



July 1, 2024

**Notice to Covered Entities Regarding 340B Contract Pharmacy Policy  
Mylan Specialty L.P. and Viatriis Specialty LLC**

Dear Covered Entity:

We are writing to notify you that, beginning August 1, 2024, Mylan Specialty L.P. and Viatriis Specialty LLC (collectively "Viatriis") is revising its policy regarding distribution of certain Viatriis products, listed in Attachment A to this letter ("applicable products") via contract pharmacy arrangements. Viatriis supports the 340B program's mission of improving vulnerable patients' access to needed medications. Viatriis is undertaking this policy change in response to persistent and increasing concerns about the integrity of the 340B program, particularly in connection with diversion and duplicate discounts amidst the proliferation of contract pharmacy arrangements. Viatriis's policy change helps to mitigate these concerns, thereby enhancing the integrity and sustainability of the program.

Effective August 1, 2024, Viatriis will ship applicable products exclusively to locations registered in the 340B OPAIS database as a covered entity, a child site location, or as a contract pharmacy location subject to the parameters described below.

Viatriis will permit covered entities without an in-house pharmacy to designate a single contract pharmacy location to receive bill to/ship to orders of applicable products at the 340B price. Covered entities must designate their single contract pharmacy location via the 340B ESP™ platform at <https://www.340besp.com/designations>. Designations must be made by July 19, 2024, in order for the designation to take effect on the effective date of this policy change. Viatriis will permit covered entities to change their designation once every twelve months, or upon the expiration of the contract between the covered entity and single-designated contract pharmacy.

This policy change will apply to hospital covered entities and Community Health Center (CHC) federal grantee covered entities. Non-CHC federal grantee covered entities will be exempt from this policy change.

In addition, this policy change will not apply to contract pharmacy arrangements in Arkansas, Louisiana, West Virginia, Mississippi, Kansas, Maryland and Minnesota.

This policy and the list of applicable products may be updated from time to time and will be posted at <https://www.340besp.com/resources>.

We look forward to working with you in support of a smooth transition to our new policy. Please contact us at [support@340Besp.com](mailto:support@340Besp.com) if you have any questions or require assistance.



**Attachment A**  
**List of Applicable Products**  
**Subject to Viatriis Contract Pharmacy Policy Change**  
**August 1, 2024**

Celebrex® (celecoxib) Capsules  
Effexor XR® (venlafaxine HCl) Extended-Release Capsules  
EMSAM® (selegiline transdermal system)  
EPINEPHRINE Injection, USP Auto-Injectors  
EPIPEN® (epinephrine injection, USP) Auto-Injector 0.3 mg  
EPIPEN Jr® (epinephrine injection, USP) Auto-Injector 0.15 mg  
FELBATOL® (felbamate) Oral Suspension  
FELBATOL® (felbamate) Tablets  
Lipitor® (atorvastatin calcium) Tablets  
Lyrica® (pregabalin) Capsules  
Neurontin® (gabapentin) Capsules  
Neurontin® (gabapentin) Tablets  
Norvasc® (amlodipine besylate) Tablets  
PERFOROMIST® (formoterol fumarate) Inhalation Solution  
Relpax® (eletriptan HBr) Tablets  
Revatio® (sildenafil) for Oral Suspension  
Revatio® (sildenafil) Injection  
Revatio® (sildenafil) Tablets  
Viagra® (sildenafil citrate) Tablets  
Xalatan® (latanoprost) Ophthalmic Solution  
Xanax® (alprazolam tablets, USP)  
YUPELRI® (revefenacin) inhalation solution  
Zoloft® (sertraline hydrochloride) Tablets

The applicable products are marketed with NDCs under Viatriis labeler codes 00037, 49502 and 58151, as well as some legacy NDCs under non-Viatriis labeler codes 00008, 00009, 00013, 00025, 00049, 00069, 00071.



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Effective August 1, 2024, Viatriis will ship applicable products exclusively to locations registered in the 340B OPAIS database as a covered entity, a child site location, or as a contract pharmacy location subject to the parameters described below.

Viatriis will permit covered entities without an in-house pharmacy to designate a single contract pharmacy location to receive bill to/ship to orders of applicable products at the 340B price. Covered entities must designate their single contract pharmacy location via the 340B ESP™ platform at <https://www.340besp.com/designations>. Designations must be made by July 19, 2024, in order for the designation to take effect on the effective date of this policy change. Viatriis will permit covered entities to change their designation once every twelve months, or upon the expiration of the contract between the covered entity and single-designated contract pharmacy.

This policy change will apply to hospital covered entities and Health Center Program Award Recipients (Entity Type CH) federal grantee covered entities. Non-CH federal grantee covered entities will be exempt from this policy change.

In addition, this policy change will not apply to contract pharmacy arrangements in the states listed on Attachment B.

This policy and the list of applicable products may be updated from time to time and will be posted at <https://www.340besp.com/resources>.

We look forward to working with you in support of a smooth transition to our new policy. Please contact us at [support@340Besp.com](mailto:support@340Besp.com) if you have any questions or require assistance.



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**List of Applicable Products**  
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**August 1, 2024**

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Effexor XR® (venlafaxine HCl) Extended-Release Capsules  
EMSAM® (selegiline transdermal system)  
EPINEPHRINE Injection, USP Auto-Injectors  
EPIPEN® (epinephrine injection, USP) Auto-Injector 0.3 mg  
EPIPEN Jr® (epinephrine injection, USP) Auto-Injector 0.15 mg  
FELBATOL® (felbamate) Oral Suspension  
FELBATOL® (felbamate) Tablets  
Lipitor® (atorvastatin calcium) Tablets  
Lyrica® (pregabalin) Capsules  
Neurontin® (gabapentin) Capsules  
Neurontin® (gabapentin) Tablets  
Norvasc® (amlodipine besylate) Tablets  
PERFOROMIST® (formoterol fumarate) Inhalation Solution  
Relpax® (eletriptan HBr) Tablets  
Revatio® (sildenafil) for Oral Suspension  
Revatio® (sildenafil) Injection  
Revatio® (sildenafil) Tablets  
Viagra® (sildenafil citrate) Tablets  
Xalatan® (latanoprost) Ophthalmic Solution  
Xanax® (alprazolam tablets, USP)  
YUPELRI® (revefenacin) inhalation solution  
Zoloft® (sertraline hydrochloride) Tablets

The applicable products are marketed with NDCs under Viatriis labeler codes 00037, 49502 and 58151, as well as some legacy NDCs under non-Viatriis labeler codes 00008, 00009, 00013, 00025, 00049, 00069, 00071.



**Attachment B**  
**List of State Exemptions**  
**and Effective Date of Exemption**

Arkansas	August 1, 2024
Louisiana	August 1, 2024
West Virginia	August 1, 2024
Mississippi	August 1, 2024
Kansas	August 1, 2024
Maryland	August 1, 2024
Minnesota	August 1, 2024
Missouri	August 28, 2024