

BOARD OF COUNTY COMMISSIONERS

DATE: September 10, 2015

AGENDA ITEM NO. 9

Consent Agenda ☒

Regular Agenda ☐

Public Hearing ☐

County Administrator's Signature: 

Subject:

Award of Bid: Pharmacy Services – Pinellas County Indigent Health Program - ReBid
Bid No.: 145-0204-B(JA)

Department:

Human Services / Purchasing

Staff Member Responsible:

Lourdes Benedict / Joe Lauro

Recommended Action:

I RECOMMEND THE BOARD OF COUNTY COMMISSIONERS (BOARD) AWARD THE BID TO CITIZENS RX, LLC (CITIZENS), OAK PARK, ILLINOIS, FOR PHARMACY SERVICES FOR THE PINELLAS COUNTY INDIGENT HEALTH PROGRAM ON THE BASIS OF BEING THE LOWEST RESPONSIVE, RESPONSIBLE BID RECEIVED.

IT IS FURTHER RECOMMENDED THE CHAIRMAN SIGN THE AGREEMENT AND THE CLERK ATTEST.

Summary Explanation/Background:

The purpose of this contract is to provide cost effective, geographically accessible, high quality pharmacy services to the eligible clients of the Pinellas County Health Program (PCHP) and Mobile Medical Unit (MMU). The contract is for a sixty (60) month term, effective October 1, 2015 through September 30, 2020.

Citizens will provide a generic-based pharmacy program for PCHP and MMU clients with critical access in over two hundred (200) retail locations throughout the County, including locations operated by CVS, Walgreens, Wal-Mart, Publix, Sam's Club, Target and numerous independent pharmacies. Current pharmacy locations will be included in the network in order to reduce disruption to clients during the transition from the previous carrier. Citizens has an office in Tampa and a live-call center is available twenty-four (24) hours a day, seven (7) days a week. In addition, Citizens has prior experience with indigent health programs and with federal drug programs in multiple states, including Florida. Flu and pneumonia vaccines, as well as selected antibiotics/anti-infective medications will be provided at no cost.

The Board established PCHP in 2008 to provide accessible and affordable quality health care services for low-income (100% federal poverty level), uninsured individuals between the ages of 18 and 64 who do not maintain, or are otherwise ineligible for other types of medical insurance. The Health Program offers primary care services for homeless individuals through the MMU.

Through the PCHP and MMU, qualifying individuals receive primary care, wellness and prevention services, mental health and substance abuse services, nutrition education and counseling, health screenings, physical therapy, lab and specialty medical, dental, and pharmacy services. Pharmaceutical services are integral to the health care of our community residents. In fiscal year 2013, nearly 200,000 prescriptions were dispensed for PCHP clients through the program. During fiscal year 2014, 198,371 prescriptions were dispensed for PCHP/MMU clients.

To assist with this competitive process, staff utilized a pharmacy consultant (ArmsRx) to draft specifications and assist throughout the entire process. This competitive process was a "re-bid" as the first attempt to secure a contract resulted in insufficient competition. The lowest responsive bidder was determined by providing the pharmacy consultant with ten (10) months of claims and subsequently factoring the claims according to each firm's price structure including drug cost, administrative fees and rebates.

Fiscal Impact/Cost/Revenue Summary:

Estimated annual plan cost: \$ 5,480,000.00

Estimated sixty (60) month expenditure not to exceed: \$27,400,000.00

Funding for Fiscal Year 2016 is derived from the Human Services' Health Program Budget.

Exhibits/Attachments:

Contract Review
Agreement
Consultant's Tabulation



**PURCHASING DEPARTMENT
CONTRACT REVIEW TRANSMITTAL**

**CATS
NO.:46825**

PROJECT: Pharmacy Services for The Pinellas County Indigent Health Program - ReBid

RFP NUMBER: 145-0204-B(JA)

TYPE: ☒ **Purchase Contract** ☐ **Other:** ☐ **Construction-Less than \$100,000** ☐ **One Time**

In accordance with the policy guide for Contract Administration, the attached documents are submitted for review and comment.

Upon completion of review, complete Contract Review Transmittal and forward to next Review Authority listed. Please indicate suggested changes by revising, in RED, the appropriate section of the document reflecting the exact wording of the change.

RISK MANAGEMENT: Please enter required liability coverage on pages: 17 - 20

PRODUCT ONLY ☐

This is an annual contract.

Estimated Expenditure: \$

REVIEW SEQUENCE	REVIEW AUTHORITY	REVIEW DATE	REVIEW SIGNATURE	COMMENTS (Attach Separate page if necessary)	COMMENTS INCORPORATED
1.	<u>Purchasing Dept.</u> J. Lauro, Director C. Mancuso, Asst. Director J. Armstrong, PAC	3/10/15			
2.	<u>Health & Community Services</u> Tim Burns, Division Director Stephanie Reed	3/11/15			

Using Dept please provide below information:

A. ☐ Yes, funding for this project is using grant funding. ☐ No, funding for this project is not using grant funding.
If grant funding is being used you must provide Purchasing with the exact clauses that need to be on attached document.

B. _____ Initial and Date Funding is available for this project.

Provide title of funding source _____

C. Please check attached vendor list. Circle vendors you want bids mailed to. Add additional vendors with complete information (Name, Address, Phone and Email)

3.	<u>Risk Management Director</u> Attn: Virginia E. Holscher (Check applicable box at right)	N/A	No changes to insurance		HIGH RISK NOT HIGH RISK
4.					
5.					
6.					
7.					

RETURN ALL DOCUMENTS TO PURCHASING

Make all inquiries to: Jeanne Armstrong, Procurement Analyst Coordinator at Extension 464-5323

In order to meet the following schedule, please return your requirements to Purchasing by: **ASAP**

<u>TENTATIVE DATES</u>	Advertise: 3-12-2015
Bid Opening: 4-14-2015	Contract Approval: 6-2-2015



Bidder Ranking			
Bid Type		Total Estimated Plan Cost	Rank
Citizens	Pass Through	\$4,502,669.00	1
ScriptCare	Pass Through	\$4,628,494.88	2
Winn-Dixie	Traditional	\$4,870,256.26	3

SERVICES AGREEMENT

THIS SERVICES AGREEMENT ("Agreement") is made as of this ____ day of _____, 20____ ("Effective Date"), by and between Pinellas County, a political subdivision of the State of Florida ("County"), and Citizens Rx, LLC, Oak Park, IL 60301 ("Contractor") (individually, "Party," collectively, "Parties").

WITNESSETH:

WHEREAS, the County requested proposals pursuant to 145-0204-B(JA) Pharmacy Services – Pinellas County Indigent Health Program ("ITB") for pharmacy services; and

WHEREAS, based upon the County's assessment of Contractor's proposal, the County selected the Contractor to provide the Services as defined herein; and

WHEREAS, Contractor represents that it has the experience and expertise to perform the Services as set forth in this Agreement.

NOW, THEREFORE, in consideration of the above recitals, the mutual covenants, agreements, terms and conditions herein, and other good and valuable consideration, the receipt and sufficiency of which is hereby mutually acknowledged, the Parties agree as follows:

1. Definitions.

A. "Agreement" means this Agreement, including all Exhibits, which are expressly incorporated herein by reference, and any amendments thereto. In the event of an inconsistency in any of the terms, the terms of this Services Agreement shall control; then the terms of the exhibits; then the terms of the County ITB 145-0204-B; then the terms of Contractor's bid responses excluding Contractor's draft management services agreement, in that order.

B. "County Confidential Information" means any County information deemed confidential and/or exempt from Section 119.07, Florida Statutes, and Section 24(a), Article 1 of the Florida Constitution, or other applicable law, including, but not limited to, data or information referenced in a Business Associates Agreement executed by the parties, and any other information designated in writing by the County as County Confidential Information.

C. "Contractor Confidential Information" means any Contractor information that constitutes a trade secret pursuant to Chapter 688, Florida Statutes, and is designated in this Agreement or in writing as a trade secret by Contractor (unless otherwise determined to be a public record by applicable Florida law). Notwithstanding the foregoing, Contractor Confidential Information does not include information that: (i) becomes public other than as a result of a disclosure by the County in breach of the Agreement; (ii) becomes available to the County on a non-confidential basis from a source other than Contractor, which is not prohibited from disclosing such information by obligation to Contractor; (iii) is known by the County prior to its receipt from Contractor without any obligation or confidentiality with respect thereto; or (iv) is developed by the County independently of any disclosures made by Contractor.

D. "Contractor Personnel" means all employees of Contractor, and all employees of subcontractors of Contractor, including, but not limited to temporary and/or leased employees, who are providing the Services at any time during the project term.

E. "Services" means the work, duties and obligations to be carried out and performed safely by Contractor under this Agreement, as described throughout this Agreement and as specifically described in Exhibit A ("Statement of Work") attached hereto and incorporated herein by reference. As used in this Agreement, Services shall include any component task, subtask, service, or function inherent, necessary, or a customary part of the Services, but not specifically described in this Agreement, and shall include the provision of all standard day-to-day administrative, overhead, and internal expenses, including costs of bonds and insurance as required herein, labor, materials, equipment, safety equipment, products, office supplies, consumables, tools, postage, computer hardware/software, telephone charges, copier usage, fax charges, travel, lodging, and per

diem and all other costs required to perform Services except as otherwise specifically provided in this Agreement.

F. Capitalized terms not otherwise defined herein shall have the meanings ascribed in the Statement of Work attached hereto as Exhibit A.

2. Conditions Precedent. This Agreement, and the Parties' rights and obligations herein, are contingent upon and subject to the Contractor securing and/or providing the performance security, if required in Section 3, and the insurance coverage(s) required in Section 13, within ten (10) days of the Effective Date. No Services shall be performed by the Contractor and the County shall not incur any obligations of any type until Contractor satisfies these conditions. Unless waived in writing by the County, in the event the Contractor fails to satisfy the conditions precedent within the time required herein, the Agreement shall be deemed not to have been entered into and shall be null and void.

3. Services.

A. Services. The County retains Contractor, and Contractor agrees to provide the Services. Contractor shall be prepared to fully perform all of the Services called for by this Agreement as of October 1, 2015 ("Go-Live") for the locations set out in Exhibit F. Any changes to the locations set out in Exhibit F shall require advanced written notice to the County at least 15 days prior to the change taking effect, or as soon as reasonably possible. All Services shall be performed to the satisfaction of the County, and shall be subject to the provisions and terms contained herein and the Exhibits attached hereto.

B. Services Requiring Prior Approval. Contractor shall not commence work on any Services requiring prior written authorization in the Statement of Work without approval from the Director of Human Services.

C. Additional Services. From the Effective Date and for the duration of the project, the County may elect to have Contractor perform Services that are not specifically described in the Statement of Work attached hereto but are related to the Services ("Additional Services"), in which event Contractor shall perform such Additional Services for the compensation specified in the Statement of Work attached hereto. Contractor shall commence performing the applicable Additional Services promptly upon receipt of written approval as provided herein.

D. De-scoping of Services. The County reserves the right, in its sole discretion, to de-scope Services upon written notification to the Contractor by the County. Upon issuance and receipt of the notification, the Contractor and the County shall enter into a written amendment reducing the appropriate Services Fee for the impacted Services by a sum equal to the amount associated with the de-scoped Services as defined in the payment schedule in this Agreement, if applicable, or as determined by mutual written consent of both Parties based upon the scope of work performed prior to issuance of notification.

E. Independent Contractor Status and Compliance with the Immigration Reform and Control Act. Contractor is and shall remain an independent contractor and is neither agent, employee, partner, nor joint venturer of County. Contractor acknowledges that it is responsible for complying with the provisions of the Immigration Reform and Control Act of 1986 located at 8 U.S.C. 1324, et seq, and regulations relating thereto, as either may be amended from time to time. Failure to comply with the above provisions shall be considered a material breach of the Agreement.

F. Non-Exclusive Services. This is a non-exclusive Agreement. During the term of this Agreement, and any extensions thereof, the County's Human Services Department reserves the right to contract for another provider for similar services as it determines necessary in its sole discretion.

G. Project Monitoring. During the term of the Agreement, Contractor shall cooperate with the County, either directly or through its representatives, in monitoring Contractor's progress and performance of this Agreement.

4. Term of Agreement.

A. Initial Term. This Agreement shall take effect on the Effective Date for the purposes of implementation, and shall remain in full force and effect for sixty (60) months from the Go Live date of October 1, 2015, or until termination of the Agreement, whichever occurs first.

B. Term Extension. The term of this Agreement may not be extended. All Services shall be completed by the expiration of the initial term as defined in 4.A.

5. Compensation and Method of Payment.

A. Services Fee. County shall pay Contractor upon Contractor's completion of, and County's acceptance of, the services required herein. In years three (3) through five (5) during the term of the agreement, parties agree to review pricing guarantees and may make adjustments consistent with industry standards by written mutual agreement. Payments shall be made on a bi-monthly reimbursement basis. Payments shall be made in accordance with the Florida Prompt Payment Act. Invoices submitted after sixty (60) days from the date of services will not be considered for payment. The foregoing limitation shall not apply to invoices that cover claims for prescription services that are submitted to Contractor by pharmacies or Participant with insufficient time for Contractor to comply with the foregoing limitation.

B. Compensation. The County agrees to pay the Contractor the annual not-to-exceed sum of \$5,480,000.00 for services completed and accepted as provided in this Agreement, payable according to the terms of Exhibit C and pursuant to all other terms of the Agreement. In the event that Contractor's claim experience providing Services to Participants under this Agreement reflects an increase over PCIHP or MMCU's claims experience as of the Effective Date October 1, 2015, the parties agree to review the additional costs. County acknowledges that Contractor may cease performance of Services under this Agreement and the Statement of Work in the event and to the extent that funding for such Services is not available.

C. Travel Expenses. The Services Fee includes all travel, lodging and per diem expenses incurred by Contractor in performing the Services.

D. Taxes. Contractor acknowledges that the County is not subject to any state or federal sales, use, transportation and certain excise taxes.

E. Payments. Contractor shall submit invoices for payments due as provided herein and authorized reimbursable expenses incurred with such documentation as required by County. Invoices shall be submitted to the designated person as set out in Section 18 herein.

For time and materials Services, all Contractor Personnel shall maintain logs of time worked, and each invoice shall state the date and number of hours worked for Services authorized to be billed on a time and materials basis. All payments shall be made in accordance with the requirements of Section 218.70 et seq., Florida Statutes, "The Local Government Prompt Payment Act." The County may dispute any payments invoiced by Contractor in accordance with the County's Invoice Payments Dispute Resolution Process established in accordance with Section 218.76, Florida Statutes, and set out in Exhibit D, and any such disputes shall be resolved in accordance with the County's Dispute Resolution Process.

6. Personnel.

A. Qualified Personnel. Contractor agrees that each person performing Services in connection with this Agreement shall have the qualifications and shall fulfill the requirements set forth in Exhibit A of this Agreement.

B. Approval and Replacement of Personnel. The County shall have the right to approve all Contractor Personnel assigned to provide the Services, which approval shall not be unreasonably withheld. Prior to commencing the Services, the Contractor shall provide at least ten (10) days written notice of the names and qualifications of the Contractor Personnel assigned to perform Services pursuant to the Agreement. Thereafter, during the term of this Agreement, the Contractor shall promptly and as required by the County provide written notice of the names and qualifications of any additional Contractor Personnel assigned to perform Services. The County, on a reasonable basis, shall have the right to require the removal and replacement of any of the Contractor Personnel performing Services, at any time during the term of the Agreement. The County will notify Contractor in writing in the event the County requires such action. Contractor shall accomplish any such removal within forty-eight (48) hours after receipt of notice from the County and shall promptly replace such person with another person, acceptable to the County, with sufficient knowledge and expertise to perform the Services assigned to such individual in accordance with this Agreement. In situations where individual Contractor Personnel are prohibited by applicable law from

providing Services, removal and replacement of such Contractor Personnel shall be immediate and not subject to such forty-eight (48) hour replacement timeframe and the provisions of Section 7. A.1. shall apply if minimum required staffing is not maintained.

7. Termination.

A. Contractor Default Provisions and Remedies of County.

1. Events of Default. Any of the following shall constitute a “Contractor Event of Default” hereunder: (i) Contractor fails to maintain the staffing necessary to perform the Services as required in the Agreement, fails to perform the Services as specified in the Agreement, or fails to complete the Services within the completion dates as specified in the Agreement; (ii) Contractor breaches Section 9 (Confidential Information); (iii) Contractor fails to gain acceptance of a deliverable per Section 15, if applicable, for two (2) consecutive iterations; or (iv) Contractor fails to perform or observe any of the other material provisions of this Agreement.

2. Cure Provisions. Upon the occurrence of a Contractor Event of Default as set out above, the County shall provide written notice of such Contractor Event of Default to Contractor (“Notice to Cure”), and Contractor shall have thirty (30) calendar days after the date of a Notice to Cure to correct, cure, and/or remedy the Contractor Event of Default described in the written notice.

3. Termination for Cause by the County. In the event that Contractor fails to cure a Contractor Event of Default as authorized herein, or upon the occurrence of a Contractor Event of Default as specified in Section 7.A.1.(iii), the County may terminate this Agreement in whole or in part, effective upon receipt by Contractor of written notice of termination pursuant to this provision, and may pursue such remedies at law or in equity as may be available to the County.

B. County Default Provisions and Remedies of Contractor.

1. Events of Default. Any of the following shall constitute a “County Event of Default” hereunder: (i) the County fails to make timely undisputed payments as described in this Agreement; (ii) the County breaches Section 9 (Confidential Information); or (iii) the County fails to perform any of the other material provisions of this Agreement.

2. Cure Provisions. Upon the occurrence of a County Event of Default as set out above, Contractor shall provide written notice of such County Event of Default to the County (“Notice to Cure”), and the County shall have thirty (30) calendar days after the date of a Notice to Cure to correct, cure, and/or remedy the County Event of Default described in the written notice.

3. Termination for Cause by Contractor. In the event the County fails to cure a County Event of Default as authorized herein, Contractor may terminate this Agreement in whole or in part effective on receipt by the County of written notice of termination pursuant to this provision, and may pursue such remedies at law or in equity as may be available to the Contractor.

C. Termination for Convenience. Notwithstanding any other provision herein, the County may terminate this Agreement, without cause, by giving thirty (30) days advance written notice to the Contractor of its election to terminate this Agreement pursuant to this provision.

D. Obligations Upon Termination. County or its agent shall pay Contractor in accordance with this Agreement for all claims for Covered Drugs dispensed and services provided to County and Participants on or before the effective date of termination (“Termination Date”) or any mutually agreed run-off period. Prior to the Termination Date, the parties will establish and execute a mutually agreeable written run-off plan. Further, Contractor or its agent shall pay County in accordance with this Agreement for all sums due to the County under the terms of this Agreement. Claims for Covered Drugs dispensed after the Termination Date shall be processed and adjudicated in accordance with a mutually determined run-off plan. Both parties shall pay all other fees or charges due or payable to the other party under this Agreement within ninety (90) days, or a longer period as mutually agreed to by the parties, after the Termination Date.

8. Time is of the Essence. Time is of the essence with respect to all provisions of this Agreement that specify a time for performance, including the Services as described in Exhibits attached hereto; provided, however, that the foregoing shall not be construed to limit a Party's cure period allowed in the Agreement.

9. Confidential Information and Public Records.

A. County Confidential Information. Contractor shall not disclose to any third party County Confidential Information that Contractor, through its Contractor Personnel, has access to or has received from the County pursuant to its performance of Services pursuant to the Agreement, except to Contractor Personnel who are required to have such information in order to perform Services under this Agreement and who are hereby bound by the terms and conditions of this Agreement as Contractor Personnel, or unless approved in writing by the County Contract Manager. All such County Confidential Information will be held in trust and confidence from the date of disclosure by the County, and discussions involving such County Confidential Information shall be limited to Contractor Personnel as is necessary to complete the Services.

B. Contractor Confidential Information. All Contractor Confidential Information received by the County from Contractor will be held in trust and confidence from the date of disclosure by Contractor and discussions involving such Contractor Confidential Information shall be limited to the members of the County's staff and the County's subcontractors who require such information in the performance of this Agreement. The County acknowledges and agrees to respect the copyrights, registrations, trade secrets and other proprietary rights of Contractor in the Contractor Confidential Information during and after the term of the Agreement and shall at all times maintain the confidentiality of the Contractor Confidential Information provided to the County, subject to federal law and the laws of the State of Florida related to public records disclosure. Contractor shall be solely responsible for taking any and all action it deems necessary to protect its Contractor Confidential Information except as provided herein. Contractor acknowledges that the County is subject to public records legislation, including but not limited to Chapter 119, Florida Statutes, and the Florida Rules of Judicial Administration, and that any of the County's obligations under this Section may be superseded by its obligations under any requirements of said laws.

C. Public Records. Contractor acknowledges that information and data it manages as part of the services may be public records in accordance with Chapter 119, Florida Statutes and Pinellas County public records policies. Contractor agrees that prior to providing services it will implement policies and procedures to maintain, produce, secure, and retain public records in accordance with applicable laws, regulations, and County policies, including but not limited to the Section 119.0701, Florida Statutes. Notwithstanding any other provision of this Agreement relating to compensation, the Contractor agrees to charge the County, and/or any third parties requesting public records only such fees allowed by Section 119.07, Florida Statutes, and County policy for locating and producing public records during the term of this Agreement.

D. Disclosure Conditions. The receiving party may make disclosures to its agents or representatives, including its consultants, auditors or lawyers, provided receiving party undertakes to protect the Confidential Information in the same manner as it is protected under this Agreement. The receiving party may also make disclosures as required by law or by a court order or subpoena. However, the disclosing party may attempt to obtain a protective order, should the disclosing party wish to do so. Nothing in this Agreement shall be construed as requiring disclosure of any Confidential Information which either party is prohibited by law or contract from disclosing.

E. Use of Information. Subject to written approval of the County, Contractor may use, reproduce, or adapt information obtained in connection with this Agreement, including, without limitation, Claims data information and eligibility information, in any manner they deem appropriate, except that each party and its agents, employees, and contractors shall maintain the confidentiality of this information to the extent required by applicable law, including, without limitation, the applicable provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and may not use the information in any way prohibited by law.

F. Limits On Use Of Confidential Information. Nothing in this Agreement shall prohibit or limit Contractor's use of information, including, but not limited to, ideas, concepts, know-how, techniques, and methodology, (i) previously known to Contractor; (ii) independently developed by or for Contractor; (iii) acquired by Contractor from a third party which is not, to Contractor's knowledge, under an obligation to County not to disclose such information; (iv) which is or becomes publicly available through no breach by Contractor of this Agreement; or (v) data or other information which is not identifiable on a Participant basis

upon written approval of the County. Contractor shall be permitted to use Contractor's general skills and knowledge without concern that such general skills and knowledge are restricted by County beyond the need to protect the confidentiality and ownership rights of County. Notwithstanding the foregoing, Contractor may not make any use of information or data related to the Services performed pursuant to this Agreement without County's prior written agreement, which shall not be unreasonably withheld.

G. No Transfer of Right or Title. Each party acknowledges that it shall not acquire any rights or title to any Confidential Information merely by virtue of its use or access to such Confidential Information hereunder. Neither the execution of this Agreement nor the furnishing of any Confidential Information hereunder shall be construed as granting the receiving party, either expressly, by implication, or otherwise, any license under any invention or patent now or hereafter owned by or controlled by the disclosing party. None of the information that may be submitted or exchanged by the parties shall constitute any representation, warranty, assurance, guarantee, or inducement by a party to the other with respect to the infringement of patents, copyrights, trademarks, trade secrets, or any other rights of third persons.

H. Remedies. Each party agrees that any disclosure or use of Confidential Information in violation of this Section 9 would cause immediate and irreparable injury or loss that may not be adequately compensated by monetary damages. Therefore each party shall be entitled to injunctive relief and specific performance in addition to all other remedies available at law or in equity for any breach or threatened breach of this Section 9.

10. Audit. Contractor shall retain all records relating to this Agreement for a period of at least three (3) years after final payment is made. All records shall be kept in such a way as will permit their inspection pursuant to Chapter 119, Florida Statutes. In addition, County reserves the right to examine and/or audit such records, subject to audit procedures as set forth in the Statement of Work.

11. Compliance with Laws.

A. The laws of the State of Florida apply to any purchase made under this Request for Proposal. Proposers shall comply with all local, state, and federal directives, orders and laws as applicable to this proposal and subsequent contract(s) including but not limited to Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, Equal Employment Opportunity (EEO), Minority Business Enterprise (MBE), and OSHA as applicable to this contract.

12. Public Entities Crimes. Contractor is directed to the Florida Public Entities Crime Act, Section 287.133, Florida Statutes, and represents to County that Contractor is qualified to transact business with public entities in Florida.

13. Liability and Insurance.

A. Insurance. Contractor shall comply with the insurance requirements set out in Exhibit B attached hereto and incorporated herein by reference.

B. Indemnification. Contractor agrees to indemnify, pay the cost of defense, including attorney's fees, and hold harmless the County, its officers, employees and agents from all damages, suits, actions or claims, including reasonable attorney's fees incurred by the County, of any character brought on account of any injuries or damages received or sustained by any person, persons, or property, or in any way relating to or arising from the Agreement; or on account of any act or omission, neglect or misconduct of Contractor; or by, or on account of, any claim or amounts recovered under the Workers' Compensation Law or of any other laws, regulations, ordinance, order or decree; or arising from or by reason of any actual or claimed trademark, patent or copyright infringement or litigation based thereon; except only such injury or damage as shall have been occasioned by the sole negligence of the County.

C. Liability. Neither the County nor Contractor shall make any express or implied agreements, guaranties or representations, or incur any debt, in the name of or on behalf of the other Party. Neither the County nor Contractor shall be obligated by or have any liability under any agreements or representations made by the other that are not expressly authorized hereunder. The County shall have no liability or obligation for any damages to any person or property directly or indirectly arising out of the operation by Contractor of its business, whether caused by Contractor's negligence or willful action or failure to act.

- D. **Contractor's Taxes.** The County will have no liability for any sales, service, value added, use, excise, gross receipts, property, workers' compensation, unemployment compensation, withholding or other taxes, whether levied upon Contractor or Contractor's assets, or upon the County in connection with Services performed or business conducted by Contractor. Payment of all such taxes and liabilities shall be the responsibility of Contractor.

14. County's Funding. The Agreement is not a general obligation of the County. It is understood that neither this Agreement nor any representation by any County employee or officer creates any obligation to appropriate or make monies available for the purpose of the Agreement beyond the fiscal year in which this Agreement is executed. No liability shall be incurred by the County, or any department, beyond the monies budgeted and available for this purpose. If funds are not appropriated by the County for any or all of this Agreement, the County shall not be obligated to pay any sums provided pursuant to this Agreement beyond the portion for which funds are appropriated. The County agrees to promptly notify Contractor in writing of such failure of appropriation, and upon receipt of such notice, this Agreement, and all rights and obligations contained herein, shall terminate without liability or penalty to the County.

15. Acceptance of Services. For all Services deliverables that require County acceptance as provided in the Statement of Work, the County, through the County Administrator or designee, will have ten (10) calendar days to review the deliverable(s) after receipt or completion of same by Contractor, and either accept or reject the deliverable(s) by written notice to Citizens Rx, LLC. If a deliverable is rejected, the written notice from the County will specify any required changes, deficiencies, and/or additions necessary. Contractor shall then have seven (7) calendar days to revise the deliverable(s) to resubmit and/or complete the deliverable(s) for review and approval by the County, who will then have seven (7) calendar days to review and approve, or reject the deliverable(s); provided however, that Contractor shall not be responsible for any delays in the overall project schedule that result from the County's failure to timely approve or reject deliverable(s) as provided herein. Upon final acceptance of the deliverable(s), the County will accept the deliverable(s) in writing.

16. Subcontracting/Assignment.

A. Subcontracting. Contractor is fully responsible for completion of the Services required by this Agreement and for completion of all subcontractor work, if authorized as provided herein. Contractor shall not subcontract any work under this Agreement to any subcontractor other than the subcontractors specified in the proposal and previously approved by the County, without the prior written consent of the County, which shall be determined by the County in its sole discretion.

B. Assignment. This Agreement, and all rights or obligations hereunder, shall not be assigned, transferred, or delegated in whole or in part, including by acquisition of assets, merger, consolidation, dissolution, operation of law, change in effective control of the Contractor, or any other assignment, transfer, or delegation of rights or obligations, without the prior written consent of the County. The Contractor shall provide written notice to the County within fifteen (15) calendar days of any action or occurrence assigning the Agreement or any rights or obligations hereunder as described in this section. In the event the County does not consent to the assignment, as determined in its sole discretion, the purported assignment in violation of this section shall be null and void, and the County may elect to terminate this Agreement by providing written notice of its election to terminate pursuant to this provision upon fifteen (15) days notice to Contractor.

17. Survival. The following provisions shall survive the expiration or termination of the Term of this Agreement: 5, 7, 9, 10, 13, 20, 23, and such other which by their nature would survive.

18. Notices. All notices, authorizations, and requests in connection with this Agreement shall be deemed given on the day they are: (1) deposited in the U.S. mail, postage prepaid, certified or registered, return receipt requested; or (2) sent by air express courier (e.g., Federal Express, Airborne, etc.), charges prepaid, return receipt requested; or (iii) sent via email and addressed as set forth below, which designated person(s) may be amended by either Party by giving written notice to the other Party:

For County:

Attn: Tim Burns
Human Service Dept.
440 Court Street, 2nd Floor
Clearwater, FL 33756

For Contractor:

Attn: Legal Department
Citizens Rx LLC
1144 Lake Street
Oak Park, IL 60301

with a copy to:

Purchasing Director
Pinellas County Purchasing Department
400 South Fort Harrison Avenue
Clearwater, FL 33756

19. Conflict of Interest.

A. The Contractor represents that it presently has no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with the performance of the Services required hereunder, and that no person having any such interest shall be employed by Contractor during the agreement term and any extensions.

B. The Contractor shall promptly notify the County in writing of any business association, interest, or other circumstance which constitutes a conflict of interest as provided herein. If the Contractor is in doubt as to whether a prospective business association, interest, or other circumstance constitutes a conflict of interest, the Contractor may identify the prospective business association, interest or circumstance, the nature of work that the Contractor may undertake and request an opinion as to whether the business association, interest or circumstance constitutes a conflict of interest if entered into by the Contractor. The County agrees to notify the Contractor of its opinion within (10) calendar days of receipt of notification by the Contractor, which shall be binding on the Contractor.

20. Right to Ownership.

A. All work created, originated and/or prepared specifically and exclusively for County by Contractor in performing Services pursuant to the Agreement to the extent that such work, products, documentation, materials or information are described in or required by the Services (collectively, the "Work Product") shall be County's property when completed and accepted, if acceptance is required in this Agreement, and the County has made payment of the sums due therefore. The ideas, concepts, know-how or techniques developed during the course of this Agreement by the Contractor or jointly by Contractor and the County may be used by the County without obligation of notice or accounting to the Contractor. Any data, information or other materials furnished by the County for use by Contractor under this Agreement shall remain the sole property of the County, including Claims data information provided to Contractor directly by County or by a predecessor pharmacy benefits manager.

B. County agrees that the aggregate compilations of information contained in any and all databases developed by Contractor or its designees, and any prior and future versions thereof, are the property of Contractor and protected by copyright which shall be owned by Contractor. County acknowledges that Contractor owns, licenses or otherwise holds the rights to the entire software system used by Contractor in processing Claims and preparing reports, including, without limitation, computer programs, databases, system and program documentation, and other documentation relating thereto (collectively, the "System"), and that the System is the exclusive and sole property of Contractor for purposes of this Agreement. County further acknowledges that Contractor owns, licenses, or otherwise holds all rights to its programs, reports, Formularies, and other services provided to County under this Agreement. County disclaims any rights to the System as described above (including access to any applicable source codes), any resultant reports, procedures or forms developed by Contractor, any development or modification of the System as a result of any customization performed by any party, as well as any program, report, Formulary or service provided hereunder, all of which shall be the property of Contractor and are protected by copyright which shall be owned by Contractor. In the event of any breach or threatened breach of this Section 20 B, Contractor shall be entitled to injunctive relief, enjoining or restraining such breach or threatened breach. The parties

acknowledge that any remedy at law is inadequate and that Contractor will suffer irreparable injury if such conduct is not prohibited.

21. Amendment. This Agreement may be amended by mutual written agreement of the Parties hereto.

22. Severability. The terms and conditions of this Agreement shall be deemed to be severable. Consequently, if any clause, term, or condition hereof shall be held to be illegal or void, such determination shall not affect the validity or legality of the remaining terms and conditions, and notwithstanding any such determination, this Agreement shall continue in full force and effect unless the particular clause, term, or condition held to be illegal or void renders the balance of the Agreement impossible to perform.

23. Applicable Law and Venue. This Agreement shall be governed by and construed in accordance with the laws of the State of Florida (without regard to principles of conflicts of laws). The Parties agree that all actions or proceedings arising in connection with this Agreement shall be tried and litigated exclusively in the state or federal (if permitted by law and a Party elects to file an action in federal court) courts located in or for Pinellas County, Florida. This choice of venue is intended by the Parties to be mandatory and not permissive in nature, and to preclude the possibility of litigation between the Parties with respect to, or arising out of, this Agreement in any jurisdiction other than that specified in this section. Each Party waives any right it may have to assert the doctrine of *forum non conveniens* or similar doctrine or to object to venue with respect to any proceeding brought in accordance with this section.

24. Waiver. No waiver by either Party of any breach or violation of any covenant, term, condition, or provision of this Agreement or of the provisions of any ordinance or law, shall be construed to waive any other term, covenant, condition, provisions, ordinance or law, or of any subsequent breach or violation of the same.

25. Due Authority. Each Party to this Agreement represents and warrants that: (i) it has the full right and authority and has obtained all necessary approvals to enter into this Agreement; (ii) each person executing this Agreement on behalf of the Party is authorized to do so; (iii) this Agreement constitutes a valid and legally binding obligation of the Party, enforceable in accordance with its terms.

26. No Third Party Beneficiary. The Parties hereto acknowledge and agree that there are no third party beneficiaries to this Agreement. Persons or entities not a party to this Agreement may not claim any benefit from this Agreement or as third party beneficiaries hereto.

27. Entire Agreement. This Agreement, and the Exhibits hereto and attachments thereto, constitutes the entire Agreement between the Parties and supersedes all prior negotiations, representations or agreements either oral or written.

28. HIPAA Compliance. Contractor is not a "Covered Entity" under HIPAA. For the purposes of this Agreement, Contractor is deemed to be a "Business Associate" of County as such term is defined in the Privacy Standard of the Federal Register, published on December 28, 2000, and the parties agree to execute a Business Associate Agreement, the executed copy of which is attached hereto and incorporated herein by reference as Exhibit E.

(Signature Page Follows)

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement the day and year first written.

PINELLAS COUNTY, FLORIDA
by and through its Board of County Commissioners

CITIZENS RX, LLC.

By: _____
Chairman

By: [Signature]
Name: Ray Ellen Mitchell
Title: Chief Service Officer

ATTEST:
KEN BURKE, CLERK OF COURT

By: _____
Deputy Clerk

APPROVED AS TO FORM

By: [Signature]
Office of the County Attorney



**SERVICES AGREEMENT
EXHIBIT A
STATEMENT OF WORK**

1. Definitions

The following terms shall have the meanings set forth below:

“Average Wholesale Price” or “AWP” means a benchmark price for a given pharmaceutical product as identified by its National Drug Code (“NDC”) number and established and reported by Medi-Span.

“Brand Drug” means single or multisource brand drugs which are classified as brand drugs based upon indicators provided by Medi-Span’s National Drug Data File as follows (i) not a generic drug, and (ii) denoted in the Multi-source Code field as “M”, “N”, and “O.”

“Brand Drug Guarantee” defined and agreed in bid response, means the calculation of the achieved discount for guarantee purposes and shall include Single Source Products in the calculation but shall exclude Multi-Source Products. All Brand guarantees will exclude Zero Balance Due claims, claims priced at U&C, member submitted claims, compounds, and claims processed with an Ancillary Fee resulting from a DAW decision. The guarantee will include all other products with a Medispan Multisource indicator of "M", "N", or "O" at the time of adjudication.

“Claim” means an invoice or transaction (electronic or paper) for a Covered Drug dispensed to a Participant that has been submitted to Contractor by the dispensing, participating pharmacy or a Participant.

