

November 22, 2021

To Whom it May Concern:

As you are aware, certain 340B covered entities are subject to the orphan drug exclusion under the 340B statute at 42 U.S.C. § 256b(e). Under this provision, drugs with an orphan designation are excluded from the definition of "covered outpatient drug"; thus manufacturers are not required to extend 340B pricing on orphan drugs to entities subject to the exclusion.

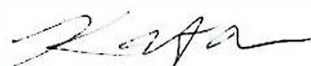
This letter is to inform you that, consistent with 340B statute, effective January 1, 2022 Janssen will no longer offer voluntary 340B pricing on orphan drugs to entities subject to the 340B orphan drug exclusion. Current voluntary pricing will continue through December 31, 2021.

Janssen has previously communicated that it reserves the right to rescind voluntary 340B pricing on orphan drugs.

This change will not impact separate agreements with impacted covered entities. This also will not impact 340B grantees or Disproportionate Share Hospitals not subject to the orphan drug exclusion.

If you have questions about 340B pricing, please contact Jill Geller - Johnson & Johnson Health Care Systems Inc. at (732) 562-7246 or email at jgeller@its.jnj.com.

Regards,



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Enterprise Contract Management
Johnson & Johnson Health Care Systems Inc.
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NDC	Product Description
50458-0098-01	ELMIRON CAPS, 100MG, 100S, 24 COUNT, US
50458-0639-65	TOPAMAX 25MG 60S, TRADE
50458-0640-65	TOPAMAX TABLETS 50MG 60S
50458-0641-65	TOPAMAX TABLETS, 100MG 60S, TRADE
50458-0642-65	TOPAMAX TABLETS, 200MG 60S TRADE
50458-0645-65	TOPAMAX SPRNKLES 25MG 60S, TRADE
50458-0647-65	TOPAMAX SPRNKLES 15MG 60S, TRADE
57894-0030-01	REMICADE 100MG VIAL
57894-0054-27	STELARA IV 1X130MG VIAL USA
57894-0060-02	STELARA 45MG/VIAL 24CT
57894-0060-03	STELARA 45 MG/0.5 ML ULTRASAFE PFS
57894-0061-03	STELARA 90 MG/1.0 ML ULTRASAFE PFS
57894-0070-01	SIMPONI, ULTRASAFE, 50MG, TRADE
57894-0070-02	SIMPONI, AUTOINJECTOR, 50MG, TRADE
57894-0071-01	SIMPONI ULTRASAFE PFS 100MG TRADE US
57894-0071-02	SIMPONI AUTOINJECTOR 100 MG TRADE US
57894-0160-01	INFLIXIMAB 100MG VIAL
57894-0350-01	SIMPONI ARIA 50MG/4ML TRADE US
57894-0502-05	DARZALEX VIAL, 100MG/5ML, US
57894-0502-20	DARZALEX VIAL, 400MG/20ML, US
57894-0503-01	DARZALEX FASPRO 1800MG 1 VIAL SUBC USA
59676-0302-01	PROCRIT 2000 U/ML 6'S
59676-0303-01	PROCRIT 3000 U/ML 6'S
59676-0304-01	PROCRIT 4000 U/ML 6'S
59676-0310-01	PROCRIT 10000 U/ML 6'S
59676-0310-02	PROCRIT 10000 U/ML 25'S
59676-0312-04	PROCRIT 10000 U/ML MD VIAL 4S
59676-0320-04	PROCRIT 20000 U/ML VIAL MD 4S
59676-0340-01	PROCRIT 40000 U/ML 4'S
59676-0610-01	YONDELIS FOR INJECTION, 1MG VIAL
59676-0701-01	SIRTURO 100MG 188 TABL. USA
59676-0702-60	SIRTURO 20MG 60 TABL. USA