Notice of Price Adjustment to 340B Covered Entities That Purchased L. Perrigo Company Covered Outpatient Drugs Bearing Labeler Code 00113

L. Perrigo Co. has determined that 340B covered entities that purchased covered outpatient drugs bearing labeler code 00113 through wholesalers/distributors during the period from August 1st, 2015 through July 1st, 2020 for use under the 340B program may be eligible for 340B refunds. L. Perrigo Co. requests that any 340B covered entity that made such purchases that were eligible for 340B pricing during such period submit appropriate request(s) for refunds using the process described below. Refund requests must be received on or before December 31st, 2020. L. Perrigo Co. will promptly review all such refund requests that are timely received. The refund amount for approved requests will be equal to the difference between the purchase price paid by the 340B entity and the 340B ceiling price, each as in effect as of the purchase date.

L. Perrigo Co. has asked the Office of Pharmacy Affairs (OPA) to post this Notice on OPA's public website to give affected covered entities the opportunity to request refunds. L. Perrigo Co. has proactively identified the 340B covered entities and has sent a letter directly to them outlining this same process.

How To Request A Refund:

- 1. Please complete the Refund Request Form that is included at the end of this Notice. To be eligible for a refund, the Refund Request Form must be accompanied by a copy of the covered entity's Form W-9 and evidence of the purchase(s).
- 2. Send the completed form and accompanying documentation via e-mail to RSchuite@perrigo.com. Please include "340B Refund" in the subject line of the e-mail.
- 3. L. Perrigo Co. will endeavor to process and pay approved refunds within 60 days of receipt and confirmation of valid request for reimbursement.
- 4. If you have any questions or require assistance with respect to the refund request, please call (269) 686-7218 during regular business hours.
- 5. To be eligible for a refund, the Refund Request Form must be received on or before December 31st, 2020

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 received on or before December 31st, 2020.