

Notice of UCB 340B Integrity Policy Effective June 1st 2026

Dear 340B Covered Entity,

I am writing to inform you of UCB's new 340B Integrity Policy, which incorporates and expands upon UCB's existing 340B Contract Pharmacy Policy regarding the provision of 340B-priced drugs for all covered entities as described below. Effective June 1, 2026, this new 340B Integrity Policy supersedes previous UCB 340B-related policies.

UCB will continue to ship products purchased at the 340B discounted price to locations registered as a 340B covered entity or its child site(s). To ensure all 340B covered entities have access to products purchased at the 340B price, a 340B covered entity without an in-house pharmacy will continue to be permitted to designate a single contract pharmacy location to receive products purchased at the applicable 340B price, subject to claims data and geo-fencing requirements as described below.

For both hospital and grantee covered entities with in-house pharmacies:

- UCB will continue to ship to all in-house pharmacy locations of a covered entity. Such covered entities are not allowed to designate a separate contract pharmacy location.
- *UCB will require ALL claim/dispensing data from these locations that receive 340B priced drugs including pharmacy and medical claims effective June 1st, 2026.*

For both hospital and grantee covered entities without in-house pharmacies:

- For all covered entities without an in-house pharmacy, these entities are permitted to designate a single contract pharmacy to receive 340B priced drugs, provided it is located within 40 miles of the covered entity parent site (geo-fencing).
- Contract pharmacies wholly owned by a covered entity or share common ownership with a health system may be designated as a covered entity's single contract pharmacy but will no longer be separately eligible to receive 340B pricing.



- Hospital covered entities that designate such contract pharmacy locations have been required to submit contract pharmacy claim data since November 25, 2024 and this requirement remains in effect under the UCB 340B Integrity Policy.
- Effective June 1st, Grantees covered entities who were not previously required to submit contract pharmacy claims data shall now be required to submit claims data, same as other hospital covered entities.

State Carve-out Exemptions

This policy is only effective where permitted by applicable state law. If applicable, states will be exempted from this policy according to the state exemption notifications provided outside this policy. Existing state carve-out exemptions will be unaffected by this policy change unless separately notified by UCB.

What is changing?

Effective June 1st, 2026, **all covered entity types shall be required to provide claims data for pharmacy dispenses and medical claims from BOTH in-house pharmacy locations and contract pharmacy locations.** This requirement applies to UCB's entire portfolio of products (labeler codes 50474, 00131, 43376); claims data is required to be submitted through the 340B ESP™ platform within 45 days of product dispense. If you (covered entity) have not previously needed to designate a contract pharmacy and submit claim data, please contact www.340besp.com to register and set up the claims submission process. Failure to provide timely, complete, and accurate data is subject to temporary loss of access to 340B pricing until such data requirements are met.

UCB shall continue to utilize 340B ESP™ platform to support designation of a contract pharmacy. The 340B ESP™ platform shall also be used by covered entities when submitting claims data within the data submission timelines for dispenses made on or after June 1st, 2026. If the covered entity has not already registered an account with 340B ESP™, please enter your designation by visiting www.340besp.com/designations. Users who have registered an account with 340B ESP™ may 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 340B@ucb.com.

Frequently Asked Questions

Q: Which products are subject to UCB's 340B Integrity Policy?

A: A full list of products subject to UCB's 340B Integrity policy can be found in the ATTACHMENT A below. This list may be updated from time to time to include newly introduced or other covered outpatient drugs. A covered entity may also access the complete list of NDCs by accessing [What NDCs do we look for? | 340B ESP - Help Center](#).

Q. What is considered an "in-house pharmacy" by UCB?

A. An "in-house pharmacy" is any type of pharmacy—including but not limited to specialty pharmacy, retail pharmacy, or central fill pharmacy, which meets the following criteria":

- (i) is 100% owned by your covered entity
- (ii) is appropriately licensed or authorized by the applicable state
- (iii) is capable of dispensing covered outpatient drugs
- (iv) is not listed as a contract pharmacy for your covered entity on OPAIS.

This definition does not include a pharmacy partially owned by your covered entity; a pharmacy owned by an entity other than your covered entity, including a parent or affiliated entity other than your covered entity. Merely listing a non-entity owned pharmacy (i.e., a contract pharmacy) as a "ship to" address on OPAIS, does not confer entity-owned status on the pharmacy. We may require eligibility information, such as auditable records, to confirm 100% ownership by your covered entity.

