



May 2026

Pfizer Provides Notice to Reinstate Defined Distribution Systems in the State of North Dakota

Dear 340B Covered Entity,

This letter provides notice of reinstatement of Pfizer's Defined Distribution systems, effective June 23, 2026 for any eligible 340B covered entity registered on HRSA 340B OPAIS with a North Dakota address, specifically, North Dakota 340B hospital covered entities,¹ and certain federally qualified health centers.²

- Pfizer's defined distribution policy for multiple Pfizer medicines is available at [Second Sight Solutions \(340besp.com\)](https://www.340besp.com) under Pfizer policy, Exhibit A. These products are listed in the attached Exhibit A, Table A-1.
- Pfizer's defined distribution policy for Vyndamax® is available at [Second Sight Solutions \(340besp.com\)](https://www.340besp.com) under Pfizer policy, Exhibit B. The Vyndamax® product is listed in the attached Exhibit A, Table A-2.
- Pfizer's defined distribution policy for oral oncology medicines (DON) 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 A-3.
- This update does not represent a change for all other Federal grantee covered entity types. As has always remained the case under Pfizer's policy, 340B covered entities that are other Federal grantees³ 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. All other Federal grantees may continue to have multiple contract pharmacy relationships for these products.

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

¹ 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)

² The term "certain federally qualified health centers" in this letter refers to those entities that are FQHC entity types CH and FQHCLA and have 340B ID Alpha Numeric Code types CH, CHC, FQ, or FQHCLA.

³ Other Federal grantee 340B covered entities that are not subject to Pfizer's Defined Distribution system are: Black Lung Clinics Program; Title X funded Family Planning; Tribal Contract/Compact with IHS (P.L. 93-638); Comprehensive Hemophilia Treatment Center; Native Hawaiian Health Care Program; Ryan White Clinics; Sexually Transmitted Diseases; Tuberculosis, and Urban Indian.

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.

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 for additional information.

If you have questions regarding the change in distribution for 340B covered entities in North Dakota, please contact Pfizer at 340BCP@pfizer.com

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

Paul Hiley

A handwritten signature in blue ink that reads "Paul Hiley". The signature is written in a cursive, flowing style.

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



Exhibit A - Products

Table A-1

Effective March 31, 2026, the complete list of the Pfizer products incorporated into the Defined Distribution system model, for multiple Pfizer products is below.

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

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
Eucrisa® (crisaborole)	55724-0211-21	20 mg/gm (60 gm) Tube
Eucrisa® (crisaborole)	55724-0211-11	20 mg/gm (100 gm) Tube
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
Paxlovid™ (nirmatrelvir; ritonavir)	00069-0521-11	150 mg/100 mg Dose Pack Tablet (11)
Paxlovid™ (nirmatrelvir; ritonavir)	00069-5434-20	150 mg/100 mg Dose Pack Tablet (20)
Paxlovid™ (nirmatrelvir; ritonavir)	00069-5045-30	300 mg/100 mg Dose Pack Tablet
Paxlovid™ (nirmatrelvir; ritonavir)	00069-5450-11	150 mg/100 mg Dose Pack Tablet (11)
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
Velsipity™ (etrasimod)	00069-0274-30	2 mg Film Coated Tablet (Bottle)
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 A-2 (VYNDA)

Products	NDC 11	Description
Vyndamax® (tafamidis)	00069-8730-30	61 mg Capsule Blister pac (3x10 Blister Pac)

Vynndaqel® (tafamidis meglumine) is no longer available for shipping from Pfizer effective December 31, 2025.

Table A-3 (DON)

Products	Description	NDC 11
Bosulif® (bosutinib)	BOSULIF 100MG TAB 120 US	00069-0135-01
	BOSULIF 400MG FCT 1X30 BTL US	00069-0193-01
	BOSULIF 500MG TAB 30 US	00069-0136-01
Braftovi® (encorafenib)	BRAFTOVI CAP 75MG 60	70255-0025-03
	BRAFTOVI CAP 75MG 90	70255-0025-01
Daurismo™ (glasdegib)	DAURISMO 100MG TAB 1X30 BTL US	00069-1531-30
	DAURISMO 25MG TAB 1X60 BTL US	00069-0298-60
Ibrance® (palbociclib)	IBRANCE 100MG CAP 1X21 BTL US	00069-0188-21
	IBRANCE 100MG FCT 3X7 BLS US	00069-0486-03
	IBRANCE 125MG CAP 1X21 BTL US	00069-0189-21
	IBRANCE 125MG FCT 3X7 BLS US	00069-0688-03
	IBRANCE 75MG CAP 1X21 BTL US	00069-0187-21
Inlyta® (axitinib)	IBRANCE 75MG FCT 3X7 BLS US	00069-0284-03
	INLYTA (AXITINIB) 1MG TABLETS	00069-0145-01
Lorbrena® (lorlatinib)	INLYTA (AXITINIB) 5MG TABLETS	00069-0151-11
	LORBRENA 100MG FCT 1X30 BTL US	00069-0231-01

	LORBRENA 25MG FCT 1X30 BTL US	00069-0227-01
Mektovi® (binimetinib)	MEKTOVI TAB 15MG 180	70255-0010-02
Sutent® (sunitinib malate)	SUTENT 37.5MG HFC 1X28 PBTL US	00069-0830-38
	SUTENT CAP 12.5MG 28	00069-0550-38
	SUTENT CAP 25MG 28	00069-0770-38
	SUTENT CAP 50MG 28	00069-0980-38
Talzenna™ (talazoparib)	TALZENNA 0.1 mg Soft Gel Capsule, 30	00069-0252-30
	TALZENNA 0.25 mg Soft Gel Capsule, 30	00069-0353-30
	TALZENNA 0.35 mg Soft Gel Capsule, 30	00069-0454-30
	TALZENNA 0.5 mg Soft Gel Capsule, 30	00069-0546-30
	TALZENNA 0.75 mg Soft Gel Capsule, 30	00069-0655-30
	TALZENNA 1 mg Soft Gel Capsule, 30	00069-0757-30
Vizimpro® (dacomitinib)	VIZIMPRO 15MG FCT 1X30 BTL US	00069-0197-30
	VIZIMPRO 30MG FCT 1X30 BTL US	00069-1198-30
	VIZIMPRO 45MG FCT 1X30 BTL US	00069-2299-30
Xalkori® (crizotinib)	XALKORI (CRIZOTINIB) 200 MG CAPSULES	00069-8141-20
	XALKORI (CRIZOTINIB) 250 MG CAPSULES	00069-8140-20