumab-quup)	00069-0305-01	420 mg Glass Vial
Xeljanz XR® (tofacitinib)	00069-0501-30	11 mg Tablet
Xeljanz XR® (tofacitinib)	00069-0502-30	22mg Tablet
Xeljanz® (tofacitinib ) Oral Solution	00069-1029-02	1 mg/mL (240mL bottle)
Xeljanz® (tofacitinib)	00069-1002-01	10 mg Tablet
Xeljanz® (tofacitinib)	00069-1001-01	5 mg Tablet
ZAVZPRET™ (zavegepant)	00069-3500-02	10 mg Nasal Spray
Zirabev™ (bevacizumab-bvzr)	00069-0342-01	400 mg/16mL Injection
Zirabev™ (bevacizumab-bvzr)	00069-0315-01	100 mg/4mL Injection

**Table 2: Pfizer Defined Distribution VYNDA Network Products by NDC11**

Products	NDC 11	Description
Vyndamax® (tafamidis)	00069-8730-30	61 mg Capsule Blister pac (3x10 Blister Pac)
Vyndaqel® (tafamidis meglumine)	00069-1975-40	20 mg Capsule (4x30 Blister Pac)

**Table 3: Pfizer Defined Distribution, Defined Oncology Network (DON) Products by NDC11**

Bosulif® (bosutinib), Braftovi® (encorafenib), Daurismo™ (glasdegib), Ibrance® (palbociclib), Inlyta® (axitinib Tablets), Lorbrena® (lorlatinib), Mektovi® (binimetinib), Sutent® (sunitinib malate), Talzena™ (talazoparib), Vizimpro® (dacomitinib), Xalkori® (crizotinib)

Products	NDC 11	Description
Bosulif® (bosutinib)	00069-0135-01	BOSULIF 100MG TAB 120 US
	00069-0193-01	BOSULIF 400MG FCT 1X30 BTL US
	00069-0136-01	BOSULIF 500MG TAB 30 US
Braftovi® (encorafenib)	70255-0025-03	BRAFTOVI CAP 75MG 60
	70255-0025-01	BRAFTOVI CAP 75MG 90
Daurismo™ (glasdegib)	00069-1531-30	DAURISMO 100MG TAB 1X30 BTL US
	00069-0298-60	DAURISMO 25MG TAB 1X60 BTL US
Ibrance® (palbociclib)	00069-0188-21	IBRANCE 100MG CAP 1X21 BTL US
	00069-0486-03	IBRANCE 100MG FCT 3X7 BLS US
	00069-0189-21	IBRANCE 125MG CAP 1X21 BTL US

	00069-0688-03	IBRANCE 125MG FCT 3X7 BLS US
	00069-0187-21	IBRANCE 75MG CAP 1X21 BTL US
	00069-0284-03	IBRANCE 75MG FCT 3X7 BLS US
Inlyta® (axitinib)	00069-0145-01	INLYTA (AXITINIB) 1MG TABLETS
	00069-0151-11	INLYTA (AXITINIB) 5MG TABLETS
Lorbrena® (lorlatinib)	00069-0231-01	LORBRENA 100MG FCT 1X30 BTL US
	00069-0227-01	LORBRENA 25MG FCT 1X30 BTL US
Mektovi® (binimetinib)	70255-0010-02	MEKTOVI TAB 15MG 180
Sutent® (sunitinib malate)	00069-0830-38	SUTENT 37.5MG HFC 1X28 PBTL US
	00069-0550-38	SUTENT CAP 12.5MG 28
	00069-0770-38	SUTENT CAP 25MG 28
	00069-0980-38	SUTENT CAP 50MG 28
Talzenna™ (talazoparib)	00069-0296-30	TALZENNA 0.25MG CAP 1X30 BTL US
	00069-1195-30	TALZENNA 1MG CAP 1X30 BTL US
	00069-1501-30	TALZENNA 0.5MG CAP 1X30 BTL US
	00069-1751-30	TALZENNA 0.75MG CAP 1X30 BTL US
	00069-1031-30	TALZENNA 0.1MG CAP 1X30 BTL US
	00069-1235-30	TALZENNA 0.35MG CAP 1X30 BTL US
Vizimpro® (dacomitinib)	00069-0197-30	VIZIMPRO 15MG FCT 1X30 BTL US
	00069-1198-30	VIZIMPRO 30MG FCT 1X30 BTL US
	00069-2299-30	VIZIMPRO 45MG FCT 1X30 BTL US
Xalkori® (crizotinib)	00069-8141-20	XALKORI (CRIZOTINIB) 200 MG CAPSULES
	00069-8140-20	XALKORI (CRIZOTINIB) 250 MG CAPSULES