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*"You are never wrong, if you do the right thing."*



**Recent and Upcoming  
Updates to ESP Data Submission  
Requirements in Response to  
Manufacturer Updates**

04/16/2026

# Overview of Recent and Upcoming Manufacturer Updates

Several drug manufacturers have recently, or will soon be, changing their ESP Data Submission requirements. If the required data is not submitted, the manufacturers may terminate 340B pricing on the impacted wholesaler account(s), resulting in the CEs loss of 340B pricing for any of the manufacturers' NDCs.

**Eli Lilly:** as of 2/1/2026, Eli Lilly requires claims data submission for **all 340B transactions**, including contract pharmacy, in-house pharmacy, mixed-use, and clinic administered drugs.

**Novo Nordisk:** as of 4/1/2026, Novo Nordisk requires claims data submission **for all contract pharmacy and in-house pharmacy 340B transactions**.

**Astra Zeneca:** as of 5/1/2026, Astra Zeneca will require claims data submission for **all 340B transactions**, including contract pharmacy, in-house pharmacy, mixed-use, and clinic administered drugs.

**Bristol Myers Squibb (BMS):** as of 5/1/2026, BMS will require claims data submission for **all 340B transactions**, including contract pharmacy, in-house pharmacy, mixed-use, and clinic administered drugs.

*BMS data requirements for pharmacy claims data include additional elements beyond those included in Eli Lilly, Novo Nordisk, or Astra Zeneca pharmacy claims data requirements.*

*All 4 manufacturers have identical data requirements for medical claims data.*

Tables outlining required data submission elements can be found on the following pages.

# ESP: Required PHARMACY Claims Data Submission Elements for Eli Lilly, Novo Nordisk, and Astra Zeneca

Field	Data Type	Description
CE 340B ID	Alpha/Numeric	Unique number on OPAIS identifying the Covered Entity where the prescription originated; provided by HRSA. → This number starts with 2 or 3 letters and may contain dashes. → If the 340B ID <u>contains a suffix</u> , this must be included (ex: CAH141323-00).
Date of Service	Standard Date Formats	The date the patient filled their prescription. → Provide date only as time-stamps will flag an error!
Date Prescribed	Standard Date Formats	The date the prescriber wrote the prescription. → Provide date only as time-stamps will flag an error!
*NDC	Numeric	The NDC-11 drug code for the medication prescribed for the patient; identifies manufacturer, product, and commercial package size. → The <u>full 11-digit format</u> is required – include any/all leading zeros!
Quantity	Numeric	The number of units dispensed in the prescription.
Rx Number	Numeric	The prescription number for the prescription as generated by the pharmacy. → This number should remain <u>unmodified</u> and should include any leading zeros!
Service Provider ID	Numeric – 10 digits	The unique public ID of the <u>dispensing pharmacy</u> . → This number should never start with a leading zero. → Accepted IDs include NPI, DEA, NCPCP, and Medicaid ID.

*Note: All elements are required by ESP. If any data element is omitted, ESP will not accept the data submission.*

## \*11-Digit National Drug Code (NDC) Format: 99999-9999-99

Segment	Digits	What it Identifies
Labeler Code	5 digits	Manufacturer, repackager, or distributor
Product Code	4 digits	Drug strength, dosage form, and formulation
Package Code	2 digits	Package size and type



