



April 21, 2025

**Notice to Covered Entities Regarding Refund Availability
for Impacted NDCs in Impacted Quarters**

Viатris Inc. ("Viатris") has asked the HRSA Office of Pharmacy Affairs ("OPA") to post this notice on OPA's public website to notify 340B covered entities that Viатris has recalculated the 340B ceiling pricings for the NDCs listed in the attached tables ("Impacted NDCs") for the periods identified in the attached tables ("Impacted Quarters"), due to the restatement of certain underlying Medicaid pricing data. As a result of the recalculated 340B ceiling prices, Viатris has determined that a refund may be owed to 340B covered entities that purchased the Impacted NDC during the Impacted Quarters. Viатris is not seeking reimbursement or repayment where covered entities paid a lower price than the recalculated 340B ceiling price, and any such amounts will not be considered as offsets in determining the amount of any refund due.

Below we provide additional information on the processing of refunds for Impacted NDCs for the Impacted Quarters.

I. Refunds for Purchases of Certain Acquired NDCs in Impacted Quarters Prior to 4Q2022 (Table 1)

Certain of the Impacted NDCs were acquired by Viатris through the combination of Pfizer's Upjohn business and Mylan in November 2020 to form Viатris ("Acquired NDCs"). Viатris' ability to issue refunds to 340B covered entities for Acquired NDCs in Impacted Quarters prior to 4Q2022 is challenged by data transition issues associated with the acquisition of the Acquired NDCs.

Accordingly, for the Impacted NDCs and Impacted Quarters identified in Table 1, to facilitate refunds, 340B covered entities must submit a claim request that complies with the requirements in this letter, no later than July 30, 2025. Submit claim requests to 340BRefunds@Viatris.com with the subject line "340B Refund Claim Request."

Claim requests must be submitted by either the Authorizing Official or Primary Contact as identified in the HRSA OPAIS database. A parent organization may compile claims from multiple 340B child sites into one claim request. In the body of the email, provide the name, title, address, phone number and email of the Authorizing Official or Primary Contact submitting the claim. Attach an Excel spreadsheet with the following columns:



A	B	C	D	E	F	G
340B ID Associated with Purchase	Wholesaler	Wholesaler Invoice Number	Date of Purchase	Impacted NDC	Package Quantity	Price Paid per Package

340B entities need not submit proof of purchase with claim forms, but Viatriis may request additional information as part of the claims adjudication process. Viatriis anticipates that it will complete adjudication and issue refunds for validated claims by December 31, 2025.

II. Refunds for Purchases of the Acquired NDCs for Impacted Quarters 4Q2022 and Later and Refunds for Purchases of All Other NDCs in All Impacted Quarters (Table 2)

Viatriis will proactively issue refunds to 340B covered entities through Apexus for purchases of the Acquired NDCs for Impacted Quarters 4Q2022 and later and for purchases of all other NDCs during all Impacted Quarters. Viatriis has engaged Apexus to issue the proactive refunds. Viatriis anticipates it will complete proactive refunds by September 30, 2025.

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If you have any questions or require assistance with respect to a refund request, please send an email to 340BRefunds@Viatriis.com.

Table 1
Impacted NDCs and Impacted Quarters
Claims Submission Required to Facilitate Refunds

Impacted Quarter	Impacted NDC	Impacted NDC Description	Impacted Quarter	Impacted NDC	Impacted NDC Description
2010Q1	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2021Q4	00071-2214-35	DILANTIN 125MG/5ML ORSUS 1X237ML PBTL US
2010Q2	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2021Q2	59762-0028-01	Diclofenac Sodium Misoprostol 50mg 60 Tablets
2010Q3	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2021Q3	59762-0028-01	Diclofenac Sodium Misoprostol 50mg 60 Tablets
2011Q1	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2021Q4	59762-0028-01	Diclofenac Sodium Misoprostol 50mg 60 Tablets
2013Q2	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2021Q2	59762-0028-02	Diclofenac Sodium Misoprostol 50mg 90 Tablets
2013Q4	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2021Q3	59762-0028-02	Diclofenac Sodium Misoprostol 50mg 90 Tablets
2015Q1	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2021Q4	59762-0028-02	Diclofenac Sodium Misoprostol 50mg 90 Tablets
2015Q2	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2021Q2	59762-0029-01	Diclofenac Sodium Misoprostol 75mg 60 Tablets
2015Q3	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2021Q3	59762-0029-01	Diclofenac Sodium Misoprostol 75mg 60 Tablets
2015Q4	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2021Q4	59762-0029-01	Diclofenac Sodium Misoprostol 75mg 60 Tablets
2016Q1	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2021Q2	59762-0035-01	SILDENAFIL CITRATE TAB 50MGX30CT BOTTLE
2016Q2	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2021Q3	59762-0035-01	SILDENAFIL CITRATE TAB 50MGX30CT BOTTLE
2016Q3	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2021Q2	59762-0035-02	SILDENAFIL CITRATE TAB 50MG X 100CT BOT
2016Q4	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2021Q3	59762-0035-02	SILDENAFIL CITRATE TAB 50MG X 100CT BOT
2017Q1	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2021Q2	59762-0056-01	MEDROXYPROGESTERONE 10MG X 100CT TAB
2017Q2	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2021Q2	59762-0056-02	MEDROXYPROGESTERONE 10MG X 1000CT TAB
2017Q3	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2021Q3	59762-0067-01	SERTRALINE HCL 20MG/ML OS 1X60ML GBTL US
2017Q4	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2021Q2	59762-0074-01	HYDROCORTISONE 10MG TAB
2018Q1	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2021Q3	59762-0074-01	HYDROCORTISONE 10MG TAB
2018Q2	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2021Q2	59762-0075-01	HYDROCORTISONE 20MG TAB
2018Q3	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2021Q3	59762-0075-01	HYDROCORTISONE 20MG TAB
2018Q4	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2020Q2	59762-0104-06	SULFASALAZINE DR 500MG ECT 1X300 PBTL US
2019Q1	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2021Q4	59762-0118-03	MESALAMINE 1000MG SUPP 1X30 BOX GRST
2019Q2	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2011Q4	59762-0119-01	Phenelzine Sulfate 15MG Tablets
2019Q3	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2012Q1	59762-0119-01	Phenelzine Sulfate 15MG Tablets
2019Q4	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2012Q2	59762-0119-01	Phenelzine Sulfate 15MG Tablets
2020Q2	00071-0513-24	Neurontin (gabapentin 600mg) Scored Tablets	2013Q4	59762-0119-01	Phenelzine Sulfate 15MG Tablets
2021Q2	00071-2214-20	DILANTIN-125 SUSPENSION 8OZ	2014Q1	59762-0119-01	Phenelzine Sulfate 15MG Tablets
2021Q3	00071-2214-20	DILANTIN-125 SUSPENSION 8OZ	2014Q2	59762-0119-01	Phenelzine Sulfate 15MG Tablets
2021Q2	00071-2214-35	DILANTIN 125MG/5ML ORSUS 1X237ML PBTL US	2014Q3	59762-0119-01	Phenelzine Sulfate 15MG Tablets
2021Q3	00071-2214-35	DILANTIN 125MG/5ML ORSUS 1X237ML PBTL US	2014Q4	59762-0119-01	Phenelzine Sulfate 15MG Tablets

