

## CORRECTIONAL HEALTHCARE SERVICES CONTRACT

THIS CONTRACT is made and entered into by and between YAMHILL COUNTY, a political subdivision of the State of Oregon, acting by and through its Sheriff's Office and its Department of Community Justice, hereinafter referred to as the "County", and MEDTRUST, LLC, a Texas limited liability company doing business as MedHealth, located at 8610 Broadway Street, Suite 270, San Antonio, Texas 78217, whose Federal Employer Identification No. is 74-2991071, hereinafter referred to as the "Contractor".

### RECITALS

WHEREAS, The County requires the services of a healthcare provider to provide medical services to Individuals in Custody (IICs) housed in either the Yamhill County Correctional Facility or the Yamhill County Youth Services Center (collectively referred to herein as the "Facility"); and

WHEREAS, The County procured the services of the Contractor through a Competitive Sealed Procurement pursuant to the relevant provisions of ORS 279B and YCC 3.20.047; and

WHEREAS, The Contractor was selected because they possess the particular training, abilities, knowledge, qualifications, and experience the County requires as set forth herein; and

NOW, THEREFORE, in consideration of the promises and the mutual covenants and conditions set forth herein, and for other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, it is hereby agreed by the parties as follows:

### AGREEMENT

1. TERM. This Contract shall become effective, and services required hereunder shall commence, on the date the Contract is executed by both parties, or on January 1, 2025, whichever is sooner, and shall terminate on December 31, 2029, unless otherwise terminated or extended as provided herein. Upon mutual agreement of the parties, the Contract term may be renewed and extended in accordance with Section 7.
2. CONSIDERATION. As consideration for the performance of all terms and conditions set forth in this Contract, the County shall pay the Contractor a sum not to exceed **\$11,000,000**. The County shall make payment upon receipt and acceptance of the services as invoiced by the Contractor. The County shall pay invoices within thirty (30) days after an invoice has been received and approved by the authorized County representative. Documentation which may be included with the invoice includes, but is not limited to, staffing reports and other documentation requested by the County, including pharmaceutical and offsite care costs.
  - a. Monthly Payments. The County shall pay the Contractor monthly installments in the following amounts, pro-rated for any partial months and subject to any reconciliations as set forth in subsection (b):
    - i. *January 1, 2025 – December 31, 2025*: \$166,558.11 per month
    - ii. *January 1, 2026 – December 31, 2026*: \$169,889.27 per month
    - iii. *January 1, 2027 – December 31, 2027*: \$173,287.06 per month
    - iv. *January 1, 2028 – December 31, 2028*: \$176,752.80 per month

- v. *January 1, 2029 – December 31, 2029*: \$180,287.85 per month
  - b. Quarterly Reconciliation Process. The Contractor shall provide a quarterly reconciliation with the County for any amounts owed by either party pursuant to the terms of this Contract, including, but not limited to:
    - i. *Adjustment for MADP*. For each month reconciled, if the Facility’s Monthly Average Daily Population (MADP) is greater than 200 IICs, the compensation payable to the Contractor by the County shall be increased by the number of IICs over 200 at the per diem rate of \$0.27. For each month reconciled, if the Facility’s MADP is less than 100 IICs, the compensation payable to the Contractor by the County shall be decreased by the number of IICs under 100 at the preceding per diem rates.
    - ii. *Adjustments For Costs in Excess of Cap Amounts*. The quarterly reconciliation shall include any amounts paid by the Contractor in excess of the financial limits listed in this Contract. The compensation payable to the Contractor by the County shall be increased by any costs paid by the Contractor in excess of the financial limits listed in Section 3.
    - iii. *Adjustments for Reduced Levels of Health Care Staff or Health Care Services*. For each month reconciled, the compensation payable to the Contractor by the County shall be decreased, by an amount equal to the respective personnel’s hourly pay rate, to reflect the reduced personnel weekly service hours in the event that:
      - 1. the required nursing healthcare staff total weekly hours as outlined in Exhibit A, attached hereto and incorporated herein, are not provided, or
      - 2. any required health care services as outlined under this Contract are not provided.
  - c. Annual Insurance Premium Allowance. At the sole discretion of the County, the County may provide up to \$75,000 annually to cover increases to the Contractor’s insurance premium. The Contractor must notify the County in writing each year that it requests an allowance, and any allowance shall be based on the actual increase in the Contractor’s insurance premium.
  - d. The compensation provided herein shall be exclusive, and the County shall neither pay nor provide Contractor with any fringe benefits, including, but not limited to, retirement, health insurance, workers’ compensation insurance, unemployment insurance, or sick leave. No additional compensation or alternate form thereof shall be payable by the County to the Contractor for any purpose whatsoever unless otherwise agreed in writing. The Contractor shall be responsible for paying all income taxes, Social Security or self-employment taxes, and any other taxes or assessments imposed by any governmental body incurred by reason of the County’s payment of compensation hereunder to Contractor.
3. **SERVICES TO BE PROVIDED**. The Contractor shall administer healthcare services and related administrative services at the Yamhill County Correctional Facility and/or the Yamhill County Youth Services Center according to the terms and provisions of this Agreement. The costs of the various healthcare services shall be borne by the Contractor or the County as set forth herein.
- a. General Healthcare Services.

- i. **ADMISSIONS EVALUATIONS/INTAKE SCREENINGS.** The Contractor shall provide a healthcare professional as needed to complete medical admission evaluations (“intake screenings”) for IICs brought to the Facility. The intake screenings shall be done in accordance with the medically established threshold criteria mutually approved by the Contractor and the County. An intake screening of an IIC shall be performed upon entry, prior to accepting custody from an arresting agency and before the IIC enters the general population of the Facility. In no event shall the screening occur more than two (2) hours after the IIC’s arrival at the Facility.
    - ii. **HEALTH ASSESSMENT.** A health assessment of an IIC shall be performed as soon as possible, but no later than fourteen (14) calendar days after the IIC’s arrival at the Facility. The health assessment shall follow industry standards.
    - iii. **TRIAGE.** A healthcare professional shall triage all healthcare requests initiated by IICs or appropriate Facility staff. Such assessment for an IIC shall occur on a timely basis and in a clinical setting. A physician and/or physician extender shall be available to see identified IIC as needed, but no less than twice per month.
  - b. **Detoxification and Withdrawal.**
    - i. **PROTOCOL.** The Contractor shall have a protocol to provide intoxication and withdrawal treatment, support, and medical services for drug and/or alcohol addicted IICs (NCCHC J-G-06 and J-G-08).
    - ii. **MONITORING.** The Contractor shall provide intermittent monitoring of the IIC showing signs of intoxication or withdrawal to determine the health status of those individuals in compliance with Facility policy and best practice standards.
    - iii. **TREATMENT.** The Contractor shall provide medically appropriate detoxification treatment for IICs.
  - c. **Medication Assisted Treatment.**
    - i. **COORDINATION WITH HHS.** The Contractor shall work in coordination with the County’s Department of Health and Human Services for Medication Assisted Treatment (MAT) or third-party service Contractor selected by County for the treatment of opiate addiction.
      - 1. Such MAT program will sustain ongoing treatment for the complete duration of the IIC’s incarceration and may include induction of MAT.
    - ii. **METHADONE.** The Contractor must provide Methadone accessibility, or other appropriate treatment program, to pregnant addicted IICs.
    - iii. **PROTOCOL.**
      - 1. To allow for a systematic implementation of MAT, the County shall cap participation in the first year of the program to twenty-five (25) IICs at any one time. Following the first year, participation in MAT will be based on identified needs and willing participants and sufficient medical staffing availability.
      - 2. At minimum, the Contractor’s MAT protocol, including the specific drugs to be prescribed, shall be as further described in the Contractor’s proposal response, attached hereto as Exhibit B and

incorporated herein. Additional or alternative protocol may be established upon mutual agreement of the Contractor and the County.

d. Care Of Medically Intensive IICs.

i. CHRONIC CARE. A chronic disease/illness program shall be available to medically fragile IICs to decrease the frequency and severity of symptoms, prevent disease progression and complications, and improve function of the affected individuals. A roster of such individuals shall be maintained at all times. extensive

1. Such care shall entail the development and implementation of individual treatment plan(s) by a qualified clinician specifying instructions on diet, medication, diagnostic testing, and frequency of follow-up medical evaluation.
2. Therapeutic diets will be monitored and adjusted by a qualified healthcare professional. Nutritional supplementals not available under the agreement with the Facility's food service Contractor shall be ordered by and are the fiscal responsibility of the healthcare Contractor. Pharmaceutical grade supplements shall be subject to the pharmacy cap.
3. Such care shall provide identification, testing, counseling, education, care, treatment, and follow-up for HIV/AIDS and AIDS related conditions as well as Hepatitis C. This responsibility shall include the provision for payment for all related medications. These medications shall be subject to the pharmacy cap.
4. Such care shall provide identification, testing, counseling, education, care, treatment, and follow-up of MRSA and related conditions. This responsibility shall include the provision for payment for medical care and pharmaceuticals.

ii. PREGNANCY. A qualified healthcare professional shall arrange on-site or offsite healthcare services for any pregnant IIC, in accordance with Industry Standards and in compliance with Oregon House Bill 2002 (HB2002) to include appropriate prenatal care, specialized obstetrical services when indicated, and postpartum care whether the pregnancy is carried to term or terminated at the individual's determination. This onsite care by Contractor's staff is provided at the Contractor's cost, but the Contractor will not be required to arrange or bear the cost of any healthcare services for infants. To the extent off-site healthcare services are required for any pregnant IIC, the Contractor shall make appropriate arrangements for rendering such care and costs for any such off-site services shall be administered pursuant to the off-site stipulations and cost.

e. Laboratory, Pharmacy, and Pathology / Radiology Services.

i. LABORATORY SERVICES. All industry standard laboratory and other testing services will be provided on-site as much as possible, with either in-house staff or contracted staff, who shall come into the Facility to complete the testing in order to minimize transfer and off-site costs. Off-site laboratory services shall be administered pursuant to the off-site stipulations and cost.

1. The Contractor shall provide blood borne pathogen testing when it is determined that County staff or medical staff have been exposed by an IIC pursuant to OAR 333-022-0300.
2. The Contractor may be required to provide blood draw of an IIC pursuant to ORS 813.100 or a duly served search warrant.
- ii. PHARMACY PROCURMENT AND DISTRIBUTION. A qualified healthcare professional will operate and manage the procurement of pharmaceuticals and medication distribution to IICs in the Facility, including prescription, non-prescription over-the-counter medications, and psychotropic medications.
  1. All controlled substances, syringes, needles, and surgical instruments will be stored under secure conditions acceptable to the County. The Contractor shall arrange and bear the cost of removing and properly disposing of medical waste material generated.
  2. Prescribing, dispensing, and administering of medication shall comply with all applicable state and federal regulations regarding prescribing, dispensing, administering, procuring, and storing pharmaceuticals.
  3. The Contractor shall use and maintain their own "DEA Number".
  4. The Contractor shall have agreements in place with local pharmacies for emergency purchases of medications to avoid out of stock situations.
  5. The Contractor will maintain and track pharmacy budgetary costs and formulary, considering current and ongoing evaluation of medication efficacy and cost value that allows generic medications to be substituted for brand name medications whenever possible.
  6. Pharmacy services must include MAT services for addiction as such further described in Section 3(c) herein.
  7. *Financial Limitations.* The Contractor's maximum liability for costs associated with the provision of Pharmacy Procurement and Distribution shall be \$75,000.00 in the aggregate per contract year (the "Pharmacy Cap Amount"). The term "costs," as used in this section, in no way includes the costs or liabilities arising from lawsuits filed against the County, its officials, employees, and agents, or the Contractor, its officials, employees, and agents. In the event there are amounts under the Pharmacy Cap Amount which remain unused, any such amounts shall be returned to the County as provided in Section 2(b) herein.
- iii. PATHOLOGY / RADIOLOGY SERVICES. All pathology and radiology services, to the extent reasonably practical considering space, cost, and availability, shall be performed on-site by qualified technicians and read by Board Certified Clinicians. Off-site pathology and radiology services shall be administered pursuant to the off-site stipulations and cost.
- f. Emergency Services.
  - i. AMBULANCE SERVICE. The Contractor shall be responsible for arranging and bearing the cost of necessary ambulance services in

- coordination with the County, which shall be administered pursuant to the off-site stipulations and cost.
- ii. **FIRST RESPONDER EMERGENCY CARE.** The Contractor shall administer first responder emergency medical care to any employee or visitor of the Facility who requires such care. The Contractor’s staff will provide with BLS (basic life support) care.
  - iii. **HOSPITALIZATION.** The Contractor shall identify the need for any inpatient hospitalization of any IIC of the Facility.
    - 1. The Contractor shall schedule, and coordinate payment if Medicaid/ACA eligibility and payment is not appropriate, including but not limited to all institutional charges, physician charges, testing charges, and any and all additional charges. Costs for such services shall be administered pursuant to the off-site stipulations and cost.
    - 2. The Contractor shall ensure that the healthcare status of IICs admitted to outside hospitals is reviewed to ensure that the duration of the hospitalization is no longer than medically indicated.
- g. Off-site Services.
- i. **DENTAL.** All emergent dental care services shall be coordinated with an off-site provider and shall be administered pursuant to the off-site stipulations and cost. Such provider(s) shall use best efforts to be located within 20 miles of the Facility, unless a specialty or emergency dental provider is necessary. Services shall include:
    - 1. Basic dental services necessary to relieve pain, infection, and preserve salvageable teeth.
    - 2. Referral to a dental specialist if needed.
    - 3. Ensure provision of maxillofacial surgery services when indicated.
  - ii. **SPECIALTY SERVICES.** All emergent specialty care services shall be coordinated with an off-site provider and shall be administered pursuant to the off-site stipulations and cost.
  - iii. **VISION CARE.** All emergent vision care services shall be coordinated with an off-site provider and shall be administered pursuant to the off-site stipulations and cost.
  - iv. **FINANCIAL LIMITATIONS.** The Contractor’s maximum liability for costs associated with the provision of off-site and other medical services shall be \$100,000.00 in the aggregate per contract year (the “Cap Amount”). Such statement shall include the Contractor’s guarantee to continue to provide utilization management, extend all provider discounts to the County and pay these expenses on behalf of the County, provided County meets their obligations. In the event there are amounts under the Cap Amount which remain unused, any such amounts shall be returned to the County as provided in Section 2(b) herein.
- h. Discharge Planning.
- i. The Contractor shall have a discharge planning process for all IICs with a scheduled release date who are under medical care while incarcerated when care must continue after discharge.
  - ii. The Contractor shall make every attempt at discharge planning when IICs are released with short notice.

- iii. The Contractor shall provide necessary medication voucher(s) based on the individual need and coordinated with the community contractor, but no more than a three-day supply of medication will be provided.
- iv. The Contractor shall have a pre-release transition plan developed with the County staff to provide continuity of care, post-release, to meet the National Commission on Correctional Health Care (NCCHC) standards which may include (but is not limited to):
  - 1. formal linkages between the Facility and community-based organizations;
  - 2. best efforts utilizing the staff listed in Exhibit A to provide formal verification of healthcare coverage, including enrollment/reenrollment as necessary, pursuant to OHA’s Section 1115 Medicaid Demonstrations Waiver;
  - 3. lists of community health professionals;
  - 4. discussions with the IIC that emphasize the importance of appropriate follow-up care and after care;
  - 5. specific appointments and medications that are arranged for the patient at the time of release; and
  - 6. health information, such as problem lists, current medications, allergies, procedures, and test results will be exchanged with community clinician prior to any scheduled appointment.
- v. The Contractor shall supply a prescription voucher(s) for those medications so that the individual may obtain needed medication in a timely manner (see *Wakefield v. Thompson*, 177 F.3d 1160 (9th Cir. 5/27/1997)).
- i. Medical Records. The Contractor shall provide the following medical records management services:
  - i. **MEDICAL RECORDS**. The Contractor shall maintain, cause, or require the maintenance of complete and accurate medical records for IICs who have received healthcare services pursuant to NCCHC standards. Medical records shall be kept separate from IIC’s confinement records.
  - ii. **HIPAA**. Each medical record shall be maintained in accordance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), and any other applicable state or federal privacy statute or regulation.
  - iii. **EHR CONNECTIONS**. The Contractor will request a Electronic Health Records (EHR) connection(s) to local hospitals and facilities when connection agreements are available. Any cost for such connect shall be applied to the offsite cap.
  - iv. **TRANSFER**. With sufficient notice, a comprehensive health summary or a complete copy of the individual medical record, depending on the need, shall be available to accompany each IIC who is transferred from the Facility to another location for off-site services or transferred to another institution. The Contractor shall keep medical records confidential and shall not release any information contained in any medical record except as required by published Facility policies, by a court order, or by applicable law.
  - v. **AVAILABILITY**. As needed to administer the terms of this service, including but not limited to any criminal or civil litigation where the physical or mental condition of an IIC is at issue, the Contractor shall provide the

County with access to such records and, upon request, provide copies. The Contractor shall otherwise make available to the Sheriff, the Detention Manager, or other authorized agents of the County, unless otherwise specifically prohibited, all records, documents, and other papers relating to the direct delivery of healthcare services to IICs.

- vi. **TERMINATION.** Upon termination of agreement, all medical records shall be delivered to, and remain with, the County as property of the County. Medical records for the Yamhill County Correctional Facility shall be delivered to the Jail Captain, and medical records for the or the Yamhill County Youth Services Center shall be delivered to the Detention Manager. Contract shall be given access to these records to defend any claims for the full statute of limitations period.

j. Administrative / Equipment Requirements.

- i. **EQUIPMENT AND SUPPLIES.** The Contractor shall provide all supplies and equipment, except for the supplies and equipment the County has been providing, to ensure effective health care of the IICs as part of the standard monthly cost.

- 1. The Contractor shall provide and pay for all medical equipment and supplies used in the healthcare delivery system and shall maintain them in good working order for the life of the agreement. Such equipment remains the property of the Contractor.
- 2. The Contractor may utilize medical equipment owned by the County in the performance of services under this Contract. The Contractor shall ensure proper use and coordinate with the County to maintain them in good working order for the life of this Contract.
- 3. The Contractor shall be responsible for the handling and disposal of medical waste in accordance with state and local regulations.
- 4. The Contractor shall be responsible for the provision or cost of all office equipment (including laptops, desktop workstations / monitors, cell phones, etc.) except those specifically provided by the County. The County shall be responsible for providing desks, copy/fax machines, and existing telephone lines required for the administrative operation of the medical unit.
- 5. The Contractor shall be responsible for providing office supplies such as books, medical record folders, and forms, including office, printer/toner, and paper supplies, as required for the administrative operations of the medical unit.

- ii. **HEALTH CLAIMS / PAYMENT.** The Contractor is responsible for review and verification that all health claims/invoices are appropriate and accurate prior to payment using County funds. This includes adjudication/verification of services provided and accuracy of coding according to AMA guidelines.

- iii. **THIRD-PARTY INSURANCE / MEDICAID.**

- 1. *Third-Party Insurance.* If an IIC was covered by a third-party insurance provider prior to incarceration and is admitted to the hospital while incarcerated, the Contractor shall direct offsite providers to bill applicable third-party payers and exhausted those benefits before billing the Contractor or the County. Where required,

the Contractor shall complete and return the appropriate and necessary paperwork to access the Oregon Health Plan (OHP) provider systems.

2. *Section 1115 Medicaid Demonstrations Waiver.* Where applicable and available, the Contractor shall coordinate with Oregon Health Authority (OHA) in its expansion of access to Medicaid benefits under its 1115 Medicaid Demonstration Waiver and shall partner with the County in preparing the Facility for implementation of the program, identifying eligible IICs, assisting with the application process, and ensuring seamless continuity of care as the IICs reintegrate into society.
- iv. **HEALTH EDUCATION AND TRAINING.** The Contractor shall conduct an ongoing health education and training program for Facility staff and related County staff in accordance with the needs mutually established by the County and the Contractor. The Contractor shall require its staff to participate in County-required / requested training in a timely manner.
- v. **STAFFING.**
  1. The Contractor shall recruit, interview, hire, train, and supervise all healthcare staff. Healthcare staff must be adequate to meet all conditions and specifications provided herein. At minimum, staffing shall be as set forth in Exhibit A, attached hereto and incorporated herein. The Contractor reserves the right to assign the healthcare staff in Exhibit A to shift coverage as necessary based on operation needs to provide the healthcare services under this Contract; provided however, that the Contractor shall ensure that healthcare coverage is continuously provided to the Facility 24 hours per day and 7 days per week pursuant to this Contract unless otherwise mutually agreed upon by both parties in writing, with at least 24 hours advanced notice.
    - a. The Contractor agrees to provide required personnel for all shifts in a way that satisfies all applicable NCCHC requirements and performance standards.
    - b. Fluctuations in staffing will be allowed for administrative positions.
    - c. The weekly hours related to direct healthcare as represented in the staffing plan attached hereto as Exhibit A will be required to be filled for each week. Failure to fill those positions will result in penalties and reductions in payment. Failure to fill these positions may also be considered a breach of contract.
  2. The Contractor shall provide or arrange for the provision of an on-call physician or mid-level provider available by telephone or pager 24 hours per day and 7 days per week.
  3. All healthcare staff providing services under this Contract must be licensed or certified to practice in the State of Oregon and comply with all current and future applicable Oregon professional practice

- act regulations and are able to pass a criminal background check. The Contractor shall track and monitor licensure compliance of all staff.
4. All Contractor staff will be required to pass a background check and be fingerprinted prior to working in the Facility, even on a temporary basis. Any Contractor employee who does not satisfy the security clearance, at the sole discretion of the County, shall not be allowed access to the Facility.
  5. The Contractor's staff shall have an ongoing duty to report law enforcement contacts, as that term is defined by Sheriff Office policy, to the County.
  6. All employees of the Contractor shall adhere to the same standards in place for County employees with regard to harassment, alcohol and drug free workplace, violence in the workplace, Prison Rape Elimination Act, Electronic Systems and Equipment Use Policy, contraband control, and any other current or future policy that impacts County employees in the Facility. The County may require on-site staff to sign consent to search in compliance with County policies. The County reserves the right to immediately exclude any of the Contractor's employee from the Facility to preserve institutional safety and security.
  7. The Contractor, its healthcare staff, employees, agents, and/or subcontractors shall operate within the requirements of the County's and/or the Sheriff's posted security policies and procedures, which impact the provision of medical services within the Facility and in coordination of off-site services.
  8. In recognition of the sensitive nature of correctional facility and youth detention operations, if the County becomes dissatisfied with any member of the Contractor's staff performing services hereunder, the County shall provide the Contractor with written notice of such dissatisfaction and the reasons therefor. Following receipt of such notice, the Contractor shall use commercially reasonable efforts to resolve the dissatisfaction. If the problem is not resolved to the satisfaction of the County within ten (10) business days following the Contractor's receipt of the notice, the Contractor shall remove the individual from providing services at the Facility within a reasonable time frame considering the effects of such removal on the Contractor's ability to deliver health care services and recruitment/hiring of an acceptable replacement. The County reserves the right to revoke the security clearance of any of the Contractor's staff performing services hereunder at any time at the County's sole discretion.
  9. Failure to continuously supply all of the required healthcare staffing due to labor market demands or other factors outside the control of the Contractor, after such reasonable efforts have been made, shall not constitute a breach of this Contract, unless or until such failure to supply the required healthcare staff continues for more than thirty consecutive calendar days or for a total of sixty calendar days in a

six-month period. Additionally, any failure to continuously supply all of the required healthcare staffing levels at the total weekly hours provided in Exhibit A will be reflected in a reduction of compensation as provided in Section 2(b) herein.

k. Miscellaneous Requirements.

- i. AMERICANS WITH DISABILITIES ACT. The Contractor shall have a thorough understanding of Americans with Disabilities Act (ADA) and be able to respond to patient’s needs with regard to ADA.
- ii. CONSULTATION FOR PROGRAMS / SERVICES. The Contractor shall provide a consultation service to the County on any and all aspects of the health care delivery system for the Facility. This includes evaluation and recommendations concerning new programs, alternate pharmaceutical options, health care delivery procedures that impact County staff, and other matters relating to this contract upon which the County seeks the advice and counsel of the Contractor.
- iii. CONTINUITY OF OPERATIONS PLAN. The Contractor shall provide a contingency plan to provide for services in the event of unexpected interruptions of the normal working conditions, i.e., power failure, fire, inclement weather, riot, lock-down, labor strikes, or acts of God that would preclude normal expectations.
- iv. CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES. The Contractor shall have an understanding of Culturally and Linguistically Appropriate Services (CLAS) standards for the care of IICs.
- v. GERIATRIC PATIENTS. The Contractor shall have experience caring for geriatric IICs.
- vi. INFECTION / EXPOSURE CONTROL. The Contractor shall provide an Infection Control Program that reduces the risk of in-facility transmission of infectious/communicable conditions for County/Facility staff, IICs, and other third-party vendor staff. The program must also include access to testing, education, and ongoing treatment. The Contractor shall work collaboratively with State and Local Agencies as well as community Contractors.
- vii. COMPREHENSIVE MEDICAL CARE/MENTAL HEALTH REPORTING. The Contractor shall identify to the County those IICs with medical conditions or suspected mental health conditions which may be worsened as a result of being incarcerated at the Facility or which may require extensive care while incarcerated. After review of the circumstances, and when safety and security risks permit, the County shall use reasonable best efforts and shall work with the Contractor to have such IICs released, transferred, or otherwise removed from the correctional setting, if this can be done while ensuring the reasonable safety and security of the IIC and the public.
- viii. QUALITY ASSURANCE. The Contractor shall provide for a robust quality assurance program consistent with the Oregon Jail Standards and Guidelines, as required under ORS 169.076 and/or ORS 169.090, the Oregon Juvenile Detention Facility Standards, as required under ORS 169.730 through 169.770, and the NCCHC Medical Quality Assurance Program, as

applicable, which may include, but is not limited to, audit and medical chart review procedures. In addition to those Quality Assurance Services described in the Contractor’s proposal response, attached hereto as Exhibit B, the Contractor shall provide the following:

1. *Audit Requirements.* The Contractor shall provide any and all requested files for the purposes of audit and review pursuant to Oregon Jail Standard J211 and the Oregon Juvenile Detention Facility Standards, as applicable. The Contractor shall produce a quality assurance report at least biennially to coincide with County’s regular OSSA inspection, and at any such time as requested by the County.
  2. *Quarterly Meetings.* The Contractor shall provide for NCCHC required quarterly quality assurance meetings to be held between Jail Commander, Detention Manager, Contract Administrator, and the Contractor’s staff.
  3. *Other Meetings.* The Contractor shall participate in other regularly scheduled or ad-hoc meetings as determined by Jail Commander and/or Detention Manager for the purposes of partnership with off-site Contractors, other County department staff (e.g., Behavioral Health), etc.
  4. *Quarterly Reports.* The Contractor shall provide quarterly health care reports concerning the overall operation of the health care services program, the expenditures under such program, and a reporting of remaining cap funds available for Pharmacy Services and Off-Site Services (including but not limited to dental, vision, radiological / laboratory, emergency, and specialty services).
- ix. **SHERIFF’S POLICIES AND PROCEDURES.** The Contractor, its staff, employees, agents and/or subcontractors shall operate within the requirements of the County's, Sheriff's, and/or the Youth Service Center’s posted policies and procedures which impact the provision of medical services. Any such policy or procedure that may impact the provision of healthcare services to IICs that has not been made available to the Contractor shall not be enforceable against the Contractor unless otherwise agreed upon by both parties.
1. **Proposal Response Incorporated.** In addition to abiding by the terms and conditions stated herein, the Contractor shall abide by and conform to all obligations asserted by the Contractor in their proposal response, attached hereto as Exhibit C and incorporated herein. If any discrepancy exists between a provision in this Contract and a provision in Exhibit C, the provisions of this Contract shall prevail.

4. **SERVICES NOT TO BE PROVIDED.**

- a. **Elective Medical Care.** Elective medical care shall not be a responsibility of the Contractor or provided for under this Contract. In the event that an IIC requires elective care, the IIC or the County shall be responsible for all costs; however, the Contractor shall work with the County to facilitate transport to an appropriate facility. Elective medical care shall be defined as care which, if not provided, would not, in the sole opinion of the Contractor’s Chief Medical Officer or designee, cause

the IIC's health to deteriorate or cause harm to the IIC's wellbeing. Decisions concerning elective medical care shall be consistent with industry standards.

- b. Long-Term Care. Long-term care shall not be a responsibility of the Contractor or provided for under this Contract. In the event that an IIC requires skilled care, custodial care, or other services of a long-term care facility, the Contractor shall work with the County to facilitate transport to an appropriate facility.
  - c. Mental Health. The Contractor will not be required to provide mental health counseling and/or psychiatric services except for facilitating such coordinated care as is necessary with the County's Department of Health and Human Services or similar provider.
5. **WARRANTY OF SERVICES**. The County has relied upon the professional ability, qualifications, and training of the Contractor as a material inducement to enter into this Contract. Accordingly, the Contractor represents and warrants that: (i) the Contractor shall perform all services set forth herein in a good and workmanlike manner, in conformance with the terms, conditions, and requirements of this Contract, and in accordance with the highest applicable professional and/or industry standards; (ii) the Contractor warrants that each of the Contractor's employees assigned to perform services under this Contract has the proper skill, training, and background to be able to perform the services in a competent, timely, and professional manner and that all services shall be so performed; and (iii) the Contractor shall at all times maintain and keep current all professional licenses, certifications, and professional liability insurance required to perform the work set forth in this Contract.
6. **INDEPENDENT CONTRACTOR**. This agreement is not a contract of employment. The County does not seek to hire Contractor as an employee(s) of the County nor does the Contractor desire to be an employee(s) of the County for performance of the services described herein. The parties intend that the Contractor, in performing the services specified herein, shall be and act as an independent contractor and shall have professional control of the work and the manner in which it is performed. The Contractor shall have the sole authority to determine the manner and means of performing the services described herein, and the County shall not interfere with, control, or direct the manner or method in which such services are performed; provided, the County shall direct Contractor as to the work to be assigned and shall have the right to direct the required results to the extent such direction may be consistent with the nature of the Contractor's services. The Contractor shall not be considered an agent of the County, and the County shall not be responsible for any claims, demands, or causes of action of any kind or character arising in favor of any person, on account of personal injuries, or death, or damage to property occurring, growing out of, incident to, or resulting directly or indirectly from the operations or activities of the Contractor.
7. **AMENDMENT**. This Contract may be amended to the extent permitted by applicable statutes, administrative rules, ordinances, and local ordinances. No amendment shall bind either party unless in writing and signed by both parties.
8. **COMPLIANCE WITH ORS 279B.220**. For all services provided under this Contract, the Contractor shall: (i) pay promptly, as due, all persons supplying labor or material; (ii) pay all

contributions or amounts due the Industrial Accident Fund from the Contractor or any subcontractor; (iii) not permit any lien or claim to be filed or prosecuted against the County or any subdivision thereof; and (iv) pay to the State of Oregon Department of Revenue all sums withheld from employees pursuant to ORS 316.167. If the Contractor does not pay promptly any claim that is due for the services furnished to the Contractor by any subcontractor in connection with this Contract, the County may pay such claim and charge that payment against any payment due to the Contractor under this Contract. The County's payment of a claim does not relieve the Contractor or its surety, if any, from their obligations for any unpaid claims.

9. **HOURS OF LABOR; COMPLIANCE WITH PAY EQUITY PROVISIONS.**

- a. Pursuant to ORS 279B.235(3), the Contractor shall pay the Contractor's employees who perform work under this Contract at least time and a half for all overtime in excess of 40 hours a week, and for work performed on any legal holiday as specified in ORS 279B.020, except for employees who are excluded under ORS 653.010 to 653.261 or under 29 U.S.C. 201 to 209 from receiving overtime.
- b. Pursuant to ORS 279B.235(1)(b), the Contractor shall comply with the prohibition set forth in ORS 652.220. Such compliance is a material element of this Contract and failure to comply is a breach that entitles the County to terminate the Contract for cause.
- c. Pursuant to ORS 279B.235(1)(c), the Contractor shall not prohibit any of the Contractor's employees from discussing the employee's rate of wage, salary, benefits or other compensation with another employee or another person and may not retaliate against an employee who discusses the employee's rate of wage, salary, benefits or other compensation with another employee or another person.
- d. Pursuant to ORS 279B.235(5)(b), the Contractor shall notify, in writing, any person employed by the Contractor under this Contract, either at the time of hire or before work begins on the Contract, or by posting a notice in a location frequented by employees, of the number of hours per day and days per week that the Contractor may require the employees to work.

10. **WORKERS' COMPENSATION.** If the Contractor is a subject employer for workers' compensation or unemployment insurance purposes, Contractor shall provide such workers' compensation and unemployment coverage benefits at its sole cost and expense and shall provide proof of such insurance and benefits at the County's request. The parties hereto specifically agree that this Contract will render the Contractor and the Contractor's employees, if any, ineligible for benefits under ORS 656.029 and that the County shall not be liable for, responsible for, or in any way or manner be required to provide, workers' compensation benefits for the Contractor or the Contractor's employees.

11. **COMPLIANCE WITH LAWS.** The Contractor shall comply with all federal, state, and local laws, codes, regulations and ordinances applicable to the provision of services under this Contract, including, without limitation, the provisions of: (i) Title VI of the Civil Rights Act of 1964; (ii) Section V of the Rehabilitation Act of 1973; (iii) the Americans with Disabilities Act of 1990 (Pub L No 101- 336), ORS 659.425, and all amendments of and regulations and administrative rules established pursuant to those laws; and (iv) all other applicable requirements of federal and state civil rights and rehabilitation statutes, rules, and

regulations. Any violation by Contractor of any applicable law required in the provision of services hereunder shall constitute breach of this Contract, and Contractor shall be solely liable for any and all claims arising out of, connected with, or as a result of the violation.

12. **INDEMNIFICATION.** The Contractor shall defend, indemnify, and hold harmless the County, its officers, agents, and employees from any claims, liabilities, demands, damages, actions, or proceedings arising from or relating to the acts or omissions of the Contractor in connection with the performance of any services required hereunder. The Contractor shall be responsible for any damage to property, injury to persons, and any loss, expense, inconvenience, and/or delay that may be caused by, or result from, the carrying out of services under this Contract.
13. **INSURANCE.** The Contractor shall, at its expense, obtain the following insurance coverage and keep them in effect during the entire term of this Contract:
- a. Comprehensive General Liability Insurance (including contractual liability and completed operations coverage) with a per occurrence limit of not less than \$2,000,000 and an aggregate limit of not less than \$4,000,000, covering all activities and operations of the Contractor;
  - b. Commercial Automobile Liability Insurance, with a per occurrence limit of not less than \$2,000,000 and an aggregate limit of not less than \$4,000,000, for all owned, non-owned, and hired vehicles used in the performance of the services required hereunder; and
  - c. Professional Liability Insurance, including Errors and Omissions coverage, with a per occurrence limit of not less than \$2,000,000 and an aggregate limit of not less than \$4,000,000, to protect against all loss suffered by the County or third parties, including financial and consequential loss, caused by error, omission, or negligent acts related to the work or services provided under this Contract.
  - d. Additional Insurance Requirements:
    - i. All insurance policies shall be written on an occurrence basis and be in effect for the term of this Contract. Written authorization from the County is required for any insurance policy written on a claims-made basis. Any insurance policy authorized to be written on a claims-made basis shall be in effect for the term of this Contract plus for three (3) years after the termination of this Contract.
    - ii. Insurance coverage shall apply on a primary and non-contributory basis.
    - iii. Prior to commencing services, the Contractor shall furnish current Certificate(s) of Insurance for all required insurance to the County. The insurance must be provided by an insurance company or entity that is authorized to transact the business of insurance and issue coverage in the State of Oregon, with an AM best rating of at least A-. The Certificate shall provide, by policy endorsement, if necessary, that the County, its officers, employees, agents, and volunteers are additional insureds with respect to the Contractor's services provided under this Contract and that there shall be no cancellation, termination, non-renewal, material change to, potential exhaustion of aggregate limits, or reduction of limits of the required insurance without at least 30 days written notice from the Contractor or its

insurer to the County. If requested, the Contractor shall provide complete copies of insurance policies to the County.

14. **TERMINATION.**

- a. County’s Termination for Convenience. The County may terminate this Contract in whole or in part whenever the County determines that termination of the Contract is in the best interest of the County. The County will provide the Contractor with written notice of a termination for convenience at least thirty (30) calendar days before the intended termination date. By the termination date, the Contractor shall provide the County with immediate and peaceful possession of the worksite. Such termination shall be without liability or penalty, and in no circumstance shall Contractor be entitled to lost profits for work not performed due to termination. No termination for convenience shall prejudice any obligations or liabilities of either party already accrued prior to the effective date of termination.
- b. County’s Termination for Cause. The County may immediately terminate this Contract without liability or penalty for either of the following causes by the mailing of written notice to the Contractor at the Contractor’s address provided herein, specifying the cause:
  - i. The Contractor breaches any of the provisions of this Contract;
  - ii. The Contractor no longer holds all licenses or certificates that are required to perform the services required under this Contract;
  - iii. The County lacks lawful funding, appropriations, limitations, or other expenditure authority at levels sufficient to allow the County, in the exercise of its reasonable discretion, to pay for the Contractor’s services; or
  - iv. Federal, state, or local laws, regulations, or guidelines are modified or interpreted in such a way that either the services under this Contract are prohibited, or the County is prohibited from paying for such services from the planned funding source.
- c. Contractor’s Termination for Cause. The Contractor may terminate this Contract for cause if the County fails to pay the Contractor pursuant to this Contract. The Contractor may also terminate this Contract for cause if the County commits any material breach or default of any covenant, warranty, obligation, or agreement under this Contract and such breach or failure is not cured within thirty (30) calendar days after delivery of the Contractor’s notice, or such longer period as the Contractor may specify in such notice.
- d. Contractor’s Termination for Convenience. The Contractor may terminate this Contract without cause upon giving at least 180 days’ written notice to the County of the intended termination date. The County shall pay the Contractor for all undisputed fees for services provided hereunder up to the effective date of the termination. The Contractor shall provide the County with immediate and peaceful possession of the worksite no later than the termination date.

- 15. **FORCE MAJEURE.** Neither the County nor the Contractor shall be held responsible for delay or default caused by fire, riot, civil disobedience, acts of God, or war where such cause was beyond the reasonable control of the County or the Contractor. The Contractor shall, however, make all reasonable efforts to remove or eliminate such a cause of delay or default and shall, upon the cessation of the cause, diligently pursue performance of its

obligations under this Contract. The risk of loss or damage to the subject matter of this agreement shall be upon the Contractor until such time as the County has accepted the services required hereunder.

16. **ASSIGNMENT; DELEGATION; SUCCESSOR.** The Contractor shall not assign, delegate, nor transfer any of its rights or obligations under this Contract without the County's prior written consent. The County's written consent does not relieve the Contractor of any obligations under this Contract, and any assignee, transferee, or delegate is considered the Contractor's agent. The provisions of this Contract shall be binding upon and shall inure to the benefit of the parties to the Contract and their respective successors and assigns.
17. **GOVERNING LAW, JURISDICTION, VENUE, & ATTORNEY FEES.** This Contract shall be governed and construed in accordance with the laws of the State of Oregon, without resort to any jurisdiction's conflict of laws rules or doctrines. Any claim, action, suit, or proceeding (collectively, "the claim") between the County (and/or any other agency or department of Yamhill County) and the Contractor that arises from or relates to this Contract shall be brought and conducted solely and exclusively within the Circuit Court of Yamhill County for the State of Oregon. Provided, however, if the claim must be brought in a federal forum, then it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon. The Contractor hereby consents to the *in personam* jurisdiction of said courts. Each party shall be responsible for the party's attorney fees, costs, and disbursements at all times including appeals.
18. **RECORDS.** The Contractor shall maintain all fiscal records relating to this Contract in accordance with generally accepted accounting principles. In addition, the Contractor shall maintain any other records pertinent to this Contract in such a manner as to clearly document the Contractor's performance hereunder. The Contractor acknowledges and agrees that the County, the Oregon Secretary of State's Office, the Federal Government, and their duly authorized representatives shall have access to such fiscal records and all other documents that are pertinent to this Contract for the purpose of performing audits and examinations and making transcripts and excerpts. All such fiscal records and pertinent documents shall be retained by the Contractor for a minimum of six (6) years (except as required longer by law) following final payment and termination of this Contract, or until the conclusion of any audit, controversy, or litigation arising out of or related to this Contract, whichever date is later.
19. **NOTICES.** All notices, bills, and payments shall be made in writing and may be given by personal delivery or by mail. Notices, bills, and payments sent by mail should be addressed as follows:

County: Yamhill County Correctional Facility  
ATTN: Captain Mike Browne  
535 NE 5<sup>th</sup> Street  
McMinnville, Oregon 97128  
brownem@yamhillcounty.gov

Contractor: MedTrust, LLC

ATTN: Ken Palombo, Chief Operating Officer  
8610 Broadway Street, Suite 270  
San Antonio, TX 78217  
ken@mymedtrust.com

20. **FOREIGN CONTRACTOR.** If the Contractor is not domiciled in or registered to do business in the State of Oregon, the Contractor shall promptly provide to the Oregon Department of Revenue and the Secretary of State Corporation Division all information required by those agencies relative to this Contract. The County shall withhold final payment under this Contract until the Contractor has met this requirement.
21. **TAX CERTIFICATION.** The Contractor hereby certifies that it is not in violation of any Oregon Tax Laws and that it shall continue to comply with Oregon Tax Laws during the term of this Contract. Pursuant to ORS 279B.045, the Contractor's failure to comply with the Oregon Tax Laws is considered a default for which the County may terminate the Contract and seek damages and other relief as available. For purposes of this certification, "Oregon Tax Laws" means those programs listed in ORS 305.380(4).
22. **WAIVER.** The failure of either party to enforce any provision of this Contract shall not constitute a waiver by that party of that or any other provision of this Contract, or the waiver by that party of the ability to enforce that or any other provision in the event of any subsequent breach.
23. **ENTIRE AGREEMENT.** This Contract constitutes the entire agreement between the parties on the subject matter hereof. No waiver, consent, modification, or change of terms or provisions of this agreement shall bind either party unless in writing and signed by both parties. Such waiver, consent, modification, or change, if made, shall be effective only in the specific instance and for the specific purpose given. There are no understandings, agreements, or representations, oral or written, not specified herein regarding this agreement.
24. **COUNTERPARTS.** This Contract and any subsequent amendments may be executed in any number of counterparts (including by facsimile, PDF, or other electronic transmission), each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one agreement binding on all parties.
25. **SEVERABILITY.** If any provision of this Contract shall be held invalid or unenforceable by any court or tribunal of competent jurisdiction, such holding shall not invalidate or render unenforceable any other provision, and the obligations of the parties shall be construed and enforced as if the Contract did not contain the particular term or provision held to be invalid.
26. **SURVIVAL.** All rights and obligations shall cease upon termination of this Contract, except for those rights and obligations that by their nature or express terms survive termination of this agreement. Termination shall not prejudice any rights or obligations accrued to the parties prior to termination.

THIS AGREEMENT CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE PARTIES. NO WAIVER, CONSENT, MODIFICATION OR CHANGE IN TERMS OF THIS AGREEMENT SHALL BIND EITHER PARTY UNLESS IN WRITING AND SIGNED BY BOTH PARTIES. SUCH WAIVER, CONSENT, MODIFICATION OR CHANGE, IF MADE, SHALL BE EFFECTIVE ONLY FOR THE SPECIFIC INSTANCE AND FOR THE SPECIFIC PURPOSE GIVEN. THERE ARE NO UNDERSTANDINGS, AGREEMENTS OR REPRESENTATIONS, ORAL OR WRITTEN NOT SPECIFIED HEREIN REGARDING THIS AGREEMENT. THE CONTRACTOR, BY SIGNATURE OF ITS AUTHORIZED REPRESENTATIVE, HEREBY ACKNOWLEDGES THAT HE/SHE HAS READ THIS AGREEMENT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

[remainder of page intentionally blank]

IN WITNESS WHEREOF, the parties hereto have executed, or caused to be executed, this Contract on the date indicated by their duly authorized officials.

