

Notice Regarding Refunds to 340B Covered Entities

April 27, 2022

Amgen USA Inc. has recalculated lower 340B ceiling prices for the NDCs listed below for certain periods Q2 2016 through and including Q2 2019. 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 Jun 27, 2022, the Covered Entity should contact 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)
55513-0025-04	ARANESP 100 MCG/0.5 ML SYRINGE	Q4 2016, Q3 2017, Q4 2017, Q4 2018
55513-0005-04	ARANESP 100 MCG/ML VIAL	Q2 2016, Q4 2016, Q3 2017, Q4 2017
55513-0027-04	ARANESP 150 MCG/0.3 ML SYRINGE	Q4 2016, Q3 2017, Q4 2017
55513-0028-01	ARANESP 200 MCG/0.4 ML SYRINGE	Q4 2016, Q3 2017, Q4 2017
55513-0006-01	ARANESP 200 MCG/ML VIAL	Q4 2016, Q3 2017, Q4 2017
55513-0110-01	ARANESP 25 mcg (0.42 mL) PS AI , 1 pk	Q4 2016, Q1 2017, Q3 2017
55513-0057-04	ARANESP 25 MCG/0.42 ML SYRING	Q4 2018
55513-0002-04	ARANESP 25 MCG/ML VIAL	Q3 2017, Q4 2017
55513-0111-01	ARANESP 300 MCG/0.6 ML SYRINGE	Q2 2016, Q2 2017, Q3 2017, Q4 2017
55513-0021-04	ARANESP 40 MCG/0.4 ML SYRINGE	Q4 2016, Q4 2018
55513-0003-04	ARANESP 40 MCG/ML VIAL	Q4 2016, Q3 2017, Q4 2017
55513-0032-01	ARANESP 500 MCG/1 ML SYRINGE	Q2 2017, Q3 2017, Q4 2017
55513-0023-04	ARANESP 60 MCG/0.3 ML SYRINGE	Q4 2016, Q3 2017
55513-0004-04	ARANESP 60 MCG/ML VIAL	Q4 2016, Q3 2017, Q4 2017
55513-0160-01	BLINCYTO 35 MCG VL W-STABILIZER	Q3 2016
55513-0810-80	CORLANOR 7.5mg, TAB x 180	Q2 2019
58406-0425-34	ENBREL 25 MG KIT	Q3 2016, Q2 2017
58406-0455-04	ENBREL 25 mg, 0.51 mL syringe, 4pk	Q3 2016, Q2 2017, Q3 2017
58406-0445-04	ENBREL 50 MG/ML SURECLICK	Q2 2016, Q3 2016, Q4 2016, Q1 2017, Q2 2017, Q3 2017
58406-0435-04	ENBREL 50 MG/ML SYRINGE	Q3 2016, Q2 2017, Q3 2017
55513-0144-10	EPOGEN 10,000 UNITS/ML VIAL	Q3 2016, Q4 2016, Q3 2017, Q4 2017, Q3 2018, Q1 2019, Q2 2019
55513-0126-10	EPOGEN 2,000 UNITS/ML VIAL	Q2 2016, Q3 2016, Q3 2017, Q3 2018, Q1 2019, Q2 2019
55513-0283-10	EPOGEN 20,000 UNITS/2 ML VIAL	Q4 2016, Q3 2017, Q4 2018, Q1 2019, Q2 2019

