

## SETTLEMENT AGREEMENT

This Settlement Agreement (“Agreement”) is entered into among the United States of America, acting through the United States Department of Justice and on behalf of the Department of Health and Human Services (“HHS”), the State of North Carolina, acting through the North Carolina Office of the Attorney General and on behalf of the North Carolina Department of Health and Human Services, Division of Health Benefits (collectively, the “Government”), MedCare Clinic & Pharmacy, LLC, James Grant Dorough, Luther Dale Hutchins, and Robert Glenn Dowdy (collectively, “Defendants”), and Brittanie Henry and Zilphia Adcock (collectively, “Relators”) (hereafter collectively referred to as “the Parties”), through their authorized representatives.

### RECITALS

A. MedCare Clinic & Pharmacy, LLC (“MedCare”) is a pharmacy located in Indian Trail, North Carolina. MedCare is co-owned by defendants James Grant Dorough, Luther Dale Hutchins, and Robert Glenn Dowdy.

B. On January 28, 2020, Relators Brittanie Henry and Zilphia Adcock filed a *qui tam* action in the United States District Court for the Western District of North Carolina captioned *United States ex rel. Henry and Adcock v. Pharmacy Holdings, LLC et al.*, Case No. 3:20CV61, pursuant to the *qui tam* provisions of the False Claims Act, 31 U.S.C. § 3730(b) and the North Carolina False Claims Act, N.C. Gen. Stat. § 1-605 *et. seq.* (the “Civil Action”).

C. The Government contends that MedCare submitted or caused to be submitted claims for payment to the Medicare Program, Title XVIII of the Social Security Act, 42 U.S.C. §§ 1395-1395lll (“Medicare”), and the Medicaid Program, 42 U.S.C. §§ 1396-1396w-5 (“Medicaid”), in violation of the Federal False Claims Act, 31 U.S.C. §§ 3729-3733, and the North Carolina False Claims Act, N.C.G.S. §§ 1-605, *et. seq.*

D. The Government contends that it has certain civil claims against Defendants arising from allegations that Defendants submitted, or caused the submission of, claims to Medicare and Medicaid for reimbursement for pharmaceuticals that were never sold. Specifically, the Government contends that during the period from January 1, 2016 through December 31, 2019, Defendants submitted or caused the submission of claims for reimbursement to Medicare and Medicaid for pharmaceuticals, in the specific dosages and units listed in Appendix A, that the Defendants did not actually distribute to beneficiaries, and/or that the Defendants failed to properly return to stock after beneficiaries failed to pick them up. That conduct is referred to below as the “Covered Conduct.”

E. This Settlement Agreement is neither an admission of liability by Defendants nor a concession by the Government that its claims are not well founded.

F. Relators claim entitlement under 31 U.S.C. § 3730(d) to a share of the proceeds of this Settlement Agreement and to Relators’ reasonable expenses, attorneys’ fees and costs.

To avoid the delay, uncertainty, inconvenience, and expense of protracted litigation of the above claims, and in consideration of the mutual promises and obligations of this Settlement Agreement, the Parties agree and covenant as follows:

#### TERMS AND CONDITIONS

1. MedCare shall pay to the Government \$226,978.29 (“Settlement Amount”), of which \$151,318.86 is restitution, no later than 30 (thirty) days after the Effective Date of this Agreement by electronic funds transfer pursuant to written instructions to be provided by the United States Attorney’s Office for the Western District of North Carolina. Defendants Dorough, Hutchins, and Dowdy are jointly and severally liable for the Settlement Amount.

2. Conditioned upon the Government receiving the Settlement Amount and as soon as feasible after receipt, the United States shall pay \$ 56,744.57 to Relators by electronic funds transfer (“Relators’ Share”).

3. Subject to the exceptions in Paragraph 5 (concerning reserved claims) below, and upon the Government’s receipt of the Settlement Amount, the Government releases Defendants from any civil or administrative monetary claim the Government has for the Covered Conduct under the False Claims Act, 31 U.S.C. §§ 3729-3733; the Civil Monetary Penalties Law, 42 U.S.C. § 1320a-7a; the Program Fraud Civil Remedies Act, 31 U.S.C. §§ 3801-3812; the North Carolina False Claims Act, N.C.G.S. § 1-605, *et. seq.*; or the common law theories of payment by mistake, unjust enrichment, and fraud.

4. Subject to the exceptions in Paragraph 5 below, and upon the Government’s receipt of the Settlement Amount, Relators, for themselves and for their heirs, successors, attorneys, agents, and assigns, release Defendants from any civil monetary claim the Relators have on behalf of the Government for the Covered Conduct under the False Claims Act, 31 U.S.C. §§ 3729-3733 and the North Carolina False Claims Act, N.C.G.S. § 1-605.