**MEDTRUST, LLC**

DocuSigned by:  
  
AA65DCA1C784401...  
 Signature  
 Ken Palombo  
 Name (printed)  
 COO  
 Title  
 12/19/2024  
 Date

**YAMHILL COUNTY**

Signed by:  
  
1E3542C8E2074D7...  
 Chair, LINDSAY BERSCHAUER  
 Signed by:  
  
389CT08B9CFC411...  
 Commissioner, MARY STARRETT  
 Signed by:  
  
13D18EA2D8734D9...  
 Commissioner, KIT JOHNSTON  
 12/19/2024  
 Date

**APPROVED AS TO CONTENT**

Signed by:  
  
 By: 285CC3C3571A435...  
 Sam Elliot, Yamhill County Sheriff

Signed by:  
  
 By: 61D21F4D24BD4BB...  
 Jessica Beach, Yamhill County Department of Community Justice Director

**APPROVED AS TO FORM**

Signed by:  
  
 By: 1B2A1369424542B...  
 Jodi Gollehon, Assistant County Counsel for Yamhill County

**Approved by the BOC on:12/19/24**

**via Board Order No.:24-363**

**EXHIBIT A**

**Minimum Staffing Requirements**

Yamhill Oregon 200 ADP										
Yamhill Oregon 200 ADP										
Position	Mbn	Tues	Wed	Thur	Fri	Sat	Sun	TBD*	Hrs/Wk	FTE
HSA	10	10	10	10					40	1.00
RN				8	8	8			24	0.60
LPN	20	20	20	12	12	12	20		116	2.90
Medical Records/AA		10	10	10	10				40	1.00
Certified Medication Aide	4	4	4	4	4				20	0.50
Medical Director (MD)**								4	4	0.10
Midlevel Practitioner (MP)***									0	0.00
	34	44	44	44	34	20	20	4	244	6.10
Night										
RN				4	4	4			12	0.30
LPN	16	16	16	12	12	12	16		100	2.50
									0	0.00
	16	16	16	16	16	16	16		112	2.80
<b>Total</b>	<b>50.00</b>	<b>60.00</b>	<b>60.00</b>	<b>60.00</b>	<b>50.00</b>	<b>36.00</b>	<b>36.00</b>	<b>4.00</b>	<b>356.00</b>	<b>8.90</b>

Notes:

\*To Be Determined

\*\* MD comes 8 hours every other week, not 4 hours per week. 5 hours per week is just for pricing purposes.

\*\*\*MP only takes call. This is not an onsite position

The above staffing will require additional nursing hours once the MAT program begins.

Yamhill County, OR

# Correctional Medical Health Services for the Yamhill County Correctional Facility and Youth Services Center

July 17, 2024, 3:00 PM PST

Submitted by: MedHealth, LLC





A. TRANSMITTAL LETTER

Offeror:  
MedHealth, LLC  
8610 Broadway Street, Suite 270  
San Antonio, TX 78217  
Contact: Ken Palombo, JD  
MedHealth, Chief Operating Officer  
(210) 990 - 2936

July 17, 2024  
Yamhill County Sheriff's Office  
Attn: Captain Mike Browne  
Yamhill County Correctional Facility  
535 NE 5th St.  
McMinnville, Oregon 97128

RE: Correctional Medical Health Services for the Yamhill county Correctional Facility and Youth Services Center

Dear Members of the Selection Committee,

Thank you for the opportunity to present this proposal for the continued provision of an evidence-based healthcare program at the Yamhill County Correctional Facility and Youth Services Center. MedHealth has thoroughly reviewed and understood all terms and conditions outlined in the Request for Proposal and submits this proposal in full compliance with the specified requirements. The prices contained within shall be valid for ninety (90) days following the submission deadline of July 17, 2024.

As your provider of correctional medical health services over the past 10 months, we have developed a comprehensive understanding of the unique medical challenges and opportunities within your facility, as well as the realities of healthcare staffing in your community. MedHealth is dedicated to continuing to deliver consistent, high-quality patient care that adheres to state and correctional industry standards while still remaining fiscally responsible. Our commitment is to ensure that your facility continues to receive the exceptional healthcare services it requires and deserves.

MedHealth's correctional healthcare leadership holds more than 100 years of combined experience delivering quality care in correctional facilities across the country. Those years of experience have taught us many things, foremost being the critical role of strong caregivers. Through a "realistic pricing" model, meticulous recruitment, rigorous training, and ongoing support, we pride ourselves on building dedicated teams united by a shared passion for delivering excellent patient care. This approach results in higher levels of care on-site, thereby reducing the risks and costs associated with off-site transports and minimizing staff turnover.

Guided by our three foundational pillars—outstanding responsiveness to each client, delivery of cost-effective, consistent quality patient care, and ongoing training and professional growth opportunities for our staff—MedHealth is the most qualified provider to deliver your inmate healthcare services. With these core principles and our experience on-site at your facility, we propose implementing a three on, three off staffing rotation for our day and mid-shift nursing staff. We successfully implemented this same staffing model for the night shift several

months ago, resulting in reduced open shifts, improved scheduling ease, and enhanced recruitment due to the appeal of a set schedule with rotating days off. We believe this more efficient schedule will further increase staff retention.

Challenges will arise in almost every endeavor. How those challenges are navigated distinguishes a good partner from the best partner. In partnering with MedHealth, you're not just choosing a healthcare provider; you're selecting a trusted partner dedicated to your success. Together, we navigate challenges with expertise and a commitment to excellence, ensuring that your facility receives the highest standard of care.

We look forward to the opportunity to continue to collaborate with the many excellent Sheriff's Office Team members in the delivery of quality inmate healthcare. Should you require clarification or additional information from us, we are happy to respond.

Thank you again for the opportunity to submit our proposal. We wish you the best as you look to secure evidence-based quality correctional healthcare services.

Respectfully,

A handwritten signature in black ink, appearing to read 'Ken Palombo', with a stylized flourish at the end.

Ken Palombo, JD  
MedHealth, Chief Operating Officer  
(210) 990 - 2936 | ken@mymedtrust.com

# Table of Contents

- A. TRANSMITTAL LETTER** ..... i
  
- B. TECHNICAL PROPOSAL**
  - 1. Introduction** ..... 1
    - a. MedHealth Company Overview ..... 1
      - (1) Date Organized to Provide Health Care Services (Institutional / Correctional) ..... 1
      - (2) Corporate Background and Depth of Support ..... 1
      - (3) Number of Employees ..... 4
      - (4) Number of Years Doing Business ..... 5
      - (5) Company Annual Report and Financial Statement ..... 6
    - b. Current Contracts with Similar Institutions ..... 14
  - 2. Statement of Qualifications** ..... 17
    - a. Organized for the Purpose of Providing Correctional Medical & Mental Health Services ..... 17
    - b. Proven ability for August 27, 2024 Start-Up ..... 18
    - c. Qualified and Trained Staff ..... 19
    - d. Central Office Capability to Supervise and Monitor the Program ..... 19
    - e. Adequate Financial Resources to Perform Project Scope ..... 20
    - f. Evidence of Insurability ..... 20
  - 3. Corporate Tort Claims/Legal Cases** ..... 21
  
- C. MEDICAL HEALTH SUBSTANTIVE PROPOSAL**
  - 1. Business Model/Key Personnel** ..... 23
    - a. Program Model and Service Strategy that Meets NCCHC Standards ..... 23
      - (1) General Healthcare Services ..... 23
        - Admissions Evaluations ..... 23
        - Standardized Health Evaluation Protocols ..... 24
        - Intake Evaluation ..... 25
        - Health Evaluation ..... 26
        - Medical Clearance ..... 27
        - Detoxification and Withdrawal ..... 28
        - Care of Medically Intensive Individuals ..... 28
        - Women’s Specialty Care ..... 29
          - Pregnancy ..... 30
        - Laboratory and Pathology/Radiology Services ..... 30
        - Pharmacy Services ..... 31
        - Emergency Services ..... 32
        - Off-Site Services ..... 34
    - b. Measurable Service Objectives ..... 35
    - c. Transition and Exit Plan ..... 36
  - 2. Responsive Services to Patients** ..... 37
    - a. Treating People Humanely and Respectfully ..... 37
    - b. Minimum Level of Staff to Meet Scope of Work ..... 38
    - c. Planned Operational Staffing Levels ..... 38
    - d. Method to Assure Complete Staffing ..... 39
    - e. Ability to Track and Care for Patients with Chronic Needs ..... 40
    - f. Strategy to Reduce Transportation Costs and Provide Primary Care ..... 40
    - g. Process to Determine and Authorize Off-Site Procedures ..... 41

# Table of Contents

<b>3. Staff Retention and Recruitment</b> .....	42
a. Proven System of Recruiting and Training Staff .....	42
b. Salaries that Align with the US Department of Labor Oregon Wage Scales .....	44
<b>4. Third Party Insurance/Medicaid Knowledge and Capabilities</b> .....	44
a. Work with Insurance Companies, Medicaid and Medicare .....	44
b. Knowledge of Oregon Legislation Affecting Correctional Facilities .....	44
<b>5. Discounted Provider Network</b> .....	45
<b>6. Pharmacy Services</b> .....	45
a. Pharmacy Program .....	45
b. Standard Formulary and Alternative Administration Process .....	46
c. Compliance with Security Procedures .....	46
d. Regional Pricing Consortium .....	47
<b>7. Medication Assisted Treatment Program (MAT)</b> .....	47
<b>8. Discharge Planning/Continuity of Services</b> .....	48
<b>9. ADA Knowledge</b> .....	48
<b>10. CLAS Federal Standard Knowledge and Experience</b> .....	48
<b>11. Infection Control Programs</b> .....	49
<b>12. Electronic Health Records</b> .....	49
<b>13. Reporting Capabilities (Ad Hoc and Standard Suite)</b> .....	50
<b>14. Quality Assurance/Improvement Programs</b> .....	51
<b>D. COST</b>	
<b>1. Proposed Total Cost</b> .....	53
<b>2. Per Diem Cost for ADP over 200 Individuals in Custody</b> .....	55
<b>3. Achieving Favorable Billing Rates with Local Hospitals</b> .....	56
<b>4. Top Medications</b> .....	56
<b>5. Administrative Cost for Providing 3-5 Day Medications to Individuals Being Discharged</b> .....	57
<b>6. Sample Invoice</b> .....	57
<b>7. Any Additional Costs With the Transition Plan</b> .....	58
<b>8. Strategy for Controlling Emergency and Inpatient Hospital Costs</b> .....	58
<b>9. Any Additional Costs</b> .....	58
<b>10. Costs for Alternative Staffing Plans</b> .....	58

# B. Technical Proposal



## 1. Introduction

### a. MEDHEALTH COMPANY OVERVIEW

- (1) Date **MedTrust** was established to provide health care services in institutional facilities: **2004**  
Date **MedHealth** was established to provide health care services in correctional facilities: **2021**

#### (2) CORPORATE BACKGROUND AND DEPTH OF SUPPORT

Established in 2004 by dedicated active-duty nurses in San Antonio, Texas, the MedTrust family, has evolved into a premier provider of healthcare and mental health services dedicated to meeting the healthcare requirements of federal, state, local and private sectors. In 2013, MedTrust transitioned to MedTrust, LLC, marking a significant step in our growth. Over the ensuing decade, we have expanded our reach, offering unmatched healthcare and mental health services across a diverse range of institutions, including prestigious establishments like Walter Reed Hospital, community-focused initiatives like Nevada Cares Homeless Campus, and correctional facilities nationwide.

MedHealth, a proud member of the MedTrust family, is our division dedicated exclusively to providing healthcare services for law enforcement facilities. Delivered by a seasoned team of skilled healthcare professionals well-versed in the intricacies of correctional healthcare, our services ensure safe, effective and quality care. Our comprehensive programs encompass a diverse range of medical, dental, and mental health services meticulously designed to address prevalent health issues among incarcerated populations. Our unwavering commitment has been to elevate healthcare standards for incarcerated individuals, ensuring compassionate and responsive healthcare for every person in custody.

#### Robust Corporate Support

Experienced in navigating the complexities of correctional healthcare, our Corporate Leadership Team provides a solid infrastructure of caring and trusted healthcare professionals that will deliver the best possible solution to positively impact your facility. Organizationally, we follow a hierarchical organizational structure designed to streamline communication, promote efficiency, and ensure clear lines of authority. The following pages include an overview of our Key Team Members and the roles they fulfill. These are the team members that are actively involved in managing your program, bringing their expertise and dedication to ensure we provide Yamhill County with the highest quality of care.

### EXECUTIVE LEADERSHIP



#### Keren Williams McLendon | Chief Executive Officer

Bringing over 25 years of experience in healthcare contracting and organizational leadership, Ms. McLendon seamlessly blends innovative business acumen with an unwavering commitment to providing clients with superior and transparent customer service and support. In her role, she establishes corporate goals, assists managers in business development, and ensures that safety and quality programs are not only compliant and effective but also consistently maintained in alignment with customer requirements. Ongoing communication with the MedHealth Leadership Team,

active participation in key meetings and events, and systematic reviews of contract deliverables, Ms. McLendon guarantees that MedHealth consistently delivers outstanding service and care for those under our care.



**Ken Palombo, J.D. | Chief Operating Officer**

As Chief Operating Officer, Mr. Ken Palombo oversees MedHealth’s business strategies and corporate operations. With over 25 years of healthcare experience in the public and private sectors, Mr. Palombo has served in executive positions for some of the largest correctional healthcare companies in the nation. His expertise continues to refine the delivery of efficient and effective healthcare to ensure our teams continuously achieve healthcare delivery in support of our mission and values. Ken will oversee critical aspects of the YCCF/YYSC Medical Health Services Program, including:

- ▶ **Operational Leadership:** Providing strategic direction and leadership in developing and implementing operational policies and procedures to ensure compliance with regulatory standards and guidelines.
- ▶ **Contract Compliance:** Ken’s expertise guarantees seamless alignment of the County program with the contract, MedHealth’s protocols, and industry standards, ensuring expectations are met or exceeded.
- ▶ **Collaboration and Communication:** Collaborating and facilitating communication among the leadership team to ensure alignment between operational and program goals.
- ▶ **Patient-Centric Care:** Focusing on patient interactions and community relations, Ken ensures our team realizes our commitment to delivering personalized, transparent, and realistically priced care.



**Juan Rudy Nunez Minaya, MD, CCHP-CP, FACCP  
Corporate Medical Director**

Dr. Nunez brings a wealth of experience to his role, with over 29 years of correctional medicine experience. Previously, he served as the Chief Medical Officer of one of the nation’s largest correctional healthcare companies in the US, where he was responsible for the medical care of tens of thousands of individuals in custody nationwide. At MedHealth, Dr. Nunez leads the charge in crafting our medical strategies, ensuring they align with the complex medical and mental healthcare requirements of our patients. He serves as a beacon of leadership and guidance for our on-site team members, ensuring seamless execution of our healthcare initiatives.

Key elements of his role include collaboration with executive leadership to develop and implement medical policies and strategies; ensuring compliance with medical standards and regulations; collaborating with medical staff and professionals to improve patient care and outcomes; and providing guidance and leadership on medical and clinical issues.

Not only is Dr. Nunez dedicated to his role within MedHealth, but he also plays an active role in the National Commission on Correctional Health Care (NCCHC). He serves as a presenter, trainer, and active auditor of facilities around the country. His expertise in Medication-Assisted Treatment (MAT) and Medications for Opioid Use Disorder (MOUD), encompassing induction and continuation, has established him as a leading expert in the field.



**Alicia Passaretti, RN, CCHP | Clinical Correctional Health Program Director & Corporate Training Specialist**

At MedHealth, the Correctional Clinical Program Director is responsible for leading and managing our correctional healthcare programs, ensuring the delivery of high-quality patient care, overseeing program development, and collaborating with clients and healthcare professionals to maintain compliance with regulatory standards and enhance the overall effectiveness of clinical services. Alicia has over 15 years working within correctional healthcare serving as a floor nurse, Director of Nursing, Health Services Administrator, and now as MedHealth’s Clinical Correctional Health Program Director. Her role focuses on:

- ▶ **Strategic Visioning:** Leading the formulation and implementation of MedHealth’s clinical programs, ensuring the highest standards of care.
- ▶ **Comprehensive Oversight:** Supervision of the quality and efficacy of healthcare services provided to patients under our care. This includes clinical protocol adherence reviews, budget management and resource allocation reviews, staff training requirement reviews, and patient care delivery reviews.
- ▶ **Leadership and Guidance:** Alicia plays an important role in providing guidance and mentorship to our team and to the healthcare professionals in the field, instilling a commitment to compassionate, patient-centric care throughout the organization.

**OPERATIONAL LEADERSHIP**



**Christi Franklin, LPN, CCHP | Yamhill County Program Manager**

The inmate healthcare services program at Yamhill County will continue to be under the care of one of our most trusted and experienced Program Managers, Christi Franklin. In the context of correctional healthcare services, the Program Manager must navigate the unique challenges of healthcare delivery within a secure and regulated environment while ensuring the well-being of both healthcare providers and detainees. Christi has over 10 years of experience as a correctional healthcare nurse, having served in various roles such as floor nurse, HSA, Corporate Training Specialist, and Education and Travel Team Manager. Entrusted with overseeing the correctional healthcare services program for Yamhill County, Ms. Franklin will oversee critical areas of your program, including:

- **Program Development:** Collaborate with healthcare professionals, correctional staff, and administration to develop a targeted Yamhill County healthcare program.
- **Planning and Implementation:** Development and coordination of goals and objectives with administration, security and medical staff to ensure a high-quality healthcare program. Regular on-site visits ensure compliance, proper patient care, strong community relationships, and client satisfaction
- **Budget management:** Monitoring expenditures and ensuring the Yamhill County program is operating within the allocated financial resources.
- **Resource Allocation:** Collaborating with the operational team and jail administration to allocate resources efficiently and optimizing utilization to enhance the delivery of responsive healthcare services.
- **Quality Assurance:** Ms. Franklin is there to implement and monitor the quality of our program, ensuring we meet or exceed your established standards. Regular program evaluations and assessments by Christi will identify areas of program strength and areas for improvement. Her in-depth understanding of NCCHC standards is an asset in developing and maintaining quality measures, ensuring compliance with regulations, and implementing high-quality healthcare practices.
- **Stakeholder Communication:** Ms. Franklin serves as the liaison between on-site operations, Yamhill County, and MedHealth’s management and is skilled at fostering an environment of open communication and collaboration.

**(3) NUMBER OF EMPLOYEES: YAMHILL COUNTY ON-SITE KEY EMPLOYEES**

The success of any healthcare initiative hinges not only on visionary leadership but also on the dedication and expertise of the operational staff. At MedHealth, our Program Manager stands at the forefront, guiding the strategic direction of each site. However, behind every effective manager is a team of committed professionals who work tirelessly to ensure seamless operations and the delivery of quality care. From healthcare administrators to specialized medical personnel, our staff supporting the Program Manager form an integral part of our organizational structure, contributing their skills and passion to uphold our mission of excellence in healthcare delivery. As your current provider, MedHealth already has the team in place to successfully manage your contract. This team includes **18** members of our leadership and corporate team and **9 FTE** members of our on-site operational team, as outlined in the following tables:

Key Leadership and Corporate Team Available to Perform and Support the Yamhill Contract	
Keren Williams McLendon, CEO	Dave Zynn, CFO
Ken Palombo, COO	Contract Administration Team
Juan Rudy Nunez Minaya, Corporate Medical Director	Credentialing Team
Alicia Passaretti, Clinical Program Director	Recruiting Team
Christi Franklin, Program Manager	Accounts Receivable
Brandon Roat, Human Resources Manager	Accounts Payable
Corporate Training Team	Payroll

On-Site Permanent Full-Time Key Professional Employee Classification and Pay Plan	
Health Services Administrator (HSA) - (1) FTE	\$48.00 - 52.00 per hour
Registered Nurse - (1) FTE	\$51.00 - 55.00 per hour
Licensed Practical Nurse(s) - (6) FTE	\$38.00 - 44.00 per hour
Medical Records/Administrative Assistant - (1) FTE	\$25.00 - 28.00 per hour

**Subcontractors**

MedHealth currently engages the following subcontractors for the provision of Correctional Medical Health Services at YCCF. Upon approval, we will continue to use these subcontractors. All subcontract agreements will align with the terms of the Yamhill/MedHealth contract, and copies of these contracts will be submitted to the County prior to renewal. Current proposed subcontractors include:

Proposed Subcontractors	
Mountainview Oral Surgery	Dentistry
Evans Street Dental	Dentistry
Williamette Valley Hospital	Hospital
Providence Hospital	Hospital
Williamette Women’s Health Center	OBGYN
Williamette Valley Orthopedics & Sports Medicine	Orthopedic
Retina Consultants	Ophthalmology
McMinnville Fire	Ambulance
Labcorp	Labs
Diamond Pharmacy Services	Pharmacy
Recology	Biohazard
Norco Medical Supplies	Oxygen
TridentCare	Mobile X-Ray

**(4) NUMBER OF YEARS DOING BUSINESS UNDER PRESENT AND PRIOR NAMES:**

MedTrust has been a premier provider of healthcare and mental health services for federal, state, local and private sectors for over twenty years. In 2021, MedTrust developed MedHealth, a MedTrust division dedicated to the delivery of correctional healthcare services. MedHealth has actively been providing correctional healthcare services for three years.

**(5) COMPANY REPORT AND MOST RECENT FINANCIAL STATEMENT****MedTrust, LLC  
Statement of Operations-Unaudited  
Six Months Ended June 30, 2024**

Revenue	\$ 7,612,159
Cost of Sales:	
Direct Costs	5,354,837
Fringe	1,255,337
Overhead Costs	<u>292,662</u>
Total COGS	<u>6,902,836</u>
Gross Profit	709,323
SG&A	948,176
B&P	<u>7,291</u>
EBITDA (exluding JV Income)	<u>(246,144)</u>
JV Income	571,377
EBITDA-Including JV Income	<u>325,233</u>
Other Income and Expenses:	
Depre. and Amort.	10,408
Interest Expense	<u>118,466</u>
Net Income	<u><u>196,359</u></u>

**MedTrust, LLC**  
**Balance Sheet-Unaudited**  
**As of June 30, 2024**

Assets:	
Cash	\$ 1,765,705
Accounts Receivable	2,688,114
Prepays	85,673
Total Current Assets	<u>\$ 4,539,492</u>
Fixed Assets, Net	12,223
Investment in JV	2,692,618
Other assets	6,350
Total Assets	<u><u>\$ 7,250,683</u></u>
Liabilities:	
Accounts Payable	\$ 685,963
Accrued Liabilities	643,710
Accrued Payroll/Taxes	1,928,470
LOC Borrowings	-
Current Portion-Bank Debt	966,612
Total Current Liabilities	<u>\$ 4,224,755</u>
Long-term Bank Debt	793,443
Note Payable/Interco RVA	7,305,301
Total Liabilities	<u>\$ 12,323,499</u>
Equity	<u>\$ (5,372,816)</u>
Total Liabilities and Equity	<u><u>\$ 7,250,683</u></u>



## Business Information Report Snapshot

MEDTRUST, L.L.C.

D-U-N-S: 02-160-5592

ADDRESS: 8610 Broadway Street, Ste 270, San Antonio, TX, 78217, United States

Date: 02/14/2024

### RISK ASSESSMENT

SCORES AND RATINGS				
Max. Credit Recommendation	PAYDEX® SCORE	Delinquency Predictor Percentile	Financial Stress Percentile	Supplier Evaluation Risk Rating
US\$ 1,230,000	<b>80</b> LOW RISK	<b>92</b> LOW RISK	<b>78</b> LOW-MODERATE RISK	<b>1</b> LOW RISK

#### MAXIMUM CREDIT RECOMMENDATION

Overall Business Risk

LOW

LOW-MODERATE

MODERATE

MODERATE-HIGH

HIGH

Maximum Credit Recommendation

US\$ 1,230,000

The recommended limit is based on a low probability of severe delinquency.

Dun & Bradstreet Thinks...

- Overall assessment of this organization over the next 12 months: VERY STABLE CONDITION
- Based on the predicted risk of business discontinuation: HIGH LIKELIHOOD OF CONTINUED OPERATIONS
- Based on the predicted risk of severely delinquent payments: VERY LOW POTENTIAL FOR SEVERELY DELINQUENT PAYMENTS

#### PAYDEX® SUMMARY

3 Months

80

Low Risk (100) High Risk (1)

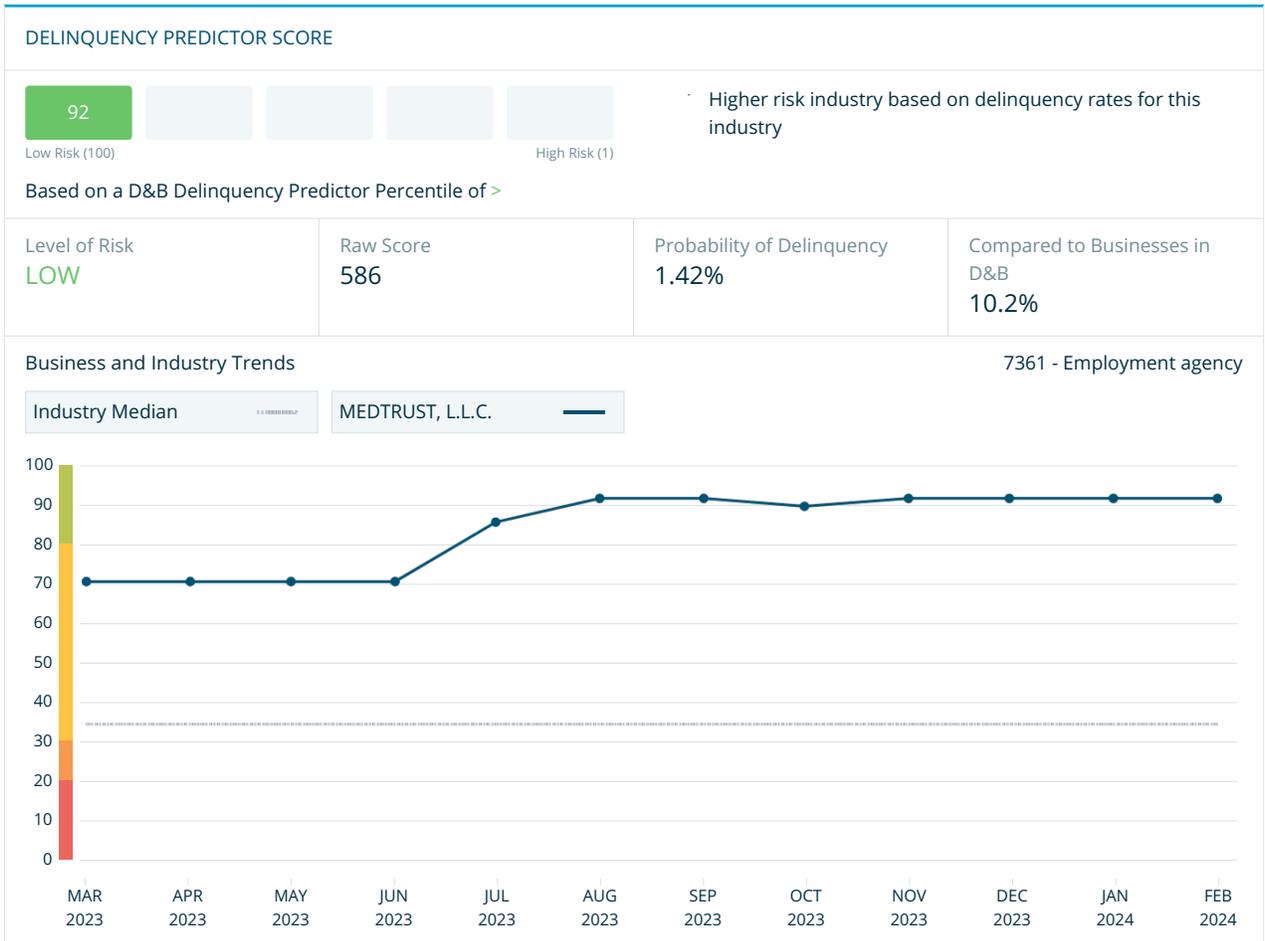
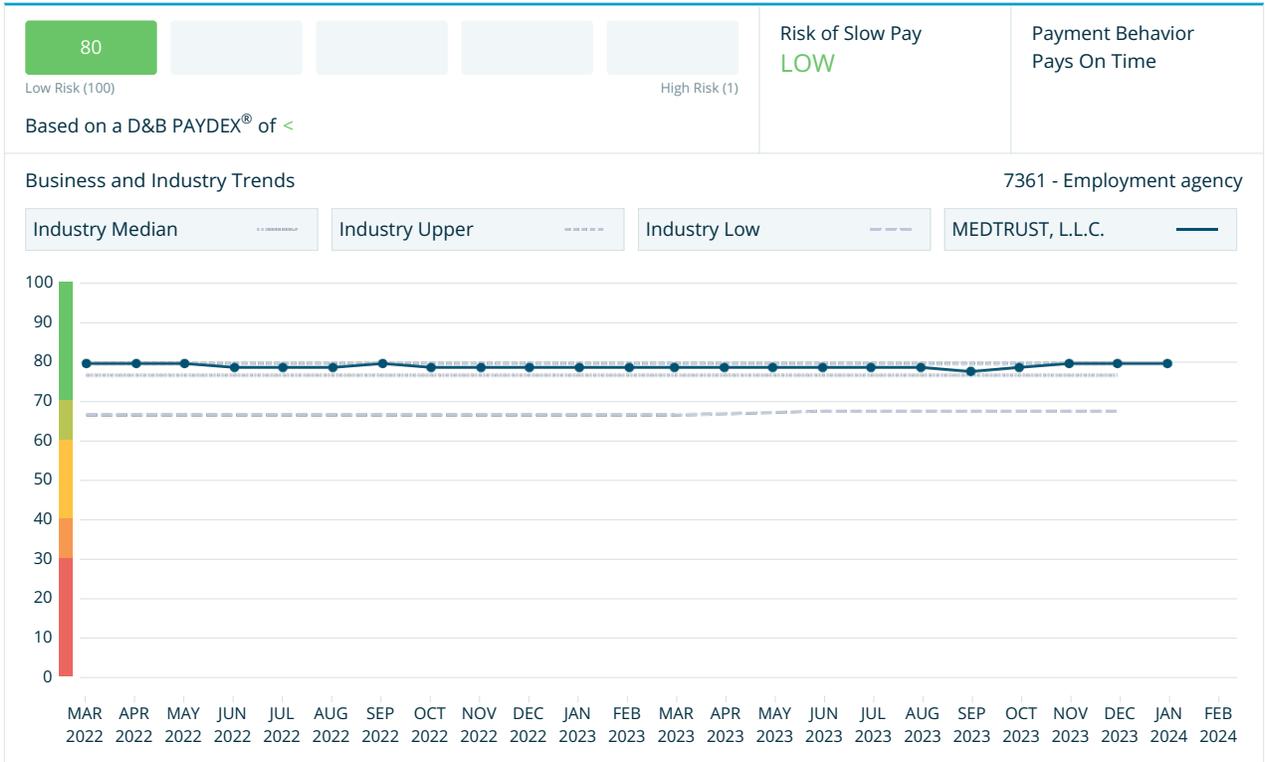
24 Months

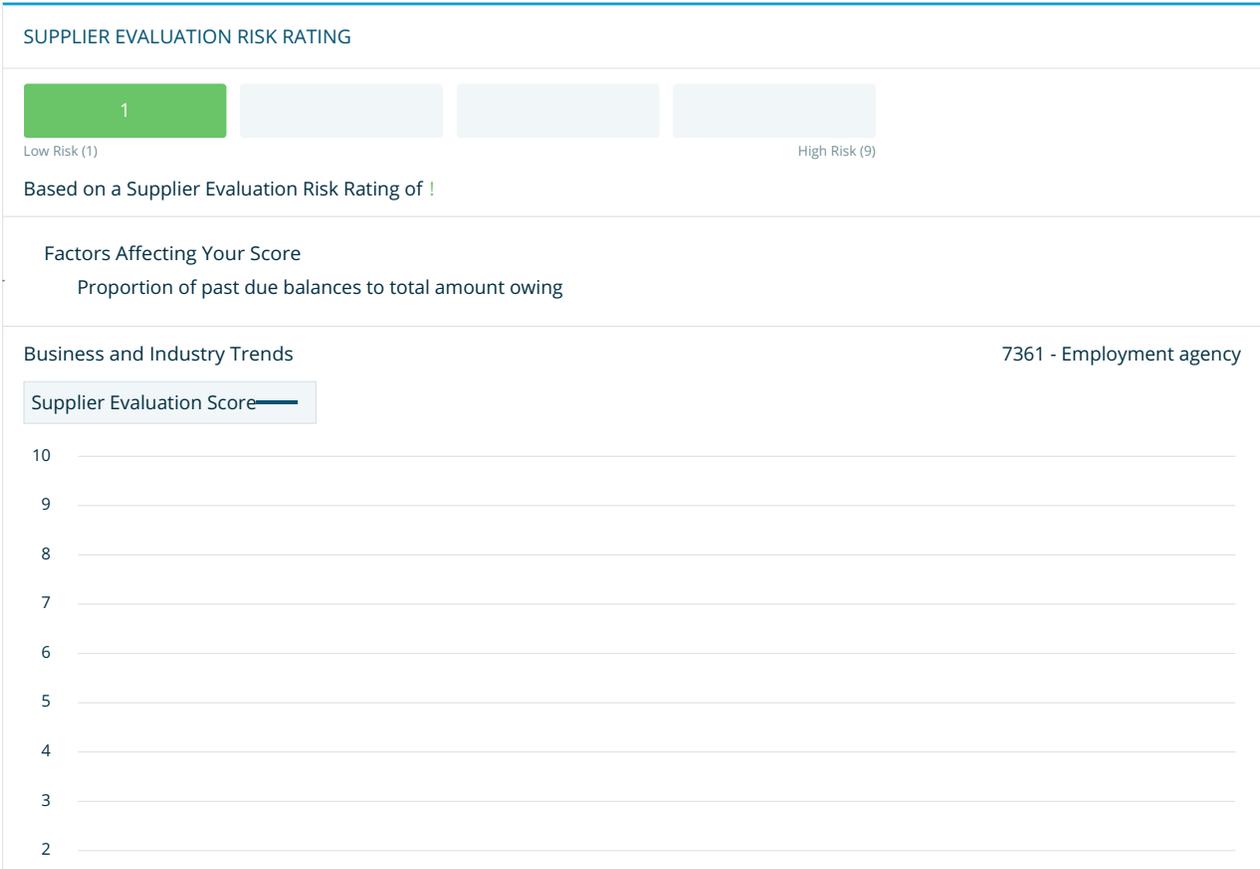
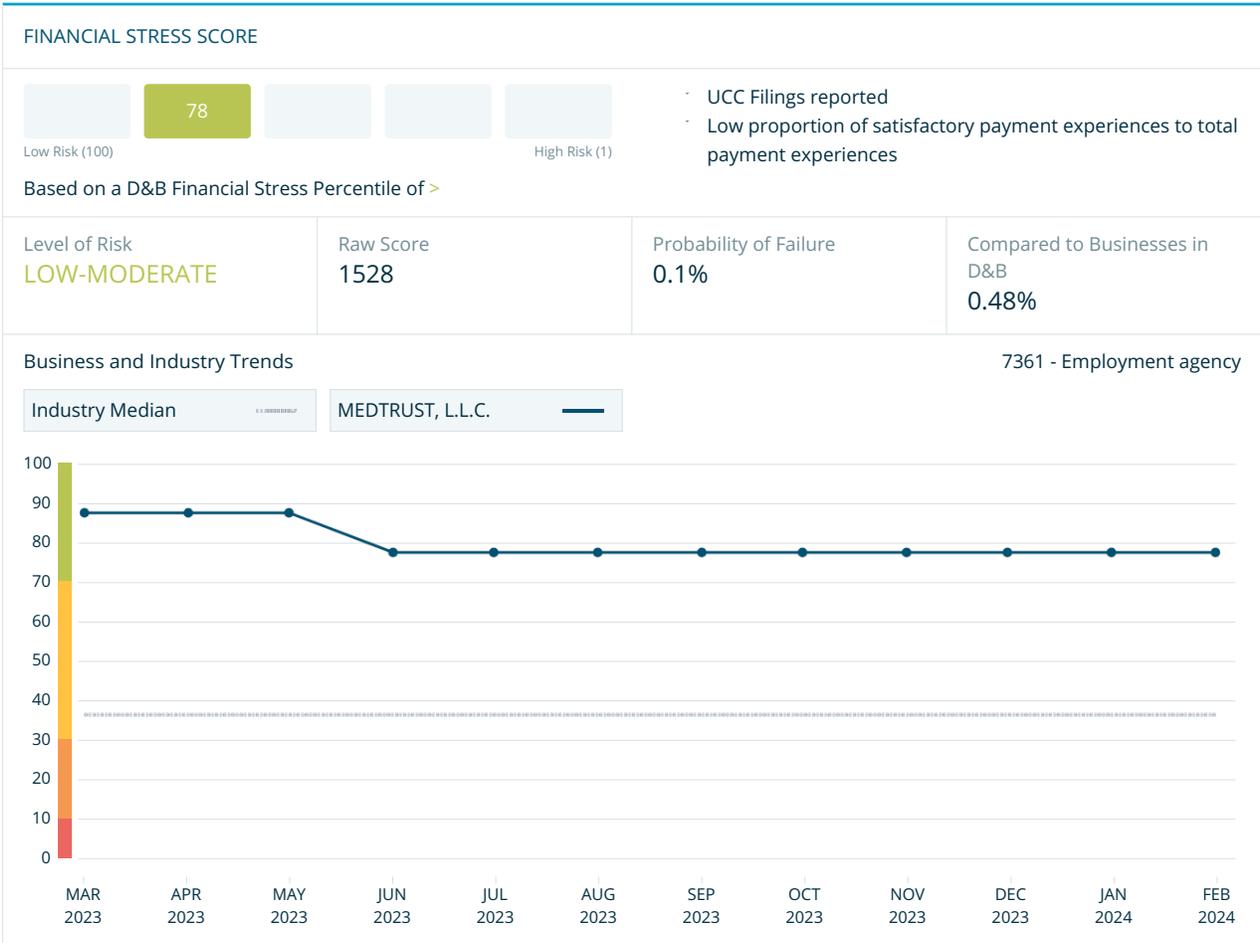
80

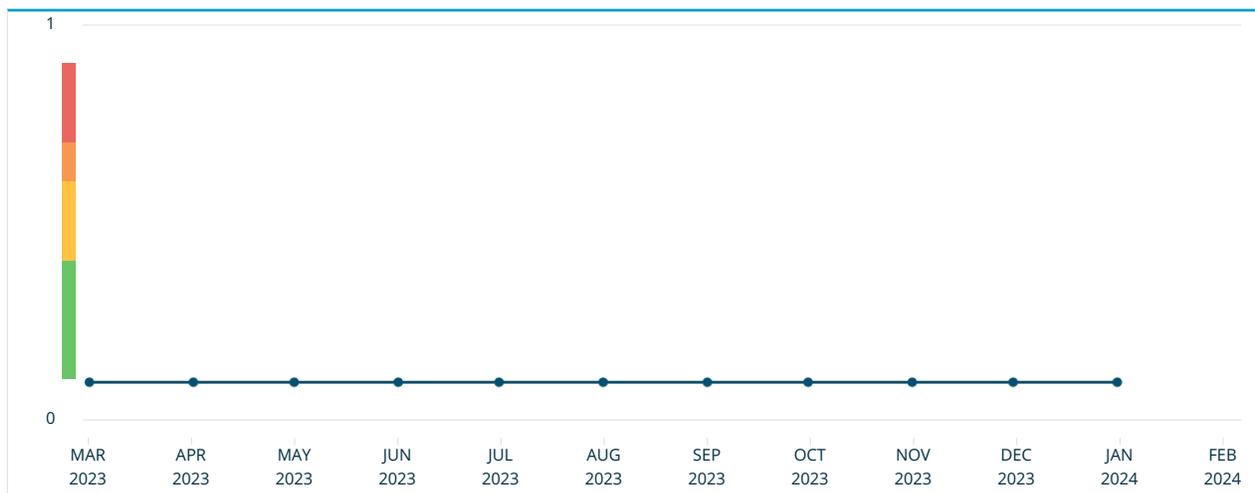
Low Risk (100) High Risk (1)

When weighted by dollar amount, payments to suppliers on average, are on time. Value is based on payments collected over the last **3 months**.

PAYDEX® Based on 24 months of data







D&B RATING

Current Rating as of 08-25-2016

Special Rating

--: Undetermined

Previous Rating

Risk Indicator

2: Low Risk

TRADE PAYMENTS

TRADE PAYMENTS SUMMARY		Based on 24 months of data
Overall Payment Behavior <b>0</b> Days Beyond Terms	% of Trade Within Terms <b>100%</b>	Highest Past Due <b>US\$ 0</b>
Highest Now Owing: US\$ 100	Total Trade Experiences: 18 Largest High Credit: US\$ 2,500 Average High Credit: US\$ 1,257	Total Unfavorable Comments : 0 Largest High Credit: US\$ 0 Total Placed in Collections: 0 Largest High Credit: US\$ 0

TRADE PAYMENTS BY CREDIT EXTENDED			
\$ CREDIT EXTENDED	% OF PAYMENTS WITHIN TERMS	# PAYMENT EXPERIENCES	TOTAL & DOLLAR AMOUNT
OVER 100,000	0%	0	\$0
50,000 - 100,000	0%	0	\$0
15,000 - 49,999	0%	0	\$0
5,000 - 14,999	0%	0	\$0
1,000 - 4,999	100%	3	\$7,500
UNDER 1,000	100%	4	\$1,300

TRADE PAYMENTS BY INDUSTRY			
<a href="#">Collapse All</a>   <a href="#">Expand All</a>			
Industry Category	Number of Payment Experiences	Largest High Credit (US\$)	% Within Terms (Expand to View)
↕48 - Communications	1	2,500	
4813 - Telephone Communicatns	1	2,500	100
↕93 - Public Finance Taxation And Monetary Policy	1	2,500	
9311 - Public Finance	1	2,500	100
↕99 - Nonclassifiable Establishments	1	2,500	
9999 - Nonclassified	1	2,500	100

↘50 - Wholesale Trade - Durable Goods	1	500	
5084 - Whol Industrial Equip	1	500	100
↘73 - Business Services	1	500	
7361 - Employment Agency	1	500	100
↘61 - Nondepository Credit Institutions	1	250	
6159 - Misc Business Credit	1	250	100
↘51 - Wholesale Trade - Nondurable Goods	1	50	
5112 - Whol Office Supplies	1	50	100

TRADE LINES						
Date of Experience	Payment Status	Selling Terms	High Credit (US\$)	Now Owes (US\$)	Past Due (US\$)	Months Since Last Sale
01/2024	Prompt	-	250	0	0	1 Month
12/2023	Prompt	-	2,500	0	0	1 Month
12/2023	Prompt	-	500	100	0	1 Month
12/2023	-	Cash Account	100	-	-	1 Month
11/2023	-	Cash Account	100	-	-	Between 6 and 12 Months
10/2023	Prompt	-	500	0	0	Between 6 and 12 Months
10/2023	-	Cash Account	250	-	-	Between 2 and 3 Months
10/2023	-	Cash Account	50	-	-	Between 6 and 12 Months
09/2023	-	-	50	-	-	1 Month
08/2023	-	Cash Account	500	-	-	1 Month
08/2023	-	-	100	-	-	1 Month
07/2023	Prompt	-	2,500	-	-	1 Month
07/2023	-	Cash Account	50	-	-	1 Month
05/2023	-	Cash Account	50	-	-	1 Month
04/2023	-	Cash Account	50	-	-	Between 2 and 3 Months
09/2022	Prompt	-	2,500	0	0	Between 6 and 12 Months
08/2022	Prompt	N30	50	0	0	Between 6 and 12 Months
06/2022	-	Cash Account	50	-	-	Between 4 and 5 Months

**b. CURRENT CONTRACTS WITH SIMILAR CORRECTIONAL FACILITIES**

At MedHealth, our mission goes beyond merely providing healthcare – it is about redefining correctional healthcare altogether. We bring a wealth of experience to the table, with experience spanning facilities with average daily populations ranging from 50 to 600. Currently, MedHealth/ MedTrust is trusted with the well-being of thousands of patients each week, including those at Yamhill County.

