

May 6, 2026

Notice Regarding Recalculated 340B Ceiling Prices for 3Q2023

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 3Q2023 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, JJIM 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 July 1, 2023, through September 30, 2023. 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 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
57894-0060-02	STELARA 45MG/VIAL 24CT	3Q23
57894-0060-03	STELARA 45 MG/0.5 ML ULTRASAFE PFS	3Q23
57894-0061-03	STELARA 90 MG/1.0 ML ULTRASAFE PFS	3Q23
57894-0160-01	INFLIXIMAB 100MG VIAL	3Q23
50458-0707-14	PONVORY 2+3+4+5+6+7+8+9+10MG 14 TAB START US	3Q23
50458-0720-30	PONVORY 20MG 30 TABL. USA	3Q23
59676-0303-01	PROCRIT 3000 U/ML 6'S	3Q23
59676-0304-01	PROCRIT 4000 U/ML 6'S	3Q23