Fw: HOMER System Email :: Application Approved

Greg Roland <groland@nassaucountyfl.com>
Wed 12/30/2020 2:44 PM

To: Brady Rigdon <brigdon@nassaucountyfl.com>; Ken Barr <kbarr@nassaucountyfl.com>; Constance Holmes <cholmes@nassaucountyfl.com>; Carolyn Kittle <ckittle@nassaucountyfl.com>

See the email below.

GR

Greg Roland
Assistant Fire Chief
Nassau County Fire Rescue
96160 Nassau Place
Yulee, Florida 32097
904-530-6600 office
904-624-0528 cell

From: HEROS@paulconsulting.com <HEROS@paulconsulting.com>
Sent: Wednesday, December 30, 2020 2:42 PM
To: Greg Roland <groland@nassaucountyfl.com>
Subject: HOMER System Email :: Application Approved

Greetings, Thank you for submitting your application with the HEROS Program. We have approved your application and will be directing our vendor to fulfill your request. Please contact me if you have any questions regarding your application or the HEROS Program. Thank you, Victor Johnson DEPCS Operation Section Administrator Florida Department of Health Division of Emergency Preparedness & Community Support 4042 Bald Cypress Way A-22 Tallahassee, Florida 32399 □850-245-4346 Fax 850-921-8162
Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, please do not send electronic mail to this entity. Instead, please contact this office by phone or in writing.

Edit Application - P789

Withdraw

Agency ID:
H101
Agency Name:
Nassau County Fire Rescue

Agency Has Initial Approval:
Yes

Agency Status:
Verified
Application Status:
Submitted

Date Created:
12/22/2020
Date Submitted:
12/22/2020

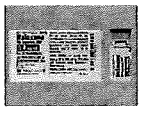
HEROS: Helping Emergency Responders Obtain Support. See link for more details on the HEROS program

Application Details | Agency Details | Application Attachments

* Overdoses Responded to Previous Year: 125

* Percentage Trained to Administer Naloxone: 100%

Please fill out at least one of the following Order Options. Click on an Order Option photo to enlarge.

Order Option		* Doses Requested
Intranasal Strength: 4 mg/.1mL		0
Luerlock Pre-filled Syringe Strength: 1 mg/mL		300
MIN-I-JET Strength: 1 mg/mL		0
Vial Strength: .4 mg/mL		0

* Narrative (Please provide an explanation of the agency's need in 2500 characters or less)

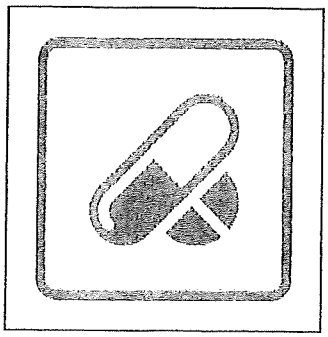
NCFR is a front line provider of emergency care in the war against opioid abuse. The department is experiencing yearly increases in calls for service related to opioid overdoses. This grant will help defray some of the costs associated with Narcan

OATH: "Under penalties of perjury, by submission to the Florida Department of Health, I declare that I have read the foregoing application and that the facts stated in it are true." I understand that all I attest to in this application is subject to audit by the Department.

Oath accepted at 12/22/2020 12:50:00 PM by Greg Roland

Back | Save

Product Details



Generic Name:	NALOXONE HCL
Description:	NALOXONE SY 1MG/ML 10X2ML PF
CIN:	5607197
NDC:	43598-0750-58
UPC:	343598-750583
Contract:	MINNESOTA MULTISTATE
Contract Alias:	MNMULT
Contract Expires:	12/31/9999
Strength:	1MG/ML
Form:	SYRINGES
Size:	10X2 ML
AB Rating:	AP
Stock Status:	Stocked
Quantity Available to Order at this time:	24
Confirmed Order Quantity:	

Invoice Cost:	$ 198.16
Estimated Rebate:	0.0%
Estimated Net Cost:	$198.16
UOI Cost:	$19.8160
Previously Purchased:	
AMU:	
ABC Ranking:	
MIN Qty:	0
MAX Qty:	0

Quantity:

[ ] Do not substitute

Product Details
Alternatives and Substitutes

PRODUCT INFORMATION	COST & STOCK INFORMATION	REFERENCE INFORMATION
Generic/Brand Indicator: 1	**Retail Price:** $ 0.00	**Additional Attributes:**
Label Size: 10X2ML	**Price Last Changed:** 10/30/2020	**Additional Description:** PF
Mfr: DR REDDYS LABORATORIES INC	**Retail Price Override:** Default	**AHFS Code:** 28100000
Mfr Part #: 000000	**Returnable:** Y	**AHFS Description:** OPIATE ANTAGONISTS
Product Type: Rx	**AWU:**	**DAPA #:**
Specialty: N	**Cardinal Key:** 17142004	**DEA Schedule:** 0
CSN:	**GCN:** 17142	**Desi Indicator:** Determined to be safe and effective
UDF1:	**Other CIN(s):**	**FDB Manuf/Dist Name:**
UDF2:	**Package Qty:** 10	**FDB Label Name:**
UOI Factor: 10.0000	**Package Size:** 2	**FDB Flavor Desc:**
Category Code 1:	**Return Packaging:** Ambient	**FDB Shape:**
Category Code 2:	**Total Size:** 20	**FDB Color:**
MIN Qty: 0 **Override:**	**Unit Dose:**	**FDB Additional Descriptor:**
MAX Qty: 0 **Override:**	**Unit of Sale:** CAN	**Fineline Code:** 8500
Projected Monthly Usage:	**Unit of Measure:** ML	**Fineline Desc:** PHARMACEUTICALS
Projected Usage Expires:		**HCPCS:**
On Formulary:		**Medispan AWP:** $376.20
Message Text:		**Medispan GPI Code:** 9340002010E540
Never Sub:		**Ingredients:** View