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Impacted Quarter	Impacted NDC	Impacted NDC Description	Impacted Quarter	Impacted NDC	Impacted NDC Description
2015Q1	59762-0119-01	Phenelzine Sulfate 15MG Tablets	2021Q3	59762-0934-01	VORICONAZOLE 50MG FCT 1X30 PBTL US
2016Q3	59762-0119-01	Phenelzine Sulfate 15MG Tablets	2021Q3	59762-0935-03	Voriconazole 200mg/5ml OS
2016Q4	59762-0119-01	Phenelzine Sulfate 15MG Tablets	2021Q4	59762-0935-03	Voriconazole 200mg/5ml OS
2017Q1	59762-0119-01	Phenelzine Sulfate 15MG Tablets	2021Q4	59762-0936-01	VORICONAZOLE 200MG FCT 1X30 PBTL US
2017Q2	59762-0119-01	Phenelzine Sulfate 15MG Tablets	2021Q4	59762-1001-01	SIROLIMUS .5 MG TAB
2021Q4	59762-0119-01	Phenelzine Sulfate 15MG Tablets	2015Q2	59762-1002-01	SIROLIMUS 1MG TAB
2022Q3	59762-0119-01	Phenelzine Sulfate 15MG Tablets	2015Q3	59762-1002-01	SIROLIMUS 1MG TAB
2021Q2	59762-0145-01	Piroxicam 20mg Capsule	2015Q4	59762-1002-01	SIROLIMUS 1MG TAB
2021Q3	59762-0145-01	Piroxicam 20mg Capsule	2021Q2	59762-1002-01	SIROLIMUS 1MG TAB
2021Q4	59762-0145-01	Piroxicam 20mg Capsule	2021Q3	59762-1002-01	SIROLIMUS 1MG TAB
2017Q2	59762-0158-01	ATORVASTATIN 80MG TAB	2021Q4	59762-1002-01	SIROLIMUS 1MG TAB
2017Q1	59762-0158-02	ATORVASTATIN 80MG TAB	2015Q2	59762-1003-01	SIROLIMUS 2 MG TAB
2021Q2	59762-0170-01	Tolterodine Tartrate 1mg Tablets	2015Q3	59762-1003-01	SIROLIMUS 2 MG TAB
2021Q3	59762-0170-01	Tolterodine Tartrate 1mg Tablets	2015Q4	59762-1003-01	SIROLIMUS 2 MG TAB
2021Q4	59762-0170-01	Tolterodine Tartrate 1mg Tablets	2021Q4	59762-1003-01	SIROLIMUS 2 MG TAB
2021Q2	59762-0170-06	Tolterodine Tartrate 1mg Tablets	2021Q3	59762-1004-01	Nifedipine Capsules 10mg
2021Q3	59762-0170-06	Tolterodine Tartrate 1mg Tablets	2021Q2	59762-1091-06	ASENAPINE SUBLINGUAL 2.5MG TAB 6X10 BLST
2021Q4	59762-0170-06	Tolterodine Tartrate 1mg Tablets	2021Q3	59762-1091-06	ASENAPINE SUBLINGUAL 2.5MG TAB 6X10 BLST
2021Q3	59762-0220-01	Quinapril HCl/hydrochlorothiazide 20mg/12.5mg	2021Q3	59762-1206-01	LIOTHYRONINE SODIUM 5MCG TAB 1X100 BTL
2021Q4	59762-0405-04	RISEDRONATE SOD 35MG TAB 1X4 BLST	2021Q4	59762-1206-01	LIOTHYRONINE SODIUM 5MCG TAB 1X100 BTL
2021Q4	59762-0405-05	RISEDRONATE SOD 35MG TAB 1X12 BLST GRST	2021Q3	59762-1207-01	LIOTHYRONINE SODIUM 25MCG TAB 1X100 BTL
2021Q2	59762-0489-01	Nitroglycerin Sublingual Tablets 0.6mg x 100	2021Q3	59762-1208-01	LIOTHYRONINE SODIUM 50MCG TAB 1X100 BTL
2021Q3	59762-0489-01	Nitroglycerin Sublingual Tablets 0.6mg x 100	2021Q3	59762-1307-01	LINEZOLID 600mg TAB
2021Q3	59762-0541-01	Glipizide XL 5Mg Tab	2021Q4	59762-1307-01	LINEZOLID 600mg TAB
2021Q3	59762-0541-02	Glipizide XL 5Mg Tab	2021Q3	59762-1307-02	LINEZOLID 600MG TAB
2021Q3	59762-0542-01	Glipizide XL 10mg Tab	2021Q4	59762-1307-02	LINEZOLID 600MG TAB
2021Q3	59762-0542-02	Glipizide XL 10Mg Tab	2019Q3	59762-1342-01	Pregabalin 25mg CAP 90 BTL GRST
2021Q2	59762-0800-02	Tolterodine Tartrate 2mg Tab	2019Q4	59762-1342-01	Pregabalin 25mg CAP 90 BTL GRST
2021Q2	59762-0800-06	Tolterodine Tartrate 2mg Tab	2019Q3	59762-1344-01	Pregabalin 50mg CAP 90 BTL GRST
2021Q3	59762-0811-01	Nadolol (40Mg) Tab	2019Q4	59762-1344-01	Pregabalin 50mg CAP 90 BTL GRST
2021Q3	59762-0812-01	Nadolol (80Mg) Tab	2019Q3	59762-1346-01	Pregabalin 75mg CAP 90 BTL GRST

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Impacted Quarter	Impacted NDC	Impacted NDC Description	Impacted Quarter	Impacted NDC	Impacted NDC Description
2019Q4	59762-1346-01	Pregabalin 75mg CAP 90 BTL GRST	2021Q3	59762-2198-03	AZITHROMYCIN 250MG TAB 3X6 BLST GRST
2019Q3	59762-1348-01	Pregabalin 100mg CAP 90 BTL GRST	2021Q4	59762-2198-03	AZITHROMYCIN 250MG TAB 3X6 BLST GRST
2019Q4	59762-1348-01	Pregabalin 100mg CAP 90 BTL GRST	2021Q3	59762-2198-07	AZITHROMYCIN 250MG TAB 1X30 BTL GRST
2019Q3	59762-1351-01	Pregabalin 150mg CAP 90 BTL GRST	2021Q4	59762-2198-07	AZITHROMYCIN 250MG TAB 1X30 BTL GRST
2019Q4	59762-1351-01	Pregabalin 150mg CAP 90 BTL GRST	2021Q3	59762-2250-02	ETHOSUXIMIDE 250MG CAP
2019Q3	59762-1354-01	Pregabalin 200mg CAP 90 BTL GRST	2021Q3	59762-2320-06	Doxazosin (Doxazosin Mesylate) 2Mg Tab
2019Q4	59762-1354-01	Pregabalin 200mg CAP 90 BTL GRST	2021Q3	59762-2340-06	Doxazosin (Doxazosin Mesylate) 4Mg Tab
2019Q3	59762-1360-01	Pregabalin 225mg CAP 90 BTL GRST	2021Q3	59762-2380-06	Doxazosin (Doxazosin Mesylate) 8Mg Tab
2019Q4	59762-1360-01	Pregabalin 225mg CAP 90 BTL GRST	2020Q4	59762-2888-06	ASENAPINE SUBLINGUAL 10MG TAB 6X10 BLST
2019Q3	59762-1364-01	Pregabalin 300mg CAP 90 BTL GRST	2021Q1	59762-2888-06	ASENAPINE SUBLINGUAL 10MG TAB 6X10 BLST
2019Q4	59762-1364-01	Pregabalin 300mg CAP 90 BTL GRST	2021Q2	59762-2888-06	ASENAPINE SUBLINGUAL 10MG TAB 6X10 BLST
2021Q2	59762-1515-01	Celecoxib 50Mg Cap	2021Q3	59762-2888-06	ASENAPINE SUBLINGUAL 10MG TAB 6X10 BLST
2021Q3	59762-1515-01	Celecoxib 50Mg Cap	2021Q4	59762-2888-06	ASENAPINE SUBLINGUAL 10MG TAB 6X10 BLST
2021Q2	59762-1599-05	NORETHINDRONE/ETHINYL 1MG/20MCG CAP 5X28	2021Q4	59762-3120-01	Azithromycin 600mg Oral Suspension
2021Q3	59762-1599-05	NORETHINDRONE/ETHINYL 1MG/20MCG CAP 5X28	2021Q4	59762-3130-01	Azithromycin 900 mg Oral Suspension
2021Q4	59762-1599-05	NORETHINDRONE/ETHINYL 1MG/20MCG CAP 5X28	2021Q3	59762-3304-01	Nitroglycerin Sublingual Tablets 0.4mg x 100
2021Q2	59762-1720-01	Eplerenone 50mg x 30	2021Q3	59762-3304-03	Nitroglycerin Sublingual Tablets 0.4mg 4x25 (Convenience Pack)
2021Q4	59762-1720-01	Eplerenone 50mg x 30	2021Q3	59762-3328-01	CLINDAMYCIN CAPS 150MG
2021Q2	59762-1720-02	Eplerenone 50mg x 90	2021Q2	59762-3717-04	TRIAZOLAM 0.125MG
2021Q4	59762-1720-02	Eplerenone 50mg x 90	2021Q2	59762-3717-09	TRIAZOLAM 0.125MG TAB 1X100
2021Q2	59762-2001-01	Ziprasidone 20mg Capsules	2021Q3	59762-3717-09	TRIAZOLAM 0.125MG TAB 1X100
2021Q2	59762-2002-01	Ziprasidone 40mg Capsules	2021Q4	59762-3717-09	TRIAZOLAM 0.125MG TAB 1X100
2021Q3	59762-2002-01	Ziprasidone 40mg Capsules	2021Q2	59762-3718-03	TRIAZOLAM 0.25MG
2020Q4	59762-2012-06	ASENAPINE SUBLINGUAL 5MG TAB 6X10 BLST	2021Q3	59762-3718-03	TRIAZOLAM 0.25MG
2021Q1	59762-2012-06	ASENAPINE SUBLINGUAL 5MG TAB 6X10 BLST	2021Q4	59762-3718-03	TRIAZOLAM 0.25MG
2021Q2	59762-2012-06	ASENAPINE SUBLINGUAL 5MG TAB 6X10 BLST	2021Q2	59762-3718-09	TRIAZOLAM 0.25MG TAB 1X100
2021Q3	59762-2012-06	ASENAPINE SUBLINGUAL 5MG TAB 6X10 BLST	2021Q3	59762-3718-09	TRIAZOLAM 0.25MG TAB 1X100
2021Q4	59762-2012-06	ASENAPINE SUBLINGUAL 5MG TAB 6X10 BLST	2021Q4	59762-3718-09	TRIAZOLAM 0.25MG TAB 1X100
2021Q2	59762-2135-01	AMLODIPINE 10MG TAB 1X1000 BTL GRST	2021Q2	59762-3742-02	MEDROXYPROGESTERONE ACETATE 10 MG
2021Q2	59762-2135-09	AMLODIPINE 10MG TAB 1X90 BTL GRST	2021Q2	59762-3742-08	MEDROXYPROGESTERONE ACE 10MG 1000 00

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Impacted NDCs and Impacted Quarters
Claims Submission Required to Facilitate Refunds

