This notice provides information for 340B covered entities about how to acquire Xalkori®, Inlyta®, Sutent®, Bosulif®, and Ibrance® at the 340B ceiling price. Pfizer, Inc. (“Pfizer”) distributes the following oral Oncology medications: Xalkori® (crizotinib) NDC: 0069-8140-20 and 0069-8141-20 indicated for the treatment of patients with metastatic non-small cell lung cancer whose tumors are anaplastic lymphoma kinase positive as detected by an FDA-approved test or whose tumors are ROS1 positive; Inlyta® (axitinib) NDC: 0069-0145-01 and 0069-0151-11 indicated for the treatment of advanced renal cell carcinoma after failure of one prior systemic therapy; Sutent® (sunitinib) NDC: 00069-0550-38, 00069-0770-38, 000069-0830-38 and 00069-0980-38 indicated for the treatment of (i) gastrointestinal stromal tumor after disease progression on or intolerance to imatinib mesylate; (ii) advanced renal cell carcinoma; and (iii) progressive, well-differentiated pancreatic neuroendocrine tumors in patients with unresectable locally advanced or metastatic disease; Bosulif® (bosutinib) NDC: 0069-0135-01 and 0069-0136-01 indicated for the treatment of adult patients with chronic, accelerated, or blast phase Ph+ chronic myelogenous leukemia with resistance or intolerance to prior therapy; and Ibrance® (palbociclib) NDC: 0069-0189-21, 0069-0188-21, and 0069-0187-21 indicated for the treatment of hormone receptor-positive (HR+), human epidermal growth factor receptor 2-negative (HER2-) advanced or metastatic breast cancer in combination with: letrozole as initial endocrine-based therapy in postmenopausal women, or fulvestrant in women with disease progression following endocrine therapy.

Currently, Pfizer relies on a defined oncology distribution network to distribute Xalkori®, Inlyta®, Sutent®, Bosulif®, and Ibrance®, which principally consists of over twenty specialty pharmacies that have deep oncology experience. In addition to the specialty pharmacies in our network, we have included a select number of (a) Oncology Large Group Practices with on-site dispensing pharmacies that are members of Oncology Group Purchasing Organizations, and (b) National Cancer Institute’s Health Systems that have dedicated specialty pharmacies with deep oncology experience and are focused on providing oncology specific care and patient support. This distribution model helps to ensure that the small patient population, who typically have advanced stage cancers, have access to clinicians who are most familiar with our products in order to receive the best possible patient care when prescribed a Pfizer oncology medication for their condition.

If a Covered Entity is not part of Pfizer’s defined oncology distribution network, but is in a 340B contract pharmacy relationship with a specialty pharmacy that is part of Pfizer’s defined oncology distribution network, Pfizer will extend the 340B price to that Covered Entity. The relevant product will be shipped to the specific specialty pharmacy, which will provide the product to the patient. The Covered Entity’s contract pharmacy relationship will be verified using the OPA database.

Pfizer takes its obligations under the 340B program seriously and developed its network in an evenhanded manner that treats all purchasers equally, and does not discriminate against 340B covered entities. As such, this defined oncology distribution network complies fully with the relevant 340B program guidance. If you have any questions regarding the distribution of Xalkori®, Inlyta®, Sutent®, Bosulif®, and Ibrance®, or experience any difficulty obtaining any of these products at the 340B ceiling price for your eligible patients, please contact 1-877-744-5675.