# ESP: Required PHARMACY Claims Data Submission Elements for Bristol Myers Squibb (BMS)

Field	Data Type	Description
CE 340B ID	Alpha/Numeric	Unique number on OPAIS identifying the Covered Entity where the prescription originated; provided by HRSA. → This number starts with 2 or 3 letters and may contain dashes. → If the 340B ID <u>contains a suffix</u> , this must be included ( <i>ex: CAH141323-00</i> ).
Fill Date	Standard Date Formats	The date the patient filled their prescription. → Provide date only as time-stamps will flag an error!
Date Prescribed	Standard Date Formats	The date the prescriber wrote the prescription. → Provide date only as time-stamps will flag an error!
*NDC	Numeric	The NDC-11 drug code for the medication prescribed for the patient; identifies manufacturer, product, and commercial package size. → The <u>full 11-digit format</u> is required – include any/all leading zeros!
Quantity	Numeric	The number of units dispensed in the prescription.
Rx Number	Numeric	The prescription number for the prescription as generated by the pharmacy. → This number should remain <u>unmodified</u> and should include any leading zeros!
Pharmacy NABP <u>or</u> Pharmacy NPI	Numeric NABP – 7 digits NPI – 10 digits	**Either NABP (NCPDB) <u>or</u> NPI is required. ( <i>Do not submit both.</i> ) These are unique public identifiers of the <u>dispensing pharmacy</u> .
Service Provider ID Qualifier	Numeric	On NCPDP D.0 pharmacy claims, this qualifier tells the payer what kind of ID is being used to identify the pharmacy (NCPDP or NPI).
Provider ID	Numeric – 10 digits	The NPI of the healthcare provider who prescribed the medication.
Prescriber ID Qualifier	Numeric	On NCPDP D.0 pharmacy claims, this qualifier tells the payer what kind of ID is being used to identify the prescribing healthcare provider (NPI or DEA).
Payer BIN	Numeric – 6 digits	A 6-digit routing number used in pharmacy claims to send the claim to the correct insurance company or pharmacy benefit manager (PBM).
Payer PCN	Alpha/Numeric	A payer-specific routing code that works with the BIN to ensure the pharmacy claim reaches the correct benefit within the insurance company or pharmacy benefit manager (PBM).

*Note: All elements are required by ESP. If any data element is omitted, ESP will not accept the data submission.*

# ESP: Required MEDICAL Claims Data Submission Elements for Eli Lilly, Novo Nordisk, Astra Zeneca, and BMS

Field	Data Type	Description
340B ID	Alpha/Numeric	Unique number identifying the Covered Entity on OPAIS; provided by HRSA.
Claim Number	Alpha/Numeric	The unique number within your billing software that identifies each specific claim.
Claim Line Number	Alpha/Numeric	This identifies an individual line number on a claim; distinguishes distinct services submitted on the same claim.
Date of Service	Standard Date Formats	The date on which the medication was administered to the patient.
**HCPCS Code	Alpha/Numeric	**Either HCPCS Code <u>or</u> UOM is required. <i>(Do not submit both.)</i> The five-digit HCPCS code corresponding to the medication administered to the patient. → If drugs were billed using a <u>non-specific or miscellaneous HCPCS code</u> , this field should be left blank <i>(ex: A9270 / J3490)</i> .
Health Plan Name	Alpha/Numeric	The identifier of the patient's primary health insurance plan <i>(ex: Aetna, BCBS, UHC, Medicare)</i> . → If the patient is <u>uninsured or cash</u> , use "CASH" in this field. → If <u>no health plan information is available</u> , use "NONE" in this field.
Health Plan ID	Alpha/Numeric	The identifier (member ID) of the patient's primary health insurance plan. → If the patient is <u>uninsured or cash</u> , use "CASH" in this field. → If <u>no health plan information is available</u> , use "NONE" in this field.
NDC-11	Numeric	The NDC-11 drug code for the medication administered to the patient. <i>Note: the full 11-digit format is required.</i>
Quantity	Numeric	The quantity of medication administered to the patient. → If a <u>specific (non-miscellaneous) HCPCS code with CMS-defined billing units</u> is reported on the claim, quantity must reflect the CMS-defined billable units for that specific HCPCS code. → If <u>no HCPCS code</u> is reported on the claim, quantity must reflect standardized billing units as defined by NCPDP for the NDC-11.
**Unit of Measure	Alpha/Numeric	**Either HCPCS <u>or</u> UOM is required. <i>(Do not submit both.)</i> → If <u>no specific (non-miscellaneous) HCPCS code</u> is reported on the claim, <u>UOM must be reported</u> and must be consistent with standardized billing units as defined by NCPDP for the NDC-11.
Service Provider ID	Numeric – 10 digits	The NPI of the <u>healthcare entity</u> where the patient received the medication administration <i>(ex: NPI of a clinic, hospital surgery center, or outpatient infusion center)</i> . <u>Not a specific healthcare provider's NPI!</u>

**Note: All elements are required by ESP. If any data element is omitted, ESP will not accept the data submission.**

# We're Here to Help!

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