“Compound Drug” means a mixture of two or more ingredients when at least one of the ingredients in the preparation is an FDA approved federal legend drug or state restricted drug in a therapeutic amount, and which is not otherwise generally available in an equivalent commercial form.

“Contract Year” means a full twelve (12) month period commencing on the October 1, 2015 and each full subsequent twelve (12) month period thereafter that the Agreement remains in effect.

“Covered Drug(s)” means those prescription drugs, supplies, and other items that are covered under the Plan as indicated in the Plan Design.

“Dispensing Fee” means fees paid to the pharmacies for filling medications for members.

“Eligible Brand Drugs” for rebates means all drugs excluding Claims for OTC drugs, non-legend drugs, non-drug Items, subrogation claims, claims with invalid NDC’s, 340B discounts, GPO or other upfront discounts, secondary claims and Claims for which the aggregate amount paid for a U & C Claims and such shall not be considered Claims for the purposes of the Rebate guarantees as set forth in Exhibit C.

“Eligibility Records” means the list submitted by County to Contractor indicating Participants eligible for drug benefit coverage services under the Pinellas County Health Program (PCHP) and Mobile Medical Unit (MMU), as amended from time to time by County.

“Formulary” means Contractor’s official list of commonly prescribed drugs and supplies which classifies items for purposes of Plan design and coverage decisions.

“Generic Drug” means a prescription drug, which is classified as a generic drug, whether identified by its chemical, proprietary, or nonproprietary name provided by Medi-Span’s National Drug Data File and (i) is not a brand drug, and (ii) denoted in the Multi-source Code field as “Y.”

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“Generic Drug Guarantee” defined and agreed in bid response, means the calculation of the achieved discount for guarantee purposes and shall not include Single Source Products in the calculation but shall include Multi-Source Products. All Generic guarantees will exclude Zero Balance Due claims, claims priced at U&C, member submitted claims, compounds, and claims processed with an Ancillary Fee resulting from a Dispense as Written (DAW) decision. The guarantee will include all other products with a Medispan Multisource Indicator of "Y" at the time of adjudication.

“ID Card” means a printed identification card provided by the County for enrolled Pinellas County Health Program and Mobile Medical Unit clients for access to prescription drug benefits.

“Maximum Allowable Cost” or “MAC” means the unit price that has been established by Contractor for a drug with more than two sources included on the MAC drug list applicable to County, which list may be amended from time to time in maintaining Contractor’s generic pricing program. A copy of such MAC drug list shall be provided to the County on a quarterly basis, and will at a minimum contain the data fields: GNC, Price Start Date, Price End Date, and the Unit Cost.

“Mail Service Pharmacy” means a duly licensed pharmacy where prescriptions are filled and delivered to Participants via the mail service.

“Multi-Source Product” means a prescription medication that is approved by the FDA, is licensed and marketed by one or more generic drug manufacturer, and is not subject to patent litigation. Approved ANDA applications shall not be the basis in determining the number of generic drug manufacturers, and NDCs identified as “Repackaged” products shall not be included in the count of generic manufacturers, for purposes of this definition.

“Participant” means each enrolled primary person who is eligible to receive prescription drug benefits under a plan as indicated in the Eligibility Records.

“Participating Pharmacy” means any licensed retail pharmacy, other than a Mail Service Pharmacy or Contractor’s Specialty Pharmacy that has entered into an arrangement with Contractor to provide Covered Drugs to Participants under this SOW.

“Pinellas County Health Program” or “PCHP” means the Medical Homes and Mobile Medical Unit included within the County indigent care program and all associated services.

“Plan” means the PCHP, including the Mobile Medical Unit (“MMU”), which includes the Formulary, prescription drug benefits, limitations, exclusions, terms, and conditions and other specification as designated by the County.

“Plan Design” means the essential elements of County's Plan(s) including but not limited to drug coverage, days’ supply limitation, and other specifications applicable to the Plan as designated by the County. Plan Designs may be amended only in accordance with Section 2.3 of this SOW.

“PCHP Prescriber” means a health care practitioner licensed or authorized by law to issue an order for a prescription drug and included in the PCHP and MMU prescriber list not requiring and over-ride.

“Prescriber” means a health care practitioner licensed or authorized by law to issue an order for a prescription drug.

“Protected Health Information” or “PHI” means all protected health information as defined in 45

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CFR Part 164, as may hereafter be amended.

“Rebates” means all rebates paid to Contractor by pharmaceutical manufacturers for utilization of eligible Covered Drugs by Participants.

“Specialty Drugs” means certain pharmaceuticals and/or biotech or biological drugs that are (i) used in the management of chronic or genetic diseases; or (ii) injectable, infused, or oral medications, or otherwise require special handling; or (iii) high cost biotech and other Federal legend prescription drug products, or; (iv) included in proposed specialty drug list.

“Specialty Pharmacy” means a duly licensed pharmacy where drugs designated as Specialty Drugs are dispensed for, and delivered to, Participants.

“Usual and Customary Price” or **“U&C”** means the retail price charged by a Participating Pharmacy for a specific drug in a cash transaction on the date the drug is dispensed as reported to Contractor by the Participating Pharmacy.

2. Responsibilities of County

2.1 Participant Eligibility.

2.1.1 County shall provide Contractor with Eligibility Records, which shall be updated with notice of changes twice daily, and a complete update provided each week, containing the names of all Participants and any other information specified by Contractor and agreed to by County that is necessary to administer the Plan hereunder.

2.1.2 County shall be solely responsible for ensuring the accuracy of its Eligibility Records as submitted to Contractor, and shall be obligated to pay Contractor for all amounts due to Contractor hereunder for Claims.

2.1.3 County shall pay Contractor for all amounts due to Contractor hereunder for Claims as described in the Agreement relating to Covered Drugs dispensed, or Services provided, to a Participant on or before the later of (i) the date of the Participant's loss of eligibility; or (ii) a date occurring within (5) business days after Contractor receives notification that a Participant is no longer eligible.

2.2 [Reserved]

2.3 **Plan Design.** Contractor shall provide necessary assistance with the preparation of a Plan Design. County shall provide or approve the Plan Design to Contractor in writing. If County elects to change certain benefit design features of the Plan after initial setup, including but not limited to Covered Drugs, prior authorization requirements, or otherwise, such change shall be communicated in writing by County to Contractor by submitting a new or revised Plan Design. County shall be responsible for notifying its Participants of the change prior to its effective date.

3. Services

3.1 Pharmacy Network.

3.1.1 Contractor will maintain a network(s) of Participating Pharmacies, as set out in Exhibit F to this Agreement and as revised from time to time in accordance with the terms of the Agreement. (“Pharmacy Network”). Contractor will make available on-line an updated list of Participating

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Pharmacies. Contractor maintains multiple networks, and periodically consolidates networks or migrate clients to other networks in order to capitalize on certain operational efficiencies and other benefits associated with a streamlined network offering. Contractor agrees that it will not adjust any of the average effective rate guarantees as a result of any such consolidation or migration without approval of County.

3.2.1.1 Contractor will contractually require each Participating Pharmacy to meet Contractor's network participation requirements, including but not limited to licensure, insurance and provider agreement requirements.

3.2.1.2 [Reserved]

3.2.2. County may request the addition of a pharmacy to a Pharmacy Network. If such pharmacy agrees to maintain appropriate accreditation status and accept Contractor's conditions of participation including its standard price offering and terms, and if Contractor determines it is able to maintain the average effective reimbursement rate guarantees with such addition, it may be added to the Pharmacy Network in Contractor's sole discretion.

3.2.3 [Reserved]

3.2.4 Pharmacy Help Desk Services. Contractor will provide 24-hours a day, 7-days a week telephone support via a toll-free number to assist Participating Pharmacies with Participant eligibility verification and questions regarding reimbursement, Covered Drug benefits under County's Plan or other related pharmacy helpdesk concerns. There shall be no additional charge to County for Contractor providing the Participating Pharmacies' telephone support.

3.2.5 Mail Service Pharmacy. If during the term of the Agreement County submits a written request to Contractor to provide Mail Service Pharmacy Services, Participants shall have the option of filling scripts through the use of Contractor's mail order pharmacy provider. Contractor's preferred Mail Order Pharmacy shall be County's sole source for mail order/home-delivery pharmacy fulfillment for the Services covered by this Agreement. Contractor shall determine eligibility for such claims and adjudicate claims in accordance with its standard procedures, and may, where appropriate and in compliance with applicable law, provide generic equivalents to Participants. Contractor shall provide refills in accordance with applicable physician instructions, up to a ninety (90) day supply. Contractor shall provide Participants using the mail order pharmacy with refill reminders and access to Contractor's online ordering system.

3.2.6 Specialty Pharmacy. Unless otherwise mutually agreed by the parties, such as where a Plan permits specialty to be filled at retail, Contractor's preferred Specialty Pharmacy shall be County's sole source for specialty pharmacy fulfillment for the Services covered by this Agreement as it provides access for covered population.

3.3 Claims Processing.

3.3.1 On-Line Claims Processing. Contractor will perform claims processing services for Covered Drugs dispensed by a Participating Pharmacy, Specialty Pharmacy, and Mail Service Pharmacy. Such services may include among other things: (i) verifying eligibility (ii) calculating benefits in accordance with the Plan Design; (iii) verifying that the prescriber is an authorized prescriber; (iv)

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adjudicating the claims; and (v) paying Participating Pharmacies. In all cases, County shall have the final responsibility for all decisions with respect to coverage of a Prescription Drug Claim and the benefits allowable under the Plan, including determining whether any rejected or disputed claim shall be allowed.

3.3.2 [Reserved]

3.3.3 [Reserved]

3.4 Clinically-Based Programs and Services. Contractor will provide mutually agreed clinically-based programs and services. Fees for these programs and services will be mutually agreed upon by the parties in writing before the additional programs and services are provided.

3.5 Program Management.

3.5.1 General Support and Consultative Services. At no additional charge to County and as mutually agreed to by the parties, Contractor shall provide to County general support and consultative services regarding pharmacy benefit design, general drug use and cost data, pharmacy network design, Participant communications, Formulary design and implementation, and prior authorization guidelines and protocols.

3.5.2 County Data and On-line Reports. County shall have the right to access certain County prescription benefit data and on-line reports available from Contractor according to Contractor's terms of usage. Contractor shall be provided with a copy of all reports, analyses, projections, presentations or other materials concerning Contractor's performance of services under this SOW that are prepared by County, or a third party retained by County.

3.5.3 HRSA. Contractor shall participate in the Health Resources and Services Administration's ("HRSA") Federally Qualified Health Center ("FQHC") 340B drug pricing program as Contracted Pharmacies with the County. Contractor shall permit each pharmacy location serving Participants to serve as Contract Pharmacies at the time the location is designated a 340B Covered Entity by HRSA. Contractor shall comply with all policies and procedures of the FQHC 340B Drug Pricing Program as Contract Pharmacies, and shall execute all requirements of the 340B Drug Pricing Program.

3.5.4 Vaccines. Contractor shall provide 1000 free flu vaccines, 100 free pneumonia vaccines, and 100 free tetanus vaccines per Contract Year, delivered to a single, county-designated location for use by the County's primary care provider(s).

3.5.5 Free Antibiotics and Anti-Infective Medications. Contractor will provide access to select generic oral antibiotic and anti-infective treatments within select pharmacy locations for free for up to a 14 day supply at average oral doses. See Exhibit A, Attachment 1 for list of Citizens Rx Generic Antibiotics/ Available Free Antibiotics.

3.6 Formulary and Rebates Program

3.6.1. Contractor shall maintain a drug Formulary to control covered pharmacy products and services to County's Participants. County shall utilize Contractor's Formulary. Contractor may review and change its standardized formulary from time to time during the term of the Agreement, including for safety and efficacy as necessitated by accepted medical and pharmacy practice, and based on drug price changes and Rebates available for each drug.

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3.6.2 County agrees that its staff, attorneys and consultants shall at no time copy, distribute, sell, or otherwise provide the Contractor Formulary to any third party without Contractor's prior written approval. Contractor retains all copyright and other proprietary rights in the Contractor Formulary, other than as specifically allowed in this SOW.

3.6.3. Subject to the terms of this Agreement, Contractor shall provide credit or separate rebate payments to include rebate invoice reports to County for the guaranteed Rebate amounts listed in Exhibit C for all eligible brand drugs. County acknowledges that rebate payments from manufacturers or intermediaries are received on a periodic basis by Contractor (usually quarterly) and relate to claims from approximately six (6) to nine (9) months earlier. Commencing no later than first quarter after the anniversary date of the Agreement Contractor shall credit to County quarterly Rebate earnings on a quarterly basis in arrears. Contractor agrees to pay the minimum guarantees 120 days after submitted quarter for all eligible brand claims. Contractor agrees to perform an annual reconciliation no later than 120 days after the contract year to ensure all minimums have been paid.

3.6.4 County acknowledges that its earnings from Rebates is subject to any guidelines, rules of eligibility or other conditions set forth by the pharmaceutical manufacturers, and earnings and the guarantees associated with such earnings are dependent on certain factors including, without limitation, the following: (i) application by County of Contractor's Formulary; (ii) the structure of County's benefit plan; and (iii) the drug utilization patterns of Participants.

3.6.5 In the event that: (i) County makes a change to the Plan Design which affects the application of the Formulary; (ii) there is a change in the guidelines, rules of eligibility, rebate reimbursement formula, definitions, structure, conditions or eligibility criteria, or other conditions set forth by a pharmaceutical manufacturer; (iii) there is a material change in the drug utilization patterns of the Participants; (iv) there is a loss of rebates due to manufacturer drug patent expirations, manufacturer bankruptcy, or removal of a drug from the market; (v) County fails to meet and earn market share rebate levels; or (vi) there is any governmental regulation, ruling, or guidance that impacts Contractor's ability to maintain current earned Rebates earnings, the parties shall mutually negotiate an amendment to the Agreement to adjust the Rebates guarantees set forth in the Agreement. Rebate guarantees are calculated in the aggregate and Contractor retains Rebates in excess (if any) of any guarantee.

3.6.6 County represents and warrants to Contractor that, at no time during or after the term of the Agreement is County receiving Rebates or other revenue derived from pharmaceutical manufacturers other than through Contractor, either directly or indirectly (through a Group Purchasing Organization, drug wholesaler, or otherwise) for Claims processed by Contractor under this SOW. County agrees that it shall not, at any time, submit Claims which have been transmitted to Contractor to another pharmacy benefit manager or carrier for the collection of Rebates or create a situation which would cause a pharmaceutical manufacturer to decline payments to Contractor. Contractor reserves the right to recover from County, and County shall refund to Contractor, any Rebates advanced to County by Contractor which is connected with any Claims for which County received Rebates from any other source or for amounts advanced to County by Contractor which have been withheld by a manufacturer due to the ineligibility of such Claims for Rebates (e.g., 340B Claims) or breach of these provisions by County. County shall clearly identify to Contractor those Participants whose drug utilization has been otherwise submitted to pharmaceutical manufacturers or whose Claims have been or will be filed for reimbursement with Medicaid, Medicare, any state or federal health care program, or any other price reduction programs, as described in subsection (iii), above. If County fails to identify such Participants, pharmacies or Claims and any pharmaceutical manufacturer's audit of its Rebate program reveals improperly calculated rebates involving such Participants or Claims, then County shall be solely responsible for the reimbursement of any rebates improperly made based on such drug utilization, audit

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costs charged to Contractor, and any other documented costs incurred by Contractor as a result of County's failure. Notwithstanding the foregoing, this provision shall not be construed to prohibit County from participating in Medicare or Medicaid risk contracting nor shall anything in this SOW or the Agreement shall preclude Contractor from pursuing other, independent sources of revenue from pharmaceutical manufacturers, and engaging in other revenue-producing relationships with pharmaceutical manufacturers.

3.6.7 In providing services under this SOW and the Agreement, Contractor is not acting as a fiduciary of County's, the Human Services Department or PCIHP MMU's prescription drug program and neither County nor the Human Services Department or PCIHP MMU shall name Contractor as a plan fiduciary. Except as otherwise set forth in this SOW or the Agreement, County waives, releases, and forever discharges Contractor from any claims, demands, losses, attorneys' fees, costs, expenses, or liabilities of any nature, whether known or unknown, arising from (i) a pharmaceutical manufacturer's failure to pay any rebate; (ii) a pharmaceutical manufacturer's breach of an agreement related to this SOW or the Agreement; or (iii) a pharmaceutical manufacturer's negligence or misconduct.

4. County Audits.

4.1 Once annually and after the first Anniversary of the Effective Date, during the Term of the Agreement and consistent with the parties respective legal and contractual obligations, County's third party auditor ("Auditor") may inspect and audit, or cause to be inspected and audited, books and records of Contractor directly relating to all Services provided under the Agreement, whether performed by Contractor or Subcontractor, or such subset or segment of Services as is designated by County to be the subject of the audit as specified in the notice of audit submitted by County (hereinafter, "Audit"). Audits may be performed by an auditor selected by County and approved by Contractor and shall not include entities that are competitors of Contractor, other pharmaceutical manufacturer representatives, or any other entities that could gain competitive knowledge of Contractor and use such knowledge to disadvantage Contractor or its operation, Contractor's Participating Pharmacies, or pharmaceutical manufacturers nor shall Auditor be paid on a contingency basis. Contractor shall provide auditing support to County or their respective Auditor. Upon execution of Contractor's nondisclosure and audit procedure agreement by the Auditor, Contractor shall provide all documentation required for audits. Contractor shall have the choice of providing materials at the Contractor's facility or to the Auditor at the Auditor's facility and shall be conducted at mutually agreed times as coordinated through Contractor's designated contact. County's account cannot reflect a delinquent balance at the commencement of or during an Audit. The Audit shall be coordinated through Contractor's designated contact and must not interfere with Contractor's operations.

4.2 Contractor shall have sixty (60) days to dispute any Audit finding and no such disputed finding shall be considered final and recoverable. Based on final and recoverable audit findings, Contractor shall pay to County any final and recoverable amounts upon based on such Audit findings within 30 days from the finalization of Audit findings as described above.

5. Contractor Commitments

5.1 Contractor agrees to comply with requirements and Contractor commitments set forth and incorporated as Attachment 1 and the following.

5.2 Contractor waives all implementation fees.

5.3 Calculation of Average Rates and Dispense Fees. The annual average effective reimbursement rate shall be measured by the percentage difference between the percentage below AWP realized by County and as calculated by the total net ingredient cost paid by County for

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Covered Drug Claims during the year divided by the total AWP for those Covered Drug Claims for the year. The actual average dispensing fee billed to County will be calculated by dividing the sum of the dispense fees paid by County for all Covered Drug Claims for the year by the number of Covered Drug Claims for the year. The effective rates shall include the net value of all discounts and reimbursements applicable to Covered Drug Claims including, reductions in net Claim cost derived from: co-insurance; copay; rebates; coordination of benefit claims; usual & customary (U&C) “lesser of” pricing; and other reimbursement or savings that lower the net cost of a Covered Drug Claim. Compounds, Direct Member Reimbursement Claims, Military Treatment Facility (i.e., Veterans Administration & Department of Defense) claims, OTC claims, and claims with ancillary charges may be excluded from the calculations.

5.4 Shortfall. Should Contractor’s actual annual average effective reimbursement or dispense fee rates (whether Retail, Mail or Specialty Drugs) for County be less favorable than Contractor’s guaranteed annual average effective reimbursement or dispense fee rates set forth above, Contractor shall provide County with a lump sum credit in the amount of the shortfall within 120 days after the end of each Contract Year. Note, rebates will be considered stand-alone guarantees and will not be allowed to offset other categories.

5.5 Effect of Changes. In the event any applicable law, including the “Affordable Care Act” and related regulations, drug industry practice, or any policy, underwriting or management practice of a regulatory body, NCQA or County, is modified through amendment, addition, deletion, interpretation or otherwise after the execution of this SOW or the Agreement; or if Contractor becomes aware of any law (regardless of whether it existed on the Effective Date) that materially alters the rights or obligations of Contractor hereunder, Contractor shall equitably adjust the terms of this SOW to take such modification(s) or applicable law into account and preserve each party’s anticipated benefits under this SOW. In the event that the AWP pricing benchmark or methodology used by Contractor hereunder is replaced with another benchmark or methodology calculation (such as ABP—average benchmark price), Contractor may switch to such new pricing benchmark or methodology upon 180 days prior written notice to County, and such notice will identify new pricing terms, if any, required to maintain comparable pricing under the new benchmark or methodology. The guarantees in this SOW are premised upon the utilization, plan design and census existing and presented to Contractor at the time of Contractor’s proposal. Should there be a demonstrable change during the Term of the Agreement in utilization or census (e.g., change in brand versus generic utilization, change in delivery channels utilized (mail, retail, specialty) or plan design change) such guarantees shall be adjusted by Contractor. Notwithstanding the foregoing, no changes or adjustments shall be effective without mutual written agreement of the parties.

5.6 Contractor shall provide Services to County under the Agreement and this SOW consistent with a lowest net cost strategy. The lowest net cost strategy is to maintain the lowest net costs incurred by County taking into consideration clinical appropriateness, quality, ingredient costs, market share, benefit designs/copay structures, and rebates. Accordingly, an overage in one area of discount, dispensing fee, or other demonstrated savings created by implemented Contractor programs, may be used to offset a shortfall in another area within each contract year.



**Citizens Rx Phase 1 Bid Response to
Pinellas County Indigent Health Program
for Pharmacy Services**

Pages 19-51 of 123

Bid No. 145-0204-B (JA)

April 14, 2015 8:00 a.m.

PHASE I - PRE-QUALIFICATIONS**BIDDER'S BUSINESS INFORMATION**

The Bidder(s) shall provide answers to the following questions in Phase 1 - Pre-Qualification Submittal to determine their overall experience, capabilities and approaches for accomplishing the services required.

If additional pages are required please title the pages Phase 1 - Pre-Qualification Submittal and include the Question number.

Section 1: Qualifications and Experience	Agree/Yes	Disagree/No
<p>1. MANDATORY BIDDER REQUIREMENT: The Bidder(s) must demonstrate that they meet or exceed the minimum requirements to successfully execute the requirements of this ITB and must demonstrate the capability to perform the required services.</p> <p>Each of the Bidder's network pharmacists must possess a current license from the Florida State Board of Pharmacy in accordance with Chapter 465 of the Florida State Statutes, and shall maintain said license in good standing for the duration of the contract. Each of the network pharmacies must possess a current license from the Florida State Board of Pharmacy in accordance with Chapter 465 of the Florida State Statutes, and shall maintain said license in good standing for the duration of the contract.</p>	Agree/Yes	Disagree/No
<p>2. MANDATORY BIDDER REQUIREMENT: Does Bidder have relevant experience in providing pharmacy services to similar populations (indigent and homeless population) as the County, including 340B?</p>	Agree/Yes	Disagree/No
<p>3. MANDATORY BIDDER REQUIREMENT: Confirm all the Bidder's information management systems (for example: Claims adjudications, eligibility, pharmacy inventory, data and warehousing) shall ensure compliance with the requirements of the Health Information Portability and Accountability Act (HIPAA) of 1996.</p>	Agree/Yes	Disagree/No
<p>4. MANDATORY BIDDER REQUIREMENT: Disclosure by the Bidder(s) of any information concerning a client for any purpose not directly connected with the administration of the contract shall be prohibited, except as specified by Florida laws and federal regulations. Confirm you will abide by this law.</p>	Agree/Yes	Disagree/No
<p>5. MANDATORY BIDDER REQUIREMENT: The Bidder(s) shall track and measure the value of pharmaceutical services provided to PCHP/MMU clients, cost effectiveness of services, and measure outcomes of service by providing quarterly reports that indicate how the unitization rates compare to the guaranteed contractual rates.</p>	Agree/Yes	Disagree/No
<p>6. The Bidder(s) shall work with the County to adjust reporting of these items to meet the needs of tracking and measurement of outcomes.</p>	Agree/Yes	Disagree/No
<p>7. MANDATORY BIDDER REQUIREMENT: The Bidder(s) shall report outcomes annually using a County-approved electronic format.</p>	Agree/Yes	Disagree/No

PHASE I - PRE QUALIFICATIONS

<p>8. Executive Summary - Include an executive summary which should be a one or two page summary intended to provide the Evaluation Committee with an overview of the proposal. It should contain a summary of Bidder's ability to perform the services described in the Invitation to Bid and confirm that Bidder is willing to perform those services and enter into a contract with the County.</p>	<p>Include in Exhibit A (Marked 1.8)</p>
<p>9. Bidder Experience and Information- The Bidder shall include in their invitation to Bid a statement of relevant experience. Bidder should thoroughly describe, in the form of a narrative, its experience and success in providing and/or supporting Pharmacy Benefit Management Services, including 340B services (which may be implemented by the County in the near future).</p>	<p>Include in Exhibit A (Marked 1.9)</p>
<p>10. Bidder shall provide the company name, business address, including headquarters, all local offices, co-location locations (city/state), and telephone numbers</p>	<p>Include in Exhibit A (Marked 1.10)</p>
<p>11. Bidder shall provide a description of the Bidder's organization, including names of principals, number of employees, client base, areas of specialization and expertise, and any other information that will assist in formulating an opinion about the stability and strength of the organization.</p>	<p>Include in Exhibit A (Marked 1.11)</p>
<p>12. Has the Bidder, its subsidiaries, or parent company defaulted in its performance on a contract during the past five years which has led the other party to terminate the contract. If yes, please provide an explanation.</p>	<p>Include in Exhibit A (Marked 1.12)</p>
<p>13. Has the Bidder, its subsidiaries, parent company been involved in a lawsuit in the past five years for services similar to those provided through this ITB? If yes, please provide an explanation.</p>	<p>Include in Exhibit A (Marked 1.13)</p>
<p>14. Past terminated Performance (References)</p> <p>The Bidder's proposal shall include three different external references from clients that are similar to the County that have terminated in the last three years, who are willing to validate the Contractor's past performance on similar projects of size and scope. Please describe projects (including tasks, products, and results) that were completed for each reference. The minimum information that shall be provided for each client reference follows:</p> <p>Name of the contact person; company name, address, phone and email.</p> <p>A description of the services provided and dates the services were provided.</p> <p>Note: By providing the reference information in response to this solicitation, the Bidder is consenting to the County contacting the listed references.</p>	<p>Include in Exhibit A (Marked 1.14)</p>

PHASE I - PRE-QUALIFICATIONS

ACCESSIBILITY FOR MEMBERS

Section 2: Accessibility	Agree/Yes	Disagree/No
1. MANDATORY BIDDER REQUIREMENT Bidder(s) shall maintain, at a minimum, twenty-five (25) pharmacy locations geographically dispersed and accessible throughout the provided County zip codes listed below.	<input checked="" type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
2. MANDATORY BIDDER REQUIREMENT Bidder's contracted pharmacy network shall maintain, at a minimum, three (3) National Retail Chain Pharmacies, operating within Pinellas County.	<input checked="" type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
3. MANDATORY BIDDER REQUIREMENT Bidder's contracted pharmacy network shall contain pharmacy locations that operate twenty-four (24) hours per day and seven (7) days per week that are geographically dispersed throughout the provided zip codes.	<input checked="" type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
4. If available, provide a GEO Access report that displays all pharmacies in relation to the six medical home locations and Intake and Eligibility locations listed below.	Include in Exhibit K	
5. Provide a report of all contracted pharmacies that will participate in this program, within the list of Pinellas County zip codes provided below, include the name, address, days and hours of operation.	Include in Exhibit L	
6. Bidder is able to perform a daily delivery of medications to up to 4 homeless shelter(s) that maintains over 100-400 residents every day.	<input checked="" type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
7. Describe the process to perform a daily delivery of medications to up to 4 homeless shelter(s) that maintains over 100-400 residents every day.	Include in Exhibit A (Marked 2.7)	
8. MANDATORY BIDDER REQUIREMENT Confirm medications on the adopted formulary will be available through all pharmacy locations at agreed upon discount regardless of pharmacy type (chain or independent)	<input checked="" type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
9. Bidder(s) will seek to display a PCHP logo in participating pharmacies. Logos will be supplied by the County.	<input checked="" type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No

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<p>10. MANDATORY BIDDER REQUIREMENT All of the Bidder's pharmacy locations shall be connected on a common network using the same database in order to monitor patient information and manage the formulary. In addition, all locations must be connected to the central system that contains client information. The Contractor's network administration should include the following services: electronic eligibility verification, centralized claims and processing capability, accurate drug pricing, detailed reporting and flexibility for frequent changes.</p>	<div>Agree/Yes</div>	Disagree/No
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PHASE I - PRE-QUALIFICATIONS**PCHP Medical Home Locations**

Locations	Address
St. Petersburg Health Center	205 Dr. MLK Jr. St. N St. Petersburg, 33701
Pinellas Park Health Center	6350 76th Ave. N Pinellas Park, 33781
Clearwater Health Center	310 North Myrtle Ave. Clearwater, FL 33755
Mid County Health Center	8751 Ulmerton Rd. Largo, FL 33771
Tarpon Springs Health Center	301 South Disston Avenue Tarpon Springs, FL 34689
Safe Harbor Clinic	14840 49th Street N. Clearwater, FL 33760

DHS Offices for Intake and Eligibility: Location	Address
St. Petersburg	647 1st Ave. No., St. Petersburg, FL 33701
Clearwater	2189 Cleveland St. Suite 230 Clearwater, FL 33765
Mid County (inside Health Dept.)	8751 Ulmerton Rd. Largo, FL 33771
Tarpon Springs (inside Health Dept.)	301 S. Disston Ave., Tarpon Springs, FL 34689

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Current PCHP Participating Pharmacies Locations	Address
Trust Pharmacy	36515 US Hwy 19 N, Palm Harbor, FL 34684
Promise Pharmacy	31818 US Hwy 19 Palm Harbor, FL 34684
Savon Pharmacy (Albertsons)	2170 Gulf to Bay Clearwater, FL 33765
Savon Pharmacy (Albertsons)	10500 Ulmerton Rd. Largo, FL 33771
Tarpon Discount Drugs	742 S Pinellas Ave. Tarpon Springs, FL 34689
ASAP Pharmacy	8609 66th St. N, Suite C, Pinellas Park, FL 33782
The Prescription Shoppe	600 First Ave. N St. Pete, FL 33701
Community Specialty Pharmacy	2215 MLK St., S., St. Petersburg, FL 33705
Urban Specialty Pharmacy	3535 Central Ave., St. Petersburg, FL 33713
HealthMed Pharmacy	1839 Central Ave., #101, St. Petersburg, FL 33713
PrimeRX Pharmacy	10720 Park Blvd, Ste E, Seminole, FL 33772
PrimeRX Pharmacy	5985-B 49 th St. N, St. Petersburg, FL 33770
G&H Pharmacy	8091 66th St. N., Pinellas Park, FL 33781
Winn-Dixie 2409	2139 34th St. N. St. Pete, FL 33713
Winn-Dixie 2411	6851 Gulfport Blvd. South Pasadena, FL 33707
Winn-Dixie 2425	1360 Tampa Road Palm Harbor, FL 34683
Winn-Dixie 2443	3327 9th St. N. St. Pete, FL 33704
Winn-Dixie 2446	7491 4th St. N., St. Pete, FL 33702
Winn-Dixie 2456	2460 East Bay Blvd. Largo, FL 33771
Winn-Dixie 2531	1171 S. Pinellas Ave., Tarpon Springs, FL 34689
Winn-Dixie 606	8740 Park Blvd., Largo, FL 33777
Winn-Dixie 607	12975 Park Blvd., Seminole, FL 33776
Winn-Dixie 698	1049 62nd Ave. N., St. Pete, FL 33702

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Pinellas County Zip Codes
 Information is also provided as a map with the Invitation to Bid documents.

34689	33761	33764
33773	33708	33701
34688	33767	33786
33716	33702	33705
34685	33763	33770
33782	33709	33712
34683	34695	33771
33777	33714	33711
34681	33755	33760
33772	33703	33707
34684	33765	33762
33776	33710	33706
34677	33759	33774
33785	33713	33715
34698	33756	33778
33781	33704	

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CLINICAL & FORMULARY

Section 3: MANAGING THE FORMULARY		Agree/Yes	Disagree/No
1. MANDATORY BIDDER REQUIREMENT If desired by the County, Bidder(s) will participate in discussions with the County staff to optimize the use of the formulary and clinical programs.		<input checked="" type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
2. MANDATORY BIDDER REQUIREMENT Bidder(s) will provide quarterly updates on new all new products (generic, brand, and specialty) available to the market, such as release date and therapeutic overviews.		<input checked="" type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
3. MANDATORY BIDDER REQUIREMENT The Bidder(s) must provide the County an estimated savings analysis on requested potential formulary changes.		<input checked="" type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
4. Describe how Bidder would support the County's current custom formulary process. Include how often the formulary would be updated, how the County would be expected to participate, and how often the claims adjudication system would be updated.		Include in Exhibit A (Marked 3.4)	
5. MANDATORY BIDDER REQUIREMENT The County shall pay for only those medications that are on the adopted Formulary. This Formulary is restrictive in that only those medications on the Formulary list are covered with brand name medications requiring authorization. In addition, an authorization approval and drug exception process must be completed prior to the County permitting any non-Formulary drug. Can you support this requirement and block all other medications that did not receive a prior authorization?		<input checked="" type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
6. Currently, the Formulary and limitations (Prior Authorization (PA)/Step therapy) are subject to change during the course of the contract. The Bidder(s) shall implement Formulary changes within 20 business days after receipt of such request. Can these formulary changes be loaded into the adjudication system within the 20 business days requirement?		<input checked="" type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
7. Bidder(s) will provide the County with an updated formulary document in PDF format within twenty (20) business days following a formulary change.		<input checked="" type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
8. Currently, overrides to the exclusions from the Formulary are handled directly by the Pinellas County Health Program on a case-by-case basis. An authorization approval and drug exception process must be completed prior to the County permitting any brand name or non-Formulary drug. A copy of the Drug Exception Request Form can be found at http://www.pinellascounty.org/humanservices/pdf/provider_handbook.pdf .		Include in Exhibit A (Marked 3.8)	

PHASE 1 - PRE-QUALIFICATIONS

Describe in detail the systems that the County would have access to in order to review member's claims history to determine if a prior authorization should be granted.		
Section 4: TRANSITIONING TO THE BIDDER'S FORMULARY		Agree/Yes Disagree/No
1. Describe the process to transition from the County's current custom formulary to the Bidder's standard formulary that most closely matches the current formulary. How can this information be communicated to the County's indigent and homeless population?	Include in Exhibit A (Marked 4.1)	
2. How often is the suggested formulary updated?	Include in Exhibit A (Marked 4.2)	
Section 5: CLINICAL PROGRAMS AND PRIOR AUTHORIZATIONS		Agree/Yes Disagree/No
1. MANDATORY BIDDER REQUIREMENT Does Bidder offer an online system that would allow the Pinellas County Health Program to perform a prior authorization and load automatically into the adjudication system?	<input checked="" type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
2. MANDATORY BIDDER REQUIREMENT At a minimum, will Bidder include 5 user licenses to the prior authorization system?	<input checked="" type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
3. In the future, if the County were to grant the Bidder the ability to provide administrative and clinical prior authorizations, please describe this process and how Bidder would communicate and report this information to the County. Exhibit if necessary	Include in Exhibit A (Marked 5.3)	
4. Describe the Prior Authorization system that the county would utilize.	Include in Exhibit A (Marked 5.4)	
5. Provide detailed information on the standard Prior Authorization programs available to the County.	Include in Exhibit A (Marked 5.5)	
6. Provide detailed information on the standard Step Therapy programs available to the County	Include in Exhibit A (Marked 5.6)	
7. The Bidder(s) must track and measure the value of services DUR services provided, cost effectiveness of services, and measure outcomes of services by proving the County with detailed reports. Confirm Bidder can meet this requirement.	<input checked="" type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
Section 6: COMPASSIONATE PRESCRIPTION ASSISTANCE PROGRAM		Agree Disagree
1. The Bidder(s) must collaborate with the County's medical provider and the County's Compassionate Prescription Assistance Program.	Include in Exhibit A (Marked 6.1)	

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Describe Bidder's willingness and ability to work with the County and the County's medical provider(s) to collaborate with the Compassionate Prescription Assistance Program, including mechanisms for medication utilization and controls.		
2. Bidder(s) will provide regular reports that identify members that have received brand medications.	Agree/Yes	Disagree/No
3. MANDATORY BIDDER REQUIREMENT Medications prescribed during the time when a member is transitioning to free medications through the Compassionate Prescription Assistance Program will be covered; however the generically equivalent form of the drug must be dispensed, if available. If no generic equivalent exists, the brand medication will be covered as authorized if it is on the Formulary. Confirm that Bidder's system will be able to adjudicate claims allowing for various scenarios such as: Allowing a prior authorization for a specific medication for 1-2 months or allow the County to place a hard stop date on prior authorizations.	Agree/Yes	Disagree/No

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ELIGIBILITY

Confirm the following. If you disagree, provided detailed methodology/ explanation on how you propose to treat each item.