Impacted Quarter	Impacted NDC	Impacted NDC Description	Impacted Quarter	Impacted NDC	Impacted NDC Description
2021Q2	59762-3743-01	CLINDAMYCIN TS	2021Q3	59762-5008-02	MISOPROSTOL 200MCG
2021Q3	59762-3743-01	CLINDAMYCIN TS	2021Q4	59762-5008-02	MISOPROSTOL 200MCG
2021Q2	59762-3743-02	CLINDAMYCIN TS	2021Q2	59762-5009-01	Clindamycin Phosphate Vaginal Cream 2% 40G 1 Tube
2021Q3	59762-3743-02	CLINDAMYCIN TS	2021Q2	59762-5017-01	FLUCONAZOLE 150MG 1CT
2021Q2	59762-3744-01	CLINDAMYCIN TOPICAL LOTION	2021Q3	59762-5017-01	FLUCONAZOLE 150MG 1CT
2021Q3	59762-4135-01	GABAPENTIN 300mg CAP 1x100 BTL GRST	2021Q4	59762-5017-01	FLUCONAZOLE 150MG 1CT
2021Q3	59762-4135-05	GABAPENTIN 300mg CAP 1x500 BTL GRST	2021Q3	59762-5018-01	FLUCONAZOLE 200MG 30CT
2019Q3	59762-4355-01	GABAPENTIN 600mg TAB 100 BTL GRST	2021Q4	59762-5018-01	FLUCONAZOLE 200MG 30CT
2019Q4	59762-4355-01	GABAPENTIN 600mg TAB 100 BTL GRST	2021Q2	59762-5029-01	FLUCONAZOLE 10MG/ML OS
2019Q3	59762-4460-01	GABAPENTIN 800mg TAB 100 BTL GRST	2021Q4	59762-5029-01	FLUCONAZOLE 10MG/ML OS
2019Q4	59762-4460-01	GABAPENTIN 800mg TAB 100 BTL GRST	2021Q2	59762-5030-01	FLUCONAZOLE 40MG/ML OS
2021Q3	59762-5007-01	MISOPROSTOL 100MCG	2021Q4	59762-5030-01	FLUCONAZOLE 40MG/ML OS
2021Q4	59762-5007-01	MISOPROSTOL 100MCG	2021Q2	60758-0561-30	TAZAROTENE CREAM 0.1% 1X30G TUBE US
2021Q2	59762-5007-02	MISOPROSTOL 100MCG	2021Q3	60758-0561-30	TAZAROTENE CREAM 0.1% 1X30G TUBE US
2021Q3	59762-5007-02	MISOPROSTOL 100MCG	2021Q4	60758-0561-30	TAZAROTENE CREAM 0.1% 1X30G TUBE US
2021Q4	59762-5007-02	MISOPROSTOL 100MCG	2021Q2	60758-0561-60	TAZAROTENE CREAM 0.1% 1X60G TUBE US
2021Q2	59762-5008-01	MISOPROSTOL 200MCG	2021Q3	60758-0561-60	TAZAROTENE CREAM 0.1% 1X60G TUBE US
2021Q3	59762-5008-01	MISOPROSTOL 200MCG	2021Q4	60758-0561-60	TAZAROTENE CREAM 0.1% 1X60G TUBE US
2021Q4	59762-5008-01	MISOPROSTOL 200MCG	2021Q2	60758-0670-60	DAPSONE GEL 5% 60G
2021Q2	59762-5008-02	MISOPROSTOL 200MCG	2021Q2	60758-0670-90	DAPSONE GEL 5% 90G

Table 2
Impacted NDCs and Impacted Quarters
Proactive Refunds (No Claim Submission Required)

Impacted Quarter	Impacted NDC	Impacted NDC Description	Impacted Quarter	Impacted NDC	Impacted NDC Description
			2018Q3	00037-8140-06	Muse 1000 Mcg Supp. Ureth
2018Q1	00037-8110-06	Muse 125 Mcg Supp. Ureth	2018Q4	00037-8140-06	Muse 1000 Mcg Supp. Ureth
2018Q2	00037-8110-06	Muse 125 Mcg Supp. Ureth	2019Q2	00037-8140-06	Muse 1000 Mcg Supp. Ureth
2018Q3	00037-8110-06	Muse 125 Mcg Supp. Ureth	2019Q3	00037-8140-06	Muse 1000 Mcg Supp. Ureth
2018Q4	00037-8110-06	Muse 125 Mcg Supp. Ureth	2019Q4	00037-8140-06	Muse 1000 Mcg Supp. Ureth
2019Q3	00037-8110-06	Muse 125 Mcg Supp. Ureth	2020Q3	00037-8140-06	Muse 1000 Mcg Supp. Ureth
2018Q1	00037-8120-06	Muse 250 Mcg Supp. Ureth	2020Q4	00037-8140-06	Muse 1000 Mcg Supp. Ureth
2018Q2	00037-8120-06	Muse 250 Mcg Supp. Ureth	2021Q1	00037-8140-06	Muse 1000 Mcg Supp. Ureth
2018Q3	00037-8120-06	Muse 250 Mcg Supp. Ureth	2021Q2	00037-8140-06	Muse 1000 Mcg Supp. Ureth
2018Q4	00037-8120-06	Muse 250 Mcg Supp. Ureth	2021Q4	00037-8140-06	Muse 1000 Mcg Supp. Ureth
2019Q3	00037-8120-06	Muse 250 Mcg Supp. Ureth	2018Q4	00078-0630-35	TOBI™PODHALER™ 28MG 4 (7X8)
2019Q4	00037-8120-06	Muse 250 Mcg Supp. Ureth	2020Q1	00378-0048-05	Pioglitazone 15 mg 500s
2020Q3	00037-8120-06	Muse 250 Mcg Supp. Ureth	2020Q1	00378-0048-77	Pioglitazone 15 mg 90s
2021Q4	00037-8120-06	Muse 250 Mcg Supp. Ureth	2020Q1	00378-0048-93	Pioglitazone 15 mg 30s
2018Q1	00037-8130-06	Muse 500 Mcg Supp. Ureth	2020Q2	00378-0080-01	Indapamide 2.5 mg 100s
2018Q2	00037-8130-06	Muse 500 Mcg Supp. Ureth	2020Q2	00378-0080-10	Indapamide 2.5 mg 1000s
2018Q4	00037-8130-06	Muse 500 Mcg Supp. Ureth	2020Q2	00378-0080-77	Indapamide 2.5 mg 90s
2019Q1	00037-8130-06	Muse 500 Mcg Supp. Ureth	2020Q2	00378-0094-01	Carbidopa & Levodopa ER 50/200 mg 100s
2019Q2	00037-8130-06	Muse 500 Mcg Supp. Ureth	2020Q2	00378-0181-01	Allopurinol 300 mg 100s
2019Q3	00037-8130-06	Muse 500 Mcg Supp. Ureth	2020Q2	00378-0181-05	Allopurinol 300 mg 500s
2019Q4	00037-8130-06	Muse 500 Mcg Supp. Ureth	2020Q1	00378-0184-01	Propranolol HCl 40 mg 100s
2020Q1	00037-8130-06	Muse 500 Mcg Supp. Ureth	2020Q2	00378-0184-01	Propranolol HCl 40 mg 100s
2020Q2	00037-8130-06	Muse 500 Mcg Supp. Ureth	2020Q1	00378-0184-10	Propranolol HCl 40 mg 1000s
2020Q3	00037-8130-06	Muse 500 Mcg Supp. Ureth	2020Q2	00378-0184-10	Propranolol HCl 40 mg 1000s
2020Q4	00037-8130-06	Muse 500 Mcg Supp. Ureth	2020Q1	00378-0186-01	Clonidine HCl 0.2 mg 100s
2021Q1	00037-8130-06	Muse 500 Mcg Supp. Ureth	2020Q2	00378-0186-01	Clonidine HCl 0.2 mg 100s
2021Q2	00037-8130-06	Muse 500 Mcg Supp. Ureth	2020Q1	00378-0186-10	Clonidine HCl 0.2 mg 1000s
2021Q4	00037-8130-06	Muse 500 Mcg Supp. Ureth	2020Q2	00378-0186-10	Clonidine HCl 0.2 mg 1000s
2018Q1	00037-8140-06	Muse 1000 Mcg Supp. Ureth	2020Q1	00378-0213-01	Chlorthalidone 50 mg 100s
2018Q2	00037-8140-06	Muse 1000 Mcg Supp. Ureth	2020Q2	00378-0213-01	Chlorthalidone 50 mg 100s

Table 2
Impacted NDCs and Impacted Quarters
Proactive Refunds (No Claim Submission Required)

