

September 17, 2021

Notice Regarding Recalculated 340B Ceiling Prices for 1Q and 2Q 2019

Johnson & Johnson Health Care Systems Inc., (“JJHCS”) on behalf of Johnson & Johnson companies participating in the 340B program (Janssen Pharmaceuticals, Inc., and Janssen Biotech, 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 1Q2019 and 2Q2019 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, 2019 through June 30, 2019.

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
50458-0540-60	INVOKAMET TABS 50/500MG, 60S, 24 COUNT	1Q19 and 2Q19
50458-0541-60	INVOKAMET TABS 50/1000MG, 60S, 12 COUNT	1Q19 and 2Q19
50458-0542-60	INVOKAMET TABS 150/500MG, 60S, 24 COUNT	1Q19 and 2Q19
50458-0543-60	INVOKAMET TABS 150/1000MG, 60S, 12 COUNT	1Q19 and 2Q19
50458-0940-01	INVOKAMET XR TABS 50/500MG, 60S, 24CNT	1Q19 and 2Q19
50458-0941-01	INVOKAMET XR TABS 50/1000MG, 60S, 12CNT	1Q19 and 2Q19
50458-0942-01	INVOKAMET XR TABS 150/500MG, 60S, 24CNT	1Q19 and 2Q19
50458-0943-01	INVOKAMET XR TABS 150/1000MG, 60S, 12CNT	1Q19 and 2Q19
50458-0305-03	RISPERDAL 1MG/ML 1X30ML SOLUT. USA	1Q19 and 2Q19
57894-0071-01	SIMPONI ULTRASAFE PFS 100MG TRADE US	1Q19
57894-0071-02	SIMPONI AUTOINJECTOR 100 MG TRADE US	1Q19
50458-0577-10	XARELTO, 2.5MG TABLETS HUD (2X5) X 10	2Q19
50458-0577-18	XARELTO, 2.5MG TABLETS, 180S	2Q19
50458-0577-60	XARELTO, 2.5MG TABLETS, 60S	2Q19