Section 7: Eligibility Process		Agree/Yes	Disagree/No
1. MANDATORY BIDDER REQUIREMENT The Bidder(s) shall accept an eligibility file twice daily of new PCHP/MMU enrollments. The file will be transferred using File Transfer Protocol (FTP) with PGP encryption.		Agree/Yes	Disagree/No
2. How quickly will the twice daily files be loaded into the claims adjudication system?		Include in Exhibit A (Marked 7.2)	
3. MANDATORY BIDDER REQUIREMENT The Bidder(s) shall accept a full enrollment file weekly in 834 HIPAA X12 version 5010 format.		Agree/Yes	Disagree/No
4. The weekly file updates will be loaded into the claims adjudication system within 24 hours.		Agree/Yes	Disagree/No
5. Bidder shall provide the ability for select the County Program staff to add clients to Bidder's system between eligibility transmissions and/or override plan benefits for select individuals as needed, on-line and in real time.		Agree/Yes	Disagree/No
a. If yes, please describe the process		Include in Exhibit A (Marked 7.5)	
6. Each eligibility file load shall result in this series of reports:			
a. Translation Error Report - If the County is not using a standard layout, the eligibility file is translated into standard format accepted by Bidder's claims processing system and any errors identified		Agree/Yes	Disagree/No
b. Load Error Report - Any record that errs during the load process is identified on this report.		Agree/Yes	Disagree/No
c. Verification of Eligibility Load Report - Provides assurance that Bidder is meeting the established performance standards. Rejection notification, resolution, and any requested information pertaining to retroactive updates shall be facilitated through Bidder's assigned account manager.		Agree/Yes	Disagree/No
d. If eligibility files fall outside of the expected parameters including delay of transmission, termination of member, or unreadable records, Bidder shall proactively contact the County to resolve the issues. When an eligibility load occurs, Bidder will fax back to the County a report detailing updated, termed and pending records.		Agree/Yes	Disagree/No
7. MANDATORY BIDDER REQUIREMENT The County will not pay for prescriptions if the client does not present a valid ID card and/or the client is not eligible in the system. Confirm Bidder can meet this requirement.		Agree/Yes	Disagree/No
8. The Bidder(s) shall dispense generic equivalent drugs to fill the prescriptions. If an authorized provider prescribes a brand name product, the Contractor(s) shall substitute it with a generic when one is available. Confirm Bidder's system is capable of this process.		Agree/Yes	Disagree/No
9. The Bidder(s) will supply pharmacies in the network with a description of the		Agree/Yes	Disagree/No

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PCHP and will provide assistance, education and customer support to the pharmacies regarding the program		
10. MANDATORY BIDDER REQUIREMENT The Bidder(s) will charge <u>no co-pays or balance bill</u> any patients eligible for services through the County at any time. Confirm all ingredient cost will be billed to the County as proposed within the bid response.	Agree/Yes	Disagree/No
11. MANDATORY BIDDER REQUIREMENT Eligible members are limited to 10 medical and 5 non-medical (e.g., supplies) prescriptions per month. Confirm Bidder's system has the ability to enforce this requirement.	Agree/Yes	Disagree/No
12. MANDATORY BIDDER REQUIREMENT At no time will persons served under this contract be segregated or separated from private patients in such a way as to make them stand out from other persons being served by the Bidder(s). For example, members should not be segregated within the pharmacy drop off or pick up areas.	Agree/Yes	Disagree/No

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ACCOUNT MANAGEMENT & COMMUNICATION WITH MEMBERS, PHARMACIES, and PRESCRIBERS

Section 8: Account Management & Communication		Agree/Yes	Disagree/No
1. The Bidder(s) shall provide the name, address, telephone number and e-mail address of the Account management team to the County (Account Manager, Back-up Account Manager, clinical pharmacist, benefits contact, reporting contact, and rebate contact). Include their professional histories, including their current titles and responsibilities to the County, and number of years in this industry.		Include in Exhibit N	
2. MANDATORY BIDDER REQUIREMENT Confirm Bidder has identified the primary Account Manager assigned to the County.	<input checked="" type="radio"/>	Agree/Yes	Disagree/No
3. Confirm that the primary Account Manager is responsible for less than 10 clients.	<input checked="" type="radio"/>	Agree/Yes	Disagree/No
4. Bidder agrees to meet on-site with the County team at a minimum of quarterly.	<input checked="" type="radio"/>	Agree/Yes	Disagree/No
5. A qualified pharmacist will be assigned to work with the County as part of the Bidder's account team to discuss and optimize the use of the formulary and clinical programs.	<input checked="" type="radio"/>	Agree/Yes	Disagree/No
6. How will Bidder's account management team support Eastern Time zone business hours?		Include in Exhibit A (Marked 8.6)	
7. Confirm the County will have the right to request a change in account team personnel, if necessary.	<input checked="" type="radio"/>	Agree/Yes	Disagree/No
8. The Bidder(s) must immediately (within 3 business days) advise the County whenever abuse, drug seeking or fraudulent behavior is suspected.	<input checked="" type="radio"/>	Agree/Yes	Disagree/No
9. Identify the locations and functions within Bidder's customer service call centers for pharmacies, members and prescribers. Clearly define any differences to the following questions based upon caller type. What are the hours of operation of each site? What languages are available to callers? Describe coordination options between the County and Bidder's organization to insure timely problem resolution (after hours coverage, warm vs. cold transfers, etc.) Include additional cost information.		Include in Exhibit A (Marked 8.9)	

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IMPLEMENTATION

Section 9: Implementation		Agree	Disagree
1. MANDATORY BIDDER REQUIREMENT Will Bidder agree to implement within a maximum of 90 days or less?		Agree/Yes	Disagree/No
2. How many days are ideal for an implementation process?		Include in Exhibit A (Marked 9.2)	
3. With active participation by Pinellas County Health Program personnel and County staff, what is the minimum number of days in which implementation can be achieved?		Include in Exhibit A (Marked 9.3)	
4. Describe how Bidder would manage the transition process from the County's current provider, including transferring eligibility data, communication materials, enrollment, and provider panels.		Include in Exhibit A (Marked 9.4)	
5. Provide the implementation timeline with key tasks identified and required timeframes.		Include in Exhibit J	
6. Provide the professional resumes of the team assigned to the implementation, including project management and functional experts (Benefit design, clinical pharmacist, reporting, executive officer)		Include in Exhibit J	
7. MANDATORY BIDDER REQUIREMENT Does the assigned implementation project manager have a minimum of two years' experience performing implementations?		Agree/Yes	Disagree/No
8. MANDATORY BIDDER REQUIREMENT Will the assigned primary Account Manager be actively involved with the implementation?		Agree/Yes	Disagree/No
9. How will Bidder support the member and network communication plans to ensure the County's success.		Include in Exhibit A (Marked 9.9)	
10. MANDATORY BIDDER REQUIREMENT Does Bidder offer training for the County and program staff to learn the new systems (Claims adjudication, prior authorizations, eligibility, reporting)		Agree/Yes	Disagree/No
11. Provide data file layouts and dictionaries for all electronic files to be sent by the County for claim adjudication (eligibility, formulary, group structure, COB, etc.).		Include in Exhibit M	

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INVOICES, CLAIMS, & UTILIZATION REPORTING

Section 10: Invoices, Claims, & Utilization Reporting	Agree/Yes	Disagree/No
<p>1. MANDATORY BIDDER REQUIREMENT The Bidder(s) must meet or exceed the ability to comply with invoicing, data reporting requirements and automation capabilities <u>outlined in the Specifications</u>. Confirm you meet these requirements.</p>	<input checked="" type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
<p>2. MANDATORY BIDDER REQUIREMENT The Bidder(s) shall provide an encrypted electronic Dispensing Report in a format approved by the County of all drugs dispensed to PCHP/MMU clients, including the total numbers of drugs by therapeutic class, name of medicine and dosage unit. The monthly reports shall include quarterly aggregations for the current fiscal year and corresponding timeframes for previous fiscal year for comparison, when applicable. The reports shall also include dispensing by drug categories including, but limited to cardiovascular, diabetes, Statins, mental health, asthma, alcoholism, pain and controlled substances, including schedule I, II, III and IV drugs. The report shall include medications dispensed person-to-person in the pharmacies and via mail order. Confirm you meet this requirement.</p>	<input checked="" type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
<p>3. MANDATORY BIDDER REQUIREMENT Payments under this contract will be on a bi-monthly reimbursement basis. Payments shall be made in accordance with the Florida Prompt Payment Act. Invoices submitted after sixty (60) days from date of service will not be considered for payment. Bidder(s) must have the capabilities in place for Electronic Funds Transfer (EFT).</p>	<input checked="" type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
<p>4. Provide a report catalog or sample reports of all financial reports and invoices.</p>	<p>Include in Exhibit D</p>	
<p>5. MANDATORY BIDDER REQUIREMENT The Bidder(s) shall send encrypted claims submissions bi-monthly in a National Council for Prescription Drug Programs (NCPDP) Pharmacy Claim Submission Version D.0 format. Electronic data transfer capability shall be operational within 30 days of contract start date.</p>	<input checked="" type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
<p>6. The Drug Utilization Review (DUR) Processes, shall include, but not limited to, the following items. Confirm that Bidder's DUR reports meet these reporting criteria.</p> <p>Monitoring for therapeutic appropriateness Appropriate use of generic products Therapeutic duplication Drug-disease contraindications</p>	<input checked="" type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No

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Drug-drug interactions Drug-gender interactions Drug-age interactions Incorrect drug dosage or duration of drug treatment Clinical abuse/misuse		
7. Provide a report catalog or sample claims utilization reports.	Include in Exhibit E	
8. Based on the County population, provide examples or identify the DUR reports that would be helpful for the County to review on a monthly basis.	Include in Exhibit E	
9. MANDATORY BIDDER REQUIREMENT If not available in the standard reports, confirm that Bidder will be able to deliver several variations of Top 50 reports (Members, AHFS class, label name by Rx Count and Ingredient cost.	Agree/Yes	Disagree/No
10. MANDATORY BIDDER REQUIREMENT Does Bidder offer an online reporting system that the County can create custom claims utilization reports?	Agree/Yes	Disagree/No
11. MANDATORY BIDDER REQUIREMENT Will Bidder provide at least 5 user ids for the online reporting system at no additional cost to the county?	Agree/Yes	Disagree/No
12. Confirm the reporting system data is updated a minimum of monthly?	Agree/Yes	Disagree/No
13. How many data elements are available to report on in the ad-hoc part of the on-line claims reporting system?	Include in Exhibit H	
14. Provide a data dictionary for the reporting system.	Include in Exhibit H	
15. Describe Bidder's online reporting capabilities. Provide as a separate file in the Exhibit section if necessary.	Include in Exhibit H	
16. MANDATORY BIDDER REQUIREMENT Section 893.055, Florida Statutes (F.S.) requires health care practitioners to report to the Prescription Drug Monitoring Program (PDMP) each time a controlled substance is dispensed to an individual. This information is to be reported through the electronic system as soon as possible but not more than seven (7) days after the controlled substance is dispensed. This reporting timeframe ensures that health care practitioners have the most up-to-date information available. The County desires optimal use of pharmaceutical services by its clients, with safety being a primary concern. Therefore, the Bidder(s) shall adhere to all legislative requirements of the PDMP. Confirm that Bidder can meet these criteria.	Agree/Yes	Disagree/No

PHASE I - PRE-QUALIFICATIONS

<p>17. MANDATORY BIDDER REQUIREMENT While PDMP legislation does not provide guidance for dispensing controlled substances beyond reporting, the County considers comprehensive Drug Utilization Review (DUR) and Utilization Management (UM) vital components of drug benefit management. The purpose of the DUR and UM is to improve pharmaceutical care quality by ensuring that prescriptions are appropriate, medically necessary, and that they are not likely to contribute to adverse outcomes. The Bidder's program should be designed to help pharmacists identify and reduce the frequency of fraud, abuse, overuse, or inappropriate care. The Bidder should also evaluate drug use patterns among physicians and clients and of specific drugs or groups of drugs, and provide plans to mitigate misuse. Confirm that Bidder can meet these criteria.</p>	<input type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
<p>18. MANDATORY BIDDER REQUIREMENT Does Bidder offer fraud, waste, and abuse standard reports?</p>	<input type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
<p>19. Describe Bidder's fraud, waste, and abuse programs.</p>	<p>Include in Exhibit G</p>	

PHASE I - PRE-QUALIFICATIONS**Financial Overview Statements**

Section 11: Financial Overview Statements	Agree/Yes	Disagree/No
1. Will Bidder offer a one-time implementation credit to help with the transition cost?	Agree/Yes	Disagree/No
2. Should the market shift to lower the pricing of medications during the course of the contract, the Bidder(s) shall pass the lower pricing on to the County. At no time will admin per Rx pricing or clinical programs increase more than that negotiated at the time of award of the contract.	Agree/Yes	Disagree/No
3. Does the Bidder propose a pricing structure with discounted Generic Prescription Programs?	Agree/Yes	Disagree/No
4. MANDATORY BIDDER REQUIREMENT Bidder (s) shall offer the County 1000 free influenza vaccines at no additional charge per contract year delivered to a single PCHP provider location.	Agree/Yes	Disagree/No
5. MANDATORY BIDDER REQUIREMENT Bidder(s) shall offer the County 100 free Pneumonia vaccines at no additional charge per contract year delivered to a single PCHP provider location.	Agree/Yes	Disagree/No
6. MANDATORY BIDDER REQUIREMENT Bidder(s) shall offer the County 100 free tetanus vaccines at no additional charge per contract year delivered to a single PCHP provider location.	Agree/Yes	Disagree/No
7. MANDATORY BIDDER REQUIREMENT Bidder's proposed network will provide access to select generic oral antibiotic & anti-infective treatments within select pharmacy locations for free for up to a 14 day supply at average oral doses (such as Amoxicillin, Cephalexin, Doxycycline Hyclate, Erythromycin, Penicillin, and Sulfamethoxazole) or provide a comparable offer.	Agree/Yes	Disagree/No
8. Please describe the access to free antibiotic & anti-infective treatments within the Bidder's proposed pharmacy network as referenced in question #7. Please provide specific NDCs and label names included in your program and specific pharmacy locations that will participate in this program.	Include in Exhibit A (Marked 11.8)	

PHASE I - PRE-QUALIFICATIONS

9. Provide a current copy of the MAC pricing offered to the County. Details should include Drug Name, GCN, NDC (if available), Unit Price. Include as an Exhibit.	Include in Exhibit C	
10. How often is the MAC listed updated?	Include in Exhibit C	
11. How many unique generic products are covered on the proposed MAC list?	Include in Exhibit C	
12. For purposes of prescription pricing to the County, confirm Bidder will implement the lower U&C or calculated network price.	<input checked="" type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
13. If Bidder disagrees to the statement above, explain.	Include in Exhibit A (Marked 11.13)	
14. Please provide a copy of the terms and conditions proposed for the County's contract.	Include in Exhibit B	
15. MANDATORY BIDDER REQUIREMENT Confirm that Bidder has reviewed the Contract template the County has provided and is willing to work with the County to finalize a contract within 20 business days from the vendor award date, requiring quick turnaround times of no less than 3 business days on all contract requests?	<input checked="" type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No

Section 12: Rebates Management Programs	Agree/Yes	Disagree/No
1. MANDATORY BIDDER REQUIREMENT Will Bidder provide the County a minimum guarantee per brand amount based on all manufacturer revenue received (including but not limited to rebates, administrative fees, marketing fees)?	<input checked="" type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
2. Provide a detailed explanation of Bidder's rebating process. Include information about if you contract direct with manufacturers or outsource the process.	Include in Exhibit I	
3. Identify, in detail, all pharmaceutical industry revenue or compensation that is received by Bidder and/or other contracting entity which is not shared with the County. Explain how will Bidder disclose these amounts to the County?	Include in Exhibit I	

PHASE I - PRE-QUALIFICATIONS

4. Confirm Bidder agrees to payment terms of 120 days post the submitted quarter. Example Q1 2015 payment will be submitted to the County on 7/30/2015.	<input checked="" type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
5. If Bidder disagrees, provide the payment terms for rebates.	Include in Exhibit A (Marked 12.5)	

Section 13: Contracting	Agree/Yes	Disagree/No
1. Please define what type of lowest cost contract Bidder is offering the County. (ie: Traditional or Pass through)	Include in Exhibit A (Marked 13.1)	
2. MANDATORY BIDDER REQUIREMENT Confirm that Bidder is offering the County generic guarantees that include all generic products.	<input checked="" type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No

PHASE I - PRE-QUALIFICATIONS

8. If Bidder has selected 'disagree/no' for Question 7, vendor must provide the definition that would be used in the proposed contract.	Include in Exhibit A (Marked 13.8)	
9. MANDATORY BIDDER REQUIREMENT Confirm that all guarantees in the network categories (retail, retail 90, and mail order) will be allowed to offset each other if one category over achieves and another category under achieves in the yearly guarantee calculation. Rebate will be considered stand-alone and will not be allowed to offset other categories.	<input type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
10. Confirm that Bidder will implement a MAC reimbursement for generic prescriptions that accurately reflects the acquisition costs of generic medications.	<input type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
11. Confirm that Bidder will provide the County with a copy of the MAC reimbursement list, at minimum on a quarterly basis in MS Excel.	<input type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
12. MANDATORY BIDDER REQUIREMENT Medication is classified the same way for claims adjudication and for the pricing performance guarantees.	<input type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
13. MANDATORY BIDDER REQUIREMENT Confirm that there will be no reclassification of brand, generic, OTC, compound or specialty drugs for reporting, financial modeling and/or pricing guarantees.	<input type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
14. MANDATORY BIDDER REQUIREMENT Confirm that all claim data files supplied to the County will include designation of the classification identified above.	<input type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No
15. MANDATORY BIDDER REQUIREMENT Confirm that 340B pricing will be applied, and the financial benefit received by the County, to claims deemed eligible by the County.	<input type="radio"/> Agree/Yes	<input type="radio"/> Disagree/No



Consolidated Responses to Pre-Qualification Questions

1.8 Executive Summary

Citizens Rx combines state-of-the-art mobile technology, along with unique plan designs, to assist our Managed Medicaid, ACE, and Medicare clients with identifying eligible members, converting them to cost-saving networks (340B, Medicare and commercial), and controlling drug spend dollars – allowing our clients to better underwrite, manage and expand their existing book of business.

Managed Medicaid, ACE, Medicare, and other capitated programs can survive, and in many instances thrive under our current vision of partnership.

One size-fits-all solutions no longer work in this marketplace. Citizens Rx works consistent with our clients' interests such as supporting conversion of membership to 340B fulfillment. Citizens Rx prides itself on its creativity, aggressiveness in plan design and willingness to customize. An example of our enhancements includes improving decision making by members via interactive contact prior to receiving their prescriptions at the point of sale. We do this in a variety of ways including, but not limited to our proprietary mobile application that we customize and administer based on plan design for our clients.

- **Custom Pharmacy Networks/340B Networks:** Ensuring patient access to treatment is a critical component of effective pharmacy benefit management. Additionally, more and more clients find that options are needed to achieve the optimum balance of access and cost containment. Custom networks are critical strategy to achieve this balance. Citizens Rx can administer multiple networks, create custom networks, layer networks, and/or provide a "wrap network" if our clients chooses to utilize their own pharmacy network.

Other options include the Citizens Rx provision of custom pharmacy networks centered on preferred chains with additions from our other networks as needed to fill access gaps. For client specific networks, the Citizens Rx menu of options can use a variety of pricing logic. We can also support logic to search through various pricing schemes and search for the best price.

Moreover, Citizens Rx is an innovator in facilitation of 340B networking. Citizens Rx maintains the flexibility and *willingness* to drive utilization through conversion of members to a client's preferred 340B pharmacy, while maintaining the ability to track and capture those 340B eligible prescriptions filled in a wrap network of 340B providers. This willingness is the key to driving the optimal benefits from the 340B program for our clients.

- **Specialty Drug Therapy:** The emergence of specialty drug therapy as the primary driver of the pharmacy benefit spend is the most critical cost containment industry trend, requiring an innovative approach exclusive of many techniques used by PBMs over the years to control "traditional" drug spend such as increased generic utilization. Since there are very few specialty generics or biosimilars, other strategies must be leveraged to control the burgeoning specialty drug spend.

While many plans cover specialty medical benefits delivered through retail channels (and Citizens Rx does offer a robust specialty at retail network), to truly gain control of specialty spend in addition to the necessary high-touch that helps improve outcomes, Citizens Rx believes that specialty is best driven through dedicated specialty pharmacies. To that end,

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Citizens Rx operates its own specialty pharmacy through which it drives the above considerations.

- **Specialty Therapy Optimization Program (STOP):** Additionally, Citizens Rx's clinical and specialty teams have joined forces to develop and implement innovative specialty pharmacy programs. For instance, Citizens Rx recently began implementing for clients our clinical "Specialty Therapy Optimization Program" or "STOP". This program encompasses the fastest growing sector in healthcare and the majority of the pharmaceutical pipeline – specialty drugs. The STOP approach to controlling the specialty trend focuses on clinical and benefit optimization over the life of the authorization, GPS tracking the life of authorization, objectively manages the vendor network, and integrates pharmacy/Buy & Bill providers while providing real-time access to information and reports. STOP is audit capable for recovery and compliance and provides a single point of contact (SPOC). Most importantly STOP saves money.
- **Mobile 340B Conversion Platform:** Our proprietary designed mobile platform is used as a direct effective "touch point" to members including those who are transient, do not have landlines and regular residences, and who often comprise the most acute and expensive percent of a MCOs payer mix. We use this platform to directly connect to Medicaid patients for the following services:
 - o Influencing and rewarding patients who fulfil through a FQHC preferred pharmacy;
 - o Converting patients from traditional Medicaid rates to less expensive 340B rates;
 - o Reminding members about physician appointments, refill and dosage reminders and potential harmful interactions;
 - o Directing patients to participating 340B pharmacies (when appropriate);
 - o Transferring prescriptions to pharmacies under the program;
 - o Providing a virtual card designed specifically for our client;
 - o Supplying FAQs related to the programs benefit design;
 - o Collecting necessary metrics and other data needed for compliance, reconciliation and internal underwriting efforts; and
 - o Reporting outcomes and suggesting improvements in real time.

1.9 Bidder Experience and Information

Citizens Rx administers programs including 340B contract management and dedicated pharmacy network plan designs for Medicaid and Medicare members, and newly-formed ACE programs in Illinois, California, Missouri, Kansas, New York, New Jersey, and Florida. Citizens Rx works closely with our clients to define benefits and provide benefit grids for their review prior to implementation. Citizens Rx allows our clients to choose the edits and programs that best suit their business requirements.

Consistent with our unbundled model, Citizens Rx will provide customization of the components of our offering to best meet the needs of Pinellas County Indigent Health Program (i.e. County). For example, Citizens Rx will provide to the County support and consultation for benefit implementation

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and maintenance and a dedicated Account Management team will be a conduit for information. Associates from application support, technical, and clinical areas work closely with our Account Managers to consult with our clients regarding their plan needs. These associates are subject matter experts. They have been involved with benefits for a number of years and are able to ask the appropriate questions to gain the necessary information to help you make certain that benefit administration is accurate.

Our company's leadership has more than 30 years' experience in administering such programs, including:

Chief Services Officer, Mary Ellen Mitchell, R.Ph. – the chief architect behind Citizens Rx's 340B/Managed Medicaid offering – has extensive experience working with numerous Managed Care clients throughout the country. Prior to joining Citizens Rx, she was responsible for direct relationships with *Simply Healthcare Plans*, a Coral Gables, Florida MCO with more than 200,000 members serving 60 Florida counties; *Harvard Pilgrim Health Care*, a MCO providing service to more than one million members in Massachusetts, New Hampshire and Maine; *Cigna HealthSpring*; *BMC HealthNet*, a MCO serving more than 300,000 members in Massachusetts; and *AmeriHealth Caritas* (formerly *AmeriHealth Mercy*), a Philadelphia-based MCO serving more than 5 million members in 16 states.

Similarly, Vice President, Account Management, Agnes Brady is an experienced healthcare management professional with more than 25 years of progressive account management, managed care operations of Medicaid and Medicare, 340B program integrity, FQHC Physician Education programs and community support, PBM operational oversight, and plan implementation experience. Key executive experience in Medicaid includes directing revenue cycle management, client financial reporting, and ensuring compliance for government programs (Medicare, Medicaid, 340B). Key Managed Medicaid clients Ms. Brady has overseen include *Prestige Health Plan* (280,000 lives); *Calpers* (1,800,000 lives); *Universal American* (400,000 Medicaid lives); *Texas Medicaid – SNP* (approx. 100,000 lives); *Health Plan of San Mateo* (130,000 lives); *San Francisco Health Plan* (130,000 lives); *CareOregon Advantage* (110,000 lives); *Community Health Group* (234,000 lives); *Molina Healthcare* (250,000 lives); and *Kid Care – State of Maine* (120,000 lives).

In addition, Senior Vice President, Operations, Jack Folliard directed operations for Walgreens Health Initiative which managed over 10 million managed care lives including Medicare Part D plans such as *WellCare* in Florida.

Finally, Executive Vice President, Financial/Reporting Analytics, Alex Knight, has experience with *MemberHealth*, a PDP with over one million lives when it was acquired by Universal American, a large MAPD, for \$650 million.

- 1.10 Citizens Rx offices, along with its PraxisRx Specialty Pharmacy, are located at 5455 West Waters Avenue, Suite 214, Tampa, Florida 33634. Additionally, Citizens Rx has offices in Chicago, New York, Los Angeles, Dallas, and Seattle. We can be reached at (888) 545-1120 and info@citizensrx.com.
- 1.11 Citizens Rx provides pharmacy benefit management, contract mail-order pharmacy, and specialty pharmacy services to more than 200 groups representing 1.5 million members nationwide. Our group sizes range from 50 to 400,000 members. We employ more than 125 pharmacists, technicians,

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data entry, customer service representatives, account management, and IT personnel at our offices throughout the country – many of whom currently reside in Pinellas County.

Our company's leadership has more than 30 years' experience in administering such programs, including:

Bill Bailey, R.Ph. – Mr. Bailey has more than 32 years of pharmacy experience, holding key positions at several leading organizations that engage in specialty pharmacy, retail pharmacy, mail service pharmacy, PBMs, and health systems pharmacy. His experience in mail service and PBM includes positions of Director of Pharmacy at Merck-Medco and live operations of Merck-Medco NDP Pharmacy, as well as Vice President of Mail Order Pharmacy Services at Advance Paradigm, where he designed a mail service pharmacy with a 600,000 prescription per week capacity.

Mr. Bailey is also experienced in specialty pharmacy, as former Vice President of Pharmacy Services at Therigy, Vice President of Pharmacy Operations at CuraScript, General Manager of Wal-Mart Specialty Pharmacy, and Director of Specialty Pharmacy Operations at Cardinal Health.

He has also consulted in nuclear pharmacy and spoken with physician groups as a member of Abbott Laboratories Speaking and Education team. Mr. Bailey holds a Bachelor's of Science in Pharmacy from Massachusetts College of Pharmacy.

Chief Services Officer, Mary Ellen Mitchell, R.Ph. – the chief architect behind Citizens Rx's 340B/Managed Medicaid offering – has extensive experience working with numerous Managed Care clients throughout the country. Prior to joining Citizens Rx, she was responsible for direct relationships with Simply Healthcare Plans, a Coral Gables, Florida MCO with more than 200,000 members serving 60 Florida counties; Harvard Pilgrim Health Care, a MCO providing service to more than one million members in Massachusetts, New Hampshire and Maine; Cigna HealthSpring; BMC HealthNet, a MCO serving more than 300,000 members in Massachusetts; and AmeriHealth Caritas (formerly AmeriHealth Mercy), a Philadelphia-based MCO serving more than 5 million members in 16 states.

Alecia Greulich is the Vice President of Business Development for our Praxis Rx Pharmacy Division. Ms. Greulich has over 20 years of healthcare experience in sales management, strategic planning and new business development. Mrs. Greulich has extensive specialty pharmacy industry experience with special emphasis on building national managed care, provider, governmental, employer, hospital systems, retail, consultant and manufacturer relationships. Her professional life has been well rounded with both Fortune 500 companies as well as independent specialty pharmacy companies on a national basis.

Similarly, Vice President, Account Management, Agnes Brady is an experienced healthcare management professional with more than 25 years of progressive account management, managed care operations of Medicaid and Medicare, 340B program integrity, FQHC Physician Education programs and community support, PBM operational oversight, and plan implementation experience. Key executive experience in Medicaid includes directing revenue cycle management, client financial reporting, and ensuring compliance for government programs (Medicare, Medicaid, 340B). Key Managed Medicaid clients Ms. Brady has overseen include Prestige Health Plan (280,000 lives); Calpers (1,800,000 lives); Universal American (400,000 Medicaid lives); Texas Medicaid – SNP (approx. 100,000 lives); Health Plan of San Mateo (130,000 lives); San Francisco Health Plan

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In addition, Senior Vice President, Operations, Jack Folliard, R.Ph. directed operations for Walgreens Health Initiative which managed over 10 million managed care lives including Medicare Part D plans such as WellCare in Florida.

Finally, Executive Vice President, Financial/Reporting Analytics, Alex Knight, has experience with MemberHealth, a PDP with over one million lives when it was acquired by Universal American, a large MAPD, for \$650 million.

- 1.12 No.
- 1.13 No.
- 1.14 Not applicable. Citizens Rx has not terminated services with any clients that are similar to the County.
- 2.7 Citizens Rx and PraxisRx have several methods that can be used to service the shelters. From our local Tampa location, we have the ability to provide critical same day stat delivery to the shelters within Pinellas County.
- 3.4 During our seamless transition process, our implementation team would work with the County designees and previous administrator to obtain an electronic file of the existing formulary. Citizens Rx is able to work with a multitude of formats and processes. The County's customized process would be outlined for our operational and technical teams as part of our standard implementation processes. The formulary would be updated minimally on a monthly basis. New medication additions can be added off a monthly cycle pursuant to the operational guidelines of this custom formulary. The County would be asked to assist in outlining a process for new medication additions to ensure the expectations of the County's formulary are met. The claims adjudication system would be updated minimally on a monthly basis as mentioned earlier. Citizens Rx also has a Preferred Drug List which many of our clients adopt as part of their overall economic strategy, should the County choose to adopt it.
- 3.8 The prior authorization system is integrated into our claims processing and call center technology. It is a web-based application that allows review of patient history as well as a consolidated medication history. Training is provided as part of our standard implementation process. Appropriate access levels and approval authorities are housed in this application to meet security and privacy requirements.
- 4.1 During the first 90 days of the implementation, the current custom formulary would remain in place. Upon review of the first 90 days, the Citizens Rx clinical teams will provide the County with the impact by therapeutic class and patient impact for any deviations from a standard Citizens Rx formulary. No changes would be made relative to the formulary without approval and communication to the County, providers and the membership. Recommendations for communication and information dissemination would be coordinated with the County and the facilities assisting in managing the indigent and homeless populations. With the nature of the memberships housing situation, the approach would be phased in to ensure that a continuity of care situation was present in managing these at risk patients.

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- 4.2 Our formulary is updated on a monthly basis. Weekly files of new medication additions are reviewed by our clinical area. If new medications should be added during the month, our robust system has the functionality to allow these additions during the month prior to the monthly formulary file updates.
- 5.3 Citizens Rx allows our clients or plans the capability of supporting their own administrative and clinical prior authorizations. Alternatively, Citizens Rx provides full service prior authorization administration. PBM administered prior authorizations are initiated by the receipt of an electronic claim, e-prescribing request or direct physician interaction. The prescription is reviewed by our clinicians utilizing protocols that are tracked in our system. The County can access individual patient claims and the associated status in real-time should they so desire for authorized designees. Reporting is available that depicts the utilization in a variety of formats that are supportive of meeting our client's needs. Customized reporting is available should the County desire a specific format of a report.
- 5.4 The prior authorization process the County would utilize allows real-time access and updating of prior authorization approval and information. Additional client specific security and approval access is accompanied with the clinical prior authorization application. Claim information for the member is available for a full clinical profile of the member's medication history. Training and reporting for clinical prior authorization is included.
- 5.5 See *Attachment 1: Citizens Rx Recommended Prior Authorizations*.
- 5.6 See *Attachment 2: Citizens Rx Standard Preferred Step Therapy (PST) Programs*.
- 6.1 Citizens Rx and PraxisRx affirm our willingness to collaborate with the County's medical provider and the Compassionate Prescription Assistance Program. Both Citizens Rx and PraxisRx will coordinate with the six (6) medical homes for these patients that require access and management due to being uninsured and their current residential considerations. Robust delivery and medication controls are part of our system capabilities and appropriate therapy management protocols. Both Citizens Rx and PraxisRx are willing to serve on advisory committees to support the initiatives of the Compassionate Prescription Assistance Program and the County's medical provider. Sample reporting and programs are contained within our sample reporting (see *Exhibit E*) and responses in this bid.
- 7.2 The twice daily files that will be initiated for claims adjudication will be loaded within one (1) hour of receipt pending no issues with the quality protocols applied to alleviate file loading issues. We will work with the technical team to ensure that the file loading requirements and timelines are understood and met.
- 7.5 Citizens Rx can accommodate customized eligibility formats and accepts a variety of transmission methods, including e-mail and FTP. Citizens Rx can accept a variety of formats, including .csv, .xls, and .txt. Our clients have access to eligibility tools that allow real-time enrollment or set for activation or termination on a future date. Clients also have access to a dedicated Account Manager to assist with any eligibility needs.
- 8.6 Based in Tampa, Florida, Citizens Rx and PraxisRx business hours are Eastern Time zone business hours.

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- 8.9 We maintain two (2) live-answer Call Center locations – one in Tampa, Florida and the second in Oak Park, Illinois. Both locations service members, prescribers, and pharmacy inquiries regarding member eligibility, plan design, retail and mail service claims, refill requests, prior authorizations, drug interactions, pharmacy locations, member copayments, specialty pharmacy services, and other customer related questions at one toll-free number in over 142 languages, from 8:00 a.m. to Midnight EST. Our pharmacist supported Patient Care Coordinators are also available after normal business hours, affording Pinellas County with 24/7 coverage.

Members: Members can check the progress of their prescription(s) and estimated delivery. We offer full pharmacist support to answer any medication related questions, as well as after-hours access by on call Patient Care Coordinators and Pharmacists.

Prescribers: Pharmacists can accept prescriptions from physicians, discuss medication options, prior authorizations (if needed), or any other pharmacy related activity needed to assure safe and effective therapy.

Pharmacies: Network pharmacies where applicable can call in to obtain overrides, claim processing assistance, or any information to support claim processing.

After hours coverage for medication related questions is outlined above utilizing Patient Care Coordinators.

Eligibility and other non-medication related problem resolution opportunities are handled by the Account Management Team who are also responsive and available 24 hours a day, seven days a week.

Citizens Rx and PraxisRx will work with the County to insure a seamless, non-disruptive program. We will assign a dedicated account manager to work directly with your team to define expectations, set program goals, and oversee the program to 100% satisfaction and success.

We provide first-call problem resolution for transfers and much more. Our Patient Care Coordinators organize all communication between clients and their members, eliminating the need for our customers to follow up with a second call.

Additionally, the County will be able to securely log into our member portal granting access to outcomes reports and more. Pinellas County will also be able to instantly contact their personal Client Service Representative to address any immediate service needs.

There are no additional charges for the services outlined above.

- 9.2 Citizens Rx prides itself on its ability to provide smooth transitions to its platform. Our “safe landing” approach focuses on eliminating disruption through proactive education, outreach and extensive testing. A typical implementation meeting all milestones and dependencies can be completed within 90 days, but Citizens Rx has implemented under tighter timelines.
- 9.3 The minimum implementation timeframe we would suggest is 45 days. However, we have implemented plans within 30 days successfully.
- 9.4 Plan design is a critical aspect of implementation and all necessary information will be obtained during that process. To ensure accuracy of data loaded, the implementation team will produce grids for the County’s review and approval prior to the conversion installation. We anticipate no disruption in participant services.