Impacted Quarter	Impacted NDC	Impacted NDC Description	Impacted Quarter	Impacted NDC	Impacted NDC Description
2020Q1	00378-0213-10	Chlorthalidone 50 mg 1000s	2020Q3	00378-0464-01	Maxzide -25 37.5/25 mg 100s
2020Q2	00378-0213-10	Chlorthalidone 50 mg 1000s	2017Q1	00378-0467-05	Piroxicam 20mg C 500s
2020Q1	00378-0217-01	Tolazamide 250 mg 100s	2020Q2	00378-0473-01	Divalproex Sodium ER 500 mg 100s
2020Q1	00378-0231-01	Atenolol 50 mg 100s	2020Q2	00378-0473-05	Divalproex Sodium ER 500 mg 500s
2020Q2	00378-0231-01	Atenolol 50 mg 100s	2020Q2	00378-0473-77	Divalproex Sodium ER 500 mg 90s
2020Q1	00378-0231-10	Atenolol 50 mg 1000s	2017Q1	00378-0487-01	Theophylline ER 600mg T 100s
2020Q2	00378-0231-10	Atenolol 50 mg 1000s	2019Q3	00378-0509-91	Dalfampridine ER 10mg T 60s
2020Q1	00378-0257-01	Haloperidol 1 mg 100s	2021Q3	00378-0509-91	Dalfampridine ER 10mg T 60s
2020Q2	00378-0257-01	Haloperidol 1 mg 100s	2020Q1	00378-0541-01	Cimetidine 800 mg 100s
2020Q1	00378-0257-10	Haloperidol 1 mg 1000s	2020Q2	00378-0541-01	Cimetidine 800 mg 100s
2020Q2	00378-0257-10	Haloperidol 1 mg 1000s	2020Q1	00378-0574-01	Perphenazine & Amit HCl 4/25 mg 100s
2020Q1	00378-0330-01	Perphenazine & Amit HCl 2/10 mg 100s	2020Q2	00378-0574-01	Perphenazine & Amit HCl 4/25 mg 100s
2020Q2	00378-0330-01	Perphenazine & Amit HCl 2/10 mg 100s	2020Q1	00378-0574-05	Perphenazine & Amit HCl 4/25 mg 500s
2020Q1	00378-0330-05	Perphenazine & Amit HCl 2/10 mg 500s	2020Q2	00378-0574-05	Perphenazine & Amit HCl 4/25 mg 500s
2020Q2	00378-0330-05	Perphenazine & Amit HCl 2/10 mg 500s	2020Q2	00378-0618-01	Thioridazine HCl 100 mg 100s
2020Q2	00378-0335-01	Haloperidol 20 mg 100s	2020Q1	00378-0724-19	Tizanidine 4 mg 150s
2020Q1	00378-0372-01	Cimetidine 400 mg 100s	2020Q2	00378-0724-19	Tizanidine 4 mg 150s
2020Q2	00378-0372-01	Cimetidine 400 mg 100s	2020Q1	00378-0751-01	Cyclobenzaprine HCl 10 mg 100s
2020Q1	00378-0412-01	Fluvoxamine Maleate 50mg 100s	2020Q2	00378-0751-01	Cyclobenzaprine HCl 10 mg 100s
2020Q2	00378-0412-01	Fluvoxamine Maleate 50mg 100s	2020Q1	00378-0751-10	Cyclobenzaprine HCl 10 mg 1000s
2020Q1	00378-0433-01	Bupropion HCl 75 mg 100s	2020Q2	00378-0751-10	Cyclobenzaprine HCl 10 mg 1000s
2020Q2	00378-0433-01	Bupropion HCl 75 mg 100s	2020Q1	00378-0757-01	Atenolol 100 mg 100s
2020Q1	00378-0433-05	Bupropion HCl 75 mg 500s	2020Q1	00378-0757-10	Atenolol 100 mg 1000s
2020Q2	00378-0433-05	Bupropion HCl 75 mg 500s	2020Q1	00378-0781-05	Fexofenadine HCl 60 mg 500s
2020Q1	00378-0435-01	Bupropion HCl 100 mg 100s	2020Q2	00378-0781-05	Fexofenadine HCl 60 mg 500s
2020Q2	00378-0435-01	Bupropion HCl 100 mg 100s	2020Q1	00378-0781-91	Fexofenadine HCl 60 mg 60s
2020Q1	00378-0435-05	Bupropion HCl 100 mg 500s	2020Q2	00378-0781-91	Fexofenadine HCl 60 mg 60s
2020Q2	00378-0435-05	Bupropion HCl 100 mg 500s	2020Q1	00378-0782-05	Fexofenadine HCl 180 mg 500s
2020Q2	00378-0460-01	Maxzide 75/50 mg 100s	2020Q2	00378-0782-05	Fexofenadine HCl 180 mg 500s
2020Q3	00378-0460-01	Maxzide 75/50 mg 100s	2020Q1	00378-0782-93	Fexofenadine HCl 180 mg 30s
2020Q2	00378-0464-01	Maxzide -25 37.5/25 mg 100s	2020Q2	00378-0782-93	Fexofenadine HCl 180 mg 30s

Table 2
Impacted NDCs and Impacted Quarters
Proactive Refunds (No Claim Submission Required)

Impacted Quarter	Impacted NDC	Impacted NDC Description	Impacted Quarter	Impacted NDC	Impacted NDC Description
2020Q1	00378-1075-93	Telmisartan/Amlodipine 40mg/5mg 30s	2020Q2	00378-1640-93	Voriconazole 200 mg 30s
2020Q2	00378-1075-93	Telmisartan/Amlodipine 40mg/5mg 30s	2020Q1	00378-2064-01	Atenolol & Chlorthalidone 100/25mg 100s
2020Q1	00378-1076-93	Telmisartan/Amlodipine 40mg/10mg 30s	2020Q2	00378-2064-01	Atenolol & Chlorthalidone 100/25mg 100s
2020Q2	00378-1076-93	Telmisartan/Amlodipine 40mg/10mg 30s	2020Q1	00378-2098-01	Nisoldipine ER 25.5 mg 100s
2020Q1	00378-1105-01	Glipizide 5 mg 100s	2020Q2	00378-2098-01	Nisoldipine ER 25.5 mg 100s
2020Q2	00378-1105-01	Glipizide 5 mg 100s	2020Q1	00378-2224-01	Nisoldipine ER 40 mg 100S
2020Q1	00378-1105-05	Glipizide 5 mg 500s	2020Q2	00378-2224-01	Nisoldipine ER 40 mg 100S
2020Q2	00378-1105-05	Glipizide 5 mg 500s	2020Q1	00378-2268-01	Terazosin Caps 5 mg 100s
2020Q1	00378-1110-01	Glipizide 10 mg 100s	2020Q2	00378-2268-01	Terazosin Caps 5 mg 100s
2020Q2	00378-1110-01	Glipizide 10 mg 100s	2020Q2	00378-3005-01	Thiothixene 5 mg 100s
2020Q1	00378-1110-05	Glipizide 10 mg 500s	2020Q1	00378-3266-94	Etoposide 50 mg Bx20
2020Q2	00378-1110-05	Glipizide 10 mg 500s	2020Q2	00378-3266-94	Etoposide 50 mg Bx20
2020Q1	00378-1140-01	Buspirone HCl 5 mg 100s	2020Q1	00378-3340-53	Xulane TDS 0.15mg/0.035mg/QD
2020Q2	00378-1140-01	Buspirone HCl 5 mg 100s	2020Q2	00378-3340-53	Xulane TDS 0.15mg/0.035mg/QD
2020Q1	00378-1140-05	Buspirone HCl 5 mg 500s	2020Q1	00378-3513-05	Risperidone 3 mg 500s
2020Q2	00378-1140-05	Buspirone HCl 5 mg 500s	2020Q2	00378-3513-05	Risperidone 3 mg 500s
2020Q2	00378-1150-01	Buspirone HCl 10 mg 100s	2020Q1	00378-3513-91	Risperidone 3 mg 60s
2020Q2	00378-1150-05	Buspirone HCl 10 mg 500s	2020Q2	00378-3513-91	Risperidone 3 mg 60s
2020Q1	00378-1175-91	Buspirone HCl 30 mg 60s	2020Q1	00378-3514-91	Risperidone 4 mg 60s
2020Q2	00378-1175-91	Buspirone HCl 30 mg 60s	2020Q2	00378-3514-91	Risperidone 4 mg 60s
2020Q3	00378-1352-01	Triamterene & HCTZ 37.5/25mg T 100s	2020Q1	00378-3515-01	Mirtazapine 15mg T 100s
2020Q3	00378-1352-05	Triamterene & HCTZ 37.5/25mg T 500s	2020Q2	00378-3515-01	Mirtazapine 15mg T 100s
2020Q3	00378-1355-01	Triamterene & HCTZ 75/50 mg T 100s	2020Q1	00378-3515-10	Mirtazapine 15 mg 1000s
2020Q3	00378-1355-05	Triamterene & HCTZ 75/50 mg T 500s	2020Q2	00378-3515-10	Mirtazapine 15 mg 1000s
2020Q1	00378-1620-01	Dicyclomine HCl 20 mg T 100s	2020Q1	00378-3515-93	Mirtazapine 15 mg 30s
2020Q2	00378-1620-01	Dicyclomine HCl 20 mg T 100s	2020Q2	00378-3515-93	Mirtazapine 15 mg 30s
2020Q1	00378-1620-05	Dicyclomine HCl 20 mg T 500s	2020Q1	00378-3633-01	Carvedilol 12.5 mg 100s
2020Q2	00378-1620-05	Dicyclomine HCl 20 mg T 500s	2020Q2	00378-3633-01	Carvedilol 12.5 mg 100s
2020Q1	00378-1626-93	Voriconazole 50 mg 30s	2020Q1	00378-3633-05	Carvedilol 12.5 mg 500s
2020Q2	00378-1626-93	Voriconazole 50 mg 30s	2020Q2	00378-3633-05	Carvedilol 12.5 mg 500s
2020Q1	00378-1640-93	Voriconazole 200 mg 30s	2020Q1	00378-4001-05	Alprazolam 0.25 mg 500s

Table 2
Impacted NDCs and Impacted Quarters
Proactive Refunds (No Claim Submission Required)