Actively overseeing healthcare programs at eight (8) correctional facilities, we fully understand the complexities of maintaining consistent, quality healthcare for individuals in custody while handling the pressures of rising costs. Below are eight references representing correctional contracts managed by our team. When contacting references, feel free to inquire about the client’s experience. Our ultimate objective is not only to meet but to exceed our clients’ expectations, fostering a lasting and positive impact on their overall well-being.

**1. YAMHILL COUNTY CORRECTIONAL FACILITY & JUVENILE DETENTION CENTER (OREGON)**

Name of Client: Yamhill County, OR  
 Date & Term of Original Contract: Active - 8/27/23 – 8/26/2024  
 Type of Contract: Fee for Service Plus Costs  
 Dollar Value: \$1,530,452.27  
 Services Provided: 24/7 Inmate Medical/Mental/Dental - 109 ADP  
 Reference: Undersheriff Brandon Bowdle  
 Address: 535 NE 5th St., McMinnville, OR 97128  
 Phone: (503) 434-7443  
 Email: bowdleb@yamhillcounty.gov

**2. COLUMBIA COUNTY JAIL (OREGON)**

Name of Client: Columbia County, OR  
 Date & Term of Original Contract: Active - 12/1/23 – 11/30/2024  
 Type of Contract: Fee for Service Plus Costs  
 Dollar Value: \$1,452,158.83  
 Services Provided: 24/7 Inmate Medical/Mental/Dental - 70 ADP  
 Reference: Captain James MacFarlane, Jail Administrator  
 Address: 901 Port Avenue, St. Helens, OR 97051  
 Phone: (503) 366-4638  
 Email: james.macfarlane@columbiacountyor.gov

**3. UMATILLA COUNTY JAIL (OREGON)**

Name of Client: Umatilla County, OR  
 Date & Term of Original Contract: Active - 8/18/23 – 6/30/2024  
 Type of Contract: Fee for Service Plus Costs  
 Dollar Value: \$1,982,343.26  
 Services Provided: 24/7 Inmate Medical/Mental/Dental - 134 ADP  
 Reference: Captain Kenny Franks, Jail Administrator  
 Address: 4700 N W Pioneer Place, Pendleton, OR 97801  
 Phone: (541) 966-3637  
 Email: kenny.franks@umatillacounty.gov

**4. COOS COUNTY JAIL (OREGON)**

Name of Client: Coos County, OR  
 Date & Term of Original Contract: Active - 8/17/23 – 8/16/24  
 Type of Contract: Fee for Service Plus Costs  
 Dollar Value: \$891,332.84  
 Services Provided: Inmate Medical/Mental/Dental - 85 ADP  
 Reference: Captain Darius Mede, Jail Commander  
 Address: 200 E. 2nd Street, Coquille, OR 97423  
 Phone: (541) 404-5393  
 Email: dmede@co.coos.or.us

**5. FAYETTE COUNTY JAIL (TENNESSEE)**

Name of Client: Fayette County, TN  
 Date & Term of Original Contract: Active - 12/1/22 – 11/30/2023 (Base)  
 12/1/2023 – 11/30/2024 (Option Year One)  
 Type of Contract: Fee for Service Plus Costs  
 Dollar Value: \$864,515.50 (Base Year)  
 \$896,502.57 (Option Year One)  
 Services Provided: 24/7 Inmate Medical/Mental/Dental – 70 ADP  
 Reference: Raymond Garcia, III, Administrative Chief  
 Address: 705 Justice Dr., Somerville, TN 38068  
 Phone: (901) 826-9658  
 Email: rgarcia@fcsotn.org

**6. LARAMIE COUNTY DETENTION CENTER AND JUVENILE SERVICES CENTER (WYOMING)**

Name of Client: Laramie County, WY  
 Date & Term of Original Contract: Active - 3/27/24 – 3/26/2025  
 Type of Contract: Fee for Service Plus Costs  
 Dollar Value: \$3,883,991.92  
 Services Provided: 24/7 Inmate Medical/Mental/Dental - 250 ADP  
 Reference: Chance Walkama, Undersheriff  
 Address: 1910 Pioneer Avenue, Cheyenne, WY 82001  
 Phone: (307) 633-4712  
 Email: chance.walkama@laramiecountyyw.gov

**7. SUMTER COUNTY JAIL AND CORRECTIONAL FACILITY (GEORGIA)**

Name of Client: Sumter County, GA  
 Date & Term of Original Contract: Active - 10/15/23 – 10/14/2024  
 Type of Contract: Fee for Service Plus Costs  
 Dollar Value: \$1,101,905  
 Services Provided: 24/7 Inmate Medical/Mental/Dental - 600 ADP  
 Reference: Michael Hernandez, Chief Deputy  
 Address: 352 McMath Mill Road, Americus, GA 31719  
 Phone: (229) 938-3536  
 Email: mhernandez@sumtercountyyga.us

**8. KENDALL COUNTY DETENTION CENTER (TEXAS)**

Name of Client:	Kendall County, TX
Date & Term of Original Contract:	Active - 10/1/23 - 9/30/2024
Type of Contract:	Fee for Service
Dollar Value:	\$33,114.07
Services Provided:	Provider Services - 100 ADP
Reference:	Lt. Robert Green, Jail Administrator
Address:	8 Staudt St, Box #7, Boerne, TX 78006
Phone:	(830) 249-4989
Email:	robert.green@co.kendall.tx.us

## 2. Statement of Qualifications

- a. **MedHealth is organized for the purpose of providing correctional medical and mental health services with three years proven effectiveness in administering large scale correctional medical services programs; and through our parent company, MedTrust, over twenty years experience working within federal, state, local, and private institutions.**

A trusted name in correctional healthcare, MedHealth is guided by an experienced and responsive Correctional Healthcare Leadership team. More than experts, we form a dedicated collective with a singular mission: to provide high-quality healthcare services across diverse client, facility, and community needs. Drawing from over 100 years of combined experience across a range of large scale and small-scale corrections medical services programs nationwide, we operate as a tight-knit local healthcare team exclusively tailored for law enforcement facilities, allowing us to streamline administrative processes, reduce recidivism, and maintain a superior, patient-centric standard of care while prioritizing individualized services and patient well-being.

Embracing our intimate size, we take immense pride in our ability to uphold a high standard of quality care and deliver exceptional customer services. This focused strategy allows us to be agile and responsive to the specific requirements of our clients, fostering a more tailored and effective healthcare experience. Ultimately, our goal is to not only meet but exceed the expectations of our clients, creating a lasting and positive impact on their overall well-being.



The Joint Commission Gold Seal of Approval is a prestigious accreditation awarded to healthcare organizations in the United States that meet specific performance standards in areas such as patient safety, quality of care, and organizational management. Achieving the Gold Seal of Approval signifies a commitment to maintaining and continuously improving these standards within the accredited organization. MedTrust/MedHealth proudly maintains the nationally recognized Gold Seal of Approval accreditation from The Joint Commission, a testament to our team’s unwavering commitment to providing care of the highest quality and safety for those we serve.

Moreover, our leadership boasts a proven track record in obtaining and maintaining industry, and state accreditation, including the National Commission on Correctional Care (NCCHC) and the American Correctional Association (ACA). MedHealth’s Chief Medical Director serves as an active NCCHC Auditor, highlighting our knowledge and expertise in attaining and upholding this prestigious accreditation.

Detention and Corrections Facilities (cont'd)	NCCHC	ACA	PREA
Baker County, Florida			X
Broward County, Florida	X	X	
Collier County, Florida	X		X
Lake Country, Florida	X		

Detention and Corrections Facilities (cont'd)	NCCHC	ACA	PREA
Lake Country, Illinois	X	X	X
Lee County, Florida	X		
Manatee County, Florida		X	X
Martin County, Florida	X		
Minnehaha County, South Dakota	X		
Monroe County, Florida	X	X	
Osceola County, Florida	X		
Palm Beach County, Florida	X	X	X
Pamunkey Regional Jail, Virginia		X	X
Sarasota County, Florida	X		
Santa Rosa County, Florida	X		X
Volusia County, Florida	X		X
Oklahoma County Jail, Oklahoma	X	X	
ICA Farmville, Virginia	X	X	

The table above represents various certifications and standards that were achieved and maintained for correctional facilities across the United States.



In addition to honors our organization has received and to our success in obtaining and maintaining accreditations for our client partners; to ensure we are providing the highest level of expertise for your program, each MedHealth Correctional Program Manager is a Certified Correctional Health Professionals (CCHP). Our team’s participation in this program recognizes the mastery of national standards and knowledge expected of leaders in this complex, specialized field and signifies leadership, commitment, and expertise.

As a trusted and qualified partner in the provision of correctional healthcare services, MedHealth is driven by a commitment to excellence, compliance with regulations, and a patient-centric approach tailored to the distinctive challenges of correctional environments. Our mission is to contribute to the well-being of individuals in custody by delivering compassionate, effective, and innovative healthcare solutions designed to support the overall health and well-being of those under our care.

**b. Proven ability for contract start-up by August 27, 2024**

As the current provider of medical health services at the Yamhill County Correctional Facility and Youth Services Center, MedHealth, LLC, has a proven track record of effective contract management and seamless operations. Our established presence and familiarity with your facility ensures that we can smoothly transition into the new contract period starting on August 27, 2024. If necessary, we are prepared to collaborate with facility management to address any specific requirements ahead of the start date, ensuring uninterrupted and high-quality healthcare services for individuals in custody.

### **c. A Qualified and Trained Staff**

Employees are the most valuable assets in corrections healthcare, especially when they are well-managed, thoroughly trained, and appropriately utilized for success. At MedHealth, our goal is to recruit and develop a well-trained, experienced, and dedicated workforce to deliver the most cost-effective healthcare for our clients and those under our care. As the incumbent provider, MedHealth already employs a team of qualified and trained staff who are well-versed in the requirements of the Yamhill County Correctional Facility and Youth Services Center. We also understand the wages necessary to fully staff your medical program. Recognizing the critical importance of maintaining continuity of care and ensuring the safety and security of your facility, we have adjusted our rates for this proposal to more effectively attract and retain quality staff and limit vacancies.

Vacancies can strain resources and compromise the effectiveness of healthcare delivery. Our personnel are supported by a robust backup team to ensure continuity of care and operational efficiency. Depending on the length of the vacancy, MedHealth utilizes one of three approaches to sufficiently back-up personnel, so we successfully meet Yamhill County contract requirements. For short vacancies, such as one or two shifts, we utilize our existing staff to ensure coverage. This may involve calling in a staff member who is scheduled to be off or tapping into our PRN pool— a group of caregivers who are trained in our policies and the specific requirements of your facility and are available to work as needed. Moderate vacancies are covered by members of our corporate nursing team, who are our employees trained to assist as needed and fill in during vacancies. These employees are well versed in your facility requirements and are often a part of the team that initially transitioned your facility and trained incoming staff. As a last resort, and in very rare cases, we may hire agency nurses to fill a vacancy. Company wide, we have used agency nurses only three times in the last year, but it remains an option should the need arise.

MedHealth is committed to ensuring that staffing vacancies do not compromise the quality of care provided to individuals in custody and will remain vigilant in our efforts to fill vacancies promptly and efficiently. We are also dedicated to hiring individuals who will strictly follow all rules, policies, and procedures of the counties with whom we partner. A condition of employment with MedHealth is that the employee sign an acknowledgment in their job description stating that he/she will adhere to not only MedHealth's rules and procedures, but also the county's rules and policies. Random on-site audits are conducted by corporate staff to ensure that quality care is being given, documentation is thoroughly completed, and all rules and policies of both MedHealth and the County are being followed. We also encourage our county partners to communicate with us if there is ever a concern about an employee so that we may investigate that concern and take action as appropriate.

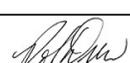
### **d. Central Office Capability to Supervise and Monitor the Program**

MedHealth provides comprehensive operational and administrative support to each of our service sites through our San Antonio Headquarters and Oklahoma City Office. This support enables our team to fully monitor programs and ensure we meet your needs and requirements. Our centralized support includes contract administration, finance, accounting, billing, payroll, human resources, benefits administration, and medical management, among other essential administrative functions. This infrastructure ensures that we meet Yamhill County's performance goals and provide expertise and hands-on support to our on-site team.

**e. MedHealth has adequate financial resources to perform the contract scope and maintain personnel and supplies at sufficient levels at all times.**

MedHealth maintains a strong financial position, prioritizing the delivery of consistent, dependable, and financially responsible medical and mental healthcare services to our clients. Throughout the past two decades, MedTrust's sustained success has been anchored in principles of fiscal responsibility, fostering exceptional client relations, and an unwavering commitment to providing high-quality patient care. With confidence and as evidenced by our most recent financial statement included within this proposal, we affirm our enduring financial strength, assuring our capability to fully perform the contract scope and maintain personnel and supplies at sufficient levels at all times during the contract term as outlined in the Yamhill County Correctional Medical Health Services RFP.

**f. Evidence of Insurability**

		<b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 08/25/2023		
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.						
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER McGriff Insurance Services, LLC P. O. Box 10265 Birmingham, AL 35202			CONTACT NAME: Leah Spangle ext. 9481 PHONE (A/C, No. Ext.): 1-800-476-2211 FAX (A/C, No): E-MAIL ADDRESS: lspangle@mcgriff.com			
INSURED MedTrust Holdco LLC dba MedTrust LLC 535 NE Street McMinnville, OR 97128			INSURER(S) AFFORDING COVERAGE INSURER A :Aspen Specialty Insurance Company NAIC # 10717 INSURER B :QBE Insurance Corporation 39217 INSURER C : INSURER D : INSURER E : INSURER F :			
<b>COVERAGES</b>		<b>CERTIFICATE NUMBER:</b> D8TXRAZH		<b>REVISION NUMBER:</b>		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		MM00XAK23 Retroactive Date: 08/27/2023	08/27/2023	08/27/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N/A	WC3001503	12/27/2022	12/27/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability Claims Made		MM00X5P23 Retroactive Date: 08/17/2023	08/27/2023	08/27/2024	Per Claim \$ 2,000,000 Aggregate \$ 4,000,000 Deductible \$ 25,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
<b>CERTIFICATE HOLDER</b>			<b>CANCELLATION</b>			
Evidence of Insurance ...OR.			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 			

### 3. Corporate Tort Claims/Legal Cases

MedHealth has not experienced any instances of legal claims, demands, lawsuits, terminated contracts or non-renewals within the preceding three years, nor have we received any administrative actions or warnings taken or issued by any federal, state, or local governmental agency with regard to the provision of the same or similar service as covered by this RFP.

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# C. Medical Health Substantive Proposal



## 1. Business Model/Key Personnel

### a. DESCRIBE YOUR PROGRAM MODEL AND SERVICE STRATEGY FOR PROVIDING INDIVIDUALS IN CUSTODY HEALTH SERVICES THAT MEET NCCHC STANDARDS.

At MedHealth, our commitment to providing medical health and pharmacy services for persons in custody within the Yamhill County Correctional Facility and Youth Services Center is more than just a service – it’s a comprehensive, flexible, and proactive strategy that goes beyond the basics. We recognize the distinctive challenges within correctional facilities and approach healthcare with grounded empathy, guided by a steadfast belief in delivering high-quality care to every individual under our watch. By sticking with MedHealth you’re choosing a healthcare partner that understands the intricacies of your environment and is dedicated to providing a level of care that exceeds expectations.

As a fundamental principle, MedHealth’s services adhere to the rigorous standards set by the National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA). In addition, we also comply with all applicable statutes and regulations at the State and Federal levels, including those of the Oregon Department of Corrections (DOC) Health Services and the Oregon Health Authority. Best industry practices and the quality-of-care standards upheld by the Oregon medical community are integral to our service delivery. Acknowledging that standards from different organizations and industry practices may occasionally conflict, our commitment is unwavering – we will meet the higher standard or practice every time.

Correctional Care guided by a steadfast belief in delivering high-quality care to every individual under our watch.

MedHealth brings extensive expertise in managing and delivering comprehensive healthcare services across diverse inmate healthcare facilities. Our experience spans institutions with average daily populations ranging from 50 to 600, demonstrating our capacity to scale services to meet each facility’s unique needs. Additionally, we have direct experience working within Oregon, currently providing services at Columbia County Jail, Umatilla County Jail, Coos County Jail, and as your current provider of correctional medical health services. At each facility, we are committed to ensuring the highest standard of care and dedication.

Each component of our service plan is thoughtfully designed to uphold our commitment to delivering high-quality medical services in alignment with the unique needs and challenges of the Yamhill County Correctional environment. Through strategic coordination and a focus on excellence, we aim to optimize patient outcomes while prioritizing safety, efficiency, and compassionate care across every facet of our service delivery model.

#### (1) GENERAL HEALTHCARE SERVICES ADMISSIONS EVALUATIONS

To ensure the highest standard of care and mitigate potential risks, MedHealth has implemented a comprehensive admissions evaluation process at Yamhill County Correctional Facility. All detainees are evaluated promptly upon arrival by a qualified medical provider to identify any significant medical issues that may necessitate hospital evaluation prior to acceptance. This proactive approach not only significantly reduces the risk to the facility by preventing the admission of individuals with undiagnosed or untreated medical conditions but also guarantees a higher level of care for the those under our care.

The Intake Evaluation and later Health Appraisals for inmates serve distinct purposes but are interconnected in ensuring comprehensive healthcare management within a correctional facility. With a focus on identifying urgent health concerns, chronic conditions, mental health status and the need for any immediate medical interventions, the intake screening is critical for maintaining the safety of the individual, the facility and the general population as a whole.

### **STANDARDIZED HEALTH EVALUATION PROTOCOLS**

To ensure the quality and efficacy of the inmate intake screening process, all screenings are conducted by qualified medical personnel utilizing MedHealth's standardized health evaluation protocols and undergo review by the Health Services Administrator (HSA) to guarantee accuracy and appropriate follow-through. Aligned with industry standards and regulatory guidelines, these protocols outline comprehensive procedures for medical history collection, physical examinations, mental health assessments, and necessary diagnostic tests. Our protocols include:

**Staff Training and Competency:** Provision of ongoing training and professional development opportunities for healthcare personnel involved in intake screenings; ensuring they are well-versed in the protocols, updated practices, and cultural competency required for diverse detainee populations.

**Documentation and Record-Keeping:** Established robust documentation practices to accurately record all intake screening findings, assessments, test results, treatment plans, and referrals; maintaining these records securely and ensure accessibility for authorized personnel.

**Regular Audits and Reviews:** Periodic audits and reviews of the intake screening processes, evaluating the consistency and accuracy of screenings, adherence to established protocols, and the quality of documentation; addressing any identified gaps or areas for improvement promptly.

**Performance Metrics and Benchmarking:** Establishing key performance indicators (KPIs) to measure the effectiveness and efficiency of intake screenings; benchmarking against industry standards and working to continuously improve processes.

**Feedback Mechanisms:** Encouraging feedback from healthcare staff, adults in custody (AIC), and relevant stakeholders regarding the intake screening process to identify strengths, address weaknesses, and implement necessary improvements.

**Continual Quality Improvement:** Fostering a culture of continuous improvement by actively seeking innovative methods and best practices in intake screening. Regularly update protocols and procedures based on emerging evidence-based practices and advancements in correctional healthcare.

**Compliance with Standards:** Regularly assess the facility's compliance with relevant healthcare standards, guidelines, and regulations; ensuring that intake screenings meet or exceed the established standards for quality and effectiveness.

By implementing these quality assurance measures, we can ensure intake screenings are conducted systematically, efficiently, and in line with established standards, ultimately enhancing the overall quality of healthcare for incarcerated individuals.

## INTAKE EVALUATION

The Intake Evaluation of a Covered Person is conducted as soon as possible after booking into the jail, not exceeding six (6) hours after the individual's arrival. MedHealth strives to complete the intake evaluation within two (2) hours to establish a baseline of the AICs health status, identify any immediate healthcare needs. This evaluation encompasses the following elements:



**Physical Examination:** A thorough physical assessment to detect any immediate health concerns. This includes vital sign measurements, checking for signs of injury or illness, assessing overall health status, dental evaluation and identifying potential health risks. This also includes observation/notation of behavior including state of consciousness, conduct, tremors, sweating, notation of body deformities, signs of trauma, conditions of skin and orifices, and any evidence of limited cognitive ability.



**Medical History Collection:** Gathering detailed information regarding the AICs medical history, including past illnesses, injuries, surgeries, chronic conditions, immunizations and vaccinations, medications, substance abuse and any known allergies. This also includes the collection of a detainee's gynecologic history, pregnancy history and history of, or current prescribed, psychotropic medications and prescriber information.



**Mental Health Screening:** Employing an independent mental health screening tool during intake, this in-depth and focused assessment allows our team to gather detailed information, empowering us to provide more accurate referrals and recommendations for optimal care.



**Risk Assessment:** Structured evaluation to identify any risk of self-harm, suicidal ideations, homicidal ideations; with protocols in place for immediate intervention if high-risk indicators are identified.



**Substance Use Evaluation:** Screening for substance abuse or dependency issues including state of intoxications, history of use, last use, withdrawal symptoms, history of seizures and identification any immediate treatment needs or interventions. The need for MAT/MOUD continuation will be assessed and implemented if necessary at this time.



**Laboratory/Diagnostic Testing:** Medically indicated tests conducted to detect communicable diseases, serious medical conditions, or infectious diseases. These tests may include blood tests, urine analysis, and screenings for HIV, hepatitis, or other infectious diseases.



**Triage and Referrals:** Immediate treatment for identified health concerns. Referrals to specialized healthcare providers within the facility for ongoing or specialized care. Initiating verification of continuity of care for existing medications, special diets, or ongoing treatments.



**Special Health Requirements:** Screening process to identify special health requirements inclusive of allergies, dietary restrictions, pregnancy, mental health and substance abuse issues. Addressing special health requirements involves tailored care plans, medication management, specific diets, necessary accommodations, and, in some cases, unique housing or cell placement to ensure the well-being and safety of the incarcerated population.

## HEALTH EVALUATION

While the Intake Evaluation establishes an initial health profile and addresses immediate health issues, subsequent Health Evaluations are pivotal in managing an individual in custody's healthcare plan over time. These evaluations serve to uncover undisclosed medical needs and initiate timely treatment adjustments. Our comprehensive Health Evaluation is performed within fourteen days of arrival and every year an individual remains in custody. This includes:

- Review of the initial patient intake screening
- Review of patient medical history ensuring comprehensive and accurate information has been recorded
- Comprehensive physical examination
- Chronic disease status evaluation ensuring proper management and treatment continuity
- Clinically necessary laboratory and/or diagnostic tests
- Administration of necessary immunizations and preventative care
- Medication review and management
- Health education and counseling
- Referrals and follow-up

The Health Evaluation aims to provide a thorough understanding of a person's health status, enabling proper treatment, management, and care during their time within the correctional facility. Every individual in custody's health evaluation undergoes review by our attending facility Medical Provider, ensuring that any flagged health concerns are addressed, evaluations are comprehensive, and the quality of care is maintained throughout the process.

## TRIAGE AND SICK CALL

MedHealth prioritizes providing accessible and timely healthcare services. Our Triage and Sick Call Protocol stands as a structured system designed to promptly address health concerns and ensure proactive care within our facility. We believe that timely access to healthcare is fundamental to supporting the well-being of those under our care.

### **Access to Care and Initiating Healthcare Requests:**

Upon arrival, detainees are informed of their right to healthcare. Clear instructions, available in various languages, guide them on how to seek medical assistance. Whether through verbal communication with our healthcare staff or utilization of an electronic kiting system, every health concern reaches our professionals without delay. Verbal requests may be directed to healthcare staff, while security personnel assist by flagging observed health issues.

### **Screenings and Triage:**

Our qualified nursing staff promptly triage healthcare requests, ensuring evaluations occur seven days a week, including weekends and holidays. Urgent cases receive immediate attention, while less critical matters are scheduled for the next available sick call session. Recorded medical complaints guide interventions and referrals to appropriate healthcare staff.

### **Comprehensive Sick Call Sessions:**

Daily sessions, led by licensed nursing providers, focus on assessments, examinations, and suitable care. Basic medical interventions, wound care and medication administration are offered within the facility.



For specialized care, referrals to external healthcare facilities or internal specialists are arranged. Basic sessions occur within the medical unit, with accommodations for persons unable to attend due to custody status or physical conditions.

#### **Prescriber Involvement and Continuity of Care:**

Our facility medical prescriber conducts regular sick call clinics for cases beyond the nurse's licensure. These clinics offer further evaluation and treatment to referred detainees, ensuring comprehensive medical attention and continuity of care for complex health issues.

#### **Follow-Up and Documentation:**

Following evaluation or treatment, healthcare providers establish follow-up plans if necessary. This includes subsequent appointments, ongoing medication, or additional care. All interactions, assessments, treatments, and recommendations during sick call visits are meticulously documented in the patient's medical records, ensuring seamless continuity of care and fulfilling legal requirements.

### **MEDICAL CLEARANCE**

As a dedicated medical services provider, we have established comprehensive protocols to ensure the health and safety of adults in custody (AIC) involved in various programs and transfers. For work release programs, we conduct an initial screening where detainees undergo a thorough medical evaluation by a qualified nurse. This includes physical examinations, reviews of medical history, and assessments of chronic conditions or disabilities. Mental health evaluations are also conducted to ensure emotional and psychological readiness. To be cleared for work release, detainees must be free of communicable diseases, have well-managed chronic conditions, not be under the influence of substances that impair judgment or physical capabilities, and be mentally stable. A medical clearance certificate is issued, detailing the detainee's health status and any specific accommodations or restrictions needed, and is reviewed and signed by the facility's medical director. Ongoing monitoring through periodic health check-ups ensures continued fitness for participation.

For in-custody work programs, potential workers undergo a similar pre-assessment medical evaluation focusing on the ability to perform specific tasks. Clearance criteria include meeting physical requirements relevant to the assigned tasks and having stable, well-managed chronic conditions. A medical clearance certificate is issued and kept on file. Regular health check-ups ensure detainees remain fit for their assignments, with adjustments made as necessary based on health status.

For inter-agency transfers, we conduct a comprehensive pre-transfer medical evaluation, including physical examinations, reviews of current medications, and assessments of ongoing medical treatments or conditions. Complete and up-to-date medical records are securely transferred to the receiving agency to ensure continuity of care. A sufficient supply of current medications, along with a detailed administration schedule, is provided to cover the duration of the transfer and a short period thereafter. Upon arrival at the receiving facility, the individual in custody undergoes a medical evaluation to confirm health status and ensure seamless continuation of care. These detailed protocols guarantee that all individuals receive the necessary medical support, maintaining their health and safety throughout their involvement in various programs and transfers.

## DETOXIFICATION AND WITHDRAWAL

Our protocol for treating intoxication and withdrawal begins with a thorough initial assessment. Upon identification of an intoxicated individual, our medical team performs a detailed evaluation to determine the type and level of substance intoxication. Vital signs, mental status, and a history of substance use are recorded. Based on the assessment, an individualized treatment plan is developed, which may include medications to alleviate withdrawal symptoms and supportive care. The medical team monitors the patient closely, providing interventions to manage symptoms and prevent complications. For severe cases, transfer to a hospital or specialized facility may be necessary for more intensive care.

Intermittent monitoring is a crucial component of our protocol to ensure the ongoing safety and well-being of individuals undergoing treatment for intoxication and withdrawal. After the initial assessment, our medical staff conducts regular checks at specified intervals to monitor vital signs, assess symptom progression, and adjust treatment as needed. Monitoring intervals are determined based on the severity of the individual's condition and the specific substance involved. This continuous observation allows for timely intervention in case of any deterioration in the patient's condition. Documentation of each monitoring session is maintained to track progress and inform any necessary changes to the treatment plan.

## CARE OF MEDICALLY INTENSIVE INDIVIDUALS IN CUSTODY

Chronic illnesses present unique challenges in correctional healthcare due to the long-term nature of these conditions and the need for ongoing management and monitoring. MedHealth recognizes the importance of providing comprehensive and proactive care for those in custody with chronic conditions, ensuring that within one week of diagnosis a chronic disease management plan is developed for an individual. Our chronic care management program is designed to address the specific needs of the detainee population by delivering evidence-based interventions, personalized treatment plans, and continuous support throughout the duration of their incarceration.

Central to our approach is the establishment of a multidisciplinary care team, consisting of healthcare professionals with expertise in managing chronic conditions. Within one week of diagnosis, the care team develops individualized care plans tailored to each patient's unique medical needs. We place a strong emphasis on patient education and empowerment, equipping individuals with the knowledge and skills necessary to actively participate in their own care and make informed health decisions.

In addition to medical management, our chronic care program emphasizes preventive measures and lifestyle modifications aimed at mitigating disease progression, reducing complications, and enhancing overall well-being. This includes promoting healthy behaviors, facilitating access to appropriate screenings and vaccinations, and addressing social determinants of health that may impact treatment adherence and outcomes. Furthermore, we leverage technology to enhance care coordination and promote timely communication between healthcare providers and correctional staff. Through the integration of electronic medical records and telehealth platforms, we ensure seamless continuity of care across different correctional facilities and healthcare settings.

Many chronic care patients significantly benefit from therapeutic diets tailored to their individual dietary requirements, allergies, and medical conditions. These diets are meticulously monitored and adjusted by our team of qualified healthcare professionals to ensure optimal health outcomes. For individuals with known food allergies, we adhere to stringent protocols, requiring documented proof of allergens to guarantee their safety and well-being.

### Chronic Conditions Commonly Affecting Incarcerated Individuals

Hypertension / High Blood Pressure	Substance Use Disorders
Diabetes / High Blood Sugar	Hepatitis C
Stroke-related Problems	Hepatitis B
Heart-related Problems	Tuberculosis
Kidney-related Problems	HIV/AIDS
Asthma	Sexually Transmitted Diseases
Cirrhosis of the Liver	Arthritis/Rheumatism
Chronic Obstructive Pulmonary Disease (COPD)	Cancer
Mental Health Disorders	MRSA Related Conditions

Renal diets, for example, are designed to be low in sodium, phosphorus, and protein while also limiting fluid intake to support kidney health. Diabetic diets focus on controlling blood sugar levels through balanced meals that are low in simple sugars and refined carbohydrates. Cardiac diets are crafted to be low in saturated fats, cholesterol, and sodium to promote heart health and prevent further complications.

While these specialized diets represent a small percentage of the AIC population, we are committed to maintaining consistency and compliance with the standards set by the Oregon Department of Corrections Health Services, the American Correctional Association (ACA), and the National Commission on Correctional Health Care (NCCHC). Our goal is to ensure that every individual in custody receives the highest quality of care, contributing to their overall health and well-being.

By prioritizing chronic care management within the Yamhill County Correctional Facility healthcare program and maintaining a roster of chronic care individuals and treatment plans, MedHealth strives to improve health outcomes, reduce healthcare costs, and promote rehabilitation and reintegration into the community upon release. Our commitment to excellence in chronic care underscores our dedication to upholding the highest standards of healthcare delivery and meeting the unique needs of individuals within the correctional system.

#### WOMEN'S SPECIALTY CARE

The sharp increase in the number of women in custody has underscored the pressing need for healthcare systems to adapt and address the unique needs of this growing demographic. Recognizing this gap in care, MedHealth is committed to delivering comprehensive and compassionate healthcare services to females in custody at Yamhill County Correctional Facility and Youth Services Center. By prioritizing key aspects, our women's health program is designed to address specific needs of the female population:

- Screenings for gynecological and reproductive health.
- Routine gynecological examinations, including Pap smears and breast exams, to detect and address potential health issues in their early stages.
- Implementing routine screenings for sexually transmitted diseases, with an emphasis on preventive education and awareness.

- Providing comprehensive support and coordination throughout the pregnancy journey, including childbirth education and postpartum care.
- Ensuring ready access to informative and empowering educational materials covering various aspects of women's health.



### **PREGNANCY**

At Yamhill County, all incarcerated pregnant patients are designated as high risk to ensure their health and safety. Our commitment to the well-being of pregnant individuals begins with prompt care, in alignment with Oregon House Bill 2002 (HB2002). This includes appropriate prenatal care, specialized obstetrical services when indicated, and postpartum care, whether the pregnancy is carried to term or terminated at the individual's determination. Patient visits are scheduled

with a provider on the next available clinic date following incarceration. Concurrently, referrals to off-site OB/GYN specialists are initiated to provide comprehensive and specialized care.

Throughout pregnancy and the postpartum period, we prioritize holistic and comprehensive care. In addition to adhering to the recommended OB/GYN schedule of appointments, our on-site medical team conducts monthly check-ups to monitor the health and progress of both the mother and the unborn child. Recognizing the emotional challenges faced by patients during this critical time, we also place a strong emphasis on mental health care. Our dedicated team closely monitors the mental health of incarcerated pregnant individuals, providing support and early detection of potential issues.

This integrated approach results in improved health outcomes, ensuring that both physical and mental health are addressed proactively. By combining medical and mental health care, we strive to provide a supportive and nurturing environment for pregnant individuals, ultimately contributing to their overall well-being and the healthy development of their babies.

### **LABORATORY AND PATHOLOGY/RADIOLOGY SERVICES**

MedHealth is well-equipped to provide all clinical laboratory services, diagnostic x-ray services, medical waste disposal, oxygen services, EKG services, and other testing and diagnostic services essential for delivering the highest quality of medical care. We understand the importance of having routine laboratory and X-ray procedures performed on-site whenever possible to streamline patient care, improve overall efficiency and minimize transfer and off-site costs. When possible, MedHealth coordinates with subcontractors to bring portable diagnostic equipment directly to YCCF, enabling our healthcare team to perform routine procedures conveniently on-site. Whether these services are administered on-site or off-site, we assure the provision of thorough and accurate testing and diagnostic procedures.

In accordance with OAR 333-022-0300, MedHealth understands and agrees to conducting blood borne pathogen testing in cases where County staff or medical personnel have been exposed by an Individual in Custody. Additionally, we acknowledge that our team may be required to perform blood draws on an Individual in Custody as mandated by ORS 813.100 or pursuant to a duly served search warrant.

## PHARMACY SERVICES

MedHealth’s comprehensive pharmaceutical system is already in place and tailored to meet the specific needs of YCCF. This solution encompasses the entire medication management process, beginning with prescriber prescription and extending to medication filling, administration, and record-keeping. We understand the importance of a seamless workflow and have designed our system to ensure efficiency and accuracy at every step. This includes the provision of prescription, non-prescription, psychotropic medications and over-the-counter medications, all prescribed by responsible prescribers within our network.

Additionally, our pharmaceutical system includes the secure storage of controlled substances, syringes, needles, and surgical instruments, meeting YCCF’s security requirements. MedHealth rigorously adheres to all relevant state and federal regulations governing the procurement, administration, and disposal of pharmaceuticals, ensuring a comprehensive and secure approach to pharmaceutical care at the Yamhill County Correctional Facility and Youth Services Center. By collaborating closely with our pharmacy partners and fostering relationships with local pharmacies, we ensure seamless medication management efficiency and exceptional patient care, even in urgent or short-notice situations.

### Safety & Security

Stringent control measures and accountability protocols are in place at every level to establish a safe and effective pharmaceutical environment. Medication administration training is provided during the on-boarding process and is included in the annual training for all nursing staff. Additionally, retraining sessions are conducted if there are any issues related to medication errors. Exclusive access to medication areas is granted solely to authorized personnel with the requisite qualifications and training.

### Prescribing and Prescription Verification

Medications are dispensed only as directed by the physician or designated medical authority, following the prescribed frequency, with adherence documented and monitored within the EMR. Upon booking an individual with medical needs, our nursing staff promptly contacts the relevant pharmacy or medical provider with a signed release of information to verify current treatments or existing medical conditions. If prescriptions are verified, our nurse contacts the on-call provider to obtain an order for medication continuation. In cases where verification is not available, our nurse initiates a plan of care appropriate to the patient’s presenting condition. Medication counseling is extended to all individuals when a new order is given, and it continues throughout the duration of the prescription as needed.

Elevating Medication Safety: Our Daily Rounds by Expert Staff Ensure Secure and Safe Medication Administration.

### Medication Rounds

Medication administration is a highly regulated and systematic process within our program, ensuring the safe and proper distribution of prescribed medications. Our protocol begins with a thorough verification of all individual in custody’s medications followed by a secondary review and approval by the MedHealth medical prescriber. Medications are then organized and set up for distribution by our qualified nursing staff.

Throughout the process, our nursing staff remains available at all times, including weekends and nights, to address any medication-related queries or concerns. This accessibility ensures continuous support and prompt resolution of issues.

### Regulatory Compliance

In our commitment to regulatory compliance, we prioritize the safe and secure storage of medications at all times. Medications are stored under optimal conditions, with processes in place to ensure the removal of outdated, discontinued or recalled items. Security measures for DEA-controlled substances include maximum security storage and perpetual inventory tracking. Emergency medications, such as naloxone and epinephrine, are readily available, and the poison control number is prominently displayed for quick response to potential emergencies. This approach ensures that our pharmacy services not only meet regulatory standards but also prioritize the safety and proper storage of medications within the correctional healthcare environment.

### Pharmacy and Therapeutics Reviews

To underscore our commitment to quality, we conduct quarterly calls involving the pharmacy, site prescriber, HSA, and corporate leadership. These sessions focus on reviewing utilization trends and identifying the most cost-efficient therapies amid the rapidly changing pricing landscape of pharmaceuticals. Active participation in Pharmacy and Therapeutics reviews ensures continuous evaluations of formulary and non-formulary usage, prescribing practices, and exploration of cost-effective alternatives.

### EMERGENCY SERVICES

In emergency situations, such as sudden illness or injury, MedHealth is prepared to act decisively. If an individual in custody is requiring immediate emergency care, the provider on call is notified of transfer to the local emergency department. For all other non-life threatening emergencies, healthcare staff contact the provider for orders, if necessary. In an effort to ensure tax dollars are efficiently used, all emergency send outs are reviewed by our corporate clinicians to ensure appropriate and necessary actions were taken.

MedHealth maintains all emergency supplies and equipment for 24-hour emergency, medical, behavioral health, and dental care according to written policies. Supplies and equipment are maintained and checked daily by health staff and all emergency transportation is coordinated with security. MedHealth ensures emergency treatment capability by providing services and training that are essential for emergency response on-site:

- In-service education for medical services staff on first aid and emergency procedures;
- Written policies and procedures concerning emergency transfer and transportation;
- Twenty-four hour nursing coverage;
- Twenty-four hour on-call medical;
- Twenty-four hour on-call Responsible Health Authority;
- Practice drills for single and mass casualties;
- Emergency preparedness planning, including coordination with community response agencies; and
- Annual training and required demonstration of proficiency in use of first responder “jump” bag, oxygen, AED, and other rescue equipment.

The goal of the on-site emergency services is to safely and expeditiously manage the patient to avoid the necessity of off-site transfer. We make all attempts to contract with a local provider who can come into the facility for routine procedures like basic suturing in order to keep costs down and minimize patient movement outside the secure facility. If this service is requested by the county, MedHealth will charge the county an additional charge of \$350 for each return visit.

## Hospital Care

Hospital care is a critical aspect of correctional healthcare, ensuring that individuals in custody receive necessary medical attention beyond the facility's capabilities. We understand the importance of prompt and comprehensive medical care for all individuals in custody, recognizing that their health needs must be addressed with the same level of urgency and diligence as those of any other patient.

When hospitalization is necessary, our team works closely with your staff to organize transportation, aiming for a streamlined process that ensures swift access to needed care and a safe return to the facility. Additionally, our claims utilization specialist remains in daily contact with hospital case management to review the appropriateness of continued hospitalization, reviews all hospital bills for accuracy prior to payment, and coordinates eligible Medicaid/ACA payments.

### URGENT CALL ASSISTANCE

Our on-site medical services staff are trained and will be equipped to respond to medical needs and respond to emergency situations either in person or through on-call medical services 24-hours a day, 7 days a week. In the event an after-hours urgent need for assistance occurs, as your healthcare partner, we prioritize prompt response times, swiftly responding to and stabilizing patients presenting with critical medical health concerns. Medical assessments that warrant immediate attention may include:

**Severe Trauma or Injury:** Any serious injury requiring urgent medical attention, such as severe wounds, fractures, or head injuries.

**Acute Medical Conditions:** Conditions like heart attack symptoms, severe asthma attacks, seizures, or diabetic crises that demand immediate medical intervention.

**Mental Health Crisis:** Individuals presenting acute psychiatric symptoms, severe agitation, suicidal ideation, or signs of severe mental health distress.

**Suspected Substance Withdrawal:** Cases of severe substance withdrawal requiring medical management and monitoring to ensure safety.

**Communicable Diseases:** Suspected highly contagious diseases or conditions that pose an immediate health risk to the individual or others within the facility.

**Medical Emergencies:** Any life-threatening condition that needs urgent medical attention, such as severe allergic reactions, chest pain or anaphylaxis.

Our team is on-call 24 hours a day, 7 days a week  
All health staff are required to be certified in CPR and the use of AED

## OFF-SITE SERVICES

Incarcerated populations often present with unique and complex healthcare needs. To streamline the delivery of specialty care and minimize the need for off-site referrals, we prioritize the establishment of on-site specialty clinics, such as radiology and laboratory services, whenever feasible. While we do everything we can to facilitate on-site specialty services, we acknowledge that some individuals may require care beyond our facility. This can include dental services, vision care and other specialty services. As we will discuss later, our process for authorizing, scheduling, and planning off-site medical care emphasizes thorough assessment, secure coordination, and comprehensive follow-up. Working closely with your correctional team, we prioritize safety, security, and medical compliance throughout the entire off-site care process.

### Dental Services

Dental care at YCCF begins upon admission with a nurse completing a dental screening upon intake as well as a dental evaluation during the initial 14-day health assessment. This evaluation addresses existing dental pain, infection, disease or impairment and establishes overall dental/oral condition. Consultation and referral to specialists are provided when medically necessary and our qualified healthcare personnel deliver oral hygiene and oral disease education and self-care instruction to all individuals in custody.

Following the completion of the initial intake assessment and addressing urgent conditions, our team offers both routine and emergency care. Dental care is administered under the direction and supervision of a licensed dentist, covering yearly routine dental examinations and diagnostic x-rays. Our services extend to relieving pain and treating acute infections, including toothaches, broken, loose, or missing teeth, abscesses, dry sockets, facial trauma (lacerations and fractures), and severe periodontal disease. We also focus on eliminating pathological conditions, extracting unsavable teeth, treating bone and soft tissue diseases, and repairing injured or carious teeth.

One of the best ways to help AICs achieve oral health, is through education. Our Correctional Healthcare team are skilled educators that help adults achieve this skill with dignity and respect. In general, we see the restoration of oral health as an ingredient of overall good health for detainees. Our dental care services align with the established standards of the National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA), ensuring high-quality care for all individuals in our custody.