If UCB observes a wholesaler is shipping 340B priced product to an in-house pharmacy at the covered entity's street or shipping address(es), listed in HRSA OPAIS, as well as to contract pharmacy location(s), UCB will notify the covered entity and work to resolve the non-compliant locations.

Q: My covered entity has a contract pharmacy relationship with a pharmacy that is owned by our health system. Is this pharmacy subject to UCB's policy?

A: Under UCB's 340B contract pharmacy policy, contract pharmacies that are wholly owned by the covered entity or share common ownership with a health system are eligible to be designated as a covered entity's single contract pharmacy, provided compliance with claims data submission and geo-fencing requirement(s) herein set forth. This wholly owned contract pharmacy will no longer be separately eligible to receive 340B pricing.

Q: I have an in-house pharmacy that can purchase and dispense UCB drugs, but I don't use it to dispense UCB drugs. Can I designate a single contract pharmacy instead?

A: No, under UCB's policy, if a covered entity has an in-house pharmacy capable of purchasing and dispensing UCB drugs, the entity must use that pharmacy and cannot designate a separate contract pharmacy.

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

A. No, a child site must utilize the parent hospital site's contract pharmacy designation. UCB considers all sites together as one covered entity, including the parent and child sites, listed on the HRSA database.

Q: If I designate a single contract pharmacy location to receive orders of medicines subject to this policy, may I also make a separate designation for a contract pharmacy location to receive each of the UCB's medicines subject to a limited distribution network?

A. Yes, a separate contract pharmacy designation may be made for Fintepla, Zilbrysq, and Kygevvi given their limited distribution network. Please contact support@340besp.com for specific information regarding products subject to a limited distribution network.

Q. How do I change my contract pharmacy designation?

A. 340B covered entities that do not have an in-house pharmacy capable of dispensing medicines to their patients can elect a single contract pharmacy once every twelve (12) months. Changes to the single contract pharmacy may be made only by visiting www.340Besp.com/designations. Users who have registered an account with 340B ESP™ can navigate to the Entity Profile tab to make their single contract pharmacy designation.

Q. How often can I change my contract pharmacy designation?

A. Covered entities that do not have an in-house pharmacy capable of dispensing medicines to its patients may change its single contract pharmacy designation once every twelve (12) months or more often if the designated contract pharmacy relationship is terminated from the HRSA OPAIS database.

Q. I already designated a single contract pharmacy for UCB. Do I need to re-designate on 340B ESP™?

A. Covered entities who currently have a designation in place through 340B ESP™ do not need to re-designate but must begin submitting claims data to retain access to 340B pricing at their designated contract pharmacy. They can begin submitting claims for UCB by navigating to the Claims Data Submission tab.

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

A. UCB's policy allows 340B covered entities that do not have an in-house pharmacy, capable of dispensing medicines to its patients, 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 one contract pharmacy location, which corresponds to a single contract pharmacy registration with HRSA.

Q. How long does it take for my contract pharmacy designation to take effect?

A. Please allow 10 business days for the designation to take effect.



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Q. What if my 340B covered entity does not have a contract pharmacy within a 40- mile radius of my parent site?

A. If your covered entity does not have a contract pharmacy registered with HRSA that is within a 40-mile radius of the parent site, please contact support@340Besp.com to find an acceptable alternative pharmacy.

Q. Is UCB 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 UCB to manage its process with its wholesalers.

Q. What are the requirements of submission of 340B claims data?

A. Claims data is required to be submitted through 340B ESP™ platform within 45 days of product dispense. For additional details including claim data fields, please refer to this link [\(FAQs\) | 340B ESP Help Center](#).

ATTACHMENT A – Product List

All of the following products are subject to this policy effective June 1st, 2026.

Bimzelx®
Briviact®
Cimzia®
Fintepla®
Keppra®
Keppra XR®
Nayzilam®
Neupro®
Rystiggo®
Vimpat®
Zilbrysq®
Kygevvi®

Fintepla®, Rystiggo®, Zilbrysq®, and Kygevvi® ordering is subject to a limited distribution network. Please contact support@340besp.com for additional information on how to access these products via their respective networks.