Impacted Quarter	Impacted NDC	Impacted NDC Description	Impacted Quarter	Impacted NDC	Impacted NDC Description
2020Q2	00378-4001-05	Alprazolam 0.25 mg 500s	2017Q1	00378-4597-77	Metoprolol Succinate ER 100 mg 90s
2020Q1	00378-4003-05	Alprazolam 0.5 mg 500s	2017Q2	00378-4597-77	Metoprolol Succinate ER 100 mg 90s
2020Q1	00378-4050-91	Nevirapine 200mg 60s	2020Q1	00378-4597-77	Metoprolol Succinate ER 100 mg 90s
2020Q1	00378-4202-78	Mycophenolic Acid DR 360mg T 120s	2017Q1	00378-4598-05	Metoprolol Succinate ER 200 mg 500s
2020Q2	00378-4202-78	Mycophenolic Acid DR 360mg T 120s	2017Q2	00378-4598-05	Metoprolol Succinate ER 200 mg 500s
2021Q1	00378-4250-10	Doxepin HCl 50 mg 1000s	2017Q1	00378-4598-77	Metoprolol Succinate ER 200 mg 90s
2020Q1	00378-4252-01	Lamotrigine 100 mg 100s	2017Q2	00378-4598-77	Metoprolol Succinate ER 200 mg 90s
2020Q2	00378-4252-01	Lamotrigine 100 mg 100s	2018Q3	00378-4791-06	Fluorouracil Cream 5% 40 g Tube
2020Q1	00378-4252-05	Lamotrigine 100 mg 500s	2019Q2	00378-4791-06	Fluorouracil Cream 5% 40 g Tube
2020Q2	00378-4252-05	Lamotrigine 100 mg 500s	2019Q4	00378-4791-06	Fluorouracil Cream 5% 40 g Tube
2020Q1	00378-4254-05	Lamotrigine 200 mg 500s	2020Q1	00378-4810-93	Doxepin HCl 3mg T 30s
2020Q1	00378-4254-91	Lamotrigine 200 mg 60s	2020Q2	00378-4810-93	Doxepin HCl 3mg T 30s
2020Q1	00378-4472-01	Mycophenolate Mofetil 500 mg T 100s	2020Q3	00378-4810-93	Doxepin HCl 3mg T 30s
2020Q2	00378-4472-01	Mycophenolate Mofetil 500 mg T 100s	2020Q4	00378-4810-93	Doxepin HCl 3mg T 30s
2020Q1	00378-4472-05	Mycophenolate Mofetil 500 mg T 500s	2020Q1	00378-4811-93	Doxepin HCl 6mg T 30s
2020Q2	00378-4472-05	Mycophenolate Mofetil 500 mg T 500s	2020Q2	00378-4811-93	Doxepin HCl 6mg T 30s
2020Q2	00378-4561-05	Potassium Chloride ER USP, 10 mEq 500s	2020Q3	00378-4811-93	Doxepin HCl 6mg T 30s
2020Q2	00378-4561-77	Potassium Chloride ER USP, 10 mEq 90s	2020Q4	00378-4811-93	Doxepin HCl 6mg T 30s
2020Q1	00378-4595-10	Metoprolol Succinate ER 25 mg 1000s	2020Q2	00378-5052-01	Carbidopa & Levodopa ODT 25/100 mg 100s
2020Q1	00378-4595-77	Metoprolol Succinate ER 25 mg 90s	2020Q1	00378-5632-59	Sumatriptan Succinate 100 mg 9s
2017Q1	00378-4596-10	Metoprolol Succinate ER 50 mg 1000s	2020Q1	00378-6002-91	Metformin HCl ER 500mg T 60s
2017Q2	00378-4596-10	Metoprolol Succinate ER 50 mg 1000s	2020Q2	00378-6002-91	Metformin HCl ER 500mg T 60s
2020Q1	00378-4596-10	Metoprolol Succinate ER 50 mg 1000s	2020Q1	00378-6009-01	Fluphenazine HCl 2.5 mg 100s
2020Q2	00378-4596-10	Metoprolol Succinate ER 50 mg 1000s	2020Q2	00378-6009-01	Fluphenazine HCl 2.5 mg 100s
2017Q1	00378-4596-77	Metoprolol Succinate ER 50 mg 90s	2020Q1	00378-6009-05	Fluphenazine HCl 2.5 mg 500s
2017Q2	00378-4596-77	Metoprolol Succinate ER 50 mg 90s	2020Q2	00378-6009-05	Fluphenazine HCl 2.5 mg 500s
2020Q1	00378-4596-77	Metoprolol Succinate ER 50 mg 90s	2020Q1	00378-6060-01	Diltiazem HCl ER 60 mg B 100s
2020Q2	00378-4596-77	Metoprolol Succinate ER 50 mg 90s	2020Q2	00378-6060-01	Diltiazem HCl ER 60 mg B 100s
2017Q1	00378-4597-10	Metoprolol Succinate ER 100 mg 1000s	2020Q1	00378-6074-01	Fluphenazine HCl 5 mg 100s
2017Q2	00378-4597-10	Metoprolol Succinate ER 100 mg 1000s	2020Q2	00378-6074-01	Fluphenazine HCl 5 mg 100s
2020Q1	00378-4597-10	Metoprolol Succinate ER 100 mg 1000s	2020Q1	00378-6074-05	Fluphenazine HCl 5 mg 500s

Table 2
Impacted NDCs and Impacted Quarters
Proactive Refunds (No Claim Submission Required)

Impacted Quarter	Impacted NDC	Impacted NDC Description	Impacted Quarter	Impacted NDC	Impacted NDC Description
2020Q2	00378-6074-05	Fluphenazine HCl 5 mg 500s	2020Q1	00378-7124-93	Olmesartan Medoxomil 40mg 30s
2020Q1	00378-6090-01	Diltiazem HCl ER 90 mg B 100s	2020Q1	00378-7150-01	Celecoxib 200mg Caps 100s
2020Q2	00378-6090-01	Diltiazem HCl ER 90 mg B 100s	2020Q2	00378-7150-01	Celecoxib 200mg Caps 100s
2020Q1	00378-6097-01	Fluphenazine HCl 10 mg 100s	2020Q1	00378-7150-05	Celecoxib 200mg Caps 500s
2020Q2	00378-6097-01	Fluphenazine HCl 10 mg 100s	2020Q2	00378-7150-05	Celecoxib 200mg Caps 500s
2020Q1	00378-6097-05	Fluphenazine HCl 10 mg 500s	2020Q2	00378-8055-01	ClobetasolProp Emulsion Foam 0.05% 100gm
2020Q2	00378-6097-05	Fluphenazine HCl 10 mg 500s	2020Q3	00378-8055-01	ClobetasolProp Emulsion Foam 0.05% 100gm
2020Q1	00378-6120-01	Diltiazem HCl ER 120 mg B 100s	2020Q2	00378-8055-50	ClobetasolProp Emulsion Foam 0.05% 50gm
2020Q2	00378-6120-01	Diltiazem HCl ER 120 mg B 100s	2020Q3	00378-8055-50	ClobetasolProp Emulsion Foam 0.05% 50gm
2020Q1	00378-6281-01	Diclofenac Sodium DR 75 mg 100s	2019Q4	00378-8075-60	Erygel Topical Gel 2% 60gm
2020Q1	00378-6281-10	Diclofenac Sodium DR 75 mg 1000s	2020Q2	00378-8075-60	Erygel Topical Gel 2% 60gm
2020Q2	00378-6321-05	Valsartan HCTZ Tabs 80mg/12.5mg 500s	2020Q3	00378-8075-60	Erygel Topical Gel 2% 60gm
2020Q2	00378-6321-77	Valsartan HCTZ Tabs 80mg/12.5mg 90s	2019Q4	00378-8075-93	Erygel Topical Gel 2% 30gm
2020Q2	00378-6322-77	Valsartan HCTZ Tabs 160mg/12.5mg 90s	2020Q2	00378-8075-93	Erygel Topical Gel 2% 30gm
2020Q2	00378-6324-77	Valsartan HCTZ Tabs 320mg/12.5mg 90s	2020Q3	00378-8075-93	Erygel Topical Gel 2% 30gm
2020Q2	00378-6325-05	Valsartan HCTZ Tabs 320mg/25mg 500s	2019Q2	00378-8082-20	Tretinoin Cream 0.025% 20g Tube
2020Q2	00378-6325-77	Valsartan HCTZ Tabs 320mg/25mg 90s	2019Q3	00378-8082-20	Tretinoin Cream 0.025% 20g Tube
2021Q1	00378-6410-10	Doxepin HCl 100 mg 1000s	2020Q3	00378-8082-20	Tretinoin Cream 0.025% 20g Tube
2021Q1	00378-6470-44	Scopolamine Transderm 1.0 mg/3 days 24s	2020Q4	00378-8082-20	Tretinoin Cream 0.025% 20g Tube
2021Q3	00378-6470-97	Scopolamine Transderm 1.0 mg/3 days 10s	2021Q3	00378-8082-20	Tretinoin Cream 0.025% 20g Tube
2022Q1	00378-6470-99	Scopolamine Transderm 1.0 mg/3 days 4s	2019Q2	00378-8082-45	Tretinoin Cream 0.025% 45g Tube
2020Q1	00378-6961-12	Glatiramer Acetate Injection 40mg/mL	2019Q3	00378-8082-45	Tretinoin Cream 0.025% 45g Tube
2020Q2	00378-6961-12	Glatiramer Acetate Injection 40mg/mL	2020Q3	00378-8082-45	Tretinoin Cream 0.025% 45g Tube
2018Q4	00378-6991-52	Albuterol Sulfate 0.63 mg / 3 mL 5x5	2020Q4	00378-8082-45	Tretinoin Cream 0.025% 45g Tube
2019Q3	00378-6991-52	Albuterol Sulfate 0.63 mg / 3 mL 5x5	2021Q3	00378-8082-45	Tretinoin Cream 0.025% 45g Tube
2019Q3	00378-6992-52	Albuterol Sulfate 1.25 mg / 3 mL 5x5	2020Q3	00378-8083-20	Tretinoin Cream 0.05% 20g Tube
2020Q2	00378-7002-10	Paroxetine 20 mg 1000s	2020Q4	00378-8083-20	Tretinoin Cream 0.05% 20g Tube
2020Q2	00378-7002-93	Paroxetine 20 mg 30s	2021Q3	00378-8083-20	Tretinoin Cream 0.05% 20g Tube
2020Q1	00378-7098-01	Ciprofloxacin 500 mg 100s	2019Q1	00378-8083-45	Tretinoin Cream 0.05% 45g Tube
2020Q2	00378-7098-01	Ciprofloxacin 500 mg 100s	2020Q3	00378-8083-45	Tretinoin Cream 0.05% 45g Tube
2020Q2	00378-7101-77	Fenofibrate 160 mg T 90s	2020Q4	00378-8083-45	Tretinoin Cream 0.05% 45g Tube