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As part of your implementation, Citizens Rx will configure all County benefits. We work closely with our clients to define benefits and provide benefit designs for your review.

A series of checks and balances will make certain the benefit requests are accurate before going into live production. The process for implementing and auditing a new benefit plan includes:

- Identify customer/client ID numbers and a coverage code list
- Identify priority order for the coverage codes or client IDs
- Provide current benefit grid for comparison
- Create a benefit grid documenting the setup in the Citizens Rx system. This includes the benefit plan, copay/coinsurance, and overrides.
- Compare the existing benefit to the new Citizens Rx benefit design.

- 9.9 Citizens Rx is active and timely in its efforts to communicate with its contract pharmacy network. Generally speaking, monthly updates are issued via fax and/or e-mail to our contract pharmacies. Factors, such as time sensitivity and the nature of the message, dictate the timing and frequency with which the information is delivered. For instance, with the impending start date of a new client, we will issue notice approximately one month in advance to the corporate office of each contracted pharmacy chain, and each organization that handles contracting and communications for independent pharmacies. Approximately one week before the activation of that new client, we will issue fax notices directly to the pharmacies we know are currently filling prescriptions for that client's beneficiaries. We will repeat the fax notice the day before the start date, as a reminder. We also place phone calls directly to the pharmacies we know to be high volume dispensers to the client's beneficiaries.

In situations of disaster or emergency, we employ both fax and e-mail notifications to our network pharmacies to communicate relevant information and instruction. We also prepare our pharmacy help desk to provide guidance and instruction to pharmacies who call for assistance.

- 11.8 Citizens Rx's proposal is predicated on this very issue. Specifically, our plan design ensures that eligible County members benefit from our ability to *steer, convert and optimize* prescriptions deriving from eligible FQHC patients. This originates in working directly with both the FQHC and the health plan in developing specific procedures that fall within mandatory 340B reporting requirements so that prescriptions are adjudicated under 340B discounts.

1. Identify eligible 340B prescriptions attached to an FQHC currently affiliated with the County.
2. Validate those prescriptions are being written by physicians directly tied to the FQHC.
3. Coordinate with those physicians to help steer those patients to an approved "contract pharmacy" or "select contract pharmacy network" as part of the treatment protocol.
4. Convert those prescriptions under 340B utilizing mobile messaging, pharmacy messaging and help desk outreach.
5. Process 340B prescriptions under 340B pricing ensuring the discounts result in the appropriate 340B savings.
6. Cross check adjudicated prescriptions against existing eligibility files to ensure compliance under

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the 340B.

7. Separate invoicing (when requested) to health plan as part of standard reporting package on regular interval schedule to confirm program adherence, as well as to validate application of 340B pricing.
8. Follow up with comprehensive detailed 340B specific reporting package to FQHCs per federal 340B program requirements. This reporting package will include eligibility, inventory control, diversion prevention, drug inclusions/exclusions, changes in billing, and network utilization.

It is critical for any 340B program to meet and exceed program requirements associated with certification as well as retroactive audits that ensure compliance. Because Citizens Rx builds its plan design predicated on optimizing 304B drug savings throughout the duration of our offering, the plan design itself and the processes listed above not only optimize available savings to the health plan, but also validate that proper procedures were used and memorialized to maintain program integrity and assist in 340B program audits.

The more frequently the program is utilized correctly, the easier and less stressful recertification and compliance become. This is key to our approach from implementation to adjudication to audit validation.

To be certain, reporting is critical to maintain compliance in the program. Citizens Rx offers a variety of reporting tools that will support compliance needed to maintain within the constraints of the 340B program.

11.13 Not applicable.

15.4 Citizens Rx currently offers PBM and 340B contract mail order pharmacy for several Fee-for Service Medicaid, Managed Medicaid and ACE programs, including: Family Health Network, Community Care Alliance of Illinois, Access Community Health Network, Lawndale Community Health Network, Roseland Hospital, Doctor's Neighborhood Organization, PACE and PMQ LLC.

In addition, our account management team has extensive experience in key management positions prior to joining Citizens Rx, including senior client and account management responsibilities for Simply Healthcare Plans, a Coral Gables, Florida MCO with more than 200,000 members serving 60 Florida counties; Harvard Pilgrim Health Care, a MCO providing service to more than one million members in Massachusetts, New Hampshire and Maine; Cigna HealthSpring; BMC HealthNet, a MCO serving more than 300,000 members in Massachusetts; and AmeriHealth Caritas (formerly AmeriHealth Mercy), a Philadelphia-based MCO serving more than 5 million members in 16 states, Prestige Health Plan (280,000 lives); Calpers (1,800,000 lives); Universal American (400,000 Medicaid lives); Texas Medicaid – SNP (approx. 100,000 lives); Health Plan of San Mateo (130,000 lives); San Francisco Health Plan (130,000 lives); CareOregon Advantage (110,000 lives); Community Health Group (234,000 lives); Molina Healthcare (250,000 lives); and Kid Care – State of Maine (120,000 lives), and 10 million managed care lives including Medicare Part D plans such as WellCare in Florida.

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Exhibit G



Fraud, Waste and Abuse Reports

Refill Too Soon

- Flag to prevent over utilization: identifies possible stock piling, diversion or inappropriate use of the medication

Maximum Allowable Daily Dose

- Identifies claims that involve an excessive daily dose according to product labeling and standard drug references

Maximum Daily Consumption

- Identifies claims involving multiple daily dosages to encourage the use of a higher strength once-daily regimen

Maximum Therapy Duration - Therapy/Time

- Limit length of medication therapy to a specific duration (based upon product prescribing information or peer-reviewed, consensus-based national guidelines)
- Accumulates member use (days' supply) to determine when maximum duration has been met that is clinically recommended

Maximum Monthly Consumption- Quantity/Time

- Allows the plan sponsor to choose a maximum quantity for a drug or group of for a specified time frame
- Restrictions can be individualized for each drug within a therapeutic category. Limits can be customized to meet the needs of the sponsor plan. Drug strengths can accumulate together or separately

Dose/Time

- Allows the health plan to choose a maximum number of tablets/capsules per day for a drug
- Customized per drug

Geriatric Precautions

- Screen for medications that have been identified in the medical literature as having a risk that exceeds any likely benefit when use in the geriatric population
- Examples: amitriptyline
- Informational messaging or a hard edit to deny the claim

The information contained in this Bid constitutes **trade secrets** and is **confidential** pursuant to F.S. §§815.04(3), 815.045 and is exempt from disclosure pursuant to the Florida Sunshine Law, Public Records Law, the federal FOIA, or any other applicable public disclosure law.

Exhibit I



Rebate Reporting Catalog, Samples & Explanation

- 12.2** Citizens Rx submits rebates through direct manufacturer contracts and aggregators. Rebates are submitted quarterly in arrears and Citizens will credit rebates within 120 days of the end of the quarter in which they are received. However, Citizens does offer an invoice level monetary advance of expected rebate dollars through our "point of sale" Real-time Rebate Realization program. Under this program, our clients realize credits on each invoice of a guaranteed rate not tied to timing of the receipt of those funds from the manufacturers.
- 12.3** Citizens Rx will share all such revenue with the County. Citizens Rx does not currently receive any other type of revenue or compensation from the pharmaceutical industry. If Citizens Rx is presented with any such opportunities with respect to the County's utilization, it will disclose the same to the County.

The information contained in this Bid constitutes **trade secrets** and is **confidential** pursuant to F.S. §§815.04(3), 815.045 and is exempt from disclosure pursuant to the Florida Sunshine Law, Public Records Law, the federal FOIA, or any other applicable public disclosure law.



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
00093226301	Amoxicillin Oral Tablet 500 MG
00093226401	Amoxicillin Oral Tablet 875 MG
00093226701	Amoxicillin Oral Tablet Chewable 125 MG
00093226801	Amoxicillin Oral Tablet Chewable 250 MG
00093226805	Amoxicillin Oral Tablet Chewable 250 MG
00093310701	Amoxicillin Oral Capsule 250 MG
00093310705	Amoxicillin Oral Capsule 250 MG
00093310793	Amoxicillin Oral Capsule 250 MG
00093310905	Amoxicillin Oral Capsule 500 MG
00093310953	Amoxicillin Oral Capsule 500 MG
00093310993	Amoxicillin Oral Capsule 500 MG
00093415073	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
00093415079	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
00093415080	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
00093415573	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
00093415579	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
00093415580	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
00093416073	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
00093416076	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
00093416078	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
00093416173	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
00093416176	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
00093416178	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
00143988601	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
00143988650	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
00143988675	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
00143988701	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
00143988750	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
00143988775	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
00143988801	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
00143988815	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
00143988880	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
00143988901	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
00143988915	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
00143988980	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
00143993801	Amoxicillin Oral Capsule 250 MG
00143993805	Amoxicillin Oral Capsule 250 MG
00143993901	Amoxicillin Oral Capsule 500 MG
00143993905	Amoxicillin Oral Capsule 500 MG
00143995101	Amoxicillin Oral Tablet 875 MG
00143995120	Amoxicillin Oral Tablet 875 MG
00440110030	Amoxicillin Oral Capsule 250 MG
00440110104	Amoxicillin Oral Capsule 500 MG
00440110130	Amoxicillin Oral Capsule 500 MG



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
00781194339	Amoxicillin-Pot Clavulanate ER Oral Tablet Extended Release 12 Hour 1000-62.5 MG
00781194382	Amoxicillin-Pot Clavulanate ER Oral Tablet Extended Release 12 Hour 1000-62.5 MG
00781202001	Amoxicillin Oral Capsule 250 MG
00781202005	Amoxicillin Oral Capsule 250 MG
00781202031	Amoxicillin Oral Capsule 250 MG
00781202076	Amoxicillin Oral Capsule 250 MG
00781261301	Amoxicillin Oral Capsule 500 MG
00781261305	Amoxicillin Oral Capsule 500 MG
00781261331	Amoxicillin Oral Capsule 500 MG
00781261376	Amoxicillin Oral Capsule 500 MG
00781506001	Amoxicillin Oral Tablet 500 MG
00781506020	Amoxicillin Oral Tablet 500 MG
00781506101	Amoxicillin Oral Tablet 875 MG
00781506120	Amoxicillin Oral Tablet 875 MG
00781603946	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
00781603955	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
00781603958	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
00781604146	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
00781604155	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
00781604158	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
00781615646	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
00781615652	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
00781615657	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
00781615746	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
00781615752	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
00781615757	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
10544011730	Amoxicillin Oral Capsule 250 MG
10544043420	Amoxicillin Oral Tablet 875 MG
10544054615	Amoxicillin Oral Capsule 500 MG
10544054620	Amoxicillin Oral Capsule 500 MG
10544054621	Amoxicillin Oral Capsule 500 MG
10544054630	Amoxicillin Oral Capsule 500 MG
10544054640	Amoxicillin Oral Capsule 500 MG
10544054660	Amoxicillin Oral Capsule 500 MG
10544089620	Amoxicillin Oral Tablet 875 MG
15749082510	Amoxicillin Oral Capsule 500 MG
16590001430	Amoxicillin Oral Capsule 250 MG
16590001533	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
16590001615	Amoxicillin Oral Capsule 500 MG
16590001630	Amoxicillin Oral Capsule 500 MG
16590001640	Amoxicillin Oral Capsule 500 MG
16590001720	Amoxicillin Oral Tablet 875 MG
16590001730	Amoxicillin Oral Tablet 875 MG
16590001833	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
16590040132	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
16590042420	Amoxicillin Oral Tablet Chewable 250 MG
16590042430	Amoxicillin Oral Tablet Chewable 250 MG
16590042440	Amoxicillin Oral Tablet Chewable 250 MG
16714029801	Amoxicillin Oral Capsule 250 MG
16714029802	Amoxicillin Oral Capsule 250 MG
16714029902	Amoxicillin Oral Capsule 500 MG
16714029903	Amoxicillin Oral Capsule 500 MG
16714029904	Amoxicillin Oral Capsule 500 MG
21695029400	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
21695029450	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
21695029475	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
21695031421	Amoxicillin Oral Capsule 250 MG
21695031430	Amoxicillin Oral Capsule 250 MG
21695031508	Amoxicillin Oral Capsule 500 MG
21695031509	Amoxicillin Oral Capsule 500 MG
21695031521	Amoxicillin Oral Capsule 500 MG
21695031530	Amoxicillin Oral Capsule 500 MG
21695031540	Amoxicillin Oral Capsule 500 MG
21695031542	Amoxicillin Oral Capsule 500 MG
21695038415	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
21695038480	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
21695038500	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
21695038515	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
21695038580	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
21695041830	Amoxicillin Oral Tablet Chewable 250 MG
21695054420	Amoxicillin Oral Tablet 875 MG
23490506501	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
23490506601	Amoxicillin Oral Capsule 250 MG
23490506602	Amoxicillin Oral Capsule 250 MG
23490506603	Amoxicillin Oral Capsule 250 MG
23490506701	Amoxicillin Oral Tablet Chewable 250 MG
23490506801	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
23490506802	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
23490507001	Amoxicillin Oral Capsule 500 MG
23490507002	Amoxicillin Oral Capsule 500 MG
23490507003	Amoxicillin Oral Capsule 500 MG
23490507004	Amoxicillin Oral Capsule 500 MG
23490507005	Amoxicillin Oral Capsule 500 MG
23490507006	Amoxicillin Oral Capsule 500 MG
23490507007	Amoxicillin Oral Capsule 500 MG
23490731101	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
23490731201	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
23490795000	Amoxicillin Oral Tablet 875 MG



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
23490795002	Amoxicillin Oral Tablet 875 MG
33358002510	Amoxicillin Oral Capsule 250 MG
33358002520	Amoxicillin Oral Capsule 250 MG
33358002530	Amoxicillin Oral Capsule 250 MG
33358002630	Amoxicillin Oral Tablet Chewable 250 MG
33358002645	Amoxicillin Oral Tablet Chewable 250 MG
33358002664	Amoxicillin Oral Tablet Chewable 250 MG
33358002684	Amoxicillin Oral Tablet Chewable 250 MG
33358002800	Amoxicillin Oral Capsule 500 MG
33358002810	Amoxicillin Oral Capsule 500 MG
33358002816	Amoxicillin Oral Capsule 500 MG
33358002820	Amoxicillin Oral Capsule 500 MG
33358002821	Amoxicillin Oral Capsule 500 MG
33358002830	Amoxicillin Oral Capsule 500 MG
33358002840	Amoxicillin Oral Capsule 500 MG
33358002845	Amoxicillin Oral Capsule 500 MG
33358002860	Amoxicillin Oral Capsule 500 MG
33358002920	Amoxicillin Oral Tablet 875 MG
42254002614	Amoxicillin Oral Capsule 500 MG
42254002620	Amoxicillin Oral Capsule 500 MG
42254002621	Amoxicillin Oral Capsule 500 MG
42254002630	Amoxicillin Oral Capsule 500 MG
42254002640	Amoxicillin Oral Capsule 500 MG
42254002642	Amoxicillin Oral Capsule 500 MG
42254012030	Amoxicillin Oral Capsule 250 MG
42254013900	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
42254018100	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
42254021500	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
42254027220	Amoxicillin Oral Tablet 875 MG
42291012050	Amoxicillin Oral Capsule 250 MG
42291012150	Amoxicillin Oral Capsule 500 MG
43063001504	Amoxicillin Oral Capsule 250 MG
43063001506	Amoxicillin Oral Capsule 250 MG
43063001515	Amoxicillin Oral Capsule 250 MG
43063001521	Amoxicillin Oral Capsule 250 MG
43063001524	Amoxicillin Oral Capsule 250 MG
43063001530	Amoxicillin Oral Capsule 250 MG
43063001540	Amoxicillin Oral Capsule 250 MG
43063001560	Amoxicillin Oral Capsule 250 MG
43063001706	Amoxicillin Oral Capsule 500 MG
43063001709	Amoxicillin Oral Capsule 500 MG
43063001714	Amoxicillin Oral Capsule 500 MG
43063001715	Amoxicillin Oral Capsule 500 MG
43063001721	Amoxicillin Oral Capsule 500 MG



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
43063001724	Amoxicillin Oral Capsule 500 MG
43063001728	Amoxicillin Oral Capsule 500 MG
43063001730	Amoxicillin Oral Capsule 500 MG
43063001740	Amoxicillin Oral Capsule 500 MG
43063001742	Amoxicillin Oral Capsule 500 MG
43063001750	Amoxicillin Oral Capsule 500 MG
43063001756	Amoxicillin Oral Capsule 500 MG
43063001760	Amoxicillin Oral Capsule 500 MG
43063001763	Amoxicillin Oral Capsule 500 MG
43063034104	Amoxicillin Oral Tablet Chewable 250 MG
43063043421	Amoxicillin Oral Capsule 500 MG
43063043430	Amoxicillin Oral Capsule 500 MG
43063043440	Amoxicillin Oral Capsule 500 MG
43063054206	Amoxicillin Oral Capsule 500 MG
43063054208	Amoxicillin Oral Capsule 500 MG
43063054209	Amoxicillin Oral Capsule 500 MG
43063054214	Amoxicillin Oral Capsule 500 MG
43063054215	Amoxicillin Oral Capsule 500 MG
43063054221	Amoxicillin Oral Capsule 500 MG
43063054228	Amoxicillin Oral Capsule 500 MG
43063054230	Amoxicillin Oral Capsule 500 MG
43063054240	Amoxicillin Oral Capsule 500 MG
43063054260	Amoxicillin Oral Capsule 500 MG
43063056315	Amoxicillin Oral Capsule 500 MG
43063056321	Amoxicillin Oral Capsule 500 MG
43063056328	Amoxicillin Oral Capsule 500 MG
43063056330	Amoxicillin Oral Capsule 500 MG
43063056340	Amoxicillin Oral Capsule 500 MG
43598020501	Amoxicillin Oral Capsule 500 MG
43598020505	Amoxicillin Oral Capsule 500 MG
43598020750	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
43598020751	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
43598020752	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
43598020952	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
43598020953	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
43598020980	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
43598021901	Amoxicillin Oral Tablet 875 MG
43598021914	Amoxicillin Oral Tablet 875 MG
43598022028	Amoxicillin-Pot Clavulanate ER Oral Tablet Extended Release 12 Hour 1000-62.5 MG
43598022040	Amoxicillin-Pot Clavulanate ER Oral Tablet Extended Release 12 Hour 1000-62.5 MG
43598022252	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
43598022253	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
43598022280	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
43598022350	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
43598022351	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
43598022352	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
43598022401	Amoxicillin Oral Tablet 500 MG
43598022501	Amoxicillin Oral Capsule 250 MG
43598022505	Amoxicillin Oral Capsule 250 MG
48102011130	Amoxicillin ER Oral Tablet Extended Release 24 Hour 775 MG
49999001500	Amoxicillin Oral Capsule 500 MG
49999001506	Amoxicillin Oral Capsule 500 MG
49999001508	Amoxicillin Oral Capsule 500 MG
49999001512	Amoxicillin Oral Capsule 500 MG
49999001514	Amoxicillin Oral Capsule 500 MG
49999001515	Amoxicillin Oral Capsule 500 MG
49999001520	Amoxicillin Oral Capsule 500 MG
49999001521	Amoxicillin Oral Capsule 500 MG
49999001528	Amoxicillin Oral Capsule 500 MG
49999001530	Amoxicillin Oral Capsule 500 MG
49999001540	Amoxicillin Oral Capsule 500 MG
49999001542	Amoxicillin Oral Capsule 500 MG
49999001545	Amoxicillin Oral Capsule 500 MG
49999001604	Amoxicillin Oral Capsule 250 MG
49999001621	Amoxicillin Oral Capsule 250 MG
49999001630	Amoxicillin Oral Capsule 250 MG
49999001640	Amoxicillin Oral Capsule 250 MG
49999003300	Amoxicillin Oral Tablet Chewable 250 MG
49999003330	Amoxicillin Oral Tablet Chewable 250 MG
49999016800	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
49999016850	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
49999016880	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
49999019100	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
49999019150	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
49999019180	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
49999076620	Amoxicillin Oral Tablet 875 MG
49999076628	Amoxicillin Oral Tablet 875 MG
49999098300	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
50436010601	Amoxicillin Oral Capsule 500 MG
52959001120	Amoxicillin Oral Capsule 250 MG
52959001121	Amoxicillin Oral Capsule 250 MG
52959001124	Amoxicillin Oral Capsule 250 MG
52959001130	Amoxicillin Oral Capsule 250 MG
52959001140	Amoxicillin Oral Capsule 250 MG
52959002000	Amoxicillin Oral Capsule 500 MG
52959002004	Amoxicillin Oral Capsule 500 MG
52959002005	Amoxicillin Oral Capsule 500 MG
52959002006	Amoxicillin Oral Capsule 500 MG



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
52959002018	Amoxicillin Oral Capsule 500 MG
52959002020	Amoxicillin Oral Capsule 500 MG
52959002021	Amoxicillin Oral Capsule 500 MG
52959002024	Amoxicillin Oral Capsule 500 MG
52959002028	Amoxicillin Oral Capsule 500 MG
52959002030	Amoxicillin Oral Capsule 500 MG
52959002040	Amoxicillin Oral Capsule 500 MG
52959002042	Amoxicillin Oral Capsule 500 MG
52959002060	Amoxicillin Oral Capsule 500 MG
52959018100	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
52959018101	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
52959024619	Amoxicillin Oral Tablet Chewable 250 MG
52959024621	Amoxicillin Oral Tablet Chewable 250 MG
52959024630	Amoxicillin Oral Tablet Chewable 250 MG
52959024640	Amoxicillin Oral Tablet Chewable 250 MG
52959029605	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
52959066120	Amoxicillin Oral Tablet 875 MG
52959066130	Amoxicillin Oral Tablet 875 MG
52959084301	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
53002001320	Amoxicillin Oral Tablet 875 MG
54569174600	Amoxicillin Oral Capsule 250 MG
54569174601	Amoxicillin Oral Capsule 250 MG
54569174605	Amoxicillin Oral Capsule 250 MG
54569174609	Amoxicillin Oral Capsule 250 MG
54569186100	Amoxicillin Oral Capsule 500 MG
54569186101	Amoxicillin Oral Capsule 500 MG
54569186102	Amoxicillin Oral Capsule 500 MG
54569186105	Amoxicillin Oral Capsule 500 MG
54569186108	Amoxicillin Oral Capsule 500 MG
54569186109	Amoxicillin Oral Capsule 500 MG
54569292800	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
54569292900	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
54569293000	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
54569293100	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
54569295400	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
54569333504	Amoxicillin Oral Capsule 500 MG
54569333505	Amoxicillin Oral Capsule 500 MG
54569333506	Amoxicillin Oral Capsule 500 MG
54569333507	Amoxicillin Oral Capsule 500 MG
54569368900	Amoxicillin Oral Tablet Chewable 250 MG
54569368901	Amoxicillin Oral Tablet Chewable 250 MG
54569368905	Amoxicillin Oral Tablet Chewable 250 MG
54569518200	Amoxicillin Oral Tablet 500 MG
54569519300	Amoxicillin Oral Tablet 875 MG



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
5456955300	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
54569572700	Amoxicillin Oral Capsule 500 MG
54569603700	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
54569640100	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
54868310500	Amoxicillin Oral Tablet Chewable 250 MG
54868310501	Amoxicillin Oral Tablet Chewable 250 MG
54868310503	Amoxicillin Oral Tablet Chewable 250 MG
54868310701	Amoxicillin Oral Capsule 250 MG
54868310703	Amoxicillin Oral Capsule 250 MG
54868310706	Amoxicillin Oral Capsule 250 MG
54868310707	Amoxicillin Oral Capsule 250 MG
54868310709	Amoxicillin Oral Capsule 250 MG
54868310900	Amoxicillin Oral Capsule 500 MG
54868310901	Amoxicillin Oral Capsule 500 MG
54868310902	Amoxicillin Oral Capsule 500 MG
54868310905	Amoxicillin Oral Capsule 500 MG
54868310906	Amoxicillin Oral Capsule 500 MG
54868310907	Amoxicillin Oral Capsule 500 MG
54868310908	Amoxicillin Oral Capsule 500 MG
54868310909	Amoxicillin Oral Capsule 500 MG
54868415001	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
54868415002	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
54868415500	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
54868415501	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
54868415502	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
54868415504	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
54868446800	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
54868454300	Amoxicillin Oral Tablet 875 MG
54868454301	Amoxicillin Oral Tablet 875 MG
54868454302	Amoxicillin Oral Tablet 875 MG
54868454303	Amoxicillin Oral Tablet 875 MG
54868510100	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
54868510101	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
54868510102	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
54868510103	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
55045118901	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
55045119903	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
55045120003	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
55045299202	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
55289001906	Amoxicillin Oral Capsule 250 MG
55289001915	Amoxicillin Oral Capsule 250 MG
55289001921	Amoxicillin Oral Capsule 250 MG
55289001924	Amoxicillin Oral Capsule 250 MG
55289001930	Amoxicillin Oral Capsule 250 MG



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
55289001940	Amoxicillin Oral Capsule 250 MG
55289001960	Amoxicillin Oral Capsule 250 MG
55289002004	Amoxicillin Oral Capsule 500 MG
55289002006	Amoxicillin Oral Capsule 500 MG
55289002009	Amoxicillin Oral Capsule 500 MG
55289002014	Amoxicillin Oral Capsule 500 MG
55289002015	Amoxicillin Oral Capsule 500 MG
55289002021	Amoxicillin Oral Capsule 500 MG
55289002024	Amoxicillin Oral Capsule 500 MG
55289002028	Amoxicillin Oral Capsule 500 MG
55289002030	Amoxicillin Oral Capsule 500 MG
55289002040	Amoxicillin Oral Capsule 500 MG
55289002042	Amoxicillin Oral Capsule 500 MG
55289002050	Amoxicillin Oral Capsule 500 MG
55289002056	Amoxicillin Oral Capsule 500 MG
55289002060	Amoxicillin Oral Capsule 500 MG
55289002063	Amoxicillin Oral Capsule 500 MG
55289018206	Amoxicillin Oral Tablet Chewable 250 MG
55289018209	Amoxicillin Oral Tablet Chewable 250 MG
55289018214	Amoxicillin Oral Tablet Chewable 250 MG
55289018230	Amoxicillin Oral Tablet Chewable 250 MG
55289018240	Amoxicillin Oral Tablet Chewable 250 MG
55289070720	Amoxicillin Oral Tablet 875 MG
55289070728	Amoxicillin Oral Tablet 875 MG
55700000721	Amoxicillin Oral Capsule 500 MG
55700000730	Amoxicillin Oral Capsule 500 MG
55700000740	Amoxicillin Oral Capsule 500 MG
55700000742	Amoxicillin Oral Capsule 500 MG
55700016630	Amoxicillin Oral Capsule 250 MG
55700020721	Amoxicillin Oral Capsule 500 MG
55700020730	Amoxicillin Oral Capsule 500 MG
55700020740	Amoxicillin Oral Capsule 500 MG
55700020742	Amoxicillin Oral Capsule 500 MG
57237002801	Amoxicillin Oral Tablet 500 MG
57237002901	Amoxicillin Oral Tablet 875 MG
57237003001	Amoxicillin Oral Capsule 250 MG
57237003005	Amoxicillin Oral Capsule 250 MG
57237003101	Amoxicillin Oral Capsule 500 MG
57237003105	Amoxicillin Oral Capsule 500 MG
57237003201	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
57237003250	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
57237003275	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
57237003301	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
57237003350	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
57237003375	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
58016010300	Amoxicillin Oral Capsule 250 MG
58016010309	Amoxicillin Oral Capsule 250 MG
58016010312	Amoxicillin Oral Capsule 250 MG
58016010315	Amoxicillin Oral Capsule 250 MG
58016010318	Amoxicillin Oral Capsule 250 MG
58016010320	Amoxicillin Oral Capsule 250 MG
58016010321	Amoxicillin Oral Capsule 250 MG
58016010324	Amoxicillin Oral Capsule 250 MG
58016010330	Amoxicillin Oral Capsule 250 MG
58016010340	Amoxicillin Oral Capsule 250 MG
58016010400	Amoxicillin Oral Capsule 500 MG
58016010409	Amoxicillin Oral Capsule 500 MG
58016010412	Amoxicillin Oral Capsule 500 MG
58016010414	Amoxicillin Oral Capsule 500 MG
58016010415	Amoxicillin Oral Capsule 500 MG
58016010418	Amoxicillin Oral Capsule 500 MG
58016010420	Amoxicillin Oral Capsule 500 MG
58016010421	Amoxicillin Oral Capsule 500 MG
58016010424	Amoxicillin Oral Capsule 500 MG
58016010428	Amoxicillin Oral Capsule 500 MG
58016010430	Amoxicillin Oral Capsule 500 MG
58016010440	Amoxicillin Oral Capsule 500 MG
58016010500	Amoxicillin Oral Tablet Chewable 250 MG
58016010520	Amoxicillin Oral Tablet Chewable 250 MG
58016010530	Amoxicillin Oral Tablet Chewable 250 MG
58016010560	Amoxicillin Oral Tablet Chewable 250 MG
58016010590	Amoxicillin Oral Tablet Chewable 250 MG
58016064300	Amoxicillin Oral Tablet 875 MG
58016064302	Amoxicillin Oral Tablet 875 MG
58016064304	Amoxicillin Oral Tablet 875 MG
58016064309	Amoxicillin Oral Tablet 875 MG
58016064312	Amoxicillin Oral Tablet 875 MG
58016064315	Amoxicillin Oral Tablet 875 MG
58016064318	Amoxicillin Oral Tablet 875 MG
58016064320	Amoxicillin Oral Tablet 875 MG
58016064321	Amoxicillin Oral Tablet 875 MG
58016064324	Amoxicillin Oral Tablet 875 MG
58016064330	Amoxicillin Oral Tablet 875 MG
58016064340	Amoxicillin Oral Tablet 875 MG
58016064350	Amoxicillin Oral Tablet 875 MG
58016064360	Amoxicillin Oral Tablet 875 MG
58016064389	Amoxicillin Oral Tablet 875 MG
58016064390	Amoxicillin Oral Tablet 875 MG



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
58016064399	Amoxicillin Oral Tablet 875 MG
58016100401	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
58016100501	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
58864002830	Amoxicillin Oral Capsule 250 MG
58864002930	Amoxicillin Oral Capsule 500 MG
58864002940	Amoxicillin Oral Capsule 500 MG
58864067540	Amoxicillin Oral Tablet Chewable 250 MG
59762102001	Amoxicillin Oral Capsule 250 MG
59762102003	Amoxicillin Oral Capsule 250 MG
59762102101	Amoxicillin Oral Capsule 500 MG
59762102107	Amoxicillin Oral Capsule 500 MG
59762102202	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
59762102204	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
59762102207	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
59762102304	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
59762102305	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
59762102306	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
59762105002	Amoxicillin Oral Tablet 875 MG
59762105005	Amoxicillin Oral Tablet 875 MG
60429002101	Amoxicillin Oral Capsule 250 MG
60429002105	Amoxicillin Oral Capsule 250 MG
60429002130	Amoxicillin Oral Capsule 250 MG
60429002201	Amoxicillin Oral Capsule 500 MG
60429002205	Amoxicillin Oral Capsule 500 MG
60429002230	Amoxicillin Oral Capsule 500 MG
61919001533	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
61919001620	Amoxicillin Oral Capsule 500 MG
61919001630	Amoxicillin Oral Capsule 500 MG
61919001660	Amoxicillin Oral Capsule 500 MG
61919001720	Amoxicillin Oral Tablet 875 MG
61919004120	Amoxicillin Oral Tablet 875 MG
61919040132	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
61919042430	Amoxicillin Oral Tablet Chewable 250 MG
63629125701	Amoxicillin Oral Capsule 250 MG
63629175901	Amoxicillin Oral Tablet Chewable 250 MG
63629175903	Amoxicillin Oral Tablet Chewable 250 MG
63629175904	Amoxicillin Oral Tablet Chewable 250 MG
63629175905	Amoxicillin Oral Tablet Chewable 250 MG
65862001401	Amoxicillin Oral Tablet 500 MG
65862001501	Amoxicillin Oral Tablet 875 MG
65862001601	Amoxicillin Oral Capsule 250 MG
65862001605	Amoxicillin Oral Capsule 250 MG
65862001701	Amoxicillin Oral Capsule 500 MG
65862001705	Amoxicillin Oral Capsule 500 MG



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
65862007001	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
65862007050	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
65862007075	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
65862007101	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
65862007150	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
65862007175	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
66267002115	Amoxicillin Oral Capsule 250 MG
66267002121	Amoxicillin Oral Capsule 250 MG
66267002130	Amoxicillin Oral Capsule 250 MG
66267002230	Amoxicillin Oral Tablet Chewable 250 MG
66267002304	Amoxicillin Oral Capsule 500 MG
66267002308	Amoxicillin Oral Capsule 500 MG
66267002309	Amoxicillin Oral Capsule 500 MG
66267002315	Amoxicillin Oral Capsule 500 MG
66267002320	Amoxicillin Oral Capsule 500 MG
66267002321	Amoxicillin Oral Capsule 500 MG
66267002330	Amoxicillin Oral Capsule 500 MG
66267002340	Amoxicillin Oral Capsule 500 MG
66267002360	Amoxicillin Oral Capsule 500 MG
66267076404	Amoxicillin Oral Capsule 500 MG
66267099315	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
66267099400	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
66336007420	Amoxicillin Oral Tablet 875 MG
66336029330	Amoxicillin Oral Tablet 500 MG
66336063421	Amoxicillin Oral Capsule 500 MG
66336063430	Amoxicillin Oral Capsule 500 MG
66336063440	Amoxicillin Oral Capsule 500 MG
66336065530	Amoxicillin Oral Capsule 250 MG
67253014010	Amoxicillin Oral Capsule 250 MG
67253014050	Amoxicillin Oral Capsule 250 MG
67253014110	Amoxicillin Oral Capsule 500 MG
67253014150	Amoxicillin Oral Capsule 500 MG
67253014308	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
67253014310	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
67253014315	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
67253014645	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
67253014646	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
67253014647	Amoxicillin Oral Suspension Reconstituted 125 MG/5ML
67253014740	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
67253014743	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
67253014744	Amoxicillin Oral Suspension Reconstituted 200 MG/5ML
67253014940	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
67253014943	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
67253014944	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
68071152608	Amoxicillin Oral Suspension Reconstituted 250 MG/5ML
68258196905	Amoxicillin Oral Suspension Reconstituted 400 MG/5ML
68387043030	Amoxicillin Oral Capsule 500 MG
68387043040	Amoxicillin Oral Capsule 500 MG
76439010310	Amoxicillin Oral Capsule 250 MG
76439010350	Amoxicillin Oral Capsule 250 MG
76439010410	Amoxicillin Oral Capsule 500 MG
76439010450	Amoxicillin Oral Capsule 500 MG
00781214401	Ampicillin Oral Capsule 250 MG
00781214405	Ampicillin Oral Capsule 250 MG
00781214501	Ampicillin Oral Capsule 500 MG
00781214505	Ampicillin Oral Capsule 500 MG
23490507901	Ampicillin Oral Capsule 250 MG
23490508101	Ampicillin Oral Capsule 500 MG
33358003220	Ampicillin Oral Capsule 250 MG
33358003228	Ampicillin Oral Capsule 250 MG
33358003230	Ampicillin Oral Capsule 250 MG
33358003240	Ampicillin Oral Capsule 250 MG
33358003320	Ampicillin Oral Capsule 500 MG
33358003330	Ampicillin Oral Capsule 500 MG
33358003340	Ampicillin Oral Capsule 500 MG
49999000128	Ampicillin Oral Capsule 250 MG
49999000140	Ampicillin Oral Capsule 250 MG
49999011720	Ampicillin Oral Capsule 500 MG
52959038920	Ampicillin Oral Capsule 500 MG
52959038928	Ampicillin Oral Capsule 500 MG
52959038930	Ampicillin Oral Capsule 500 MG
52959038940	Ampicillin Oral Capsule 500 MG
54569241101	Ampicillin Oral Capsule 500 MG
54868311305	Ampicillin Oral Capsule 500 MG
55289002301	Ampicillin Oral Capsule 250 MG
55289002310	Ampicillin Oral Capsule 250 MG
55289002320	Ampicillin Oral Capsule 250 MG
55289002328	Ampicillin Oral Capsule 250 MG
55289002330	Ampicillin Oral Capsule 250 MG
55289002340	Ampicillin Oral Capsule 250 MG
55289002404	Ampicillin Oral Capsule 500 MG
55289002407	Ampicillin Oral Capsule 500 MG
55289002410	Ampicillin Oral Capsule 500 MG
55289002420	Ampicillin Oral Capsule 500 MG
55289002428	Ampicillin Oral Capsule 500 MG
55289002430	Ampicillin Oral Capsule 500 MG
55289002440	Ampicillin Oral Capsule 500 MG
58016103101	Ampicillin Oral Suspension Reconstituted 125 MG/5ML



