

November 21, 2022



Notice Regarding Offer of Refunds to 340B Covered Entities for Purchases of Merck Products

Merck & Co., Inc. (“Merck”) has recently recalculated 340B Ceiling Prices for the products listed below for the time periods October 1, 2019 through December 31, 2019 (4Q2019), July 1, 2021 through September 30, 2021 (3Q2021), October 1, 2021 through December 31, 2021 (4Q2021), and April 1, 2022 through June 30, 2022 (2Q2022). As a result of the recalculated 340B Ceiling Prices, Merck has determined that, pursuant to 42 U.S.C. § 256b(d)(1)(B)(ii) and 42 C.F.R. § 10.11(b)(4), a refund is owed to 340B Covered Entities that purchased these products during these time periods. The table below identifies the NDCs that are subject to a refund in each applicable quarter. The recalculated Ceiling Prices are the result of revised pricing data that were submitted to the Centers for Medicare & Medicaid Services.

Time Period	Product	NDC-11
10/01/2019 - 12/31/2019 (4Q2019)	BELSOMRA® (suvorexant) 5 mg Tablets Yellow	00006-0005-30
10/01/2019 - 12/31/2019 (4Q2019)	BRIDION® (sugammadex) Injection	00006-5425-15
10/01/2019 - 12/31/2019 (4Q2019)	CELESTONE® SOLUSPAN® (betamethasone sodium phosphate and betamethasone acetate) Injectable Suspension 6 mg/mL	00085-4320-01
10/01/2019 - 12/31/2019 (4Q2019)	COZAAR® (losartan potassium tablets) 100 mg Tablets White	00006-0960-54
10/01/2019 - 12/31/2019 (4Q2019)	COZAAR® (losartan potassium tablets) 50 mg Tablets White	00006-0952-31
10/01/2019 - 12/31/2019 (4Q2019)	COZAAR® (losartan potassium tablets) 50 mg Tablets White	00006-0952-54
10/01/2019 - 12/31/2019 (4Q2019)	COZAAR® (losartan potassium tablets) 100 mg Tablets White	00006-0960-31
10/01/2019 - 12/31/2019 (4Q2019)	COZAAR® (losartan potassium tablets) 25 mg Tablets White	00006-0951-54
10/01/2019 - 12/31/2019 (4Q2019)	CUBICIN® (daptomycin for injection) 500 mg intravenous solution	67919-0011-01
10/01/2019 - 12/31/2019 (4Q2019)	CUBICIN® RF (daptomycin for injection) 500 mg intravenous solution	67919-0012-01
10/01/2019 - 12/31/2019 (4Q2019)	HYZAAR® (losartan potassium and hydrochlorothiazide tablets) 100-12.5 Tablets White	00006-0745-31
10/01/2019 - 12/31/2019 (4Q2019)	HYZAAR® (losartan potassium and hydrochlorothiazide tablets) 100-12.5 Tablets White	00006-0745-54

Time Period	Product	NDC-11
10/01/2019 - 12/31/2019 (4Q2019)	HYZAAR® (losartan potassium and hydrochlorothiazide tablets) 100-25 Tablets Light Yellow	00006-0747-31
10/01/2019 - 12/31/2019 (4Q2019)	HYZAAR® (losartan potassium and hydrochlorothiazide tablets) 100-25 Tablets Light Yellow	00006-0747-54
10/01/2019 - 12/31/2019 (4Q2019)	HYZAAR® (losartan potassium and hydrochlorothiazide tablets) 50-12.5 Tablets Yellow	00006-0717-31
10/01/2019 - 12/31/2019 (4Q2019)	HYZAAR® (losartan potassium and hydrochlorothiazide tablets) 50-12.5 Tablets Yellow	00006-0717-54
10/01/2019 - 12/31/2019 (4Q2019)	INVANZ® (ertapenem for injection) 1 g	00006-3843-71
10/01/2019 - 12/31/2019 (4Q2019)	TEMODAR® (temozolomide) 140 mg Capsules	00085-1425-04
10/01/2019 - 12/31/2019 (4Q2019)	TEMODAR® (temozolomide) 140 mg Capsules	00085-1425-03
10/01/2019 - 12/31/2019 (4Q2019)	TICE® BCG BCG LIVE for intravesical use	00052-0602-02
04/01/2022 - 06/30/2022 (2Q2022)	CUBICIN® RF (daptomycin for injection) 500 mg intravenous solution	67919-0012-01
04/01/2022 - 06/30/2022 (2Q2022)	CUBICIN® (daptomycin for injection) 500 mg intravenous solution	67919-0011-01
07/01/2021 - 09/30/2021 (3Q2021)	FOLLISTIM® AQ Cartridge	00052-0313-01
10/01/2021 - 12/31/2021 (4Q2021)	(follitropin beta injection)	
07/01/2021 - 09/30/2021 (3Q2021)	FOLLISTIM® AQ Cartridge	00052-0316-01
10/01/2021 - 12/31/2021 (4Q2021)	(follitropin beta injection)	
07/01/2021 - 09/30/2021 (3Q2021)	FOLLISTIM® AQ Cartridge	00052-0326-01
10/01/2021 - 12/31/2021 (4Q2021)	(follitropin beta injection)	

Please note that Merck is offering refunds to affected 340B Covered Entities in two ways:

1. 340B Covered Entities that are entitled to an aggregated refund across applicable NDCs of greater than \$10.00 will be contacted directly by, or on behalf of, Merck with information on how the refund will be processed.
2. The 340B Covered Entities that are entitled to an aggregated refund across applicable NDCs of \$10.00 or less **will not be contacted directly by, or on behalf of, Merck**. Instead, Merck is offering a refund to these 340B Covered Entities through this Notice. If a 340B Covered Entity does not receive a communication from, or on behalf of, Merck and that 340B Covered Entity believes it is entitled to a refund on the applicable NDCs, then the 340B Covered Entity should contact Merck at the following email address: 340BRefunds@merck.com to request the refund and accept Merck's refund offer. Merck will then work with the 340B Covered Entity to process any refund that is due to the 340B Covered Entity for the applicable NDCs.

Merck has asked the Health Resources and Services Administration (HRSA) to post this Notice on the HRSA's public website to ensure transparency to all 340B Covered Entities regarding the Ceiling Price recalculations for the products identified above and to offer a refund to any of the 340B Covered Entities that may have purchased the products identified above during the relevant time periods. Please direct any questions and/or requests for additional information to Merck at the following email address: 340BRefunds@merck.com.