

**Notice to 340B Stakeholders Regarding Purchases of STELARA, USTEKINUMAB
(Unbranded STELARA) and XARELTO****October 31, 2025**

This notice is to inform 340B stakeholders that, effective January 1, 2026, Johnson & Johnson Health Care Systems Inc. (“JJHCS”) will offer the 340B price as a unit-based rebate for all of Johnson & Johnson’s (“J&J”) 340B-eligible covered outpatient drugs included in the “Medicare Drug Price Negotiation Program” (“MDPNP”) for initial price applicability year 2026. This applies specifically to the following products: XARELTO[®], STELARA[®], and USTEKINUMAB (unbranded STELARA) (collectively “J&J Selected Drugs”).¹ Rebates will be available for J&J Selected Drugs dispensed or administered by all 340B covered entity types² (“Covered Entities”) and their designated contract pharmacies, regardless of payer.

HRSA approved JJHCS’s rebate model plan pursuant to HRSA’s 340B Rebate Model Pilot Program Notice, 90 FR 38165 (“Pilot Program Notice”).

JJHCS encourages Covered Entities and their affected business partners to prepare for implementation of JJHCS’s 340B rebate model effective January 1, 2026.

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Beacon Registration & Training and Support Resources

JJHCS will use the Beacon rebate model platform (“Beacon”) hosted by Second Sight Solutions to operate its 340B rebate model. Beacon is available to Covered Entities and their authorized users free of charge. Covered Entities can obtain detailed instructions on registration and data submission as well as additional information about the platform on the Beacon website at <https://cm.beaconchannelmanagement.com>.

Beacon is currently offering live and recorded training sessions and support to help Covered entities and other stakeholders become familiar with the process of submitting claims for 340B rebates using the platform. Additional information is available on the Beacon website at <https://cm.beaconchannelmanagement.com/pages/support-center>.

If a Covered Entity has any questions regarding this notice, please send your question via email to 340B_JJHCS@its.jnj.com.

¹ CMS has indicated that USTEKINUMAB (unbranded STELARA) is subject to the “maximum fair price” effective January 1, 2026. JJHCS anticipates that, prior to January 1, 2026, USTEKINUMAB will be added to the CMS Medicare Drug Price Negotiation Program Selected Drug List for initial price applicability year 2026. Accordingly, the NDC-11s for USTEKINUMAB are subject to this notice.

² This notice does not apply to AIDS Drug Assistance Programs listed as Ryan White Part B ADAP Rebate Option grantees in OPAIS.

340B Rebate Model

Consistent with the Pilot Program Notice and HRSA guidance, effective January 1, 2026, Covered Entities must purchase all J&J Selected Drugs through wholesalers under existing distribution mechanisms – specifically, the Covered Entity’s existing 340B wholesaler accounts at the Wholesale Acquisition Cost (“WAC”).

Following the dispensing or administration of a J&J Selected Drug to a Covered Entity patient, the Covered Entity may submit required rebate data to Beacon to request a 340B rebate. Specifically, Covered Entities will submit limited pharmacy claims data or medical claims data (depending on how the drug is reimbursed) (collectively, “Rebate Claim Data”), as approved by HRSA. Covered Entities should submit Rebate Claim Data within 45 days of the date of the dispense or administration.

When submitting a 340B rebate claim for J&J Selected Drugs, the Covered Entity must maintain the integrity of the data provided to third-party payers and not append or alter in any way the data provided within the underlying payer claim (e.g., Rx number on the submitted 340B claim is the same as the Rx number on the corresponding claim submitted to payer for reimbursement).

340B Rebate Claim Validation and Payment

Beacon will validate the Rebate Claim Data submitted by a Covered Entity to ensure that the J&J Selected Drug was dispensed from an eligible 340B location, 340B pricing on the dispense or administration was not previously provided to a different Covered Entity, and Rebate Claim Data was submitted in a timely manner.

Upon the submission of validated rebate claims, Beacon will issue a rebate to the bank account designated by the Covered Entity. For validated claims, rebates will be paid within 10 calendar days after the submission of Rebate Claims Data. JJHCS encourages Covered Entities to submit Rebate Claims Data immediately following the dispense or administration of a J&J Selected Drug in an eligible transaction.

