

Amgen USA Inc. has recalculated 340B ceiling prices for the NDCs listed below for periods Q3 2021 and Q4 2021. 340B covered entities that purchased the impacted Amgen products during this timeframe will receive a credit effectuated through Apexus, the HRSA 340B Prime Vendor, as described below:

- For Covered Entities that Amgen has determined are owed a cumulative refund amount equal to or in excess of \$25 (aggregate for all applicable NDCs) for the periods listed, Amgen will work with Apexus to issue refunds directly to the 340B Covered Entity of record.
- Amgen has asked the Office of Pharmacy Affairs (OPA) to post this Notice on OPA’s public website to give affected Covered Entities that may be owed less than \$25 the opportunity to request refunds. Accordingly, if a Covered Entity purchased one or more of the following NDCs in the applicable Refund Period(s), and does not receive an automatic refund by September 30, 2024, the Covered Entity should contact 340BRelations@amgen.com if it wishes to request a refund or has any questions. The Covered Entity may be asked to provide additional information for verification purposes, such as the applicable NDC(s), purchase volume(s) and time period(s). Upon validation that a requested refund less than \$25 is owed, Amgen will approve the refund request.

NDC	Description	Refund Period(s)	
55513-0841-01	aimovig 70 mg/mL prefilled autoinjector, 1 pk	Q3 2021	Q4 2021
55513-0843-01	aimovig 140 mg/mL prefilled autoinjector, 1 pk	Q3 2021	Q4 2021
55513-0003-04	ARANESP 40 mcg (1.0 mL) PS vial, 4 pk	Q3 2021	
55513-0004-04	ARANESP 60 mcg (1.0 mL) PS vial, 4 pk	Q3 2021	
55513-0005-04	ARANESP 100 mcg (1.0 mL) PS vial, 4 pk	Q3 2021	
55513-0021-04	ARANESP 40 mcg (0.4mL) PS syringe, 4 pk	Q3 2021	Q4 2021
55513-0023-04	ARANESP 60 mcg (0.3 mL) PS syringe, 4 pk	Q3 2021	Q4 2021
55513-0025-04	ARANESP 100 mcg (0.5 mL)PS syringe, 4 pk	Q3 2021	Q4 2021
55513-0027-04	ARANESP 150 mcg (0.3mL) PS syringe, 4 pk	Q3 2021	Q4 2021
55513-0028-01	ARANESP 200 mcg (0.4 mL)PS syringe, 1 pk	Q3 2021	Q4 2021
55513-0032-01	ARANESP 500 mcg (1.0 mL)PS syringe, 1 pk		Q4 2021
55513-0057-04	ARANESP 25 mcg (0.42 mL)PS syringe, 4 pk		Q4 2021
55513-0111-01	ARANESP 300mcg (0.6 mL) PS syringe, 1 pk		Q4 2021
55513-0670-01	AVSOLA 100 mg vial, 1pk		Q4 2021
55513-0810-60	Corlanor 7.5mg, TAB x 60		Q4 2021
55513-0126-10	EPOGEN 2,000 U/mL (1 mL) vial, 10 pk	Q3 2021	Q4 2021
55513-0148-10	EPOGEN 4,000 U/mL (1 mL) vial, 10 pk	Q3 2021	Q4 2021
55513-0267-10	EPOGEN 3,000 U/mL (1 mL) vial, 10 pk	Q3 2021	Q4 2021
55513-0283-10	EPOGEN 10,000 U/mL (2 mL) vial , 10 pk	Q3 2021	Q4 2021
55513-0478-10	EPOGEN 20,000 U/mL (1 mL) vial , 10 pk	Q3 2021	Q4 2021
55513-0078-01	IMLYGIC 1 Mil PFU/mL (1.0 mL) V, 1pk	Q3 2021	Q4 2021
55513-0132-01	KANJINTI 420mg/mL vial	Q3 2021	Q4 2021
55513-0141-01	KANJINTI 150mg/mL vial		Q4 2021
76075-0101-01	KYPROLIS 60 mg lyophilized vial, 1 pk	Q3 2021	
76075-0103-01	KYPROLIS 10 mg (2mg/mL) lyophilized vial, 1 pk	Q3 2021	
55513-0206-01	MVASI 100 mg/4 mL vial, 1pk		Q4 2021
55513-0207-01	MVASI 400 mg/16 mL vial, 1 pk		Q4 2021
55513-0190-01	NEULASTA 6 mg (0.6 mL) syringe, 1 pk	Q3 2021	Q4 2021
55513-0192-01	NEULASTA Onpro Kit 6mg (0.6ml)		Q4 2021

NDC	Description	Refund Period(s)	
55513-0209-10	NEUPOGEN 480 mcg (0.8 mL) syringe, 10 pk	Q3 2021	Q4 2021
55513-0209-91	NEUPOGEN 480 mcg/0.8 mL (600 mcg/mL) PFS	Q3 2021	Q4 2021
55513-0530-10	NEUPOGEN 300 mcg (1.0 mL) vial , 10 pk	Q3 2021	
55513-0546-10	NEUPOGEN 480 mcg (1.6 mL) vial , 10 pk	Q3 2021	
55513-0924-10	NEUPOGEN 300 mcg (0.5 mL) syringe, 10 pk	Q3 2021	Q4 2021
55513-0924-91	NEUPOGEN 300 mcg/0.5 mL (600 mcg/mL) PFS	Q3 2021	Q4 2021
55513-0222-01	NPlate 500 mcg (1.0mL) vial	Q3 2021	
55513-0223-01	Nplate 125 mcg (0.25mL) vial	Q3 2021	
55513-0137-60	OTEZLA 30mg tab x60		Q4 2021
55513-0710-01	PROLIA 60mg (1.0mL) Syringe, 1pk		Q4 2021
72511-0750-01	REPATHA 140 mg (1.0 mL) PFS, 1 pk	Q3 2021	Q4 2021
72511-0760-02	REPATHA 140 mg (1.0 mL) AI, 2 pk	Q3 2021	Q4 2021
72511-0770-01	REPATHA 420 mg (3.5 mL) Pushtronex, 1pk	Q3 2021	Q4 2021
55513-0954-01	VECTIBIX 100 mg,5 mL (20mg/mL) vial, 1pk		Q4 2021
55513-0956-01	VECTIBIX 400 mg, 20mL(20mg/mL) vial, 1pk		Q4 2021
55513-0730-01	XGEVA 120mg/1.7mL (70mg/mL) Vial		Q4 2021