



CardinalHealth

Universal Purchase Reclassification Policy

Overview:

The Cardinal Health Pharmaceutical Distribution business -- Cardinal Health 110, LLC and Cardinal Health 112 LLC. -- (collectively, "Cardinal Health") and Cardinal Health Specialty Product Distribution has instituted the policy outlined below in an effort to establish a consistent, efficient and effective approach to responding to requests for purchase reclassifications for Cardinal Health's customer base. This policy is a result of the prolific nature of steps taken by customers to reclassify sales into the appropriate account based on the eligibility of their patient dispensation activity ("Purchase Reclassifications"). Cardinal Health must request supplier approval prior to processing any Purchase Reclassifications. All Purchase Reclassifications are processed at the current contract or available price regardless of when the original purchase occurred.

Eligibility Criteria:

Only purchases of pharmaceuticals made through Cardinal Health are eligible for Purchase Reclassification. Accounts must share a common DEA Number as well as demographical information to be able to reclassify transactions from one account to another. All lines must be previously approved by impacted suppliers.

Reclassification Exclusions:

Only whole package supplier unit of sale quantities will be processed for Purchase Reclassification. Partial package quantities will not be accepted and are not eligible for Purchase Reclassification. All billing will be at the current product price at the time the Purchase Reclassification is processed, unless the supplier will allow for miscellaneous credit to correct the original purchase price to the historical price at the time of purchase in which case the details of this policy will not apply. Customers will be responsible for initiating and reconciling miscellaneous credits received from suppliers.

Cardinal Health order entry errors will be processed outside of this policy.

Financial Responsibilities:

Cardinal Health requires supplier approval prior to processing any Purchase Reclassifications; however, the customer will be responsible for any denied supplier chargebacks and must make any payments due to Cardinal Health pursuant to their normal payment terms. All data provided to Cardinal Health will be subject to audit by Cardinal Health, the federal government, and/or the affected suppliers. The customer will be responsible for any third-party fees associated with the creation, generation and/or auditing of the Purchase Reclassification if the same requested by the customer. To the extent permitted by law, the customer will indemnify, defend and hold Cardinal Health harmless from any and all liability arising out of or related to the Purchase Reclassification activity performed by Cardinal Health hereunder.

Document Owner: Director Pricing

Compliance with Time Limitations:

The time limitations set forth in this policy for Purchase Reclassification will supersede any other timeframes outlined in all other terms and conditions between Cardinal Health and Customer.

Timeframe for Purchase Reclassification Processing:

Cardinal Health will not process any requests for Purchase Reclassification older than twelve (12) months from the date of the Purchase Reclassification request or as otherwise limited by the guidelines provided by each supplier, whichever is shorter. This timeframe will apply regardless of when the invoice detail is requested. In order for purchases to be reclassified, for each line requested, the account must have a corresponding Cardinal Health invoice on file within the aforementioned timeframes. Cardinal Health cannot be held liable for any delayed approvals from suppliers which extend beyond twelve (12) months from the date of the purchase. Such approvals can only be processed via a miscellaneous supplier passthrough credit to the customer and must be authorized as such by the applicable supplier. Customers will be responsible for reconciling miscellaneous credits received from suppliers.

Procedure:

To request a Purchase Reclassification, a customer must submit a faxed copy of this document with attached signatures along with specific supplier approval to 614.553.9274, and/or subsequently submit the following to Cardinal Health via an email request to:

GMB-DUB-340BReclassifications@CardinalHealth.com

- Account numbers on which purchases that are eligible for reclassification were made o Cardinal Account Number – FROM Account Cardinal Account Number – TO Account
- Corporate Item Numbers (CINs) or 11-digit NDCs of products
- Invoices that cover the timeframe over which eligible purchases were made
- Timeframe over which eligible purchases were made
- Documentation from supplier(s) which lists approving details (dates, invoice numbers, items with quantities, account information) – Approval must indicate current price approved on re-billed transaction.