The rebate payment will equal the difference between (i) the unit level WAC and (ii) the unit level 340B ceiling price multiplied by the number of units on the 340B rebate claim. The rebate will be calculated based on the WAC and 340B ceiling price as of the date of dispense reflected on the 340B rebate claim. Payment details will be available to Covered Entities within Beacon, which will allow Covered Entities to reconcile and verify rebate amounts received. If a claim is denied, supporting documentation of a denied 340B rebate claim will be available in Beacon.

JJHCS reserves the right to deny claims for 340B pricing on J&J Selected Drugs that do not conform to the requirements described in this notice.

Changes to Covered Entity Purchasing of J&J Selected Drugs

Effective January 1, 2026 and for the duration of the Pilot Program, JJHCS will not process wholesaler chargebacks for the 340B ceiling price on Covered Entity purchases of J&J Selected

Drugs. Covered Entities should take appropriate steps to place replenishment orders for accumulated units of J&J Selected Drugs in advance of January 1, 2026.

JJHCS recognizes that some CEs may not be able to fully replenish their 340B accumulations of J&J Selected Drugs prior to this date. Accordingly, JJHCS will provide these Covered Entities a discretionary 45-day period to submit 340B rebates for dispenses or administrations of J&J Selected Drugs with dates of service on or after November 14, 2025 (“Lookback Period”) that the Covered Entity was not able to replenish at the 340B ceiling price prior to January 1, 2026. Covered Entities must submit eligible Lookback Period claims to Beacon in accordance with the requirements of this notice by February 15, 2026. By submitting a Lookback Period claim, a Covered Entity represents that it was not able to and did not replenish or otherwise receive 340B pricing prior to January 1, 2026 for the J&J Selected Drug units reflected on the claim. JJHCS will monitor Covered Entity compliance with these Lookback Period claim submission requirements.

Interaction with JJHCS’s Bill To/Ship To Policy for Contract Pharmacies

JJHCS’s Bill To/Ship To policy for contract pharmacies will apply, except that Covered Entities subject to that policy will no longer submit limited claims data for J&J Selected Drugs through 340B ESP. Instead, starting January 1, 2026 and for the duration of the Pilot Program, Covered Entities subject to that policy should submit Rebate Claim Data for J&J Selected Drugs as described herein through Beacon. However, the remaining requirements of the Bill To/Ship To policy will continue to apply.

In other words, effective January 1, 2026:

- A Covered Entity subject to JJHCS’s Bill To/Ship To policy may continue to designate a contract pharmacy location registered and active on the HRSA OPAIS database for purchases of J&J Selected Drugs consistent with JJHCS's Bill To/Ship To policy.
- 340B rebates will only be paid on validated rebate claims for J&J Selected Drugs dispensed or administered at Covered Entity locations registered and active on the HRSA OPAIS database and the eligible contract pharmacy location designated in 340B ESP (if the Covered Entity is subject to JJHCS’s Bill To/Ship To policy and has designated a contract pharmacy location).

Additionally, for purchases by Covered Entities of J&J products other than J&J Selected Drugs, JJHCS’s Bill To/Ship To policy will continue to apply. Please refer to that policy notice for additional details (including brands in scope of that policy), available here: <https://www.jnj.com/innovativemedicine/us/authorized-distributors/policies>.

Interaction with J&J’s Maximum Fair Price (“MFP”) Implementation Plan for IPAY 2026

If the “Maximum Fair Price” (“MFP”) is lower than the 340B ceiling price, manufacturers must provide access to the “MFP” in a nonduplicated amount. If the 340B ceiling price is lower than the “MFP,” manufacturers are not required to provide access to the “MFP.”

Johnson&Johnson

J&J's "MFP" Implementation Plan will interact with this 340B rebate model by supporting the identification of 340B-eligible dispenses or administrations of J&J Selected Drugs, regardless of payer, and the prevention of duplicate discounts between 340B and "MFP."

For additional information on J&J's "MFP" Implementation Plan, please visit <https://www.jnj.com/innovativemedicine/us/authorized-distributors/policies>.

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Please contact us by email at 340B_JJHCS@its.jnj.com with any questions on this notice or with requests for additional information. For questions related to the use of the Beacon platform, please contact support@beaconchannelmanagement.com or 878-788-8907 or visit the Beacon Support Center at <https://cm.beaconchannelmanagement.com/>.

