

## Notice Regarding Refunds to 340B Covered Entities

April 5, 2023

Amgen USA Inc. has recalculated lower 340B ceiling prices for the NDCs listed below for certain periods Q1 2020 and Q2 2020. 340B covered entities that purchased the impacted Amgen products during this timeframe will receive a credit effectuated through a third-party vendor, as described below:

- For Covered Entities that Amgen has determined are owed a cumulative refund amount equal to or in excess of \$25 (aggregate for all applicable NDCs) for the periods listed, Amgen will work with a third-party vendor to issue refunds directly to the 340B Covered Entity of record.
- Amgen has asked the Office of Pharmacy Affairs (OPA) to post this Notice on OPA's public website to give affected Covered Entities that may be owed less than \$25 the opportunity to request refunds. Accordingly, if a Covered Entity purchased one or more of the following NDCs in the applicable Refund Period(s), and does not receive an automatic refund by May 23, 2023, the Covered Entity should contact [340BRelations@amgen.com](mailto:340BRelations@amgen.com) if it wishes to request a refund or has any questions. The Covered Entity may be asked to provide additional information for verification purposes, such as the applicable NDC(s), purchase volume(s) and time period(s). Upon validation that a requested refund less than \$25 is owed, Amgen will approve the refund request.

NDC	Description	Refund Period(s)
55513-0002-04	ARANESP 25 mcg (1.0 mL) PS vial, 4 pk	Q1 2020, Q2 2020
55513-0003-04	ARANESP 40 mcg (1.0 mL) PS vial, 4 pk	Q1 2020, Q2 2020
55513-0004-04	ARANESP 60 mcg (1.0 mL) PS vial, 4 pk	Q1 2020, Q2 2020
55513-0005-04	ARANESP 100 mcg (1.0 mL) PS vial, 4 pk	Q1 2020, Q2 2020
55513-0006-01	ARANESP 200 mcg (1.0 mL) PS vial, 1 pk	Q1 2020, Q2 2020
55513-0023-04	ARANESP 60 mcg (0.3 mL) PS syringe, 4 pk	Q1 2020, Q2 2020
55513-0025-04	ARANESP 100 mcg (0.5 mL) PS syringe, 4 pk	Q1 2020, Q2 2020
55513-0027-04	ARANESP 150 mcg (0.3 mL) PS syringe, 4 pk	Q1 2020, Q2 2020
55513-0028-01	ARANESP 200 mcg (0.4 mL) PS syringe, 1 pk	Q1 2020, Q2 2020
55513-0032-01	ARANESP 500 mcg (1.0 mL) PS syringe, 1 pk	Q1 2020, Q2 2020
55513-0111-01	ARANESP 300mcg (0.6 mL) PS syringe, 1 pk	Q1 2020, Q2 2020
58406-0010-04	ENBREL 25 mg, 0.5 mL syringe, 4pk	Q1 2020
58406-0021-04	ENBREL 50 mg, 1mL syringe, 4pk	Q1 2020
58406-0032-04	ENBREL 50 mg, 1mL AI, 4pk	Q1 2020
58406-0044-04	ENBREL Mini 50 mg, 1mL CTG, 4pk	Q1 2020
58406-0435-04	ENBREL 50 mg, 0.98 mL syringe, 4pk	Q1 2020
58406-0445-04	ENBREL 50 mg, 0.98 mL AI, 4pk	Q1 2020
58406-0455-04	ENBREL 25 mg, 0.51 mL syringe, 4pk	Q1 2020
58406-0456-04	ENBREL Mini 50 mg/mL, 4pk	Q1 2020
55513-0126-10	EPOGEN 2,000 U/mL (1 mL) vial, 10 pk	Q1 2020, Q2 2020
55513-0144-10	EPOGEN 10,000 U/mL (1 mL) vial, 10 pk	Q1 2020
55513-0148-10	EPOGEN 4,000 U/mL (1 mL) vial, 10 pk	Q1 2020, Q2 2020
55513-0267-10	EPOGEN 3,000 U/mL (1 mL) vial, 10 pk	Q1 2020, Q2 2020
55513-0283-10	EPOGEN 10,000 U/mL (2 mL) vial, 10 pk	Q2 2020

NDC	Description	Refund Period(s)
55513-0478-10	EPOGEN 20,000 U/mL (1 mL) vial , 10 pk	Q1 2020, Q2 2020
55513-0078-01	IMLYGIC 1 Mil PFU/mL (1.0 mL) V, 1pk	Q2 2020
76075-0103-01	KYPROLIS 10 mg (2mg/mL) lyophilized vial, 1 pk	Q1 2020, Q2 2020
55513-0190-01	NEULASTA 6 mg (0.6 mL) syringe , 1 pk	Q2 2020
55513-0192-01	NEULASTA Onpro Kit 6mg (0.6ml)	Q2 2020
55513-0209-10	NEUPOGEN 480 mcg (0.8 mL) syringe, 10 pk	Q1 2020, Q2 2020
55513-0209-91	NEUPOGEN 480 mcg/0.8 mL (600 mcg/mL) PFS	Q1 2020, Q2 2020
55513-0530-10	NEUPOGEN 300 mcg (1.0 mL) vial , 10 pk	Q1 2020, Q2 2020
55513-0546-10	NEUPOGEN 480 mcg (1.6 mL) vial , 10 pk	Q1 2020, Q2 2020
55513-0924-10	NEUPOGEN 300 mcg (0.5 mL) syringe, 10 pk	Q1 2020, Q2 2020
55513-0924-91	NEUPOGEN 300 mcg/0.5 mL (600 mcg/mL) PFS	Q1 2020, Q2 2020
55513-0740-10	Parsabiv 2.5mg/0.5mL Vial, 1 pack	Q1 2020, Q2 2020
55513-0741-10	Parsabiv 5mg/1mL Vial, 1 pack	Q1 2020, Q2 2020
55513-0750-01	REPATHA 140 mg (1.0 mL) PFS, 1 pk	Q1 2020, Q2 2020
55513-0760-02	REPATHA 140 mg (1.0 mL) AI, 2 pk	Q1 2020, Q2 2020
55513-0770-01	REPATHA 420 mg (3.5 mL) Pushtonex, 1pk	Q1 2020, Q2 2020
72511-0750-01	REPATHA 140 mg (1.0 mL) PFS, 1 pk	Q1 2020, Q2 2020
72511-0760-02	REPATHA 140 mg (1.0 mL) AI, 2 pk	Q1 2020, Q2 2020
72511-0770-01	REPATHA 420 mg (3.5 mL) Pushtonex, 1pk	Q1 2020, Q2 2020
55513-0073-30	SENSIPAR 30mg TAB x30	Q1 2020, Q2 2020
55513-0074-30	SENSIPAR 60mg TAB x30	Q1 2020, Q2 2020
55513-0075-30	SENSIPAR 90mg TAB x30	Q1 2020, Q2 2020
55513-0730-01	XGEVA 120mg/1.7mL (70mg/mL) Vial	Q1 2020, Q2 2020