Table 2
Impacted NDCs and Impacted Quarters
Proactive Refunds (No Claim Submission Required)

Impacted Quarter	Impacted NDC	Impacted NDC Description	Impacted Quarter	Impacted NDC	Impacted NDC Description
2021Q3	00378-8083-45	Tretinoin Cream 0.05% 45g Tube	2020Q3	00378-8167-01	Clobetasol Propionate Foam 0.05% 100gm
2020Q3	00378-8084-20	Tretinoin Cream 0.1% 20g Tube	2018Q4	00378-8167-50	Clobetasol Propionate Foam 0.05% 50gm
2020Q4	00378-8084-20	Tretinoin Cream 0.1% 20g Tube	2019Q1	00378-8167-50	Clobetasol Propionate Foam 0.05% 50gm
2021Q3	00378-8084-20	Tretinoin Cream 0.1% 20g Tube	2020Q2	00378-8167-50	Clobetasol Propionate Foam 0.05% 50gm
2019Q1	00378-8084-45	Tretinoin Cream 0.1% 45g Tube	2020Q3	00378-8167-50	Clobetasol Propionate Foam 0.05% 50gm
2020Q3	00378-8084-45	Tretinoin Cream 0.1% 45g Tube	2020Q2	00378-8180-50	Betamethasone Valerate 0.12% Foam 50gm
2020Q4	00378-8084-45	Tretinoin Cream 0.1% 45g Tube	2020Q3	00378-8180-50	Betamethasone Valerate 0.12% Foam 50gm
2021Q3	00378-8084-45	Tretinoin Cream 0.1% 45g Tube	2020Q2	00378-8180-99	Betamethasone Valerate 0.12% Foam 100gm
2021Q3	00378-8085-15	Tretinoin Gel 0.01% 15g Tube	2020Q3	00378-8180-99	Betamethasone Valerate 0.12% Foam 100gm
2021Q3	00378-8085-45	Tretinoin Gel 0.01% 45g Tube	2018Q4	00378-8182-01	Olux Foam 0.05% 100gm
2020Q4	00378-8086-15	Tretinoin Gel 0.025% 15g Tube	2019Q1	00378-8182-01	Olux Foam 0.05% 100gm
2021Q3	00378-8086-15	Tretinoin Gel 0.025% 15g Tube	2020Q2	00378-8182-01	Olux Foam 0.05% 100gm
2020Q4	00378-8086-45	Tretinoin Gel 0.025% 45g Tube	2020Q3	00378-8182-01	Olux Foam 0.05% 100gm
2021Q3	00378-8086-45	Tretinoin Gel 0.025% 45g Tube	2020Q2	00378-8182-50	Olux Foam 0.05% 50gm
2020Q2	00378-8117-45	Doxepin HCl Cream 5% 45gm	2020Q3	00378-8182-50	Olux Foam 0.05% 50gm
2020Q3	00378-8117-45	Doxepin HCl Cream 5% 45gm	2020Q2	00378-8187-01	Luxiq Foam 0.12% 100gm
2020Q2	00378-8123-30	Zonalon 5% Cream 30gm	2020Q3	00378-8187-01	Luxiq Foam 0.12% 100gm
2020Q3	00378-8123-30	Zonalon 5% Cream 30gm	2019Q1	00378-8187-50	Luxiq Foam 0.12% 50gm
2020Q2	00378-8123-45	Zonalon 5% Cream 45gm	2020Q2	00378-8187-50	Luxiq Foam 0.12% 50gm
2020Q3	00378-8123-45	Zonalon 5% Cream 45gm	2020Q3	00378-8187-50	Luxiq Foam 0.12% 50gm
2020Q2	00378-8130-45	Prudoxin 5% Cream 45gm	2020Q1	00378-8190-30	Clobetasol Propionate Ointment 0.05% 30g
2020Q3	00378-8130-45	Prudoxin 5% Cream 45gm	2020Q1	00378-8190-60	Clobetasol Propionate Ointment 0.05% 60g
2020Q3	00378-8136-01	Extina Foam 2% 100gm	2019Q4	00378-8212-60	Erythromycin Topical Gel 2% 60gm
2020Q3	00378-8136-50	Extina Foam 2% 50gm	2020Q3	00378-8212-60	Erythromycin Topical Gel 2% 60gm
2020Q2	00378-8147-01	Olux-E Foam 0.05% 100gm	2019Q4	00378-8212-93	Erythromycin Topical Gel 2% 30gm
2020Q3	00378-8147-01	Olux-E Foam 0.05% 100gm	2020Q3	00378-8212-93	Erythromycin Topical Gel 2% 30gm
2020Q2	00378-8147-50	Olux-E Foam 0.05% 50gm	2018Q2	00378-8300-01	CarbiLevoEntacapone 12.5mg/50mg/200mg T
2020Q3	00378-8147-50	Olux-E Foam 0.05% 50gm	2018Q3	00378-8300-01	CarbiLevoEntacapone 12.5mg/50mg/200mg T
2018Q4	00378-8167-01	Clobetasol Propionate Foam 0.05% 100gm	2020Q3	00378-8300-01	CarbiLevoEntacapone 12.5mg/50mg/200mg T
2019Q1	00378-8167-01	Clobetasol Propionate Foam 0.05% 100gm	2020Q4	00378-8300-01	CarbiLevoEntacapone 12.5mg/50mg/200mg T
2020Q2	00378-8167-01	Clobetasol Propionate Foam 0.05% 100gm	2018Q2	00378-8301-01	CarbiLevoEntacapone 18.75mg/75mg/200mg T

Table 2
Impacted NDCs and Impacted Quarters
Proactive Refunds (No Claim Submission Required)

Impacted Quarter	Impacted NDC	Impacted NDC Description	Impacted Quarter	Impacted NDC	Impacted NDC Description
2018Q3	00378-8301-01	CarbiLevoEntacapone 18.75mg/75mg/200mg T	2020Q3	00378-8712-73	Acyclovir Suspension 200mg/5mL
2018Q4	00378-8301-01	CarbiLevoEntacapone 18.75mg/75mg/200mg T	2018Q1	00378-9080-01	Entacapone 200mg
2019Q1	00378-8301-01	CarbiLevoEntacapone 18.75mg/75mg/200mg T	2018Q2	00378-9080-01	Entacapone 200mg
2019Q2	00378-8301-01	CarbiLevoEntacapone 18.75mg/75mg/200mg T	2018Q4	00378-9080-01	Entacapone 200mg
2019Q3	00378-8301-01	CarbiLevoEntacapone 18.75mg/75mg/200mg T	2019Q1	00378-9080-01	Entacapone 200mg
2019Q4	00378-8301-01	CarbiLevoEntacapone 18.75mg/75mg/200mg T	2020Q3	00378-9730-50	Vusion Ointment 0.25%/15% 50gm
2020Q1	00378-8301-01	CarbiLevoEntacapone 18.75mg/75mg/200mg T	2020Q2	00378-9735-73	Zovirax Suspension 200mg/5mL
2020Q3	00378-8301-01	CarbiLevoEntacapone 18.75mg/75mg/200mg T	2020Q3	00378-9735-73	Zovirax Suspension 200mg/5mL
2020Q4	00378-8301-01	CarbiLevoEntacapone 18.75mg/75mg/200mg T	2020Q3	40076-0002-50	Vusion Ointment 0.25% - 15% 50Gm Tube
2018Q2	00378-8302-01	CarbiLevoEntacapone 25mg/100mg/200mg T	2018Q4	40076-0031-00	Olux Foam 0.05% 100Gm Canister
2018Q3	00378-8302-01	CarbiLevoEntacapone 25mg/100mg/200mg T	2019Q1	40076-0031-00	Olux Foam 0.05% 100Gm Canister
2020Q3	00378-8302-01	CarbiLevoEntacapone 25mg/100mg/200mg T	2018Q4	40076-0031-50	Olux Foam 0.05% 50Gm Canister
2021Q3	00378-8302-01	CarbiLevoEntacapone 25mg/100mg/200mg T	2019Q1	40076-0031-50	Olux Foam 0.05% 50Gm Canister
2018Q2	00378-8303-01	CarbiLevoEntacapone 31.25/125/200mg T	2020Q2	40076-0101-50	Olux-E Foam 0.05% 50Gm Canister
2018Q3	00378-8303-01	CarbiLevoEntacapone 31.25/125/200mg T	2020Q3	40076-0101-50	Olux-E Foam 0.05% 50Gm Canister
2018Q4	00378-8303-01	CarbiLevoEntacapone 31.25/125/200mg T	2018Q3	40076-0415-30	Erygel 2% 30Gm Gel
2019Q1	00378-8303-01	CarbiLevoEntacapone 31.25/125/200mg T	2019Q4	40076-0415-30	Erygel 2% 30Gm Gel
2019Q2	00378-8303-01	CarbiLevoEntacapone 31.25/125/200mg T	2020Q2	40076-0415-30	Erygel 2% 30Gm Gel
2019Q3	00378-8303-01	CarbiLevoEntacapone 31.25/125/200mg T	2018Q3	40076-0415-60	Erygel 2% 60Gm Gel
2020Q3	00378-8303-01	CarbiLevoEntacapone 31.25/125/200mg T	2019Q4	40076-0415-60	Erygel 2% 60Gm Gel
2020Q4	00378-8303-01	CarbiLevoEntacapone 31.25/125/200mg T	2020Q2	40076-0415-60	Erygel 2% 60Gm Gel
2021Q3	00378-8303-01	CarbiLevoEntacapone 31.25/125/200mg T	2018Q3	40085-0315-30	Erythromycin Topic Gel Usp 2% 30Gm
2018Q2	00378-8304-01	CarbiLevoEntacapone 37.5/150/200mg T	2019Q4	40085-0315-30	Erythromycin Topic Gel Usp 2% 30Gm
2018Q3	00378-8304-01	CarbiLevoEntacapone 37.5/150/200mg T	2018Q3	40085-0315-60	Erythromycin Topic Gel Usp. 2% 60Gm
2018Q3	00378-8305-01	CarbiLevoEntacapone 50/200/200mg T	2019Q4	40085-0315-60	Erythromycin Topic Gel Usp. 2% 60Gm
2018Q4	00378-8305-01	CarbiLevoEntacapone 50/200/200mg T	2018Q4	40085-0888-00	Clobetasol Propionate Foam 0.05% 100Gm
2019Q2	00378-8305-01	CarbiLevoEntacapone 50/200/200mg T	2019Q1	40085-0888-00	Clobetasol Propionate Foam 0.05% 100Gm
2019Q3	00378-8305-01	CarbiLevoEntacapone 50/200/200mg T	2018Q4	40085-0888-50	Clobetasol Propionate Foam 0.05% 50Gm
2021Q3	00378-8305-01	CarbiLevoEntacapone 50/200/200mg T	2019Q1	40085-0888-50	Clobetasol Propionate Foam 0.05% 50Gm
2019Q3	00378-8688-52	Clinda/BPO Gel 1%/5% 35gm Kit with Pump	2020Q2	40085-0893-00	Clobetasol Propionate (Emulsion) Foam 0.05% 100Gm
2020Q2	00378-8712-73	Acyclovir Suspension 200mg/5mL	2020Q3	40085-0893-00	Clobetasol Propionate (Emulsion) Foam 0.05% 100Gm