FREQUENTLY ASKED QUESTIONS

1. How does a Covered Entity register on the Beacon Platform?

To participate in the JJHCS's rebate model under HRSA's 340B Rebate Model Pilot Program, Covered Entities must first register with Beacon by navigating to <https://cm.beaconchannelmanagement.com> and completing the registration process. Registration with and use of Beacon by Covered Entities is free of charge. Use of Beacon is governed by the Terms of Use and Privacy Policy which are available at <https://cm.beaconchannelmanagement.com>. To comply with federal law and financial institution requirements, Second Sight Solutions requires that new users complete a Know Your Business (KYB) verification process which includes the submission of certain legal documents such as Articles of Incorporation and IRS letter CP 575. Once a new account has been verified, additional users may be given access to the Beacon account by the initial registrant.

Users must also submit bank account information for ACH payments, which is verified according to financial institution requirements. Verification includes the submission of a bank letter and performance of a standard penny test.

2. To which Covered Entities and J&J products does this notice apply?

The 340B rebate model described in this notice applies to purchases of J&J Selected Drugs by Covered Entities. Covered Entities may continue to access 340B pricing on J&J products other than J&J Selected Drugs through J&J's current procedures, subject to JJHCS's Bill To/Ship To policy.

3. Does this notice apply to all utilization of J&J Selected Drugs or only to utilization dispensed by contract pharmacies?

This notice applies to all Covered Entity 340B utilization of J&J Selected Drugs, regardless of dispensing or administration location.

4. At what price will J&J Selected Drugs be available to Covered Entities?

J&J Selected Drugs will be available to Covered Entities at the 340B ceiling price in effect on the date of dispense or administration, which will be realized through a rebate following a Covered Entity's initial acquisition and dispense or administration of the product to a Covered Entity patient in accordance with the terms of this notice, the 340B statute, and HRSA guidance.

Consistent with the Pilot Program Notice and HRSA guidance, Covered Entities must purchase all J&J Selected Drugs through wholesalers under existing distribution mechanisms – specifically, the Covered Entity's existing 340B wholesaler accounts at WAC. To facilitate timely rebate claim processing, it is recommended that a Covered Entity submit Rebate Claim Data to Beacon immediately following the dispense or administration of a J&J Selected Drug to a Covered Entity patient. Beacon will validate the Rebate Claim Data submitted by a Covered Entity to ensure that the J&J Selected Drug units were dispensed or administered at an eligible 340B location, and

Rebate Claim Data was submitted in a timely manner. Upon the submission of validated rebate claims, Beacon will issue a rebate to the bank account designated by the Covered Entity. The rebate payment will equal the difference between (i) unit level WAC and (ii) the unit level 340B ceiling price, multiplied by the number of units on the 340B rebate claim, thus allowing the Covered Entity to realize the 340B price on the validated J&J Selected Drug utilization.

5. Will Covered Entities be able to purchase J&J Selected Drugs at the 340B ceiling price?

Effective January 1, 2026 and for the duration of the Pilot Program, JJHCS will not process wholesaler 340B chargebacks for the 340B ceiling price on Covered Entity purchases of J&J Selected Drugs. Instead, as of January 1, 2026, Covered Entities must purchase all J&J Selected Drugs through wholesalers under existing distribution mechanisms – specifically, the Covered Entity’s existing 340B wholesaler accounts with WAC prices loaded. Covered Entities may then submit Rebate Claims Data on J&J Selected Drugs to Beacon in order to receive a 340B rebate.

Beacon will validate the Rebate Claim Data submitted by a Covered Entity to ensure that the units were dispensed or administered at an eligible 340B location, 340B pricing on the dispense or administration was not previously provided to a different Covered Entity, and Rebate Claim Data was submitted in a timely manner. Upon the receipt of validated rebate claims, Beacon will issue a rebate to the bank account designated by the Covered Entity. The rebate payment will equal the difference between (i) the unit level WAC and (ii) the unit level 340B ceiling price, multiplied by the number of units on the 340B rebate claim, thus allowing the Covered Entity to realize the 340B price on the validated claim utilization.

