

August 13, 2015

Dear Manufacturers,

I am writing on behalf of Tufts Medical Center, 340B ID # DSH220116, to inform manufacturers that Tufts Medical Center recently underwent an audit by the Health Resources and Services Administration (HRSA) of Tufts Medical Center's compliance with 340B Drug Pricing Program (340B Program) requirements.

As background, Tufts Medical Center qualified for the 340B Program as a Disproportionate Share Hospital located at 800 Washington Street, Boston, MA and has participated in the 340B Program since October 1st of 2003. Through the audit process, Tufts Medical Center was found to have non-compliance within their 340B Program and responsible for repayment as a result of the following finding:

“TMC dispensed a 340B drug to ineligible individual, as prohibited by 340B(a)(5)(B) of the PHSA.”

Tufts Medical Center 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 Tufts 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 Ross Thompson MS, RPh, FASHP, Executive Director of Pharmacy Services, Tufts Medical Center, at 617-636-5000, 800 Washington Street, Boston, MA 02111.