Notice Regarding Refunds to 340B Covered Entities

August 25, 2026

Amgen USA Inc. has recalculated 340B ceiling prices for the NDCs listed below for periods Q3 2023 and Q4 2023 and new NDC launches in 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 September 18, 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 is less than $25 is owed, Amgen will approve the refund request.

Recalculated Launch Period 340B Ceiling Prices

NDC	Description	Refund Period (s)	
55513-0400-01	AMJEVITA 40 mg/0.8mL AI, 1pk	Q1 2023	
55513-0400-02	AMJEVITA 40 mg/0.8mL AI, 2pk	Q1 2023	
55513-0410-01	AMJEVITA 40 mg/0.8mL PFS, 1pk	Q1 2023	
72511-0400-01	AMJEVITA 40 mg (0.8 mL) AI, 1 pk	Q1 2023	
55513-0504-50	LUMAKRAS 320mg, TAB x90		Q2 2023

Recalculated 340B Ceiling Prices

NDC	Description	Refund Period (s)	
55513-0843-01	Aimovig 140 mg/mL prefilled autoinjector, 1 pk	Q3 2023	
55513-0400-01	AMJEVITA 40 mg/0.8mL AI, 1pk	Q3 2023	
55513-0400-02	AMJEVITA 40 mg/0.8mL AI, 2pk	Q3 2023	
55513-0410-01	AMJEVITA 40 mg/0.8mL PFS, 1pk	Q3 2023	
72511-0400-02	AMJEVITA 40 mg (0.8 mL) AI, 2 pk	Q3 2023	
72511-0400-01	AMJEVITA 40 mg (0.8 mL) AI, 1 pk	Q3 2023	
55513-0025-04	ARANESP 100 mcg (0.5 mL)PS syringe, 4 pk	Q3 2023	
55513-0028-01	ARANESP 200 mcg (0.4 mL)PS syringe, 1 pk	Q3 2023	
55513-0023-04	ARANESP 60 mcg (0.3 mL) PS syringe, 4 pk	Q3 2023	
55513-0021-04	ARANESP 40 mcg (0.4mL) PS syringe, 4 pk	Q3 2023	
55513-0006-01	ARANESP 200 mcg (1.0 mL) PS vial, 1 pk	Q3 2023	
55513-0027-04	ARANESP 150 mcg (0.3mL) PS syringe, 4 pk	Q3 2023	
55513-0005-04	ARANESP 100 mcg (1.0 mL) PS vial, 4 pk	Q3 2023	
55513-0004-04	ARANESP 60 mcg (1.0 mL) PS vial, 4 pk	Q3 2023	
55513-0111-01	ARANESP 300mcg (0.6 mL) PS syringe, 1 pk	Q3 2023	
55513-0003-04	ARANESP 40 mcg (1.0 mL) PS vial, 4 pk	Q3 2023	
55513-0002-04	ARANESP 25 mcg (1.0 mL) PS vial, 4 pk	Q3 2023	
55513-0670-01	AVSOLA 100 mg vial, 1pk		Q4 2023
55513-0160-01	BLINCYTO 35 mcg lyophilized vial, 1 pk		Q4 2023
55513-0800-60	Corlanor 5mg, TAB x 60		Q4 2023
55513-0810-60	Corlanor 7.5mg, TAB x 60		Q4 2023
55513-0813-28	Corlanor 5 mg, AMP x 28		Q4 2023
58406-0032-04	ENBREL 50 mg, 1mL AI, 4pk		Q4 2023
58406-0044-04	ENBREL Mini 50 mg, 1mL CTG, 4pk		Q4 2023
58406-0055-04	ENBREL 25 mg, 0.5mL Vial, 4pk		Q4 2023
55513-0478-10	EPOGEN 20,000 U/mL (1 mL) vial, 10 pk	Q3 2023	Q4 2023
55513-0283-10	EPOGEN 10,000 U/mL (2 mL) vial, 10 pk	Q3 2023	
55513-0880-02	EVENITY 105mg, 1.17mL (90mg/mL) PFS, 2pk	Q3 2023	
55513-0141-01	KANJINTI 150mg/mL vial	Q3 2023	Q4 2023
55513-0132-01	KANJINTI 420mg/mL vial	Q3 2023	
76075-0102-01	KYPROLIS 30 mg (2mg/mL) lyophilized vial, 1 pk		Q4 2023
76075-0101-01	KYPROLIS 60 mg lyophilized vial, 1 pk		Q4 2023
76075-0103-01	KYPROLIS 10 mg (2mg/mL) lyophilized vial, 1 pk		Q4 2023
55513-0488-24	LUMAKRAS 120mg, TAB x240	Q3 2023	Q4 2023
55513-0504-50	LUMAKRAS 320mg, TAB x90	Q3 2023	Q4 2023
55513-0206-01	MVASI 100 mg/4 mL vial, 1pk		Q4 2023

NDC	Description	Refund Period (s)	
55513-0207-01	MVASI 400 mg/16 mL vial, 1 pk		Q4 2023
55513-0190-01	NEULASTA 6 mg (0.6 mL) syringe, 1 pk		Q4 2023
55513-0209-91	NEUPOGEN 480 mcg/0.8 mL (600 mcg/mL) PFS	Q3 2023	
55513-0924-10	NEUPOGEN 300 mcg (0.5 mL) syringe, 10 pk	Q3 2023	
55513-0924-91	NEUPOGEN 300 mcg/0.5 mL (600 mcg/mL) PFS	Q3 2023	
55513-0209-10	NEUPOGEN 480 mcg (0.8 mL) syringe, 10 pk	Q3 2023	
55513-0223-01	Nplate 125 mcg (0.25mL) vial	Q3 2023	Q4 2023
55513-0221-01	Nplate 250 mcg (0.5mL) vial		Q4 2023
55513-0222-01	Nplate 500 mcg (1.0mL) vial		Q4 2023
55513-0710-01	PROLIA 60mg (1.0mL) Syringe, 1pk	Q3 2023	Q4 2023
55513-0123-01	TEZSPIRE 210mg/1.91mL (110mg/mL) PEN, 1pk		Q4 2023
55513-0954-01	VECTIBIX 100 mg,5 mL (20mg/mL) vial, 1pk	Q3 2023	Q4 2023
55513-0956-01	VECTIBIX 400 mg, 20mL(20mg/mL) vial, 1pk	Q3 2023	Q4 2023
55513-0730-01	XGEVA 120mg/1.7mL (70mg/mL) Vial	Q3 2023	Q4 2023