6. Are Covered Entities required to purchase all J&J Selected Drugs under existing distribution mechanisms at WAC?

Yes. Consistent with the Pilot Program Notice and HRSA guidance, effective January 1, 2026 and for the duration of the Pilot Program, Covered Entities must order all J&J Selected Drugs under their existing 340B wholesaler account with WAC prices loaded. For each 340B rebate claim for a J&J Selected Drug that a Covered Entity submits to Beacon, the Covered Entity agrees that it has complied with this purchase requirement. JJHCS will work with all wholesalers so that these purchases flow through existing infrastructure. JJHCS will monitor Covered Entity compliance with this purchase requirement and reserves the right to escalate suspected non-compliance to HRSA and take further action as appropriate.

7. What action should a Covered Entity take so that 340B-eligible dispenses or administrations with late-2025 dates of service receive 340B pricing?

Covered Entities should take appropriate steps to place replenishment orders for accumulated units of J&J Selected Drugs in advance of January 1, 2026. JJHCS recognizes that some CEs may not be able to fully replenish their 340B accumulations of J&J Selected Drugs prior to this date. Accordingly, JJHCS will provide these Covered Entities a discretionary 45-day period to submit 340B rebates for dispenses or administrations of J&J Selected Drugs with dates of service during the Lookback Period that the Covered Entity was not able to replenish at the 340B ceiling price prior to January 1, 2026. Covered Entities must submit eligible Lookback Period claims to Beacon

in accordance with the requirements of this notice by February 15, 2026. By submitting a Lookback Period claim, a Covered Entity represents that it was not able to and did not replenish or otherwise receive 340B pricing prior to January 1, 2026 for the J&J Selected Drug units reflected on the claim. JJHCS will monitor Covered Entity compliance with these Lookback Period claim submission requirements.

8. What information must Covered Entities submit to Beacon to receive a 340B rebate?

Covered Entities must submit standard information about dispense or administration of a J&J Selected Drug that Covered Entities collect, report, and maintain in the normal course of business. Specifically, Covered Entities must submit limited pharmacy claims data or medical claims data (depending on how the drug is reimbursed). This Rebate Claim Data involves data elements routinely reported to payors as a part of standard billing practices and kept as auditable records in accordance with 340B Program requirements.

When submitting a 340B rebate claim for J&J Selected Drugs, the Covered Entity must maintain the integrity of the data provided to third-party payers and not append or alter in any way the data provided within the underlying payer claim (e.g., Rx number on the submitted 340B claim is the same as the Rx number on the corresponding claim submitted to payer for reimbursement).

Covered Entities must provide the following Rebate Claim Data:

Pharmacy Claim Data Elements: For J&J Selected Drugs dispensed through a pharmacy and reimbursed under the pharmacy benefit, a Covered Entity will be required to submit the pharmacy claim fields specified below.

Field Name	Description
Date of Service	Date the prescription was filled at the pharmacy
Date Prescribed	Date the physician wrote the prescription
Rx Number	The native (unmodified) prescription number for the prescription as generated by the pharmacy
Fill Number	The code indicating whether the prescription is an original or a refill. For example, a value of 0 indicates that the prescription is the original dispense, whereas the value of 1 indicates the prescription has been refilled once.
National Drug Code (NDC-11)	NDC-11 of the product that was purchased by the Covered Entity
Quantity Dispensed	Number of units dispensed to the patient
Prescriber ID	National provider identifier (NPI) of the prescriber that wrote the prescription

Field Name	Description
Service Provider ID	NPI of the pharmacy that filled the prescription
340B ID	The HRSA assigned parent 340B ID of the entity that designated the prescription as 340B
Rx Bank Identification Number (BIN)	Bank identification number of the primary payer on the claim. NOTE: If an uninsured patient or the patient pays cash for the dispense, include CASH in this field.
Rx Processor Control Number (PCN)	Processor control number assigned by the entity processing payment. NOTE: If an uninsured patient or the patient pays cash for the dispense, include CASH in this field.

Medical Claim Data Elements: For J&J Selected Drugs dispensed or administered in an outpatient setting by a health care provider and reimbursed under the medical benefit, a Covered Entity will be required to submit the medical claims fields specified below.