### Vision Care

MedHealth ensures comprehensive vision care for individuals in custody by coordinating the provision of medically necessary eyeglasses and essential services for eye injuries and diseases. Upon intake and periodically thereafter, AICs undergo vision screenings as part of their health assessments. When specialized care is needed, referrals to qualified ophthalmologists or optometrists are arranged. MedHealth works with vendors to provide high-quality eyeglasses promptly. Our team treats common eye injuries, manages diseases like infections and glaucoma, and educates individuals on maintaining eye health. Strong partnerships with local providers facilitate seamless referrals and continuity of care, ensuring timely and effective vision care.

**Off-Site Specialty Services**

Collaborating with local resources and providers amplifies our support infrastructure, significantly enhancing the overall effectiveness and quality of care for the incarcerated population of Yamhill County. As your current service provider, MedHealth has already developed a robust network of resources and providers, ensuring a reliable foundation for those under our care. This network includes existing providers delivering contracted healthcare services, established relationships with hospital administration, and a thorough understanding of what can be managed on-site in the jail and what requires off-site care. We continue to engage with prospective providers and specialists, negotiating optimal terms, and have established a relationship with the county health department. By building a comprehensive provider and emergency network, our ultimate focus is on maximizing benefits and optimizing patient outcomes, ensuring a seamless and well-coordinated continuum of care.

**b. INDICATE WHAT THE MEASURABLE SERVICE OBJECTIVES AND OUTCOMES WILL BE. THIS SHOULD DEMONSTRATE WHAT YOU WANT TO ACCOMPLISH AND HOW YOU WILL KNOW IF YOU ARE SUCCESSFUL AND EFFECTIVE IN MAKING AN IMPACT ON THE TARGET POPULATION.**

By establishing clear, measurable service objectives and outcomes, MedHealth strives to ensure our services are effective and impactful. Some of our service objectives and outcomes we strive for are:

Ensuring that all individuals in custody receive timely access to medical care is a top priority. We aim to conduct medical assessments within two hours of arrival, with a target compliance rate of 95%. This rapid assessment helps identify and address health issues promptly. Metrics for success include measuring the percentage of compliance with these initial medical assessments.

Effective chronic disease management involves creating individualized treatment plans for individuals with chronic conditions such as diabetes and hypertension within one week of diagnosis. Our goal is to achieve a 90% rate of documented treatment plans within seven days to ensure continuous and effective management. Metrics for success include measuring the percentage of compliance with this timeline.

Implementing a robust infection control program is crucial to prevent the spread of communicable diseases. Our goal is to achieve a 95% compliance rate with infection control protocols, thereby reducing the risk of outbreaks and maintaining a healthier environment. Metrics for success include measuring the percentage of compliance with these protocols.

Enhance health education and promotion by conducting workshops on topics like hygiene, nutrition, and disease prevention. Our objective is to consistently deliver monthly workshops, equipping individuals with vital knowledge to enhance their health. Monitoring participation rates in these workshops allows insight into the program's effectiveness.

Ensure accurate and timely administration of medications to all individuals in custody. Our goal is to achieve a 100% adherence rate for medication administration schedules, verified through random audits, to ensure detainees receive their prescribed medications on time. Through conducting regular audits of medication administration we are able to verify adherence and promptly address any identified issues.

Continuously improve service delivery and contract compliance by conducting random audits of MedHealth services at least twice each year and promptly reporting findings to appropriate Sheriff staff.

Our goal is to achieve 100% contract compliance, ensuring high standards and pinpointing areas for enhancement. Additionally, analyze satisfaction survey results to gauge overall patient satisfaction and identify opportunities for further improvement in our services.

By setting these measurable objectives and tracking the corresponding outcomes, we aim to ensure our medical services effectively address the health needs of the correctional population. Regular monitoring and evaluation allow us to maintain high standards and make necessary adjustments, continuously improving the quality of care provided.

**c. DOCUMENT YOUR TRANSITION PLAN FOR ASSUMING SERVICES IF YOU ARE THE SUCCESSFUL PROPOSER AND DOCUMENT AN EXIT PLAN FOR THE END OF THE CONTRACT SHOULD YOU NOT BE SUCCESSFUL IN THE NEXT SOLICITATION:**

As your current provider of healthcare services at Yamhill County Correctional Facility, MedHealth is poised to seamlessly transition into the next contract period without the need for an extensive transition plan. Leveraging our deep understanding of your facility's operations and healthcare needs gained over the past months, we are well-prepared to continue delivering uninterrupted, high-quality care from day one of the new contract period. Our experienced team and established protocols ensure continuity in service delivery, supported by robust organizational systems and a commitment to operational excellence.

In the event we are not selected for this solicitation or an upcoming solicitation, we have an exit plan that outlines the steps MedHealth will take to ensure a smooth and orderly transition of healthcare services to a new provider. Our primary goal will be to maintain the highest standards of care for the individuals in custody during the transition period, ensuring minimal disruption and continuity of care.

Upon receiving notice that MedHealth has not secured the next contract, we will promptly inform all relevant stakeholders and MedHealth staff, developing a detailed communication plan to keep all parties informed throughout the transition process. This includes regular updates to facility management, staff, and communication with the new provider. A single point of contact within MedHealth will be designated to work closely with Yamhill County officials and the incoming provider to oversee and coordinate all transition activities. Transition activities will include, but are not limited to:

- Informing MedHealth staff of the transition process and timeline. Offering support and guidance regarding their employment options, including potential opportunities with the new provider.
- Working with the new provider to facilitate the transition of staff where possible, ensuring continuity of care and minimizing disruption.
- Ensuring a secure and orderly transfer of all medical records, both electronic and paper, to the incoming provider. This includes patient histories, treatment plans, medication records, and any other relevant medical information.
- Conducting a comprehensive inventory of all medical supplies, equipment, and pharmaceuticals. Documenting and preparing for the transfer of these assets to the new provider and ensure that all medical equipment is in good working order.
- Collaborating with the incoming provider to ensure all ongoing patient care plans are communicated and understood. This includes special needs, chronic care management, and any scheduled treatments or procedures.
- Coordinating with the new provider to manage the transition of medication administration. Ensuring that all prescriptions are up-to-date and that there is no interruption in the supply of medications.

- Ensuring that all transition activities comply with relevant local, state, and federal regulations. Maintaining detailed records of the transition process to demonstrate compliance.
- Ensuring all outstanding invoices are reconciled and paid and that once that is complete, preparing an updated CAP report and returning any unused funds if applicable.
- Preparing a final report summarizing the transition activities, including any outstanding issues or recommendations for the incoming provider.

We sincerely hope to continue providing Yamhill County with quality correctional healthcare services for years to come, but in the event that you select a different provider, MedHealth is committed to ensuring a smooth and efficient transition process that prioritizes the health and well-being of those under your care.

## 2. Responsive Services To Patients

- a. **THE SELECTED PROPOSER WILL BE REQUIRED TO PROVIDE A POLICY AND PRACTICE OF TREATING PEOPLE CONFINED IN CORRECTIONAL FACILITIES HUMANELY AND RESPECTFULLY. PROVE A COPY OF YOUR POLICIES, PROCEDURES, COMPANY STANDARDS, OR TRAINING THAT SETS OUT THE EXPECTATIONS OF PROPOSER’S STAFF IN REGARD TO TREATMENT OF PATIENTS.**

MedHealth is dedicated to upholding a policy and practice of treating individuals confined in correctional facilities humanely and respectfully. This principle is embedded in our employee handbook, reflected in our policies and procedures, and reinforced through our employee orientation checklist. As evidenced by the included excerpt from our proprietary MedHealth Employee Handbook’s Code of Conduct, we set the expectation that as a condition of employment all employees are expected to consistently demonstrate professionalism, compassion, and respect in all their interactions, fostering a humane and supportive environment for all individuals under our care. By adhering to these standards, MedHealth not only upholds its commitment to ethical conduct but also promotes a culture of dignity and respect within correctional facilities. This dedication to humane treatment is fundamental to our mission and integral to the quality of care we provide.

Excerpt from MedHealth Employee Handbook and Employee Orientation Checklist: **Your Personal Pledge to Do the Right Thing**

This Code of Conduct represents a commitment by MedHealth to do business with integrity. By working for MedHealth, you are agreeing to uphold this commitment. If you provide patient care, you are expected to provide care that meets community standards without judgment. All detainees are to be treated fairly and with dignity and respect. Regardless of a detainee’s behavior, MedHealth employees are to remain professional at all times and maintain self-control. Understanding this Code of Conduct and the company policies that apply to you is an essential function of your job. Employees who fail to follow these standards put themselves, their co-workers, and MedHealth at risk. Such employees are also subject to disciplinary action up to and including termination of employment.

Components	Non-Applicable	Date of Review	Date Completed	Employee Initial	Preceptor Initial
<b>MedTrust OVERVIEW</b>					
Health Services Mission and Vision					
Health Services Chain of Command and Organizational Chart					
Employee has been educated regarding MedHealth’s expectation that all adults and juveniles in custody will be treated equally, fairly, and with dignity and respect					

**b. DESCRIBE THE MINIMUM LEVEL OF STAFF REQUIRED TO MEET THE STATED SCOPE OF WORK AND MEET NCCHC STANDARDS.**

As the incumbent provider of correctional medical health services for YCCF, we have a deep understanding of the staffing requirements necessary to meet the healthcare needs of your facility, which is reflected in our current staffing matrix. Over the past 10 months, our experience has confirmed that these staffing levels are the minimum necessary to maintain your quality-of-care standards and comply with NCCHC guidelines. Transitioning into the next contract period, we are proposing enhancements to this staffing matrix to further elevate the quality of care, use of resources and ensure greater stability and continuity within our dedicated staffing team.

**c. DESCRIBE YOUR PLANNED OPERATIONAL STAFFING LEVELS**

In anticipation of transitioning into a new contract period with Yamhill County, MedHealth has undertaken a thorough review to identify opportunities for enhancing the healthcare program provided at your facility. One significant proposal involves modifying our staffing approach to better meet operational needs and optimize resource allocation.

Our proposal includes adjusting the Medication Aide hours from the current 40 hours per week to 20 hours per week. This change is informed by our experience in your facility and considerations of state regulations governing the scope of practice for medication aides. By reducing hours while strategically focusing on maximizing their scope of practice, we aim to improve efficiency without compromising the quality of care. This approach not only optimizes taxpayer funds but also enhances the effectiveness and responsiveness of our healthcare delivery model.

These adjustments are detailed in the proposed staffing matrix below and reflect our dedication to proactive management and continuous improvement. By implementing these changes, we ensure that our services at Yamhill County Correctional Facility remain aligned with the highest standards of healthcare delivery.

Yamhill Oregon 200 ADP										
Yamhill Oregon 200 ADP										
Position	Mon	Tues	Wed	Thur	Fri	Sat	Sun	TBD*	Hrs/Wk	FTE
HSA	10	10	10	10					40	1.00
RN				8	8	8			24	0.60
LPN	20	20	20	12	12	12	20		116	2.90
Medical Records/AA		10	10	10	10				40	1.00
Certified Medication Aide	4	4	4	4	4				20	0.50
Medical Director (MD)**								4	4	0.10
Midlevel Practitioner (MP)***									0	0.00
	34	44	44	44	34	20	20	4	244	6.10
Night										
RN				4	4	4			12	0.30
LPN	16	16	16	12	12	12	16		100	2.50
									0	0.00
	16	16	16	16	16	16	16		112	2.80
<b>Total</b>	<b>50.00</b>	<b>60.00</b>	<b>60.00</b>	<b>60.00</b>	<b>50.00</b>	<b>36.00</b>	<b>36.00</b>	<b>4.00</b>	<b>356.00</b>	<b>8.90</b>
*To Be Determined										
** MD comes 8 hours every other week, not 4 hours per week. 5 hours per week is just for pricing purposes.										
***MP only takes call. This is not an onsite position										

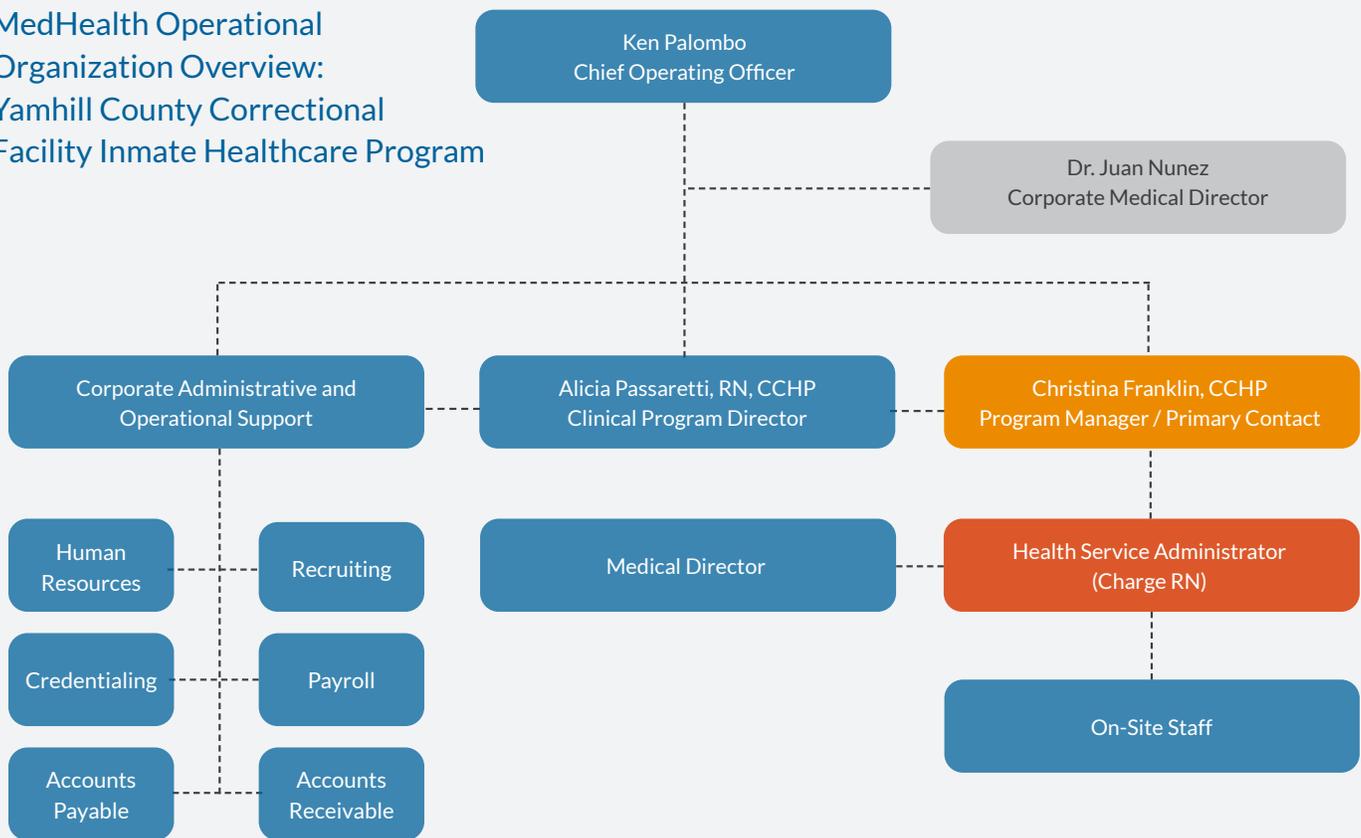
**d. DESCRIBE THE METHOD THAT WILL BE USED TO ASSURE COMPLETE STAFFING INCLUDING AN ORGANIZATIONAL CHART.**

Navigating the challenges of healthcare staffing in today’s competitive market demands proactive strategies and adaptability. Our staffing strategy for Yamhill County is specifically tailored to address your unique challenges, incorporating targeted initiatives developed over the past year to enhance recruitment efforts in McMinnville’s competitive healthcare landscape. Two critical areas play into attracting and retaining quality staff - pay rates and benefits and professional growth. We promote professional growth through ongoing training, encouragement to become CCHP certified (Certified Correctional Healthcare Professional) and periodic opportunities to attend industry conferences. Additionally, as market rates for healthcare professionals continue to rise due to ongoing shortages, we have refined our compensation packages to ensure competitiveness and secure the best talent available. This approach not only ensures seamless service delivery but also enhances our responsiveness to dynamic staffing challenges.

**Organizational Support for Staffing Initiatives**

Within our clinical operations, the Program Manager and Health Services Administrator collaborate closely to optimize staffing levels and uphold care standards. Weekly staffing and recruitment calls keep our team informed of vacancies and enable proactive solutions. Human Resources and Recruitment play pivotal roles in talent acquisition, leveraging market insights to recommend compensation packages and attract top-tier candidates. Throughout the contract’s duration, we remain dedicated to sustaining a robust workforce through ongoing recruitment efforts and meticulous credentialing processes.

**MedHealth Operational Organization Overview:  
Yamhill County Correctional Facility Inmate Healthcare Program**



**e. INCLUDE A DISCUSSION ON YOUR ABILITY TO TRACK AND CARE FOR THE CHRONIC NEEDS OF INDIVIDUALS IN CUSTODY.**

To effectively manage the chronic healthcare needs of those under our care, we use an Electronic Health Record (EHR) system to track all patients with chronic issues. This centralized platform facilitates comprehensive care management by scheduling and monitoring medical activities, including appointments, lab tests, X-rays, medication administration, and adherence to treatment protocols. This approach ensures timely interventions and adjustments to treatment plans based on real-time data and enhances communication among healthcare professionals, ensuring seamless information exchange and collaboration.

**f. DESCRIBE YOUR STRATEGY TO REDUCE TRANSPORTATION COSTS AND DETAIL HOW YOU WILL PROVIDE PRIMARY CARE IN THE FACILITY.**

In addressing the complex dynamics of healthcare delivery within correctional settings, MedHealth employs strategic measures to optimize patient care and operational efficiency. To mitigate transportation costs and minimize risks associated with off-site care, all emergent off-site cases undergo thorough review by MedHealth's Corporate Medical Director (CMO). This review serves two primary purposes:

1. To ensure patients are receiving appropriate care.
2. To identify additional training needs for our on-site staff, aiming to enhance their capabilities and reduce the necessity for off-site transports while maintaining high standards of patient care.

Our staffing and pricing are designed to attract and retain strong caregivers. A well trained team of strong caregivers is the best way to reduce offsite utilization; however, there will always be certain patient concerns that must be sent off-site. When this occurs, our utilization management department goes to work ensuring patients receive the care they need and are returned to the Yamhill facility as soon as patients can be safely managed by our on-site staff. This approach is integral to optimizing our team's proficiency and efficiency, ultimately aiming to decrease the frequency of off-site transports.

**Primary Care Provision:** All MedHealth provider-patient interactions adhere strictly to NCCHC standards, focusing on stabilization and primary care management within our facility. While our primary goal is to deliver comprehensive on-site care, we recognize that certain individuals in custody may require specialized medical attention beyond our immediate capabilities.

In such cases, off-site referrals to the Chief Medical Director are made, accompanied by detailed justifications for the referral. Approved referrals are then coordinated with security for safe transportation to external medical appointments. Post-appointment, all outcomes from specialized care visits undergo rigorous review by MedHealth's prescriber. Based on these evaluations, appropriate treatments are promptly initiated to ensure seamless continuity of care.

This structured approach underscores our commitment to providing high-quality healthcare services that meet the diverse needs of individuals in custody, while upholding stringent medical standards and optimizing operational efficiency.

**g. PROCESS FOR DETERMINATION OF MEDICALLY NECESSARY PROCEDURES AND AUTHORIZATION PROCESS FOR OFF-SITE PROCEDURES.**

**OFF-SITE CARE COORDINATION**



**Assessment and Authorization:**

When an individual’s medical needs exceed our on-site capabilities, our medical team conducts a thorough assessment to determine what care may be required care. Per our Policy and Procedures, we utilize Drug Exception Requests (DERs) and specialty service authorization requests for all non-formulary medications, labs, or off-site specialty appointments. For non-urgent cases, medical leadership reviews requests, ensuring alignment with patient needs and quality care guidelines before granting authorization and scheduling the appropriate care. During emergencies, immediate arrangements for off-site care are facilitated, accompanied by a later review of the emergency protocol response.

**Scheduling**

The trusted partnerships with external healthcare facilities and physicians we have built prior to program start-up ensures we are able to provide individuals with prompt access to medical services. A designated team member acts as a reliable point of contact for all off-site care communications, maintaining open communication between correctional facilities and healthcare providers to keep everyone well-informed on appointment details, travel arrangements, and expectations. To ensure the safety and security of the transporting deputy, the general public, and the individual in custody, all off-site appointment information is kept strictly confidential.

**Transportation**

Once an appointment for off-site care has been scheduled, we work in collaboration with your staff to secure compliant transportation. We closely coordinate transportation logistics with your correctional facility staff to guarantee safe transit and will notify the facility administrator, or designee, of any off-site medical appointments at least five (5) days prior to the appointment.

**Follow-Up Documentation and Care**

Following off-site care, our clinicians compile post-treatment reports, update medical records, and arrange necessary follow-up care. Individuals returning from a hospital stay are evaluated by our medical staff upon return to the facility. Continuous follow-up care is provided to ensure ongoing support and recovery. Thorough documentation ensures compliance and accurate reporting, including medical records, authorizations, transportation logs, and financial records.

### 3. Staff Retention and Recruitment

#### a. DEMONSTRATE THAT YOU HAVE A PROVEN SYSTEM OF RECRUITING AND TRAINING STAFF AND HAVE ADEQUATE SUPPORT STAFF AT THE CENTRAL OFFICE TO ASSUME THE ADMINISTRATIVE FUNCTIONS OF THE AGREEMENT.

MedHealth's expertise in the correctional healthcare industry and our meticulous adherence to stringent certification verification and training have enabled us to develop a refined approach to fulfilling staffing requirements, even amidst the complex dynamics of geographic locations. To ensure the highest quality candidates, we utilize a wide range of tools and platforms, including job search engines like Indeed and LinkedIn, as well as specialized healthcare job boards. We focus on engaging passive candidates directly, aiming to attract individuals genuinely interested in joining our team rather than those applying en masse.



We also leverage social media groups, such as Facebook professional groups, Registered Nurse Jobs, Nursing Jobs USA, National Association of LPNs, Registered Nurse & Physical Therapists, Local per diem & Contract nursing jobs, and employee referral programs. Recognizing the importance of providing candidates with a comprehensive understanding of the correctional healthcare environment, we offer facility tours before making job offers, particularly to those new to working in corrections. This allows candidates to assess whether the role aligns with their career aspirations. All recruiting, interviewing, and hiring of healthcare staff are conducted in coordination with Yamhill County and MedHealth.

Throughout the contract's duration, we remain dedicated to sustaining a robust workforce through ongoing recruitment efforts and meticulous credentialing processes. This ensures we continue to deliver high-quality healthcare services that meet the unique needs of the correctional facility and its population.

#### **Credentialing**

The credentialing process is designed to strike a balance between a robust verification foundation and a customizable approach tailored to your facility's unique needs. Our dedicated credentialing department adheres to a clear set of contract and company standards, striving for 100% compliance with credentials to mitigate risks for our clients.

The process begins with a comprehensive set of key steps, including contacting references to verify basic information provided by applicants and assessing their professionalism, performance, and character. We meticulously verify all licenses, both current and expired, along with specialty training and certifications, where applicable. Additionally, we obtain details about professional liability insurance, past incidents, and any actions taken against a provider by relevant authorities.

Throughout the credentialing process, we employ stringent primary source verification, background checks, and competency testing techniques to ensure that the right person is placed in the right job. Our credentialing verification process includes inquiries into any sanctions or disciplinary actions by state boards, as well as checks against the National Practitioner Data Bank, as mandated by NCCCHC standards. Moreover, our clinical verification process plays a pivotal role in determining the applicant's suitability for the position.

To streamline the process and ensure ongoing compliance, MedHealth utilizes customized automated systems to proactively monitor expiration dates for certifications, licensures, and other requirements. Our Health Service Administrator collaborates directly with each candidate, personally overseeing their credentialing process to ensure that ongoing education opportunities are completed without any lapses in credential expiration.

By adhering to these steps and leveraging advanced systems, we ensure that all candidates are credentialed and verified in accordance with our company standards and the minimum qualifications outlined by our clients. This rigorous approach not only safeguards the integrity of our workforce but also enhances the quality of healthcare services delivered to our clients and their populations.

### **Training**

MedHealth places a strong emphasis on the continuous training and development of our staff to ensure the highest standards of healthcare delivery. Our comprehensive training program begins with an intensive orientation process for all new hires, which includes a thorough overview of MedHealth's policies, procedures, and the unique aspects of working in a correctional healthcare setting.

**Orientation and Onboarding:** New employees undergo a detailed onboarding process that covers the fundamentals of correctional healthcare, including security protocols, emergency procedures, and the ethical and legal considerations unique to this environment. This initial training ensures that all staff members are well-prepared to provide safe, effective, and respectful care from day one.

**Ongoing Education:** We provide continuous education opportunities to keep our staff updated on the latest medical practices and technologies. This includes mandatory annual training sessions, access to online learning platforms, and participation in professional development courses. Topics covered include chronic disease management, mental health care, substance abuse treatment, and more.

**Specialized Training:** For roles requiring specialized knowledge we offer targeted training programs that address specific clinical skills and competencies. This ensures that our staff can effectively manage the diverse health needs of the correctional population.

**Performance Evaluation:** Regular performance evaluations and competency assessments ensure that our staff maintains high standards of care. Feedback from these evaluations is used to tailor individual development plans, addressing any gaps in knowledge or skills.

By investing in the recruitment and training of our healthcare professionals, MedHealth ensures a competent, dedicated workforce capable of delivering exceptional care. Our robust training program not only equips our staff with the necessary skills but also promotes a culture of excellence and continuous learning, ultimately benefiting the patients we serve.

**Support Staff**

MedHealth provides comprehensive operational and administrative support to each of our service sites through our San Antonio Headquarters and Oklahoma City Office. This support enables our team to fully monitor programs and ensure we meet your needs and requirements. Our centralized support includes contract administration, finance, accounting, billing, payroll, human resources, benefits administration, and medical management, among other essential administrative functions. This infrastructure ensures that we meet Yamhill County's performance goals and provide expertise and hands-on support to our on-site team.

**b. DESCRIBE HOW YOUR COMPANY STAFF SALARIES FIT WITHIN THE US DEPARTMENT OF LABOR FOR OREGON WAGE SCALES**

According to the State of Oregon's official website, our rates meet or exceed the published rates for the state's classification and compensation standards, as detailed on the Chief Human Resources Office tab.

**4. Third Party Insurance/Medicaid Knowledge and Capabilities****a. DESCRIBE YOUR WORK WITH INSURANCE COMPANIES, MEDICAID AND MEDICARE**

Correctional medical companies typically do not participate in billing because historically, once incarcerated, both state and private insurance programs deem the patient no longer eligible for insurance benefits. However, there are exceptions in some states. For instance, if an Adult In Custody (AIC) was covered prior to incarceration and is admitted to the hospital while incarcerated, insurance may cover the hospital stay. In such cases, we collaborate with insurers to ensure coverage for those stays. There is a clear movement across the country to provide government insurance coverage (and even some private insurance) for individuals in custody. In these situations, we work closely with our clients to coordinate coverage.

**b. INCLUDE KNOWLEDGE OF OREGON LEGISLATION AS IT AFFECTS CORRECTIONAL FACILITIES ABILITY TO BILL PRIVATE AND GOVERNMENTAL INSURANCES.**

Oregon has recently introduced a progressive program designed to provide health insurance coverage to individuals who are incarcerated, extending through their release. This initiative allows qualifying Adults In Custody (AICs) to receive Medicaid benefits up to 90 days before their release from custody. The goal is to ensure that these individuals have continued access to essential healthcare services, both during their incarceration and as they transition back into the community.

At MedHealth, we are committed to partnering with the County to maximize the benefits of this program. By coordinating with the Oregon Health Authority and other relevant agencies, we can ensure that AICs receive the necessary medical coverage and support. This involves identifying eligible individuals, assisting with the application process, and ensuring seamless continuity of care as they reintegrate into society.

## 5. Discounted Provider Network

We have two dedicated team members with extensive experience in negotiating rates tailored to each site we service, ensuring high-quality off-site care for individuals in custody. One team member focuses on negotiating off-site provider rates, which can vary significantly based on the type of service and location. The other specializes in negotiating with hospitals and providing case management for individuals admitted to the hospital.

In negotiating these rates, our goal is to secure the most favorable terms while maintaining strong relationships with community providers. Given that many off-site providers are reluctant to see incarcerated patients, it is essential to balance cost-effectiveness with accessibility. We have successfully negotiated discounted rates with a variety of healthcare providers, including:

**Off-site Medical Providers:** We've established agreements with local clinics and specialist offices to offer discounted rates for services such as radiology, orthopedics, and mental health consultations. Discounts typically range from 15% to 30%, depending on the type of service and provider.

**Hospitals:** By building relationships with local hospitals at the outset of our contracts, we have often been able to obtain discounted inpatient and outpatient rates. Inpatient service discounts range from 20% to 30%, while outpatient services typically receive a 10% to 20% discount.

**Ambulance Companies:** We have successfully negotiated lower transportation costs for emergency and non-emergency medical transport services, achieving discounts ranging from 10% to 30%.

Our team is adept at negotiating with a wide range of healthcare entities, ensuring both cost savings and high-quality care. These activities are aimed at balancing cost-efficiency with maintaining access to and relationships with community providers. Our goal is to maximize the value of taxpayer dollars while ensuring the delivery of quality care that meets or exceeds national standards.

## 6. Pharmacy Services

### a. DESCRIBE YOUR PHARMACY PROGRAM AND PROVIDE YOUR SOURCE OF MEDICATIONS. DESCRIBE YOUR EXPERIENCE WITH THE OREGON BOARD OF PHARMACY, AND DETAIL HOW YOU WILL COMPLY WITH INSPECTIONS AND OTHER OREGON BOARD OF PHARMACY LAWS.

MedHealth's pharmacy program encompasses the entire medication management process, starting from prescriber prescription to medication filling, administration, and record-keeping. This seamless workflow ensures efficiency and accuracy at every step, providing prescription, non-prescription, psychotropic, and over-the-counter medications, all prescribed by qualified prescribers within our network.

For the Yamhill County Correctional Facility, we utilize Diamond Pharmacy, the largest provider of correctional pharmacy services in the state. Our partnership with Diamond Pharmacy ensures a reliable and efficient supply of medications, and their experience in the correctional field aids us in developing and maintaining a formulary that meets the healthcare needs of detainees while controlling costs.

Our experience with the Oregon Board of Pharmacy is marked by strict adherence to all regulatory requirements and proactive engagement with their standards and guidelines. We have established

robust systems and processes to ensure full compliance with Oregon Board of Pharmacy laws. In addition to state inspections, we undergo quarterly inspections conducted by a consultant pharmacist with extensive experience in Oregon Board of Pharmacy regulations. These inspections cover all aspects of our pharmacy operations, from medication storage and dispensing to record-keeping and staff training. We adhere to best practices in pharmacy management, ensuring that our operations meet or exceed the standards set by the Oregon Board of Pharmacy. This includes maintaining accurate and complete records, ensuring proper storage and handling of medications, and implementing robust medication administration protocols. To date, we have never failed a pharmacy inspection, reflecting our unwavering commitment to compliance and excellence in pharmaceutical care.

**b. SUPPLY A LIST OF STANDARD FORMULARY WITH PROPOSAL AND ALTERNATIVE ADMINISTRATION FOR INDIVIDUALS IN CUSTODY WITH SWALLOWING ISSUES, OR HISTORY OF HOARDING (PALMING OR CHEEKING) MEDICATIONS AND CAUSING A FACILITY SECURITY SITUATION.**

We recognize the unique challenges presented by individuals in custody with swallowing difficulties or a history of hoarding medications, such as palming or cheeking, which can pose significant security risks. Our staff receives ongoing training on recognizing signs of medication hoarding and implementing alternative administration methods. Our nursing staff administers medications under direct observation to ensure that the medication is ingested completely. Following administration, staff performs mouth checks to ensure that the medication has been swallowed and not concealed.

For individuals with swallowing difficulties, we crush tablets when appropriate and mix them with food or liquids to facilitate easier ingestion. This method is also used to prevent hoarding, as it makes the medication less conspicuous and more difficult to conceal. We may also choose to use liquid formulations of medications to eliminate the need for swallowing tablets or capsules. If medically appropriate, we may administer medications via injections, bypassing the need for oral ingestion altogether. Each patient with a history of swallowing issues or hoarding is individually assessed to determine the most appropriate and safe method of medication administration.

A supply list of our standard formulary has been included in electronic format. File name: Formulary 2023-MedHealth.pdf

**c. DESCRIBE HOW YOU WILL COMPLY WITH SECURITY PROCEDURES AND HOW YOU WILL HANDLE ALL CONTROLLED SUBSTANCES, SYRINGES, NEEDLES, AND SURGICAL INSTRUMENTS.**

Per our Policy and Procedures, we rigorously adhere to strict protocols for the storage and inventory control of controlled substances and instruments/sharps. Controlled substances are securely stored behind dual locks in a designated non-patient area, in full compliance with state and federal mandates. Similarly, instruments such as syringes and needles, known as “sharps,” are safely locked in a secure clinic location. To maintain the integrity of our inventory, thorough counts are conducted at the beginning and end of every shift, with two nurses verifying counts to ensure accuracy.

Our adherence extends beyond state and federal regulations to include stringent compliance with standards set forth by the National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA). These measures are essential to safeguarding the security and proper management of pharmaceuticals and medical instruments within our facility, ensuring that we uphold the highest standards of safety and regulatory compliance at all times.

**d. INDICATE IF YOU ARE WILLING TO JOIN A REGIONAL PRICING CONSORTIUM IF YOU ARE NOT ALREADY A PART OF ONE.**

We are not currently a member of a regional pricing consortium but we are willing to discuss this with the county if it will help reduce costs without jeopardizing the quality of care provided.

**7. Medication Assisted Treatment Programs (MAT)**

Our protocols for Medication-Assisted Treatment (MAT) and Medications for Opioid Use Disorder (MOUD) are directly aligned with SAMHSA guidelines, ensuring comprehensive care for individuals with Substance Use Disorder (SUD). Upon intake, all patients are screened for SUD and started on routine nursing evaluations. They also receive education about the program's medication protocols. If indicated by the Clinical Opiate Withdrawal Scale (COWS) score or other assessments, patients may undergo induction onto MAT/MOUD. Those already on community medications continue their regimen. For patients testing positive for additional substances upon arrival (e.g., fentanyl, alcohol, benzos, meth) while on MAT/MOUD, we continue their treatment while closely monitoring for signs of detox. These individuals are placed in specialized housing under observation, receiving multiple daily medical evaluations to promptly address any detox symptoms. Whether induced or continued on MAT/MOUD, patients receive ongoing medical monitoring and mental health counseling to support their transition and incarceration.

In addition to pharmacological interventions, our MAT program will emphasize the delivery of wraparound services aimed at addressing the multifaceted needs of individuals struggling with substance use disorders. This may include individual and group counseling, cognitive-behavioral therapy, peer support groups, vocational training, or access to social services aimed at promoting holistic recovery and reintegration into society.

While all nurses are trained in preventing medication diversion, custody staff involved in medication administration also receive specific training to recognize and prevent diversion incidents. Discharge planning includes linking discharged patients with community agencies for ongoing medication access and mental health support, aiming to reduce recidivism and accidental overdoses during the critical post-release period.

We are happy to collaborate with any third-party agency entering our facility to treat MAT/MOUD patients. For instance, we recently partnered successfully to develop and implement an MAT/MOUD program in another county jail we serve. Additionally, we have been actively engaged in discussions with jail administration and a local community resource over the past several months to develop an on-site MAT/MOUD program at Yamhill. This collaborative effort aims to deliver the highest level of care to individuals in our custody experiencing Substance Use Disorder (SUD).

## 8. Discharge Planning / Continuity of Services

We prioritize discharge planning as a crucial component of our care approach. When appropriate and financially feasible, we utilize a dedicated Discharge Planner on staff. This pivotal role is dedicated to ensuring seamless transitions for individuals leaving our care, facilitating access to essential resources and support upon reintegrating into the community. The Discharge Planner works closely with patients, healthcare providers, and community organizations to create personalized discharge plans that address individual needs. These plans encompass scheduling follow-up medical appointments, coordinating access to social services, securing housing solutions, and ensuring continuity of care through prescribed medications.

For Yamhill, we use a current medical staff member to oversee discharge planning services. As the MAT/MOUD program develops and is fully implemented, it will require a dedicated discharge planning position in order to meet the requirements of ADA and DOJ for follow up and continuity of care upon release

## 9. ADA Knowledge

Understanding and applying knowledge of the Americans with Disabilities Act (ADA) is essential in healthcare delivery, particularly in correctional settings where individuals may present diverse needs and conditions. The ADA mandates that individuals with disabilities have equal access to services and accommodations, including healthcare services. While we do not have control over a facility's layout and amenities, we prioritize staff training to effectively recognize and accommodate disabilities—be they physical, mental, or developmental. Our practices and services are designed to align with ADA standards to ensure comprehensive support and accessibility for all patients with disabilities.

As an example, at one facility, the jail administration had a policy prohibiting canes due to safety concerns for staff and detainees. When a patient arrived needing a cane for safe mobility, we recognized this as an ADA issue since a cane is considered a manually powered mobility device. We educated the facility administration on ADA accommodation requirements and successfully negotiated a resolution by providing the patient with a walker. This solution satisfied both the county's safety concerns and the patient's need for safe mobility.

Most recently, the ADA has recognized Substance Use Disorder (SUD) as a covered disability. Accordingly, we have begun collaborating closely with our clients to ensure that medical treatment for SUD is provided in full compliance with ADA guidelines.

## 10. CLAS Federal Standard Knowledge and Experience

We strive to provide evidence-based treatment that advances health quality and reduces health disparities, adhering to CLAS Federal Standards. These standards ensure culturally and linguistically appropriate services, promoting equitable care regardless of sex, gender, race, religion, orientation, or any other individual qualities and disabilities. Additionally, we utilize a language line to facilitate communication with individuals in custody according to their preferred method, ensuring respectful interactions with each patient.

## 11. Infection Control Programs

Our internal infectious disease program includes a comprehensive manual that serves as a resource for our teams when addressing symptoms, diagnosis, or treatment protocols for infectious diseases. This program is designed to swiftly respond to outbreaks, mitigate their impact, and promote preventive education.

To augment our efforts, we collaborate with community agencies, such as the health department, to ensure appropriate treatment for infectious diseases when needed. Adhering to NCCHC standards, we conduct regular testing for prevalent infectious diseases within the county and promptly communicate results as required by state regulations. Additionally, we maintain monthly statistical data on all infectious diseases, which is analyzed to identify trends and shared monthly in statistical data reports and discussed quarterly during Medical Administration Committee (MAC) meetings.

In the event of an outbreak, our response is immediate and thorough. When appropriate, we notify correctional staff, local authorities, and state health departments promptly to initiate a coordinated response. Active surveillance continues daily until the outbreak is contained, ensuring that potential risks are promptly addressed and minimizing its impact on the jail population. This proactive and collaborative approach ensures that potential risks are effectively addressed, minimizing the impact on the jail population and fostering a safer environment for all.

### Communicable Disease and Infectious Disease Control

- » Annual influenza vaccinations for individuals in custody and medical staff members
- » Follow CDC Guidelines regarding all communicable disease vaccinations and treatment
- » Provide patient education on effective hand washing techniques and disease prevention measures
- » Continuous surveillance and prompt testing for patients exhibiting symptoms of new illnesses
- » Regular visual assessments for common parasites such as scabies and lice, as well as monitoring for rashes and skin lesions
- » Transmission-based quarantine recommendations based on the mode of disease transmission
- » Timely and targeted administration of medications to address identified infections

## 12. Electronic Health Records

To ensure the secure transfer of medical information between agencies due to the transfer of individuals in custody to other facilities, we adhere to strict procedures that safeguard protected health information. All Personally Identifiable Information (PII) disclosures are managed according to the principle of “need to know,” limiting access to authorized personnel only. For instance, when an

individual is transferred to another facility, a comprehensive Transfer Summary to External Facility or Program is completed. This summary includes pertinent medical, mental health, and dental information such as diagnoses, treatments received, and scheduled treatments.

To protect this sensitive information from unauthorized disclosure, each Transfer Summary is sealed and clearly marked as “confidential” before being transmitted to the receiving facility’s medical personnel. This ensures that only authorized healthcare providers involved in the direct care of the individual in custody have access to the necessary medical details, maintaining confidentiality and compliance with privacy regulations throughout the transfer process.

### 13. Reporting Capabilities (Ad Hoc and Standard Suite)

As part of our standard practice, MedHealth compiles and submits narrative reports to the Detention Center Director or their designee each month. These reports are fully customizable and offer insights into the previous month’s activity across various healthcare domains and encompass:

- AIC requests for services
- Sick call visits
- Consultations with physicians, dentists, psychiatrists, and mental health counselors
- Admissions for mental health
- Off-site hospital care
- Intake medical screenings
- Physical assessments
- Diagnostic studies
- Pharmacy dispensed medications
- Incidences of venereal disease, AIDS or AIDS antibodies, and TB
- AIC mortality
- Total staff hours worked, specifying each post or shift
- Monthly off-site visits

These statistics serve as invaluable tools for monitoring healthcare service delivery, identifying trends, and making data-driven decisions to continuously enhance the quality of care provided to the detainee population.

We are committed to collaborating with our clients to deliver requested Ad Hoc reports promptly. The turnaround time for these reports depends on two key factors: the level of detail required in the request and its impact on patient care delivery. For instance, if a request coincides with ongoing patient clinics, our priority remains patient care, and the report may need to be addressed promptly after clinic hours to avoid any disruption or delay in patient services. We strive to balance responsiveness with maintaining the highest standards of patient care throughout our operations.

## 14. Quality Assurance/Improvement Plans

Health care and health outcomes can be enhanced through applying continuous quality care (CQI) as a systems approach to comprehensive primary health care. Our CQI program adopts and incorporates NCCCHC CQI standards to ensure full NCCCHC compliance and has been established to monitor and improve the efficiency, cost-effectiveness, and quality of health care service to our patient population.

Per NCCCHC section J-A-06, we have implemented a structured CQI program company wide for health care services operations that is utilized to monitor and improve upon medical services as delivered at each of our facilities. Our CQI process examines specific root causes and analyzes data to identify needed improvements in organizational structure and function. Our CQI program consists of health staff from various disciplines (e.g., medicine, nursing, mental health, dentistry, health records, pharmacy, laboratory). The committee designs continuous quality improvement monitoring activities, discusses the results, and implements corrective action. Committee membership can vary, depending on the issues being addressed.

Our CQI program includes identifying and monitoring selected fundamental aspects of the facility's healthcare system (i.e., access to care, the intake process, continuity of care, emergency care and hospitalization, and adverse patient occurrences including all deaths) at least monthly and establishing thresholds. Our basic CQI program also has annual prescriber clinical chart reviews.

### **Responding to Healthcare Service Grievances**

Fortunately, we have not received any client grievances to date. However, we prioritize a proactive approach to handling both regular and emergency health care service grievances. Our process begins with a commitment to timely and thorough response to any concerns raised by county staff or individuals in custody.

For regular health care service grievances, our procedure involves initially acknowledging the complaint and promptly assigning it to the appropriate department or supervisor for investigation. We maintain open lines of communication throughout the process to ensure transparency and address any immediate concerns. Our goal is to resolve issues swiftly and effectively, adhering to internal policies and external regulatory requirements.

In cases of emergency health care service grievances, such as urgent medical needs or critical incidents, we implement an immediate response protocol. This includes notifying relevant medical personnel, security personnel, and administrative staff to assess the situation promptly. Our priority is ensuring the safety and well-being of individuals in custody while addressing the grievance with urgency and diligence.

