

January 15, 2013

Letter from Dr. Don Cohen (HealthFirst Chief Compliance Officer) re: Emergency Medication Shortages

Dear Practitioner,

Since 2010, HealthFirst and its customers have struggled to cope with the effects of the ongoing nationwide drug shortages that have plagued our healthcare system. These long-term shortages have been caused by a combination manufacturing problems, shortages of active pharmaceutical ingredient (API) and generic drug manufactures withdrawing from the production of what they consider to be low profit margin products. Emergency medications (namely generic prefilled syringes and ampules), anesthesia and cancer treatments have been particularly impacted.

The situation has reached crisis levels, as some hospitals are being forced to schedule surgeries around the availability of anesthetics, relapses have increased for children with Hodgkin's lymphoma due to the unavailability of preferred oncology medications and paramedics in some metropolitan areas have been forced to use newly expired emergency medications to treat patients. The FDA has begun rationing the drugs in short supply, making hospitals and emergency responders the first recipients of any product that comes available. The shortages pose such a significant public health risk that both houses of Congress unanimously passed a bill in July 2012 called the Food and Drug Administration Safety and Innovation Act to address the issue.

What the Shortages Mean for HealthFirst Customers

The ongoing shortages have resulted in significant price increases from manufacturers and they have impacted HealthFirst's ability to source certain medications for our customers' emergency medical kits. We recently have found it necessary to ship some kits and refills without one or more of the necessary medications due to the unavailability of products. Please be assured that any back-ordered medications will be shipped to you once we receive product from the manufacturer or authorized distributor so that your kit will again be fully stocked for an emergency.

HealthFirst Efforts to Mitigate Impact of Shortages on Our Customers

We successfully petitioned the FDA to acknowledge HealthFirst's status as a supplier of first-responders and the company's priority was elevated to that of hospitals on the product rationing release list. This means that HealthFirst should be able to receive shipments of rationed products before dental/medical distributors. The FDA is contacting manufacturers on our behalf on an ongoing basis to secure the release of rationed product. To date, the releases have been very limited, but we hope that as supply grows in late 2013, our elevated priority will result in some of the earliest shipments of backordered emergency medications.

January 15, 2013 Page 2

In addition, HealthFirst's Independent Medical Advisory Board has recommended comparators for back ordered medications in emergency situations. Their recommendations, and links to specific dosing information, are listed below and on the HealthFirst website at www.HealthFirst.com. It is our hope that this valuable information will help you to be prepared for appropriate response to an emergency, if the drug of choice is not available.

We thank you for your continued patience and understanding during this difficult time. Please rest assured that the HealthFirst is taking all the steps possible to mitigate the impact of the shortages and to keep your practice prepared for emergencies.

To learn the status of any back-ordered medications or for assistance in obtaining comparator medications, please call our Compliance Counselors at 800.331.1984. Also, please feel free to contact me directly at dream-alth-first.com for any clinical questions you may have.

Highest regards,

Don Cohen, DMD

Chief Compliance Officer

Kit Medication	Indication	Substitute	Admin. Method	How Supplied	Dosage and Administration Information
Adenosine	SVT	Verapamil HCl	IV bolus	5 mg/mL, 2 mL vial	http://eilat.sci.brooklyn.cuny.edu/newnyc/dr ugs/VERAPAMI.HTM
	Torsades	Magnesium sulfate	IV bolus	Magnesium Sulfate Injection, USP 50%,.1 gram/2 mL vial (have 2 units on hand)	http://eilat.sci.brooklyn.cuny.edu/newnyc/dr ugs/MAGNESIU.HTM
Atropine	Bradycardia	Dopamine	IV (continuous infusion)	400 mg Dopamine HCl and 5% Dextrose Injection, USP 250 mL cont.	http://eilat.sci.brooklyn.cuny.edu/newnyc/dr ugs/DOPAMINE.HTM
Amiodarone	VF and VT refractory to Lidocaine ¹	Bretylium tosylate (Bretylol®)	IV (bolus or continuous infusion)	50mg/mL, 10mL vial	http://eilat.sci.brooklyn.cuny.edu/newnyc/dr ugs/Bretyliu.htm
Epinephrine 1:1,000 (ampules)	Anaphylaxis	Epi-pen® Jr. (for biphasic event following Epi-pen administration)	Auto-injector	0.15mg epinephrine injection USP 1:2000 (0.3mL)	http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=7560c201-9246-487c-a13b-6295db04274a
Epinephrine 1:10,000	Anaphylaxis	Isoproterenol (Isuprel®)	IV bolus	0.2mg/mL, 5ml ampules	http://eilat.sci.brooklyn.cuny.edu/newnyc/dr ugs/Isoprote.htm Bolus information: http://www.rxlist.com/isuprel- drug/indications-dosage.htm
Furosemide	Diuretic	Torsemide (Demadex [®])	IV	10 mg/mL, 2mL ampule (have 2 units on hand)	http://dailymed.nlm.nih.gov/dailymed/drugI nfo.cfm?id=3208#nlm34068-7

¹Note: Lidocaine and Procainamide are currently unavailable due to drug shortages.

9188 v1, 01/2013