Processing Responsibilities:

Cardinal Health will be responsible for submitting supplier approved Purchase Reclassifications as represented on the received reclassification inquiry. The customer acknowledges that only supplier approved reclassifications whereby specific invoices, items, and quantities have been documented from suppliers will be submitted by Cardinal Health. Cardinal Health will provide the submitter a summary of the reclass results

Cardinal Health will report back any mismatches between CIN's and invoice numbers. Customer acknowledges that Cardinal Health will be unable to process any Purchase Reclassifications in the event of mismatches. Only those products purchased from Cardinal Health will be eligible for Purchase Reclassification. Cardinal Health provides no guarantee that any amounts requested via the Purchase Reclassification process either directly or by any third-party will be honored by suppliers. Once a customer has requested a Purchase Reclassification request, the processing of such request will be

Document Owner: Director Pricing



CARDINAL HEALTH 108 SPD
233 MASON ROAD
LA VERGNE TN 37086-3212

CUSTOMER SERVICE (800) 926-3161

BILL TO 2052039050
CAVALIER COUNTY MEM HSP PHCY
ATTN PURCHASING

SHIP TO 2052039050
CAVALIER COUNTY MEM HSP PHCY
ATTN PURCHASING
909-2ND ST

LANGDON ND 58249-2407

LANGDON ND 58249-2407

FED ID 680158739
DEA RC0568800
STATE REG 0000005699
ST CNTLD 0000005699

DEA AC3795385
STATE REG PHAR183

INVOICE DATE 10/10/2023 INVOICE 7329992650

PO

ORDER DATE 10/09/2023 ORDER CONF 1053543122

SHIP DATE 10/09/2023 PIECES INVOICED 1

LINE	ITEM	NDC/UPC	ORIG ORDER QTY	ORDER QTY	INVOICED QTY	OMIT CODE	UOM	DESCRIPTION	SIZE	FORM	CLASS	MSG	DEPT/ACC/CC2	UNIT PRICE	EXTENDED PRICE	NOTE CODE
------	------	---------	----------------	-----------	--------------	-----------	-----	-------------	------	------	-------	-----	--------------	------------	----------------	-----------

50	5479076	47335017795	1	1	1		ea	ILUMYA SY 100MG/ML 1ML PFS SPD	1 ML	SY				17,237.47	17,237.47	NT
----	---------	-------------	---	---	---	--	----	--------------------------------	------	----	--	--	--	-----------	-----------	----

-----SUMMARY-----

TOTAL RX 17,237.47
TOTAL OTC 0.00
NET AMOUNT 17,237.47

-----CATEGORY CODE 2 SUMMARY-----

17,237.47

MSG 1 THIS PRODUCT IS REQUIRED BY THE FDA TO BE DISPENSED WITH A MEDICATION GUIDE. TO OBTAIN A MEDICATION GUIDE FOR THIS PRODUCT, PLEASE VISIT [HTTP://WWW.FDA.GOV/DRUGS/DRUGSAFETY/UCM085729.HTM](http://www.fda.gov/drugs/drugsafety/ucm085729.htm)

NOTE CODES	OMIT CODES
CT CONTRACT	1 RESTRICTED CODE
CO CT OVERRIDE	2 DC DISCONTINUED
CN CT NET	3 MFG DISCONTINUED
CS CT SOURCE	4 DROP SHIP
CB CT SRC BACKUP	5 AVAILABILITY ISSUE
NT NET PRICED	5A NEW ITEM
C+ BASE PRICE	5B NON STOCK
OY OVERRIDE	6 TEMP OUT
T TAXABLE	

