

Dear Manufacturers,

I am writing on behalf of St. Vincent Infirmary (DSH040007) to inform manufacturers that St. Vincent Infirmary recently underwent an audit by the Health Resources and Services Administration (HRSA) of St. Vincent's compliance with 340B Drug Pricing Program (340B Program) requirements.

As background, St. Vincent Infirmary qualified for the 340B Program as a Disproportionate Share Hospital in Little Rock, Arkansas and has participated in the 340B Program since 7/1/2003.

Through the audit process, HRSA found St. Vincent to have non-compliance within their 340B Program and is responsible for repayment as a result of the following finding:

During the time period of September 10, 2010 to February 28, 2012, St. Vincent was operating its Employee Pharmacy with the understanding that employees and their dependents qualified as eligible patients of St. Vincent. HRSA concluded St. Vincent dispensed 340B drugs to ineligible individuals, as prohibited by 42 USC 256b(a)(5)(B).

St. Vincent has identified all affected manufacturers and is contacting each to notify them of these violations to begin a dialogue on a method of repayment to affected manufacturers. If manufacturers have not received notification from St. Vincent and believe repayment may be owed for the violations described in this letter, or if you have any questions or comments regarding the violations described in this letter, please contact Danny Wooley, PharmD, Director of Pharmacy, at 501-552-3983, or 2 St. Vincent Circle, Little Rock, AR 72205.