Table 2
Impacted NDCs and Impacted Quarters
Proactive Refunds (No Claim Submission Required)

Impacted Quarter	Impacted NDC	Impacted NDC Description	Impacted Quarter	Impacted NDC	Impacted NDC Description
2020Q2	40085-0893-50	Clobetasol Propionate (Emulsion) Foam 0.05% 50Gm	2020Q2	51079-0462-20	Risperidone 1 mg UD100
2020Q3	40085-0893-50	Clobetasol Propionate (Emulsion) Foam 0.05% 50Gm	2020Q1	51079-0463-20	Risperidone 2 mg UD100
2019Q3	49502-0450-93	Cimduo 300/300mg T 30s	2020Q2	51079-0463-20	Risperidone 2 mg UD100
2020Q1	51079-0083-20	Isoniazid 300 mg UD100	2020Q1	51079-0510-05	Capecitabine 500 mg UD20
2020Q1	51079-0087-20	Mirtazapine 30 mg UD100	2020Q2	51079-0510-05	Capecitabine 500 mg UD20
2020Q2	51079-0087-20	Mirtazapine 30 mg UD100	2020Q1	51079-0516-20	Chlorpromazine HCl 100 mg UD100
2020Q1	51079-0103-20	Spironolactone 25 mg UD100	2020Q2	51079-0516-20	Chlorpromazine HCl 100 mg UD100
2020Q1	51079-0107-20	Amitriptyline HCl 25 mg UD100	2020Q1	51079-0517-20	Chlorpromazine HCl 200 mg UD100
2020Q2	51079-0107-20	Amitriptyline HCl 25 mg UD100	2020Q2	51079-0517-20	Chlorpromazine HCl 200 mg UD100
2020Q1	51079-0130-20	Chlorpromazine HCl 50 mg UD100	2020Q1	51079-0518-20	Chlorpromazine HCl 10 mg UD100
2020Q2	51079-0130-20	Chlorpromazine HCl 50 mg UD100	2020Q2	51079-0518-20	Chlorpromazine HCl 10 mg UD100
2020Q1	51079-0131-20	Amitriptyline HCl 10 mg UD100	2020Q1	51079-0519-20	Chlorpromazine HCl 25 mg UD100
2020Q2	51079-0131-20	Amitriptyline HCl 10 mg UD100	2020Q2	51079-0519-20	Chlorpromazine HCl 25 mg UD100
2020Q1	51079-0133-20	Amitriptyline HCl 50 mg UD100	2019Q2	51079-0543-20	Escitalopram 10mg UD100
2020Q2	51079-0133-20	Amitriptyline HCl 50 mg UD100	2019Q3	51079-0543-20	Escitalopram 10mg UD100
2020Q1	51079-0141-20	Chlordiazepoxide HCl 25 mg UD100	2018Q4	51079-0544-20	Escitalopram 20mg UD100
2020Q2	51079-0141-20	Chlordiazepoxide HCl 25 mg UD100	2019Q1	51079-0544-20	Escitalopram 20mg UD100
2017Q1	51079-0169-20	Metoprolol Succinate ER 25 mg UD100	2019Q2	51079-0544-20	Escitalopram 20mg UD100
2017Q2	51079-0169-20	Metoprolol Succinate ER 25 mg UD100	2020Q1	51079-0572-20	Trifluoperazine HCl 1 mg UD100
2017Q1	51079-0170-20	Metoprolol Succinate ER 50 mg UD100	2020Q2	51079-0572-20	Trifluoperazine HCl 1 mg UD100
2017Q2	51079-0170-20	Metoprolol Succinate ER 50 mg UD100	2018Q1	51079-0623-81	Sulfamylon Cream 2 oz Tube
2017Q1	51079-0171-03	Metoprolol Succinate ER 100 mg UD30	2020Q1	51079-0623-81	Sulfamylon Cream 2 oz Tube
2020Q1	51079-0374-20	Chlordiazepoxide HCl 5 mg UD100	2020Q2	51079-0623-81	Sulfamylon Cream 2 oz Tube
2020Q2	51079-0374-20	Chlordiazepoxide HCl 5 mg UD100	2018Q1	51079-0623-82	Sulfamylon Cream 4 oz Tube
2020Q1	51079-0375-20	Chlordiazepoxide HCl 10 mg UD100	2020Q1	51079-0623-82	Sulfamylon Cream 4 oz Tube
2020Q2	51079-0375-20	Chlordiazepoxide HCl 10 mg UD100	2020Q2	51079-0623-82	Sulfamylon Cream 4 oz Tube
2020Q1	51079-0385-20	Carbamazepine 200 mg UD100	2018Q1	51079-0623-83	Sulfamylon Cream 16 oz Jar
2020Q2	51079-0385-20	Carbamazepine 200 mg UD100	2020Q1	51079-0623-83	Sulfamylon Cream 16 oz Jar
2020Q1	51079-0426-20	Glimepiride 4 mg UD100	2020Q2	51079-0623-83	Sulfamylon Cream 16 oz Jar
2020Q2	51079-0426-20	Glimepiride 4 mg UD100	2018Q1	51079-0624-85	Sulfamylon 5% Topical Bx5
2020Q1	51079-0462-20	Risperidone 1 mg UD100	2019Q2	51079-0624-85	Sulfamylon 5% Topical Bx5

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Impacted NDCs and Impacted Quarters
Proactive Refunds (No Claim Submission Required)