When handling complaints from county staff, we approach each issue with sensitivity and professionalism. We encourage county staff to report grievances through designated channels to ensure the complaint is properly documented and escalated if necessary. Once received, grievances are reviewed by our management team, who investigate the matter thoroughly and determine appropriate actions for resolution. This is done within the time frame that meets or exceeds the county policy on grievance responses.

Throughout the process, we maintain strict confidentiality and adhere to privacy laws, ensuring that all information related to grievances is handled with discretion. Our commitment to continuous improvement drives us to learn from each grievance and implement corrective actions as needed to prevent recurrence and enhance service delivery.

### **Internal Monitoring**

MedHealth prioritizes a data-driven approach as a core principle. We systematically capture and analyze data regularly, reviewing site-specific financials and performance metrics with our team. Each Health Service Administrator meticulously reviews subcontractor bills for accuracy monthly, promptly rectifying any errors directly with subcontractors before processing payments. Upholding fiscal responsibility, our Corporate Site Project Manager scrutinizes invoices exceeding monthly budget allocations per subcontractor category, ensuring these expenses are justified to maintain high-quality patient care.

Additionally, our Risk Management Committee meets monthly to address unusual occurrences, identify emerging safety trends, and strategize necessary safety trainings. These proactive measures aim to mitigate risks and enhance safety protocols continuously. Furthermore, we conduct weekly department head meetings to streamline operations, foster interdepartmental collaboration, and ensure compliance with contractual obligations. These meetings play a pivotal role in providing seamless support to our on-site teams, enhancing operational efficiency, and aligning with our commitment to excellence in correctional healthcare. Everything we do behind the scenes is driven by three core objectives: optimizing patient care, delivering quality healthcare cost-effectively, and providing steadfast support to our teams and county partners.

### **Identifying and Preventing Deficiencies in Quality of Service**

Monitoring and preventing deficiencies in service quality is a critical focus at MedHealth. Health Service Administrators, Corporate Project Managers, and the Chief Medical Director conduct random chart reviews to verify compliance with policies, chronic care guidelines, and accurate documentation. Additionally, corporate leadership conducts unannounced on-site audits to uphold rigorous standards across our facilities.

MedHealth also facilitates monthly meetings with the Chief Medical Director and on-site providers for training and updates. These meetings ensure ongoing adherence to best practices and regulatory requirements. Monthly Health Service Administrator meetings with Corporate Project Managers address updates to policies and procedures, nursing protocols, and other essential information crucial for staff readiness and compliance.





Yamhill County, OR

# Correctional Medical Health Services for the Yamhill County Correctional Facility and Youth Services Center

July 17, 2024, 3:00 PM PST

Submitted by: MedHealth, LLC





D. Cost



## 1. Proposed Total Cost

The entire MedHealth team has enjoyed the opportunity to be your healthcare partner, and we are honored to present our realistically priced proposal for the continuation of healthcare services for individuals in custody in Yamhill. The MedHealth correctional healthcare leadership team has combined experience of more than 100 years providing correctional healthcare. Our commitment to each MedHealth client is threefold.

First, we price realistically. Our pricing is based on our extensive knowledge of the McMinnville regional area, as well as our knowledge of actual costs. We hire strong teams of skilled caregivers that demonstrate professionalism and will interact seamlessly with Yamhill staff, and we don't come back to our clients midway through a contract asking for more money.

Second, we understand corrections is a dynamic environment, so we are committed to being responsive to client needs. Partnership covers good times and challenging times, and MedHealth is a dependable partner for all times. It is our hope to be your partner as you start up your new MAT/MOUD program.

Third, we are honest and transparent, no games...ever. We say what we mean, and we strive diligently to hold true to our word. If an issue arises, we keep our client informed as we work to resolve it. In fact, working in partnership with Undersheriff Bowdle, and the other members of the Sheriff's team, we have successfully resolved several unique issues.

As your partner, we can provide customized reports detailing how taxpayer funds are being spent. As taxpayers, we understand the importance of this transparency. Therefore, we closely manage every detail. The high dollar items are staffing costs, pharmacy and offsite care. By employing strong caregivers and providing regular staff training, we maximize on-site services to reduce the cost and risk of off-site care.

### **PRICING ASSUMPTIONS/COSTS DETAIL**

In developing our pricing for Yamhill County, and as part of our commitment to honesty and transparency, we note that our pricing and bid assume the following assumptions:

1. The MedHealth HSA or equally credentialed designee will take call when not on site.
2. MedHealth will not be the mental health provider.
3. MedHealth will provide all supplies, required equipment that has not been provided by the county, biowaste, onsite labs and x-rays.
4. Costs for pharmacy/medical appliances will be applied to the \$75,000 pharmacy cap.
5. County will pay all costs associated with the EMR.
6. Costs for off-site service expenses (e.g., hospitalization, dialysis, dental, ambulance etc.) will be applied to the \$100,000 off-site cap.
7. Please note that due to the uncertainty of ER runs, the cost of ambulance services is included in our off-site cap rather than inflating our price to cover possibilities for ambulance needs.
8. MedHealth indemnity will cover acts and omissions of MedHealth and those working under MedHealth's direction.
9. County maintains and replaces, as needed, all current county equipment used by medical.

- 10. Mid-level Provider (MP) services covers taking call from our on-site staff. There will be no on-site MP visits, as the MP is to be a resource and take call.
- 11. Any discrepancy between MedHealth proposal and the County bid documents shall be resolved via the following order of control:
  - a. MedHealth proposal
  - b. Answers to questions
  - c. Addenda from most current to oldest
  - d. RFP original documents

**CAPS**

Based on current pharmacy utilization, we retained the pharmacy cap at \$75,000 for the second-year contract period. In addition, based on current off-site utilization, we retained the off-site services cap at \$100,000 for the second-year contract period.

**PRICING**

Base Year (Annualized)	Base Year (Monthly)
\$1,998,697.28	\$166,558.11

**SUBSEQUENT YEAR PRICING**

Due to the current shortage of healthcare professionals and the fluctuating inflation rates, we are unable to honestly provide subsequent year pricing that would be fair to Yamhill and MedHealth. We propose that subsequent year pricing be based primarily on a reasonable COLA for staff (based on inflation rates in the McMinnville area) plus any real increases passed on by our suppliers, vendors and insurance company. We propose we meet with Yamhill six (6) months prior to the end of each contract period to review inflation and increases anticipated by our suppliers. Together, we then agree upon the following year's contract price.

**STAFFING**

Our customized staffing matrix below is the basis for our bid. This matrix is based on our experience at the Yamhill facility over the past year, including input from our staff on-site. We are only providing one staffing plan as this is what we believe is required to meet patient needs while trying to control costs. As noted under the Per Diem section below, if the patient population exceeds 200 for more than 30 days, we will contact you if additional staffing hours are needed. It all depends on patient needs.

The following staffing matrix includes one of our staff members overseeing and providing (often in conjunction with other MedHealth site team members) our discharge planning process. Please note, once the Yamhill MAT program is developed, we will need to add additional nursing hours. To estimate those hours before the MAT program for Yamhill is finalized could result in our overpricing or underpricing, and our commitment is to be transparent.

Yamhill Oregon 200 ADP										
Yamhill Oregon 200 ADP										
Position	Mbn	Tues	Wed	Thur	Fri	Sat	Sun	TBD*	Hrs/Wk	FTE
HSA	10	10	10	10					40	1.00
RN				8	8	8			24	0.60
LPN	20	20	20	12	12	12	20		116	2.90
Medical Records/AA		10	10	10	10				40	1.00
Certified Medication Aide	4	4	4	4	4				20	0.50
Medical Director (MD)**								4	4	0.10
Midlevel Practitioner (MP)***									0	0.00
	34	44	44	44	34	20	20	4	244	6.10
Night										
RN				4	4	4			12	0.30
LPN	16	16	16	12	12	12	16		100	2.50
									0	0.00
	16	16	16	16	16	16	16		112	2.80
<b>Total</b>	<b>50.00</b>	<b>60.00</b>	<b>60.00</b>	<b>60.00</b>	<b>50.00</b>	<b>36.00</b>	<b>36.00</b>	<b>4.00</b>	<b>356.00</b>	<b>8.90</b>
Notes:										
*To Be Determined										
** MD comes 8 hours every other week, not 4 hours per week. 5 hours per week is just for pricing purposes.										
***MP only takes call. This is not an onsite position										
The above staffing will require additional nursing hours once the MAT program begins.										

**2. Per Diem Cost for ADP over 200 Individuals in Custody**

Should the population exceed 200, we will charge a per diem of \$1.87 for short-term population increases; however, if the population stays above 200 for more than 30 days, we may need additional staffing hours. In this case, we will meet with the Sheriff’s staff to discuss what additional hours are needed to ensure delivery of medically needed care and adjust the contract price, accordingly, based on mutual agreement of the parties.

### 3. Achieving Favorable Billing Rates with Local Hospitals

When MedHealth transitions to a new site, one of our primary objectives is to build a local resource network and negotiate favorable rates with hospitals and providers. We diligently ensure favorable billing for all services, including hospitalization and other off-site services. As your current provider, we have already secured negotiated rates with local hospitals for emergency and in-patient care for the Yamhill County Correctional Facility population.

Our seasoned utilization clinical department engages with community providers to negotiate the most favorable pricing possible. This same team closely manages each off-site visit and hospitalization to ensure that patients receive appropriate, necessary, evidence-based care and that charges to the county are appropriate. When justified, we require off-site providers to adjust their bills downward if our team identifies excessive or medically unnecessary charges.

MedHealth is committed to safeguarding the best interests of county taxpayers and meeting patient needs while maintaining strong relationships with off-site providers. A sample of one of our off-site contracts is included within our electronic proposal for your review.

### 4. Top Medications indicating cost for the medications listed and pricing strategy for medications and total pharmacy cost.

MedHealth effectively manages total pharmacy costs while ensuring high-quality patient care. Our dynamic and adaptable approach allows us to respond to changes in drug pricing, availability, and clinical guidelines. By integrating these strategies, we deliver sustainable cost savings and support the financial health of our correctional facility partners.

#### **Formulary Management**

In partnership with Diamond Pharmacy, our team manages a formulary specifically designed for correctional facilities, focusing on cost-effective medications that meet therapeutic needs. The formulary is regularly reviewed and updated to incorporate new generics and remove high-cost medications when suitable alternatives are available. We prioritize the use of generic medications whenever possible, as they provide the same therapeutic benefits as brand-name drugs at a significantly lower cost, leading to substantial savings on overall pharmacy expenses.

#### **Quarterly Reviews and Utilization Trends**

To underscore our commitment to managing pharmacy costs and quality, we conduct quarterly calls involving the pharmacy, site prescriber, HSA, and corporate leadership. These sessions focus on reviewing utilization trends and identifying the most cost-efficient therapies amid the rapidly changing pricing landscape of pharmaceuticals. Active participation in Pharmacy and Therapeutics reviews ensures continuous evaluations of formulary and non-formulary usage, prescribing practices, and exploration of cost-effective alternatives.

On the following page is a list of the Top 20 Medications by RX with associated costs for Yamhill County Correctional Facility.

**Yamhill County Jail  
Top 20 Medications By RX**

Medication	Qty	AAC
Pantoprazole Sodium 20mg	30	\$1.09
Olanzapine 5mg Tablet	30	\$2.09
QUetiapine 100mg Tablet	30	\$1.59
Haloperidol 5mg Tablets	30	\$7.72
Triamcinolone 0.1% Cream	30	\$3.59
Mirtazapine 15mg Tablet	30	\$2.31
Levothyroxine 100mcg Tab	30	\$1.23
Prazosin 2mg Capsule	30	\$3.89
Mirtazapine 30mg Tablet	30	\$2.24
Atorvastatin 20mg Tablet	30	\$1.16
Escitalopram 10mg Tablet	30	\$1.29
Olanzapine 10mg Tablet	30	\$1.96
Famotidine 20mg Tablet	30	\$0.63
Quetiapine 200mg Tablet	30	\$3.15
LevETIRAcetam 500mg Tab	30	\$1.73
Tri-Lo-Estarylla Tab	28	\$3.44
Buprenorphine 8mg SL Tab	30	\$23.08
Losartan 50mg Tablet	30	\$0.78
SUMatriptan 100mg Tablet	30	\$19.27
Atenolol 25mg Tablet	30	\$0.60

In addition to the ACC price (actual acquisition cost) shown above, we are also charged a percentage and dispensing fee per medication.

**5. Administrative Cost for Providing 3-5 Day Medications to Individuals Being Discharged**

There will be no additional administrative charge to provide medications to individuals being discharged.

**6. Sample Invoice and Ability to Provide Adequate Back-Up to Aggregate Costs Charged**

MedHealth provides transparent and detailed back-up for all aggregated costs charged to our partners. Our process includes several key practices to ensure accuracy, accountability, and clarity in our financial documentation:

**Detailed Invoicing:** Each invoice we generate includes a comprehensive breakdown of costs, categorizing expenses such as medications, medical supplies, and services provided. This allows our partners to understand exactly what they are being charged for, ensuring no hidden fees or unexpected costs.

**Supporting Documentation:** We provide detailed supporting documentation for all charges, including receipts, purchase orders, and subcontractor invoices. This documentation is available for review at any time, offering complete transparency and traceability of expenses.

**Regular Audits:** Our financial team conducts regular internal audits to verify the accuracy and legitimacy of all costs. These audits help ensure that all charges are appropriate and correctly allocated, preventing errors and overcharges.

**Clear Communication:** We maintain open lines of communication with our partners regarding any financial matters. This includes regular financial reviews and meetings to discuss and clarify any questions or concerns about the charges.

All our billing practices comply with relevant accounting standards and regulations, ensuring that our financial reporting is accurate and reliable. For your convenience we have included an electronic sample invoice for your review and are happy to answer any questions you may have.

## 7. Include any additional cost associated with the Transition Plan

As your current healthcare provider, there would be no transitional costs involved if we continue our partnership.

## 8. Describe your strategies for controlling emergency and inpatient hospital costs

Controlling costs and efficiently utilizing resources and taxpayer dollars is a critical focus of any correctional healthcare program. Our staffing and pricing are designed to attract and retain strong caregivers. A well trained team of strong caregivers is the best way to reduce off-site utilization; however, there will always be certain patient concerns that must be sent off-site. When this occurs, our utilization management department goes to work ensuring patients receive the care they need and are returned to the Yamhill facility as soon as patients can be safely managed by our on-site staff. We conduct regular utilization reviews to monitor the appropriateness of admissions and lengths of stay, aiming to identify and address any potential over utilization.

## 9. Additional Costs Not Yet Identified

There are no additional costs other than those reflected in the pricing narrative, assuming we have sufficient advanced notice of discharge.

## 10. Costs for Alternative Staffing Plans

Based on the past year of experience providing patient care in Yamhill, we are providing what we believe to be a strong staffing plan for current facility operations. If there are material changes to facility operations that impact the delivery of patient care, we would ask to meet with you to discuss any additional needs.







# Pharmacy Formulary 2023

## TABLE OF CONTENTS

FORMULARY FAQs.....	4
A. ANALGESIC AND ANTI-INFLAMMATORY AGENTS .....	5
B. ANTI-COAGULANTS .....	6
C. ANTI-CONVULSANTS.....	6
D. ANTI-GOUT AGENTS.....	7
E. ANTIHISTAMINES .....	7
F. ANTI-INFECTIVES ORAL .....	7
G. ANTI-INFECTIVE INJECTIONS .....	9
H. ANTI-VIRALS .....	9
I. ANTI-PARKINSON AGENTS.....	11
J. ANTI-PLATELET .....	12
K. CARDIOVASCULAR AGENTS .....	12
L. DERMATOLOGIC AGENTS.....	18
M. DIALYSIS AGENTS .....	20
N. ENDOCRINE AGENTS.....	20
O. GASTROINTESTINAL AGENTS .....	23
P. HEMATOPOIETIC AGENTS.....	25
Q. NUTRITIONAL SUPPLEMENTS .....	25
R. OPHTHALMIC PREPARATIONS .....	26
S. OTIC PREPARATIONS.....	28
T. PSYCHOTROPICS .....	28
U. RESPIRATORY AGENTS .....	31
V. ANTINEOPLASTIC/ IMMUNOSUPPRESSANTS .....	32

pg. 2

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**EXHIBIT B**  
**24-363**

W. URINARY TRACT AGENTS ..... 33

X. ANTIGENS/ VACCINES..... 33

Y. EMERGENCY/MISCELLANEOUS MEDICATIONS..... 33

Z. MEDICATION ASSISTED TREATMENT THERAPIES ..... 35

Formulary Index.....36

## **FORMULARY FAQs**

### **How does MedHealth determine which medications to include on its Corporate Formulary?**

At MedHealth we are committed to providing safe, effective, and cost-efficient healthcare services to our patients. The process of determining which drugs to include on our formulary is driven by a thorough and systematic approach that aligns with our mission to optimize patient outcomes while managing healthcare costs responsibly.

### **Who approves medication for the addition and/ or the deletion from the Corporate Formulary?**

The approval process for adding or deleting medications from the corporate formulary typically involves multiple stakeholders within MedHealth. The P&T committee is a central decision-making body responsible for evaluating and making recommendations regarding medications on the formulary. They review clinical data, safety profiles, cost-effectiveness, and other relevant factors before making recommendations to add, remove, or make changes to medications on the formulary.

### **How frequently does MedHealth update its Corporate Formulary?**

The MedHealth Corporate P&T Committee has regularly scheduled meetings to review safety, efficacy, cost initiatives, and drug utilization issues. In some cases, formulary updates may occur on an as-needed basis. Based on the needs of our clients, whenever significant new medications become available, therapeutic guidelines change, and notifications from federal agencies regarding medication safety and efficacy information or emerging evidence prompt adjustments to the formulary.

**MedHealth**  
**PREFERRED DRUG LIST**  
**CATEGORY LISTING**  
**2023**

**A. ANALGESIC AND ANTIINFLAMMATORY AGENTS**

**1. ANTI-MIGRAINE**

ASA-APAP-Caffeine 250-250-65 Tablet 2x250 UD (EXCEDRIN)  
Sumatriptan 25mg Tablet (IMITREX)  
Sumatriptan 50mg Tablet (IMITREX)  
Sumatriptan 100mg Tablet (IMITREX)

**2. NARCOTIC ANALGESICS / ANTI-PYRETICS**

Acetaminophen /Cod 300mg/30mg Tablet (TYLENOL/CODEINE #3)  
Hydrocodone/ APAP 10/325 Tablet (NORCO)  
Hydrocodone /APAP 5/325mg Tablet (NORCO)  
Hydrocodone / APAP 7.5/325 Tablet (NORCO)  
Methadone 10mg Tablet U/D (DOLOPHINE)  
Methadone 10mg Tablet (DOLOPHINE)  
Methadone 5mg Tablet (DOLOPHINE)  
Tramadol, / APAP 37.5/325mg Tablet (ULTRACET)  
Tramadol 50mg Tablet (ULTRAM)

**3. NON-NARCOTIC ANALGESICS**

**NON-STEROIDAL ANTI-INFLAMMATORY AGENTS**

Ibuprofen 200mg Tablet (ADVIL)  
Ibuprofen 400mg Tablet (MOTRIN)  
Ibuprofen 600mg Tablet (MOTRIN)  
Ibuprofen 800mg Tablet (MOTRIN)  
Ibuprofen 100mg/ml Suspension (MOTRIN)  
Indomethacin 25mg Capsule (INDOCIN)  
Indomethacin 50mg Cap (INDOCIN)  
Ketorolac 30mg/ml Vial (TORADOL)  
Ketorolac 60mg/2ml SDV  
Ketorolac 60mg/2ml Vial (TORADOL IM)  
Ketorolac 60mg/2ml Vial (TORADOL IM)  
Meloxicam 15mg Tablet (MOBIC)  
Meloxicam 7.5mg Tablet (MOBIC)  
Naproxen 250mg Tablet (NAPROSYN)  
Naproxen 375mg Tablet (NAPROSYN)  
Naproxen 500mg Tablet (NAPROSYN)

**SALICYLATES**

Acetaminophen 120mg Supp (FEVERALL)

Acetaminophen 160mg/5ml Elixir (TYLENOL)  
Acetaminophen 325mg Supp (FEVERALL JR)  
Acetaminophen 325mg Tablet (TYLENOL)  
Acetaminophen 650mg Supp (FEVERALL)  
Aspirin 325mg Tablet (BAYER ASPIRIN)  
Aspirin 81mg Chew Tablet (BAYER CHILDRENS ASPIRIN)  
Aspirin EC 325mg Tablet (ECOTRIN)  
Aspirin -low 81mg EC Tablet (BAYER LOW STRENGTH)

## B. ANTICOAGULANTS

Enoxaparin 30mg/0.3ml Injections (LOVENOX)  
Enoxaparin 40mg/0.4ml Injections (LOVENOX)  
Enoxaparin 60mg/0.6ml Injections (LOVENOX)  
Enoxaparin 80mg/0.8ml Injections (LOVENOX)  
Enoxaparin 100mg/0.1ml Injections (LOVENOX)  
Enoxaparin 120mg/0.8ml Injections (LOVENOX)  
Enoxaparin 150mg/1mg/ml Injections (LOVENOX)  
Enoxaparin 300mg/3mg/ml Injections (LOVENOX)  
Heparin Lock 10unit/ml (HEP FLUSH-9)  
Heparin Sod 1,000unit/ml (HEPARIN SODIUM (PORCINE))  
Heparin Sod 5000unit/ml (HEPARIN SODIUM (PORCINE))  
Heparin Sod 5000unit/ml (HEPARIN SODIUM (PORCINE))  
Warfarin Sod 10mg Tablet (COUMADIN)  
Warfarin Sod 1mg Tablet (COUMADIN)  
Warfarin Sod 2.5mg Tablet (COUMADIN)  
Warfarin Sod 2mg Tablet (COUMADIN)  
Warfarin Sod 3mg Tablet (COUMADIN)  
Warfarin Sod 4mg Tablet (COUMADIN)  
Warfarin Sod 5mg Tablet (COUMADIN)  
Warfarin Sod 6mg Tablet (COUMADIN)  
Warfarin Sod 7.5mg Tablet (COUMADIN)

## C. ANTICONVULSANTS

Carbamazepine 100mg Chew (TEGRETOL)  
Carbamazepine 200mg Tablet (TEGRETOL)  
Diazepam 10mg Tablet (VALIUM)  
Diazepam 2mg Tablet (VALIUM)  
Diazepam 5mg Tablet (VALIUM)  
Diazepam 5mg/5ml Solution (VALIUM)  
Divalproex DR 125mg Tablet (DEPAKOTE)  
Divalproex DR 250mg Tablet (DEPAKOTE)  
Divalproex DR 500mg Tablet (DEPAKOTE)  
Lamotrigine 100mg Tablet (LAMICTAL)  
Lamotrigine 150mg Tablet (LAMICTAL)  
Lamotrigine 200mg TABLET (LAMICTAL)  
Lamotrigine 25mg Tablet (LAMICTAL)  
Levetiracetam 1000mg Tablet (KEPPRA)

Levetiracetam 250mg Tablet (KEPPRA)  
Levetiracetam 500mg Tablet (KEPPRA)  
Levetiracetam 750mg Tablet (KEPPRA)  
Oxcarbazepine 150mg Tablet (TRILEPTAL)  
Oxcarbazepine 300mg Tablet (TRILEPTAL)  
Oxcarbazepine 600mg Tablet (TRILEPTAL)  
Phenobarbital 130mg/ml Vial (LUMINAL)  
Phenobarbital 16.2mg Tablet (LUMINAL)  
Phenobarbital 32.4mg Tablet (LUMINAL)  
Phenobarbital 64.8mg Tablet (LUMINAL)  
Phenobarbital 97.2mg Tablet (LUMINAL)  
Phenytoin 250mg/5ml Vial (DILANTIN)  
Phenytoin 100mg/2ml Vial (DILANTIN)  
Phenytoin ER 100mg Cap (DILANTIN)  
Phenytoin 125mg/5ml Suspension (DILANTIN)  
Topiramate 100mg Tablet (TOPAMAX)  
Topiramate 200mg Tablet (TOPAMAX)  
Topiramate 25mg Tablet (TOPAMAX)  
Topiramate 50mg Tablet (TOPAMAX)  
Valproic Acid 250mg Cap (DEPAKENE)  
Valproic Acid 250mg/ 5ml Syrup Cap (DEPAKENE)

## D. ANTI-GOUT AGENTS

Allopurinol 100mg Tablet (ZYLOPRIM)  
Allopurinol 300mg Tablet (ZYLOPRIM)  
Indomethacin 25mg Capsule (INDOCIN)  
Indomethacin 50mg Capsule (INDOCIN)  
Probenecid 500mg Tablet (BENEMID)

## E. ANTIHISTAMINES

### 1. ANTIPRURITIC

Cetirizine 5mg Tablet (ZYRTEC)  
Chlorpheniramine 4 mg Tablet (CHLOR-TRIMETON)  
Diphenhydramine 50mg/ml vial (BENADRYL)  
Diphenhydramine 50mg/ml SDV (BENADRYL)  
Hydroxyzine HCl 25mg Tablet (ATARAX)  
Hydroxyzine HCl 50mg Tablet (ATARAX)  
Hydroxyzine HCl 50mg/ml Injection  
Loratadine 10mg Tablet (CLARITIN)

## F. ANTI-INFECTIVES ORAL

### 1. ANTIBIOTICS

Amox/Clav 500mg/125mg Tablet (AUGMENTIN)  
Amox/Clav 875mg/125mg Tablet (AUGMENTIN)  
Amoxicillin 250mg Capsule (AMOXIL)

Amoxicillin 500mg Capsule (AMOXIL)  
Amoxicillin 875mg Tablet (AMOXIL)  
Azithromycin 250mg Tablet (ZITHROMAX)  
Azithromycin 600mg Tablet (ZITHROMAX)  
Ciprofloxacin 250mg Tablet (CIPRO)  
Ciprofloxacin 500mg Tablet (CIPRO)  
Ciprofloxacin 750mg Tablet (CIPRO)  
Clarithromycin 250mg Tablet (BIAXIN)  
Clarithromycin 500mg Tabs (BIAXIN)  
Clindamycin 150mg Capsule (CLEOCIN)  
Dicloxacillin 250mg Cap (DYNAPEN)  
Dicloxacillin 500mg Cap (DYNAPEN)  
Doxycycline Hyc 100mg Cap (VIBRAMYCIN)  
Doxycycline Mono 100mg Cp (MONODOX)  
Doxycycline Mono 50mg Cp (MONODOX)  
Levofloxacin 250mg Tablet (LEVAQUIN)  
Levofloxacin 500mg Tablet (LEVAQUIN)  
Levofloxacin 750mg Tablet (LEVAQUIN)  
Metronidazole 250mg Tablet (FLAGYL)  
Metronidazole 500mg Tablet (FLAGYL)  
Minocycline 100mg Capsule (MINOCIN)  
Minocycline 50mg Capsule (MINOCIN)  
Neomycin 500mg Tablet  
Nitrofurantoin (BID) 100mg Cap (MACROBID)  
Penicillin VK 250mg Tablet (VEETIDS)  
Penicillin VK 500mg Tablet (PEN-VEE K)  
Sulfamethoxazole/Trimethoprim DS Tablet (BACTRIM DS)  
Sulfamethoxazole/Trimethoprim SS Tablet (BACTRIM)

## 2. ANTI-FUNGAL AGENTS

Amphotericin B %0mg Inj  
Fluconazole 150mg Tablet (DIFLUCAN)  
Fluconazole 200mg Tablet (DIFLUCAN)  
Ketoconazole 200mg Tablet (NIZORAL)  
Nystatin Suspension 100,000 (MYCOSTATIN)  
Terbinafine 250mg Tablet (LAMISIL)

## 3. ANTHELMINTICS

Ivermectin 3mg Tablet (STROMEKTOL)

## 4. ANTI-TUBERCULARS

Ethambutol 100mg Tablet (MYAMBUTOL)  
Ethambutol 400mg Tablet (MYAMBUTOL)  
Isoniazid 300mg Tablet (NYDRAZID)  
Pyrazinamide 500mg Tablet  
Rifabutin 150mg Capsule (MYCOBUTIN)  
Rifampin 150mg Caps (RIFADIN)  
Rifampin 300mg Cap (RIFADIN)

Rifapentine 150mg Tablet (PRIFTIN)

## G. ANTI-INFECTIVE INJECTIONS

### 1. ANTI-BIOTICS

Ampicillin 500mg Inj (PRINCIPEN)  
Cefazolin Sodium 1gm Inj (ANCEF)  
Ceftazidime 500mg Inj (FORTAZ)  
Ceftazidime 1mg Inj (FORTAZ)  
Ceftriaxone 1gm Vial (ROCEPHIN)  
Ceftriaxone 2GM INJ (ROCEPHIN)  
Ceftriaxone 500mg Vial (ROCEPHIN)  
Ceftriaxone Sodium 250mg (ROCEPHIN)  
Gentamicin 40mg/mL (GARAMYCIN)  
Nafcillin Sodium 1gm Inj  
Penicillin G Benzathine 1.2MU Inj (BICILLIN LA)  
Penicillin G Benzathine 2.4 MU Inj (BICILLIN LA)  
Penicillin G Potassium 5mmu Inj  
Vancomycin 1GM ADDV VIAL (VANCOGIN)  
Vancomycin 250mg Inj (VANCOGIN)  
Vancomycin 500mg ADDV VL (VANCOGIN)  
Vancomycin Hcl 1 Gm Inj (VANCOGIN)  
Vancomycin Hcl 500mg Inj (VANCOGIN)  
Vancomycin Hcl 750mg Inj (VANCOGIN)

## H. ANTI-VIRALS

### 1. ANTI-VIRAL AGENTS

Acyclovir 200mg Capsule (ZOVIRAX)  
Acyclovir 400mg Tablet (ZOVIRAX)  
Acyclovir 800mg Tablet (ZOVIRAX)  
Lamivudine HBV 5mg/ml Sol (EPIVIR-HBV)  
Lamivudine 100mg Tablet (EPIVIR-HBV)

### 2. HIV AND RELATED ANTI-VIRALS

#### **ANTIRETROVIRAL BOOSTING AGENT**

Cobicistat 150mg Tablet (TYBOST)

#### **NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS**

Delavirdine Mesylate 200mg Tablet (RESCRIPTOR)  
Efavirenz 200mg Capsule (SUSTIVA)  
Efavirenz 50mg Capsule (SUSTIVA)  
Efavirenz 600mg Tablet (SUSTIVA)  
Etravirine 100mg Tablet (INTELENCE)  
Etravirine 200mg Tablet (INTELENCE)  
Nevirapine 200mg Tablet (VIRAMUNE)  
Nevirapine 400mg ER Tablet (VIRAMUNE XR)

Rilpivirine 25mg Tablet (EDURANT)  
Viramune 50mg/5ml Susp (NEVIRAPINE)

**NUCLEOSIDE ANALOG REVERSE TRANSCRIPTASE INHIBITORS**

Abacavir 20mg/ml Oral Sol (ZIAGEN)  
Abacavir 300mg Tablet (ZIAGEN)  
Didanosine 125 mg Cap ddi (VIDEX)  
Didanosine 200mg Cap ddi (VIDEX)  
Didanosine 250mg Cap ddi (VIDEX EC)  
Didanosine 400mg EC Cap (VIDEX EC)  
Didanosine 4gm 10mg/ml Solution ddi (VIDEX)  
Lamivudine 10mg/ml Oral Sol (EPIVIR)  
Lamivudine 150mg Tablet (EPIVIR)  
Lamivudine 300mg Tablet (EPIVIR)  
Stavudine 15mg Cap (d4t) (ZERIT)  
Stavudine 1mg/ml Solution (ZERIT)  
Stavudine 20mg Capsule (ZERIT)  
Stavudine 30mg Cap (d4t) (ZERIT)  
Stavudine 40mg Cap (d4t) (ZERIT)  
Zidovudine 100mg Capsule (RETROVIR)  
Zidovudine 300mg Tablet (RETROVIR)  
Zidovudine 50mg/5ml Syp (RETROVIR)

**NUCLEOTIDE ANALOG REVERSE TRANSCRIPTASE INHIBITOR**

Tenofovir 300mg Tablet (VIREAD)  
Tenofovir 200mg Tablet (VIREAD)

**PROTEASE INHIBITORS**

Atazanavir 150mg Capsule (REYATAZ)  
Atazanavir 200mg Capsule (REYATAZ)  
Atazanavir 300mg Capsule (REYATAZ )  
Darunavir 100mg/ml Susp (PREZISTA)  
Darunavir 600mg Tablet (PREZISTA)  
Darunavir 800mg Tablet (PREZISTA)  
Fosamprenavir 700mg Tablet (LEXIVA)  
Indinavir 200mg Capsule (CRIXIVAN)  
Indinavir 400mg Capsule (CRIXIVAN)  
Nelfinavir 250mg Tablet (VIRACEPT)  
Nelfinavir 625mg Caplet (VIRACEPT)  
Ritonavir 100mg Tablet (NORVIR)  
Ritonavir 80mg/ml Oral Sol (NORVIR)  
Saquinavir 200mg Cap (INVIRASE)  
Saquinavir 500mg Tablet (INVIRASE)  
Tipranavir 250mg Capsule (APTIVUS)

**INTEGRASE INHIBITORS**

Dolutegravir 50mg Tablet (TIVACAY)  
Raltegravir 100mg Chew Tablet (ISENTRESS)  
Raltegravir 100mg Powd Pkt (ISENTRESS)

Raltegravir 400mg Tablet (ISENTRESS)  
Raltegravir HD 600mg Tablet (ISENTRESS)

**FUSION INHIBITORS**

Enfuvirtide Convenience Kit (FUZEON)

**CCR5 ANTAGONISTS – ENTRY INHIBITORS**

Maraviroc 150mg Tablet (SELZENTRY)  
Maraviroc 300mg Tablet (SELZENTRY)

**COMBO HIV AGENTS**

Bictegravir/Emtricitabine/ Tenofovir Ala Tablet (BIKTARVY)  
Emtricitabine/ Tenofovir Ala 200-25mg Tablet (DESCOVY)  
Emtricitabine / Tenofovir 200-300mg (TRUVADA)  
Dolutegravir/ Lamivudine 50/300mg Tablet (DOVATO)  
Atazanavir/ Cobicistat 300/150mg Tablet (EVOTAZ)  
Cobicistat/ Elvitegravir, Emtricitabine, and Tenofovir Caplet (GENVOYA)  
Lopinavir/ Ritonavir 100-25mg Tablet (KALETRA)  
Lopinavir/ Ritonavir 200/50mg Tablet (KALETRA)  
Lopinavir/ Ritonavir 80-20/ml (KALETRA)  
Emtricitabine/ Rilpivirine/ Tenofovir Tablets (ODEFSEY)  
Darunavir/ Cobicistat 800-150 Tablet (PREZCOBIX)

**MISC HIV AGENTS**

Dapsone 100mg Tablet (ACZONE)  
Dapsone 25mg Tablet (ACZONE)  
Pentamidine Isethionate 300mg Inhalation Powder (NEBUPENT)  
Pentamidine Isethionate 300mg Injection (PENTAM)

**I. ANTI-PARKINSON AGENTS**

Benzotropine 0.5mg Tablet (COGENTIN)  
Benzotropine 1mg Tablet (COGENTIN)  
Benzotropine 2mg Tablet (COGENTIN)  
Benzotropine 2mg/2ml Amps (COGENTIN)  
Benzotropine 2mg/2ml SDV (COGENTIN)  
Bromocriptine 2.5mg Tablet (PARLODEL)  
Bromocriptine 5mg Tablet (PARLODEL)  
Carb/Levodopa 25/100 ER Tablet (SINEMET CR)  
Carb/Levodopa 50/200 ER Tablet (SINEMET CR)  
Carb/Levodopa 25-250 Tablet (SINEMET)  
Carb/Levodopa 10-100 Tablet (SINEMET)  
Carb/Levodopa 25-100 Tablet (SINEMET)  
Trihexyphenidyl 2mg Tablet (ARTANE)  
Trihexyphenidyl 5mg Tablet (ARTANE)  
Trihexyphenidyl 2mg/ 5ml Injection (ARTANE)

## J. ANTI-PLATELET

Clopidogrel 75mg Tablet (PLAVIX)  
Dipyridamole 25mg Tablet (PERSANTINE)  
Dipyridamole 50mg Tablet (PERSANTINE)  
Dipyridamole 75mg Tablet (PERSANTINE)

## K. CARDIOVASCULAR AGENTS

### 1. ANTI-ANGINALS

Amlodipine 10mg Tablet (NORVASC)  
Amlodipine 2.5mg Tablet (NORVASC)  
Amlodipine 5mg Tablet (NORVASC)  
Diltiazem 120mg Tablet (CARDIZEM)  
Diltiazem 30mg Tablet (CARDIZEM)  
Diltiazem 60mg Tablet (CARDIZEM)  
Diltiazem 90mg Tablet (CARDIZEM)  
Diltiazem ER 120mg Cap (DILTIA XT)  
Diltiazem ER 180mg Cap (DILTIA XT)  
Diltiazem SR 120mg Bid Cap (CARDIZEM SR)  
Diltiazem SR 60mg Bid Cap (CARDIZEM SR)  
Diltiazem SR 90mg Bid Cap (CARDIZEM SR)  
Diltiazem XR 240mg Caps (TIAZAC)  
Diltiazem SR 120mg BID U/D (CARDIZEM SR)  
Isosorbide DN 10mg Tablet (ISORDIL)  
Isosorbide DN 20mg Tablet (ISORDIL)  
Isosorbide DN 30mg Tablet (ISORDIL TITRADOSE)  
Isosorbide DN 5mg Tablet (ISORDIL TITRADOSE)  
Isosorbide MN 10mg Tablet (MONOKET)  
Isosorbide MN 120mg ER Tablet (IMDUR)  
Isosorbide MN 20mg Tablet (ISMO)  
Isosorbide MN 60mg ER Tablet (IMDUR)  
Isosorbide MN ER 30mg Tablet (IMDUR)  
Nitroglycerin 0.6mg Sub Tb (NITROSTAT)  
Nitroglycerin 0.3mg Sub Tb (NITROSTAT)  
Nitroglycerin 0.4mg Sub Tb (NITROSTAT)  
Verapamil 120mg Tablet (CALAN)  
Verapamil 40mg Tablet (CALAN)  
Verapamil 80mg Tablet (CALAN)  
Verapamil ER 120mg Tablet (CALAN SR)  
Verapamil ER 240mg Tablet (CALAN SR)  
Verapamil SR 180mg Cap (VERELAN)  
Verapamil SR 180mg U/D(CALAN SR)  
Verapamil SR 240mg Cap (VERELAN)  
Verapamil-SR 180mg Tablet (CALAN SR)

### 2. ANTI-ARRHYTHMICS

**GROUP I**

Disopyramide 100mg Caps (NORPACE)  
Disopyramide 150mg Caps (NORPACE)  
Mexiletine 150mg Cap (MEXITIL)  
Mexiletine 200mg Cap (MEXITIL)  
Mexiletine 250mg Cap (MEXITIL)  
Procainamide 100mg/ml Vial (PRONESTYL)  
Procainamide 500mg/ml MDV (PRONESTYL)  
Quinidine gluc ER 324mg Tab (QUINAGLUTE)  
Quinidine Sulfate 200mg Tablet

**GROUP II**

Propranolol 10mg Tablet (INDERAL)  
Propranolol 20mg Tablet (INDERAL)  
Propranolol 40mg Tablet (INDERAL)  
Propranolol 80mg Tablet (INDERAL)  
Propranolol SA 60mg Cap (INDERAL LA)  
Propranolol SA 80mg Cap (INDERAL LA)

**GROUP III**

Amiodarone 200mg Tablet (CORDARONE)  
Amiodarone 50mg/ml Inj (CORDARONE)

**GROUP IV**

Digoxin 0.125mg Tablet (LANOXIN)  
Digoxin 0.25mg Tablet (LANOXIN)  
Digoxin 0.5mg/2ml Inj (LANOXIN)  
Verapamil 120mg Tablet (CALAN)  
Verapamil 40mg Tablet (CALAN)  
Verapamil 80mg Tablet (CALAN)  
Verapamil ER 120mg Tablet (CALAN SR)  
Verapamil ER 240mg Tablet (CALAN SR)  
Verapamil SR 180mg Cap (VERELAN)  
Verapamil Sr 180mg U/D (CALAN SR)  
Verapamil SR 240mg Cap (VERELAN)  
Verapamil-SR 180mg Tablet (CALAN SR)

**3. ANTI-HYPERLIPIDEMIC AGENTS**

Atorvastatin 10mg Tablet (LIPITOR)  
Atorvastatin 20mg Tablet (LIPITOR)  
Atorvastatin 40mg Tablet (LIPITOR)  
Atorvastatin 80mg Tablet (LIPITOR)  
Cholestyramine 4gm Pow (QUESTRAN)  
Gemfibrozil 600mg Tablet (LOPID)  
Lovastatin 10mg Tablet (MEVACOR)  
Lovastatin 20mg Tablet (MEVACOR)  
Lovastatin 40mg Tablet (MEVACOR)  
Pravastatin 10mg Tablet (PRAVACHOL)

Pravastatin 20mg Tablet (PRAVACHOL)  
Pravastatin 40mg Tablet (PRAVACHOL)  
Pravastatin 80mg Tablet (PRAVACHOL)  
Rosuvastatin 10mg Tablet (CRESTOR)  
Rosuvastatin 20mg Tablet (CRESTOR)  
Rosuvastatin 40mg Tablet (CRESTOR)  
Rosuvastatin 5mg Tablet (CRESTOR)  
Simvastatin 10mg Tablet (ZOCOR)  
Simvastatin 20mg Tablet (ZOCOR)  
Simvastatin 40mg Tablet (ZOCOR)  
Simvastatin 5mg Tablet (ZOCOR)

#### 4. ANTI-HYPERTENSIVES

##### **ANGIOTENSIN CONVERTING ENZYME INHIBITORS**

Benazepril 10mg Tablet (LOTENSIN)  
Benazepril 20mg Tablet (LOTENSIN)  
Benazepril 40mg Tablet (LOTENSIN)  
Benazepril 5mg Tablet (LOTENSIN)  
Captopril 100mg Tablet (CAPOTEN)  
Captopril 12.5mg Tablet (CAPOTEN)  
Captopril 25mg Tablet (CAPOTEN)  
Captopril 50mg Tablet (CAPOTEN)  
Enalapril/HCTZ 10/25 Tablet (VASERETIC)  
Enalapril/HCTZ 5/12.5 Tablet (VASERETIC)  
Enalapril 10mg Tablet (VASOTEC)  
Enalapril 2.5mg Tablet (VASOTEC)  
Enalapril 20mg Tablet (VASOTEC)  
Enalapril 5mg Tablet (VASOTEC)  
Fosinopril 10mg Tablet (MONOPRIL)  
Fosinopril 20mg Tablet (MONOPRIL)  
Fosinopril 40mg Tablet (MONOPRIL)  
Lisinopril-HCTZ 10/12.5mg Tablet (PRINZIDE)  
Lisinopril-HCTZ 20-25mg Tablet (PRINZIDE)  
Lisinopril 10mg Tablet (PRINIVIL)  
Lisinopril 2.5mg Tablet (PRINIVIL)  
Lisinopril 20mg Tablet (PRINIVIL)  
Lisinopril 30mg Tablet (PRINIVIL)  
Lisinopril 40mg Tablet (PRINIVIL)  
Lisinopril 5mg Tablet (PRINIVIL)  
Lisinopril-HCTZ 20/12.5mg (PRINZIDE)  
Moexipril 15mg Tablet (UNIVASC)  
Quinapril 10mg Tablet (ACCUPRIL)  
Quinapril 20mg Tablet (ACCUPRIL)  
Quinapril 40mg Tablet (ACCUPRIL)  
Quinapril 5mg Tablet (ACCUPRIL)