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
58016103201	Ampicillin Oral Suspension Reconstituted 125 MG/5ML
58016103401	Ampicillin Oral Suspension Reconstituted 250 MG/5ML
60429002301	Ampicillin Oral Capsule 250 MG
60429002305	Ampicillin Oral Capsule 250 MG
60429002401	Ampicillin Oral Capsule 500 MG
60429002405	Ampicillin Oral Capsule 500 MG
63629260901	Ampicillin Oral Capsule 250 MG
63629260902	Ampicillin Oral Capsule 250 MG
63629260903	Ampicillin Oral Capsule 250 MG
63629261001	Ampicillin Oral Capsule 500 MG
63629261002	Ampicillin Oral Capsule 500 MG
63629261003	Ampicillin Oral Capsule 500 MG
66267002428	Ampicillin Oral Capsule 250 MG
66267002430	Ampicillin Oral Capsule 250 MG
66267002440	Ampicillin Oral Capsule 250 MG
66267002528	Ampicillin Oral Capsule 500 MG
66267002530	Ampicillin Oral Capsule 500 MG
66267002540	Ampicillin Oral Capsule 500 MG
67253018010	Ampicillin Oral Capsule 250 MG
67253018050	Ampicillin Oral Capsule 250 MG
67253018110	Ampicillin Oral Capsule 500 MG
67253018150	Ampicillin Oral Capsule 500 MG
67253018210	Ampicillin Oral Suspension Reconstituted 125 MG/5ML
67253018220	Ampicillin Oral Suspension Reconstituted 125 MG/5ML
67253018310	Ampicillin Oral Suspension Reconstituted 250 MG/5ML
67253018320	Ampicillin Oral Suspension Reconstituted 250 MG/5ML
68387042828	Ampicillin Oral Capsule 500 MG
00093223801	Cephalexin Oral Tablet 250 MG
00093224001	Cephalexin Oral Tablet 500 MG
00093314501	Cephalexin Oral Capsule 250 MG
00093314505	Cephalexin Oral Capsule 250 MG
00093314701	Cephalexin Oral Capsule 500 MG
00093314705	Cephalexin Oral Capsule 500 MG
00093417573	Cephalexin Oral Suspension Reconstituted 125 MG/5ML
00093417574	Cephalexin Oral Suspension Reconstituted 125 MG/5ML
00093417773	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
00093417774	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
00143989701	Cephalexin Oral Capsule 500 MG
00143989705	Cephalexin Oral Capsule 500 MG
00143989801	Cephalexin Oral Capsule 250 MG
00143989805	Cephalexin Oral Capsule 250 MG
00440124340	Cephalexin Oral Capsule 250 MG
00440124440	Cephalexin Oral Capsule 500 MG
00440724328	Cephalexin Oral Capsule 250 MG



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
10544005720	Cephalexin Oral Capsule 500 MG
10544005721	Cephalexin Oral Capsule 500 MG
10544005728	Cephalexin Oral Capsule 500 MG
10544005730	Cephalexin Oral Capsule 500 MG
10544005740	Cephalexin Oral Capsule 500 MG
10544008210	Cephalexin Oral Capsule 500 MG
10544008214	Cephalexin Oral Capsule 500 MG
10544008220	Cephalexin Oral Capsule 500 MG
10544008221	Cephalexin Oral Capsule 500 MG
10544008228	Cephalexin Oral Capsule 500 MG
10544008230	Cephalexin Oral Capsule 500 MG
10544008240	Cephalexin Oral Capsule 500 MG
10544052940	Cephalexin Oral Capsule 500 MG
10544086830	Cephalexin Oral Capsule 250 MG
10544086840	Cephalexin Oral Capsule 250 MG
16590004936	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
16590005020	Cephalexin Oral Capsule 250 MG
16590005021	Cephalexin Oral Capsule 250 MG
16590005028	Cephalexin Oral Capsule 250 MG
16590005030	Cephalexin Oral Capsule 250 MG
16590005112	Cephalexin Oral Capsule 500 MG
16590005116	Cephalexin Oral Capsule 500 MG
16590005120	Cephalexin Oral Capsule 500 MG
16590005128	Cephalexin Oral Capsule 500 MG
16590005130	Cephalexin Oral Capsule 500 MG
16590005140	Cephalexin Oral Capsule 500 MG
16590005156	Cephalexin Oral Capsule 500 MG
16590005160	Cephalexin Oral Capsule 500 MG
16590046632	Cephalexin Oral Suspension Reconstituted 125 MG/5ML
16714064102	Cephalexin Oral Capsule 250 MG
16714064103	Cephalexin Oral Capsule 250 MG
16714064202	Cephalexin Oral Capsule 500 MG
16714064203	Cephalexin Oral Capsule 500 MG
21695031620	Cephalexin Oral Capsule 250 MG
21695031628	Cephalexin Oral Capsule 250 MG
21695031630	Cephalexin Oral Capsule 250 MG
21695031640	Cephalexin Oral Capsule 250 MG
21695031706	Cephalexin Oral Capsule 500 MG
21695031708	Cephalexin Oral Capsule 500 MG
21695031710	Cephalexin Oral Capsule 500 MG
21695031712	Cephalexin Oral Capsule 500 MG
21695031714	Cephalexin Oral Capsule 500 MG
21695031720	Cephalexin Oral Capsule 500 MG
21695031721	Cephalexin Oral Capsule 500 MG



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
21695031728	Cephalexin Oral Capsule 500 MG
21695031730	Cephalexin Oral Capsule 500 MG
21695031740	Cephalexin Oral Capsule 500 MG
21695031760	Cephalexin Oral Capsule 500 MG
21695055100	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
21695055120	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
21695078910	Cephalexin Oral Suspension Reconstituted 125 MG/5ML
21695078920	Cephalexin Oral Suspension Reconstituted 125 MG/5ML
23490524801	Cephalexin Oral Capsule 250 MG
23490524802	Cephalexin Oral Capsule 250 MG
23490524803	Cephalexin Oral Capsule 250 MG
23490524804	Cephalexin Oral Capsule 250 MG
23490524805	Cephalexin Oral Capsule 250 MG
23490524806	Cephalexin Oral Capsule 250 MG
23490524807	Cephalexin Oral Capsule 250 MG
23490524808	Cephalexin Oral Capsule 250 MG
23490524901	Cephalexin Oral Suspension Reconstituted 125 MG/5ML
23490525001	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
23490525002	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
23490525100	Cephalexin Oral Capsule 500 MG
23490525101	Cephalexin Oral Capsule 500 MG
23490525102	Cephalexin Oral Capsule 500 MG
23490525103	Cephalexin Oral Capsule 500 MG
23490525104	Cephalexin Oral Capsule 500 MG
23490525105	Cephalexin Oral Capsule 500 MG
23490525106	Cephalexin Oral Capsule 500 MG
23490525107	Cephalexin Oral Capsule 500 MG
23490525108	Cephalexin Oral Capsule 500 MG
23490525109	Cephalexin Oral Capsule 500 MG
23490784301	Cephalexin Oral Capsule 500 MG
23490784302	Cephalexin Oral Capsule 500 MG
23490784307	Cephalexin Oral Capsule 500 MG
33358007115	Cephalexin Oral Capsule 250 MG
33358007120	Cephalexin Oral Capsule 250 MG
33358007128	Cephalexin Oral Capsule 250 MG
33358007140	Cephalexin Oral Capsule 250 MG
33358007160	Cephalexin Oral Capsule 250 MG
33358007214	Cephalexin Oral Capsule 500 MG
33358007215	Cephalexin Oral Capsule 500 MG
33358007220	Cephalexin Oral Capsule 500 MG
33358007228	Cephalexin Oral Capsule 500 MG
33358007230	Cephalexin Oral Capsule 500 MG
33358007240	Cephalexin Oral Capsule 500 MG
33358007260	Cephalexin Oral Capsule 500 MG



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
35356097810	Cephalexin Oral Capsule 500 MG
35356097814	Cephalexin Oral Capsule 500 MG
35356097820	Cephalexin Oral Capsule 500 MG
35356097828	Cephalexin Oral Capsule 500 MG
35356097830	Cephalexin Oral Capsule 500 MG
35356097840	Cephalexin Oral Capsule 500 MG
35356098010	Cephalexin Oral Capsule 500 MG
35356098014	Cephalexin Oral Capsule 500 MG
35356098020	Cephalexin Oral Capsule 500 MG
35356098028	Cephalexin Oral Capsule 500 MG
35356098030	Cephalexin Oral Capsule 500 MG
35356098040	Cephalexin Oral Capsule 500 MG
42043014001	Cephalexin Oral Capsule 250 MG
42043014005	Cephalexin Oral Capsule 250 MG
42043014101	Cephalexin Oral Capsule 500 MG
42043014105	Cephalexin Oral Capsule 500 MG
42043014238	Cephalexin Oral Suspension Reconstituted 125 MG/5ML
42043014258	Cephalexin Oral Suspension Reconstituted 125 MG/5ML
42043014338	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
42043014358	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
42254008006	Cephalexin Oral Capsule 500 MG
42254008012	Cephalexin Oral Capsule 500 MG
42254008014	Cephalexin Oral Capsule 500 MG
42254008020	Cephalexin Oral Capsule 500 MG
42254008021	Cephalexin Oral Capsule 500 MG
42254008028	Cephalexin Oral Capsule 500 MG
42254008030	Cephalexin Oral Capsule 500 MG
42254008040	Cephalexin Oral Capsule 500 MG
42254019730	Cephalexin Oral Capsule 250 MG
42254021710	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
42254021720	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
42254033810	Cephalexin Oral Suspension Reconstituted 125 MG/5ML
42291020850	Cephalexin Oral Capsule 250 MG
42291020950	Cephalexin Oral Capsule 500 MG
42549030628	Cephalexin Oral Capsule 500 MG
42549050610	Cephalexin Oral Capsule 500 MG
42549050628	Cephalexin Oral Capsule 500 MG
42549056504	Cephalexin Oral Capsule 500 MG
42549056510	Cephalexin Oral Capsule 500 MG
42549056528	Cephalexin Oral Capsule 500 MG
42549056530	Cephalexin Oral Capsule 500 MG
42549056540	Cephalexin Oral Capsule 500 MG
42549062410	Cephalexin Oral Capsule 500 MG
42549073832	Cephalexin Oral Suspension Reconstituted 250 MG/5ML



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
43063001604	Cephalexin Oral Capsule 250 MG
43063001606	Cephalexin Oral Capsule 250 MG
43063001609	Cephalexin Oral Capsule 250 MG
43063001610	Cephalexin Oral Capsule 250 MG
43063001615	Cephalexin Oral Capsule 250 MG
43063001620	Cephalexin Oral Capsule 250 MG
43063001624	Cephalexin Oral Capsule 250 MG
43063001628	Cephalexin Oral Capsule 250 MG
43063001630	Cephalexin Oral Capsule 250 MG
43063001640	Cephalexin Oral Capsule 250 MG
43063004704	Cephalexin Oral Capsule 500 MG
43063004706	Cephalexin Oral Capsule 500 MG
43063004708	Cephalexin Oral Capsule 500 MG
43063004709	Cephalexin Oral Capsule 500 MG
43063004710	Cephalexin Oral Capsule 500 MG
43063004714	Cephalexin Oral Capsule 500 MG
43063004720	Cephalexin Oral Capsule 500 MG
43063004721	Cephalexin Oral Capsule 500 MG
43063004724	Cephalexin Oral Capsule 500 MG
43063004728	Cephalexin Oral Capsule 500 MG
43063004730	Cephalexin Oral Capsule 500 MG
43063004740	Cephalexin Oral Capsule 500 MG
43063004756	Cephalexin Oral Capsule 500 MG
43063036220	Cephalexin Oral Capsule 500 MG
43063036228	Cephalexin Oral Capsule 500 MG
43063036230	Cephalexin Oral Capsule 500 MG
43063036240	Cephalexin Oral Capsule 500 MG
43063049708	Cephalexin Oral Capsule 250 MG
43063049709	Cephalexin Oral Capsule 250 MG
43063049710	Cephalexin Oral Capsule 250 MG
43063049720	Cephalexin Oral Capsule 250 MG
43063049728	Cephalexin Oral Capsule 250 MG
43063049740	Cephalexin Oral Capsule 250 MG
43063053604	Cephalexin Oral Capsule 500 MG
43063053606	Cephalexin Oral Capsule 500 MG
43063053608	Cephalexin Oral Capsule 500 MG
43063053610	Cephalexin Oral Capsule 500 MG
43063053614	Cephalexin Oral Capsule 500 MG
43063053620	Cephalexin Oral Capsule 500 MG
43063053621	Cephalexin Oral Capsule 500 MG
43063053628	Cephalexin Oral Capsule 500 MG
43063053630	Cephalexin Oral Capsule 500 MG
43063053640	Cephalexin Oral Capsule 500 MG
43063053656	Cephalexin Oral Capsule 500 MG



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
49999000700	Cephalexin Oral Capsule 500 MG
49999000710	Cephalexin Oral Capsule 500 MG
49999000712	Cephalexin Oral Capsule 500 MG
49999000714	Cephalexin Oral Capsule 500 MG
49999000715	Cephalexin Oral Capsule 500 MG
49999000720	Cephalexin Oral Capsule 500 MG
49999000721	Cephalexin Oral Capsule 500 MG
49999000728	Cephalexin Oral Capsule 500 MG
49999000730	Cephalexin Oral Capsule 500 MG
49999000740	Cephalexin Oral Capsule 500 MG
49999000760	Cephalexin Oral Capsule 500 MG
49999000790	Cephalexin Oral Capsule 500 MG
49999004104	Cephalexin Oral Capsule 250 MG
49999004110	Cephalexin Oral Capsule 250 MG
49999004112	Cephalexin Oral Capsule 250 MG
49999004120	Cephalexin Oral Capsule 250 MG
49999004128	Cephalexin Oral Capsule 250 MG
49999004130	Cephalexin Oral Capsule 250 MG
49999004140	Cephalexin Oral Capsule 250 MG
49999026100	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
49999026120	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
49999071300	Cephalexin Oral Suspension Reconstituted 125 MG/5ML
50268015115	Cephalexin Oral Capsule 250 MG
50268015215	Cephalexin Oral Capsule 500 MG
50436011701	Cephalexin Oral Capsule 500 MG
50436011702	Cephalexin Oral Capsule 500 MG
50436011703	Cephalexin Oral Capsule 500 MG
50436011704	Cephalexin Oral Capsule 500 MG
50436011705	Cephalexin Oral Capsule 500 MG
50436011708	Cephalexin Oral Capsule 500 MG
52959003001	Cephalexin Oral Capsule 250 MG
52959003008	Cephalexin Oral Capsule 250 MG
52959003012	Cephalexin Oral Capsule 250 MG
52959003020	Cephalexin Oral Capsule 250 MG
52959003024	Cephalexin Oral Capsule 250 MG
52959003028	Cephalexin Oral Capsule 250 MG
52959003030	Cephalexin Oral Capsule 250 MG
52959003040	Cephalexin Oral Capsule 250 MG
52959003056	Cephalexin Oral Capsule 250 MG
52959003100	Cephalexin Oral Capsule 500 MG
52959003104	Cephalexin Oral Capsule 500 MG
52959003106	Cephalexin Oral Capsule 500 MG
52959003108	Cephalexin Oral Capsule 500 MG
52959003110	Cephalexin Oral Capsule 500 MG



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
52959003112	Cephalexin Oral Capsule 500 MG
52959003114	Cephalexin Oral Capsule 500 MG
52959003115	Cephalexin Oral Capsule 500 MG
52959003120	Cephalexin Oral Capsule 500 MG
52959003121	Cephalexin Oral Capsule 500 MG
52959003124	Cephalexin Oral Capsule 500 MG
52959003128	Cephalexin Oral Capsule 500 MG
52959003130	Cephalexin Oral Capsule 500 MG
52959003140	Cephalexin Oral Capsule 500 MG
52959003160	Cephalexin Oral Capsule 500 MG
52959020001	Cephalexin Oral Suspension Reconstituted 125 MG/5ML
52959020002	Cephalexin Oral Suspension Reconstituted 125 MG/5ML
52959062000	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
52959062001	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
54569030402	Cephalexin Oral Capsule 250 MG
54569030403	Cephalexin Oral Capsule 250 MG
54569030404	Cephalexin Oral Capsule 250 MG
54569030405	Cephalexin Oral Capsule 250 MG
54569030500	Cephalexin Oral Capsule 500 MG
54569030501	Cephalexin Oral Capsule 500 MG
54569030502	Cephalexin Oral Capsule 500 MG
54569030503	Cephalexin Oral Capsule 500 MG
54569030505	Cephalexin Oral Capsule 500 MG
54569030506	Cephalexin Oral Capsule 500 MG
54569030507	Cephalexin Oral Capsule 500 MG
54569030508	Cephalexin Oral Capsule 500 MG
54569102400	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
54569102500	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
54569332403	Cephalexin Oral Capsule 500 MG
54569502403	Cephalexin Oral Capsule 250 MG
54868015301	Cephalexin Oral Capsule 250 MG
54868015303	Cephalexin Oral Capsule 250 MG
54868015305	Cephalexin Oral Capsule 250 MG
54868015309	Cephalexin Oral Capsule 250 MG
54868015400	Cephalexin Oral Capsule 500 MG
54868015401	Cephalexin Oral Capsule 500 MG
54868015402	Cephalexin Oral Capsule 500 MG
54868015404	Cephalexin Oral Capsule 500 MG
54868015406	Cephalexin Oral Capsule 500 MG
54868015407	Cephalexin Oral Capsule 500 MG
54868015408	Cephalexin Oral Capsule 500 MG
54868015409	Cephalexin Oral Capsule 500 MG
54868053801	Cephalexin Oral Suspension Reconstituted 125 MG/5ML
54868053802	Cephalexin Oral Suspension Reconstituted 125 MG/5ML



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
54868138501	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
54868138502	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
55045150009	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
55289005715	Cephalexin Oral Capsule 250 MG
55289005720	Cephalexin Oral Capsule 250 MG
55289005728	Cephalexin Oral Capsule 250 MG
55289005730	Cephalexin Oral Capsule 250 MG
55289005804	Cephalexin Oral Capsule 500 MG
55289005808	Cephalexin Oral Capsule 500 MG
55289005810	Cephalexin Oral Capsule 500 MG
55289005814	Cephalexin Oral Capsule 500 MG
55289005828	Cephalexin Oral Capsule 500 MG
55289005830	Cephalexin Oral Capsule 500 MG
55289005840	Cephalexin Oral Capsule 500 MG
55700000810	Cephalexin Oral Capsule 500 MG
55700000814	Cephalexin Oral Capsule 500 MG
55700000820	Cephalexin Oral Capsule 500 MG
55700000828	Cephalexin Oral Capsule 500 MG
55700000830	Cephalexin Oral Capsule 500 MG
55700000840	Cephalexin Oral Capsule 500 MG
55700000910	Cephalexin Oral Capsule 500 MG
55700000914	Cephalexin Oral Capsule 500 MG
55700000920	Cephalexin Oral Capsule 500 MG
55700000928	Cephalexin Oral Capsule 500 MG
55700000930	Cephalexin Oral Capsule 500 MG
55700000940	Cephalexin Oral Capsule 500 MG
55700004310	Cephalexin Oral Capsule 500 MG
55700004314	Cephalexin Oral Capsule 500 MG
55700004320	Cephalexin Oral Capsule 500 MG
55700004328	Cephalexin Oral Capsule 500 MG
55700004330	Cephalexin Oral Capsule 500 MG
55700004340	Cephalexin Oral Capsule 500 MG
55700014530	Cephalexin Oral Capsule 250 MG
55700014540	Cephalexin Oral Capsule 250 MG
55700014900	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
58016013800	Cephalexin Oral Capsule 250 MG
58016013802	Cephalexin Oral Capsule 250 MG
58016013803	Cephalexin Oral Capsule 250 MG
58016013812	Cephalexin Oral Capsule 250 MG
58016013814	Cephalexin Oral Capsule 250 MG
58016013815	Cephalexin Oral Capsule 250 MG
58016013820	Cephalexin Oral Capsule 250 MG
58016013821	Cephalexin Oral Capsule 250 MG
58016013824	Cephalexin Oral Capsule 250 MG



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
58016013828	Cephalexin Oral Capsule 250 MG
58016013830	Cephalexin Oral Capsule 250 MG
58016013840	Cephalexin Oral Capsule 250 MG
58016013856	Cephalexin Oral Capsule 250 MG
58016013860	Cephalexin Oral Capsule 250 MG
58016013873	Cephalexin Oral Capsule 250 MG
58016013889	Cephalexin Oral Capsule 250 MG
58016013900	Cephalexin Oral Capsule 500 MG
58016013902	Cephalexin Oral Capsule 500 MG
58016013903	Cephalexin Oral Capsule 500 MG
58016013904	Cephalexin Oral Capsule 500 MG
58016013905	Cephalexin Oral Capsule 500 MG
58016013906	Cephalexin Oral Capsule 500 MG
58016013908	Cephalexin Oral Capsule 500 MG
58016013910	Cephalexin Oral Capsule 500 MG
58016013912	Cephalexin Oral Capsule 500 MG
58016013914	Cephalexin Oral Capsule 500 MG
58016013915	Cephalexin Oral Capsule 500 MG
58016013918	Cephalexin Oral Capsule 500 MG
58016013920	Cephalexin Oral Capsule 500 MG
58016013921	Cephalexin Oral Capsule 500 MG
58016013924	Cephalexin Oral Capsule 500 MG
58016013928	Cephalexin Oral Capsule 500 MG
58016013930	Cephalexin Oral Capsule 500 MG
58016013940	Cephalexin Oral Capsule 500 MG
58016013950	Cephalexin Oral Capsule 500 MG
58016013956	Cephalexin Oral Capsule 500 MG
58016013960	Cephalexin Oral Capsule 500 MG
58016013973	Cephalexin Oral Capsule 500 MG
58016013989	Cephalexin Oral Capsule 500 MG
58016102101	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
58016104501	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
58016104601	Cephalexin Oral Suspension Reconstituted 125 MG/5ML
58864007230	Cephalexin Oral Capsule 250 MG
58864007320	Cephalexin Oral Capsule 500 MG
58864007328	Cephalexin Oral Capsule 500 MG
58864007330	Cephalexin Oral Capsule 500 MG
58864007340	Cephalexin Oral Capsule 500 MG
58864007356	Cephalexin Oral Capsule 500 MG
60429003605	Cephalexin Oral Capsule 250 MG
60429003640	Cephalexin Oral Capsule 250 MG
60429003705	Cephalexin Oral Capsule 500 MG
60429003740	Cephalexin Oral Capsule 500 MG
60429093605	Cephalexin Oral Capsule 250 MG



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
60429093640	Cephalexin Oral Capsule 250 MG
60429093905	Cephalexin Oral Capsule 500 MG
60429093940	Cephalexin Oral Capsule 500 MG
61442016101	Cephalexin Oral Capsule 250 MG
61442016105	Cephalexin Oral Capsule 250 MG
61442016201	Cephalexin Oral Capsule 500 MG
61442016205	Cephalexin Oral Capsule 500 MG
61442020101	Cephalexin Oral Suspension Reconstituted 125 MG/5ML
61442020102	Cephalexin Oral Suspension Reconstituted 125 MG/5ML
61442020201	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
61442020202	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
61919004932	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
61919005120	Cephalexin Oral Capsule 500 MG
62250080208	Cephalexin Oral Capsule 500 MG
62756029313	Cephalexin Oral Capsule 250 MG
62756029388	Cephalexin Oral Capsule 250 MG
62756029413	Cephalexin Oral Capsule 500 MG
62756029488	Cephalexin Oral Capsule 500 MG
63187004640	Cephalexin Oral Capsule 500 MG
63629131701	Cephalexin Oral Capsule 250 MG
63629131702	Cephalexin Oral Capsule 250 MG
63629131703	Cephalexin Oral Capsule 250 MG
63629131704	Cephalexin Oral Capsule 250 MG
63629131705	Cephalexin Oral Capsule 250 MG
63629131900	Cephalexin Oral Capsule 500 MG
63629131909	Cephalexin Oral Capsule 500 MG
65862001801	Cephalexin Oral Capsule 250 MG
65862001805	Cephalexin Oral Capsule 250 MG
65862001840	Cephalexin Oral Capsule 250 MG
65862001901	Cephalexin Oral Capsule 500 MG
65862001905	Cephalexin Oral Capsule 500 MG
65862001940	Cephalexin Oral Capsule 500 MG
66267004912	Cephalexin Oral Capsule 250 MG
66267004920	Cephalexin Oral Capsule 250 MG
66267004928	Cephalexin Oral Capsule 250 MG
66267004930	Cephalexin Oral Capsule 250 MG
66267004940	Cephalexin Oral Capsule 250 MG
66267005005	Cephalexin Oral Capsule 500 MG
66267005014	Cephalexin Oral Capsule 500 MG
66267005015	Cephalexin Oral Capsule 500 MG
66267005020	Cephalexin Oral Capsule 500 MG
66267005028	Cephalexin Oral Capsule 500 MG
66267005030	Cephalexin Oral Capsule 500 MG
66267005040	Cephalexin Oral Capsule 500 MG



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
66267005060	Cephalexin Oral Capsule 500 MG
66267076904	Cephalexin Oral Capsule 250 MG
66267098120	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
66267098200	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
66336005514	Cephalexin Oral Capsule 500 MG
66336005520	Cephalexin Oral Capsule 500 MG
66336005521	Cephalexin Oral Capsule 500 MG
66336005528	Cephalexin Oral Capsule 500 MG
66336005530	Cephalexin Oral Capsule 500 MG
66336005540	Cephalexin Oral Capsule 500 MG
66336044120	Cephalexin Oral Capsule 250 MG
66336044140	Cephalexin Oral Capsule 250 MG
67877021901	Cephalexin Oral Capsule 500 MG
67877021905	Cephalexin Oral Capsule 500 MG
67877021910	Cephalexin Oral Capsule 500 MG
67877022001	Cephalexin Oral Capsule 250 MG
67877022005	Cephalexin Oral Capsule 250 MG
68071202408	Cephalexin Oral Capsule 500 MG
68180012101	Cephalexin Oral Capsule 250 MG
68180012102	Cephalexin Oral Capsule 250 MG
68180012201	Cephalexin Oral Capsule 500 MG
68180012202	Cephalexin Oral Capsule 500 MG
68180012301	Cephalexin Oral Suspension Reconstituted 125 MG/5ML
68180012302	Cephalexin Oral Suspension Reconstituted 125 MG/5ML
68180012401	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
68180012402	Cephalexin Oral Suspension Reconstituted 250 MG/5ML
68387019020	Cephalexin Oral Capsule 500 MG
68387019021	Cephalexin Oral Capsule 500 MG
68387019030	Cephalexin Oral Capsule 500 MG
68387019040	Cephalexin Oral Capsule 500 MG
76439010110	Cephalexin Oral Capsule 250 MG
76439010150	Cephalexin Oral Capsule 250 MG
76439010210	Cephalexin Oral Capsule 500 MG
76439010250	Cephalexin Oral Capsule 500 MG
00143203701	Ciprofloxacin HCl Oral Tablet 500 MG
00143992701	Ciprofloxacin HCl Oral Tablet 250 MG
00143992801	Ciprofloxacin HCl Oral Tablet 500 MG
00143992950	Ciprofloxacin HCl Oral Tablet 750 MG
00172531160	Ciprofloxacin HCl Oral Tablet 250 MG
00172531260	Ciprofloxacin HCl Oral Tablet 500 MG
00172531270	Ciprofloxacin HCl Oral Tablet 500 MG
00172531360	Ciprofloxacin HCl Oral Tablet 750 MG
00179198206	Ciprofloxacin HCl Oral Tablet 500 MG
00179198214	Ciprofloxacin HCl Oral Tablet 500 MG



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
00179198220	Ciprofloxacin HCl Oral Tablet 500 MG
00378709701	Ciprofloxacin HCl Oral Tablet 250 MG
00378709801	Ciprofloxacin HCl Oral Tablet 500 MG
00378709989	Ciprofloxacin HCl Oral Tablet 750 MG
00440729002	Ciprofloxacin HCl Oral Tablet 250 MG
00440729006	Ciprofloxacin HCl Oral Tablet 250 MG
00440729014	Ciprofloxacin HCl Oral Tablet 250 MG
00440729020	Ciprofloxacin HCl Oral Tablet 250 MG
00440729040	Ciprofloxacin HCl Oral Tablet 250 MG
00440729102	Ciprofloxacin HCl Oral Tablet 500 MG
00440729104	Ciprofloxacin HCl Oral Tablet 500 MG
00440729106	Ciprofloxacin HCl Oral Tablet 500 MG
00440729110	Ciprofloxacin HCl Oral Tablet 500 MG
00440729114	Ciprofloxacin HCl Oral Tablet 500 MG
00440729120	Ciprofloxacin HCl Oral Tablet 500 MG
00440729130	Ciprofloxacin HCl Oral Tablet 500 MG
00440729160	Ciprofloxacin HCl Oral Tablet 500 MG
00440729220	Ciprofloxacin HCl Oral Tablet 750 MG
00904637861	Ciprofloxacin HCl Oral Tablet 500 MG
10135047501	Ciprofloxacin HCl Oral Tablet 500 MG
10544007906	Ciprofloxacin HCl Oral Tablet 500 MG
10544007914	Ciprofloxacin HCl Oral Tablet 500 MG
10544088406	Ciprofloxacin HCl Oral Tablet 500 MG
10544088420	Ciprofloxacin HCl Oral Tablet 500 MG
13107007701	Ciprofloxacin HCl Oral Tablet 500 MG
16252051401	Ciprofloxacin HCl Oral Tablet 250 MG
16252051501	Ciprofloxacin HCl Oral Tablet 500 MG
16252051605	Ciprofloxacin HCl Oral Tablet 750 MG
16571041110	Ciprofloxacin HCl Oral Tablet 250 MG
16571041210	Ciprofloxacin HCl Oral Tablet 500 MG
16571041250	Ciprofloxacin HCl Oral Tablet 500 MG
16571041305	Ciprofloxacin HCl Oral Tablet 750 MG
16590005414	Ciprofloxacin HCl Oral Tablet 500 MG
16590005420	Ciprofloxacin HCl Oral Tablet 500 MG
16590005430	Ciprofloxacin HCl Oral Tablet 500 MG
16590005471	Ciprofloxacin HCl Oral Tablet 500 MG
16590073514	Ciprofloxacin HCl Oral Tablet 750 MG
16590073520	Ciprofloxacin HCl Oral Tablet 750 MG
16590073590	Ciprofloxacin HCl Oral Tablet 750 MG
16714065102	Ciprofloxacin HCl Oral Tablet 250 MG
16714065202	Ciprofloxacin HCl Oral Tablet 500 MG
16714065204	Ciprofloxacin HCl Oral Tablet 500 MG
16714065301	Ciprofloxacin HCl Oral Tablet 750 MG
21695021006	Ciprofloxacin HCl Oral Tablet 500 MG



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
21695021010	Ciprofloxacin HCl Oral Tablet 500 MG
21695021014	Ciprofloxacin HCl Oral Tablet 500 MG
21695021015	Ciprofloxacin HCl Oral Tablet 500 MG
21695021020	Ciprofloxacin HCl Oral Tablet 500 MG
21695021028	Ciprofloxacin HCl Oral Tablet 500 MG
21695021030	Ciprofloxacin HCl Oral Tablet 500 MG
21695041106	Ciprofloxacin HCl Oral Tablet 250 MG
21695041110	Ciprofloxacin HCl Oral Tablet 250 MG
21695041114	Ciprofloxacin HCl Oral Tablet 250 MG
21695041120	Ciprofloxacin HCl Oral Tablet 250 MG
21695041160	Ciprofloxacin HCl Oral Tablet 250 MG
23490532201	Ciprofloxacin HCl Oral Tablet 250 MG
23490532202	Ciprofloxacin HCl Oral Tablet 250 MG
23490532203	Ciprofloxacin HCl Oral Tablet 250 MG
23490532204	Ciprofloxacin HCl Oral Tablet 250 MG
23490532301	Ciprofloxacin HCl Oral Tablet 500 MG
23490532302	Ciprofloxacin HCl Oral Tablet 500 MG
23490532303	Ciprofloxacin HCl Oral Tablet 500 MG
23490532304	Ciprofloxacin HCl Oral Tablet 500 MG
23490532305	Ciprofloxacin HCl Oral Tablet 500 MG
23490532306	Ciprofloxacin HCl Oral Tablet 500 MG
23490532307	Ciprofloxacin HCl Oral Tablet 500 MG
23490532400	Ciprofloxacin HCl Oral Tablet 750 MG
23490532401	Ciprofloxacin HCl Oral Tablet 750 MG
23490532402	Ciprofloxacin HCl Oral Tablet 750 MG
23490532403	Ciprofloxacin HCl Oral Tablet 750 MG
24658025001	Ciprofloxacin HCl Oral Tablet 500 MG
24658025005	Ciprofloxacin HCl Oral Tablet 500 MG
24658025011	Ciprofloxacin HCl Oral Tablet 500 MG
24658025020	Ciprofloxacin HCl Oral Tablet 500 MG
24658025060	Ciprofloxacin HCl Oral Tablet 500 MG
33358008001	Ciprofloxacin HCl Oral Tablet 100 MG
33358008006	Ciprofloxacin HCl Oral Tablet 100 MG
33358008101	Ciprofloxacin HCl Oral Tablet 500 MG
33358008106	Ciprofloxacin HCl Oral Tablet 500 MG
33358008110	Ciprofloxacin HCl Oral Tablet 500 MG
33358008114	Ciprofloxacin HCl Oral Tablet 500 MG
33358008120	Ciprofloxacin HCl Oral Tablet 500 MG
33358008128	Ciprofloxacin HCl Oral Tablet 500 MG
33358008130	Ciprofloxacin HCl Oral Tablet 500 MG
33358008160	Ciprofloxacin HCl Oral Tablet 500 MG
35356026410	Ciprofloxacin HCl Oral Tablet 750 MG
35356073206	Ciprofloxacin HCl Oral Tablet 500 MG
35356073210	Ciprofloxacin HCl Oral Tablet 500 MG



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
35356073214	Ciprofloxacin HCl Oral Tablet 500 MG
35356073220	Ciprofloxacin HCl Oral Tablet 500 MG
35356073230	Ciprofloxacin HCl Oral Tablet 500 MG
35356073330	Ciprofloxacin HCl Oral Tablet 500 MG
35356080310	Ciprofloxacin HCl Oral Tablet 250 MG
35356084606	Ciprofloxacin HCl Oral Tablet 500 MG
35356084610	Ciprofloxacin HCl Oral Tablet 500 MG
35356084614	Ciprofloxacin HCl Oral Tablet 500 MG
35356084620	Ciprofloxacin HCl Oral Tablet 500 MG
35356084630	Ciprofloxacin HCl Oral Tablet 500 MG
35356092806	Ciprofloxacin HCl Oral Tablet 250 MG
35356092810	Ciprofloxacin HCl Oral Tablet 250 MG
42291021901	Ciprofloxacin HCl Oral Tablet 250 MG
42549059810	Ciprofloxacin HCl Oral Tablet 500 MG
43063005304	Ciprofloxacin HCl Oral Tablet 500 MG
43063005306	Ciprofloxacin HCl Oral Tablet 500 MG
43063041006	Ciprofloxacin HCl Oral Tablet 250 MG
43063041012	Ciprofloxacin HCl Oral Tablet 250 MG
43063041014	Ciprofloxacin HCl Oral Tablet 250 MG
43063042703	Ciprofloxacin HCl Oral Tablet 500 MG
43063042706	Ciprofloxacin HCl Oral Tablet 500 MG
43063042710	Ciprofloxacin HCl Oral Tablet 500 MG
43063042714	Ciprofloxacin HCl Oral Tablet 500 MG
43063042720	Ciprofloxacin HCl Oral Tablet 500 MG
43063042728	Ciprofloxacin HCl Oral Tablet 500 MG
43063054710	Ciprofloxacin HCl Oral Tablet 500 MG
43063054720	Ciprofloxacin HCl Oral Tablet 500 MG
43063054730	Ciprofloxacin HCl Oral Tablet 500 MG
49999033306	Ciprofloxacin HCl Oral Tablet 250 MG
49999033310	Ciprofloxacin HCl Oral Tablet 250 MG
49999033314	Ciprofloxacin HCl Oral Tablet 250 MG
49999033320	Ciprofloxacin HCl Oral Tablet 250 MG
49999033400	Ciprofloxacin HCl Oral Tablet 500 MG
49999033401	Ciprofloxacin HCl Oral Tablet 500 MG
49999033406	Ciprofloxacin HCl Oral Tablet 500 MG
49999033410	Ciprofloxacin HCl Oral Tablet 500 MG
49999033414	Ciprofloxacin HCl Oral Tablet 500 MG
49999033420	Ciprofloxacin HCl Oral Tablet 500 MG
49999033428	Ciprofloxacin HCl Oral Tablet 500 MG
49999033430	Ciprofloxacin HCl Oral Tablet 500 MG
50436604101	Ciprofloxacin HCl Oral Tablet 500 MG
50436604102	Ciprofloxacin HCl Oral Tablet 500 MG
51079018101	Ciprofloxacin HCl Oral Tablet 250 MG
51079018120	Ciprofloxacin HCl Oral Tablet 250 MG



