

October 16, 2020

Notice Regarding Recalculated 340B Covered Entities for Certain Products of Westminster Pharmaceuticals Bearing Labeler Code 69367

During a recently completed HRSA audit of Westminster Pharmaceuticals participation in the 340B program, it was determined mutually by Westminster and HRSA that Westminster did not offer statutory 340B ceiling prices for its covered outpatient drugs for labeler code 69367 during the period 04/1/2019 to 09/30/2019.

Westminster Pharmaceuticals has also recalculated 340B ceiling prices for Q2 2019 through Q3 2019 for the products listed below. Covered entities that purchased covered outpatient drugs through wholesalers/distributors during this time may be eligible for 340B refunds.

NDC
63967-0203-01
63967-0131-06
69367-0132-06
69367-0133-06
69367-0135-06

Westminster requests that that any 340B covered entity that made such purchases that were eligible during the time frame submit an appropriate request for refunds using the process described below. Westminster Pharmaceuticals shall promptly review all refund requests that are timely received.

Westminster Pharmaceuticals has asked the Office of Pharmacy Affairs (OPA) to post this Notice on OPA's public website to ensure transparency and give affected covered entities the opportunity to request refunds for the impacted products.

Instructions for Requesting Refund:

- 1. Complete the Request form at the end of this Notice along with
 - a. a copy of the covered entity's Form W-9, and:
 - b. evidence of purchase
- 2. Send the completed form and accompanying documentation via email to <u>csr@wprx.com</u>. Please include "340B Refund" in the subject line of the email.
- 3. Westminster Pharmaceuticals will process appropriate refunds within 45 days of receipt and confirmation of valid request for reimbursement.
- 4. If you have any questions or require assistance regarding the refund, please call (888) 354-9939 during regular business hours.
- 5. To be eligible for a refund the refund request form must be received on or before February 15th, 2021.

Covered Entity Refund Request Form

Date Completed	
Covered Entity Name	
Address	
City, State, Zip	
340B ID	
DEA#	
HIN#	
Contact for Refund	
Contact Telephone Number	
Contact E-mail	

Product	NDC	Purchase Date	Quantity (Number of NDC-11 packages)	Purchase Price	Wholesaler/Distributor

** This form must be accompanied by a copy of the Covered Entity's Form W-9<u>and</u> evidence of the purchase(s). Refunds may only be requested with respect to purchases that were eligible for 340B pricing at the time or purchase. To be eligible for a refund, the Refund Request Form must be submitted to <u>csr@wprx.com</u>, and received on or before February 15th, 2021.