##### **ANTI-ADRENERGIC AGENTS - BETA-ADRENERGIC BLOCKERS**

Atenolol 100mg Tablet (TENORMIN)

Atenolol 25mg Tablet (TENORMIN)  
Atenolol 50mg Tablet (TENORMIN)  
Bisoprolol 10mg Tablet (ZEBETA)  
Bisoprolol 5mg Tablet (ZEBETA)  
Carvedilol 12.5mg Tablet (COREG)  
Carvedilol 25mg Tablet (COREG)  
Carvedilol 3.125mg Tablet (COREG)  
Carvedilol 6.25mg Tablet (COREG)  
Labetalol 100mg Tablet (NORMODYNE)  
Labetalol 200mg Tablet (NORMODYNE)  
Metoprolol 100mg Tablet (LOPRESSOR)  
Metoprolol 25mg Tablet (LOPRESSOR)  
Metoprolol 50mg Tablet (LOPRESSOR)  
Metoprolol ER 100mg Tablet (TOPROL XL)  
Metoprolol ER 200mg Tablet (TOPROL XL)  
Metoprolol ER 25mg Tablet (TOPROL XL)  
Metoprolol ER 50mg Tablet (TOPROL XL)  
Nadolol 20mg Tablet (CORGARD)  
Nadolol 40mg Tablet (CORGARD)  
Propranolol 10mg Tablet (INDERAL)  
Propranolol 20mg Tablet (INDERAL)  
Propranolol 40mg Tablet (INDERAL)  
Propranolol 80mg Tablet (INDERAL)  
Propranolol SA 60mg Cap (INDERAL LA)  
Propranolol SA 80mg Cap (INDERAL LA)  
Sotalol 120mg Tablet (BETAPACE)  
Sotalol 160mg Tablet (BETAPACE)  
Sotalol 80mg Tablet (BETAPACE)

**ANTI-ADRENERGIC AGENTS - BETA-ADRENERGIC BLOCKERS/DIURETIC COMBO**

Atenolol/Chlorthalidone 100/25 Tab (TENORETIC 100)  
Atenolol/ Chlorthalidone 50/25 Tab (TENORETIC)  
Bisoprolol/Hctz 10/6.25 Tablet (ZIAC)  
Bisoprolol/HCTZ 2.5/6.25mg (ZIAC)  
Bisoprolol/HCTZ 5mg/6.25mg (ZIAC)

**ANTI-ADRENERGIC AGENTS - CENTRALLY ACTING**

Clonidine 0.1mg Tablet (CATAPRES)  
Clonidine 0.2mg Tablet (CATAPRES)  
Clonidine 0.3mg Tablet (CATAPRES)  
Guanfacine 1mg Tablet (TENEX)  
Guanfacine 2mg Tablet (TENEX)  
Methyldopa 250mg Tablet (ALDOMET)  
Methyldopa 500mg Tablet (ALDOMET)

**ANTI-ADRENERGIC AGENTS - PERIPHERALLY ACTING**

Doxazosin 1mg Tablet (CARDURA)  
Doxazosin 2mg Tablet (CARDURA)

Doxazosin 4mg Tablet (CARDURA)  
Doxazosin 8mg Tablet (CARDURA)  
Prazosin 1mg Capsule (MINIPRESS)  
Prazosin 2mg Capsule (MINIPRESS)  
Prazosin 5mg Capsule (MINIPRESS)  
Tamsulosin 0.4mg Capsule (FLOMAX)  
Terazosin 10mg Capsule (HYTRIN)  
Terazosin 10mg Capsule (HYTRIN)  
Terazosin 1mg Capsule (HYTRIN)  
Terazosin 2mg Capsule (HYTRIN)  
Terazosin 5mg Capsule (HYTRIN)

**CALCIUM CHANNEL BLOCKING AGENTS**

Amlodipine 10mg Tablet (NORVASC)  
Amlodipine 2.5mg Tablet (NORVASC)  
Amlodipine 5mg Tablet (NORVASC)  
Diltiazem 120mg Tablet (CARDIZEM)  
Diltiazem 240mg/ 24hr Cap (TIAZAC)  
Diltiazem 30mg Tablet (CARDIZEM)  
Diltiazem 60mg Tablet (CARDIZEM)  
Diltiazem 90mg Tablet (CARDIZEM)  
Diltiazem CD 120mg Cap (CARDIZEM CD)  
Diltiazem CD 180mg Cap (CARDIZEM CD)  
Diltiazem CD 240mg Caps (CARDIZEM CD)  
Diltiazem CD 300mg Cap (CARDIZEM CD)  
Diltiazem ER 120mg Cap (DILTIA XT)  
Diltiazem ER 120mg/24 Cap (TIAZAC)  
Diltiazem ER 180mg Cap (DILTIA XT)  
Diltiazem ER 180mg/24 CapP (TIAZAC)  
Diltiazem SR 120mg Bid Cap (CARDIZEM SR)  
Diltiazem SR 60mg Bid Cap (CARDIZEM SR)  
Diltiazem SR 90mg Bid Cap (CARDIZEM SR)  
Diltiazem XR 240mg Cap (TIAZAC)  
Diltiazem SR 120mg BID U/D (CARDIZEM SR)  
Verapamil 120mg Tablet (CALAN)  
Verapamil 40mg Tablet (CALAN)  
Verapamil 80mg Tablet (CALAN)  
Verapamil ER 120mg Tablet (CALAN SR)  
Verapamil ER 240mg Tablet (CALAN SR)  
Verapamil SR 180mg Cap (VERELAN)  
Verapamil SR 180mg u/d (CALAN SR)  
Verapamil SR 240mg Cap (VERELAN)  
Verapamil-SR 180mg Tablet (CALAN SR)

**DIURETICS**

Bumetanide 0.5mg Tablet (BUMEX)  
Bumetanide 1mg Tablet (BUMEX)  
Bumetanide 2mg Tablet (BUMEX)  
Chlorthalidone 25mg Tablet (HYGROTON)

Chlorthalidone 50mg Tablet (HYGROTON)  
Furosemide 10mg/ml Inj (LASIX)  
Furosemide 20mg Tablet (LASIX)  
Furosemide 40mg Tablet (LASIX)  
Furosemide 80mg Tablet (LASIX)  
HCTZ 12.5mg Capsule (MICROZIDE)  
HCTZ 12.5mg Tablet (HYDRODIURIL)  
HCTZ 25mg Tablet (HYDRODIURIL)  
HCTZ 50mg Tablet (HYDRODIURIL)  
Indapamide 1.25mg Tablet (LOZOL)  
Indapamide 2.5mg Tablet (LOZOL)  
Spironolactone 100mg Tablet (ALDACTONE)  
Spironolactone 25mg Tablet (ALDACTONE)  
Spironolactone 50mg Tablet (ALDACTONE)  
Torsemide 10mg Tablet (DEMADEX)  
Torsemide 20mg Tablet (DEMADEX)  
Torsemide 5mg Tablet (DEMADEX)  
Triam/HCTZ 37.5/25 Caps (DYAZIDE)  
Triam/ HCTZ 37.5/25 Tablet (MAXZIDE-25)  
Triam/ HCTZ 75/50 Tablet (MAXZIDE)

#### **VASODILATORS**

Hydralazine \*100mg\* Tablet (APRESOLINE)  
Hydralazine 10mg Tablet (APRESOLINE)  
Hydralazine 25mg Tablet (APRESOLINE)  
Hydralazine 50mg Tablet (APRESOLINE)  
Minoxidil 10mg Tablet (LONITEN)  
Minoxidil 2.5mg Tablet (LONITEN)

#### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

Irbesartan 150mg Tablet (AVAPRO)  
Irbesartan 75mg Tablet (AVAPRO)  
Irbesartan/HCTZ 150-12.5 Tablet (AVALIDE)  
Irbesartan/HCTZ 300-12.5 Tablet (AVALIDE)  
Losartan 100mg Tablet (COZAAR)  
Losartan 50mg Tablet (COZAAR)  
Losartan 25mg Tablet (COZAAR)  
Losartan/Hctz 100-12.5 Tablet (HYZAAR)  
Losartan/Hctz 100-25 Tablet (HYZAAR)  
Losartan/Hctz 50-12.5 Tablet (HYZAAR)

#### **5. POTASSIUM SUPPLEMENTS**

Potassium Cl 10meq Tablet Microcrystalline (KLOR-CON M10)  
Potassium Cl 15meq Tablet Microcrystalline (KLOR-CON M15)  
Potassium Cl 20meq Pkt (KLOR-CON)  
Potassium Cl 10mEq Tablet (K-TABS)  
Potassium Cl 20meq Tablet (K-DUR)  
Potassium Cl 8meq ER Tablet (K-TAB)  
Potassium Micro 10meq Tablet (KLOR-CON M10 10MEQ)

Potassium Phosphate Monobasic 500mg Tablet (K-PHOS)  
Potassium Phosphate Neutral 250mg Tablet (K-PHOS NEUTRAL)

## L. DERMATOLOGIC AGENTS

### 1. ANORECTAL PREPARATIONS

Tronolane Suppository (ANU-MED)  
Dibucaine 1% Ointment (NUPERCAINAL)  
Hemorrhoidal Ointment (PREPARATION-H)  
Anesthetic Cream (TRONOLANE)

### 2. ANTI-INFECTIVES

#### **ANTI-BIOTICS**

Bacitracin Zinc LB Oint (BACIGUENT)  
Bacitracin/ Polymyxin Ointment (POLYSPORIN)  
Clindamycin Phosphate 1% Pads (CLEOCIN T)  
Mupirocin 2% Ointment (BACTROBAN)  
Silver Sulfadiazine Cream 1% (SSD)  
Triple Antibiotic Oint UD (NEOSPORIN)

#### **ANTI-SEPTICS**

Hydrogen Peroxide 3% Sol (PROXACOL)  
Povidone 10% Ointment  
Povidone-Iodine 10% Soln (BETADINE)  
Povidone-Iodine Scrub (BETADINE)

### 3. ANTI-INFLAMMATORY AGENTS - STEROIDAL

#### **VERY- HIGH POTENCY**

Clobetasol 0.05% Cream (TEMOVATE)  
Clobetasol 0.05% Ointment (TEMOVATE)

#### **HIGH POTENCY**

Fluocinonide 0.05% Cream (LIDEX)  
Fluocinonide 0.05% Gel (LIDEX)  
Fluocinonide 0.05% Oint (LIDEX)  
Fluocinolone Acetonide 0.01% Oil (DERMOTIC 0.01%)  
Betamethasone Dp Aug 0.5% (DIPROLENE AF)

#### **MODERATE POTENCY**

Triamcinolone 0.1% CR LB (ARISTOCORT A)  
Triamcinolone 0.025% CR LB (ARISTOCORT A)  
Triamcinolone 0.5% Cream (ARISTOCORT A)

#### **LOW POTENCY**

Hydrocortisone 1% Cream LB (HYTONE)  
Hydrocortisone 2.5% Crm LB (HYTONE)  
Hydrocortisone 2.5% Oint LB (HYTONE)  
Hydrocortisone 0.5% Oint (CORTIZONE-5)  
Hydrocortisone 0.5% Cream (HYTONE)  
Hydrocortisone 1% Oint LB (HYTONE)  
Hydrocortisone 1% Crm-Aloe (HYTONE)

**4. ANTI-FUNGALS- TOPICAL/ VAGINAL**

Tolnaftate Cream (TINACTIN)  
Tolnaftate Powder (TINACTIN)  
Clotrimazole 1% Cream (LOTRIMIN)  
Miconazole Nitrate 2% Cream (MICATIN)  
Nystatin Cream (MYCOSTATIN)  
Miconazole Suppository (MONISTAT 7)  
Miconazole Cream (MONISTAT 7)

**5. ANTI-SEBORRHEIC PRODUCTS**

Methotrexate 2.5mg Tablet (Trexall)  
MG217 3% Medicated Shampoo (NEUTROGENA T/GEL)  
MG217 Med Tar Oint (COAL TAR 10% EXTRACT)  
Selenium Sulfide 1% Shampoo (SELSUN BLUE)  
Selenium Sulfide 2.5% Lotion (SELSUN BLUE)  
Tera-gel Tar 0.5% Shampoo (DHS TAR GEL)  
Therapeutic Tar Shampoo (DHS TAR GEL)

**6. SCABICIDE/PEDICULICIDE**

Lice Shampoo W/ comb (PRONTO)  
Permethrin Lice Treatment 1% Lotion (NIX)  
Permethrin Nix Crème Rinse 1%

**7. MISCELLANEOUS DERMATOLOGICAL AGENTS**

Analgesic Balm  
Benzocaine 20% Spray (HURRICAIN)  
Benzoyl Peroxide 10% Gel (BENZAC)  
Benzoyl Peroxide 5% Gel (BENZAC)  
Calamine Lotion  
Gold Bond Regular Strength Powder  
Hydrocerin Cream  
Imiquimod 5% Cream (ALDARA)  
Lotion (LUBRISKIN FRAGRANCE FREE LOTION)  
Medicated Calamine-Diphenhydramine Lotion (CALDYPHEN)  
Salicylic Acid 3% Cream (MG217 PSORIASIS 3%)  
Podocon-25 Liquid (PODOBEN)  
Podofilox 0.52% Solution (CONDYLOX)  
Sunscreen Lotion  
Trichloroacetic Acid 80% Liquid (TRI-CHLOR 80%)  
Vitamin A and D Ointment

Wart Remover Liquid  
Zinc Oxide 20% w/w Oint

## M. DIALYSIS AGENTS

Calc ACETATE 667mg Caps (PHOSLO)  
Lanthanum 1000mg Chew Tablet (FOSRENOL)  
Lanthanum 500mg Chew Tablet (FOSRENOL)  
Lanthanum 750mg Chew Tablet (FOSRENOL)  
Sevelamer Carb 800mg Tablet (REVELA)

## N. ENDOCRINE AGENTS

### 1. ANTI-DIABETIC AGENTS

Glimepiride 1mg Tablet (AMARYL)  
Glimepiride 2mg Tablet (AMARYL)  
Glimepiride 4mg Tablet (AMARYL)  
Glipizide 10mg Tablet (GLUCOTROL)  
Glipizide 5mg Tablet (GLUCOTROL)  
Glipizide ER 10mg Tablet (GLUCOTROL XL)  
Glipizide ER 2.5mg Tablet (GLUCOTROL XL)  
Glipizide ER 5mg Tablet (GLUCOTROL XL)  
Glyburide / Metformin 1.25/250mg Tab (GLUCOVANCE)  
Glyburide / Metformin 2.5/500 Tablet (GLUCOVANCE)  
Glyburide 1.25mg Tablet (DIABETA)  
Glyburide 2.5mg Tablet (DIABETA)  
Glyburide 5mg Tablet (DIABETA)  
Glyburide/Metformin 5-500mg Tab (GLUCOVANCE)  
Metformin 1000mg Tablet (GLUCOPHAGE)  
Metformin 500mg Tablet (GLUCOPHAGE)  
Metformin 850mg Tablet (GLUCOPHAGE)  
Metformin ER 500mg Tablet (GLUCOPHAGE XR)  
Metformin ER 750mg Tablet (GLUCOPHAGE-XR)  
Pioglitazone 15 mg Tablet (ACTOS)  
Pioglitazone 30 mg Tablet (ACTOS)  
Pioglitazone 45 mg Tablet (ACTOS)

### 2. INSULINS

Insulin Isophane (NOVILIN N)  
Insulin Isophane & Regular Human Insulin (NOVOLIN 70/30)  
Insulin Aspart 100unit /Vial (NOVOLOG)  
Insulin Aspart 30 u/mL/ Insulin Aspart Protta 70 u/mL (NOVOLOG MIX 70/30);  
Insulin Glargine 100units/mL (LANTUS)  
Insulin, Regular Human (NOVOLIN R)

**3. ANTI-DIABETIC MISC**

Dextrose 4gm Chews (GLUCOSE 4GM ORANGE CHEW)  
Glucose 45 Gel (GLUTOSE 45 GEL)

**4. ADRENOCORTICAL STEROIDS - GLUCOCORTICOIDS**

Dexamethasone 0.5mg Tablet (DECADRON)  
Dexamethasone 0.75mg Tablet (DECADRON)  
Dexamethasone 10mg/ml SDV (DECADRON)  
Dexamethasone 4mg Tablet (DECADRON)  
Dexamethasone 4mg/ml MDV (DECADRON)  
Dexamethasone 4mg/ml SDV (DECADRON)  
Dexamethasone 6mg Tablet (DECADRON)  
Fludrocortisone Acetate 0.1mg Tablet (FLORINEF)  
Hydrocortisone Sodium Succ 1000mg Inj (SOLU-CORTEF)  
Hydrocortisone Sodium Succ 100mg Inj (SOLU-CORTEF)  
Hydrocortisone Sodium Succ 250mg Inj (SOLU-CORTEF)  
Hydrocortisone Sodium Succ 500mg Inj (SOLU-CORTEF)  
Methylprednisolone Acet 40mg/ml (DEPO-MEDROL 40)  
Methylprednisolone Acet 80mg/ml (DEPO-MEDROL 80)  
Methylprednisolone Sod 125mg inj (SOLU-MEDROL)  
Methylprednisolone S.S.40MG/ML (SOLU-MEDROL)  
Methylprednisolone I 4mg Tablet (MEDROL)  
Methylprednisolone 4mg Pk (MEDROL PAK))  
Methylprednisolone Sodium Succ 125mg Inj (SOLU-MEDROL)  
Prednisone 10mg Dosepak (STERAPRED DS)  
Prednisone 10mg Tablet (DELTASONE)  
Prednisone 10mg Tablet (DELTASONE)  
Prednisone 1mg Tablet (DELTASONE)  
Prednisone 2.5mg Tablet (DELTASONE)  
Prednisone 20mg Tablet (DELTASONE)  
Prednisone 50mg Tablet (DELTASONE)  
Prednisone 50mg U/D Tablet (DELTASONE)  
Prednisone 5mg Dosepack (STERAPRED)  
Prednisone 5mg Tablet (DELTASONE)  
Triamcinolone Acetonide 10mg/mL Injection (KENALOG-10)  
Triamcinolone Acetonide 40mg/mL (KENALOG-40)

**4. ESTROGEN REPLACEMENT HORMONES**

Conjugated Estrogen 0.3mg Tablet (PREMARIN)  
Conjugated Estrogen 0.45mg Tablet (PREMARIN)  
Conjugated Estrogen 0.625mg Tablet (PREMARIN)  
Conjugated Estrogen 0.9mg Tablet (PREMARIN)  
Conjugated Estrogen 1.25mg Tablet (PREMARIN)  
Conjugated Vaginal Cream (PREMARIN)  
Estradiol 0.5mg Tablet (ESTRACE)  
Estradiol 1mg Tablet (ESTRACE)  
Estradiol 2mg Tablet (ESTRACE)

Estradiol Valerate 20mg/ ML inj (DELESTROGEN)  
Estradiol Valerate 40mg/mL inj (DELESTROGEN)

**5. ESTROGEN/ PROGESTIN COMBO (ORAL CONTRACEPTIVES)**

Ethinyl estradiol / norethindrone Tablet (ORTHO-NOVUM 1/35)  
Ethinyl estradiol / norgestrel Tablet (LOW-OGESTREL)  
Ethinyl estradiol /levonorgestrel (ALESSE (28))  
Ethinyl Estradiol, Norethindrone, and Ferrous Fumarate Tablet (JUNEL FE 1.5/30)  
Ethinyl Estradiol, Norethindrone, and Ferrous Fumarate Tablet (LOESTRIN FE 1/20)  
Ethinyl Estradiol, Norethindrone, and Ferrous Fumarate Tablet (LOESTRIN 24 FE)  
Ethinyl estradiol/ Norethindrone 1/20 Tablet (LOESTRIN 21)  
Ethinyl estradiol/ Norethindrone 7/7/7 Tablet (ORTHO-NOVUM 7/7/7, ALYACEN)  
Ethinyl estradiol/ norgestimate (ORTHO TRI-CYCLEN (28))  
Ethinyl estradiol/ norgestimate 0.25/0.035mg Tablet (ORTHO-CYCLEN (28))

**6. PROGESTINS**

Medroxyprogesterone 150mg Syr (DEPO-PROVERA)  
Medroxyprogesterone 150mg Vial (DEPO-PROVERA)  
Medroxyprogesterone 2.5mg Tablet (PROVERA)  
Medroxyprogesterone 5mg Tablet (PROVERA)  
Medroxyprogesterone Acetate SubQ 104 Syringe (DEPO-PROVERA SYRINGE)  
Medroxyprogesterone. 10mg Tablet (PROVERA)

**7. THYROID MEDICATIONS**

**HYPER-ACTIVITY**

Methimazole 10mg Tablet (TAPAZOLE)  
Methimazole 5mg Tablet (TAPAZOLE)

**HYPO-ACTIVITY**

Armour Thyroid 60mg Tablet (THYROID)  
Armour Thyroid 120mg Tablet (THYROID)  
Armour Thyroid 15mg Tablet (THYROID)  
Armour Thyroid 180mg Tablet (THYROID)  
Armour Thyroid 300mg Tablet (THYROID)  
Armour Thyroid 30mg Tablet (THYROID)  
Armour Thyroid 90mg Tablet (THYROID)  
Levothyroxine 100mcg Tablet (LEVOTHROID, SYNTHROID)  
Levothyroxine 112mcg Tablet (LEVOTHROID, SYNTHROID)  
Levothyroxine 125mcg Tablet (LEVOTHROID, SYNTHROID)  
Levothyroxine 137mcg Tablet (LEVOTHROID, SYNTHROID)  
Levothyroxine 150mcg Tablet (LEVOTHROID, SYNTHROID)  
Levothyroxine 175mcg Tablet (LEVOTHROID, SYNTHROID)  
Levothyroxine 200mcg Tablet (LEVOTHROID, SYNTHROID)  
Levothyroxine 25mcg Tablet (LEVOTHROID, SYNTHROID)  
Levothyroxine 300mcg Tablet (LEVOTHROID, SYNTHROID)  
Levothyroxine 50mcg Tablet (LEVOTHROID, SYNTHROID)  
Levothyroxine 75mcg Tablet (LEVOTHROID, SYNTHROID)  
Levothyroxine 88mcg Tablet (LEVOTHROID, SYNTHROID)  
Levothyroxine 25mcg Tablet (LEVOXYL)

Np Thyroid 15mg Tablet (ARMOUR THYROID)  
NP Thyroid 60mg Tablet (ARMOUR THYROID)  
NP Thyroid 90mg Tablet (ARMOUR THYROID)

## O. GASTROINTESTINAL AGENTS

### 1. ANTACIDS/ANTI-FLATULENTS

Aluminum Hydroxide and Magnesium Carbonate Chew Tablet (GAVISCON ES)  
Aluminum Hydroxide and Magnesium Carbonate Suspension (GAVISCON)  
Aluminum Hydroxide Gel  
Aluminum hydroxide/magnesium hydroxide/simethicone systemic Chew Tablet (ALMACONE, GELUSIL, MINTOX-PLUS)  
Antacid Tablet U/d 2x250 (TUMS)  
Calc. Antacid Assort Tabs (TUMS)  
Calc. Antacid Tab\*MINT (TUMS)  
Calcium Carbonate Tablet (GAVISCON FOAM)  
Geri-Lanta Antacid Susp (MYLANTA/ MAALOX)  
Magnesium Oxide 200mg Tablet  
Magnesium Oxide 400mg Tablet (MAG-OX 400)  
Simethicone 80mg Chew Tablet (MI-ACID GAS)

### 2. ANTI-DIARRHEALS

Bismuth subsalicylate 262/15ml Susp (BISMATROL, PEPTO-BISMOL)  
Bismuth subsalicylate Max Str Susp (BISMATROL MAX STR, KAOPECTATE)  
Loperamide 2mg Capsule (IMODIUM)  
Pink Bismuth Chew Tablet (PEPTO-BISMOL)  
Diphenoxylate-Atropine 2.5/0.25mg Tablet (LOMOTIL)

### 3. ANTI-EMETIC/ ANTI-VERTIGO AGENTS

Meclizine 12.5mg Tablet (ANTIVERT)  
Meclizine 25mg Chew Tablet (ANTIVERT)  
Ondansetron 2mg/ml MDV (ZOFTRAN)  
Ondansetron 4mg ODT (ZOFTRAN ODT)  
Ondansetron 4mg Tablet (ZOFTRAN)  
Ondansetron 4mg/2ml Inj (ZOFTRAN)  
Ondansetron 4mg/2ml SDV (ZOFTRAN)  
Ondansetron 8mg Tablet (ZOFTRAN)  
Ondansetron Hcl 40/20ml I  
Ondansetron Hcl 4mg/2ml  
Ondansetron ODT 8mg Tablet (ZOFTRAN)

### 4. DIGESTIVE ENZYMES

Amylase- Lipase- Protease 12000 Unit Capsule (CREON)  
Amylase- Lipase- Protease 24000unit Capsule (CREON)  
Amylase- Lipase- Protease 3000unit Capsule (CREON)  
Amylase- Lipase- Protease 36000unit Capsule (CREON)  
Amylase- Lipase- Protease 6000unit Capsule (CREON)

**5. H2-BLOCKERS**

Famotidine 20mg Tablet (PEPCID)

**6. LAXATIVES**

**BULK-PRODUCING**

Fiber-Lax 625mg Tablet (FIBERCON)  
Reguloid Powder Reg. (METAMUCIL)  
Reguloid Pwd Orange (METAMUCIL)  
Reguloid Pwd SF Orange (METAMUCIL S/F)  
Reguloid Pwd SF Regular (METAMUCIL S/F)

**ENEMA**

Phosphate Enema (FLEET PHOSPH SODA ENEMA)

**FECAL SOFTENERS**

Docusate Sod 100mg Cap (COLACE)

**SALINE**

Citrate of Magnesium (CITROMA)  
Fleet Enema (FLEET ENEMA)  
Milk of Mag UD 30ml (PHILLIPS MILK OF MAGNESIA)  
Epsom Salt

**STIMULANT**

Bisacodyl 10mg Supp (DULCOLAX)  
Bisacodyl 5mg Tablet EC (CARTERS LITTLE PILLS)  
Senna 8.6mg Tablet (SENOKOT)

**MISCELLANEOUS**

Peg 3350 Powder (GAVILAX, (MIRALAX)  
Peg 3350-KCL-NABCB-NACL-NASULF Bottle (GOLYTELY)  
Peg 3350-KCL-NABCB-NACL-NASULF Powder Packets (GOLYTELY)  
Lactulose 10gm/15ml Sol (ENULOSE)  
Mineral Oil (heavy) Oral  
Peg 3350 Powder Packet (MIRALAX)  
Sorbitol 70% Solution

**7. PROTON PUMP INHIBITORS**

Pantoprazole 20mg Tab (PROTONIX)

**8. ULCERATIVE COLITIS TREATMENT**

Sulfasalazine 500mg Tablet (AZULFIDINE)  
Sulfasalazine EC 500mg Tablet (AZULFIDINE EC)

## P. HEMATOPOIETIC AGENTS

Epoetin alpha-EFBX 10,000unt Inj (RETACRIT)  
Epoetin alpha-EFBX 2000unit Inj (RETACRIT)  
Epoetin alpha-EFBX 3000unit Inj (RETACRIT)  
Epoetin alpha-EFBX 20,000unt Inj (RETACRIT)  
Epoetin alpha-EFBX 4000unit Inj+ (RETACRIT)

## Q. NUTRITIONAL SUPPLEMENTS

### 1. MINERALS

Calcium 600+ VitD3 Tablet (CALTRATE 600+D)  
Calcium 600mg Tablet (CALTRATE 600)  
Calcium Chlor 10% Vial  
Calcium+D 600-400 Tablet (CALTRATE 600 PLUS-VIT D)  
Caltrate-600/vit D Tablet (CALCARB 600/D)  
Ferrous Sulfate 325mg Tablet (FEOSOL)  
Ferrous Sulfate 325mg Tablet (FERRO-BOB)  
Magnesium Oxide 400mg Tablet (MAG-OX 400)  
Oyst Cal+D 250mg Tablet (OS-CAL VITAMIN D)  
Oyst-Cal 500mg Tablet (OS-CAL)  
Oyst-Cal+D 500mg Tablet (OSCAL/VITAMIN D)

### 2. VITAMINS

Calcitriol 0.25mcg Capsule (ROCALTROL)  
Calcitriol 0.5mcg Capsule (ROCALTROL)  
Cyanocobalamin 1000mcg/ml MDV (VITAMIN B-12)  
Folic Acid 0.8mg Tablet  
Folic Acid 1mg Tablets  
Full Spectrum B/ Vit C Tablet (NEPHROVITE)  
Niacin 250mg Tablet  
Niacin 500mg SR CAPSULE  
Niacin 500mg Tablet (NIACOR)  
Niacin SR 250mg Caps  
Vitamin B-1 100mg Tablet (THIAMINE MONONITRATE)  
Vitamin B-1 100mg U/D Tablet (THIAMINE MONONITRATE)  
Vitamin B-1 100mg/ml Vial Injection (THIAMINE MONONITRATE)  
Vitamin B-6 100mg Tablet (PYRIDOXINE HCL)  
Vitamin B-6 200mg TR/ CR (PYRIDOXINE TR/ CR)  
Vitamin B-6 250mg Tablet (PYRIDOXINE)  
Vitamin B-6 25mg Tablet (PYRIDOXINE)  
Vitamin B-6 50mg Tablet (PYRIDOXINE)  
Vitamin D3 400unit Cap (CHOLECALCIFEROL)  
Vitamin D3 400unit Tablet (CHOLECALCIFEROL)  
Vitamin D3 5,000unit Caps (CHOLECALCIFEROL)

Vitamin K 10mg/ml Amp (AQUA-MEPHYTON)

**3. VITAMIN- MINERAL COMBO**

Certa-Vite Tablet (CENTRUM)  
Multi-Vits W/Iron Tablet (DAYALETS/IRON)  
One Daily Vitamin Tablet (ONE-A DAY MULTI-VIT TABLET)  
Prenatal Plus 27-1mg Tablet (PRENATAL/FOLIC ACID)  
Prenatal Tablet 27-0.8mg (PRENATAL MULTIVITAMIN/IRON)  
Thera Tablet (MULTIPLE VITAMIN)  
Essential Fatty Acid, Vitamin B12, B6 and Folic Acid Capsule (BP VIT 3)

**4. OMEGA 3 POLYUNSATURATED FATTY ACIDS**

Fish Oil 1000mg Soft gel  
Fish Oil 1400mg Capsule  
Fish Oil 500mg Capsule  
Fish Oil 1000mg No Burp C

**R. OPHTHALMIC PREPARATIONS**

**1. ANESTHETIC**

Proparacaine 0.5% Ophthalmic Sol (ALPHAGAN)  
Tetracaine 0.5% Ophthalmic Sol (PONTOCAINE)

**2. ANTI-GLAUCOMA**

**ALPHA-ADRENERGIC AGONISTS**

Apraclonidine 0.5% Ophthalmic Sol (IOPIDINE)  
Brimonidine 0.1% Ophthalmic Sol (ALPHAGAN P)  
Brimonidine 0.15% Ophthalmic Sol (ALPHAGAN P)  
Brimonidine 0.2% Ophthalmic Sol (ALPHAGAN)  
Apraclonidine 1% Ophthalmic Sol (IOPIDINE)

**BETA-ADRENERGIC BLOCKERS**

Betaxolol 0.5% Ophthalmic Sol (BETOPTIC)  
Carteolol Hcl 1% Ophthalmic Sol (OCUPRESS)  
Dorzolamide/Timolol Ophthalmic Sol (COSOPT)  
Levobunolol 0.5% Ophthalmic Sol (BETAGAN)  
Timolol 0.25% ~GFS~Sol (TIMOPTIC-XE)  
Timolol 0.5% Ophthalmic Sol (TIMOPTIC)  
Timolol 0.5%~GFS~Oph (TIMOPTIC-XE)  
Timolol Maleate 0.25% Ophthalmic Sol (TIMOPTIC)

**CARBONIC ANHYDRASE INHIBITORS**

Dorzolamide 2% Ophthalmic Sol (TRUSOPT)

**CHOLINESTERASE INHIBITORS**

Echothiopate iodide 0.125% Ophthalmic Sol (PHOSPHOLINE IODIDE)

**MIOTICS - DIRECT ACTING**

Pilocarpine 1% Ophthalmic Sol (ISOPTO CARPINE)  
Pilocarpine 2% Ophthalmic Sol (ISOPTO CARPINE)  
Pilocarpine 4% Eye Drops (ISOPTO CARPINE)

**PROSTAGLANDIN AGONISTS**

Latanoprost 0.005% Ophthalmic Sol (XALATAN)

**3. ANTI-INFECTIVES**

Ciprofloxacin 0.3% Ophthalmic Sol (CILOXAN)  
Dexamethasone 0.1% Ophth (DECADRON, MAXIDEX)  
Erythromycin Ophth Ointment (ILOTYCIN)  
Gentamicin 0.3% Ophthalmic Ointment (GARAMYCIN)  
Gentamicin 0.3% Ophthalmic Sol (GARAMYCIN)  
Neo/Gram/Poly Ophthalmic Sol (NEOSPORIN)  
Neomycin/Bac/Poly Ointment (NEOSPORIN)  
Ofloxacin 0.3% Ophthalmic Sol (OCUFLOX)  
Sulfacetamide 10% OPL (BLEPH-10, SULAMYD)  
Tobramycin 0.3% Ophthalmic Sol (TOBREX)  
Trifluridine 1% Ophthalmic Solution (VIROPTIC)

**4. ANTI-INFLAMMATORY**

Neo/Poly/Dex Oph Susp (MAXITROL)  
Neom/Polym/Dex Oph Ointment (MAXITROL)  
Prednisolone Ace 1% Oph (PRED FORTE)

**5. ANTI-INFLAMMATORY/ANTI-BIOTIC COMBINATION**

Neom/Polym/Dex Oph Ointment (MAXITROL)

**6. EYEWASH**

Artificial Tears Sol 1.4% (AKWA TEAR DROPS)  
Artificial Tears Ophthalmic Ointment  
Eye Wash Solution (DACRIOSE)  
REFRESH OPHTHALMIC SOLUTIONS

**7. LUBRICANTS**

Artificial Tear OPN (LUBRIFRESH PM EYE OINT)

**8. ANTIHISTAMINE PREPARATION**

Ketotifen Fumarate 0.025% Ophthalmic Solution (ZADITOR)  
Naphazoline-Pheniramine Ophthalmic Solution (VISINE A)

**9. ANTI-IRRITANT PREPARATIONS**

Naphazoline 0.012% Ophthalmic Solution (CLEAR EYES REDNESS RELIEF)  
Tetrahydrozoline HCl 0.5% Lubricant Eye Drops (ADVANCED EYE RELIEF DROPS)

**10. CYCLOPLEGIC AGENTS**

Cyclopentolate HCl 1% Ophthalmic Solutions (CYCLOGYL)

Tropicamide 0.05% Ophthalmic Solution (MYDRIACYL)

**11. MISC. OPHTHALMIC PREPARATION**

Baby Shampoo

Fluorescein 1mg Ophthalmic Dye Strips (BIO GLO)

**S. OTIC PREPARATIONS**

**1. ANTI-INFECTIVES (OTIC)**

Acetic Acid / Aluminum 2% Otic solution (DOMEBORO)

Acetic Acid HC Otic Solution (VOSOL HC)

Acetic Acid Otic Solution (VOSOL)

Neomycin/ Polymyxin/ Hydrocortisone Otic Suspension (CORTISPORIN-OTIC)

**2. EAR WAX EMULSIFIER**

Carbamide Peroxide 6.5% Otic (DEBROX)

**T. PSYCHOTROPICS**

**1. ANTI-ANXIETY AGENTS**

Bupirone 10mg Tablet (BUSPAR)

Bupirone 15mg Tablet (BUSPAR)

Bupirone 30mg Tablet (BUSPAR)

Bupirone 5mg Tablet (BUSPAR)

Chlordiazepoxide 10mg Capsule (LIBRIUM)

Chlordiazepoxide 25mg Capsule (LIBRIUM)

Chlordiazepoxide 5mg Capsule (LIBRIUM)

Diazepam 10mg Tablet (VALIUM)

Diazepam 2mg Tablet (VALIUM)

Diazepam 5mg Tablet (VALIUM)

Diazepam 5mg/ml Solution (VALIUM)

Hydroxyzine HCl 25mg Tablet (ATARAX)

Hydroxyzine HCl 50mg Tablet (ATARAX)

Lorazepam 0.5mg Tablet (ATIVAN)

Lorazepam 1mg Tablet (ATIVAN)

Lorazepam 2mg Tablet (ATIVAN)

Lorazepam 2mg/ml Inj (ATIVAN)

Lorazepam 2mg/ml MDV (ATIVAN)

**2. ANTI-DEPRESSANT AGENTS**

Citalopram 10mg Tablet (CELEXA)

Citalopram 20mg Tablet (CELEXA)

Citalopram 40mg Tablet (CELEXA)

Duloxetine 20mg DR Cap (CYMBALTA)

Duloxetine 30mg DR Cap (CYMBALTA)

Duloxetine 60mg DR Cap (CYMBALTA)

Escitalopram 10mg Tablet (LEXAPRO)

Escitalopram 20mg Tablet (LEXAPRO)  
Escitalopram 5mg Tablet (LEXAPRO)  
Fluoxetine 10mg Capsule (PROZAC)  
Fluoxetine 20mg Capsule (PROZAC)  
Fluvoxamine 50mg Tablet (LUVOX)  
Fluvoxamine 100mg Tablet (LUVOX)  
Imipramine 10mg Tablet (TOFRANIL)  
Imipramine 25mg Tablet (TOFRANIL)  
Imipramine 50mg Tablet (TOFRANIL)  
Mirtazapine 15mg Tablet (REMERON)  
Mirtazapine 30mg Tablet (REMERON)  
Mirtazapine 45mg Tablet (REMERON)  
Nortriptyline 10mg Caps (PAMELOR)  
Nortriptyline 10mg/5ml Sol (PAMELOR)  
Nortriptyline 25mg Cap (PAMELOR)  
Nortriptyline 50mg Caps (PAMELOR)  
Nortriptyline 75mg Cap (PAMELOR)  
Paroxetine 10mg Tablet (PAXIL)  
Paroxetine 20mg Tablet (PAXIL)  
Paroxetine 30mg Tablet (PAXIL)  
Paroxetine 40mg Tablet (PAXIL)  
Sertraline 100mg Tablet (ZOLOFT)  
Sertraline 25mg Tablet (ZOLOFT)  
Sertraline 50mg Tablet (ZOLOFT)  
Venlafaxine 100mg Tablet (EFFEXOR)  
Venlafaxine 25mg Tablet (EFFEXOR)  
Venlafaxine 37.5mg Tablet (EFFEXOR)  
Venlafaxine 37.5mg UD Tablet (EFFEXOR)  
Venlafaxine 50mg Tablet (EFFEXOR)  
Venlafaxine 75mg Tablet (EFFEXOR)  
Venlafaxine ER 150mg Cap (EFFEXOR XR)  
Venlafaxine ER 37.5mg Cap (EFFEXOR XR)  
Venlafaxine ER 75mg Cap (EFFEXOR XR)

### 3. ANTI-MANIC AGENTS

Divalproex DR 125mg Tablet (DEPAKOTE)  
Divalproex DR 250mg Tablet (DEPAKOTE)  
Divalproex DR 500mg Tablet (DEPAKOTE)  
Lithium Citrate 300mg/ 5ml Solution (ESKALITH)  
Lithium Carb -150mg- Cap (ESKALITH)  
Lithium Carb 300mg Caps (ESKALITH)  
Lithium Carb 300mg Tablet (LITHOTABS)  
Lithium Carb 300mg U/D Tb (ESKALITH)  
Lithium Carb ER 300mg Tablet (LITHOBID)  
Lithium ER 450mg Tablet (ESKALITH CR)  
Valproic Acid 250mg Cap (DEPAKENE)  
Valproic Acid 250mg/5ml Solution (DEPAKENE)

### 4. ANTI-PSYCHOTIC AGENTS

Aripiprazole 10mg Tablet (ABILIFY)  
Aripiprazole 15mg Tablet (ABILIFY)  
Aripiprazole 20mg Tablet (ABILIFY)  
Aripiprazole 2mg Tablet (ABILIFY)  
Aripiprazole 30mg Tablet (ABILIFY)  
Aripiprazole 5mg Tablet (ABILIFY)  
Clozapine 25mg Tablet (CLOZARIL)  
Clozapine 50mg Tablet (CLOZARIL)  
Clozapine 100mg Tablet (CLOZARIL)  
Clozapine 200mg Tablet (CLOZARIL)  
Fluphenazine 2.5mg/ml Inj (PROLIXIN)  
Fluphenazine Dec 25mg/ml (PROLIXIN DECANOATE)  
Haloperidol 0.5mg Tablet (HALDOL)  
Haloperidol 10mg Tablet (HALDOL)  
Haloperidol 1mg Tablet (HALDOL)  
Haloperidol 20mg Tablet (HALDOL)  
Haloperidol 2mg Tablet (HALDOL)  
Haloperidol 5mg Tablet (HALDOL)  
Haloperidol 5mg/ml SDV (HALDOL)  
Haloperidol Concentrate 2mg /ml (HALDOL)  
Haloperidol Dec 100mg/ml (HALDOL DECANOATE)  
Haloperidol Dec 50mg/ml (HALDOL DECANOATE)  
Haloperidol Lactate 5mg/ml  
Loxapine Succinate 5mg Capsule (LOXITANE)  
Loxapine Succinate 10mg Capsule (LOXITANE)  
Loxapine Succinate 25mg Capsule (LOXITANE)  
Loxapine Succinate 50mg Capsule (LOXITANE)  
Olanzapine 10mg Tablet (ZYPREXA)  
Olanzapine 15mg Tablet (ZYPREXA)  
Olanzapine 2.5mg Tablet (ZYPREXA)  
Olanzapine 20mg Tablet (ZYPREXA)  
Olanzapine 5mg Tablet (ZYPREXA)  
Olanzapine 7.5mg Tablet (ZYPREXA)  
Perphenazine 16mg Tablet (TRILAFON)  
Perphenazine 2mg Tablet (TRILAFON)  
Perphenazine 4mg Tablet (TRILAFON)  
Perphenazine 8mg Tablet (TRILAFON)  
Prochlorperazine 5mg Tablet (COMPAZINE)  
Prochlorperazine 10mg Tablet (COMPAZINE)  
Prochlorperazine 25mg Suppository (COMPAZINE)  
Prochlorperazine 5mg/ml SDV Inj (COMPAZINE)  
RisperidONE 0.25mg Tablet (RISPERDAL)  
RisperidONE 0.5mg Tablet (RISPERDAL)  
RisperidONE 1mg Tablet (RISPERDAL)  
RisperidONE 2mg Tablet (RISPERDAL)  
RisperidONE 3mg Tablet (RISPERDAL)  
RisperidONE 4mg Tablet (RISPERDAL)  
Thiothixene 10mg Capsule (NAVANE)  
Thiothixene 1mg Capsule (NAVANE)

Thiothixene 2mg Capsule (NAVANE)  
Thiothixene 5mg Capsule (NAVANE)  
Trifluoperazine 10mg Tablet (STELAZINE)  
Trifluoperazine 1mg Tablet (STELAZINE)  
Trifluoperazine 2mg Tablet (STELAZINE)  
Trifluoperazine 5mg Tablet (STELAZINE)  
Ziprasidone 20mg Capsule (GEODON)  
Ziprasidone 40mg Capsule (GEODON)  
Ziprasidone 60mg Capsule (GEODON)  
Ziprasidone 80mg Capsule (GEODON)  
Ziprasidone 20mg Injection (GEODON)

