June 29, 2026

Notice Regarding Offer of Refunds to 340B Covered Entities for Purchases of Zydus Products

Zydus Pharmaceuticals USA Inc. ("Zydus") has recently recalculated 340B Ceiling Prices for the products listed below for the time periods January 1, 2024 (1Q2024) through March 31, 2026 (1Q2026) and has newly launched products where the actual calculated 340B Ceiling Prices for the initial 2 Quarter are lower that the provisional 340B Ceiling Prices. As a result of the recalculated 340B Ceiling Prices, Zydus has determined that, pursuant to 42 U.S.C. § 256b(d)(1)(B)(ii) and 42 C.F.R. § 10.11(b)(4), a refund is owed to 340B Covered Entities that purchased these products during these time periods.

The table below shows the impacted products and corresponding impacted quarters1Q2024, 2Q2024, 3Q2024, and 4Q2024:

NDC	Product Name	2024-1	2024-2	2024-3	2024-4
70710-1377-02	SUCCINYLCHOLINE INJ 200MG/10ML (25X10ML)	Y			
70710-1525-09	CARMUSTINE INJ 100MG (1 KIT)	Y			
82182-0773-05	BRIMONIDINE TART OPH SOL 0.15% (5ML)	Y			
82182-0773-10	BRIMONIDINE TART OPH SOL 0.15% (10ML)	Y			
82182-0773-15	BRIMONIDINE TART OPH SOL 0.15% (15ML)	Y			
82182-0321-05	BRIMONIDINE TART OPH SOL 0.1% (5 ML)	Y	Y		
82182-0321-15	BRIMONIDINE TART OPH SOL 0.1% (15 ML)	Y	Y		
82182-0321-10	BRIMONIDINE TART OPH SOL 0.1% (10 ML)	Y	Y		
70710-1530-01	DOXORUBICIN LIPO INJ 20MG/10ML (1X10ML)	Y	Y		
70710-1531-01	DOXORUBICIN LIPO INJ 50MG/25ML (1X25ML)	Y	Y		
70710-1654-01	PEMETREXED INJ 100MG (1 VIAL)	Y	Y		
70710-1849-07	CHLORPROMAZINE HCL INJ 25MG/ML (25X1ML)		Y	Y	
70710-1048-01	ERYTHROMYCIN 500MG TABLET 100CT			Y	
82182-0106-14	SUCRALFATE OS 1GM/10ML (420ML)	Y	Y	Y	Y

The table below shows the impacted products and corresponding impacted quarters 1Q2025, 2Q2025, 3Q2025, 4Q2025, and 1Q2026:

NDC	Product Name	2025-1	2025-2	2025-3	2025-4	2026-1
70710-1899-09	SITAGLIPTIN BASE 25MG TABLET 90CT	Y				
70710-1900-09	SITAGLIPTIN BASE 50MG TABLET 90CT	Y				
70710-1901-09	SITAGLIPTIN BASE 100MG TABLET 90CT	Y				
68382-0132-16	TAMSULOSIN HCL 0.4MG CAPSULES 90CT		Y	Y		
70710-1179-03	AMBRISENTAN TAB 5MG (30 CT)	Y	Y	Y		
70710-1180-03	AMBRISENTAN TAB 10MG (30 CT)	Y	Y	Y		
70710-2092-08	BEIZRAY (DOCETAXEL) INJECTION 20MG/ML (1 X 1ML)				Y	Y
70710-2091-03	BEIZRAY (DOCETAXEL) INJECTION 80MG/4ML (80MG KIT)				Y	Y
70710-2093-04	BEIZRAY (DOCETAXEL) INJECTION 80MG/4ML (80MG KIT)				Y	Y

Zydus has determined the credit amounts owed to each affected 340B Covered Entity and has coordinated with its wholesalers to issue applicable refunds. Zydus has processed refunds as credits to each Covered Entity's validated wholesaler pharmacy account when such accounts can be identified. In instances where it is not possible to issue refunds through the wholesaler account, Zydus has issued direct refund payments via check to the applicable Covered Entities.

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For administrative efficiency, Zydus will not proactively contact Covered Entities with aggregate refund amounts of less than $25.00 across all the applicable National Drug Codes (“NDCs”) in the above tables.

If a Covered Entity believes it is entitled to a refund and has not received credit through its wholesaler account or a refund check by July 15, 2026, or has not received any communication from or on behalf of Zydus, the Covered Entity should contact Zydus directly to request a review and processing of any applicable refund.

All inquiries and refund requests should be directed to PHSrefund@zydususa.com.

Zydus has asked the Health Resources and Services Administration (HRSA) to post this Notice on the HRSA’s public website to ensure transparency to all 340B Covered Entities regarding the 340B Ceiling Price recalculations for the products identified above and to offer a refund to any of the 340B Covered Entities that may have purchased the products identified above during the relevant time periods.

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