(800) 926-3161

CardinalHealth

CARDINAL HEALTH
2045 INTERSTATE DR.
LAKELAND, FL 33805
WHOLESALER ID:22913
DEA RC-0182080 FED ID 68-0158739

CUST. NO.	DATE	ORIGINAL INVOICE
492952	1/26/21	1200388
REG NO.	**CUST. DEA NO.**	**ORDER NO.** / **CUSTOMER P.O. NUMBER**
EXEMPT		3010015 / EC2100H-0001-CP
	ORDER DATE	**CONF. NO.**
	1/25/21	05134

HEROS ORDER

BILL TO
DOH CENT PHCY (CP/MMCAP/FR) BT
104-2 HAMILTON PARK DRIVE
TALLAHASSEE, FL 32304

SHIP TO
NASSAU COUNTY FIRE RESCUE
(NARCAN)
96160 NASSAU PL
YULEE, FL 32097

ITEM NUMBER	NDC/UPC	QTY ORDERED	QTY SHIPPED	OMIT	U/M	DESCRIPTION	SIZE	FORM	CLASS			UNIT PRICE	EXTENSION	NO CO
	TOTE# 1					ASN# 11-043-6012								
4585402	76329-3369-01	30	30		CT	NALOXONE HCL 1MG/ML 10X2ML LJ	10	SY				279.47	8384.10	C
This item is split:			10 In Tote 1			10 In Tote 2				10 In Tote 3				
			30			TOTAL PIECES SHIPPED								
						---------- S U M M A R Y ----------								
						Total RX					8384.10			
						NET AMOUNT					8384.10			

INVOICE SHIP DATE: 1/25/2021

Received complete 1-26-21 BZ Ruiz

ALL DAMAGES, SHORTAGES, MISPICKS AND ITEMS RECEIVED SHORT DATED OR OUTDATED MUST BE REPORTED TO CUSTOMER SERVICE WITHIN 48 HOURS OR RECEIPT OR THE PRODUCT. ALL SHORTAGES AND MISPICKS OR CONTROL ITEMS MUST BE REPORTED WITHIN 24 HOURS. ALL RETURNS MUST BE TOTE TIED. CUSTOMER SERVICE # 1-800-926-3161.

For SDS Visit: http://www.mycardinalsdspd.com

PLEASE REMIT YOUR PAYMENTS TO FOLLOWING ADDRESS:
CARDINAL HEALTH 110, LLC
C/O BANK OF AMERICA
PO BOX 402605
ATLANTA, GA 30384-2605

Note Codes:
T Taxable CT Contract
CO Contract Item Override SN Special Nel
CN Contract Net OV Price Override
SP Special Pricing CS Source Contract

Omit Codes:
C Dropship 4 Not stocked 7 Drug Recall
2 DC Out 5 Mfr Disc 8 New item/stock unavail.
3 Mfr Out 6 DC Disc S Regulatory Review

List Chemical Designations
E - Ephedrine
P - Phenylpropanolamine
S - Pseudoephedrine
L - Other List Chemical

134 / 090

2/25/21
DUE DATE

8384.10

Non-wholesale customers are final dispensers that are purchasing for their own use and will not redistribute prescription pharmaceuticals to any other entity.

Effective January 1, 2015, DSCSA Transaction Data for qualified prescription drugs can be accessed via your usual ordering platform, such as Order

The prices shown on this invoice are net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to additional discounts or rebates. Please refer to your contract for any specific additional discounts or rebates that may apply to these purchases. You may have an obligation pursuant to 42 USC §1320a-7b to report discounts and rebates to Medicare, Medicaid or other governmental health care programs.

Narcan Invoice

Greg Roland <groland@nassaucountyfl.com>
Wed 1/27/2021 4:06 PM
To: Cardinal.Invoices@flhealth.gov <Cardinal.Invoices@flhealth.gov>
Cc: Constance Holmes <cholmes@nassaucountyfl.com>

1 attachments (113 KB)
20210127154859683.pdf;

Hello,

The invoice for the Narcan received from Cardinal Health is attached.

Thank you,
Greg

Greg Roland
Assistant Fire Chief
Nassau County Fire Rescue
96160 Nassau Place
Yulee, Florida 32097
904-530-6600 office
904-624-0528 cell