**5. HYPNOTICS**

Phenobarbital 130mg/ml Vi (LUMINAL)  
Phenobarbital 32.4mg Tablet (LUMINAL)  
Phenobarbital 100mg Tablet (LUMINAL)  
Phenobarbital 30mg Tablet (LUMINAL)  
Phenobarbital 60mg Tablet (LUMINAL)  
Phenobarbital 64.8mg Tablet (LUMINAL)  
Phenobarbital 97.2mg Tablet (LUMINAL)

**6. MISCELLANEOUS ANTICHOLINERGICS**

Benztropine 0.5mg Tablet (COGENTIN)  
Benztropine 1mg Tablet (COGENTIN)  
Benztropine 2mg Tablet (COGENTIN)  
Benztropine 2mg/2ml Amps (COGENTIN)  
Benztropine 2mg/2ml SDV (COGENTIN)  
Trihexyphenidyl 2mg Tablet (ARTANE)  
Trihexyphenidyl 5mg Tablet (ARTANE)  
Trihexyphenidyl 2mg/ 5ml Tablet (ARTANE)

**U. RESPIRATORY AGENTS**

**1. BRONCHODILATORS/ANTI-ASTHMATICS**

Albuterol 0.083% INH UD (PROVENTIL)  
Albuterol 0.5% Sol. 20ml (PROVENTIL)  
Albuterol 2mg Tablet (PROVENTIL)  
Albuterol 4mg Tablet (PROVENTIL)  
Albuterol Inhaler (PROAIR, PROVENTIL, VENTOLIN)  
Albuterol/ Ipratropium Inhaler (COMBIVENT RESPIMAT)  
Albuterol/ Ipratropium Nebulizer (DUONEB)  
Ciclesonide 160mcg Inhaler (ALVESCO)  
Ciclesonide 80mcg Inhaler (ALVESCO)  
Epinephrine 1mg/mL injection (ADRENALIN)  
Fluticasone/Salmeterol 113/14 MCG (AIRDUO)

Fluticasone/Salmeterol 232/14 MCG (AIRDUO)  
Fluticasone/Salmeterol 55/14 MCG (AIRDUO)  
Ipratropium 0.02% UD Inhaler (ATROVENT)  
Levalbuterol MDI (XOPENEX HFA)  
Montelukast 10mg Tablet (SINGULAIR)  
Salmeterol Xinafoate 50mcg Diskus (SEREVENT)  
Terbutaline 1mg/ ml Inj (BRETHINE)  
Terbutaline 2.5mg Tablet (BRETHINE)  
Terbutaline 5mg Tablet (BRETHINE)  
Theophylline 200mg ER- 24hr Tablet (THEO-DUR) (THEO-24)  
Theophylline 300mg ER- 24hr Tablet (THEO-DUR)  
Theophylline 300mg ER-Tablet (THEOCHRON)  
Theophylline 400mg ER- 24hr Tablet (UNIPHYL)  
Theophylline 600mg ER- 24hr Tablet (UNIPHYL)  
Umeclidinium 62.5mcg/Inh #30 (INCRUSE ELLIPTA)

**2. NASAL DECONGESTANTS/ANTIHISTAMINES - SYSTEMIC**

Cetirizine 5mg Tablet (ZYRTEC) – *NO CHEWABLE*  
Cetirizine 10mg Tablet (ZYRTEC)  
Diphenhydramine 50mg/ml vial (BENADRYL)  
Diphenhydramine 50mg/ml SDV (BENADRYL)  
Loratadine 10mg Tablet (CLARITIN)

**3. NASAL INHALATION PRODUCTS**

Deep Sea Nasal Spray (SALINE)  
Fluticasone Nasal Spray 0.05% (FLONASE)

**4. EXPECTORANTS**

Guaifenesin DM Syrup (ROBITUSSIN DM)

**V. ANTINEOPLASTIC/ IMMUNOSUPPRESSANTS**

**1. ANTINEOPLASTIC**

Hydroxyurea 500mg Capsule (HYDREA)  
Tamoxifen 10mg Tablet (NOLVADEX)  
Tamoxifen 20mg Tablets (NOLVADEX)

**2. IMMUNOSUPPRESSANTS**

Azathioprine 50mg Tablet (IMURAN)  
Cyclosporine 25mg Capsule (SANDIMMUNE)  
Cyclosporine MOD 100mg Cap (NEORAL)  
Cyclosporine MOD 25mg Cap (NEORAL)  
Mycophenolate 250mg Caps (CELLCEPT)  
Mycophenolate 500mg Tablet (CELLCEPT)  
Tacrolimus 0.5mg Capsule (PROGRAF)  
Tacrolimus 1mg Capsule (PROGRAF)

Tacrolimus 5mg Capsule (PROGRAF)

## W. URINARY TRACT AGENTS

### 1. BENIGN PROSTATIC HYPERPLASIA AGENTS

Doxazosin 2mg Tablet (CARDURA)  
Doxazosin 1mg Tablet (CARDURA)  
Doxazosin 4mg Tablet (CARDURA)  
Doxazosin 8mg Tablet (CARDURA)  
Finasteride 5mg Tablet (PROSCAR)  
Terazosin 10mg Capsule (HYTRIN)  
Terazosin 1mg Capsule (HYTRIN)  
Terazosin 2mg Capsule (HYTRIN)  
Terazosin 5mg Capsule (HYTRIN)

### 2. GENITOURINARY AGENTS

Alfuzosin 10mg ER Tablet (UROXATROL)  
Bethanechol 10mg Tablet (URECHOLINE)  
Bethanechol 25mg Tablet (URECHOLINE)  
Bethanechol 50mg Tablet (URECHOLINE)  
Bethanechol 5mg Tablet (URECHOLINE)  
Oxybutynin 5mg Tablet (DITROPAN)  
Phenazopyridine 100mg Tablet (PYRIDIUM)  
Phenazopyridine 200mg Tablet (PYRIDIUM)  
Tolterodine 1mg Tablet (DETROL)  
Tolterodine 2mg Tablet (DETROL)

## X. ANTIGENS/ VACCINES

Diphtheria-Tetanus Toxoids Syringe, Vials (TENIVAC)  
Hepatitis A Vaccine 1440unit/ml Syringe (HAVRIX)  
Hepatitis B Vaccine 10mcg/0.5ml Ped  
Influenza Vaccine- **Administered October through May**  
TDAP Inj (ADACEL, BOOSTRIX )  
Tetanus-Diphtheria 0.5ml  
Tuberculin Skin Test- PPD (APLISOL, TUBERSOL)

## Y. EMERGENCY/MISCELLANEOUS MEDICATIONS

NACL 0.45% 1000ML  
NS 100mL 0.9% IV Bag  
NS Soln 0.9% 1000ml  
Activated Charcoal 50gm (ACTIDOSE AQUA)  
Bacteriostatic H2O Inj 30ml (BACTERIOSTATIC WATER)  
Bacteriostatic. NS 30ml Vial (BACTERIOSTATIC NORMAL SALINE 30ML VIAL)  
Calcium Chloride 10% Vial  
D5 NS +20MEQ KCL 1000ML  
D5 NS +40MEQ KCL 1000ML  
D5 NS 1000ml

D5%-LACT. RINGER 1000ML  
 D5-1/2 NS +30meq KCL 1000ml  
 D5-1/2 NS +40meq KCL 1000ml  
 D5-1/2 NS 1000ml (DEXTROSE-SODIUM CHLORIDE)  
 D5-1/2 NS+10MEQ KCL 1000ML  
 D5-1/2 NS-KCL 20meq/l IV Solution  
 D5-1/4 NS 1000mL  
 D5-1/4 NS-KCL 10meq/l IV Solution  
 D5W 1000mL (DEXTROSE IV SOLUTION)  
 D5W 250mL IV Bag (DEXTROSE IV SOLUTION)  
 Dextrose 10%/ Water IV Solution  
 Dextrose 40% inj 500mL (DEXTROSE)  
 Dextrose 50% Vial  
 Dextrose 70% Inj  
 Diphenhydramine 50mg/ml SDV (BENADRYL)  
 Diphenhydramine 50mg/ml vial (BENADRYL)  
 Epinephrine 1mg/ml Amp (ADRENALIN)  
 Epinephrine 1mg/ml MDV (ADRENALIN)  
 Furosemide 10mg/ml Inj (LASIX)  
 Haloperidol Dec 100mg/ml (HALDOL DECANOATE)  
 Heparin Lock 10unit/ml (HEP FLUSH-9)  
 Heparin Sod 1,000unit/ml (HEPARIN SODIUM (PORCINE))  
 Heparin Sod 5000unit/ml (HEPARIN SODIUM (PORCINE))  
 Heparin Sod 5000unit/ml (HEPARIN SODIUM (PORCINE))  
 Lactated Ring 1000mL (LACTATED RINGERS)  
 Lidocaine 1% Ampul (XYLOCAINE)  
 Lidocaine 1% Cardiac Syr (XYLOCAINE)  
 Lidocaine 1% Inj Syringe (XYLOCAINE)  
 Lidocaine 1% MDV (XYLOCAINE)  
 Lidocaine 1%+ Epinephrine 20ml MDV (XYLOCAINE/EPINEPHRINE)  
 Lidocaine 1%+Epi 50mL MDV (XYLOCAINE/EPINEPHRINE)  
 Lidocaine 2% Inj (XYLOCAINE)  
 Lidocaine 2% MDV inj (XYLOCAINE)  
 Lidocaine 2% MDV Inj. (XYLOCAINE)  
 Lidocaine 2% SDV inj (XYLOCAINE)  
 Lidocaine 2%/ Epinephrine Mpf Inj. (XYLOCAINE /EPINEPHRINE)  
 Lidocaine 2%+Epi 20mL MDV (XYLOCAINE/EPINEPHRINE)  
 Methylprednisolone 125 MG/ML (SOLU-MEDROL)  
 Methylprednisolone 40MG/ML (SOLU-MEDROL)  
 Nitroglycerin 0.3mg Sub-Tb (NITROSTAT)  
 Nitroglycerin 0.4mg Sub-Tb (NITROSTAT)  
 Nitroglycerin 0.6mg Sub-Tb (NITROSTAT)  
 Normal Saline Flush 0.9%  
 Optiray 320 (320mg/ml) Sy (IOVERSOL)  
 Phenytoin 250mg/5ml Vial (DILANTIN)  
 Secondary Tubing  
 Sodium Chloride 0.9% Inh Sol Amps  
 Sodium Chloride 0.9% 50ml Injection  
 Sodium Chloride 4meq/ml Injection

Sodium Chloride Conc 4 Meq/ml Vial  
Sodium Polystyrene Sulfate PWD (KAYEXALATE)  
Sterile H2O~Irrig~250ml  
Sterile Water Inj 50ml  
Vitamin K 10mg/ml Amp (AQUA-MEPHYTON)

## Z. MEDICATION-ASSISTED TREATMENT THERAPIES

Buprenorphine 2mg SL Tablet (SUBUTEX)  
Buprenorphine 8mg SL Tablet (SUBUTEX)  
Naloxone 1mg/ml Luer-jet (NARCAN)  
Naloxone 4mg/0.1ml Nasal Spray (NARCAN)  
Naltrexone for ext. release injection 380mg/ml (VIVITROL)

## Formulary Index

**Formulary Index****A**

Abacavir 20mg/ml Oral Sol .....	13
Abacavir 300mg Tablet .....	13
ABILIFY .....	45
ACCUPRIL .....	21
Acetaminophen /Cod 300mg/30mg Tablet .....	5
Acetaminophen 120mg Supp .....	6
Acetaminophen 160mg/5ml Elixir .....	6
Acetaminophen 325mg Supp .....	6
Acetaminophen 325mg Tablet .....	6
Acetaminophen 650mg Supp .....	6
Acetic Acid / Aluminum 2% Otic solution .....	42
Acetic Acid HC Otic Solution .....	42
Acetic Acid Otic Solution .....	42
ACTIDOSE AQUA .....	51
Activated Charcoal 50gm .....	51
ACTOS .....	30
Acyclovir 200mg Capsule .....	12
Acyclovir 400mg Tablet .....	12
Acyclovir 800mg Tablet .....	12
ACZONE .....	15
ADACEL .....	51
ADRENALIN .....	48, 52
ADVANCED EYE RELIEF DROPS .....	41
ADVIL .....	5
AIRDUO .....	48
AKWA TEAR DROPS .....	41
Albuterol 0.083% INH UD .....	48
Albuterol 0.5% Sol. 20ml .....	48
Albuterol 2mg Tablet .....	48
Albuterol 4mg Tablet .....	48
Albuterol Inhaler .....	48
Albuterol/ Ipratropium Inhaler .....	48
Albuterol/ Ipratropium Nebulizer .....	48
ALDACTONE .....	24
ALDARA .....	28
ALDOMET .....	22
ALESSE (28) .....	32
Alfuzosin 10mg ER Tablet .....	50
Allopurinol 100mg Tablet .....	9
Allopurinol 300mg Tablet .....	9

**ALL CAPS= Brand Name**

ALMACONE .....	34
ALPHAGAN .....	39
ALPHAGAN P .....	39
Aluminum Hydroxide and Magnesium Carbonate Chew Tablet .....	34
Aluminum Hydroxide and Magnesium Carbonate Suspension .....	34
Aluminum hydroxide/magnesium hydroxide/simethicone systemic Chew Tablet .....	34
ALVESCO .....	48
ALYACEN .....	32
AMARYL .....	29
Amiodarone 200mg Tablet .....	18
Amiodarone 50mg/ml Inj .....	18
Amlodipine 10mg Tablet .....	16, 23
Amlodipine 2.5mg Tablet .....	16, 23
Amlodipine 5mg Tablet .....	16, 23
Amox/Clav 500mg/125mg Tablet .....	9
Amox/Clav 875mg/125mg Tablet .....	9
Amoxicillin 250mg Capsule .....	10
Amoxicillin 500mg Capsule .....	10
Amoxicillin 875mg Tablet .....	10
AMOXIL .....	10
Amphotericin B %0mg Inj .....	11
Ampicillin 500mg Inj .....	11
Amylase- Lipase- Protease 12000 Unit Capsule .....	35
Amylase- Lipase- Protease 24000unit Capsule .....	35
Amylase- Lipase- Protease 3000unit Capsule .....	35
Amylase- Lipase- Protease 36000unit Capsule .....	35
Amylase- Lipase- Protease 6000unit Capsule .....	36
Analgesic Balm .....	28
ANCEF .....	11
Anesthetic Cream .....	26
Antacid Tablet U/d 2x250 .....	34
ANTIVERT .....	35
ANU-MED .....	26
APLISOL .....	51
Apraclonidine 0.5% Ophthalmic Sol .....	39
Apraclonidine 1% Ophthalmic Sol .....	39
APRESOLINE .....	25
APTIVUS .....	14

## Formulary Index

AQUA-MEPHYTON .....	38, 53	Azathioprine 50mg Tablet .....	50
Aripiprazole 10mg Tablet.....	45	Azithromycin 250mg Tablet.....	10
Aripiprazole 15mg Tablet.....	45	Azithromycin 600mg Tablet.....	10
Aripiprazole 20mg Tablet.....	45	AZULFIDINE .....	37
Aripiprazole 2mg Tablet.....	45	<b>B</b>	
Aripiprazole 30mg Tablet.....	45	Baby Shampoo.....	42
Aripiprazole 5mg Tablet.....	45	BACIGUENT .....	26
ARISTOCORT A.....	27	Bacitracin Zinc LB Oint.....	26
Armour Thyroid 120mg Tablet.....	33	Bacitracin/ Polymyxin Ointment.....	26
Armour Thyroid 15mg Tablet.....	33	Bacteriostatic H2O Inj 30ml.....	51
Armour Thyroid 180mg Tablet.....	33	BACTERIOSTATIC NORMAL SALINE 30ML VIAL .....	51
Armour Thyroid 300mg Tablet.....	33	BACTERIOSTATIC WATER .....	51
Armour Thyroid 30mg Tablet.....	33	Bacteriostatic. NS 30ml Vial.....	51
Armour Thyroid 60mg Tablet.....	33	BACTRIM .....	11
Armour Thyroid 90mg Tablet.....	33	BACTRIM DS .....	11
ARTANE .....	16	BACTROBAN.....	26
Artificial Tear OPN .....	41	BAYER ASPIRIN.....	6
Artificial Tears Ophthalmic Ointment .....	41	BAYER CHILDRENS ASPIRIN.....	6
Artificial Tears Sol 1.4%.....	41	BAYER LOW STRENGTH .....	6
ASA-APAP-Caffeine 250-250-65 Tablet 2x250 UD.....	5	BENADRYL.....	9, 49, 52
Aspirin 325mg Tablet.....	6	Benazepril 10mg Tablet .....	20
Aspirin 81mg Chew Tablet.....	6	Benazepril 20mg Tablet .....	20
Aspirin EC 325mg Tablet.....	6	Benazepril 40mg Tablet .....	20
Aspirin -low 81mg EC Tablet.....	6	Benazepril 5mg Tablet .....	20
ATARAX .....	9, 42, 43	BENEMID.....	9
Atazanavir 150mg Capsule.....	14	BENZAC.....	28
Atazanavir 200mg Capsule.....	14	Benzocaine 20% Spray .....	28
Atazanavir 300mg Capsule.....	14	Benzoyl Peroxide 10% Gel.....	28
Atazanavir/ Cobicistat 300/150mg Tablet.....	15	Benzoyl Peroxide 5% Gel.....	28
Atenolol 100mg Tablet.....	21	Benzotropine 0.5mg Tablet.....	15, 47
Atenolol 25mg Tablet.....	21	Benzotropine 1mg Tablet .....	16, 47
Atenolol 50mg Tablet.....	21	Benzotropine 2mg Tablet .....	16, 47
Atenolol/ Chlorthalidone 50/25 Tab.....	22	Benzotropine 2mg/2ml Amps .....	16, 48
Atenolol/Chlorthalidone100/25 Tab.....	22	Benzotropine 2mg/2ml SDV .....	16, 48
ATIVAN.....	43	BETADINE .....	26
Atorvastatin 10mg Tablet.....	19	BETAGAN .....	40
Atorvastatin 20mg Tablet.....	19	Betamethasone Dp Aug 0.5% .....	27
Atorvastatin 40mg Tablet.....	19	BETAPACE .....	21, 22
Atorvastatin 80mg Tablet.....	19	Betaxolol 0.5% Ophthalmic Sol .....	39
ATROVENT .....	48	Bethanechol 10mg Tablet .....	50
AUGMENTIN .....	9	Bethanechol 25mg Tablet .....	50
AVALIDE .....	25		
AVAPRO.....	25		

pg. 37

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**EXHIBIT B**  
**24-363**

## Formulary Index

<p>Bethanechol 50mg Tablet..... 50</p> <p>Bethanechol 5mg Tablet..... 50</p> <p>BETOPTIC..... 39</p> <p>BIAXIN..... 10</p> <p>BICILLIN LA..... 12</p> <p>Bictegravir/Emtricitabine/ Tenofovir Ala Tablet..... 15</p> <p>BIKTARVY..... 15</p> <p>BIO GLO..... 42</p> <p>Bisacodyl 10mg Supp..... 36</p> <p>Bisacodyl 5mg Tablet EC..... 36</p> <p>BISMATROL..... 35</p> <p>Bismuth subsalicylate 262/15ml Susp..... 35</p> <p>Bismuth subsalicylate Max Str Susp..... 35</p> <p>Bisoprolol 10mg Tablet..... 21</p> <p>Bisoprolol 5mg Tablet..... 21</p> <p>Bisoprolol/Hctz 10/6.25 Tablet..... 22</p> <p>Bisoprolol/HCTZ 2.5/6.25mg..... 22</p> <p>Bisoprolol/HCTZ 5mg/6.25mg..... 22</p> <p>BLEPH-10..... 41</p> <p>BOOSTRIX..... 51</p> <p>BP VIT 3..... 39</p> <p>BRETHINE..... 49</p> <p>Brimonidine 0.1% Ophthalmic Sol..... 39</p> <p>Brimonidine 0.15% Ophthalmic Sol..... 39</p> <p>Brimonidine 0.2% Ophthalmic Sol..... 39</p> <p>Bromocriptine 2.5mg Tablet..... 16</p> <p>Bromocriptine 5mg Tablet..... 16</p> <p>Bumetanide 0.5mg Tablet..... 24</p> <p>Bumetanide 1mg Tablet..... 24</p> <p>Bumetanide 2mg Tablet..... 24</p> <p>BUMEX..... 24</p> <p>Buprenorphine 2mg SL Tablet..... 53</p> <p>Buprenorphine 8mg SL Tablet..... 53</p> <p>BUSPAR..... 42</p> <p>Bupirone 10mg Tablet..... 42</p> <p>Bupirone 15mg Tablet..... 42</p> <p>Bupirone 30mg Tablet..... 42</p> <p>Bupirone 5mg Tablet..... 42</p> <p><b>C</b></p> <p>Calamine Lotion..... 28</p> <p>CALAN..... 17, 19, 23</p> <p>CALAN SR..... 17, 18, 19, 23, 24</p> <p>Calc ACETATE 667mg Caps..... 29</p>	<p>Calc. Antacid Assort Tabs..... 34</p> <p>Calc. Antacid Tab*MINT..... 34</p> <p>CALCARB 600/D..... 37</p> <p>Calcitriol 0.25mcg Capsule..... 38</p> <p>Calcitriol 0.5mcg Capsule..... 38</p> <p>Calcium 600+ VitD3 Tablet..... 37</p> <p>Calcium 600mg Tablet..... 37</p> <p>Calcium Carbonate Tablet..... 34</p> <p>Calcium Chlor 10% Vial..... 37</p> <p>Calcium Chloride 10% Vial..... 51</p> <p>Calcium+D 600-400 Tablet..... 37</p> <p>CALDYPHEN..... 28</p> <p>CALTRATE 600..... 37</p> <p>CALTRATE 600 PLUS-VIT D..... 37</p> <p>CALTRATE 600+D..... 37</p> <p>Caltrate-600/vit D Tablet..... 37</p> <p>CAPOTEN..... 20</p> <p>Captopril 100mg Tablet..... 20</p> <p>Captopril 12.5mg Tablet..... 20</p> <p>Captopril 25mg Tablet..... 20</p> <p>Captopril 50mg Tablet..... 20</p> <p>Carb/Levodopa 10-100 Tablet..... 16</p> <p>Carb/Levodopa 25/100 ER Tablet..... 16</p> <p>Carb/Levodopa 25-100 Tablet..... 16</p> <p>Carb/Levodopa 25-250 Tablet..... 16</p> <p>Carb/Levodopa 50/200 ER Tablet..... 16</p> <p>Carbamazepine 100mg Chew..... 7</p> <p>Carbamazepine 200mg Tablet..... 7</p> <p>Carbamide Peroxide 6.5% Otic..... 42</p> <p>CARDIZEM..... 17, 23</p> <p>CARDIZEM CD..... 23</p> <p>CARDIZEM SR..... 17, 23</p> <p>CARDURA..... 22, 50</p> <p>Carteolol Hcl 1% Ophthalmic Sol..... 39</p> <p>CARTERS LITTLE PILLS..... 36</p> <p>Carvedilol 12.5mg Tablet..... 21</p> <p>Carvedilol 25mg Tablet..... 21</p> <p>Carvedilol 3.125mg Tablet..... 21</p> <p>Carvedilol 6.25mg Tablet..... 21</p> <p>CATAPRES..... 22</p> <p>Cefazolin Sodium 1gm Inj..... 11</p> <p>Ceftazidime 1gm Inj..... 11</p> <p>Ceftazidime 500mg Inj..... 11</p> <p>Ceftriaxone 1gm Vial..... 11</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## Formulary Index

Ceftriaxone 2GM INJ .....	11	Clotrimazole 1% Cream .....	27
Ceftriaxone 500mg Vial.....	12	Clozapine 100mg Tablet .....	45
Ceftriaxone Sodium 250mg .....	12	Clozapine 200mg Tablet .....	45
CELEXA .....	43	Clozapine 25mg Tablet .....	45
CELLCEPT .....	50	Clozapine 50mg Tablet ( .....	45
CENTRUM.....	38	CLOZARIL.....	45
Cetirizine 10mg Tablet.....	49	COAL TAR 10% EXTRACT .....	28
Cetirizine 5mg Tablet.....	9, 49	Cobicistat/ Elvitegravir, Emtricitabine, and Tenofovir Caplet.....	15
Chlordiazepoxide 10mg Capsule .....	42	COGENTIN .....	15, 16, 47, 48
Chlordiazepoxide 25mg Capsule .....	42	COLACE .....	36
Chlordiazepoxide 5mg Capsule .....	42	COMBIVENT .....	48
Chlorpheniramine 4 mg Tablet .....	9	COMPAZINE .....	46
Chlorthalidone 25mg Tablet.....	24	CONDYLOX .....	28
Chlorthalidone 50mg Tablet.....	24	Conjugated Estrogen 0.3mg Tablet.....	32
CHLOR-TRIMETON .....	9	Conjugated Estrogen 0.45mg Tablet.....	32
CHOLECALCIFEROL.....	38	Conjugated Estrogen 0.625mg Tablet.....	32
Cholestyramine 4gm Pow .....	19	Conjugated Estrogen 0.9mg Tablet.....	32
Ciclesonide 160mcg Inhaler .....	48	Conjugated Estrogen 1.25mg Tablet.....	32
Ciclesonide 80mcg Inhaler .....	48	Conjugated Vaginal Cream .....	32
CILOXAN .....	40	CORDARONE .....	18
CIPRO .....	10	COREG .....	21
Ciprofloxacin 0.3% Ophthalmic Sol.....	40	CORGARD .....	21
Ciprofloxacin 250mg Tablet.....	10	CORTISPORIN-OTIC .....	42
Ciprofloxacin 500mg Tablet.....	10	CORTIZONE-5 .....	27
Ciprofloxacin 750mg Tablet.....	10	COSOPT .....	39
Citalopram 10mg Tablet .....	43	COUMADIN.....	7
Citalopram 20mg Tablet .....	43	COZAAR .....	25
Citalopram 40mg Tablet .....	43	CREON .....	35, 36
Citrate of Magnesium.....	36	CRESTOR.....	19
CITROMA .....	36	CRIXIVAN .....	14
Clarithromycin 250mg.....	10	Cyanocobalamin 1000mcg/ml MDV .....	38
Clarithromycin 500mg Tabs.....	10	CYCLOGYL.....	42
CLARITIN .....	9, 49	Cyclopentolate HCl 1% Ophthalmic Solutions.....	41
CLEAR EYES REDNESS RELIEF .....	41	Cyclosporine 25mg Capsule .....	50
CLEOCIN.....	10	Cyclosporine MOD 100mg Cap.....	50
CLEOCIN T .....	26	Cyclosporine MOD 25mg Cap.....	50
Clindamycin 150mg Capsule .....	10	CYMBALTA.....	43
Clindamycin Phosphate 1% Pads.....	26		
Clobetasol 0.05% Cream.....	26	<b>D</b>	
Clobetasol 0.05% Ointment .....	26	d4t .....	13
Clonidine 0.1mg Tablet.....	22	D5 NS +20MEQ KCL 1000ML .....	51
Clonidine 0.2mg Tablet.....	22	D5 NS +40MEQ KCL 1000ML .....	51
Clonidine 0.3mg Tablet.....	22	D5 NS 1000ml.....	51
Clopidogrel 75mg Tablet.....	16		

## Formulary Index

<p>D5%-LACT. RINGER 1000ML ..... 51</p> <p>D5-1/2 NS +30meq KCL 1000ml ..... 51</p> <p>D5-1/2 NS +40meq KCL 1000ml ..... 51</p> <p>D5-1/2 NS 1000ml ..... 51</p> <p>D5-1/2 NS+10MEQ KCL 1000ML..... 51</p> <p>D5-1/2 NS-KCL 20meq/l IV Solution..... 51</p> <p>D5-1/4 NS 1000mL..... 51</p> <p>D5-1/4 NS-KCL 10meq/l IV Solution..... 51</p> <p>D5W 1000mL..... 52</p> <p>D5W 250mL IV Bag..... 52</p> <p>DACRIOSE..... 41</p> <p>Dapsone 100mg Tablet ..... 15</p> <p>Dapsone 25mg Tablet ..... 15</p> <p>Darunavir 100mg/ml Susp ..... 14</p> <p>Darunavir 600mg Tablet ..... 14</p> <p>Darunavir 800mg Tablet ..... 14</p> <p>Darunavir/ Cobicistat 800-150 Tablet ..... 15</p> <p>DAYALETS/IRON ..... 39</p> <p>ddi..... 13</p> <p>DEBROX ..... 42</p> <p>DECADRON ..... 30, 40</p> <p>Deep Sea Nasal Spray ..... 49</p> <p>Delavirdine Mesylate 200mg Tablet ..... 12</p> <p>DELESTROGEN ..... 32</p> <p>DELTASONE..... 31</p> <p>DEMADEX..... 24</p> <p>DEPAKENE ..... 9, 45</p> <p>DEPAKOTE ..... 7, 8, 44</p> <p>DEPO-MEDROL 40 ..... 31</p> <p>DEPO-MEDROL 80 ..... 31</p> <p>DEPO-PROVERA..... 33</p> <p>DERMOTIC 0.01%) ..... 27</p> <p>DESCOVY ..... 15</p> <p>DETROL ..... 51</p> <p>Dexamethasone 0.1% Opl..... 40</p> <p>Dexamethasone 0.5mg Tablet..... 30</p> <p>Dexamethasone 0.75mg Tablet..... 30</p> <p>Dexamethasone 10mg/ml SDV ..... 30</p> <p>Dexamethasone 4mg Tablet..... 30</p> <p>Dexamethasone 4mg/ml MDV..... 30</p> <p>Dexamethasone 4mg/ml SDV ..... 30</p> <p>Dexamethasone 6mg Tablet..... 30</p> <p>DEXTROSE..... 52</p> <p>Dextrose 10%/ Water IV Solution ..... 52</p>	<p>Dextrose 40% inj 500mL ..... 52</p> <p>Dextrose 4gm Chews ..... 30</p> <p>Dextrose 50% Vial..... 52</p> <p>Dextrose 70% Inj..... 52</p> <p>DEXTROSE IV SOLUTION..... 52</p> <p>DEXTROSE-SODIUM CHLORIDE ..... 51</p> <p>DHS TAR GEL ..... 28</p> <p>DIABETA..... 29</p> <p>Diazepam 10mg Tablet ..... 7, 42</p> <p>Diazepam 2mg Tablet ..... 7, 42</p> <p>Diazepam 5mg Tablet ..... 7, 42</p> <p>Diazepam 5mg/5ml Solution ..... 7</p> <p>Diazepam 5mg/ml Solution ..... 42</p> <p>Dibucaine 1% Ointment..... 26</p> <p>Dicloxacillin 250mg Cap ..... 10</p> <p>Dicloxacillin 500mg Cap ..... 10</p> <p>Didanosine 125 mg Cap..... 13</p> <p>Didanosine 200mg Cap..... 13</p> <p>Didanosine 250mg Cap..... 13</p> <p>Didanosine 400mg EC Cap..... 13</p> <p>Didanosine 4gm 10mg/ml Solution..... 13</p> <p>DIFLUCAN ..... 11</p> <p>Digoxin 0.125mg Tablet ..... 18</p> <p>Digoxin 0.25mg Tablet ..... 18</p> <p>Digoxin 0.5mg/2ml Inj..... 19</p> <p>DILANTIN..... 8, 53</p> <p>DILTIA XT ..... 17, 23</p> <p>Diltiazem 120mg Tablet..... 17, 23</p> <p>Diltiazem 240mg/ 24hr Cap..... 23</p> <p>Diltiazem 30mg Tablet..... 17, 23</p> <p>Diltiazem 60mg Tablet..... 17, 23</p> <p>Diltiazem 90mg Tablet..... 17, 23</p> <p>Diltiazem CD 120mg Cap..... 23</p> <p>Diltiazem CD 180mg Cap..... 23</p> <p>Diltiazem CD 240mg Caps ..... 23</p> <p>Diltiazem CD 300mg Cap..... 23</p> <p>Diltiazem ER 120mg Cap ..... 17, 23</p> <p>Diltiazem ER 120mg/24 Cap ..... 23</p> <p>Diltiazem ER 180mg Cap ..... 17, 23</p> <p>Diltiazem ER 180mg/24 Cap ..... 23</p> <p>Diltiazem SR 120mg Bid Cap ..... 17, 23</p> <p>Diltiazem SR 120mg BID U/D..... 17, 23</p> <p>Diltiazem SR 60mg Bid Cap ..... 17, 23</p> <p>Diltiazem SR 90mg Bid Cap ..... 17, 23</p>
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## Formulary Index

Diltiazem XR 240mg Cap .....	23	Efavirenz 50mg Capsule .....	13
Diltiazem XR 240mg Caps .....	17	Efavirenz 600mg Tablet .....	13
Diphenhydramine 50mg/ml SDV .....	9, 49, 52	EFFEXOR .....	44
Diphenhydramine 50mg/ml vial .....	9, 49, 52	EFFEXOR XR .....	44
Diphenoxylate-Atropine 2.5/0.25mg Tablet.....	35	Emtricitabine / Tenofovir 200-300mg.....	15
Diphtheria-Tetanus Toxoids Syringe, Vials .....	51	Emtricitabine/ Rilpivirine/ Tenofovir Tablets .....	15
DIPROLENE AF .....	27	Emtricitabine/ Tenofovir Ala 200-25mg Tablet .....	15
Dipyridamole 25mg Tablet.....	16	Enalapril 10mg Tablet .....	20
Dipyridamole 50mg Tablet.....	16	Enalapril 2.5mg Tablet .....	20
Dipyridamole 75mg Tablet.....	16	Enalapril 20mg Tablet .....	20
Disopyramide 100mg Caps .....	18	Enalapril 5mg Tablet .....	20
Disopyramide 150mg Caps .....	18	Enalapril/HCTZ 10/25 Tablet.....	20
DITROPAN .....	50	Enalapril/HCTZ 5/12.5 Tablet.....	20
Divalproex DR 125mg Tablet.....	7, 44	Enfuvirtide Convenience Kit .....	15
Divalproex DR 250mg Tablet.....	7, 44	Enoxaparin 100mg/0.1ml Injections .....	7
Divalproex DR 500mg Tablet.....	8, 44	Enoxaparin 120mg/0.8ml Injections .....	7
Docusate Sod 100mg Cap.....	36	Enoxaparin 30mg/0.3ml Injections .....	6
DOLOPHINE .....	5	Enoxaparin 40mg/0.4ml Injections .....	6
Dolutegravir 50mg Tablet .....	14	Enoxaparin 60mg/0.6ml Injections .....	6
Dolutegravir/ Lamivudine 50/300mg Tablet .....	15	Enoxaparin 80mg/0.8ml Injections .....	6
DOMEBORO .....	42	Epinephrine 1mg/ml Amp .....	52
Dorzolamide 2% Ophthalmic Sol .....	40	Epinephrine 1mg/mL injection .....	48
Dorzolamide/Timolol Ophthalmic Sol.....	39	Epinephrine 1mg/ml MDV.....	52
DOVATO .....	15	EPIVIR .....	12, 13
Doxazosin 1mg Tablet.....	22, 50	EPIVIR-HBV .....	12
Doxazosin 2mg Tablet.....	22, 50	Epoetin alpha-EFBX 10,000unt Inj .....	37
Doxazosin 4mg Tablet.....	22, 50	Epoetin alpha-EFBX 20,000unt Inj .....	37
Doxazosin 8mg Tablet.....	22, 50	Epoetin alpha-EFBX 2000unit Inj .....	37
Doxycycline Hyc 100mg Cap.....	10	Epoetin alpha-EFBX 3000unit Inj .....	37
Doxycycline Mono 100mg Cp.....	10	Epsom Salt.....	36
Doxycycline Mono 50mg Cp.....	10	Erythromycin Ophth Ointment .....	40
DULCOLAX .....	36	Escitalopram 10mg Tablet.....	43
Duloxetine 20mg DR Cap .....	43	Escitalopram 20mg Tablet.....	43
Duloxetine 30mg DR Cap .....	43	Escitalopram 5mg Tablet.....	43
Duloxetine 60mg DR Cap .....	43	ESKALITH.....	44
DUONEB .....	48	ESKALITH CR.....	45
DYAZIDE .....	24	Essential Fatty Acid, Vitamin B12, B6 and Folic Acid Capsule .....	39
DYNAPEN .....	10	Estradiol 0.5mg Tablet .....	32
<b>E</b>		Estradiol 1mg Tablet .....	32
Echothiopate iodide 0.125% Ophthalmic Sol.....	40	Estradiol 2mg Tablet .....	32
ECOTRIN .....	6	Estradiol Valerate 20mg/ ML inj .....	32
EDURANT .....	13	Estradiol Valerate 40mg/mL inj .....	32
Efavirenz 200mg Capsule.....	12	Ethambutol 100mg Tablet .....	11

## Formulary Index

<p>Ethambutol 400mg Tablet..... 11</p> <p>Ethinyl estradiol / norethindrone Tablet ..... 32</p> <p>Ethinyl estradiol / norgestrel Tablet ..... 32</p> <p>Ethinyl estradiol /levonorgestrel ..... 32</p> <p>Ethinyl Estradiol, Norethindrone, and Ferrous Fumarate Tablet..... 32</p> <p>Ethinyl estradiol/ Norethindrone 1/20 Tablet..... 32</p> <p>Ethinyl estradiol/ Norethindrone 7/7/7 Tablet..... 32</p> <p>Ethinyl estradiol/ norgestimate ..... 32</p> <p>Ethinyl estradiol/ norgestimate 0.25/0.035mg Tablet..... 32</p> <p>Etravirine 100mg Tablet..... 13</p> <p>Etravirine 200mg Tablet..... 13</p> <p>EVOTAZ ..... 15</p> <p>EXCEDRIN ..... 5</p> <p>Eye Wash Solution ..... 41</p> <p><b>F</b></p> <p>Famotidine 20mg Tablet ..... 36</p> <p>FEOSOL ..... 37</p> <p>FERRO-BOB ..... 37</p> <p>Ferrous Sulfate 325mg Tablet ..... 37</p> <p>FEVERALL ..... 6</p> <p>FEVERALL JR..... 6</p> <p>FIBERCON ..... 36</p> <p>Fiber-Lax 625mg Tablet..... 36</p> <p>Finasteride 5mg Tablet..... 50</p> <p>Fish Oil 1000mg No Burp C..... 39</p> <p>Fish Oil 1000mg Softgel ..... 39</p> <p>Fish Oil 1400mg Capsule ..... 39</p> <p>Fish Oil 500mg Capsule ..... 39</p> <p>FLAGYL..... 10</p> <p>FLEET ENEMA..... 36</p> <p>FLEET PHOSPH SODA ENEMA ..... 36</p> <p>FLOMAX..... 22</p> <p>FLONASE ..... 49</p> <p>FLORINEF ..... 30</p> <p>Fluconazole 150mg Tablet ..... 11</p> <p>Fluconazole 200mg Tablet ..... 11</p> <p>Fludrocortisone Acetate 0.1mg Tablet..... 30</p> <p>Fluocinolone Acetonide 0.01% Oil..... 27</p> <p>Fluocinonide 0.05% Cream..... 26</p> <p>Fluocinonide 0.05% Gel..... 27</p> <p>Fluocinonide 0.05% Oint..... 27</p>	<p>Fluorescein 1mg Ophthalmic Dye Strips .....42</p> <p>Fluoxetine 10mg Capsule.....43</p> <p>Fluoxetine 20mg Capsule.....43</p> <p>Fluphenazine 2.5mg/ml Inj .....45</p> <p>Fluphenazine Dec 25mg/ml.....45</p> <p>Fluticasone Nasal Spray 0.05% .....49</p> <p>Fluticasone/Salmeterol 113/14 MCG..... 48</p> <p>Fluticasone/Salmeterol 232/14 MCG..... 48</p> <p>Fluticasone/Salmeterol 55/14 MCG..... 48</p> <p>Fluvoxamine 100mg Tablet..... 43</p> <p>Fluvoxamine 50mg Tablet ..... 43</p> <p>Folic Acid 0.8mg Tablet..... 38</p> <p>Folic Acid 1mg Tablets ..... 38</p> <p>FORTAZ..... 11</p> <p>Fosamprenavir 700mg.....14</p> <p>Fosinopril 10mg Tablet.....20</p> <p>Fosinopril 20mg Tablet.....20</p> <p>Fosinopril 40mg Tablet.....20</p> <p>FOSRENOL .....29</p> <p>Full Spectrum B/ VitC Tablet .....38</p> <p>Furosemide 10mg/ml Inj..... 24, 52</p> <p>Furosemide 20mg Tablet ..... 24</p> <p>Furosemide 40mg Tablet ..... 24</p> <p>Furosemide 80mg Tablet ..... 24</p> <p>FUZEON ..... 15</p> <p><b>G</b></p> <p>GARAMYCIN ..... 12, 40</p> <p>GAVISCON .....34</p> <p>GAVISCON ES ..... 34</p> <p>GAVISCON FOAM.....34</p> <p>GELUSIL .....34</p> <p>Gemfibrozil 600mg Tablet ..... 19</p> <p>Gentamicin 0.3% Ophthalmic Ointment .....40</p> <p>Gentamicin 0.3% Ophthalmic Sol.....40</p> <p>Gentamicin 40mg/mL ..... 12</p> <p>GENVOYA ..... 15</p> <p>GEODON .....47</p> <p>Geri-Lanta Antacid Susp ..... 34</p> <p>Glimepiride 1mg Tablet ..... 29</p> <p>Glimepiride 2mg Tablet ..... 29</p> <p>Glimepiride 4mg Tablet ..... 29</p> <p>Glipizide 10mg Tablet..... 29</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## Formulary Index

Glipizide 5mg Tablet.....	29
Glipizide ER 10mg Tablet.....	29
Glipizide ER 2.5mg Tablet.....	29
Glipizide ER 5mg Tablet.....	29
GLUCOPHAGE.....	29
GLUCOPHAGE XR.....	29
GLUCOPHAGE-XR.....	30
Glucose 45 Gel.....	30
GLUCOSE 4GM ORANGE CHEW.....	30
GLUCOTROL.....	29
GLUCOTROL XL.....	29
GLUCOVANCE.....	29
GLUTOSE 45 GEL.....	30
Glyburide / Metformin 1.25/250mg Tab.....	29
Glyburide / Metformin 2.5/500 Tablet.....	29
Glyburide 1.25mg Tablet.....	29
Glyburide 2.5mg Tablet.....	29
Glyburide 5mg Tablet.....	29
Glyburide/Metf 5-500mg Tab.....	29
Gold Bond Regular Strength Powder.....	28
Guaifenesin DM Syrup.....	49

**H**

HALDOL.....	45, 52
HALDOL DECANOATE.....	45, 52
Haloperidol 0.5mg Tablet.....	45
Haloperidol 10mg Tablet.....	45
Haloperidol 1mg Tablet.....	45
Haloperidol 20mg Tablet.....	45
Haloperidol 2mg Tablet.....	45
Haloperidol 5mg Tablet.....	45
Haloperidol 5mg/ml SDV.....	45
Haloperidol Concentrate 2mg /ml.....	45
Haloperidol Dec 100mg/ml.....	45, 52
Haloperidol Dec 50mg/ml.....	45
Haloperidol Lactate 5mg/ml.....	45
HAVRIX.....	51
HCTZ 12.5mg Tablet.....	24
HCTZ 25mg Tablet.....	24
HCTZ 50mg Tablet.....	24
Hemorrhoidal Ointment.....	26

