

May 5, 2025

## Notice Regarding Recalculated 340B Ceiling Prices for 2Q2022

Johnson & Johnson Health Care Systems Inc., (“JJHCS”) on behalf of Johnson & Johnson companies participating in the 340B program (which may include Patriot Pharmaceuticals, LLC, Janssen Biotech, Inc., Janssen Pharmaceuticals, Inc., Janssen Products, LP, and Actelion Pharmaceuticals US, Inc., collectively, “JJIM”) has asked the Office of Pharmacy Affairs (OPA) to post this notice on OPA’s public website to ensure transparency.

JJIM has revised 2Q2022 340B pricing on covered outpatient drugs. The revisions were due to standard restatements of Medicaid pricing data made to CMS. As a result of the recalculated 340B Ceiling Prices, Janssen has determined that a refund is or may be owed to 340B Covered Entities that purchased any of the below NDCs during the period of April 1, 2022, through June 30, 2022. JJIM is not seeking reimbursement or repayment where Covered Entities paid a lower price than the recalculated 340B ceiling prices for the indicated time period, and any such amounts will not be used as offsets in determining the aggregate amount of any refund due.

JJIM will be communicating with and issuing refund adjustments through the wholesalers that submitted the original sale on behalf of the 340B covered entities. If you feel you have not received an appropriate adjustment, please contact JJIM via email at: [RA-HCSUS-NSGP340B@ITS.JNJ.COM](mailto:RA-HCSUS-NSGP340B@ITS.JNJ.COM) with a subject line of “340B Standard Refile” and your entities 340B ID. In addition, please include in the body of your email: NDC Number, Quantity, Original Purchase Invoice Number, Invoice Date, and the Wholesaler the product was purchased through for all affected products so that we can research your inquiry further.

NDC 11	NDC Description	Quarter/Year
50458-0554-01	INVEGA,1.5MG TABLETS,12 COUNT,30S, US	2Q22
50458-0640-65	TOPAMAX TABLETS 50MG 60S	2Q22
50458-0720-30	PONVORY 20MG 30 TABL US	2Q22
57894-0030-01	REMICADE 100MG VIAL	2Q22
57894-0060-02	STELARA 1X45MG VIAL USA	2Q22
57894-0060-03	STELARA 45 MG/0.5 ML ULTRASAFE PFS	2Q22
57894-0160-01	INFLIXIMAB 100MG VIAL	2Q22
57894-0350-01	SIMPONI ARIA 50MG/4ML TRADE US	2Q22