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Generic Antibiotic List

NDC_NUMBER	Product Name
51079018201	Ciprofloxacin HCl Oral Tablet 500 MG
51079018220	Ciprofloxacin HCl Oral Tablet 500 MG
51079040201	Ciprofloxacin HCl Oral Tablet 250 MG
51079040220	Ciprofloxacin HCl Oral Tablet 250 MG
52959073000	Ciprofloxacin HCl Oral Tablet 500 MG
52959073004	Ciprofloxacin HCl Oral Tablet 500 MG
52959073006	Ciprofloxacin HCl Oral Tablet 500 MG
52959073010	Ciprofloxacin HCl Oral Tablet 500 MG
52959073014	Ciprofloxacin HCl Oral Tablet 500 MG
52959073015	Ciprofloxacin HCl Oral Tablet 500 MG
52959073020	Ciprofloxacin HCl Oral Tablet 500 MG
52959073021	Ciprofloxacin HCl Oral Tablet 500 MG
52959073028	Ciprofloxacin HCl Oral Tablet 500 MG
52959073030	Ciprofloxacin HCl Oral Tablet 500 MG
52959073060	Ciprofloxacin HCl Oral Tablet 500 MG
52959073420	Ciprofloxacin HCl Oral Tablet 750 MG
52959073430	Ciprofloxacin HCl Oral Tablet 750 MG
52959073906	Ciprofloxacin HCl Oral Tablet 250 MG
52959073910	Ciprofloxacin HCl Oral Tablet 250 MG
52959073914	Ciprofloxacin HCl Oral Tablet 250 MG
52959073920	Ciprofloxacin HCl Oral Tablet 250 MG
54569557400	Ciprofloxacin HCl Oral Tablet 500 MG
54569557401	Ciprofloxacin HCl Oral Tablet 500 MG
54569557402	Ciprofloxacin HCl Oral Tablet 500 MG
54569557403	Ciprofloxacin HCl Oral Tablet 500 MG
54569557404	Ciprofloxacin HCl Oral Tablet 500 MG
54569557405	Ciprofloxacin HCl Oral Tablet 500 MG
54569557406	Ciprofloxacin HCl Oral Tablet 500 MG
54569557407	Ciprofloxacin HCl Oral Tablet 500 MG
54569558400	Ciprofloxacin HCl Oral Tablet 250 MG
54569558401	Ciprofloxacin HCl Oral Tablet 250 MG
54569558402	Ciprofloxacin HCl Oral Tablet 250 MG
54868485800	Ciprofloxacin HCl Oral Tablet 500 MG
54868485801	Ciprofloxacin HCl Oral Tablet 500 MG
54868485802	Ciprofloxacin HCl Oral Tablet 500 MG
54868485803	Ciprofloxacin HCl Oral Tablet 500 MG
54868485804	Ciprofloxacin HCl Oral Tablet 500 MG
54868485805	Ciprofloxacin HCl Oral Tablet 500 MG
54868485806	Ciprofloxacin HCl Oral Tablet 500 MG
54868485807	Ciprofloxacin HCl Oral Tablet 500 MG
54868485808	Ciprofloxacin HCl Oral Tablet 500 MG
54868489800	Ciprofloxacin HCl Oral Tablet 250 MG
54868489801	Ciprofloxacin HCl Oral Tablet 250 MG
54868489802	Ciprofloxacin HCl Oral Tablet 250 MG



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
54868489803	Ciprofloxacin HCl Oral Tablet 250 MG
54868489804	Ciprofloxacin HCl Oral Tablet 250 MG
54868502300	Ciprofloxacin HCl Oral Tablet 750 MG
54868502301	Ciprofloxacin HCl Oral Tablet 750 MG
55111012506	Ciprofloxacin HCl Oral Tablet 100 MG
55111012601	Ciprofloxacin HCl Oral Tablet 250 MG
55111012605	Ciprofloxacin HCl Oral Tablet 250 MG
55111012701	Ciprofloxacin HCl Oral Tablet 500 MG
55111012705	Ciprofloxacin HCl Oral Tablet 500 MG
55111012850	Ciprofloxacin HCl Oral Tablet 750 MG
55289082103	Ciprofloxacin HCl Oral Tablet 500 MG
55289082106	Ciprofloxacin HCl Oral Tablet 500 MG
55289082110	Ciprofloxacin HCl Oral Tablet 500 MG
55289082114	Ciprofloxacin HCl Oral Tablet 500 MG
55289082120	Ciprofloxacin HCl Oral Tablet 500 MG
55289082130	Ciprofloxacin HCl Oral Tablet 500 MG
55289082140	Ciprofloxacin HCl Oral Tablet 500 MG
55289082150	Ciprofloxacin HCl Oral Tablet 500 MG
55289082179	Ciprofloxacin HCl Oral Tablet 500 MG
55289082306	Ciprofloxacin HCl Oral Tablet 250 MG
55289082312	Ciprofloxacin HCl Oral Tablet 250 MG
55289082314	Ciprofloxacin HCl Oral Tablet 250 MG
55289082320	Ciprofloxacin HCl Oral Tablet 250 MG
55289082610	Ciprofloxacin HCl Oral Tablet 750 MG
55289082620	Ciprofloxacin HCl Oral Tablet 750 MG
58016013700	Ciprofloxacin HCl Oral Tablet 250 MG
58016013702	Ciprofloxacin HCl Oral Tablet 250 MG
58016013710	Ciprofloxacin HCl Oral Tablet 250 MG
58016013712	Ciprofloxacin HCl Oral Tablet 250 MG
58016013715	Ciprofloxacin HCl Oral Tablet 250 MG
58016013720	Ciprofloxacin HCl Oral Tablet 250 MG
58016013730	Ciprofloxacin HCl Oral Tablet 250 MG
58016013760	Ciprofloxacin HCl Oral Tablet 250 MG
58016013790	Ciprofloxacin HCl Oral Tablet 250 MG
58016095300	Ciprofloxacin HCl Oral Tablet 500 MG
58016095302	Ciprofloxacin HCl Oral Tablet 500 MG
58016095310	Ciprofloxacin HCl Oral Tablet 500 MG
58016095312	Ciprofloxacin HCl Oral Tablet 500 MG
58016095315	Ciprofloxacin HCl Oral Tablet 500 MG
58016095320	Ciprofloxacin HCl Oral Tablet 500 MG
58016095330	Ciprofloxacin HCl Oral Tablet 500 MG
58016095360	Ciprofloxacin HCl Oral Tablet 500 MG
58016095390	Ciprofloxacin HCl Oral Tablet 500 MG
58016095700	Ciprofloxacin HCl Oral Tablet 750 MG



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Generic Antibiotic List

NDC_NUMBER	Product Name
58016095702	Ciprofloxacin HCl Oral Tablet 750 MG
58016095710	Ciprofloxacin HCl Oral Tablet 750 MG
58016095712	Ciprofloxacin HCl Oral Tablet 750 MG
58016095715	Ciprofloxacin HCl Oral Tablet 750 MG
58016095720	Ciprofloxacin HCl Oral Tablet 750 MG
58016095730	Ciprofloxacin HCl Oral Tablet 750 MG
58016095760	Ciprofloxacin HCl Oral Tablet 750 MG
58016095790	Ciprofloxacin HCl Oral Tablet 750 MG
58864080614	Ciprofloxacin HCl Oral Tablet 250 MG
58864080620	Ciprofloxacin HCl Oral Tablet 250 MG
58864083310	Ciprofloxacin HCl Oral Tablet 500 MG
58864083320	Ciprofloxacin HCl Oral Tablet 500 MG
60429004220	Ciprofloxacin HCl Oral Tablet 500 MG
60429074201	Ciprofloxacin HCl Oral Tablet 250 MG
60429074301	Ciprofloxacin HCl Oral Tablet 500 MG
60429074305	Ciprofloxacin HCl Oral Tablet 500 MG
60429074320	Ciprofloxacin HCl Oral Tablet 500 MG
60429074401	Ciprofloxacin HCl Oral Tablet 750 MG
60505130801	Ciprofloxacin HCl Oral Tablet 250 MG
60505130901	Ciprofloxacin HCl Oral Tablet 500 MG
60505131001	Ciprofloxacin HCl Oral Tablet 750 MG
60505131004	Ciprofloxacin HCl Oral Tablet 750 MG
60760081510	Ciprofloxacin HCl Oral Tablet 500 MG
60760081514	Ciprofloxacin HCl Oral Tablet 500 MG
60760081520	Ciprofloxacin HCl Oral Tablet 500 MG
61442022201	Ciprofloxacin HCl Oral Tablet 250 MG
61442022301	Ciprofloxacin HCl Oral Tablet 500 MG
61442022305	Ciprofloxacin HCl Oral Tablet 500 MG
61442022450	Ciprofloxacin HCl Oral Tablet 750 MG
61919005410	Ciprofloxacin HCl Oral Tablet 500 MG
61919005414	Ciprofloxacin HCl Oral Tablet 500 MG
61919005420	Ciprofloxacin HCl Oral Tablet 500 MG
61919005430	Ciprofloxacin HCl Oral Tablet 500 MG
61919037114	Ciprofloxacin HCl Oral Tablet 250 MG
63187001720	Ciprofloxacin HCl Oral Tablet 500 MG
63187025020	Ciprofloxacin HCl Oral Tablet 500 MG
63629132601	Ciprofloxacin HCl Oral Tablet 250 MG
63629132602	Ciprofloxacin HCl Oral Tablet 250 MG
63629132603	Ciprofloxacin HCl Oral Tablet 250 MG
63629132604	Ciprofloxacin HCl Oral Tablet 250 MG
63629132605	Ciprofloxacin HCl Oral Tablet 250 MG
63629132606	Ciprofloxacin HCl Oral Tablet 250 MG
63629132607	Ciprofloxacin HCl Oral Tablet 250 MG
63629132608	Ciprofloxacin HCl Oral Tablet 250 MG



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
63629172401	Ciprofloxacin HCl Oral Tablet 500 MG
63629172402	Ciprofloxacin HCl Oral Tablet 500 MG
63629172403	Ciprofloxacin HCl Oral Tablet 500 MG
63629172404	Ciprofloxacin HCl Oral Tablet 500 MG
63629172405	Ciprofloxacin HCl Oral Tablet 500 MG
63629172406	Ciprofloxacin HCl Oral Tablet 500 MG
63629172407	Ciprofloxacin HCl Oral Tablet 500 MG
63629172408	Ciprofloxacin HCl Oral Tablet 500 MG
63629172409	Ciprofloxacin HCl Oral Tablet 500 MG
63629386801	Ciprofloxacin HCl Oral Tablet 750 MG
63629386802	Ciprofloxacin HCl Oral Tablet 750 MG
63629386803	Ciprofloxacin HCl Oral Tablet 750 MG
63739055910	Ciprofloxacin HCl Oral Tablet 500 MG
65862007601	Ciprofloxacin HCl Oral Tablet 250 MG
65862007701	Ciprofloxacin HCl Oral Tablet 500 MG
65862007850	Ciprofloxacin HCl Oral Tablet 750 MG
66267091906	Ciprofloxacin HCl Oral Tablet 500 MG
66267091910	Ciprofloxacin HCl Oral Tablet 500 MG
66267091914	Ciprofloxacin HCl Oral Tablet 500 MG
66267091920	Ciprofloxacin HCl Oral Tablet 500 MG
66267091928	Ciprofloxacin HCl Oral Tablet 500 MG
66267091930	Ciprofloxacin HCl Oral Tablet 500 MG
66267091960	Ciprofloxacin HCl Oral Tablet 500 MG
66336043306	Ciprofloxacin HCl Oral Tablet 250 MG
66336043314	Ciprofloxacin HCl Oral Tablet 250 MG
66336043330	Ciprofloxacin HCl Oral Tablet 250 MG
66336090306	Ciprofloxacin HCl Oral Tablet 500 MG
66336090310	Ciprofloxacin HCl Oral Tablet 500 MG
66336090314	Ciprofloxacin HCl Oral Tablet 500 MG
66336090320	Ciprofloxacin HCl Oral Tablet 500 MG
66336090330	Ciprofloxacin HCl Oral Tablet 500 MG
68071005506	Ciprofloxacin HCl Oral Tablet 250 MG
68071005510	Ciprofloxacin HCl Oral Tablet 250 MG
68071005514	Ciprofloxacin HCl Oral Tablet 250 MG
68071005520	Ciprofloxacin HCl Oral Tablet 250 MG
68071005528	Ciprofloxacin HCl Oral Tablet 250 MG
68071005530	Ciprofloxacin HCl Oral Tablet 250 MG
68071033114	Ciprofloxacin HCl Oral Tablet 750 MG
68071033120	Ciprofloxacin HCl Oral Tablet 750 MG
68071033130	Ciprofloxacin HCl Oral Tablet 750 MG
68084006901	Ciprofloxacin HCl Oral Tablet 250 MG
68084006911	Ciprofloxacin HCl Oral Tablet 250 MG
68084007001	Ciprofloxacin HCl Oral Tablet 500 MG
68084007011	Ciprofloxacin HCl Oral Tablet 500 MG



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
68084007101	Ciprofloxacin HCl Oral Tablet 750 MG
68084007111	Ciprofloxacin HCl Oral Tablet 750 MG
68180039201	Ciprofloxacin Oral Suspension Reconstituted 250 MG/5ML (5%)
68180039301	Ciprofloxacin Oral Suspension Reconstituted 500 MG/5ML (10%)
68387053401	Ciprofloxacin HCl Oral Tablet 750 MG
68387053510	Ciprofloxacin HCl Oral Tablet 500 MG
68387053515	Ciprofloxacin HCl Oral Tablet 500 MG
68387053520	Ciprofloxacin HCl Oral Tablet 500 MG
00093117201	Penicillin V Potassium Oral Tablet 250 MG
00093117210	Penicillin V Potassium Oral Tablet 250 MG
00093117401	Penicillin V Potassium Oral Tablet 500 MG
00093117410	Penicillin V Potassium Oral Tablet 500 MG
00093412573	Penicillin V Potassium Oral Solution Reconstituted 125 MG/5ML
00093412574	Penicillin V Potassium Oral Solution Reconstituted 125 MG/5ML
00093412773	Penicillin V Potassium Oral Solution Reconstituted 250 MG/5ML
00093412774	Penicillin V Potassium Oral Solution Reconstituted 250 MG/5ML
00440205540	Penicillin V Potassium Oral Tablet 250 MG
00440205640	Penicillin V Potassium Oral Tablet 500 MG
00440805690	Penicillin V Potassium Oral Tablet 500 MG
00781120501	Penicillin V Potassium Oral Tablet 250 MG
00781120510	Penicillin V Potassium Oral Tablet 250 MG
00781165501	Penicillin V Potassium Oral Tablet 500 MG
00781165510	Penicillin V Potassium Oral Tablet 500 MG
10544029730	Penicillin V Potassium Oral Tablet 500 MG
10544029740	Penicillin V Potassium Oral Tablet 500 MG
16714023401	Penicillin V Potassium Oral Tablet 250 MG
16714023402	Penicillin V Potassium Oral Tablet 250 MG
16714023501	Penicillin V Potassium Oral Tablet 500 MG
16714023502	Penicillin V Potassium Oral Tablet 500 MG
21695031812	Penicillin V Potassium Oral Tablet 500 MG
21695031820	Penicillin V Potassium Oral Tablet 500 MG
21695031828	Penicillin V Potassium Oral Tablet 500 MG
21695031830	Penicillin V Potassium Oral Tablet 500 MG
21695031840	Penicillin V Potassium Oral Tablet 500 MG
21695055920	Penicillin V Potassium Oral Solution Reconstituted 250 MG/5ML
21695077200	Penicillin V Potassium Oral Solution Reconstituted 125 MG/5ML
23490606801	Penicillin V Potassium Oral Tablet 250 MG
23490606802	Penicillin V Potassium Oral Tablet 250 MG
23490606803	Penicillin V Potassium Oral Tablet 250 MG
23490606804	Penicillin V Potassium Oral Tablet 250 MG
23490606805	Penicillin V Potassium Oral Tablet 250 MG
23490607001	Penicillin V Potassium Oral Tablet 500 MG
23490607002	Penicillin V Potassium Oral Tablet 500 MG
23490607003	Penicillin V Potassium Oral Tablet 500 MG



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
23490607004	Penicillin V Potassium Oral Tablet 500 MG
23490607005	Penicillin V Potassium Oral Tablet 500 MG
23490607006	Penicillin V Potassium Oral Tablet 500 MG
33358028420	Penicillin V Potassium Oral Tablet 250 MG
33358028430	Penicillin V Potassium Oral Tablet 250 MG
33358028440	Penicillin V Potassium Oral Tablet 250 MG
33358028460	Penicillin V Potassium Oral Tablet 250 MG
33358028500	Penicillin V Potassium Oral Tablet 500 MG
33358028520	Penicillin V Potassium Oral Tablet 500 MG
33358028530	Penicillin V Potassium Oral Tablet 500 MG
33358028540	Penicillin V Potassium Oral Tablet 500 MG
33358028560	Penicillin V Potassium Oral Tablet 500 MG
43063005406	Penicillin V Potassium Oral Tablet 250 MG
43063005430	Penicillin V Potassium Oral Tablet 250 MG
43063005440	Penicillin V Potassium Oral Tablet 250 MG
43063009606	Penicillin V Potassium Oral Tablet 500 MG
43063009615	Penicillin V Potassium Oral Tablet 500 MG
43063009620	Penicillin V Potassium Oral Tablet 500 MG
43063009628	Penicillin V Potassium Oral Tablet 500 MG
43063009630	Penicillin V Potassium Oral Tablet 500 MG
43063009640	Penicillin V Potassium Oral Tablet 500 MG
43063055728	Penicillin V Potassium Oral Tablet 500 MG
43063055740	Penicillin V Potassium Oral Tablet 500 MG
49999000206	Penicillin V Potassium Oral Tablet 250 MG
49999000212	Penicillin V Potassium Oral Tablet 250 MG
49999000220	Penicillin V Potassium Oral Tablet 250 MG
49999000224	Penicillin V Potassium Oral Tablet 250 MG
49999000228	Penicillin V Potassium Oral Tablet 250 MG
49999000230	Penicillin V Potassium Oral Tablet 250 MG
49999000240	Penicillin V Potassium Oral Tablet 250 MG
49999005010	Penicillin V Potassium Oral Tablet 500 MG
49999005012	Penicillin V Potassium Oral Tablet 500 MG
49999005014	Penicillin V Potassium Oral Tablet 500 MG
49999005020	Penicillin V Potassium Oral Tablet 500 MG
49999005021	Penicillin V Potassium Oral Tablet 500 MG
49999005028	Penicillin V Potassium Oral Tablet 500 MG
49999005030	Penicillin V Potassium Oral Tablet 500 MG
49999005040	Penicillin V Potassium Oral Tablet 500 MG
49999033220	Penicillin V Potassium Oral Solution Reconstituted 250 MG/5ML
50436361302	Penicillin V Potassium Oral Tablet 250 MG
52959021310	Penicillin V Potassium Oral Tablet 500 MG
52959021320	Penicillin V Potassium Oral Tablet 500 MG
52959021324	Penicillin V Potassium Oral Tablet 500 MG
52959021328	Penicillin V Potassium Oral Tablet 500 MG



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
52959021330	Penicillin V Potassium Oral Tablet 500 MG
52959021340	Penicillin V Potassium Oral Tablet 500 MG
52959033320	Penicillin V Potassium Oral Tablet 250 MG
52959033324	Penicillin V Potassium Oral Tablet 250 MG
52959033328	Penicillin V Potassium Oral Tablet 250 MG
52959033330	Penicillin V Potassium Oral Tablet 250 MG
52959033340	Penicillin V Potassium Oral Tablet 250 MG
52959076502	Penicillin V Potassium Oral Solution Reconstituted 250 MG/5ML
54569271001	Penicillin V Potassium Oral Tablet 500 MG
54569271002	Penicillin V Potassium Oral Tablet 500 MG
54569271004	Penicillin V Potassium Oral Tablet 500 MG
54569271005	Penicillin V Potassium Oral Tablet 500 MG
54569271006	Penicillin V Potassium Oral Tablet 500 MG
54569293300	Penicillin V Potassium Oral Solution Reconstituted 250 MG/5ML
54569293500	Penicillin V Potassium Oral Solution Reconstituted 250 MG/5ML
54569350303	Penicillin V Potassium Oral Tablet 500 MG
54868117100	Penicillin V Potassium Oral Tablet 250 MG
54868117101	Penicillin V Potassium Oral Tablet 250 MG
54868117102	Penicillin V Potassium Oral Tablet 250 MG
54868117103	Penicillin V Potassium Oral Tablet 250 MG
54868117300	Penicillin V Potassium Oral Tablet 500 MG
54868117301	Penicillin V Potassium Oral Tablet 500 MG
54868117302	Penicillin V Potassium Oral Tablet 500 MG
54868117305	Penicillin V Potassium Oral Tablet 500 MG
54868178001	Penicillin V Potassium Oral Solution Reconstituted 250 MG/5ML
54868178002	Penicillin V Potassium Oral Solution Reconstituted 250 MG/5ML
54868412502	Penicillin V Potassium Oral Solution Reconstituted 125 MG/5ML
55289020610	Penicillin V Potassium Oral Tablet 250 MG
55289020620	Penicillin V Potassium Oral Tablet 250 MG
55289020628	Penicillin V Potassium Oral Tablet 250 MG
55289020630	Penicillin V Potassium Oral Tablet 250 MG
55289020640	Penicillin V Potassium Oral Tablet 250 MG
55289020656	Penicillin V Potassium Oral Tablet 250 MG
55289020704	Penicillin V Potassium Oral Tablet 500 MG
55289020715	Penicillin V Potassium Oral Tablet 500 MG
55289020720	Penicillin V Potassium Oral Tablet 500 MG
55289020728	Penicillin V Potassium Oral Tablet 500 MG
55289020730	Penicillin V Potassium Oral Tablet 500 MG
55289020740	Penicillin V Potassium Oral Tablet 500 MG
55700004412	Penicillin V Potassium Oral Tablet 500 MG
55700004420	Penicillin V Potassium Oral Tablet 500 MG
55700004428	Penicillin V Potassium Oral Tablet 500 MG
55700004430	Penicillin V Potassium Oral Tablet 500 MG
55700004440	Penicillin V Potassium Oral Tablet 500 MG



Citizens Rx

Generic Antibiotic List

NDC_NUMBER	Product Name
57237004001	Penicillin V Potassium Oral Tablet 250 MG
57237004099	Penicillin V Potassium Oral Tablet 250 MG
57237004101	Penicillin V Potassium Oral Tablet 500 MG
57237004105	Penicillin V Potassium Oral Tablet 500 MG
57237004199	Penicillin V Potassium Oral Tablet 500 MG
58016014600	Penicillin V Potassium Oral Tablet 250 MG
58016014602	Penicillin V Potassium Oral Tablet 250 MG
58016014603	Penicillin V Potassium Oral Tablet 250 MG
58016014610	Penicillin V Potassium Oral Tablet 250 MG
58016014612	Penicillin V Potassium Oral Tablet 250 MG
58016014616	Penicillin V Potassium Oral Tablet 250 MG
58016014620	Penicillin V Potassium Oral Tablet 250 MG
58016014621	Penicillin V Potassium Oral Tablet 250 MG
58016014624	Penicillin V Potassium Oral Tablet 250 MG
58016014628	Penicillin V Potassium Oral Tablet 250 MG
58016014630	Penicillin V Potassium Oral Tablet 250 MG
58016014640	Penicillin V Potassium Oral Tablet 250 MG
58016014660	Penicillin V Potassium Oral Tablet 250 MG
58016014673	Penicillin V Potassium Oral Tablet 250 MG
58016014689	Penicillin V Potassium Oral Tablet 250 MG
58016014690	Penicillin V Potassium Oral Tablet 250 MG
58016014700	Penicillin V Potassium Oral Tablet 500 MG
58016014702	Penicillin V Potassium Oral Tablet 500 MG
58016014703	Penicillin V Potassium Oral Tablet 500 MG
58016014706	Penicillin V Potassium Oral Tablet 500 MG
58016014710	Penicillin V Potassium Oral Tablet 500 MG
58016014712	Penicillin V Potassium Oral Tablet 500 MG
58016014715	Penicillin V Potassium Oral Tablet 500 MG
58016014716	Penicillin V Potassium Oral Tablet 500 MG
58016014720	Penicillin V Potassium Oral Tablet 500 MG
58016014721	Penicillin V Potassium Oral Tablet 500 MG
58016014724	Penicillin V Potassium Oral Tablet 500 MG
58016014728	Penicillin V Potassium Oral Tablet 500 MG
58016014730	Penicillin V Potassium Oral Tablet 500 MG
58016014740	Penicillin V Potassium Oral Tablet 500 MG
58016014750	Penicillin V Potassium Oral Tablet 500 MG
58016014760	Penicillin V Potassium Oral Tablet 500 MG
58016014773	Penicillin V Potassium Oral Tablet 500 MG
58016014789	Penicillin V Potassium Oral Tablet 500 MG
58016014790	Penicillin V Potassium Oral Tablet 500 MG
58864037940	Penicillin V Potassium Oral Tablet 250 MG
58864061228	Penicillin V Potassium Oral Tablet 500 MG
58864061230	Penicillin V Potassium Oral Tablet 500 MG
58864061240	Penicillin V Potassium Oral Tablet 500 MG



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Generic Antibiotic List

NDC_NUMBER	Product Name
59762153401	Penicillin V Potassium Oral Tablet 250 MG
59762153402	Penicillin V Potassium Oral Tablet 250 MG
59762153701	Penicillin V Potassium Oral Tablet 500 MG
59762153702	Penicillin V Potassium Oral Tablet 500 MG
59762153703	Penicillin V Potassium Oral Tablet 500 MG
60429014701	Penicillin V Potassium Oral Tablet 250 MG
60429014710	Penicillin V Potassium Oral Tablet 250 MG
60429014740	Penicillin V Potassium Oral Tablet 250 MG
60429014801	Penicillin V Potassium Oral Tablet 500 MG
60429014805	Penicillin V Potassium Oral Tablet 500 MG
60429014840	Penicillin V Potassium Oral Tablet 500 MG
63629273802	Penicillin V Potassium Oral Tablet 250 MG
65862017501	Penicillin V Potassium Oral Tablet 250 MG
65862017599	Penicillin V Potassium Oral Tablet 250 MG
65862017601	Penicillin V Potassium Oral Tablet 500 MG
65862017605	Penicillin V Potassium Oral Tablet 500 MG
65862017699	Penicillin V Potassium Oral Tablet 500 MG
66267015906	Penicillin V Potassium Oral Tablet 250 MG
66267015920	Penicillin V Potassium Oral Tablet 250 MG
66267015930	Penicillin V Potassium Oral Tablet 250 MG
66267015940	Penicillin V Potassium Oral Tablet 250 MG
66267016020	Penicillin V Potassium Oral Tablet 500 MG
66267016028	Penicillin V Potassium Oral Tablet 500 MG
66267016040	Penicillin V Potassium Oral Tablet 500 MG
66336009520	Penicillin V Potassium Oral Tablet 500 MG
66336009528	Penicillin V Potassium Oral Tablet 500 MG
66336009530	Penicillin V Potassium Oral Tablet 500 MG
66336009540	Penicillin V Potassium Oral Tablet 500 MG
67253020010	Penicillin V Potassium Oral Tablet 250 MG
67253020011	Penicillin V Potassium Oral Tablet 250 MG
67253020110	Penicillin V Potassium Oral Tablet 500 MG
67253020111	Penicillin V Potassium Oral Tablet 500 MG
67253020150	Penicillin V Potassium Oral Tablet 500 MG
67253020210	Penicillin V Potassium Oral Solution Reconstituted 125 MG/5ML
67253020220	Penicillin V Potassium Oral Solution Reconstituted 125 MG/5ML
67253020310	Penicillin V Potassium Oral Solution Reconstituted 250 MG/5ML
67253020320	Penicillin V Potassium Oral Solution Reconstituted 250 MG/5ML

EXHIBIT B

1. Notice: The Contractor/Vendor must provide a certificate of insurance and endorsement in accordance with the insurance requirements listed below (Section C) prior to recommendation for award. Failure to provide the required insurance within a ten (10) day period following the determination or recommendation of lowest responsive, responsible bidder may result in the County to vacate the original determination or recommendation and proceed with recommendation to the second lowest, responsive, responsible bidder.
2. The Contracted vendor shall obtain and maintain, and require any sub-contractors to obtain and maintain, at all times during its performance of the Agreement, insurance of the types and in the amounts set forth. For projects with a Completed Operations exposure, Contractor shall maintain coverage and provide evidence of insurance for two (2) years beyond final acceptance. All insurance policies shall be from responsible companies duly authorized to do business in the State of Florida and have an AM Best rating of A- VIII or better.
 - a) Bid submittals should include, the Bidder's current Certificate(s) of Insurance in accordance with the insurance requirements listed below. If Bidder does not currently meet insurance requirements, bidder shall also include verification from their broker or agent that any required insurance not provided at that time of submittal will be in place within 10 days after award recommendation.
 - b) Within 10 days of **contract award** and prior to commencement of work, Bidder shall email certificate that is compliant with the insurance requirements to CertsOnly-Portland@ebix.com. If certificate received with bid was a compliant certificate no further action may be necessary. It is imperative that bidder include the unique identifier, which will be supplied by the County's Purchasing Department. The Certificate(s) of Insurance shall be signed by authorized representatives of the insurance companies shown on the Certificate(s). **A copy of the endorsement(s) referenced in paragraph d) for Additional Insured shall be attached to the certificate(s) referenced in this paragraph.**
 - c) No work shall commence at any project site unless and until the required Certificate(s) of Insurance are received and approved by the County. Approval by the County of any Certificate(s) of Insurance does not constitute verification by the County that the insurance requirements have been satisfied or that the insurance policy shown on the Certificate(s) of Insurance is in compliance with the requirements of the Agreement. County reserves the right to require a certified copy of the entire insurance policy, including endorsement(s), at any time during the Bid and/or contract period.
 - d) All policies providing liability coverage(s), other than professional liability and workers compensation policies, obtained by the Bidder and any subcontractors to meet the requirements of the Agreement shall be endorsed to include Pinellas County Board of County Commissioners as an Additional Insured.
 - e) If any insurance provided pursuant to the Agreement expires prior to the completion of the Work, renewal Certificate(s) of Insurance and endorsement(s) shall be furnished by the Bidder to the County at least thirty (30) days prior to the expiration date.
 - (1) Bidder shall also notify County within twenty-four (24) hours after receipt, of any notices of expiration, cancellation, nonrenewal or adverse material change in coverage received by said Bidder from its insurer. Notice shall be given by certified mail to: Pinellas County, c/o Ebix BPO, PO Box 257, Portland, MI, 48875-0257; be sure to include your organization's unique identifier, which will be provided upon notice of award. Nothing contained herein shall absolve Bidder of this requirement to provide notice.
 - (2) Should the Bidder, at any time, not maintain the insurance coverages required herein, the County may terminate the Agreement, or at its sole discretion may purchase such coverages

EXHIBIT B

necessary for the protection of the County and charge the Bidder for such purchase or offset the cost against amounts due to bidder for services completed. The County shall be under no obligation to purchase such insurance, nor shall it be responsible for the coverages purchased or the insurance company or companies used. The decision of the County to purchase such insurance shall in no way be construed to be a waiver of any of its rights under the Agreement.

- f) The County reserves the right, but not the duty, to review and request a copy of the Contractor's most recent annual report or audited financial statement when a self-insured retention (SIR) or deductible exceeds \$50,000.
- g) If subcontracting is allowed under this Bid, the Prime Bidder shall obtain and maintain, at all times during its performance of the Agreement, insurance of the types and in the amounts set forth; and require any subcontractors to obtain and maintain, at all times during its performance of the Agreement, insurance limits as it may apply to the portion of the Work performed by the subcontractor; *but in no event will the insurance limits be less than \$500,000 for Workers' Compensation/Employers' Liability, and \$1,000,000 for General Liability and Auto Liability if required below.*
 - (1) All subcontracts between Bidder and its subcontractors shall be in writing and are subject to the County's prior written approval. Further, all subcontracts shall (1) require each subcontractor to be bound to Bidder to the same extent Bidder is bound to the County by the terms of the Contract Documents, as those terms may apply to the portion of the Work to be performed by the subcontractor; (2) provide for the assignment of the subcontracts from Bidder to the County at the election of Owner upon termination of the Contract; (3) provide that County will be an additional indemnified party of the subcontract; (4) provide that the County will be an additional insured on all insurance policies required to be provided by the subcontractor except workers compensation and professional liability; (5) provide waiver of subrogation in favor of the County and other insurance terms and/or conditions as outlined below; (6) assign all warranties directly to the County; and (7) identify the County as an intended third-party beneficiary of the subcontract. Bidder shall make available to each proposed subcontractor, prior to the execution of the subcontract, copies of the Contract Documents to which the subcontractor will be bound by this Section C and identify to the subcontractor any terms and conditions of the proposed subcontract which may be at variance with the Contract Documents.
- h) Each insurance policy and/or certificate shall include the following terms and/or conditions:
 - (1) The Named Insured on the Certificate of Insurance and insurance policy must match the entity's name that responded to the solicitation and/or is signing the agreement with the County. If Bidder is a Joint Venture per Section A. titled Joint Venture of this Bid, Certificate of Insurance and Named Insured must show Joint Venture Legal Entity name and the Joint Venture must comply with the requirements of Section C with regard to limits, terms and conditions, including completed operations coverage.
 - (2) Companies issuing the insurance policy, or policies, shall have no recourse against County for payment of premiums or assessments for any deductibles which all are at the sole responsibility and risk of Contractor.
 - (3) The term "County" or "Pinellas County" shall include all Authorities, Boards, Bureaus, Commissions, Divisions, Departments and Constitutional offices of County and individual members, employees thereof in their official capacities, and/or while acting on behalf of Pinellas County.

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- (4) The policy clause "Other Insurance" shall not apply to any insurance coverage currently held by County or any such future coverage, or to County's Self-Insured Retentions of whatever nature.
- (5) All policies shall be written on a primary, non-contributory basis.
- (6) Any Certificate(s) of Insurance evidencing coverage provided by a leasing company for either workers compensation or commercial general liability shall have a list of covered employees certified by the leasing company attached to the Certificate(s) of Insurance. The County shall have the right, but not the obligation to determine that the Bidder is only using employees named on such list to perform work for the County. Should employees not named be utilized by Bidder, the County, at its option may stop work without penalty to the County until proof of coverage or removal of the employee by the contractor occurs, or alternatively find the Bidder to be in default and take such other protective measures as necessary.
- (7) Insurance policies, other than Professional Liability, shall include waivers of subrogation in favor of Pinellas County from both the Bidder and subcontractor(s).
- i) The minimum insurance requirements and limits for this Agreement, which shall remain in effect throughout its duration and for two (2) years beyond final acceptance for projects with a Completed Operations exposure, are as follows:

(1) Workers' Compensation Insurance

Limit	Florida Statutory
Employers' Liability Limits	
Per Employee	\$500,000
Per Employee Disease	\$500,000
Policy Limit Disease	\$500,000

- (2) Commercial General Liability Insurance including, but not limited to, Independent Contractor, Contractual Liability Premises/Operations, Products/Completed Operations, and Personal Injury. Commercial General Liability policy must not contain any sexual misconduct or physical abuse exclusions. If such exclusion is included in the policy, a separate Sexual Misconduct and Physical Abuse Liability Policy must be provided with the same limits as the Commercial General Liability Limits.