HEP FLUSH-9.....	7, 52
Heparin Lock 10unit/ml.....	52
Heparin Sod 1,000unit/ml.....	52
Heparin Sod 5000unit/ml.....	52
HEPARIN SODIUM (PORCINE.....	7, 52
Hepatitis A Vaccine 1440unit/ml Syringe.....	51
Hepatitis B Vaccine 10mcg/0.5ml Ped.....	51
HURRICAIN.....	19
Hydralazine *100mg* Tablet.....	25
Hydralazine 10mg Tablet.....	25
Hydralazine 25mg Tablet.....	25
Hydralazine 50mg Tablet.....	25
HYDREA.....	49
Hydrocerin Cream.....	28
Hydrocodone / APAP 7.5/325 Tablet.....	5
Hydrocodone /APAP 5/325mg Tablet.....	5
Hydrocodone/ APAP 10/325 Tablet.....	5
Hydrocortisone 0.5% Cream.....	27
Hydrocortisone 0.5% Oint (.....	27
Hydrocortisone 1% Cream LB.....	27
Hydrocortisone 1% Crm-Aloe.....	27
Hydrocortisone 1% Oint LB.....	27
Hydrocortisone 2.5% Crm LB.....	27
Hydrocortisone 2.5% Oint LB.....	27
Hydrocortisone Sodium Succ 1000mg Inj.....	30
Hydrocortisone Sodium Succ 100mg Inj.....	30
Hydrocortisone Sodium Succ 250mg Inj.....	31
Hydrocortisone Sodium Succ 500mg Inj.....	31
HYDRODIURIL.....	24
Hydrogen Peroxide 3% Sol.....	26
Hydroxyurea 500mg Capsule.....	49
Hydroxyzine HCl 25mg Tablet.....	9, 42
Hydroxyzine HCl 50mg Tablet.....	9, 43
Hydroxyzine HCl 50mg/ml Injection.....	9
HYGROTON.....	24
HYTONE.....	27
HYTRIN.....	22, 50
HYZAAR.....	25

**I**

Ibuprofen 100mg/ml Suspension.....	5
Ibuprofen 200mg Tablet.....	5
Ibuprofen 400mg Tablet.....	5

## Formulary Index

Ibuprofen 600mg Tablet..... 5

## Formulary Index

Ibuprofen 800mg Tablet.....	5	Isosorbide DN 10mg Tablet.....	17
ILOTYCIN .....	40	Isosorbide DN 20mg.....	17
IMDUR.....	17	Isosorbide DN 30mg.....	17
Imipramine 10mg Tablet.....	43	Isosorbide DN 5mg Tablet.....	17
Imipramine 25mg Tablet.....	43	Isosorbide MN 10mg Tablet.....	17
Imipramine 50mg Tablet.....	43	Isosorbide MN 120mg ER Tablet.....	17
Imiquimod 5% Cream .....	28	Isosorbide MN 20mg Tablet.....	17
IMITREX.....	5	Isosorbide MN 60mg ER Tablet.....	17
IMODIUM.....	35	Isosorbide MN ER 30mg Tablet.....	17
IMURAN .....	50	Ivermectin 3mg Tablet.....	11
INCRUSE ELLIPTA.....	49		
Indapamide 1.25mg Tablet.....	24	<b>J</b>	
Indapamide 2.5mg Tablet.....	24	JUNEL FE 1.5/30 .....	32
INDERAL.....	18, 21		
INDERAL LA.....	18, 21	<b>K</b>	
Indinavir 200mg Capsule.....	14	KALETRA.....	15
Indinavir 400mg Capsule.....	14	KAYEXALATE.....	53
INDOCIN .....	5, 6, 9	K-DUR.....	25
Indomethacin 25mg Capsule.....	5, 9	KENALOG-10.....	31
Indomethacin 50mg Cap.....	6	KENALOG-40.....	31
Indomethacin 50mg Capsule.....	9	KEPPRA.....	8
Influenza Vaccine .....	51	Ketoconazole 200mg Tablet.....	11
Insulin Aspart 100unit /Vial.....	30	Ketorolac 30mg/ml Vial.....	6
Insulin Aspart 30 u/mL/ Insulin Aspart Prota 70 u/mL....	30	Ketorolac 60mg/2ml SDV.....	6
Insulin Glargine 100units/mL.....	30	Ketorolac 60mg/2ml Vial.....	6
Insulin Isophane.....	30	Ketotifen Fumarate 0.025% Ophthalmic Solution.....	41
Insulin Isophane & Regular Human Insulin.....	30	KLOR-CON.....	25
Insulin, Regular Human.....	30	KLOR-CON M10.....	25
INTELENCE .....	13	KLOR-CON M10 10MEQ.....	25
INTUNIV .....	54	KLOR-CON M15.....	25
INVIRASE.....	14	K-PHOS.....	25
IOPIDINE.....	39	K-PHOS NEUTRAL.....	26
IOVERSOL.....	53	K-TAB.....	25
Ipratropium 0.02% UD Inhaler.....	48	K-TABS.....	25
Irbesartan 150mg Tablet.....	25		
Irbesartan 75mg Tablet.....	25	<b>L</b>	
Irbesartan/HCTZ 150-12.5 Tablet.....	25	Labetalol 100mg Tablet.....	21
Irbesartan/HCTZ 300-12.5 Tablet.....	25	Labetalol 200mg Tablet.....	21
ISENTRESS .....	14	Lact. Ring 1000mL.....	52
ISMO.....	17	LACTATED RINGERS.....	52
Isoniazid 300mg Tablet.....	11	LAMICTAL.....	8
ISOPTO CARPINE.....	40	LAMISIL.....	11
ISORDIL.....	17	Lamivudine 100mg Tablet.....	12
ISORDIL TITRADOSE.....	17	Lamivudine 10mg/ml Oral Sol.....	13
		Lamivudine 150mg Tablet.....	13

pg. 45

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**EXHIBIT B**  
**24-363**

## Formulary Index

Lamivudine 300mg Tablet .....	13	Lidocaine 1%+ Epinephrine 20ml MDV .....	52
Lamivudine HBV 5mg/ml Sol .....	12	Lidocaine 1%+Epi 50mL MDV .....	52
Lamotrigine 100mg Tablet .....	8	Lidocaine 2% Inj .....	52
Lamotrigine 150mg Tablet .....	8	Lidocaine 2% MDV inj .....	52
Lamotrigine 200mg TABLET .....	8	Lidocaine 2% MDV Inj .....	52
Lamotrigine 25mg Tablet .....	8	Lidocaine 2% SDV inj .....	52
LANOXIN .....	18, 19	Lidocaine 2%/ Epinephrine Mpf Inj .....	53
Lanthanum 1000mg Chew Tablet .....	29	Lidocaine 2%+Epi 20mL MDV .....	53
Lanthanum 500mg Chew Tablet .....	29	LIPITOR .....	19
Lanthanum 750mg Chew Tablet .....	29	Lisinopril 10mg Tablet .....	20
LASIX .....	24, 52	Lisinopril 2.5mg Tablet .....	20
Latanoprost 0.005% Ophthalmic Sol .....	40	Lisinopril 20mg Tablet .....	20
Levalbuterol MDI .....	48	Lisinopril 30mg Tablet .....	20
LEVAQUIN .....	10	Lisinopril 40mg Tablet .....	20
Levetiracetam 1000mg Tablet .....	8	Lisinopril 5mg Tablet .....	20
Levetiracetam 250mg Tablet .....	8	Lisinopril-HCTZ 10/12.5mg Tablet .....	20
Levetiracetam 500mg Tablet .....	8	Lisinopril-HCTZ 20/12.5mg .....	20
Levetiracetam 750mg Tablet .....	8	Lisinopril-HCTZ 20-25mg Tablet .....	20
Levobunolol 0.5% Ophthalmic Sol .....	39	Lithium Carb -150mg- Cap .....	44
Levofloxacin 250mg Tablet .....	10	Lithium Carb 300mg Caps .....	44
Levofloxacin 500mg Tablet .....	10	Lithium Carb 300mg Tablet .....	44
Levofloxacin 750mg Tablet .....	10	Lithium Carb 300mg U/D Tb .....	44
LEVOTHROID .....	33, 34	Lithium Carb ER 300mg Tablet .....	45
Levothyroxine 112mcg Tablet .....	33	Lithium Citrate 300mg/ 5ml Solution .....	44
Levothyroxine 125mcg Tablet .....	33	Lithium ER 450mg Tablet .....	45
Levothyroxine 137mcg Tablet .....	33	LITHOBID .....	45
Levothyroxine 150mcg Tablet .....	33	LITHOTABS .....	44
Levothyroxine 175mcg Tablet .....	34	LOESTRIN 21 .....	32
Levothyroxine 200mcg Tablet .....	34	LOESTRIN 24 FE .....	32
Levothyroxine 25mcg Tablet .....	34	LOESTRIN FE 1/20 .....	32
Levothyroxine 300mcg Tablet .....	34	LOMOTIL .....	35
Levothyroxine 50mcg Tablet .....	34	LONITEN .....	25
Levothyroxine 75mcg Tablet .....	34	Loperamide 2mg Capsule .....	35
Levothyroxine 88mcg Tablet .....	34	LOPID .....	19
LEVOXYL .....	34	Lopinavir/ Ritonavir 100-25mg Tablet .....	15
LEXAPRO .....	43	Lopinavir/ Ritonavir 200/50mg Tablet .....	15
LEXIVA .....	14	Lopinavir/ Ritonavir 80-20/ml .....	15
LIBRIUM .....	42	LOPRESSOR .....	21
Lice Shampoo W/ comb .....	28	Loratadine 10mg Tablet .....	9, 49
LIDEX .....	26, 27	Lorazepam 0.5mg Tablet .....	43
Lidocaine 1% Ampul .....	52	Lorazepam 1mg Tablet .....	43
Lidocaine 1% Cardiac Syr .....	52	Lorazepam 2mg Tablet .....	43
Lidocaine 1% Inj Syringe .....	52	Lorazepam 2mg/ml Inj .....	43
Lidocaine 1% MDV .....	52	Lorazepam 2mg/ml MDV .....	43

pg. 46

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**EXHIBIT B**  
**24-363**

## Formulary Index

Losartan 100mg Tablet.....	25	Medroxyprogesterone 150mg Vial.....	33
Losartan 25mg Tablet.....	25	Medroxyprogesterone 2.5mg Tablet .....	33
Losartan 50mg Tablet.....	25	Medroxyprogesterone 5mg Tablet .....	33
Losartan/Hctz 100-12.5 Tablet .....	25	Medroxyprogesterone Acetate SubQ 104 Syringe .....	33
Losartan/Hctz 100-25 Tablet .....	25	Meloxicam 15mg Tablet .....	6
Losartan/Hctz 50-12.5 Tablet .....	25	Meloxicam 7.5mg Tablet .....	6
LOTENSIN.....	20	METAMUCIL .....	36
Lotion.....	28	METAMUCIL S/F.....	36
LOTRIMIN .....	27	Metformin 1000mg Tablet .....	29
Lovastatin 10mg Tablet .....	19	Metformin 500mg Tablet .....	29
Lovastatin 20mg Tablet .....	19	Metformin 850mg Tablet .....	29
Lovastatin 40mg Tablet .....	19	Metformin ER 500mg Tablet .....	29
LOVENOX .....	6, 7	Metformin ER 750mg Tablet .....	30
LOW-OGESTREL.....	32	Methadone 10mg Tablet .....	5
Loxapine Succinate 10mg Capsule .....	45	Methadone 10mg Tablet U/D .....	5
Loxapine Succinate 25mg Capsule .....	45	Methadone 5mg Tablet .....	5
Loxapine Succinate 50mg Capsule .....	46	Methimazole 10mg Tablet.....	33
Loxapine Succinate 5mg Capsule .....	45	Methimazole 5mg Tablet.....	33
LOXITANE.....	45, 46	Methotrexate 2.5mg Tablet .....	27
LOZOL.....	24	Methyldopa 250mg Tablet.....	22
LUBRIFRESH PM EYE OINT.....	41	Methyldopa 500mg Tablet.....	22
LUBRISKIN FRAGRANCE FREE LOTION .....	28	Methylprednisolone 125 MG/ML .....	53
LUMINAL .....	8, 47	Methylprednisolone 40MG/ML .....	53
LUVOX .....	43	Methylprednisolone 4mg Pk .....	31
<b>M</b>		Methylprednisolone Acet 40mg/ml .....	31
MAALOX.....	34	Methylprednisolone Acet 80mg/ml .....	31
MACROBID .....	10	Methylprednisolone l 4mg Tablet .....	31
Magnesium Oxide 200mg Tablet.....	34	Methylprednisolone S.S.40MG/ML.....	31
Magnesium Oxide 400mg Tablet.....	34, 37	Methylprednisolone Sod 125mg inj .....	31
MAG-OX 400 .....	35, 37	Methylprednisolone Sodium Succ 125mg Inj .....	31
Maraviroc 150mg Tablet.....	15	Metoprolol 100mg Tablet.....	21
Maraviroc 300mg Tablet.....	15	Metoprolol 25mg Tablet.....	21
MAX STR, KAOPECTATE.....	35	Metoprolol 50mg Tablet.....	21
MAXIDEX .....	40	Metoprolol ER 100mg Tablet.....	21
MAXITROL .....	41	Metoprolol ER 200mg Tablet.....	21
MAXZIDE.....	24	Metoprolol ER 25mg Tablet.....	21
MAXZIDE-25.....	24	Metoprolol ER 50mg Tablet.....	21
Meclizine 12.5mg Tablet.....	35	Metronidazole 250mg Tablet.....	10
Meclizine 25mg Chew Tablet.....	35	Metronidazole 500mg Tablet.....	10
Medicated Calamine-Diphenhydramine Lotion .....	28	MEVACOR .....	19
MEDROL .....	31	Mexiletine 150mg Cap.....	18
MEDROL PAK .....	31	Mexiletine 200mg Cap.....	18
Medroxyprogesterone 150mg Syr.....	33	Mexiletine 250mg Cap.....	18

pg. 47

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**EXHIBIT B**  
**24-363**

## Formulary Index

MEXITIL.....	18	Naloxone 1mg/ml Luer-jet .....	53
MG217 3%Medicated Shampoo.....	28	Naloxone 4mg/0.1ml Nasal Spray.....	53
MG217 Med Tar Oint.....	28	Naltrexone for ext. release injection 380mg/ml .....	53
MG217 PSORIASIS 3% .....	28	Naphazoline 0.012% Ophthalmic Solution .....	41
MI-ACID GAS .....	35	Naphazoline-Pheniramine Ophthalmic Solution .....	41
MICATIN.....	27	NAPROSYN .....	6
Miconazole Cream.....	27	Naproxen 250mg Tablet.....	6
Miconazole Nitrate 2% Cream.....	27	Naproxen 375mg Tablet.....	6
Miconazole Suppository.....	27	Naproxen 500mg Tablet.....	6
MICROZIDE .....	24	NARCAN .....	53
Milk of Mag UD 30ml .....	36	NAVANE .....	46, 47
MINIPRESS.....	22	NEBUPENT.....	15
MINOCIN .....	10	Nelfinavir 250mg Tablet .....	14
Minocycline 100mg Capsule.....	10	Nelfinavir 625mg Caplet .....	14
Minocycline 50mg Capsule.....	10	Neo/Gram/Poly Ophthalmic Sol.....	40
Minoxidil 10mg Tablet.....	25	Neo/Poly/Dex Opth Susp .....	41
Minoxidil 2.5mg Tablet.....	25	Neom/Polym/Dex Opth Ointment .....	41
MINTOX-PLUS .....	34	Neomycin 500mg Tablet .....	10
Mirtazapine 15mg Tablet .....	43	Neomycin/ Polymyxin/ Hydrocortisone Otic Susp.....	42
Mirtazapine 30mg Tablet .....	43	Neomycin/Bac/Poly Ointment.....	40
Mirtazapine 45mg Tablet .....	43	NEORAL .....	50
MOBIC.....	6	NEOSPORIN.....	26, 40
Moexipril 15mg Tablet .....	21	NEPHROVITE .....	38
MONISTAT 7 .....	27	NEUTROGENA T/GEL.....	28
MONODOX.....	10	NEVIRAPINE.....	13
MONOKET .....	17	Nevirapine 200mg Tablet .....	13
MONOPRIL .....	20	Nevirapine 400mg ER Tablet .....	13
Montelukast 10mg Tablet .....	48	Niacin 250mg Tablet .....	38
MOTRIN .....	5	Niacin 500mg SR CAPSULE.....	38
MULTIPLE VITAMIN .....	39	Niacin 500mg Tablet .....	38
Mupirocin 2% Ointment .....	26	Niacin SR 250mg Caps .....	38
MYAMBUTOL.....	11	NIACOR .....	38
MYCOBUTIN.....	11	Nitrofurantoin (BID) 100mg Cap.....	10
Mycophenolate 250mg Caps .....	50	Nitroglycerin 0.3mg Sub Tb.....	17, 53
Mycophenolate 500mg Tablet .....	50	Nitroglycerin 0.4mg Sub Tb.....	17, 53
MYCOSTATIN .....	11, 27	Nitroglycerin 0.6mg Sub Tb.....	17, 53
MYDRIACYL.....	42	NITROSTAT .....	17, 53
MYLANTA.....	34	NIX .....	28
<b>N</b>		NIZORAL.....	11
NACL 0.45% 1000ML.....	51	NOLVADEX.....	49
Nadolol 20mg Tablet.....	21	NORCO.....	5
Nadolol 40mg Tablet.....	21	Normal Saline Flush 0.9%.....	53
Nafcillin Sodium 1gm Inj .....	12	NORMODYNE .....	21

## Formulary Index

NORPACE.....	18	Optiray 320 (320mg/ml) Sy .....	53
Nortriptyline 10mg Caps .....	43	ORTHO TRI-CYCLEN (28) .....	32
Nortriptyline 10mg/5ml Sol.....	43	ORTHO-CYCLEN (28) .....	32
Nortriptyline 25mg Cap .....	44	ORTHO-NOVUM 1/35.....	32
Nortriptyline 50mg Caps .....	44	ORTHO-NOVUM 7/7/7 .....	32
Nortriptyline 75mg Cap .....	44	OS-CAL .....	38
NORVASC.....	16, 23	OS-CAL VITAMIN D.....	37
NORVIR.....	14	OSCAL/VITAMIN D .....	38
NOVOLOG .....	30	Oxcarbazepine 150mg Tablet .....	8
NOVOLOG MIX 70/30 .....	30	Oxcarbazepine 300mg Tablet .....	8
NOVOLIN 70/30.....	30	Oxcarbazepine 600mg Tablet .....	8
NOVOLIN N .....	30	Oxybutynin 5mg Tablet .....	50
NOVOLIN R .....	30	Oyst Cal+D 250mg Tablet.....	37
Np Thyroid 15mg Tablet .....	34	Oyst-Cal 500mg Tablet .....	38
NP Thyroid 60mg Tablet.....	34	Oyst-Cal+D 500mg Tablet.....	38
NP Thyroid 90mg Tablet.....	34		
NS 100mL 0.9% IV Bag.....	51	<b>P</b>	
NS Soln 0.9% 1000ml.....	51	PAMELOR.....	43, 44
NUPERCAINAL .....	26	Pantoprazole 20mg Tab .....	37
NYDRAZID .....	11	PARLODEL .....	16
Nystatin Cream .....	27	Paroxetine 10mg Tablet .....	44
Nystatin Suspension 100,000 .....	11	Paroxetine 20mg Tablet .....	44
		Paroxetine 30mg Tablet .....	44
<b>O</b>		Paroxetine 40mg Tablet .....	44
OCUFLOX .....	40	PAXIL .....	44
OCUPRESS .....	39	Penicillin G Benzathine 1.2MU Inj .....	12
ODEFSEY .....	15	Penicillin G Benzathine 2.4 MU Inj .....	12
Ofloxacin 0.3% Ophthalmic Sol .....	40	Penicillin VK 250mg Tablet .....	10
Olanzapine 10mg Tablet.....	46	Penicillin VK 500mg Tablet .....	11
Olanzapine 15mg Tablet.....	46	PENTAM .....	15
Olanzapine 2.5mg Tablet.....	46	Pentamidine Isethionate 300mg Inhalation Powder .....	15
Olanzapine 20mg Tablet.....	46	Pentamidine Isethionate 300mg Injection.....	15
Olanzapine 5mg Tablet.....	46	PEN-VEE K.....	11
Olanzapine 7.5mg Tablet.....	46	PEPCID .....	36
Ondansetron 2mg/ml MDV .....	35	PEPTO-BISMOL .....	35
Ondansetron 4mg ODT .....	35	Permethrin Lice Treatment 1% Lotion .....	28
Ondansetron 4mg Tablet .....	35	Permethrin Nix Crème Rinse 1% .....	28
Ondansetron 4mg/2ml Inj.....	35	Perphenazine 16mg Tablet .....	46
Ondansetron 4mg/2ml SDV.....	35	Perphenazine 2mg Tablet .....	46
Ondansetron 8mg Tablet .....	35	Perphenazine 4mg Tablet .....	46
Ondansetron Hcl 40/20ml I.....	35	Perphenazine 8mg Tablet .....	46
Ondansetron Hcl 4mg/2ml .....	35	PERSANTINE .....	16
Ondansetron ODT 8mg Tablet .....	35	Phenazopyridine 100mg Tablet.....	51
ONE-A DAY MULTI-VIT TABLET .....	39	Phenazopyridine 200mg Tablet.....	51

## Formulary Index

Phenobarbital 100mg Tablet.....	47	Pravastatin 20mg Tablet .....	19
Phenobarbital 130mg/ml Vi.....	47	Pravastatin 40mg Tablet .....	19
Phenobarbital 130mg/ml Vial.....	8	Pravastatin 80mg Tablet .....	19
Phenobarbital 16.2mg Tablet.....	8	Prazosin 1mg Capsule .....	22
Phenobarbital 30mg Tablet.....	47	Prazosin 2mg Capsule .....	22
Phenobarbital 32.4mg Tablet.....	8, 47	Prazosin 5mg Capsule .....	22
Phenobarbital 60mg Tablet.....	47	PRED FORTE .....	41
Phenobarbital 64.8mg Tablet.....	8, 47	Prednisolone Ace 1% Opth .....	41
Phenobarbital 97.2mg Tablet.....	8, 47	Prednisone 10mg Dosepak.....	31
Phenytoin 100mg/2ml Vial .....	8	Prednisone 10mg Tablet .....	31
Phenytoin 125mg/5ml Suspension .....	8	Prednisone 1mg Tablet .....	31
Phenytoin 250mg/5ml Vial .....	8, 53	Prednisone 2.5mg Tablet .....	31
Phenytoin ER 100mg Cap .....	8	Prednisone 20mg Tablet .....	31
PHOSLO.....	29	Prednisone 50mg Tablet .....	31
Phosphate Enema .....	36	Prednisone 50mg U/D Tablet.....	31
PHOSPHOLINE IODIDE .....	40	Prednisone 5mg Dosepack .....	31
Pilocarpine 1% Ophthalmic Sol.....	40	Prednisone 5mg Tablet .....	31
Pilocarpine 2% Ophthalmic Sol.....	40	PREMARIN .....	32
Pilocarpine 4% Eye Drops .....	40	PRENATAL MULTIVITAMIN/IRON .....	39
Pink Bismuth Chew Tablet.....	35	Prenatal Plus 27-1mg Tablet.....	39
Pioglitazone 15 mg Tablet .....	30	Prenatal Tablet 27-0.8mg.....	39
Pioglitazone 30 mg Tablet .....	30	PRENATAL/FOLIC ACID .....	39
Pioglitazone 45 mg Tablet .....	30	PREPARATION-H.....	26
PLAVIX.....	16	PREZCOBIX .....	15
PODOBEN.....	28	PREZISTA.....	14
Podocon-25 Liquid.....	28	PRIFTIN .....	11
Podofilox 0.52% Solution.....	28	PRINCIPEN.....	11
POLYSPORIN .....	26	PRINIVIL .....	20
PONTOCAINE.....	39	PRINZIDE .....	20
Potassium Cl 10mEq Tablet .....	25	PROAIR .....	48
Potassium Cl 10meq Tablet Microcrystalline.....	25	Probenecid 500mg Tablet .....	9
Potassium Cl 15meq Tablet Microcrystalline.....	25	Procainamide 100mg/ml Vial.....	18
Potassium Cl 20meq Pkt .....	25	Procainamide 500mg/ml MDV.....	18
Potassium Cl 20meq Tablet.....	25	Prochlorperazine 10mg Tablet .....	46
Potassium Cl 8meq ER Tablet.....	25	Prochlorperazine 25mg Suppository .....	46
Potassium Micro 10meq Tablet .....	25	Prochlorperazine 5mg Tablet .....	46
Potassium Phosphate Neutral 250mg Tablet .....	25	Prochlorperazine 5mg/ml SDV Inj .....	46
Potassium Phosphate Monobasic 500mg Tablet .....	25	PROGRAF .....	50
Povidone 10% Ointment.....	26	PROLIXIN DECANOATE .....	45
Povidone-Iodine 10% Soln .....	26	PRONESTYL .....	18
Povidone-Iodine Scrub.....	26	PRONTO.....	28
PPD .....	51	Proparacaine 0.5% Ophthalmic Sol.....	39
PRAVACHOL .....	19	Propranolol 10mg Tablet .....	18, 21
Pravastatin 10mg Tablet.....	19		

## Formulary Index

Propranolol 20mg Tablet .....	18, 21	Rifabutin 150mg Capsule .....	11
Propranolol 40mg Tablet .....	18, 21	RIFADIN .....	11
Propranolol 80mg Tablet .....	18, 21	Rifampin 150mg Caps .....	11
Propranolol SA 60mg Cap .....	18, 21	Rifampin 300mg Cap .....	11
Propranolol SA 80mg Cap .....	18, 21	Rifapentine 150mg Tablet .....	11
PROTONIX .....	37	Rilpivirine 25mg Tablet .....	13
PROVENTIL .....	48	RISPERDAL .....	46
PROVERA .....	33	RisperiDONE 0.25mg Tablet .....	46
PROXACOL .....	26	RisperiDONE 0.5mg Tablet .....	46
PROZAC .....	43	RisperiDONE 1mg Tablet .....	46
Pyrazinamide 500mg Tablet .....	11	RisperiDONE 2mg Tablet .....	46
PYRIDIUM .....	51	RisperiDONE 3mg Tablet .....	46
PYRIDOXINE .....	38	RisperiDONE 4mg Tablet .....	46
PYRIDOXINE HCL .....	38	Ritonavir 100mg Tablet .....	14
<b>Q</b>		Ritonavir 80mg/ml Oral Sol .....	14
QUESTRAN .....	19	ROBITUSSIN DM .....	49
QUINAGLUTE .....	18	ROCALTROL .....	38
Quinapril 10mg Tablet .....	21	ROCEPHIN .....	11, 12
Quinapril 20mg Tablet .....	21	Rosuvastatin 10mg Tablet .....	19
Quinapril 40mg Tablet .....	21	Rosuvastatin 20mg Tablet .....	19
Quinapril 5mg Tablet .....	21	Rosuvastatin 40mg Tablet .....	19
Quinidine gluc ER 324mg Tab .....	18	Rosuvastatin 5mg Tablet .....	19
Quinidine Sulfate 200mg Tablet .....	18	<b>S</b>	
<b>R</b>		Salicylic Acid 3% Cream .....	28
Raltegravir 100mg Chew Tablet .....	14	SALINE .....	49
Raltegravir 100mg Powd Pkt .....	14	Salmeterol Xinafoate 50mcg Diskus .....	49
Raltegravir 400mg Tablet .....	14	SANDIMMUNE .....	50
Raltegravir HD 600mg Tablet .....	14	Saquinavir 200mg Cap .....	14
REFRESH OPHTHALMIC SOLUTIONS .....	41	Saquinavir 500mg Tablet .....	14
Reguloid Powder Reg .....	36	Secondary Tubing .....	53
Reguloid Pwd Orange .....	36	Selenium Sulfide 1% Shampoo .....	28
Reguloid Pwd SF Orange .....	36	Selenium Sulfide 2.5% Lotion .....	28
Reguloid Pwd SF Regular .....	36	SELSUN BLUE .....	28
REMERON .....	43	SELZENTRY .....	15
REVELA .....	29	SEMGLEE .....	30
RESCRIPTOR .....	12	Senna 8.6mg Tablet .....	36
RESPIMAT .....	48	SENOKOT .....	36
RETACRIT .....	37	SEREVENT .....	49
RETROVIR .....	13	Sertraline 100mg Tablet .....	44
REYATAZ .....	14	Sertraline 25mg Tablet .....	44
		Sertraline 50mg Tablet .....	44
		Sevelamer Carb 800mg .....	29

## Formulary Index

Silver Sulfadiazine Cream 1% .....	26	Sumatriptan 25mg Tablet.....	5
Simethicone 80mg Chew Tablet.....	35	Sumatriptan 50mg Tablet.....	5
Simvastatin 10mg Tablet.....	20	Sunscreen Lotion .....	28
Simvastatin 20mg Tablet.....	20	SUSTIVA.....	12, 13
Simvastatin 40mg Tablet.....	20	SYNTHROID .....	33, 34
Simvastatin 5mg Tablet.....	20	<b>T</b>	
SINEMET.....	16	Tacrolimus 0.5mg Capsule.....	50
SINEMET CR .....	16	Tacrolimus 1mg Capsule.....	50
SINGULAIR .....	48	Tacrolimus 5mg Capsule.....	50
Sodium Chloride 0.9% 50ml Injection.....	53	Tamoxifen 10mg Tablet.....	49
Sodium Chloride 0.9% Inh Sol Amps.....	53	Tamoxifen 20mg Tablets.....	49
Sodium Chloride 4meq/ml Injection .....	53	Tamsulosin 0.4mg Capsule.....	22
Sodium Chloride Conc 4 Meq/ml Vial.....	53	TAPAZOLE .....	33
Sodium Polystyrene Sulfate PWD .....	53	TDAP Inj.....	51
SOLU-CORTEF .....	30, 31	TEGRETOL.....	7
SOLU-MEDROL .....	31, 53	TEMOVATE .....	26
Sorbitol 70% Solution .....	36	TENEX .....	22
Sotalol 120mg Tablet.....	21	TENIVAC.....	51
Sotalol 160mg Tablet.....	21	Tenofovir 200mg Tablet .....	14
Sotalol 80mg Tablet.....	22	Tenofovir 300mg Tablet .....	14
Spirolactone 100mg Tablet.....	24	TENORETIC .....	22
Spirolactone 25mg Tablet.....	24	TENORETIC 100.....	22
Spirolactone 50mg Tablet.....	24	TENORMIN .....	21
SSD .....	26	Tera-gel Tar 0.5% Shampoo.....	28
Stavudine 15mg Cap .....	13	Terazosin 10mg Capsule .....	22, 50
Stavudine 1mg/ml Solution .....	13	Terazosin 1mg Capsule .....	22, 50
Stavudine 20mg Capsule.....	13	Terazosin 2mg Capsule .....	22, 50
Stavudine 30mg Cap .....	13	Terazosin 5mg Capsule .....	22, 50
Stavudine 40mg Cap .....	13	Terbinafine 250mg Tablet .....	11
STELAZINE .....	47	Terbutaline 1mg/ ml Inj .....	49
STERAPRED.....	31	Terbutaline 2.5mg Tablet .....	49
STERAPRED DS.....	31	Terbutaline 5mg Tablet .....	49
Sterile H2O~Irri~250ml .....	53	Tetanus Diphtheria 0.5ml .....	51
Sterile Water Inj 50ml.....	53	Tetracaine 0.5% Ophthalmic Sol.....	39
STROMECTOL.....	11	Tetrahydrozoline HCl 0.5% Lubricant Eye Drops.....	41
SUBUTEX.....	53	THEO-24 .....	49
SULAMYD .....	41	THEOCHRON .....	49
Sulfacetamide 10% OPL.....	41	THEO-DUR .....	49
Sulfamethoxazole/Trimethoprim DS Tablet.....	11	Theophylline 200mg ER- 24hr Tablet.....	49
Sulfamethoxazole/Trimethoprim SS Tablet .....	11	Theophylline 300mg ER- 24hr Tablet.....	49
Sulfasalazine 500mg Tablet .....	37	Theophylline 300mg ER-Tablet.....	49
Sulfasalazine EC 500mg Tablet .....	37	Theophylline 400mg ER- 24hr Tablet.....	49
Sumatriptan 100mg Tablet .....	5	Theophylline 600mg ER- 24hr Tablet.....	49

## Formulary Index

Therapeutic Tar Shampoo .....	28	Triamcinolone Acetonide 10mg/mL Injection.....	31
THIAMINE MONONITRATE .....	38	Triamcinolone Acetonide 40mg/mL .....	31
Thiothixene 10mg Capsule .....	46	TRI-CHLOR 80%.....	28
Thiothixene 1mg Capsule .....	46	Trichloroacetic Acid 80% Liquid .....	28
Thiothixene 2mg Capsule .....	47	Trifluoperazine 10mg Tablet.....	47
Thiothixene 5mg Capsule .....	47	Trifluoperazine 1mg Tablet.....	47
THYROID .....	33, 34	Trifluoperazine 2mg Tablet.....	47
TIAZAC.....	17, 23	Trifluoperazine 5mg Tablet.....	47
Timolol 0.25% ~GFS~Sol .....	40	Trifluridine 1% Ophthalmic Solution .....	41
Timolol 0.5% Ophthalmic Sol.....	40	Trihexyphenidyl 2mg/ 5ml Injection .....	16
Timolol 0.5%~GFS~Oph.....	40	Trihexyphenidyl 2mg Tablet .....	16, 48
Timolol Maleate 0.25% Ophthalmic Sol .....	40	Trihexyphenidyl 2mg/ 5ml Tablet .....	48
TIMOPTIC .....	40	Trihexyphenidyl 5mg Tablet .....	16, 48
TIMOPTIC-XE.....	40	TRILAFON .....	46
TINACTIN .....	27	TRILEPTAL .....	8
Tipranavir 250mg Capsule.....	14	Triple Antibiotic Oint UD .....	26
TIVACAY .....	14	TRONOLANE .....	26
Tobramycin 0.3% Ophthalmic Sol.....	41	Tronolane Suppository .....	26
TOBREX.....	41	Tropicamide 0.05% Ophthalmic Solution .....	42
TOFRANIL.....	43	TRUSOPT .....	40
Tolnaftate Cream.....	27	TRUVADA.....	15
Tolnaftate Powder.....	27	Tuberculin Skin Test.....	51
Tolterodine 1mg Tablet.....	51	TUBERSOL.....	51
Tolterodine 2mg Tablet.....	51	TUMS .....	34
TOPAMAX.....	8, 9	TYBOST.....	12
Topiramate 100mg Tablet.....	8	TYLENOL.....	6
Topiramate 200mg Tablet.....	8	TYLENOL/CODEINE #3 .....	5
Topiramate 25mg Tablet.....	9		
Topiramate 50mg Tablet.....	9	<b>U</b>	
TOPROL XL.....	21	ULTRACET .....	5
TORADOL .....	6	ULTRAM .....	5
TORADOL IM .....	6	Umeclidinium 62.5mcg/Inh #30 .....	49
Torsemide 10mg Tablet.....	24	UNIPHYL.....	49
Torsemide 20mg Tablet.....	24	UNIVASC .....	21
Torsemide 5mg Tablet.....	24	URECHOLINE.....	50
Tramadol 50mg Tablet.....	5	UROXATROL.....	50
Tramadol, / APAP 37.5/325mg Tablet.....	5		
TREXALL.....	27	<b>V</b>	
Triam/ HCTZ 37.5/25 Tablet.....	24	VALIUM.....	7, 42
Triam/ HCTZ 75/50 Tablet.....	24	Valproic Acid 250mg Cap.....	9, 45
Triam/HCTZ 37.5/25 Caps.....	24	Valproic Acid 250mg/ 5ml Syrup C.....	9
Triamcinolone 0.025% CR LB .....	27	Valproic Acid 250mg/5ml Solution.....	45
Triamcinolone 0.1% CR LB.....	27	VANCOGIN .....	12
Triamcinolone 0.5% Cream .....	27	Vancomycin 1GM ADDV VIAL .....	12

## Formulary Index

Vancomycin 250mg Inj .....	12	Vitamin B-6 100mg Tablet.....	38
Vancomycin 500mg ADDV VL.....	12	Vitamin B-6 200mg TR/ CR.....	38
Vancomycin Hcl 1 Gm Inj .....	12	Vitamin B-6 250mg Tablet.....	38
Vancomycin Hcl 500mg Inj .....	12	Vitamin B-6 25mg Tablet.....	38
Vancomycin Hcl 750mg Inj .....	12	Vitamin B-6 50mg Tablet.....	38
VASERETIC .....	20	Vitamin D3 400unit Cap.....	38
VASOTEC .....	20	Vitamin D3 400unit Tablet.....	38
VEETIDS .....	10	Vitamin D3 5,000unit Caps.....	38
Venlafaxine 100mg Tablet.....	44	Vitamin K 10mg/ml Amp.....	38, 53
Venlafaxine 25mg Tablet.....	44	VIVITROL.....	53
Venlafaxine 37.5mg Tablet.....	44	VOSOL.....	42
Venlafaxine 37.5mg UD Tablet.....	44	VOSOL HC.....	42
Venlafaxine 50mg Tablet.....	44	<b>W</b>	
Venlafaxine 75mg Tablet.....	44	Warfarin Sod 10mg Tablet .....	7
Venlafaxine ER 150mg Cap .....	44	Warfarin Sod 1mg Tablet .....	7
Venlafaxine ER 37.5mg Cap .....	44	Warfarin Sod 2.5mg Tablet .....	7
Venlafaxine ER 75mg Cap .....	44	Warfarin Sod 2mg Tablet .....	7
VENTOLIN.....	48	Warfarin Sod 3mg Tablet .....	7
Verapamil 120mg Tablet.....	17, 19, 23	Warfarin Sod 4mg Tablet .....	7
Verapamil 40mg Tablet.....	17, 19, 23	Warfarin Sod 5mg Tablet .....	7
Verapamil 80mg Tablet.....	17, 19, 23	Warfarin Sod 6mg Tablet .....	7
Verapamil ER 120mg Tablet.....	17, 19, 23	Warfarin Sod 7.5mg Tablet .....	7
Verapamil ER 240mg Tablet.....	17, 19, 23	Wart Remover Liquid .....	28
Verapamil SR 180mg Cap .....	18, 19, 23	<b>X</b>	
Verapamil Sr 180mg U/D.....	19	XALATAN.....	40
Verapamil SR 180mg u/d.....	24	XOPENEX HFA.....	48
Verapamil SR 180mg U/D .....	18	XYLOCAINE.....	52, 53
Verapamil SR 240mg Cap .....	18, 19, 24	XYLOCAINE /EPINEPHRINE .....	53
Verapamil-SR 180mg Tablet .....	18, 19, 24	<b>Z</b>	
VERELAN.....	18, 19, 23, 24	ZADITOR .....	41
VIBRAMYCIN .....	10	ZEBETA .....	21
VIDEX.....	13	ZERIT .....	13
VIDEX EC.....	13	ZIAC .....	22
VIRACEPT.....	14	ZIAGEN.....	13
VIRAMUNE.....	13	Zidovudine 100mg Capsule.....	13
Viramune 50mg/5ml Susp .....	13	Zidovudine 300mg Tablet.....	13
VIREAD .....	14	Zidovudine 50mg/5ml Syp.....	13
VIROPTIC.....	41	Zinc Oxide 20% w/w Oint .....	28
VISINE A .....	41	Ziprasidone 20mg Capsule .....	47
Vitamin A and D Ointment .....	28	Ziprasidone 20mg Injection .....	47
Vitamin B-1 100mg Tablet .....	38	Ziprasidone 40mg Capsule .....	47
Vitamin B-1 100mg U/D Tablet.....	38	Ziprasidone 60mg Capsule .....	47
Vitamin B-1 100mg/ml Vial Injection .....	38		
VITAMIN B-12.....	38		

pg. 54

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**EXHIBIT B**  
**24-363**

## Formulary Index

Ziprasidone 80mg Capsule.....	47	ZOLOFT.....	44
ZITHROMAX.....	10	ZOVIRAX.....	12
ZOCOR.....	20	ZYLOPRIM.....	9
ZOFRAN.....	35	ZYPREXA.....	46
ZOFRAN ODT.....	35	ZYRTEC.....	9, 49



**SAMPLE INVOICE**



8610 Broadway St, Ste 270  
San Antonio, Tx 78217

For Services Rendered at:
Sheriffs Office
Address:

INVOICE	
Invoice #	<b>MT-000000</b>
Invoice Date	7/5/2020
Invoice Period	June 1st-June 30th, 2020
Due Date	30 Days after Receipt

	Available Funds	Jun-20	Remaining Balance
Base Compensation	\$382,613.06	\$127,537.69	\$55,075.37
Reimbursable Supplies		\$0.00	
Pharmaceutical Cap	\$28,558.50	\$2,366.66	\$6,191.84
Offsite Cap Remaining	\$23,148.50	\$14,295.22	\$8,853.28
<b>Contract Amount</b>	<b>\$434,320.06</b>	<b>\$144,199.57</b>	<b>\$10,120.49</b>

Description	Unit Amount	Current Amount
Base Compensation	\$127,537.69	<b>\$100,537.69</b>
		<b>\$0.00</b>
		<b>\$100,537.69</b>

Reimbursable Medical Supplies		
EMR	May & June '24	\$600.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		<b>\$600.00</b>

Pharmaceutical Supplies & Outside services		
Diamond Drug	\$366.66	<b>\$2,366.66</b>
Esprigas	\$39.68	
LabCorp	\$0.00	
Radiology	\$655.00	
Oral Surg	\$99.00	
Hospital	\$212.50	
Medline	\$89.04	<b>\$661.88</b>

Make Checks Payable to: MedTrust LLC 1601 NW Expressway, Suite 850 Oklahoma City, OK 73118 Attn: Accounts Receivable	INVOICE TOTAL	<b>\$100.69</b>
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Contract start date \_\_\_\_\_

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
<b>Population Stats</b>													
Average Daily Population													
Intake Screenings													
FSBG													
Number Pregnant (Last Day)													
Births													
Miscarriages/Fetal Demise													
Deaths													
<b>Physicals</b>													
14 Day Health Assessments													
Annual Health Assessments													
<b>On-Site Care</b>													
Sick Call Visits													
HCP Encounters													
Telemedicine/Telepsych Encounters													
In-house X-Rays													
Medical Observation housing													
<b>Dental Care</b>													
Exams													
Fillings													
Extractions													
Dental Clinic Visits													
<b>Chronic Care Visits</b>													
Asthma/COPD/Pulmonary													
Diabetes/Endocrine													
HIV/AIDs													
Hypertension/Cardio													
OB/GYN/Pregnant													
Seizure/Neurology													
<b>Infectious Diseases</b>													
Positive Covid 19 Cases													
Positive Flu Cases													
Positive Strep Cases													
MRSA Suspect Cases													
Confirmed MRSA Cases													
PPDs Given to Inmates													
PPDs Given Other													
Suspect Active TB													
Confirmed Active TB													
Identified Chicken Pox Cases													
Identified Gonorrhea Cases													
Identified Chlamydia Cases													
Identified Syphilis Cases													
<b>Vaccines Administered</b>													
Influenza to Inmates													
Influenza Other													
Hepatitis B to Inmates													
Hepatitis B Other													
COVID 19													
Tetanus													
Pneumovax													
<b>Behavioral Health</b>													
Psych HCP Encounters													
Psych MHP Encounters													
Attempted Suicides													
Completed Suicides													
State hospital commitments													
<b>Pharmacy</b>													
Total Patients receiving meds													
Patients receiving psych meds													
Federal inmates receiving meds													
<b>Off-Site</b>													
ER Visits													
Refused at intake for medical clearance													
Hospital Admissions													
Total Hospital Days													
Other Off-Site Referrals													
<b>Grievances</b>													
Total Grievances													
Unfounded Grievances													