CHEMICAL DESIGNATIONS
E EPHEDRINE, P PHENYLPROPANOLAMINE
S PSEUDOPHEDRINE, L OTHER LIST CHEMICAL

NON-WHOLESALE CUSTOMERS ARE FINAL DISPENSERS THAT ARE PURCHASING FOR THEIR OWN USE AND WILL NOT REDISTRIBUTE PRESCRIPTION PHARMACEUTICALS TO ANY OTHER ENTITY. DSCSA TRANSACTION DATA FOR QUALIFIED PRESCRIPTION DRUGS CAN BE ACCESSSED VIA YOUR USUAL ORDERING PLATFORM, SUCH AS ORDER EXPRESS OR MEDCOMMERCE, OR AT CARDINALHEALTH.COM/TRACE.
IN THE ABSENCE OF A WRITTEN AGREEMENT BETWEEN YOU AND CARDINAL HEALTH 110, LLC, CARDINAL HEALTH 110, LLC THAT GOVERNS THE TRANSACTIONS ON THIS DOCUMENT, THE TERMS AND CONDITIONS LOCATED AT [HTTP://WWW.CARDINALHEALTH.COM/ENUS/PURCHASE-TERMS-AND-CONDITIONS](http://WWW.CARDINALHEALTH.COM/ENUS/PURCHASE-TERMS-AND-CONDITIONS) WILL APPLY.
AND SUCH TERMS AND CONDITIONS MAY NOT BE ALTERED, SUPPLEMENTED, OR AMENDED BY YOU IN ANY WAY.
IF THIS DOCUMENT REFLECTS ANY DISCOUNTED PRICES, CREDITS, OR REBATES, OR IF PRICE REDUCTIONS ARE SUBSEQUENTLY EARNED AND PAID WITH RESPECT TO THE MERCHANDISE/SERVICES DESCRIBED HEREIN, YOU MAY HAVE AN OBLIGATION UNDER FEDERAL OR STATE LAW TO REPORT THE NET COST YOU PAID FOR THE APPLICABLE ITEM IF YOU PARTICIPATE IN CERTAIN FEDERAL OR STATE HEALTHCARE PROGRAMS.
FOR SDS VISIT : [HTTP://WWW.MVCCARDINALSDSPD.COM](http://WWW.MVCCARDINALSDSPD.COM)

REMITTANCE

CARDINAL HEALTH 110, LLC
5303 Collections Center Drive
Chicago IL 60693
Please remit your payment advice to
remits@cardinalhealth.com

PAYMENT TERMS

Net 30 Days

SUB TOTAL	17,237.47
GRAND TOTAL	17,237.47
TOTAL DUE BY	11/09/2023



Cardinal Health

deemed as final, unless a supplier disputes a claim. Customers may not request reversals of Purchase Reclassifications. Suppliers that have previously indicated "blanket approval" of reclassifications will be processed without any additional approval emails from involved suppliers. All remaining supplier lines require direct contact between the customer and each supplier. If supplier approval is granted, the documentation is to be submitted along with the completed reclassification policy. Any status changes regarding a supplier's participation or non-participation of the Reclassification Program must be communicated directly to Cardinal Health by the supplier to ensure accurate records are maintained.

Execution: Prior to beginning any Purchase Reclassification activity, an authorized individual of the customer's account (authorized official of the covered entity) must sign where indicated below as acceptance of and agreement to the terms and conditions contained herein.

Effective Date/Changes:

This policy will be effective on the date of signature and it and the terms and conditions contained herein are subject to cancellation or revision by Cardinal Health at any time.

Please fax this signed document to **614.553.9274** or email to **GMB-DUB340BReclassifications@cardinalhealth.com**.

Catherine Taylor

Authorized Customer Representative

2052039050

Main Account # (From)

Michelle Skilleys

Authorizing Official of Covered Entity Name (Required)

*name listed should match HRSA

11-2-2023

Date

(701) 256-6218

Primary Contact Phone Number

Pharmacy Director

Title

2052038202

Account # (To)

Michelle Shep

Authorizing Official of Covered Entity
Signature (Required)

*name listed should match HRSA

11-2-2023

Date

Catherine.Taylor@LPHospital

Primary Contact Email Address

-----Cardinal Health Use Only-----

Date Received:

Date of Purchase Reclassification

Document Owner: Director Pricing