



Notice to 340B Covered Entities That Purchased BioComp Pharma Products

During a recently completed HRSA audit, it was determined that BioComp Pharma did not offer statutory 340B Ceiling Prices for its covered outpatient drugs, during the period of July 1, 2013 to June 30, 2021. BioComp is committed to correcting any overcharges and ensuring requirements in the 340B requirements are met going forward.

BioComp requests that any Covered Entities who purchased any of the products listed in the attachment, please submit appropriate requests for a refund by June 30, 2022. BioComp will review and issue refunds as appropriate under the circumstances of each request for a refund.

Covered Entities Request for Refunds:

- Please complete the attached Refund Form and send it via email to iliana.herrera@missionpharmacal.com. Please include “340B Refund” in the subject line of the email.
- Please provide in such email an IRS Form W-9 for the Covered Entities and evidence of the purchase by the Covered Entities of any of the subject products listed in the attachment to this notice that was purchased by the Covered Entities during the period of July 1, 2013 to June 30, 2021.
- Please send all questions via email to Ms. Iliana Herrera at iliana.herrera@missionpharmacal.com.

BioComp Pharma Product List

NDC	Drug Name	Units per Package	Quarters
44523-0415-01	Potassium Citrate	100	Q3, Q4 2014 All Quarters 2015, 2016, 2017, 2018, 2019, 2020 Q1, Q2 2021
44523-0825-01	Carbinoxamine Maleate 4mg	100	Q4 2016 All Quarters 2017, 2018, 2019, 2020 Q1, Q2 2021
44523-0425-40	Tinidazole 250mg	40	Q3, Q4 2014 All Quarters 2015, 2016, 2017, 2018, 2019
44523-0450-20	Tinidazole 500mg	20	Q3, Q4 2014 All Quarters 2015, 2016, 2017, 2018, 2019
44523-0450-60	Tinidazole 500mg	60	Q3, Q4 2014 All Quarters 2015, 2016, 2017, 2018, 2019
44523-0182-08	Prednisolone Sodium PH 25mg/5ml	237	Q2, Q3, Q4 2020 Q1, Q2 2021

