

UCSF Medical Center

Administration

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University of California
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Dear Manufacturers,

I am writing on behalf of UCSF Medical Center, DSH050454, to inform manufacturers that in January 2014, UCSF Medical Center underwent an audit by Health Resources and Services Administration (HRSA) of UCSF Medical Center's compliance with the 340B Drug Pricing Program (340B Program) requirements.

As background, UCSF Medical Center qualified for the 340B program as a DSH hospital in San Francisco, CA and has participated in the 340B program since July 1, 1993.

Through the audit process, UCSF Medical Center was found to be in non-compliance within our 340B Program and responsible for repayment of the following findings:

- UCSF's contract pharmacies dispensed 340B drugs to ineligible individuals, as prohibited by 42 USC 256b(a)(5)(B).
- UCSF did not have adequate controls to prevent duplicate discounts which may have resulted in duplicate discounts as prohibited by 42 USC 256(a)(5)(A).

UCSF Medical Center identified all affected manufacturers in 2014 and we immediately contacted each manufacturer through certified delivery letter, (some on multiple occasions) to notify them of these violations to begin a dialogue on a method for repayment to affected manufacturers. If any manufacturer has not received notification from UCSF Medical Center and believe that 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:

Lynn Paulsen, Pharm.D.
Director, Pharmacy Practice Standards
University of California
533 Parnassus Ave, U585
San Francisco, CA 94143

If you have any questions or comments regarding the violations described here in this letter, you may also contact Dr. Paulsen by phone at 415-353-8964.



Mark R. Laret
President and Chief Executive Officer
UCSF Health