

## Notice Regarding Adjustment of 340B Prices for Select Products of Purdue Pharma L.P.

Purdue Pharma L.P. has recalculated its 340B ceiling prices for the period from Q2 2013 through Q3 2016. Products whose ceiling price was impacted by revisions to the Medicaid pricing data are listed below. Purdue has asked the Office of Pharmacy Affairs (OPA) within HRSA to post this Notice on the HRSA public website to ensure transparency by providing access to information about Purdue’s recalculation affecting certain 340B Covered Entities for the impacted Purdue product.

Purdue has determined the credit amount owed to each affected covered entity. Purdue will be working with Apexus, LLC (“Apexus”), the 340B Prime Vendor, to validate wholesaler pharmacy account information for each affected Covered Entity. Once validated, Apexus will work with the wholesalers to facilitate the processing of credit for overpayments that the Covered Entity was charged during the specified periods. If no active wholesaler account can be found, Apexus will work to issue payment directly to those affected Covered Entities.

<u>NDC</u>	<u>Product Description</u>	<u>Relevant Period</u>
59011-0750-04	BUTRANS® 5 MCG/HOUR (buprenorphine) TRANSDERMAL SYSTEM C-III	Q4 2013 - Q2 2014, Q4 2014 - Q1 2015
59011-0757-04	BUTRANS® 7.5 MCG/HOUR (buprenorphine) TRANSDERMAL SYSTEM C-III	Q4 2014 - Q1 2016
59011-0751-04	BUTRANS® 10 MCG/HOUR (buprenorphine) TRANSDERMAL SYSTEM C-III	Q4 2013
59011-0758-04	BUTRANS® 15 MCG/HOUR (buprenorphine) TRANSDERMAL SYSTEM C-III	Q4 2013, Q3 2014 - Q4 2014
59011-0752-04	BUTRANS® 20 MCG/HOUR (buprenorphine) TRANSDERMAL SYSTEM C-III	Q4 2013 - Q2 2014, Q1 2015
59011-0445-01	DILAUDID®-HP 10 MG/ML, 1 ML AMPULE (hydromorphone hydrochloride) INJECTION C-II	Q2 2013 – Q2 2015
59011-0445-05	DILAUDID®-HP 10 MG/ML, 5 ML AMPULE (hydromorphone hydrochloride) INJECTION C-II	Q3 2013 - Q1 2015
59011-0445-50	DILAUDID®-HP 10 MG/ML, 50 ML VIAL (hydromorphone hydrochloride) INJECTION C-II	Q3 2014 - Q4 2014, Q2 2015, 2Q 2016
59011-0256-30	INTERMEZZO® 1.75MG (zolpidem tartrate) SUBLINGUAL TABLETS C-IV	Q4 2013 - Q4 2015
59011-0255-30	INTERMEZZO®3.5MG (zolpidem tartrate) SUBLINGUAL TABLETS C-IV	Q4 2013 - Q1 2015, Q3 2015 - Q4 2015
59011-0260-10	MS CONTIN 15 MG (morphine sulfate extended-release tablets) C-II	Q3 2013 - Q1 2016
59011-0261-25	MS CONTIN 30MG (morphine sulfate extended-release tablets) C-II	Q3 2013 - Q1 2016
59011-0262-10	MS CONTIN 60MG (morphine sulfate extended-release tablets) C-II	Q3 2013 - Q4 2015
59011-0263-10	MS CONTIN 100MG (morphine sulfate extended-release tablets) C-II	Q3 2013 - Q2 2014, Q1 2015 - Q4 2015

<b><u>NDC</u></b>	<b><u>Product Description</u></b>	<b><u>Relevant Period</u></b>
59011-0264-10	MS CONTIN 200MG (morphine sulfate extended-release tablets) C-II	Q3 2014 - Q4 2014
59011-0410-10	OXYCONTIN® 10mg (oxycodone HCl) EXTENDED-RELEASE TABLETS C-II	Q4 2013, Q2 2014 - Q4 2015
59011-0410-20	OXYCONTIN® 10mg Unit Dose (oxycodone HCl) EXTENDED-RELEASE TABLETS C-II	Q4 2013, Q3 2014 - Q3 2015
59011-0415-10	OXYCONTIN® 15mg (oxycodone HCl) EXTENDED-RELEASE TABLETS C-II	Q4 2013 - Q4 2015
59011-0415-20	OXYCONTIN® 15mg Unit Dose (oxycodone HCl) EXTENDED-RELEASE TABLETS C-II	Q4 2013, Q3 2014 - Q1 2015 , Q3 2015 - Q4 2015
59011-0420-10	OXYCONTIN® 20mg (oxycodone HCl) EXTENDED-RELEASE TABLETS C-II	Q4 2013, Q3 2014 - Q4 2015
59011-0420-20	OXYCONTIN® 20mg Unit Dose (oxycodone HCl) EXTENDED-RELEASE TABLETS C-II	Q4 2013, Q3 2014 - Q3 2015
59011-0430-10	OXYCONTIN® 30mg (oxycodone HCl) EXTENDED-RELEASE TABLETS C-II	Q4 2013, Q3 2014 - Q2 2015
59011-0430-20	OXYCONTIN® 30mg Unit Dose (oxycodone HCl) EXTENDED-RELEASE TABLETS C-II	Q4 2013, Q3 2014 - Q1 2015
59011-0440-10	OXYCONTIN® 40mg (oxycodone HCl) EXTENDED-RELEASE TABLETS C-II	Q4 2013, Q1 2014, Q3 2014 - Q4 2015
59011-0440-20	OXYCONTIN® 40mg Unit Dose (oxycodone HCl) EXTENDED-RELEASE TABLETS C-II	Q4 2013, Q3 2014 - Q4 2015
59011-0460-10	OXYCONTIN® 60mg (oxycodone HCl) EXTENDED-RELEASE TABLETS C-II	Q4 2013, Q3 2014 - Q2 2015, Q4 2015
59011-0460-20	OXYCONTIN® 60mg Unit Dose (oxycodone HCl) EXTENDED-RELEASE TABLETS C-II	Q4 2013, Q3 2014 - Q1 2015
59011-0480-10	OXYCONTIN® 80mg (oxycodone HCl) EXTENDED-RELEASE TABLETS C-II	Q4 2013, Q2 2014 - Q4 2015
59011-0480-20	OXYCONTIN® 80mg Unit Dose (oxycodone HCl) EXTENDED-RELEASE TABLETS C-II	Q4 2013, Q3 2014 - Q4 2015