

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number

25-640

SAP Number

4400006429

Arrowhead Regional Medical Center

Department Contract Representative	Andrew Goldfrach
Telephone Number	(909) 580-6150
Contractor	Cardinal Health 110, LLC and Cardinal Health 112, LLC
Contractor Representative	Steven Grant
Telephone Number	(661) 645-9129
Contract Term	Twelve months from the first day of the month following execution
Original Contract Amount	Non Financial
Amendment Amount	
Total Contract Amount	Non Financial
Cost Center	7710
Grant Number (if applicable)	N/A

Briefly describe the general nature of the contract: Non-financial Cardinal Health Source Enhancement Solution Program Agreement with Cardinal Health 110, LLC and Cardinal Health 112, LLC, for participation in the Cardinal Health SOURCE Enhancement Solution Program, for a period of 12 months from the first day of the month after execution.

FOR COUNTY USE ONLY

Approved as to Legal Form

Charles Phan, Supervising Deputy County Counsel

Date 8/8/2025

Reviewed for Contract Compliance

►

Date

Reviewed/Approved by Department

Andrew Goldfrach, ARMC Chief Executive Officer

Date 8/11/2025

Cardinal Health SOURCEsm Enhancement Solution Enrollment Agreement

This Enrollment Agreement ("**Agreement**") is effective on the first day of the first month following full execution (the "**Effective Date**"). The undersigned wholesale pharmaceutical distribution customer, San Bernardino County on behalf of Arrowhead Regional Medical Center ("**Program Participant**"), of Cardinal Health 110, LLC and Cardinal Health 112, LLC (collectively, "**Cardinal Health**") hereby agrees to participate in Cardinal Health's SOURCE Enhancement Solution Program (the "**Program**"), pursuant to the terms and conditions hereof.

Cardinal Health will load Program Participant to the Program beginning as of the Effective Date.

Program Participant agrees that by signing, the "Discount Factor" percentage below will be used to identify potential SOURCE contract items that will generate additional SOURCE purchases for the Program Participant through Program Participant's WAC and 340b accounts. The potential additional purchases have been outlined in a previously provided analysis. Program Participant is participating in the Program in order to increase compliance with a specific manufacturer or supplier pricing contract in lieu of best price.

Discount Factor: 10%

Participation in the Program is voluntary, and the Discount Factor is the sole decision of Program Participant. Program Participant may request a change to the Discount Factor at any time via e-mail, which changes will be implemented by Cardinal Health within ten (10) business days. Program Participant acknowledges and agrees that the Discount Factor may not equal the actual discount or rebate, if any, that Program Participant receives pursuant to Program Participant's pharmaceutical distribution agreement with Cardinal Health, and such actual discount or rebate may be less than the Discount Factor. The parties agree they will meet no less than quarterly to review compliance. In the event the intended results of this Agreement are not achieved, the parties will collaborate on an alternative solution to better meet Program Participant's needs.

The term of this Agreement will begin on the Effective Date and continues for a period of twelve (12) months. Program Participant may terminate its participation in the Program (and therefore this Agreement) upon providing thirty (30) days' prior written notice to Cardinal Health. Cardinal Health may terminate this Agreement upon providing ten (10) business days' prior written notice to Program Participant. Notwithstanding the foregoing, Cardinal Health may discontinue the Program at any time upon providing written notice to Program Participant.

The terms and conditions of this Enrollment Agreement are confidential, and Program Participant shall not disclose them to any third party, except where disclosure is required by law.

This Agreement may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Agreement upon request.

Participant Name: San Bernardino County on behalf of

Arrowhead Regional Medical Center

Participant Address:

400 N Pepper Ave, Colton, CA 92324

Participant DEA#: (List all eligible or attach separate page)

Signature: Dawn Rowe

Name: Dawn Rowe

Title: Chair, Board of Supervisors

Date: AUG 19 2025

E-mail address: _____

Approved by Cardinal Health:

Signature: Steven Grant

Name: Steven Grant

Title: Executive Sales Director

Date: 07/28/2025

Please remit signed Letter of Participation to:

Cardinal Health

Generics Business Unit

7000 Cardinal Place

Dublin, OH 43017

email: dave.austin@cardinalhealth.com

SIGNED AND CERTIFIED THAT A COPY OF
THIS DOCUMENT HAS BEEN DELIVERED
TO THE CHAIRMAN OF THE BOARD.
LONNA MONELL
Clerk of the Board of Supervisors
of San Bernardino County
By _____ Deputy



Name	Address	City	State	Zip	DEA#
ARROWHEAD REG MC IP PHCY EMS	400 N PEPPER AVE	COLTON	CA	92324	BA6183026
ARROWHEAD REG MC OP 2 PHS	400 N PEPPER AVE	COLTON	CA	92324	BA6183026
ARROWHEAD REG MED CTR WAC	400 N PEPPER AVE	COLTON	CA	92324	BA6183026
ARROWHEAD REG MED CTR OUT PPHS	400 N PEPPER AVE	COLTON	CA	92324	BA6183014
ARROWHEAD REG MED CTR INPT PHY	400 N PEPPER AVE	COLTON	CA	92324	BA6183026