Field Name	Description
Date of Service	Date on which the medication was administered to the patient
Claim Number	The claim number as assigned by the healthcare provider
Claim Line Number	The line number of the claim
National Drug Code (NDC-11)	NDC-11 of the medication administered to the patient
Quantity	Total quantity being submitted on medical claim (units billed).
Unit of Measure	The unit of measure for the quantity submitted on medical claim. Either HCPCS code or UOM is required. If HCPCS code is not included, UOM is required, and it should be consistent with NCPDP units.
Rendering Physician ID	NPI assigned to the provider who administered the medication to the patient. NOTE: If not available, leave blank.
Service Provider ID	NPI assigned to a pharmacy or facility where the patient received the medication administration. For example, this could be the NPI of a hospital outpatient surgery center or the NPI of an outpatient infusion center

Field Name	Description
340B ID	The HRSA assigned parent 340B ID of the entity that purchased the drug
Health Plan ID	The identifier code of the patient's primary health insurance plan as assigned by the health insurer. NOTE: If an uninsured patient or the patient pays cash for the dispense, include CASH in this field.
Health Plan Name	Name of the patient's primary health insurance plan. Examples include Medicare Part B, MediCal, Aetna POS, etc. NOTE: If an uninsured patient or the patient pays cash for the dispense, include CASH in this field.
HCPCS Code (optional)	The five character HCPCS code for separately payable medications. This value may not exist for medications that are reimbursed as part of procedure (e.g., a blood thinner used as part of an outpatient procedure).
HCPCS Code Modifier (Up to 4) (optional)	Modifier code associated with a separately payable medication with its own five character HCPCS code

9. Who may submit claim data on behalf of Covered Entities?

Beginning on January 1, 2026 and for the duration of the Pilot Program, validated Beacon account administrators may submit Rebate Claim Data on behalf of a Covered Entity. Beacon account administrators at a Covered Entity may grant access to the Covered Entity's Beacon account to other users, including employees of third-party administrators ("TPAs"), enabling those users to also submit Rebate Claim Data on the Covered Entity's behalf. Covered Entities can submit data online through Beacon or via a direct data submission process with participating TPAs.

10. How frequently may Covered Entities submit different types of Rebate Claim Data, such as pharmacy and medical claims data, to Beacon?

JJHCS encourages Covered Entities to submit Rebate Claim Data immediately following the dispense or administration of a J&J Selected Drug in an eligible transaction.

There is no limitation on how frequently data may be submitted to Beacon. Frequent data submission will facilitate the prompt issuance of rebates as described above.

11. By when must Rebate Claim Data be submitted?

Covered Entities must submit Rebate Claim Data within 45 days of the date of the dispense or administration of a J&J Selected Drug. However, JJHCS encourages Covered Entities to submit

Rebate Claim Data immediately following the dispense or administration of a J&J Selected Drug in an eligible transaction.

Covered Entities must submit Rebate Claim Data within the 45-day time period from the date of the dispense or administration for rebate claims to be validated and 340B rebates to be paid.

12. How will Covered Entities identify transactions eligible for the 340B price?

JJHCS expects that Covered Entities will rely on usual processes consistent with the 340B statute to identify transactions eligible for 340B pricing. In other words, the rebate model should not impact the manner by which Covered Entities identify units eligible for 340B pricing.

13. What if a 340B rebate claim was submitted in error by our Covered Entity and payment has already been issued?

Covered Entities should reverse 340B rebate claims submitted in error as soon as the error is discovered by submitting the same 340B rebate claims data with a negative unit amount. Beacon may issue credits for such reversals to offset future 340B rebate payments.

14. How specifically will the rebate platform use Rebate Claim Data to validate and approve 340B rebates?

The Beacon platform will validate that:

- 1) The J&J Selected Drug was dispensed or administered at one of the 340B Covered Entity's locations registered and active on the HRSA OPAIS database or a contract pharmacy location registered and active on the HRSA OPAIS database and designated in the 340B ESP system under JJHCS's Bill To/Ship To policy (if the Covered Entity is subject to that policy);
- 2) 340B pricing on the J&J Selected Drug units was not provided to another Covered Entity; and
- 3) Rebate Claim Data was submitted in a timely manner.

If a 340B rebate claim is denied for incomplete or missing data, a Covered Entity may resubmit a complete and accurate claim for the 340B rebate.

15. What happens if Rebate Claim Data is submitted outside of the 45-day window?

340B rebate claims for J&J Selected Drugs submitted outside of the 45-day window from the date of dispense or administration generally will not be eligible for 340B rebates.

If a Covered Entity encounters operational extenuating circumstances impacting the Covered Entity's ability to submit 340B rebate claims for J&J Selected Drugs within this timeframe, please contact JJHCS directly so we can evaluate your Covered Entity's request.