5. Notwithstanding the releases given in Paragraph 3 of this Agreement, or any other term of this Agreement, the following claims and rights are specifically reserved and are not released:

- a. Any liability arising under Title 26, U.S. Code (Internal Revenue Code);
- b. Any criminal liability;
- c. Except as explicitly stated in this Agreement, any administrative liability or enforcement right, including mandatory or permissive exclusion from Federal health care programs;

- d. Any liability to the Government (or its agencies) for any conduct other than the Covered Conduct;
- e. Any liability based upon obligations created by this Agreement;
- f. Any liability of any individuals other than Dorrough, Hutchins, and Dowdy;
- g. Any liability for express or implied warranty claims or other claims for defective or deficient products or services, including quality of goods and services;
- h. Any liability for personal injury or property damage or for other consequential damages arising from the Covered Conduct.

6. Relators and their heirs, successors, attorneys, agents, and assigns shall not object to this Agreement but agree and confirm that this Agreement is fair, adequate, and reasonable under all the circumstances, pursuant to 31 U.S.C. § 3730(c)(2)(B). Conditioned upon Relators' receipt of the Relators' Share, Relators and their heirs, successors, attorneys, agents, and assigns fully and finally release, waive, and forever discharge the Government, its agencies, officers, agents, employees, and servants, from any claims arising from the filing of the Civil Action or under 31 U.S.C. § 3730, and from any claims to a share of the proceeds of this Agreement and/or the Civil Action.

7. Relators, for themselves, and for their heirs, successors, attorneys, agents, and assigns, release Defendants, and MedCare's officers, agents, and employees, from any liability to Relators arising from the filing of the Civil Action, or under 31 U.S.C. § 3730(d) for expenses or attorneys' fees and costs.

8. Defendants waive and shall not assert any defenses they may have to any criminal prosecution or administrative action relating to the Covered Conduct that may be based in whole

or in part on a contention that, under the Double Jeopardy Clause in the Fifth Amendment of the Constitution, or under the Excessive Fines Clause in the Eighth Amendment of the Constitution, this Agreement bars a remedy sought in such criminal prosecution or administrative action.

9. Defendants fully and finally release the Government, its agencies, officers, agents, employees, and servants, from any claims (including attorneys' fees, costs, and expenses of every kind and however denominated) that Defendants have asserted, could have asserted, or may assert in the future against the Government, its agencies, officers, agents, employees, and servants, related to the Covered Conduct or the Government's investigation or prosecution thereof.

10. Defendants fully and finally release the Relators from any claims (including attorneys' fees, costs, and expenses of every kind and however denominated) that Defendants have asserted, could have asserted, or may assert in the future against the Relators, related to the Covered Conduct and the Relators' investigation and prosecution thereof.

11. The Settlement Amount shall not be decreased as a result of the denial of claims for payment now being withheld from payment by any Medicare contractor (e.g., Medicare Administrative Contractor, fiscal intermediary, carrier) or any state payer, related to the Covered Conduct; and Defendants agree not to resubmit to any Medicare contractor or any state payer any previously denied claims related to the Covered Conduct, agree not to appeal any such denials of claims, and agree to withdraw any such pending appeals.

12. Defendants agree to the following:

a. Unallowable Costs Defined: All costs (as defined in the Federal Acquisition Regulation, 48 C.F.R. § 31.205-47; and in Titles XVIII and XIX of the Social Security Act, 42 U.S.C. §§ 1395-1395lll and 1396-1396w-5; and the regulations and official program directives promulgated thereunder) incurred by or on behalf of Defendants, or

MedCare's present or former officers, directors, employees, shareholders, and agents in connection with:

- (1) the matters covered by this Agreement;
- (2) the Government's audit and civil investigation of the matters covered by this Agreement;
- (3) the Defendants' investigation, defense, and corrective actions undertaken in response to the Government's audit and civil investigation in connection with the matters covered by this Agreement (including attorneys' fees);
- (4) the negotiation and performance of this Agreement; and
- (5) the payment that Defendants make to the Government pursuant to this Agreement and any payments that Defendants may make to Relator, including costs and attorneys' fees

are unallowable costs for government contracting purposes and under the Medicare Program, Medicaid Program, TRICARE Program, and Federal Employees Health Benefits Program ("FEHBP") (hereinafter referred to as "Unallowable Costs").

