



Date: August 15, 2015

FROM:

Harold Way, CFO
Catherine Hirokawa PharmD, Director of Pharmacy
St Mary Medical Center
1050 Linden Avenue
Long Beach, CA 90813

Dear Manufacturers,

I am writing on behalf of St Mary Medical Center (DSH 050191) to inform manufacturers that St Mary Medical Center recently underwent an audit by Health Resources and Services Administration (HRSA) of St Mary Medical Center's compliance with 340B Drug Pricing Program (340B Program) requirements.

As background, St Mary Medical Center qualified for the 340B Program as a DSH hospital in Long Beach, California and has participated in the 340B program since January 1, 2005.

Through the audit process, St Mary Medical Center was found to have non-compliance finding within their 340B Program and responsible for repayment as a result of the following finding:

St Mary Medical Center obtained 340B covered outpatient drugs through a group purchasing organization (GPO) in the mixed used setting of the hospital and therefore was not in compliance with the GPO prohibition requirement of the 340B Program.

St Mary Medical Center has identified all affected manufacturers and has contacted each by letter 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 St Mary Medical Center 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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Director of Pharmacy
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