16. What action should a Covered Entity take if a 340B rebate claim is denied because 340B pricing on the J&J Selected Drug units was provided to another Covered Entity?

If a Covered Entity's 340B rebate claim is denied because 340B pricing was provided to another Covered Entity for the same Selected Drug dispense or administration, the Covered Entities in question should work together to resolve the issue. JJHCS will not be responsible for facilitating resolution of these issues. Covered Entities should also refer to Apexus FAQ #1249.

If the Covered Entities agree that the Covered Entity that received the initial 340B rebate should not have received the rebate, the Covered Entities should work with the Beacon Support Center to identify the best course of action to resolve.

17. How should a Covered Entity characterize wasted or undispensed units during claims submission?

For wasted or undispensed units of a provider-administered J&J Selected Drug (STELARA, USTEKINUMAB), Covered Entities should submit a separate 340B rebate claim with medical benefit claim data (which includes the option to submit a modifier for discarded drug units). These wasted or undispensed unit claims will be identified as unique in Beacon, and 340B rebates will be paid on these validated claims. For this purpose, wasted or undispensed units will be defined as unused units of a single-dose drug or biological from a single-use container or vial that have not been administered to a patient and are discarded.

18. Will JJHCS's contract pharmacy policy continue to apply?

Yes. JJHCS's Bill To/Ship To policy will apply, except that Covered Entities subject to that policy will no longer submit limited claims data on J&J Selected Drugs to 340B ESP. Instead, Covered Entities subject to that policy may submit Rebate Claim Data on J&J Selected Drugs as described in this notice to Beacon. In other words, effective January 1, 2026 and for the duration of the Pilot Program:

- A Covered Entity subject to JJHCS's Bill To/Ship To policy may continue to designate a contract pharmacy location registered and active on the HRSA OPAIS database for purchases of J&J Selected Drugs consistent with JJHCS's Bill To/Ship To policy.
- 340B rebates will only be paid on validated rebate claims for J&J Selected Drugs dispensed or administered at Covered Entity locations registered and active on the HRSA OPAIS database and the contract pharmacy location designated in the 340B ESP system (if the Covered Entity is subject to JJHCS's Bill To/Ship To policy and has designated a contract pharmacy location).

JJHCS's Bill To/Ship To policy will apply for those Covered Entities in the scope of such policy. Thus, Covered Entities may access 340B pricing on J&J products other than J&J Selected Drugs through J&J's current procedures, subject to JJHCS's Bill To/Ship To policy. Please refer to that policy notice for additional details, available here: <https://www.jnj.com/innovativemedicine/us/authorized-distributors/policies>.

19. Will JJHCS continue to require Covered Entities to submit limited claims data according to its contract pharmacy policy announced February 15, 2023?

Covered Entities will no longer be required to submit limited claims data on dispenses of J&J Selected Drugs to the 340B ESP system. Instead, starting January 1, 2026 and for the duration of the Pilot Program, Covered Entities must submit Rebate Claims Data for J&J Selected Drugs as described in this notice to Beacon.

Covered Entities purchasing products other than J&J Selected Drugs may continue to be subject to JJHCS's Bill To/Ship To policy, including the requirement to submit limited claims data within 45 days of a dispense to a patient. Please refer to that policy notice for additional details available here: <https://www.jnj.com/innovativemedicine/us/authorized-distributors/policies>.

20. Will rebates be paid on individual dispenses or administrations of J&J Selected Drugs?

Yes. Rebates will be paid on the claim utilization of J&J Selected Drugs. Once a rebate claim reflecting an individual dispense or administration of a J&J Selected Drug has been validated, the Beacon platform will issue a rebate to the bank account designated by the Covered Entity.

There will be no need for a Covered Entity to wait until full accumulation to a package (specific to XARELTO®) as there would be with the replenishment model. The 340B price will be realized prior to the full package accumulation.

21. What will be the amount of a rebate payment?

A rebate payment will equal the difference between (i) the unit level WAC and (ii) the unit level 340B ceiling price for the product, multiplied by the units on the 340B rebate claim, thus allowing the Covered Entity to realize the 340B price on the validated J&J Selected Drug utilization.

The rebate will be calculated based on the WAC and 340B ceiling price as of the date of dispense reflected on the 340B rebate claim.

