

Notice Regarding Refunds to 340B Covered Entities

February 18, 2026

Amgen USA Inc. has recalculated 340B ceiling prices for the NDCs listed below for periods Q1 2023 and Q2 2023. 340B Covered Entities that purchased the impacted Amgen products during this timeframe will receive a credit effectuated through Apexus, the HRSA 340B Prime 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 Apexus 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 March 31, 2026, 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)	
		Q1 2023	Q2 2023
55513-0057-04	ARANESP 25 mcg (0.42 mL)PS syringe, 4 pk	Q1 2023	Q2 2023
55513-0098-04	ARANESP 10 mcg (0.4 mL) PS syringe, 4 pk	Q1 2023	
55513-0025-04	ARANESP 100 mcg (0.5 mL)PS syringe, 4 pk		Q2 2023
55513-0028-01	ARANESP 200 mcg (0.4 mL)PS syringe, 1 pk		Q2 2023
55513-0023-04	ARANESP 60 mcg (0.3 mL) PS syringe, 4 pk		Q2 2023
55513-0021-04	ARANESP 40 mcg (0.4mL) PS syringe, 4 pk		Q2 2023
55513-0032-01	ARANESP 500 mcg (1.0 mL)PS syringe, 1 pk		Q2 2023
55513-0006-01	ARANESP 200 mcg (1.0 mL) PS vial, 1 pk		Q2 2023
55513-0027-04	ARANESP 150 mcg (0.3mL) PS syringe, 4 pk		Q2 2023
55513-0005-04	ARANESP 100 mcg (1.0 mL) PS vial, 4 pk	Q1 2023	Q2 2023
55513-0160-01	BLINCYTO 35 mcg lyophilized vial, 1 pk		Q2 2023
55513-0800-60	Corlanor 5mg, TAB x 60	Q1 2023	Q2 2023
55513-0810-60	Corlanor 7.5mg, TAB x 60	Q1 2023	Q2 2023
55513-0813-28	Corlanor 5 mg, AMP x 28	Q1 2023	Q2 2023
55513-0880-02	EVENITY 105mg, 1.17mL (90mg/mL) PFS, 2pk		Q2 2023
55513-0141-01	KANJINTI 150mg/mL vial	Q1 2023	Q2 2023
76075-0102-01	KYPROLIS 30 mg (2mg/mL) lyophilized vial, 1 pk		Q2 2023
76075-0101-01	KYPROLIS 60 mg lyophilized vial, 1 pk		Q2 2023
76075-0103-01	KYPROLIS 10 mg (2mg/mL) lyophilized vial, 1 pk	Q1 2023	
55513-0488-24	LUMAKRAS 120mg, TAB x240	Q1 2023	
55513-0206-01	MVASI 100 mg/4 mL vial, 1pk	Q1 2023	
55513-0207-01	MVASI 400 mg/16 mL vial, 1 pk	Q1 2023	
55513-0190-01	NEULASTA 6 mg (0.6 mL) syringe, 1 pk	Q1 2023	
55513-0192-01	NEULASTA Onpro Kit 6mg (0.6ml)	Q1 2023	
55513-0209-91	NEUPOGEN 480 mcg/0.8 mL (600 mcg/mL) PFS		Q2 2023
55513-0924-10	NEUPOGEN 300 mcg (0.5 mL) syringe, 10 pk		Q2 2023
55513-0924-91	NEUPOGEN 300 mcg/0.5 mL (600 mcg/mL) PFS		Q2 2023
55513-0209-10	NEUPOGEN 480 mcg (0.8 mL) syringe, 10 pk		Q2 2023
55513-0223-01	Nplate 125 mcg (0.25mL) vial	Q1 2023	
55513-0221-01	NPlate 250 mcg (0.5mL) vial		Q2 2023
55513-0222-01	NPlate 500 mcg (1.0mL) vial		Q2 2023
55513-0710-01	PROLIA 60mg (1.0mL) Syringe, 1pk	Q1 2023	
55513-0112-01	TEZSPIRE 210mg/1.91mL (110mg/mL) PFS, 1pk		Q2 2023
55513-0954-01	VECTIBIX 100 mg,5 mL (20mg/mL) vial, 1pk	Q1 2023	Q2 2023
55513-0956-01	VECTIBIX 400 mg, 20mL(20mg/mL) vial, 1pk	Q1 2023	Q2 2023
55513-0730-01	XGEVA 120mg/1.7mL (70mg/mL) Vial	Q1 2023	Q2 2023