Limits	
Combined Single Limit Per Occurrence	\$1,000,000
Products/Completed Operations Aggregate	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000
General Aggregate	\$2,000,000

- (3) Business Automobile or Trucker's/Garage Liability Insurance covering owned, hired, and non-owned vehicles. If the Bidder does not own any vehicles, then evidence of Hired and Non-owned coverage is sufficient. Coverage shall be on an "occurrence" basis, such insurance to include coverage for loading and unloading hazards, unless Bidder can show that this coverage exists under the Commercial General Liability policy.

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Limit

Combined Single Limit Per Accident	\$1,000,000
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- (4) Pharmacists' Professional Liability Insurance with at least minimum limits as follows. If "claims made" coverage is provided, "tail coverage" extending three (3) years beyond completion and acceptance of the project with proof of "tail coverage" to be submitted with the invoice for final payment. In lieu of "tail coverage," Bidder may submit annually to the County, for a three (3) year period, a current certificate of insurance providing "claims made" insurance with prior acts coverage in force with a retroactive date no later than commencement date of this contract.

Limits

Each Occurrence	\$1,000,000
General Aggregate	\$3,000,000

For acceptance of Professional Liability coverage included within another policy required herein, a statement notifying the certificate holder must be included on the certificate of insurance and the total amount of said coverage per occurrence must be greater than or equal to the amount of Professional Liability and other coverage combined.

- (5) Cyber Risk Liability (Network Security/Privacy Liability) Insurance including cloud computing and mobile devices, for protection of private or confidential information whether electronic or non-electronic, network security and privacy; privacy against liability for system attacks, digital asset loss, denial or loss of service, introduction, implantation or spread of malicious software code, security breach, unauthorized access and use; including regulatory action expenses; and notification and credit monitoring expenses with at least minimum limits as follows:

Limits

Each Occurrence	\$1,000,000
General Aggregate	\$1,000,000

For acceptance of Cyber Risk Liability coverage included within another policy required herein, a statement notifying the certificate holder must be included on the certificate of insurance and the total amount of said coverage per occurrence must be greater than or equal to the amount of Cyber Risk Liability and other coverage combined.

- (6) Crime/Fidelity/Financial Institution Insurance coverage shall include Clients' Property endorsement similar or equivalent to ISO form CR 04 01, with at least minimum limits as follows:

Limits

Each Occurrence	\$1,000,000
General Aggregate	\$1,000,000

- (7) Property Insurance Bidder will be responsible for all damage to its own property, equipment and/or materials.

SECTION F – BID SUBMITTAL

Bid Title: Pharmacy Services — Pinellas County Indigent Health Program
Bid Number: 145-0204-B(JA) ReBid

1. RATE SUBMITTAL, PHASE II - PROPOSED FEES

Bidders shall submit their bid based on the provider's proposed formulary demonstrated as comparable to the existing PCHP formulary..

Provide proposed Fees and Discount Rates in the provided grids. All Discount Rates shall be stated in Post-AWP price change rates. If you normally contract on the basis of WAC, please provide those rates in addition to the AWP rates.

Bidder(s) shall propose a pricing structure that matches or is less than national or regional incentives or discount programs (such as \$4 for a 30 day supply of generic brand medications and \$10 for a 90 day supply of generic brand medications).

The contract will be awarded to the lowest responsive, responsible bidder which, conforms to the Invitation to Bid, and is most advantageous to Pinellas County, price and other factors considered.

2. An award may not be issued without proof that your firm is registered with the Florida Division of Corporations, as per Florida Statute §607.1501 (<http://www.flsenate.gov/Laws/Statutes/2011/607.1501>).

A foreign corporation (foreign to the State of Florida) may not transact business in this state until it obtains a certificate of authority from the Department of State. Please visit www.sunbiz.org for this information on how to become registered.

3. Electronic Payment (ePayables)

The Board of County Commissioners (County) is offering faster payments. The County would prefer to make payment using credit card through the ePayables system. See Section A, number 27.

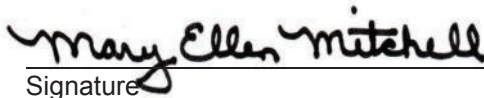
Would your company accept to participate in the ePayables credit card program?

Yes ☒

No ☐

For more information about ePayables credit card program please visit Purchasing Department website www.pinellascountv.org/purchase.

Citizens Rx
Company Name


Signature

Mary Ellen Mitchell
Printed Signature

(888) 545-1120 ext. 303
Phone Number

SECTION F – BID SUBMITTAL

PHASE II

Pricing: Pricing based upon **the provider's proposed formulary demonstrated as comparable to the existing PCHP formulary.** Rates are stated in Post-AWP Price Change Rates. NOTE: To be used in comparison with the County's current plan costs and claims for selection of pricing.

	30 Day Retail Claims	84 + Days Supply	Mail Order	Specialty Claims	340B Claims
Administrative Fees - per paid claim	Year 1: \$1.50	\$1.50	\$1.50	\$1.50	\$4.00
	Year 2: \$1.50	\$1.50	\$1.50	\$1.50	\$4.00
Administrative Fees - 340B Claim with Drug Replenishment	Year 1: \$8.00	\$8.00	\$8.00	\$8.00	\$8.00
	Year 2: \$8.00	\$8.00	\$8.00	\$8.00	\$8.00
Administrative Fees - 340B Claim without Drug Replenishment	Year 1: \$6.00	\$6.00	\$6.00	\$6.00	\$6.00
	Year 2: \$6.00	\$6.00	\$6.00	\$6.00	\$6.00

Network Rates					
Brand Discount Rates	Y1: AWP - 18.15%	AWP - 24%	AWP - 25%	AWP - 16.5%	AWP - 40%
	Y2: AWP - 18.65%	AWP - 24%	AWP - 25%	AWP - 16.5%	AWP - 40%
Brand Discount Guarantee	Y1: AWP - 16.5%	AWP - 18.5%	AWP - 25%	AWP - 16.5%	AWP - 40%
	Y2: AWP - 16.5%	AWP - 18.5%	AWP - 25%	AWP - 16.5%	AWP - 40%
Brand Dispensing Fee Guarantee	Y1: \$1.00	\$1.00	\$0.00	\$0.00	\$9.00
	Y2: \$1.00	\$1.00	\$0.00	\$0.00	\$9.00

Generic Discount Rates	Y1: AWP - 80%	AWP - 82%	AWP - 82%	AWP - 17%	N/A
	Y2: AWP - 82%	AWP - 83%	AWP - 83%	AWP - 17%	N/A
Generic Discount Guarantee	Y1: AWP - 76%	AWP - 78%	AWP - 78%	AWP - 17%	
	Y2: AWP - 76%	AWP - 78%	AWP - 78%	AWP - 17%	
Generic Dispensing Fee Guarantee	Y1: \$1.00	\$1.00	\$0.00	\$0.00	\$9.00
	Y2: \$1.00	\$1.00	\$0.00	\$0.00	\$9.00

Rebates Minimum Guaranteed \$ per Brand Claims	Y1: \$30.00	\$100.00	\$100.00	\$200.00	N/A
	Y2: \$33.00	\$107.00	\$107.00	\$200.00	N/A
Rebates Minimum Guaranteed % Manufacturer paid Rebates	Y1: 100%	100%	100%	100%	100%
	Y2: 100%	100%	100%	100%	100%

SECTION F – BID SUBMITTAL

Other Fees	Non-Specialty	Specialty	Mail Order	340B
Clinical Prior Authorizations	\$65.00	\$65.00	\$65.00	\$65.00
Appeals & Grievances	\$65.00	\$65.00	\$65.00	\$65.00
Member Calls	Included	Included	Included	Included
Provider Calls	Included	Included	Included	Included
Paper Claim Processing	\$3.50	\$3.50	\$3.50	\$3.50
Member Mailing	Pass through rates as incurred, plus a 15% handling fee			
Network Auditing	Included	Included	Included	Included
Access to OnLine Tools and Reporting	Included	Included	Included	Included
On-Site Meetings and P&T Support	Included	Included	Included	Included
Retrospective Drug Utilization Reviews	Shared Savings	Shared Savings	Shared Savings	Shared Savings
Fraud, Waste and Abuse Programs	Included	Included	Included	Included

If you are proposing fees for services not listed above, please include in the table below. Describe each fee and explain when and how it would be incurred by the County.

Other Fees – Not Listed Above	Non-Specialty	Specialty	Mail Order	340B
See Appendix A – Financial Terms of <i>Attachment 1: Citizens Rx Management Services Agreement.</i>	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

Specialty Pricing for Option 1

Rates are stated in Post-AWP Price Change Rates

Specialty pricing should be provided as a separate MS Excel document.

Definitions:

Open: Distribution is allowed through retail providers as well as the specialty pharmacy.

Exclusive: Distribution limited to a specific specialty pharmacy.

Specialty Drug Pricing List

Drug Name	NDC	Indication/ Therapy	Brand or Generic Indicator	Formulary Status	AWP Discount - Exclusive	AWP Discount - Open
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See *Attachment 2: Specialty Drug List.*

PHASE II - SUPPLEMENTAL QUESTIONS:

Provide a member disruption report comparing the current formulary to the Contractor's suggested formulary.

See Attachment 3: Citizens Rx Pinellas County Member Disruption Report.

Provide a savings analysis report for the County to review. Use the definitions for brand and generic provided in Phase 1 of this invitation to bid, and assume no formulary changes. Also, do not make adjustments for clinical programs, etc. that would artificially inflate the savings.

See Attachment 4: Savings Analysis.

Resubmit Bidder's response to free antibiotic & anti-infective treatments described in Prequalification Section 11, Question 8 (Included in Exhibit A: Marked 11.8) for inclusion in the bid review. Response must include specific NDCs and label names.

Several retailers that participate in the Citizens Rx pharmacy network offer free antibiotics. Publix pharmacy locations in Florida offer up to 14 day supply of the following, generic oral antibiotics for free: Amoxicillin, Ampicillin, Cephalexin (capsules and suspension only, excluding 750mg), Ciprofloxacin (excluding Ciprofloxacin XR) and Penicillin VK.

The other retailers that offer free antibiotics transmit the claim as a zero usual and customary charge to pass that along a free medication to Pinellas County. Such retailers are Giant Eagle, Schnuck's, Harris Tweeter, Target and Meijer as additional examples. They cover antibiotics, such as Amoxocollin, Cephalexin and Penicillin.

See Attachment 5: Generic Antibiotic List of NDCs for specific NDC numbers and label names.

PHASE II – STATEMENT OF WORK:

Citizens Rx's Statement of Work for PBM services in full detail can be found in our Prescription Drug Program Management Services Agreement (attached hereto). All services set forth in the template MSA unless otherwise stated therein or herein are included. Those services include:

- Implementation services
- Claims processing and adjudication
- Pharmacy network including retail, mail and specialty
- Dedicated account management team
- Production of ID cards for all existing members initially, to new members monthly, including medical claims information
- Providing on-line access to formulary lists and provider directories to all existing members with web access and printed formulary guides as needed
- Claims Adjudication
- Standard Systems Edits
- Standard Formulary Management
- Eligibility Verification and Maintenance
- MAC Program Administration
- Standard management reporting package and online access for standard ad hoc reporting
- Toll-free, live answer, 24 hour pharmacy and member help desk
- Member portal/web access
- Provider Management and Education
- Member Education
- Standard Clinical programs including prospective and concurrent DUR and mandatory generic drug program

APPENDIX A – FINANCIAL TERMS

A. Prescription Claim Pricing:

1. Rate Guarantees

a. PBM guarantees that it will meet the minimum annual average effective reimbursement rates listed below.

Retail Network	
Brand	AWP - XX% + \$X.00
All-In Generic	AWP – XX.0% + \$X.00

Mail Order (90 Day Supply)	
Mail Brand	AWP – XX% + \$0
Mail Generic	AWP – XX% + \$0

Specialty	
Retail	AWP – XX% + \$0
Mail	AWP – XX% + \$0

Compound medications will be reimbursed as follows:

Compound Claims will be processed in accordance with Client's Benefit Plan parameters for paying such claims using the most expensive ingredient (calculated by aggregate cost of the ingredient used) plus a dispense fee of \$5.00.

b. Calculation of Rates. Effective rate shall be measured by the difference between a Covered Drug's AWP and the net discounted ingredient cost paid by the Plan for the Covered Drug, divided by the Covered Drug's AWP.

c. Should PBM's actual annual average effective reimbursement rates (whether Retail, Mail or Specialty Drugs) for Client be less favorable than PBM's guaranteed annual average effective reimbursement rates set forth above, PBM shall provide Client with a lump sum credit in the amount of the shortfall within 120 days after the end of each Contract Year.

d. The above guarantees are premised upon the utilization and census existing and presented to PBM at the time of PBM's proposal. Should there be a demonstrable change during this Agreement in utilization or census (e.g., change in brand versus generic utilization, change in delivery channels utilized (mail v. retail) or plan design change affecting utilization) such guarantees shall be adjusted by PBM.

e. PBM shall provide the services to Client under this Agreement consistent with a lowest net cost strategy. The lowest net cost strategy is to maintain the lowest net costs incurred by Client taking into consideration clinical appropriateness, quality, ingredient costs, market share, benefit designs/copay structures, and rebates. Accordingly, an overage in one area of discount, dispensing fee or rebate reconciliation, or other demonstrated savings created by implemented PBM programs, may be used to offset a shortfall in another area.

B. Costs for Certain Additional Services:

PBM shall invoice Client for the following additional charges and related services selected by Client:

Claims Processing

Manual entered by Citizens Rx	\$3.50 per Claim
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Claim Adjustment Checks	\$3.50 per Claim
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Prior Authorization Support

Admin Prior Authorizations – Automated – Citizens Rx Format (Batch File)	\$0.50 each
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Clinical Prior Authorizations	\$65.00 each
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Redeterminations	Pharmacist review \$65.00
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External Appeals	Outsourced plus 15% handling fee
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DUR Services

Concurrent	Included
Retrospective	Shared Savings
High Cost Patient Management	Enhanced programs – Shared Savings
Controlled Substance Management	Enhanced programs – Shared Savings

Other Clinical Services

Specialty Clinical or Case Management Fee	\$40 per review
Disease Management Services (by Program)	Billed on a PMPM basis or Shared Savings
Clinical Review of Criteria	Standard included; enhanced additional charge
Clinical Edits	Standard included; enhanced additional charge
Step Therapy Edits	Standard included; enhanced additional charge
Quantity or Days' Supply Edits	Standard included; enhanced additional charge
Dosage Limitations	Standard included; enhanced additional charge

Drug Therapy Management Program

\$1.75 PMPM

Adherence Program

Standard included; enhanced \$1.75 PMPM

**Retiree Drug Subsidy (“RDS”) and Employer
Group Waiver Plan (“EGWP”)**

To be mutually agreed based upon the scope of
services requested by Sponsor

Reporting and Analytical Services

Analytical Services

Ad Hoc \$150/hour

Non-Standard or Ad Hoc Reporting

\$150/hour

Other Services

Special research projects or reports

To be mutually agreed based upon scope of services

Consultative services

To be mutually agreed based upon scope of services

Plan design changes

To be mutually agreed based upon scope of services

Member Support

Replacement Member I.D. cards

- | | |
|--------------|-----------------|
| - Electronic | Included |
| - Physical | \$2.25 per card |

EOB Production and Distribution to Members

Billed at pass through rates as incurred plus a handling fee of 15%

Out of Pocket Expenses*

Including but not limited to any services that are outsourced by PBM:

- Postage for mailing
- Airfreight/overnight letters
- Mailings, inserts
- Stop payment or other fees/bank charges
- Maintenance fees for direct access communication lines, VPN support and maintenance
- Non-electronic media creation
- Mailing to providers, Sponsors or customer

***billed at PBM's pass through rates as incurred plus a handling fee of 15%.**

C. Rebates

Subject to and in accordance with the terms of Section 3.6 of this Agreement and this Appendix A thereto, PBM shall credit Rebates to Client as follows for each eligible Brand Drug Claim:

[INSERT NEGOTIATED RATES]

Rebate credits to Client shall be net of formulary management fee of 2.5%.

Specialty Drug List



Drug Name

ABACAVIR	CELLCEPT	FEIBA	IBANDRONATE
ABRAXANE	CEREZYME	FERRLECIT	ICLUSIG
ACTEMRA	CERUBIDINE	FIRAZYR	IFEX
ADCETRIS	CIDOFOVIR	FIRMAGON	IFOSFAMIDE
ADCIRCA	CIMZIA	FLEBOGAMMA	IMURAN
ADRYMYCIN	CISPLATIN	FLUDARA	INCIVEK
ADRUCIL	COMETRIQ	FLUDARABINE	INFED
ADVATE	COPAXONE	FLUOROURACIL	INFERGEN
AFINITOR	COPEGUS	FOLOTYN	INTELENCE
ALIMTA	CORTROSYN	FONDAPARINUX	INTRON-A
ALKERAN	COSYNTROPIN	FORTEO	INVIRASE
ALOXI	CREON	FRAGMIN	IRINOTECAN
ALPHANINE	CYCLOPHOSPHAMIDE	FUROSEMIDE	IRON DEXTRAN
AMICAR	CYCLOSPORINE	FUSILEV	ISENTRESS
AMINOCAPROIC ACID	CYTARABINE	FUZEON	ISTODAX
ANZEMET	DACARBAZINE	GABAPENTIN	IXEMPRA
ARANESP	DACOGEN	GAMASTAN	JEVTANA
ARAVA	DAUNORUBICIN	GAMMAGARD	KALETRA
ARIXTRA	DEXAMETHASONE	GAMMAKED	KALYDECO
AVASTIN	DEXFERRUM	GAMMAPLEX	KENALOG
AVONEX	DOCETAXEL	GAMUNEX	KINERET
AZATHIOPRINE	DOXIL	GEMCITABINE	KOATE
BARACLUDE	DOXORUBICIN	GEMZAR	KOGENATE
BENLYSTA	ELAPRASE	GENGRAF	KRYSTEXXA
BETASERON	ELIGARD	GENOTROPIN	KYTRIL
BICLUTAMIDE	ELOXATIN	GILENYA	LEFLUNOMIDE
BICNU	EMCYT	GRANISETRON	LEUCOVORIN
BLEOMYCIN	EMEND	HALAVEN	LEUKERAN
BONIVA	ENBREL	HECORIA	LEUKINE
BOSULIF	ENOXAPARIN	HEMOFIL	LEUPROLIDE
BOTOX	EPOGEN	HERCEPTIN	LOVENOX
CAMPATH	ERBITUX	HIZENTRA	LUCENTIS
CAMPTOSAR	ERIVEDGE	HUMATE	LUPRON
CAPHOSOL	ETOPOSIDE	HUMATROPE	MACUGEN
CARBOPLATIN	EXTAVIA	HUMIRA	MANNITOL
CARIMUNE	FABRAZYME	HYALGAN	MESNA
CASODEX	FAMOTIDINE	HYCAMTIN	MESNEX
CEENU	FASLODEX	HYPERRHO	METHOTREXATE

Specialty Drug List



Drug Name

METOCLOPRAMIDE	PERJETA	SENSIPAR	TYZKA
MITOXANTRONE	PHENERGAN	SEROSTIM	VALCYTE
MONOCLATE	POMALYST	SIMPONI	VECTIBIX
MONONINE	PREZISTA	SOLU-CORTEF	VELCADE
MOZOBIL	PRIVIGEN	SOLU-MEDROL	VENOFER
MYFORTIC	PROCRIT	SOMATULINE	VICTRELIS
MYLERAN	PROGRAF	SPRYCEL	VIDAZA
MYOBLOC	PROLEUKIN	STAVUDINE	VINBLASTINE
NAVELBINE	PROLIA	STELARA	VINORELBINE
NEORAL	PROMETHAZINE	STIMATE	VIRACEPT
NEULASTA	PULMOZYME	SUPARTZ	VIRAMUNE
NEUMEGA	RAPAMUNE	SUPPRELIN	VIREAD
NEUPOGEN	REBETOL	SUSTIVA	VISTIDE
NEVIRAPINE	REBIF	SUTENT	VUMON
NIPENT	RECLAST	SYLATRON	WINRHO
NORDITROPIN	RECOMBINATE	SYNAGIS	XELJANZ
NORVIR	REGLAN	SYNVISC	XELODA
NOVANTRONE	REMICADE	TACROLIMUS	XEOMIN
NOVOSEVEN	REVATIO	TARCEVA	XGEVA
NPLATE	REVLIMID	TASIGNA	XIFAXAN
NUTROPIN	REYATAZ	TAXOTERE	XTANDI
OCTAGAM	RHOGAM	TECFIDERA	YERVOY
OCTREOTIDE	RIBAPAK	TEMODAR	ZALTRAP
OMNITROPE	RIBASPHERE	THALOMID	ZEMPLAR
ONDANSETRON	RIBATAB	THERACYS	ZERIT
ORENCIA	RIBAVIRIN	THYROGEN	ZIAGEN
ORTHOVISC	RILUTEK	TICE BCG	ZOFRAN
OXALIPLATIN	RIMSO	TOPOSAR	ZOLADEX
PACLITAXEL	RITUXAN	TOPOTECAN	ZOLEDRONIC
PAMIDRONATE	SAIZEN	TORISEL	ZOLINZA
PANCREAZE	SAMSCA	TREANDA	ZOMETA
PEGASYS	SANDIMMUNE	TRELSTAR	ZOMIG
PEG-INTRON	SANDOSTATIN	TRIZIVIR	ZYTIGA
PENTOSTATIN	SELZENTRY	TRUVADA	

EXHIBIT D

DISPUTE RESOLUTION FOR PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS IN MATTERS OF INVOICE PAYMENTS:

Payment of invoices for work performed for Pinellas County Board of County Commissioners (County) is made, by standard, in arrears in accordance with Section 218.70, et. seq., Florida Statutes, the Local Government Prompt Payment Act.

If a dispute should arise as a result of non-payment of a payment request or invoice the following Dispute Resolution process shall apply:

- A. Pinellas County shall notify a vendor in writing within ten (10) days after receipt of an improper invoice, that the invoice is improper. The notice should indicate what steps the vendor should undertake to correct the invoice and resubmit a proper invoice to the County. The steps taken by the vendor shall be that of initially contacting the requesting department to validate their invoice and receive a sign off from that entity that would indicate that the invoice in question is in keeping with the terms and conditions of the agreement. Once sign off is obtained, the vendor should then resubmit the invoice as a "Corrected Invoice" to the requesting department which will initiate the payment timeline.
 - 1.) Requesting department for this purpose is defined as the County department for whom the work is performed.
 - 2.) Proper invoice for this purpose is defined as an invoice submitted for work performed that meets prior agreed upon terms or conditions to the satisfaction of Pinellas County.
- B. Should a dispute result between the vendor and the County about payment of a payment request or an invoice then the vendor should submit their dissatisfaction in writing to the Requesting Department. Each Requesting Department shall assign a representative who shall act as a "Dispute Manager" to resolve the issue at departmental level.
- C. The Dispute Manager shall first initiate procedures to investigate the dispute and document the steps taken to resolve the issue in accordance with section 218.76 Florida Statutes. Such procedures shall be commenced no later than forty-five (45) days after the date on which the payment request or invoice was received by Pinellas County, and shall not extend beyond sixty (60) days after the date on which the payment request or invoice was received by Pinellas County.
- D. The Dispute Manager should investigate and ascertain that the work, for which the payment request or invoice has been submitted, was performed to Pinellas County's satisfaction and duly accepted by the Proper Authority. Proper Authority for this purpose is defined as the Pinellas County representative who is designated as the approving authority for the work performed in the contractual document. The Dispute Manager shall perform the required investigation and arrive at a solution before or at the sixty (60) days timeframe for resolution of the dispute, per section 218.76, Florida Statutes. The County Administrator or his or her designee shall be the final arbiter in resolving the issue before it becomes a legal matter. The County Administrator or his or her designee will issue their decision in writing.
- E. Pinellas County Dispute Resolution Procedures shall not be subject to Chapter 120 of the Florida Statutes. The procedures shall also, per section 218.76, Florida Statutes, not be intended as an administrative proceeding which would prohibit a court from ruling again on any action resulting from the dispute.

EXHIBIT D

- F. Should the dispute be resolved in the County's favor interest charges begin to accrue fifteen (15) days after the final decision made by the County. Should the dispute be resolved in the vendor's favor the County shall pay interest as of the original date the payment was due.
- G. For any legal action to recover any fees due because of the application of sections 218.70 et. seq., Florida Statutes, an award shall be made to cover court costs and reasonable attorney fees, including those fees incurred as a result of an appeal, to the prevailing party If it is found that the non-prevailing party held back any payment that was the reason for the dispute without having any reasonable lawful basis or fact to dispute the prevailing party's claim to those amounts.

EXHIBIT E

HIPAA BUSINESS ASSOCIATE AGREEMENT

This Agreement (hereinafter referred to as AGREEMENT) is entered into by and between Pinellas County, a political subdivision of the State of Florida (hereinafter referred to as COVERED ENTITY) and the business associate named on the signature page hereof (hereinafter referred to as BUSINESS ASSOCIATE) (each hereinafter referred to as PARTY and collectively hereinafter referred to as the PARTIES) on this 7th day of August, 2015.

WHEREAS, BUSINESS ASSOCIATE performs functions, activities, or services for, or on behalf of COVERED ENTITY, and BUSINESS ASSOCIATE receives, has access to or creates Health Information in order to perform such functions, activities or services; and

WHEREAS, COVERED ENTITY is subject to the Administrative Simplification requirements of the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder (hereinafter referred to as HIPAA), including but not limited to, the Standards for Privacy of Individually Identifiable Health Information and the Security Standards for the Protection of Electronic Protected Health Information found at 45 Code of Federal Regulations Parts 160, 162 and 164; and

WHEREAS, HIPAA requires COVERED ENTITY to enter into a contract with BUSINESS ASSOCIATE to provide for the protection of the privacy and security of Health Information, and HIPAA prohibits the disclosure to or use of Health Information by BUSINESS ASSOCIATE if such a contract is not in place; and

WHEREAS, as a result of the requirements of the Health Information Technology for Economic and Clinical Health Act (hereinafter referred to as HITECH ACT), as incorporated in the American Recovery and Reinvestment Act of 2009, and its implementing regulations and guidance issued by the Secretary of the U.S. Department of Health and Human Services (hereinafter referred to as SECRETARY), all as amended from time to time, the PARTIES agree to this AGREEMENT in order to document the PARTIES' obligations under the HITECH ACT.

NOW, THEREFORE, in consideration of the foregoing, and for other good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, the PARTIES agree as follows:

ARTICLE I DEFINITIONS

1.1 "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean Citizen's Rx, LLC.

1.2 "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean Pinellas County by and through its Department of Human Services.

1.3 “Disclose” and “Disclosure” shall mean, with respect to Health Information, the release, transfer, provision of access to, or divulging in any other manner of Health Information outside BUSINESS ASSOCIATE’s internal operations or to other than its employees.

1.4 “Health Information” shall mean information that: (a) relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual; (b) identifies the individual (or for which there is a reasonable basis for believing that the information can be used to identify the individual); and (c) is received by BUSINESS ASSOCIATE from or on behalf of COVERED ENTITY, or is created by BUSINESS ASSOCIATE, or is made accessible to BUSINESS ASSOCIATE by COVERED ENTITY.

1.5 “HIPAA Rules”. “HIPAA Rules” shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

1.6 “Privacy Regulations” shall mean the Standards for Privacy of Covered Individually Identifiable Health Information, 45 Code of Federal Regulations Parts 160 and 164, promulgated under HIPAA.

1.7 “Services” shall mean the services provided by BUSINESS ASSOCIATE pursuant to the Underlying Agreement, or if no such agreement is in effect, the services BUSINESS ASSOCIATE performs with respect to the COVERED ENTITY.

1.8 “Underlying Agreement” shall mean the services agreement executed by the COVERED ENTITY and BUSINESS ASSOCIATE, if any.

1.9 “Use” or “Uses” shall mean, with respect to Health Information, the sharing, employment, application, utilization, examination or analysis of such Health Information within BUSINESS ASSOCIATE’s internal operations.

1.10 Catch-all definition: The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use, unless otherwise specifically defined or referred under this Agreement.

ARTICLE II

OBLIGATIONS OF BUSINESS ASSOCIATE

2.1 Initial Effective Date of Performance: The obligations created under this AGREEMENT shall become effective immediately upon execution of this AGREEMENT or the agreement to which it is appended.

2.2 Obligations and Activities of Business Associate. Business Associate agrees to:

- a. Not use or disclose protected health information other than as permitted or required by the Agreement or as required by law.
- b. Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of protected health information other than as provided for by the Agreement.
- c. Report to covered entity any unauthorized acquisition, access, use or disclosure of protected health information not provided for by the Agreement of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware.
- d. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information.
- e. Make available protected health information in a designated record set to the COVERED ENTITY as necessary to satisfy covered entity's obligations under 45 CFR 164.524.
- f. Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the covered entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy covered entity's obligations under 45 CFR 164.526.
- g. Maintain and make available the information required to provide an accounting of disclosures to the "covered entity" as necessary to satisfy covered entity's obligations under 45 CFR 164.528.
- h. To the extent the business associate is to carry out one or more of covered entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the covered entity in the performance of such obligation(s).
- i. Make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.

2.3 Permitted Uses and Disclosures of Health Information. BUSINESS ASSOCIATE is authorized to:

- a. Use and Disclose Health Information as necessary to perform Services for, or on behalf of COVERED ENTITY.

b. Use Health Information to create aggregated or de-identified information consistent with the requirements of the Privacy Regulations.

c. Use or Disclose Health Information (including aggregated or de-identified information) as otherwise directed by COVERED ENTITY provided that COVERED ENTITY shall not request BUSINESS ASSOCIATE to use or disclose Health Information in a manner that would not be permissible if done by COVERED ENTITY.

d. To the extent required by the HITECH ACT, BUSINESS ASSOCIATE shall limit its use, disclosure or request of PHI to the Limited Data Set or, if needed, to the minimum necessary to accomplish the intended use, disclosure or request, respectively. Effective on the date the SECRETARY issues guidance on what constitutes "minimum necessary" for purposes of HIPAA, BUSINESS ASSOCIATE shall limit its use, disclosure or request of PHI to only the minimum necessary as set forth in such guidance.

e. BUSINESS ASSOCIATE shall not use Health Information for any other purpose that would violate Subpart E of 45 CFR Part 164, except that if necessary, BUSINESS ASSOCIATE may use Health Information for the proper management and administration of BUSINESS ASSOCIATE or to carry out its legal responsibilities; provided that any use or disclosure described herein will not violate the Privacy Regulations or Florida law if done by COVERED ENTITY. Except as otherwise limited in this Agreement, BUSINESS ASSOCIATE may disclose Health Information for the proper management and administration of the BUSINESS ASSOCIATE, provided that with respect to any such disclosure either: (a) the disclosure is required by law (within the meaning of the Privacy Regulations) or (b) the disclosure would not otherwise violate Florida law and BUSINESS ASSOCIATE obtains reasonable written assurances from the person to whom the information is to be disclosed that such person will hold the information in confidence and will not use or further disclose such information except as required by law or for the purpose(s) for which it was disclosed by BUSINESS ASSOCIATE to such person, and that such person will notify BUSINESS ASSOCIATE of any instances of which it is aware in which the confidentiality of the information has been breached.

2.4 Compliance with Security Provisions. BUSINESS ASSOCIATE shall:

a. Implement and maintain administrative safeguards as required by 45 CFR § 164.308, physical safeguards as required by 45 CFR § 164.310 and technical safeguards as required by 45 CFR § 164.312.

b. Implement and document reasonable and appropriate policies and procedures as required by 45 CFR § 164.316.

c. Be in compliance with all requirements of the HITECH ACT related to security and applicable as if BUSINESS ASSOCIATE were a covered entity, as such term is defined in HIPAA.

d. BUSINESS ASSOCIATE shall use its best efforts to implement and maintain technologies and methodologies that render PHI unusable, unreadable or indecipherable to unauthorized individuals as specified in the HITECH ACT.

2.5 Compliance with Privacy Provisions. BUSINESS ASSOCIATE shall only use and disclose PHI in compliance with each applicable requirement of 45 CFR § 164.504(e). BUSINESS ASSOCIATE shall comply with all requirements of the HITECH ACT related to privacy and applicable as if BUSINESS ASSOCIATE were a covered entity, as such term is defined in HIPAA.

2.6 Mitigation. BUSINESS ASSOCIATE agrees to mitigate, to the extent practicable, any harmful effect that is known to BUSINESS ASSOCIATE of a use or disclosure of Health Information by BUSINESS ASSOCIATE in violation of the requirements of this AGREEMENT.

2.7 Breach of Unsecured PHI. The provisions of this Section are effective with respect to the discovery of a breach of unsecured PHI occurring on or after September 23, 2009.

a. With respect to any unauthorized acquisition, access, use or disclosure of COVERED ENTITY's PHI by BUSINESS ASSOCIATE, its agents or subcontractors, BUSINESS ASSOCIATE shall:

- 1) Investigate such unauthorized acquisition, access, use or disclosure;
- 2) Determine whether such unauthorized acquisition, access, use or disclosure constitutes a reportable breach under the HITECH ACT; and
- 3) Document and retain its findings under clauses 1) and 2) of this Section.

b. BUSINESS ASSOCIATE shall notify COVERED ENTITY of all suspected breaches within five (5) business days of discovery. If the BUSINESS ASSOCIATE discovers that a reportable breach has occurred, BUSINESS ASSOCIATE shall notify COVERED ENTITY of such reportable breach in writing within three (3) days of the date BUSINESS ASSOCIATE discovers and determines that such breach is reportable. BUSINESS ASSOCIATE shall notify COVERED ENTITY immediately upon discovering a reportable breach of more than 500 individuals.

c. BUSINESS ASSOCIATE shall be deemed to have discovered a breach as of the first day that breach is either known to BUSINESS ASSOCIATE or any of its employees, officers or agents, other than the person who committed the breach, or by

through exercise of reasonable diligence, should have been known to BUSINESS ASSOCIATE or any of its employees, officers or agents, other than the person who committed the breach.

d. To the extent the information is available to BUSINESS ASSOCIATE, it's written notice shall include the information required by 45 CFR §164.410.

e. BUSINESS ASSOCIATE shall promptly supplement the written report with additional information regarding the breach as it obtains such information.

f. BUSINESS ASSOCIATE shall cooperate with COVERED ENTITY in meeting the COVERED ENTITY's obligations under the HITECH ACT with respect to such breach. COVERED ENTITY shall have sole control over the timing and method of providing notification of such breach to the affected individual(s), the SECRETARY and, if applicable, the media, as required by the HITECH ACT.

g. BUSINESS ASSOCIATE shall reimburse COVERED ENTITY for its reasonable costs and expenses in providing the notification, including, but not limited to, any administrative costs associated with providing notice, printing and mailing costs, and costs of mitigating the harm for affected individuals whose PHI has or may have been compromised as a result of the breach. In order to be reimbursed by BUSINESS ASSOCIATE, COVERED ENTITY must provide to BUSINESS ASSOCIATE a written accounting of COVERED ENTITY's actual costs and to the extent applicable, copies of receipts or bills with respect thereto.

2.8 Availability of Internal Practices, Books and Records. BUSINESS ASSOCIATE agrees to make its internal practices, books and records relating to the use and disclosure of Health Information available to the SECRETARY, for purposes of determining COVERED ENTITY's compliance with the Privacy Regulations.

2.9 Agreement to Restriction on Disclosure. If COVERED ENTITY is required to comply with a restriction on the disclosure of PHI pursuant to Section 13405 of the HITECH ACT, then COVERED ENTITY shall, to the extent needed to comply with such restriction, provide written notice to BUSINESS ASSOCIATE of the name of the individual requesting the restriction and the PHI affected thereby. BUSINESS ASSOCIATE shall, upon receipt of such notification, not disclose the identified PHI to any health plan for the purposes of carrying out payment or health care operations, except as otherwise required by law.

