

October 5, 2022

Notice Regarding Recalculated 340B Ceiling Prices for 1Q2020

Johnson & Johnson Health Care Systems Inc., (“JJHCS”) on behalf of Johnson & Johnson companies participating in the 340B program (Janssen Pharmaceuticals, Inc.) (“Janssen”) has asked the Office of Pharmacy Affairs (OPA) to post this notice on OPA’s public website to ensure transparency.

Janssen has revised 1Q2020 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 January 1, 2020 through March 31, 2020.

Janssen 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 Janssen via email at: ra-hcsus-govcontract@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
50458-0090-05	DURAGESIC MATRIX 5X12MCG	1Q20
50458-0093-05	DURAGESIC MATRIX 5X75MCG	1Q20
50458-0255-01	HALDOL HALOPERIDOL 5 MG INJ	1Q20
50458-0305-03	RISPERDAL 1MG/ML 1X30ML SOLUT. USA	1Q20
50458-0550-01	INVEGA,3MG TABLETS,12 COUNT,30S,US	1Q20
50458-0550-10	INVEGA,3MG TABLETS,HUD,(2X5)X10 10 COUNT	1Q20
50458-0551-01	INVEGA,6MG TABLETS,12 COUNT,30S,US	1Q20
50458-0551-10	INVEGA,6MG TABLETS,HUD,(2X5)X10 10 COUNT	1Q20
50458-0552-01	INVEGA,9MG TABLETS,12 COUNT,30S,US	1Q20
50458-0552-10	INVEGA,9MG TABLETS,HUD,(2X5)X10 10 COUNT	1Q20
57894-0071-01	SIMPONI ULTRASAFE PFS 100MG TRADE US	1Q20
57894-0071-02	SIMPONI AUTOINJECTOR 100 MG TRADE US	1Q20
59676-0312-04	PROCRIT 10000 U/ML MD VIAL 4S	1Q20
66215-0201-15	ZAVESCA (MIGLUSTAT) CAPSULES - INNER CARTON	1Q20