



October 1, 2014

Dear Manufacturers,

I am writing on behalf of Crouse Hospital (340B ID DSH330203) (“Crouse”) to inform manufacturers that Crouse recently underwent an audit by the Health resources and Services Administration (HRSA) of Crouse’s compliance with 340B Drug Pricing Program (340 Program) requirements.

As background, Crouse qualified for the 340B Program as a disproportionate share hospital at 736 Irving Avenue, Syracuse, NY and has participated in the 340B Program from July 1, 2008 through December 31, 2013.

Through the audit process, Crouse was found to have non-compliance within their 340B Program and is responsible for repayment as a result of the following finding(s):

Finding 1: Crouse Hospital and Crouse Hospital’s contract pharmacies dispensed 340B drugs to ineligible individuals as prohibited by 42 USC § 256b(a)(5)(6).

Finding 2: Crouse was billing Medicaid contrary to the information contained in the HRSA Medicaid Exclusion File. This action may have resulted in duplicate discounts as prohibited by 42 USC 256b(a)(5)(A).

Crouse has identified all affected manufacturers and has contacted each to notify them of these violations to begin a dialogue on a method for repayment to affected manufacturers. If manufacturers have not received notification from Crouse 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:

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