b. Future Treatment of Unallowable Costs: Unallowable Costs shall be separately determined and accounted for by Defendants, and Defendants shall not charge such Unallowable Costs directly or indirectly to any contracts with the Government or any State Medicaid program, or seek payment for such Unallowable Costs through any cost report, cost statement, information statement, or payment request submitted by Defendants or any of MedCare's subsidiaries or affiliates to the Medicare, Medicaid, TRICARE, or FEHBP Programs.

c. Treatment of Unallowable Costs Previously Submitted for Payment:  
Defendants further agree that within 90 days of the Effective Date of this Agreement they shall

identify to applicable Medicare and TRICARE fiscal intermediaries, carriers, and/or contractors, and Medicaid and FEHBP fiscal agents, any Unallowable Costs (as defined in this paragraph) included in payments previously sought from the United States, or any State Medicaid program, including, but not limited to, payments sought in any cost reports, cost statements, information reports, or payment requests already submitted by Defendants or any of MedCare's subsidiaries or affiliates, and shall request, and agree, that such cost reports, cost statements, information reports, or payment requests, even if already settled, be adjusted to account for the effect of the inclusion of the Unallowable Costs. Defendants agree that the United States, at a minimum, shall be entitled to recoup from Defendants any overpayment plus applicable interest and penalties as a result of the inclusion of such Unallowable Costs on previously-submitted cost reports, information reports, cost statements, or requests for payment.

Any payments due after the adjustments have been made shall be paid to the United States pursuant to the direction of the Department of Justice and/or the affected agencies. The United States reserves its rights to disagree with any calculations submitted by Defendants or any of its subsidiaries or affiliates on the effect of inclusion of Unallowable Costs (as defined in this paragraph) on MedCare or any of its subsidiaries or affiliates' cost reports, cost statements, or information reports.

d. Nothing in this Agreement shall constitute a waiver of the rights of the Government to audit, examine, or re-examine MedCare's books and records to determine that no Unallowable Costs have been claimed in accordance with the provisions of this paragraph.

13. This Agreement is intended to be for the benefit of the Parties only. The Parties do not release any claims against any other person or entity, except to the extent provided for in Paragraph 14 (waiver for beneficiaries paragraph), below.

14. Defendants agree that they waive and shall not seek payment for any of the health care billings covered by this Agreement from any health care beneficiaries or their parents, sponsors, legally responsible individuals, or third party payors based upon the claims defined as Covered Conduct.

15. Upon receipt of the payment described in Paragraph 1, above, the Parties shall promptly sign and file in the Civil Action a Joint Stipulation of Dismissal of the Civil Action pursuant to Rule 41(a)(1). The Civil Action will be dismissed with prejudice to the Government as to the Covered Conduct released in the Settlement Agreement, and without prejudice to the Government as to any other claims in the Civil Action. The Civil Action will be dismissed with prejudice to Relators as to all claims in the Civil Action.

16. Each Party shall bear its own legal and other costs incurred in connection with this matter, including the preparation and performance of this Agreement.

17. Each party and signatory to this Agreement represents that it freely and voluntarily enters into this Agreement without any degree of duress or compulsion.

18. This Agreement is governed by the laws of the United States. The exclusive jurisdiction and venue for any dispute relating to this Agreement is the United States District Court for the Western District of North Carolina. For purposes of construing this Agreement, this Agreement shall be deemed to have been drafted by all Parties to this Agreement and shall not, therefore, be construed against any Party for that reason in any subsequent dispute.

19. This Agreement constitutes the complete agreement between the Parties. This Agreement may not be amended except by written consent of the Parties.

20. The undersigned counsel represent and warrant that they are fully authorized to execute this Agreement on behalf of the persons and entities indicated below.



21. This Agreement may be executed in counterparts, each of which constitutes an original and all of which constitute one and the same Agreement.

22. This Agreement is binding on Defendants' successors, transferees, heirs, and assigns.


23. This Agreement is binding on Relators' successors, transferees, heirs, and assigns.

24. All Parties consent to the Government's disclosure of this Agreement, and information about this Agreement, to the public.

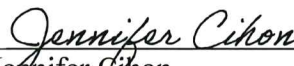
25. This Agreement is effective on the date of signature of the last signatory to the Agreement ("Effective Date of this Agreement"). Facsimiles and electronic transmissions of signatures shall constitute acceptable, binding signatures for purposes of this Agreement.

