

August 27, 2025



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

Merck Sharp & Dohme LLC (“Merck”) has recently recalculated 340B Ceiling Prices for the products listed below for the time periods of July 1, 2022 through September 30, 2022 (3Q2022), July 1, 2023 through December 31, 2023 (3Q2023 & 4Q2023), and January 1, 2025 through June 30, 2025 (1Q2025 & 2Q2025). 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
07/01/2022-09/30/2022 (3Q2022) 07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	BELSOMRA® (suvorexant) 10 mg TabletsGreen	00006-0033-30
07/01/2022-09/30/2022 (3Q2022) 07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	BELSOMRA® (suvorexant) 15 mg TabletsWhite	00006-0325-30
07/01/2022-09/30/2022 (3Q2022) 07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	BELSOMRA® (suvorexant) 20 mg TabletsWhite	00006-0335-30
07/01/2022-09/30/2022 (3Q2022) 07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	BELSOMRA® (suvorexant) 5 mg TabletsYellow	00006-0005-30
07/01/2022-09/30/2022 (3Q2022) 07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	BRIDION® (sugammadex)Injection	00006-5423-12
07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	BRIDION® (sugammadex)Injection	00006-5425-15
07/01/2022-09/30/2022 (3Q2022) 07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	DELSTRIGO® (doravirine, lamivudine, and tenofovir disoproxil fumarate) 100/300/300 mg Tablets	00006-5007-01
07/01/2022-09/30/2022 (3Q2022) 07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	DIFICID® (fidaxomicin)200 mg Tablets	52015-0080-01
07/01/2022-09/30/2022 (3Q2022) 07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	DIFICID® (fidaxomicin)for oral suspension40 mg/mL	52015-0700-22
07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	FOLLISTIM® AQ Cartridge(follitropin beta injection)	00052-0326-01
07/01/2022-09/30/2022 (3Q2022) 07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	ISENTRESS® (raltegravir)400 mg TabletsPink	00006-0227-61
07/01/2022-09/30/2022 (3Q2022) 07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	ISENTRESS® HD (raltegravir)600 mg TabletsYellow	00006-3080-01

07/01/2022-09/30/2022 (3Q2022) 07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	KEY TRUDA® (pembrolizumab)Injection 100 mg/4 mL (25 mg/mL)	00006-3026-02
07/01/2022-09/30/2022 (3Q2022) 07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	KEY TRUDA® (pembrolizumab)Injection 100 mg/4 mL (25 mg/mL)	00006-3026-04
07/01/2022-09/30/2022 (3Q2022)	NEXPLANON® (etonogestrel implant) 68 mgRadiopaque	00052-4330-01
07/01/2022-09/30/2022 (3Q2022) 07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	PIFELTRO® (doravirine)100 mg Tablets	00006-3069-01
07/01/2022-09/30/2022 (3Q2022) 10/01/2023-12/31/2023 (4Q2023)	PREGNYL® (chorionic gonadotropin for injection USP)	00052-0315-10
01/01/2025-06/30/2025 (1Q2025 & 2Q2025)	PREVY MIS® (letemovir)120 mg oral pellets	00006-5085-01
01/01/2025-06/30/2025 (1Q2025 & 2Q2025)	PREVY MIS® (letemovir)20 mg oral pellets	00006-5086-01
07/01/2022-09/30/2022 (3Q2022)	PREVY MIS® (letemovir)240 mg Tablets	00006-3075-02
07/01/2022-09/30/2022 (3Q2022)	PREVY MIS® (letemovir)240 mg Tablets	00006-3075-04
07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	SEGLUOMET® (ertugliflozin and metformin hydrochloride)2.5/1000 mg Tablets	00006-5373-06
07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	SEGLUOMET® (ertugliflozin and metformin hydrochloride)2.5/1000 mg Tablets	00006-5373-03
07/01/2022-09/30/2022 (3Q2022) 07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	SEGLUOMET® (ertugliflozin and metformin hydrochloride)2.5/500 mg Tablets	00006-5369-06
07/01/2022-09/30/2022 (3Q2022)	SEGLUOMET® (ertugliflozin and metformin hydrochloride)2.5/500 mg Tablets	00006-5369-07
07/01/2022-09/30/2022 (3Q2022) 07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	SEGLUOMET® (ertugliflozin and metformin hydrochloride)2.5/500 mg Tablets	00006-5369-03
07/01/2022-09/30/2022 (3Q2022) 07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	SEGLUOMET® (ertugliflozin and metformin hydrochloride)7.5/1000 mg Tablets	00006-5374-06
07/01/2022-09/30/2022 (3Q2022)	SEGLUOMET® (ertugliflozin and metformin hydrochloride)7.5/1000 mg Tablets	00006-5374-07
07/01/2022-09/30/2022 (3Q2022) 07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	SEGLUOMET® (ertugliflozin and metformin hydrochloride)7.5/1000 mg Tablets	00006-5374-03
07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	SEGLUOMET® (ertugliflozin and metformin hydrochloride)7.5/500 mg Tablets	00006-5370-06
07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	SEGLUOMET® (ertugliflozin and metformin hydrochloride)7.5/500 mg Tablets	00006-5370-03
07/01/2022-09/30/2022 (3Q2022) 07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	STEGLATRO® (ertugliflozin)15 mg Tablets	00006-5364-03
07/01/2022-09/30/2022 (3Q2022)	STEGLATRO® (ertugliflozin)15 mg Tablets	00006-5364-07
07/01/2022-09/30/2022 (3Q2022) 07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	STEGLATRO® (ertugliflozin)15 mg Tablets	00006-5364-06
07/01/2022-09/30/2022 (3Q2022) 07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	STEGLATRO® (ertugliflozin)5 mg Tablets	00006-5363-03
07/01/2022-09/30/2022 (3Q2022)	STEGLATRO® (ertugliflozin)5 mg Tablets	00006-5363-07
07/01/2022-09/30/2022 (3Q2022) 07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	STEGLATRO® (ertugliflozin)5 mg Tablets	00006-5363-06
07/01/2023-09/30/2023 (3Q2023)	VERQUVO® (vericiguat)10 mg Tablets	00006-5030-01
07/01/2023-09/30/2023 (3Q2023)	VERQUVO® (vericiguat)10 mg Tablets	00006-5030-02
07/01/2023-12/31/2023 (3Q2023 & 4Q2023)	ZERBAXA® (ceftriaxone and tazobactam)for injection (1.5 g), for intravenous use	67919-0030-01

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](mailto: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 inquiries related to this notice to the following email address: [340BRefundsAsk@merck.com](mailto:340BRefundsAsk@merck.com)