Impacted Quarter	Impacted NDC	Impacted NDC Description	Impacted Quarter	Impacted NDC	Impacted NDC Description
2019Q4	51079-0624-85	Sulfamylon 5% Topical Bx5	2019Q1	66530-0253-20	Tretinoin Cream 0.025% 20g Tube
2020Q1	51079-0624-85	Sulfamylon 5% Topical Bx5	2019Q2	66530-0253-20	Tretinoin Cream 0.025% 20g Tube
2020Q1	51079-0749-20	Clozapine 200 mg UD100	2019Q3	66530-0253-20	Tretinoin Cream 0.025% 20g Tube
2020Q2	51079-0749-20	Clozapine 200 mg UD100	2018Q4	66530-0253-45	Tretinoin Cream 0.025% 45g Tube
2020Q1	51079-0759-20	Atenolol 25 mg UD100	2019Q1	66530-0253-45	Tretinoin Cream 0.025% 45g Tube
2020Q2	51079-0759-20	Atenolol 25 mg UD100	2019Q2	66530-0253-45	Tretinoin Cream 0.025% 45g Tube
2020Q1	51079-0782-20	Pravastatin Sodium 40 mg UD100	2019Q3	66530-0253-45	Tretinoin Cream 0.025% 45g Tube
2020Q2	51079-0782-20	Pravastatin Sodium 40 mg UD100	2020Q3	66530-0253-45	Tretinoin Cream 0.025% 45g Tube
2020Q1	51079-0870-20	Carbamazepine Chewable 100 mg UD100	2019Q1	66530-0254-20	Tretinoin Cream 0.05% 20g Tube
2020Q2	51079-0870-20	Carbamazepine Chewable 100 mg UD100	2020Q3	66530-0254-20	Tretinoin Cream 0.05% 20g Tube
2020Q1	51079-0888-20	Metoclopramide 10 mg UD100	2019Q1	66530-0254-45	Tretinoin Cream 0.05% 45g Tube
2020Q2	51079-0888-20	Metoclopramide 10 mg UD100	2020Q3	66530-0254-45	Tretinoin Cream 0.05% 45g Tube
2018Q3	51525-0234-03	Azelastine Hydrochloride Nasal Spray 0.15%	2019Q1	66530-0255-20	Tretinoin Cream 0.1% 20g Tube
2018Q3	51525-0294-03	Azelastine Hydrochloride Nasal Spray 137 mcg	2019Q1	66530-0255-45	Tretinoin Cream 0.1% 45g Tube
2019Q1	51525-0294-03	Azelastine Hydrochloride Nasal Spray 137 mcg	2018Q2	66530-0256-15	Tretinoin Gel 0.01% 15g Tube
2019Q3	51525-0294-03	Azelastine Hydrochloride Nasal Spray 137 mcg	2018Q4	66530-0256-15	Tretinoin Gel 0.01% 15g Tube
2018Q1	51525-0430-01	Felbamate 400Mg	2019Q1	66530-0256-15	Tretinoin Gel 0.01% 15g Tube
2019Q1	51525-0430-01	Felbamate 400Mg	2018Q2	66530-0256-45	Tretinoin Gel 0.01% 45g Tube
2018Q1	51525-0431-01	Felbamate 600Mg	2018Q4	66530-0256-45	Tretinoin Gel 0.01% 45g Tube
2018Q2	51525-0431-01	Felbamate 600Mg	2019Q1	66530-0256-45	Tretinoin Gel 0.01% 45g Tube
2019Q1	51525-0431-01	Felbamate 600Mg	2017Q2	66530-0257-15	Tretinoin Gel 0.025% 15g Tube
2021Q2	51525-0431-01	Felbamate 600Mg	2018Q2	66530-0257-15	Tretinoin Gel 0.025% 15g Tube
2021Q3	51525-0431-01	Felbamate 600Mg	2018Q4	66530-0257-15	Tretinoin Gel 0.025% 15g Tube
2021Q3	51525-0442-03	Felbamate 600Mg / 5MI Suspension	2019Q1	66530-0257-15	Tretinoin Gel 0.025% 15g Tube
2021Q3	51525-0442-08	Felbamate 600Mg / 5MI Suspension	2020Q4	66530-0257-15	Tretinoin Gel 0.025% 15g Tube
2019Q4	51525-5901-01	Carisoprodol 250Mg	2017Q2	66530-0257-45	Tretinoin Gel 0.025% 45g Tube
2021Q2	51525-5901-01	Carisoprodol 250Mg	2018Q2	66530-0257-45	Tretinoin Gel 0.025% 45g Tube
2021Q3	51525-5901-01	Carisoprodol 250Mg	2018Q4	66530-0257-45	Tretinoin Gel 0.025% 45g Tube
2022Q4	59762-0119-01	Phenelzine Sulfate 15MG Tablets	2019Q1	66530-0257-45	Tretinoin Gel 0.025% 45g Tube
2023Q1	59762-0119-01	Phenelzine Sulfate 15MG Tablets	2020Q4	66530-0257-45	Tretinoin Gel 0.025% 45g Tube
2018Q4	66530-0253-20	Tretinoin Cream 0.025% 20g Tube	2017Q2	66530-0259-20	Tretinoin Gel Microsphere 0.04% 20g Tube

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Proactive Refunds (No Claim Submission Required)

Impacted Quarter	Impacted NDC	Impacted NDC Description	Impacted Quarter	Impacted NDC	Impacted NDC Description
2017Q2	66530-0259-45	Tretinoin Gel Microsphere 0.04% 45g Tube	2020Q2	67457-0207-25	Dexrazoxane 250mg Lyo Vial
2017Q2	66530-0259-50	Tretinoin Gel Microsphere 0.04% 50g Tube	2020Q1	67457-0208-50	Dexrazoxane 500mg Lyo Vial
2017Q2	66530-0260-20	Tretinoin Gel Microsphere 0.1% 20g Tube	2020Q2	67457-0208-50	Dexrazoxane 500mg Lyo Vial
2017Q2	66530-0260-45	Tretinoin Gel Microsphere 0.1% 45g Tube	2020Q2	67457-0251-02	Dexmedetomidine HClInjSDV 0.2mg/2mL 25PK
2017Q2	66530-0260-50	Tretinoin Gel Microsphere 0.1% 50g Tube	2020Q1	67457-0339-50	Vancomycin HCl 500mg Vial 10PK
2017Q2	66530-0262-45	Tretinoin Gel 0.05% 45g Tube	2020Q2	67457-0339-50	Vancomycin HCl 500mg Vial 10PK
2020Q1	67457-0001-10	Ketamine HCl 50mg/mL Liq Vial 10mL 10PK	2020Q1	67457-0341-05	Vancomycin HCl 5gm Vial 1PK
2020Q2	67457-0001-10	Ketamine HCl 50mg/mL Liq Vial 10mL 10PK	2020Q2	67457-0341-05	Vancomycin HCl 5gm Vial 1PK
2020Q1	67457-0108-10	Ketamine HCl 100mg/mL Liq Vial 10mL 10PK	2020Q2	67457-0342-10	Vancomycin HCl 10gm Vial 1PK
2020Q2	67457-0108-10	Ketamine HCl 100mg/mL Liq Vial 10mL 10PK	2017Q4	67457-0348-10	Ampicillin/Sulbactam 1.5g POW 10PK
2020Q1	67457-0118-50	Ascorbic Acid 500mg/mL Liq Vial 50mL	2020Q1	67457-0433-22	Famotidine Sterile 20mg/2mL 25 PK
2020Q2	67457-0118-50	Ascorbic Acid 500mg/mL Liq Vial 50mL	2020Q2	67457-0433-22	Famotidine Sterile 20mg/2mL 25 PK
2020Q1	67457-0146-30	Vitamin B-Complex Liq MD Vial 30mL	2020Q1	67457-0437-10	Doxycycline Sterile 100mg 10 PK
2020Q1	67457-0153-03	Amiodarone HCl 50mg/mL Liq Vial 3mL 10PK	2020Q2	67457-0437-10	Doxycycline Sterile 100mg 10 PK
2020Q2	67457-0153-03	Amiodarone HCl 50mg/mL Liq Vial 3mL 10PK	2020Q1	67457-0438-10	Vecuronium Sterile 10mg 10 PK
2020Q1	67457-0153-09	Amiodarone HCl 50mg/mL Liq Vial 9mL 10PK	2020Q2	67457-0438-10	Vecuronium Sterile 10mg 10 PK
2020Q2	67457-0153-09	Amiodarone HCl 50mg/mL Liq Vial 9mL 10PK	2020Q1	67457-0475-20	Vecuronium Sterile 20mg 10 PK
2020Q1	67457-0153-18	Amiodarone HCl 50mg/mL Liq SD Vial 18mL	2020Q2	67457-0475-20	Vecuronium Sterile 20mg 10 PK
2020Q2	67457-0153-18	Amiodarone HCl 50mg/mL Liq SD Vial 18mL	2019Q3	67457-0582-10	Fondaparinux Sodium 2.5mg/0.5mL 10PK PFS
2020Q1	67457-0181-20	Ketamine HCl 10mg/mL Liq Vial 20mL 10PK	2020Q2	67457-0582-10	Fondaparinux Sodium 2.5mg/0.5mL 10PK PFS
2020Q2	67457-0181-20	Ketamine HCl 10mg/mL Liq Vial 20mL 10PK	2019Q3	67457-0583-04	Fondaparinux Sodium 5mg/0.4mL 10PK PFS
2020Q1	67457-0182-10	Esmolol HCl 10mg/mL Liq Vial 10mL 10PK	2020Q2	67457-0583-04	Fondaparinux Sodium 5mg/0.4mL 10PK PFS
2020Q2	67457-0182-10	Esmolol HCl 10mg/mL Liq Vial 10mL 10PK	2020Q3	67457-0583-04	Fondaparinux Sodium 5mg/0.4mL 10PK PFS
2020Q1	67457-0187-50	Aloprim 500mg Lyo Vial	2019Q3	67457-0584-06	Fondaparinux Sodium 7.5mg/0.6mL 10PK PFS
2020Q2	67457-0198-03	Ultiva 1mg Lyo Vial 10PK	2020Q2	67457-0584-06	Fondaparinux Sodium 7.5mg/0.6mL 10PK PFS
2021Q2	67457-0198-03	Ultiva 1mg Lyo Vial 10PK	2020Q3	67457-0584-06	Fondaparinux Sodium 7.5mg/0.6mL 10PK PFS
2020Q2	67457-0198-05	Ultiva 2mg Lyo Vial 10PK	2019Q3	67457-0585-08	Fondaparinux Sodium 10mg/0.8mL 10PK PFS
2021Q2	67457-0198-05	Ultiva 2mg Lyo Vial 10PK	2020Q2	67457-0585-08	Fondaparinux Sodium 10mg/0.8mL 10PK PFS
2020Q2	67457-0198-10	Ultiva 5mg Lyo Vial 10PK	2020Q3	67457-0585-08	Fondaparinux Sodium 10mg/0.8mL 10PK PFS
2021Q2	67457-0198-10	Ultiva 5mg Lyo Vial 10PK	2019Q3	67457-0592-10	Arixtra 2.5mg/0.5mL 10PK PFS
2020Q1	67457-0207-25	Dexrazoxane 250mg Lyo Vial	2019Q3	67457-0593-04	Arixtra 5mg/0.4mL PFS 10PK

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Impacted Quarter	Impacted NDC	Impacted NDC Description	Impacted Quarter	Impacted NDC	Impacted NDC Description
2019Q3	67457-0594-06	Arixtra 7.5mg/0.6mL PFS 10PK	2020Q3	67457-0595-08	Arixtra 10mg/0.8mL PFS 10PK
2020Q2	67457-0594-06	Arixtra 7.5mg/0.6mL PFS 10PK	2022Q4	67457-0595-08	Arixtra 10mg/0.8mL PFS 10PK
2019Q3	67457-0595-08	Arixtra 10mg/0.8mL PFS 10PK	2019Q3	67457-0880-05	Sumatriptan Succin 6mg/ 0.5mL SDV 5PK
2020Q2	67457-0595-08	Arixtra 10mg/0.8mL PFS 10PK			