22. When will rebate payments be issued?

Once rebate claims have been validated, Beacon will issue a rebate payment to the bank account designated by the Covered Entity via ACH transfer. Rebates will be paid within 10 calendar days after submission of validated rebate claims.

Covered Entities can seek a 340B rebate immediately upon dispense or administration of a J&J Selected Drug.

23. What information will be available to Covered Entities in the Beacon Support Center?

Covered Entities will have access to a broad range of resources on the Beacon Support Center website (<https://cm.beaconchannelmanagement.com/>) to support their use of the platform. In addition to training materials and tutorials, Covered Entities can download data submission

templates, NDC lists and unit conversion tables to support the data submission process. Covered Entities can access detailed instructions on the registration and data submission processes in the Beacon Support Center as well as operational FAQs on the Beacon platform. The Beacon Support Center also supports direct customer engagement through an in-application chat feature as well as a call center and email support. Covered Entities can also register for a series of live webinars hosted by the Beacon Support Center.

24. May Covered Entities dispute rebate claims that are not validated by Beacon?

Yes. Covered Entities can dispute rebate claim validation through the Beacon platform. Disputes may require the submission of additional documentation. To initiate an inquiry or dispute on a denied rebate claim, a Covered Entity may email support@beaconchannelmanagement.com or use the chat function within Beacon.

25. Will Covered Entities continue to receive pricing files with 340B ceiling prices from wholesalers that feed the pharmacy billing systems?

JJHCS will work to provide Covered Entities supplemental pricing files with 340B ceiling prices as of the start of the Pilot Program. More information will be provided on this at a later date.

26. Will JJHCS require a Covered Entity to submit 340B rebate claims for J&J Selected Drugs in accordance with this notice if the Covered Entity is located in a State with a law that purports to prohibit a manufacturer from requiring submission of claims data or providing 340B pricing through a rebate?

Yes. JJHCS makes 340B pricing on J&J Selected Drugs available to Covered Entities, regardless of payer, in accordance with a rebate model plan approved by HRSA pursuant to the Pilot Program Notice. The model includes the collection and use of data necessary to operationalize 340B rebates in accordance with the Pilot Program Notice and JJHCS's obligations under federal law.

27. Which NDCs for J&J Selected Drugs are subject to this notice?

NDC-11	Product Name	Product Description
50458-0575-01	XARELTO®	Xarelto oral suspension, 1 mg/mL
50458-0577-10	XARELTO®	Xarelto 2.5mg
50458-0577-18	XARELTO®	Xarelto 2.5mg
50458-0577-60	XARELTO®	Xarelto 2.5mg
50458-0578-10	XARELTO®	Xarelto 15mg
50458-0578-30	XARELTO®	Xarelto 15mg
50458-0578-90	XARELTO®	Xarelto 15mg
50458-0579-10	XARELTO®	Xarelto 20mg
50458-0579-30	XARELTO®	Xarelto 20mg
50458-0579-89	XARELTO®	Xarelto 20mg
50458-0579-90	XARELTO®	Xarelto 20mg
50458-0580-10	XARELTO®	Xarelto 10mg
50458-0580-30	XARELTO®	Xarelto 10mg
50458-0580-90	XARELTO® for Oral Suspension	Xarelto 10mg
50458-0584-51	XARELTO Starter Pack™	Xarelto starter pack, 15mg/20mg

NDC-11	Product Name	Product Description
57894-0054-27	STELARA® (ustekinumab) IV	Stelara 130mg, 1 single vial
57894-0060-02	STELARA® (ustekinumab) vial	Stelara 45mg, 1 single vial
57894-0060-03	STELARA® (ustekinumab) prefilled syringe	Stelara 45mg/0.5ml, 1 single syringe
57894-0061-03	STELARA® (ustekinumab) prefilled syringe	Stelara 90mg/1.0 mL, 1 single syringe
57894-0440-01	USTEKINUMAB	Ustekinumab 45mg/mL, 1 single syringe
57894-0441-01	USTEKINUMAB	Ustekinumab 90mg/mL, 1 single syringe
57894-0440-03	USTEKINUMAB	Ustekinumab 45mg/0.5mL, 1 single vial
57894-0444-01	USTEKINUMAB	Ustekinumab 130mg/26mL (5mg/mL), 1 single vial