2.10 Accounting of Disclosures. Upon COVERED ENTITY's request, BUSINESS ASSOCIATE shall:

a. Provide to COVERED ENTITY an accounting of each disclosure of Health Information made by BUSINESS ASSOCIATE or its employees, agents, representatives or subcontractors as required by the Privacy Regulations. For each Disclosure that requires an accounting under this Section 2.10, BUSINESS ASSOCIATE

shall track the information required by the Privacy Regulations, and shall securely maintain the information for six (6) years from the date of the Disclosure.

b. If BUSINESS ASSOCIATE is deemed to use or maintain an Electronic Health Record on behalf of COVERED ENTITY, then BUSINESS ASSOCIATE shall maintain an accounting of any disclosures made through an Electronic Health Record for treatment, payment and health care operations, as applicable. Such accounting shall comply with the requirements of the HITECH ACT.

c. Upon request by COVERED ENTITY, BUSINESS ASSOCIATE shall provide such accounting to COVERED ENTITY in the time and manner specified by the HITECH ACT.

d. Where COVERED ENTITY responds to an individual's request for an accounting of disclosures made through an Electronic Health Record by providing the requesting individual with a list of all business associates acting on behalf of COVERED ENTITY; BUSINESS ASSOCIATE shall provide such accounting directly to the requesting individual in the time and manner specified by the HITECH ACT.

2.11 Use of Subcontractors and Agents. BUSINESS ASSOCIATE shall require each of its agents and subcontractors that receive Health Information from BUSINESS ASSOCIATE to execute a written agreement obligating the agent or subcontractor to comply with all the terms of this AGREEMENT with respect to such Health Information.

2.12 Access to Electronic Health Records.

a. If BUSINESS ASSOCIATE is deemed to use or maintain an Electronic Health Record on behalf of COVERED ENTITY with respect to PHI, BUSINESS ASSOCIATE shall provide an individual with a copy of the information contained in such Electronic Health Record in an electronic format and, if the individual so chooses, transmit such copy directly to an entity or person designated by the individual upon request, to the extent an individual has the right to request a copy of the PHI maintained in such Electronic Health Record pursuant to 45 CFR § 164.524 and makes such a request to BUSINESS ASSOCIATE.

b. BUSINESS ASSOCIATE may charge a fee to the individual for providing a copy of such information, but such fee may not exceed BUSINESS ASSOCIATE's labor costs in responding to the request for the copy.

c. The provisions of 45 CFR § 164.524, including the exceptions to the requirement to provide a copy of PHI shall otherwise apply and BUSINESS ASSOCIATE shall comply therewith as if BUSINESS ASSOCIATE were the COVERED ENTITY.

d. At COVERED ENTITY's request, BUSINESS ASSOCIATE shall provide COVERED ENTITY with a copy of an individual's PHI maintained in an

Electronic Health Record in an electronic format in a time and manner designated by COVERED ENTITY in order for COVERED ENTITY to comply with 45 CFR § 164.524, as amended by the HITECH ACT.

2.13 Limitations on Use of PHI for Marketing Purposes.

a. BUSINESS ASSOCIATE shall not use or disclose PHI for the purpose of making a communication about a product or service that encourages recipients of the communication to purchase or use the product or service, unless such communication:

- 1) Complies with the requirements the definition of marketing contained in 45 CFR § 164.501; and
- 2) Complies with the requirements of Subparagraphs a, b or c of Section 13406(a)(2) of the HITECH ACT.

b. COVERED ENTITY shall cooperate with BUSINESS ASSOCIATE to determine if the foregoing requirements are met with respect to any such marketing communication.

ARTICLE III TERM AND TERMINATION

3.1 Term. Subject to the provisions of Sections 3.2 and 3.3, the term of this AGREEMENT shall be the term of the Underlying Agreement.

3.2 Termination of AGREEMENT.

a. Upon becoming aware of a pattern of activity or practice of either PARTY that constitutes a material breach or violation of obligations under the AGREEMENT, the non-breaching PARTY shall immediately notify the PARTY in breach.

b. Notification shall be provided in writing and shall specify the nature of the breach.

c. With respect to such breach or violation, upon receiving notice of the violation the non-breaching PARTY shall:

- 1) Allow the breaching PARTY thirty (30) days to take reasonable steps to cure such breach or end such violation; and
- 2) Terminate this AGREEMENT, if cure is either not possible or unsuccessful; and
- 3) Report the breach or violation to the SECRETARY if such termination is not feasible.

d. Upon termination of this AGREEMENT for any reason, BUSINESS ASSOCIATE shall return or destroy all PHI consistent with Section 3.4 as follows:

1) BUSINESS ASSOCIATE shall destroy PHI in a manner that renders the PHI unusable, unreadable or indecipherable to unauthorized individuals as specified in the HITECH ACT and shall certify in writing to COVERED ENTITY that such PHI has been destroyed in compliance with such standards; or

2) Return of PHI shall be made in a mutually agreed upon format and timeframe and at no additional cost to BUSINESS ASSOCIATE.

e. Where return or destruction are not feasible, BUSINESS ASSOCIATE shall continue to extend the protections of the AGREEMENT to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction of such PHI not feasible.

3.3 Termination for Breach. COVERED ENTITY may terminate the Underlying Agreement and this AGREEMENT upon thirty (30) days written notice in the event: (a) BUSINESS ASSOCIATE does not promptly enter into negotiations to amend this AGREEMENT when requested by COVERED ENTITY pursuant to Section 4.2 or (b) BUSINESS ASSOCIATE does not enter into an amendment to this AGREEMENT providing assurances regarding the safeguarding of Health Information that the COVERED ENTITY, deems sufficient to satisfy the standards and requirements of HIPAA and the HITECH ACT.

3.4 Disposition of Health Information Upon Termination or Expiration. Upon termination or expiration of this AGREEMENT, BUSINESS ASSOCIATE shall either return or destroy, in COVERED ENTITY's sole discretion and in accordance with any instructions by COVERED ENTITY, all Health Information in the possession or control of BUSINESS ASSOCIATE and its agents and subcontractors. In such event, BUSINESS ASSOCIATE shall retain no copies of such Health Information. If BUSINESS ASSOCIATE determines that neither return nor destruction of Health Information is feasible, BUSINESS ASSOCIATE shall notify COVERED ENTITY of the conditions that make return or destruction infeasible, and may retain Health Information provided that BUSINESS ASSOCIATE: (a) continues to comply with the provisions of this AGREEMENT for as long as it retains Health Information, and (b) further limits uses and disclosures of Health Information to those purposes that make the return or destruction of Health Information infeasible.

ARTICLE IV MISCELLANEOUS

4.1 Indemnification. Notwithstanding anything to the contrary in the Underlying Agreement, BUSINESS ASSOCIATE agrees to indemnify, defend and hold harmless COVERED ENTITY and COVERED ENTITY's employees, directors, officers, subcontractors or agents against all damages, losses, lost profits, fines, penalties, costs or expenses (including

reasonable attorneys' fees) and all liability to third parties arising from any breach of this AGREEMENT by BUSINESS ASSOCIATE or its employees, directors, officers, subcontractors, agents or other members of BUSINESS ASSOCIATE's workforce. BUSINESS ASSOCIATE's obligation to indemnify shall survive the expiration or termination of this AGREEMENT.

4.2 Amendment to Comply with Law. The PARTIES acknowledge that state and federal laws relating to electronic data security and privacy are rapidly evolving and that amendment of this AGREEMENT may be required to provide for procedures to ensure compliance with such developments. The PARTIES specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH ACT and other applicable laws relating to the security or confidentiality of Health Information. The PARTIES understand and agree that COVERED ENTITY must receive satisfactory written assurance from BUSINESS ASSOCIATE that BUSINESS ASSOCIATE will adequately safeguard all Health Information that it receives or creates on behalf of COVERED ENTITY. Upon COVERED ENTITY's request, BUSINESS ASSOCIATE agrees to promptly enter into negotiations with COVERED ENTITY, concerning the terms of any amendment to this AGREEMENT embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH ACT or other applicable laws.

4.3 Modification of Agreement. No alteration, amendment, or modification of this AGREEMENT shall be valid or effective unless in writing and signed the PARTIES.

4.4 Non-Waiver. A failure of any PARTY to enforce at any time any term, provision or condition of this AGREEMENT, or to exercise any right or option herein, shall in no way operate as a waiver thereof, nor shall any single or partial exercise preclude any other right or option herein. Waiver of any term, provision or condition of this AGREEMENT shall not be valid unless in writing, signed by the waiving PARTY and only to the extent set forth in such writing.

4.5 Agreement Drafted By All Parties. This AGREEMENT is the result of arm's length negotiations between the PARTIES and shall be construed to have been drafted by all PARTIES such that any ambiguities in this AGREEMENT shall not be construed against either PARTY.

4.6 Severability. If any provision of this AGREEMENT is found to be invalid or unenforceable by any court, such provision shall be ineffective only to the extent that it is in contravention of applicable laws without invalidating the remaining provisions hereof.

4.7 No Third Party Beneficiaries. There are no third party beneficiaries to this AGREEMENT.

4.8 Counterparts. This AGREEMENT may be executed in one or more counterparts, each of which shall be deemed an original and will become effective and binding upon the PARTIES as of the effective date at such time as all the signatories hereto have signed a counterpart of this AGREEMENT.

4.9 Notices. The PARTIES designate the following to accept notice on their behalf:

If to BUSINESS ASSOCIATE:

Citizen's Rx, LLC
1147 Lake Street, 4th Floor, Oak Park, IL 60301
Attention: Legal
If to COVERED ENTITY:

Abigail Stanton, HIPAA Privacy Officer
440 Court Street, 2nd Floor
Clearwater, FL 33756

4.10 Applicable Law and Venue. This AGREEMENT shall be governed by and construed in accordance with the laws of the State of Florida. The PARTIES agree that all actions or proceedings arising in connection with this AGREEMENT shall be tried and litigated exclusively in the state or federal courts located in or nearest to Pinellas County, Florida.

4.11 Interpretation. This AGREEMENT shall be construed in a manner that will cause the PARTIES to comply with the requirements of HIPAA and the HITECH ACT.

IN WITNESS WHEREOF, each of the undersigned has caused this AGREEMENT to be duly executed in its name and on its behalf effective as of this ____ day of _____, 2015.

COVERED ENTITY:

Pinellas County Human Services

By: [Signature]

Print Name: Lourdes Benedict

Print Title: Director

BUSINESS ASSOCIATE:

Citizen's Rx, LLC

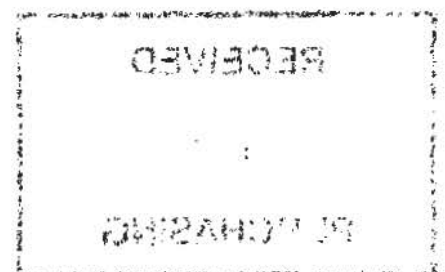
By: [Signature]

Print Name: SUSAN E. MELLIN

Print Title: VICE PRESIDENT, LEGAL

**APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY**

By: [Signature]
Senior Assistant County Attorney





Report of Participating Pharmacies

Contract pharmacies in select zip codes for Pinellas Count Indigent Health Program

The information contained in this Bid constitutes **trade secrets** and is **confidential** pursuant to F.S. §§815.04(3), 815.045 and is exempt from disclosure pursuant to the Florida Sunshine Law, Public Records Law, the federal FOIA, or any other applicable public disclosure law.



**CONTRACT PHARMACIES IN SELECT ZIP CODES FOR
PINELLAS COUNTY INDIGENT HEALTH PROGRAM**

PHARMACY NAME	STREET ADDRESS 1	CITY	STATE	ZIP	PHONE	FAX
PUBLIX PHARMACY #1309	2770 WEST BAY DRIVE	BELLEAIR BLUFFS	FL	33770	7275860240	7275860312
WALGREENS #6803	103 INDIAN ROCKS RD S	BELLEAIR BLUFFS	FL	33770	7275851488	7275846976
CVS PHARMACY	1765 GULFO TO BAY BLVD	CLEARWATER	FL	33755	7274423762	
WALGREENS #5662	814 CLEVELAND ST	CLEARWATER	FL	33755	7274473035	7274475144
WAL-MART PHARMACY	1803 N HIGHLAND AVE	CLEARWATER	FL	33755	7274416819	
CVS PHARMACY	1 S MISSOURI AVE	CLEARWATER	FL	33756	7274466037	7274617627
CVS PHARMACY	1899 N HIGHLAND AVE	CLEARWATER	FL	33756	7274414585	7274491377
HIGHLAND PHARMACY	1224 S HIGHLAND AVE	CLEARWATER	FL	33756	7274462331	7274469400
LINCOURT PHARMACY	501 S LINCOLN AVE	CLEARWATER	FL	33756	7274474248	7274459604
PUBLIX PHARMACY #0866	1555 HIGHLAND AVE SOUTH	CLEARWATER	FL	33756	7274437411	7274423882
PUBLIX PHARMACY #1329	1295 SOUTH MISSOURI AVE	CLEARWATER	FL	33756	7274427074	7274427590
THE RX SHOP	810 S FORT HARRISON AVE	CLEARWATER	FL	33756	7274464047	7274464132
WALGREENS #3471	1604 S MISSOURI	CLEARWATER	FL	33756	7275864116	7275855078
AMERIDRUG CLEARWATER	2465 N MCMULLEN BOOTH RD	CLEARWATER	FL	33759	7277240303	7277914290
COSTCO PHARMACY	2655 GULF TO BAY BLVD	CLEARWATER	FL	33759	7273731953	7273731971
PUBLIX PHARMACY #0386	1520 N MCMULLEN BOOTH RD	CLEARWATER	FL	33759	7277261061	7277261265
WALGREENS #1407	2519 MCMULLEN BTH	CLEARWATER	FL	33759	7277268891	7277997627
WALGREENS #9688	1701 MCMULLENBOOTH RD	CLEARWATER	FL	33759	7277263870	7276693945
WALGREENS #6608	2991 ROOSEVELT BLVD	CLEARWATER	FL	33760	7275385516	7275389757
WAL-MART PHARMACY	2677 ROOSEVELT BLVD	CLEARWATER	FL	33760	7274314914	
CURLEW PHARMACY	30226 US HIGHWAY 19 N	CLEARWATER	FL	33761	7274554473	7277731700
CVS PHARMACY	30387 US HWY 19 N	CLEARWATER	FL	33761	7277812955	7277812965
CVS PHARMACY	2528 N MCMULLEN BOOTH RD	CLEARWATER	FL	33761	7277975803	7277969602
KMART PHARMACY3140	26996 US HWY 19 NORTH	CLEARWATER	FL	33761	7277961033	7277231815
ASSURED RX LLC	13555 AUTOMOBILE BLVD STE 230	CLEARWATER	FL	33762	7274516815	7274516821
CCS MEDICAL	14255 49TH ST N	CLEARWATER	FL	33762	8883088882	8773559855
CVS PHARMACY	3765 ULMERTON RD	CLEARWATER	FL	33762	7275733383	7275725716
PUBLIX PHARMACY #1300	1921 N. BELCHER RD.	CLEARWATER	FL	33763	7277123480	7277123537
CVS PHARMACY	4000 E BAY DR	CLEARWATER	FL	33764	7275324157	
PUBLIX PHARMACY #0374	5000 E BAY DR	CLEARWATER	FL	33764	7275241243	7275248923
TRINITY PHARMACY II	1474 S BELCHER RD	CLEARWATER	FL	33764	7275312007	7275312205
WALGREENS #6293	1505 S BELCHER RD	CLEARWATER	FL	33764	7275367343	7275367262
CVS PHARMACY	23682 US HWY 19 N	CLEARWATER	FL	33765	7277990910	7277259231
CVS PHARMACY	2200 GULF TO BAY BLVD	CLEARWATER	FL	33765	7277913548	
J&K CARE PHARMACY	756 N. BELCHER RD.	CLEARWATER	FL	33765	7274476622	7274462288



**CONTRACT PHARMACIES IN SELECT ZIP CODES FOR
PINELLAS COUNTY INDIGENT HEALTH PROGRAM**

PHARMACY NAME	STREET ADDRESS 1	CITY	STATE	ZIP	PHONE	FAX
SAMS PHARMACY 10-6420	2575 GULF TO BAY BLVD	CLEARWATER	FL	33765	7277121363	
SAVON PHARMACY	2170 GULF TO BAY BLVD	CLEARWATER	FL	33765	7274418482	7274614386
ST LUKE PHARMACY	2019 GULF TO BAY BLVD	CLEARWATER	FL	33765	7274785853	7272555959
WALGREENS #3555	1880 N BELCHER RD	CLEARWATER	FL	33765	7274629084	7274465057
WALGREENS #3778	1801 GULF TO BAY BLVD	CLEARWATER	FL	33765	7274418604	7274414063
WAL-MART PHARMACY	23106 US HWY 19 NORTH	CLEARWATER	FL	33765	7277243403	
WAL-MART PHARMACY	2171 GULF TO BAY BLVD BLDG 10	CLEARWATER	FL	33765	7274315904	7274314901
PUBLIX PHARMACY #0104	200 ISLAND WAY	CLEARWATER	FL	33767	7272980939	7272988929
CVS PHARMACY	467 MANDALAY AVE	CLEARWATER	FL	33767	7274476429	7274411619
WALGREENS #15435	660 S GULFVIEW BLVD	CLEARWATER	FL	33767	7274433329	7274467150
CVS PHARMACY	1298 COUNTY ROAD 1	DUNEDIN	FL	34698	7277365686	7277345593
CVS PHARMACY	2175 MAIN STREET	DUNEDIN	FL	34698	7277336241	
MEDICINE SHOPPE	938 PATRICIA AVE	DUNEDIN	FL	34698	7277330404	7277330594
PUBLIX PHARMACY #0353	1491 MAIN STREET	DUNEDIN	FL	34698	7277362785	7277340433
WALGREENS #4263	2598 BAYSHORE BLVD	DUNEDIN	FL	34698	7277339373	7277369120
WALGREENS #4398	1477 MAIN ST	DUNEDIN	FL	34698	7277365643	7277381660
WALGREENS #7918	5 PATRICIA AVE	DUNEDIN	FL	34698	7277341579	7277363420
WALGREENS #3794	5701 GULFPORT BLVD SOUTH	GULFPORT	FL	33707	7273443900	7273431501
CVS PHARMACY	51 MISSOURI AVE N	LARGO	FL	33770	7275182951	
PUBLIX PHARMACY #0705	857 WEST BAY DRIVE	LARGO	FL	33770	7275187748	7275186678
ST. MARY PHARMACY	1290 W BAY DR.	LARGO	FL	33770	7275851333	7275851344
WALGREENS #5326	800 WEST BAY DR	LARGO	FL	33770	7275818823	7275847434
WAL-MART PHARMACY	1111 NORTH MISSOURI AVENUE	LARGO	FL	33770	7275819922	
CVS PHARMACY	2390 E BAY DR	LARGO	FL	33771	7275854774	7275864213
CVS PHARMACY	2390 BELCHER ROAD	LARGO	FL	33771	7275330731	7275338632
PHARMERICA	2200 TALL PINES DR	LARGO	FL	33771	7275249333	7275249343
PUBLIX PHARMACY #1034	10411 ULMERTON ROAD	LARGO	FL	33771	7275881291	7275881296
PUBLIX PHARMACY #1335	3825 EAST BAY DRIVE	LARGO	FL	33771	7275388718	7275388729
SAVON PHARMACY	10500 ULMERTON RD	LARGO	FL	33771	7275810440	7275857500
THE MEDICINE SHOPPE PHARMACY	1555 EAST BAY DRIVE	LARGO	FL	33771	7275010188	7275010185
WALGREENS #3046	2295 E BAY DRIVE	LARGO	FL	33771	7275857533	7275812141
WALGREENS #4800	6560 ULMERTON RD	LARGO	FL	33771	7275304732	7275303722
WALGREENS #7651	10697 ULMERTON RD	LARGO	FL	33771	7275845190	7275841423
WINN DIXIE	2460 EAST BAY DRIVE	LARGO	FL	33771	7275352636	7275243589
CVS PHARMACY	13998 WALSINGHAM RD	LARGO	FL	33774	7275952521	7275968046



**CONTRACT PHARMACIES IN SELECT ZIP CODES FOR
PINELLAS COUNTY INDIGENT HEALTH PROGRAM**

PHARMACY NAME	STREET ADDRESS 1	CITY	STATE	ZIP	PHONE	FAX
PUBLIX PHARMACY #1336	13031 WALSINGHAM ROAD	LARGO	FL	33774	7275967865	7275953048
RX CARE PHARMACY	12071 INDIAN ROCKS RD	LARGO	FL	33774	7277244171	7272166259
WALGREENS #5870	14004 WALSINGHAM RD	LARGO	FL	33774	7275966143	7275967710
WAL-MART PHARMACY	13817 WALSINGHAM RD	LARGO	FL	33774	7275930316	
AMERIDRUG PHARMACY - LARGO	11920 SEMINOLE BLVD	LARGO	FL	33778	7278280378	7278280390
MICHAELS PHARMACY	11987 SEMINOLE BLVD.	LARGO	FL	33778	7275852000	7275852099
CVS PHARMACY	15222 MUNICIPAL DRIVE	MADEIRA BEACH	FL	33708	7273975535	7273981049
WALGREENS #15192	710 150TH AVE	MADEIRA BEACH	FL	33708	7273929469	7273937337
CVS PHARMACY	3771 TAMPA ROAD	OLDSMAR	FL	34677	8138555781	8138542820
WALGREENS #4480	3770 TAMPA ROAD	OLDSMAR	FL	34677	8138558883	8138555388
WAL-MART PHARMACY	3801 TAMPA ROAD	OLDSMAR	FL	34677	8138542391	
CVS PHARMACY	975 TAMPA ROAD	PALM HARBOR	FL	34683	7277728119	
PUBLIX PHARMACY #1011	2886 ALTERNATE US 19	PALM HARBOR	FL	34683	7277817204	7277817175
WINN DIXIE	1360 TAMPA ROAD	PALM HARBOR	FL	34683	7277873925	7277720262
PROMISE PHARMACY	31818 US 19 S	PALM HARBOR	FL	34684	7277720500	7277720511
PUBLIX PHARMACY #0415	33343 US HWY 19 N	PALM HARBOR	FL	34684	7277892879	7277874580
PUBLIX PHARMACY #0497	36301 EAST LAKE RD	PALM HARBOR	FL	34684	7277858837	7277861547
PUBLIX PHARMACY #0891	30535 US HIGHWAY 19 N	PALM HARBOR	FL	34684	7277878869	7277867062
ST GEORGE PHARMACY	31201 US HWY 19 N	PALM HARBOR	FL	34684	7277726868	7277726969
TRUST PHARMACY	36515 US HIGHWAY 19	PALM HARBOR	FL	34684	7277817400	7277817433
WALGREENS #4124	33670 US 19 NORTH	PALM HARBOR	FL	34684	7277857641	7277718768
WALGREENS #7931	35543 US HIGHWAY 19 N	PALM HARBOR	FL	34684	7277812076	7277818166
WAL-MART PHARMACY	35404 US HIGHWAY 19	PALM HARBOR	FL	34684	7277848897	
CVS PHARMACY	700 E LAKE RD	PALM HARBOR	FL	34685	7277856838	7277873134
PUBLIX PHARMACY #1341	500 EAST LAKE ROAD	PALM HARBOR	FL	34685	7277841413	7277841774
ST MARKS PHARMACY	4954 RIDGEMOOR BLVD	PALM HARBOR	FL	34685	7277727070	7277727010
WALGREENS #1189	3420 EAST LAKE ROAD	PALM HARBOR	FL	34685	7277857431	7277725547
ALEXANDER PHARMACY	6530 PARK BLVD	PINELLAS PARK	FL	33781	7276230962	7273298711
CVS PHARMACY	7400 49TH ST N	PINELLAS PARK	FL	33781	7275441491	7275416123
CVS PHARMACY	7101 PARK BLVD	PINELLAS PARK	FL	33781	7275441200	
F & B PHARMACY	6613 49TH ST N	PINELLAS PARK	FL	33781	7276230990	7276230991
G AND H PHARMACY	8091 66TH ST N	PINELLAS PARK	FL	33781	7272099999	7272099977
PUBLIX PHARMACY #0111	7333 PARK BLVD	PINELLAS PARK	FL	33781	7275467791	7275453773
PUBLIX PHARMACY #1344	4701 PARK BLVD	PINELLAS PARK	FL	33781	7275464890	7275464970
SAMS PHARMACY 10-6387	7001 PARK BLVD	PINELLAS PARK	FL	33781	7275476411	



CONTRACT PHARMACIES IN SELECT ZIP CODES FOR PINELLAS COUNTY INDIGENT HEALTH PROGRAM

PHARMACY NAME	STREET ADDRESS 1	CITY	STATE	ZIP	PHONE	FAX
WALGREENS #6786	7751 49TH ST	PINELLAS PARK	FL	33781	7275441155	7275441344
WALGREENS #7157	7400 66TH ST	PINELLAS PARK	FL	33781	7275463586	7275446608
WAL-MART PHARMACY	8001 US HWY 19 NORTH	PINELLAS PARK	FL	33781	7275785020	
WAL-MART PHARMACY	6900 US 19 NORTH	PINELLAS PARK	FL	33781	7278272063	
ASAP PHARMACY	8609 66TH ST N	PINELLAS PARK	FL	33782	7275489170	7275489172
CVS PHARMACY	10195 66TH STREET	PINELLAS PARK	FL	33782	7275414681	7275454301
HP PHARMACY	8730 49TH ST. N	PINELLAS PARK	FL	33782	7279548857	7279548858
WALGREENS #9517	10196 66TH ST	PINELLAS PARK	FL	33782	7275452420	7275459682
WINN DIXIE	6851 GULFPORT BLVD	SOUTH PASADENA	FL	33707	7273441471	7273472925
PUBLIX PHARMACY #1348	1075 SOUTH PASADENA AVE	SOUTH PASADENA	FL	33707	7273474526	7273474019
AHF PHARMACY	3135 SR 580	SAFETY HARBOR	FL	34695	7272592000	7272592001
BAYCARE PHARMACY	1840 MEASE DR	SAFETY HARBOR	FL	34695	7274990085	7274990142
CVS PHARMACY	7405 STARKEY RD	SEMINOLE	FL	33777	7273919728	7273992095
CVS PHARMACY	8905 BRYAN DAIRY RD	SEMINOLE	FL	33777	7273937542	7273199254
CVS PHARMACY	11211 78TH AVE N	SEMINOLE	FL	33772	7273910263	7273971721
PRIME RX PHARMACY	10720 PARK BOULEVARD	SEMINOLE	FL	33772	7273981969	7273981992
PUBLIX PHARMACY #1320	7880 113TH STREET	SEMINOLE	FL	33772	7273911876	7273939421
WALGREENS #3556	10121 SEMINOLE BLVD	SEMINOLE	FL	33772	7273987515	7273986106
WALGREENS #3988	10563 PARK BLVD	SEMINOLE	FL	33772	7273986636	7273992460
CVS PHARMACY	7850 131ST STREET NORTH	SEMINOLE	FL	33776	7273984489	
WALGREENS #3429	13705 78TH AVENUE NORTH	SEMINOLE	FL	33776	7273192557	7273910722
WINN DIXIE	12975 PARK BLVD	SEMINOLE	FL	33776	7273194348	7273193814
PUBLIX PHARMACY #0095	10801 STARKEY RD BLDG 200	SEMINOLE	FL	33777	7273973105	7273979701
WINN DIXIE	8740 PARK BLVD	SEMINOLE	FL	33777	7273935935	7273935832
CVS PHARMACY	10200 SEMINOLE BLVD	SEMINOLE	FL	33778	7273950139	7275889622
TRINITY PHARMACY	11130 SEMINOLE BLVD	SEMINOLE	FL	33778	7273919300	7273919339
CVS PHARMACY	301 3RD ST S	ST PETERSBURG	FL	33701	7278227115	7278209877
CVS PHARMACY	845 4TH STREET NORTH	ST PETERSBURG	FL	33701	7278211172	
THE PRESCRIPTION SHOPPE	600 1ST AVENUE	ST PETERSBURG	FL	33701	7278224546	7278215668
WALGREENS #11178	601 7TH ST S	ST PETERSBURG	FL	33701	7278213690	
WALGREENS #2918	875 9TH ST NORTH	ST PETERSBURG	FL	33701	7278214241	7278967013
AMERIDRUG PHARMACY - 9TH STREET	7601 9TH STREET NORTH	ST PETERSBURG	FL	33702	7275207995	7275207963
CVS PHARMACY	8001 9TH ST N	ST PETERSBURG	FL	33702	7275776888	7275766226
MEDICINE SHOPPE	6401 DR MARTIN LUTHER KING JR STREET N	ST PETERSBURG	FL	33702	7275275778	7275266920
PUBLIX PHARMACY #0688	7999 DR MLK JR STREET NORTH	ST PETERSBURG	FL	33702	7275785335	7275785424



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PHARMACY NAME	STREET ADDRESS 1	CITY	STATE	ZIP	PHONE	FAX
WALGREENS #7827	7610 4TH ST N	ST PETERSBURG	FL	33702	7275227138	7275258232
WINN DIXIE	1049 62ND AVE N	ST PETERSBURG	FL	33702	7275250700	7275250901
WINN DIXIE	7491 4TH ST NORTH	ST PETERSBURG	FL	33702	7275282123	7275282132
CVS PHARMACY	5400 4TH ST N	ST PETERSBURG	FL	33703	7275252184	7275226801
WALGREENS #2230	5420 9TH ST NORTH	ST PETERSBURG	FL	33703	7275277293	7275260899
4TH ST PHARMACY	2200 4TH ST NORTH	ST PETERSBURG	FL	33704	7273298798	7273298800
CVS PHARMACY	294 37TH AVE N	ST PETERSBURG	FL	33704	7278963166	7278230341
PUBLIX PHARMACY #0640	200 37TH AVENUE NORTH	ST PETERSBURG	FL	33704	7278957767	7278957731
PUBLIX PHARMACY #1319	3700 4TH STREET NORTH	ST PETERSBURG	FL	33704	7275213024	7275213051
WINN DIXIE	3327 9TH STREET N	ST PETERSBURG	FL	33704	7278944282	7278232397
COMMUNITY SPECIALTY PHARMACY	2215 DR MARTIN LUTHER KING JR BLVD	ST PETERSBURG	FL	33705	7278960001	7278960002
CVS PHARMACY	4260 6TH ST S	ST PETERSBURG	FL	33705	7278963119	7278232250
WALGREENS #3808	901 22ND AVE S	ST PETERSBURG	FL	33705	7278963306	7278964167
CVS PHARMACY	4685 GULF BLVD	ST PETERSBURG	FL	33706	7273600818	7273671049
WALGREENS #2524	337 75TH AVENUE	ST PETERSBURG	FL	33706	7273677476	7273609469
WALGREENS #5661	4401 GULF BLVD	ST PETERSBURG	FL	33706	7273678873	7273677784
CVS PHARMACY	6820 GULFPORT BLVD S	ST PETERSBURG	FL	33707	7273459103	7273471844
CVS PHARMACY	5345 66TH ST N	ST PETERSBURG	FL	33709	7275485768	7275485761
CVS PHARMACY	5405 49TH ST N	ST PETERSBURG	FL	33709	7275278285	
CVS PHARMACY # 08982	8275 BAY PINES BLVD	ST PETERSBURG	FL	33709	7275444601	
KMART PHARMACY4355	4501 66TH STREET N	ST PETERSBURG	FL	33709	7275465756	7275443918
PRIME RX PHARMACY	5985 49TH STREET	ST PETERSBURG	FL	33709	7275223222	7275227111
PUBLIX PHARMACY #1322	3900 66TH STREET NORTH	ST PETERSBURG	FL	33709	7273439265	7273439358
TRI-MED MEDICAL PHARMACY	5779 49TH STREET NORTH	ST PETERSBURG	FL	33709	7275274569	7275211253
WALGREENS #4481	3994 TYRONE BLVD N	ST PETERSBURG	FL	33709	7273432822	7273432197
WALGREENS #6292	5405 66TH STREET NO	ST PETERSBURG	FL	33709	7275443008	7275441660
WAL-MART PHARMACY	3993 TYRONE BLVD	ST PETERSBURG	FL	33709	7273458319	
WECARE PHARMACY	5665 PARK ST N	ST PETERSBURG	FL	33709	7275442525	7275442599
CVS PHARMACY	2100 66TH ST N	ST PETERSBURG	FL	33710	7273453599	7273846763
CVS PHARMACY	5801 CENTRAL AVENUE	ST PETERSBURG	FL	33710	7273438116	
PUBLIX PHARMACY #0071	3501 49TH ST N	ST PETERSBURG	FL	33710	7275282323	
PUBLIX PHARMACY #1199	1600 66TH STREET NORTH	ST PETERSBURG	FL	33710	7273441286	7273441308
STANLEY LTC PHARMACY	6707 38TH AVE N	ST PETERSBURG	FL	33710	7273410149	7273452986
WALGREENS #2200	2195 66TH ST N	ST PETERSBURG	FL	33710	7273474289	7273477642
WALGREENS #3428	6735 CENTRAL AVE	ST PETERSBURG	FL	33710	7273849800	7273456115



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PHARMACY NAME	STREET ADDRESS 1	CITY	STATE	ZIP	PHONE	FAX
WALGREENS #3951	900 49TH ST N	ST PETERSBURG	FL	33710	7273277718	7273214273
WALGREENS #6804	5767 38TH AVE N	ST PETERSBURG	FL	33710	7273457706	7273447394
CVS PHARMACY	3426 CENTRAL AVE	ST PETERSBURG	FL	33711	7273211257	
CVS PHARMACY	3501 54TH AVENUE S	ST PETERSBURG	FL	33711	7278641546	7278649800
PUBLIX PHARMACY #0259	5295 34TH STREET SOUTH	ST PETERSBURG	FL	33711	7278644512	7278674589
SCRIPTS PHARMACY	4910 34TH STREET S	ST PETERSBURG	FL	33711	7278646383	8006689509
WAL-MART PHARMACY	3501 34TH STREET SOUTH	ST PETERSBURG	FL	33711	7279064030	
PUBLIX PHARMACY #1321	3030 54TH AVENUE SOUTH	ST PETERSBURG	FL	33712	7278642515	7278642620
WALGREENS #1339	3077 54TH AVE SOUTH	ST PETERSBURG	FL	33712	7273621502	7273621500
WALGREENS #2665	3350 CENTRAL AVE	ST PETERSBURG	FL	33712	7273278624	7273280271
COMMUNITY, A WALGREENS PHARMACY #15301	3030 FIRST AVENUE NORTH	ST PETERSBURG	FL	33713	7273225200	7273225288
CVS PHARMACY	2200 34TH STREET N	ST PETERSBURG	FL	33713	7273287644	
HEALTHMED PHARMACY	1839 CENTRAL AVENUE	ST PETERSBURG	FL	33713	7278943002	7278943000
LIFECARE PHARMACY	3426 13TH AVE N	ST PETERSBURG	FL	33713	7272091282	7272091281
PUBLIX PHARMACY #1394	1700 34TH ST. NORTH	ST PETERSBURG	FL	33713	7273273092	7273273672
URBAN SPECIALTY PHARMACY	3535 CENTRAL AVENUE	ST PETERSBURG	FL	33713	7273279881	7273279884
WALGREENS #3597	3700 34TH ST N	ST PETERSBURG	FL	33713	7275227805	7275270732
WINN DIXIE	2139 34TH ST NORTH	ST PETERSBURG	FL	33713	7273232911	7273237163
FMC PHARMACY SERVICES	11001 DANKA WAY N STE 2	ST PETERSBURG	FL	33716	7275689404	7275680514
PUBLIX PHARMACY #0140	120 CARILLON PARKWAY	ST PETERSBURG	FL	33716	7275401666	7275401671
WALGREENS #2326	10410 ROOSEVELT	ST PETERSBURG	FL	33716	7275768089	7275777644
ANCLOTE PHARMACY	1933 N PINELLAS AVE	TARPON SPRINGS	FL	34689	7279445800	7279445844
CVS PHARMACY	1000 EAST TARPON AVE	TARPON SPRINGS	FL	34689	7279374203	7279427687
PUBLIX PHARMACY #0144	40932 US HIGHWAY 19 N	TARPON SPRINGS	FL	34689	7279383760	7279438958
TARPON DISCOUNT DRUGS	742 S PINELLAS AVE	TARPON SPRINGS	FL	34689	7279343400	7279343440
WALGREENS #6541	605 S PINELLAS AVE	TARPON SPRINGS	FL	34689	7279422397	7279442972
WINN DIXIE	1171 S PINELLAS	TARPON SPRINGS	FL	34689	7279372141	7279345682
WALGREENS #2761	10551 GULF BLVD	TREASURE ISLAND	FL	33706	7273679800	7273603318