



Notice to 340B Covered Entities That Purchased Xspire Products

During a recently completed HRSA audit of Xspire's participation in the 340B program, it was determined mutually by Xspire and HRSA that Xspire did not offer statutory 340B ceiling prices for its covered outpatient drugs during the period 11/1/2012 to 8/1/2019. A list of affected Xspire products is attached to this letter.

Xspire is committed to correcting any overcharges that resulted from this noncompliance, and to ensuring that Xspire is compliant with all 340B requirements going forward.

To that end, Xspire requests that any covered entity that purchased Xspire products during the period please submit appropriate requests for refund as described below by March 31, 2020. Xspire will promptly issue refunds of the difference between the wholesale acquisition cost ("WAC") of the product as of the purchase date and the then-prevailing 340B ceiling price.

Covered Entities Request for Refunds:

1. Please complete the attached Refund Form and send via email to accounting@xspirerx.com. Please include "340B Refund" in the subject line of the email.
2. Please provide the CE's W9 and evidence of the purchase in the email.
3. Refunds will be processed and made within 30 days of receipt and confirmation.
4. For questions, please call (601) 990-9497.

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XSPIRE PHARMA PRODUCTS

NDC	Drug Name	Units per package
42195-0100-90	Fenoprofen Calcium	90
42195-0121-06	TaperDex 6-Day	21
42195-0127-07	TaperDex 7-Day	27
42195-0149-12	TaperDex 12-Day	49
42195-0150-21	ZoDex	21
42195-0150-49	ZoDex 12 Day	49
42195-0210-10	Phenylephrine Hydrochloride Pyrilaminemaleate	100
42195-0308-09	Nalfon	90
42195-0471-01	Fenoprofen Calcium	100
42195-0550-14	Ciprofloxacin Otic Solution	14
42195-0688-10	Nalfon	100
42195-0840-10	Acetaminophen Caffeine Dihydrocodeine Bitartrate	100
42195-0955-10	Butalbital, Caffeine, Acetaminophen	100



COVERED ENTITY REFUND FORM

CE Name	
CE Address	
CE City, State, Zip	
CE 340B ID	
CE Contact for Refund	
CE Contact Telephone Number	
CE Contact Email	

Product	NDC	Purchase Date	Units (packages)	Wholesaler

****Please provide a copy of the CE's W9 and evidence of purchase****