55513-0478-10	EPOGEN 20,000 UNITS/ML VIAL	Q4 2016, Q3 2017, Q4 2017, Q4 2018, Q1 2019, Q2 2019
55513-0267-10	EPOGEN 3,000 UNITS/ML VIAL	Q2 2016, Q3 2016, Q4 2016, Q3 2017, Q4 2017, Q3 2018, Q4 2018, Q1 2019
55513-0148-10	EPOGEN 4,000 UNITS/ML VIAL	Q3 2016, Q3 2017, Q4 2017, Q3 2018, Q4 2018, Q2 2019
55513-0078-01	IMLYGIC 1 MILLION PFU/ML VIAL	Q4 2017
55513-0079-01	IMLYGIC 100 MILLION PFU/ML VL	Q3 2017, Q4 2017
76075-0102-01	KYPROLIS 30 MG VIAL	Q4 2017
76075-0101-01	KYPROLIS 60 MG VIAL	Q4 2017, Q1 2018
55513-0190-01	NEULASTA 6 MG/0.6 ML SYRINGE	Q2 2016, Q3 2016, Q4 2016, Q2 2017, Q3 2017, Q4 2017, Q1 2018, Q2 2018, Q3 2018, Q1 2019, Q2 2019
55513-0192-01	NEULASTA ONPRO 6 MG/0.6 ML KIT	Q2 2016, Q3 2016, Q4 2016, Q2 2017, Q3 2017, Q4 2017, Q1 2018, Q2 2018, Q3 2018, Q1 2019, Q2 2019
55513-0924-10	NEUPOGEN 300 MCG/0.5 ML SYR	Q2 2016, Q3 2016, Q1 2017, Q2 2017, Q3 2017, Q1 2018, Q2 2018, Q4 2018, Q1 2019, Q2 2019
55513-0924-91	NEUPOGEN 300 MCG/0.5 ML SYR	Q2 2016, Q3 2016, Q1 2017, Q2 2017, Q3 2017, Q1 2018, Q2 2018, Q4 2018, Q1 2019, Q2 2019
55513-0530-10	NEUPOGEN 300 MCG/ML VIAL	Q2 2016, Q1 2017, Q2 2017, Q3 2017, Q4 2017, Q1 2018, Q2 2018, Q3 2018, Q4 2018, Q1 2019, Q2 2019
55513-0209-10	NEUPOGEN 480 MCG/0.8 ML SYR	Q2 2016, Q3 2016, Q1 2017, Q2 2017, Q3 2017, Q4 2018, Q1 2019, Q2 2019
55513-0209-91	NEUPOGEN 480 MCG/0.8 ML SYR	Q2 2016, Q3 2016, Q1 2017, Q2 2017, Q3 2017, Q4 2018, Q1 2019, Q2 2019
55513-0546-10	NEUPOGEN 480 MCG/1.6 ML VIAL	Q2 2016, Q1 2017, Q2 2017, Q4 2017, Q1 2018, Q2 2018, Q1 2019, Q2 2019
55513-0760-02	REPATHA 140 mg (1.0 mL) AI, 2 pk	Q3 2018, Q4 2018
55513-0750-01	REPATHA 140 mg (1.0 mL) PFS, 1 pk	Q3 2018, Q4 2018
72511-0760-02	REPATHA 140 MG/ML SURECLICK	Q3 2018, Q4 2018
72511-0750-01	REPATHA 140 MG/ML SYRINGE	Q3 2018, Q4 2018
55513-0770-01	REPATHA 420 mg (3.5 mL) Pushtronex, 1pk	Q1 2018, Q3 2018, Q4 2018
72511-0770-01	REPATHA 420 MG/3.5 ML PUSHTRONX	Q1 2018, Q3 2018, Q4 2018
55513-0073-30	SENSIPAR 30 MG TABLET	Q1 2018, Q2 2019
55513-0074-30	SENSIPAR 60 MG TABLET	Q1 2017, Q3 2017, Q4 2017, Q1 2018, Q3 2018, Q1 2019, Q2 2019
55513-0075-30	SENSIPAR 90 MG TABLET	Q3 2017, Q4 2017, Q1 2018, Q3 2018, Q2 2019
55513-0954-01	VECTIBIX 100 MG/5 ML VIAL	Q1 2018, Q2 2018, Q3 2018, Q4 2018
55513-0956-01	VECTIBIX 400 MG/20 ML VIAL	Q1 2018, Q3 2018, Q4 2018
55513-0730-01	XGEVA 120 MG/1.7 ML VIAL	Q2 2016, Q1 2017, Q2 2017, Q3 2017, Q4 2017, Q1 2018