**THE UNITED STATES OF AMERICA**

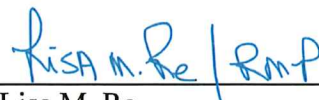
DATED: 4.7.23

BY:   
Caroline McLean  
Assistant United States Attorney  
for the Western District of North Carolina

DATED: 4-7-2023

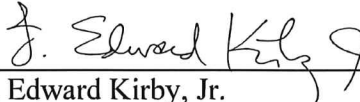
BY:   
Jennifer Cihon  
Senior Trial Counsel  
Commercial Litigation Branch  
Civil Division

DATED: 4/6/2023

BY:   
Lisa M. Re  
Assistant Inspector General for Legal Affairs  
Office of Counsel to the Inspector General  
Office of Inspector General  
United States Department of Health and Human Services

**STATE OF NORTH CAROLINA**

DATED: 3/24/2023

BY:   
F. Edward Kirby, Jr.  
Director, Medicaid Investigations Division  
Office of the Attorney General

**NC DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**DIVISION OF HEALTH BENEFITS**

DATED: \_\_\_\_\_

BY: \_\_\_\_\_  
Jay Ludlam  
Deputy Secretary, NC Medicaid  
NC Department of Health & Human Services,  
Division of Health Benefits

**STATE OF NORTH CAROLINA**

DATED: \_\_\_\_\_

BY: \_\_\_\_\_

F. Edward Kirby, Jr.  
Director, Medicaid Investigations Division  
Office of the Attorney General

**NC DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**DIVISION OF HEALTH BENEFITS**

DATED: 03/23/23 | 4:02 PM EDT

BY:

DocuSigned by:  
*Jay Ludlam*

Jay Ludlam

Deputy Secretary, NC Medicaid  
NC Department of Health & Human Services,  
Division of Health Benefits

**DEFENDANT MEDCARE CLINIC & PHARMACY LLC**

DATED: 3-28-23 BY: [Signature]

DATED: 3-28-23 BY: [Signature]  
Sara Lincoln  
Counsel for MedCare Clinic & Pharmacy LLC

**DEFENDANT JAMES GRANT DOROUGH**

DATED: \_\_\_\_\_ BY: \_\_\_\_\_  
James Grant Dorough

DATED: \_\_\_\_\_ BY: \_\_\_\_\_  
Tony Scheer  
Counsel for James Grant Dorough

**DEFENDANT LUTHER DALE HUTCHINS**

DATED: \_\_\_\_\_ BY: \_\_\_\_\_  
Luther Dale Hutchins

DATED: \_\_\_\_\_ BY: \_\_\_\_\_  
Missy Owen  
Counsel for Luther Dale Hutchins

**DEFENDANT ROBERT GLENN DOWDY**

DATED: \_\_\_\_\_ BY: \_\_\_\_\_  
Robert Glenn Dowdy

DATED: \_\_\_\_\_ BY: \_\_\_\_\_  
W. Rob Heroy  
Counsel for Robert Glenn Dowdy

**DEFENDANT MEDCARE CLINIC & PHARMACY LLC**

DATED: \_\_\_\_\_ BY: \_\_\_\_\_

DATED: \_\_\_\_\_ BY: \_\_\_\_\_  
Sara Lincoln  
Counsel for MedCare Clinic & Pharmacy LLC

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James Grant Dorough

DATED: 3/24/23 BY: \_\_\_\_\_  
Tony Scheer  
Counsel for James Grant Dorough

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DATED: \_\_\_\_\_ BY: \_\_\_\_\_  
Missy Owen  
Counsel for Luther Dale Hutchins

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Robert Glenn Dowdy

DATED: \_\_\_\_\_ BY: \_\_\_\_\_  
W. Rob Heroy  
Counsel for Robert Glenn Dowdy

**DEFENDANT MEDCARE CLINIC & PHARMACY LLC**

DATED: \_\_\_\_\_ BY: \_\_\_\_\_

DATED: \_\_\_\_\_ BY: \_\_\_\_\_  
Sara Lincoln  
Counsel for MedCare Clinic & Pharmacy LLC

**DEFENDANT JAMES GRANT DOROUGH**

DATED: \_\_\_\_\_ BY: \_\_\_\_\_  
James Grant Dorough

DATED: \_\_\_\_\_ BY: \_\_\_\_\_  
Tony Scheer  
Counsel for James Grant Dorough

**DEFENDANT LUTHER DALE HUTCHINS**

DATED: 3/23/23 BY:   
Luther Dale Hutchins

DATED: 3/23/23 BY: *C. Melissa Owen*  
Missy Owen  
Counsel for Luther Dale Hutchins

**DEFENDANT ROBERT GLENN DOWDY**

DATED: \_\_\_\_\_ BY: \_\_\_\_\_  
Robert Glenn Dowdy

DATED: \_\_\_\_\_ BY: \_\_\_\_\_  
W. Rob Heroy  
Counsel for Robert Glenn Dowdy

**DEFENDANT MEDCARE CLINIC & PHARMACY LLC**

DATED: \_\_\_\_\_ BY: \_\_\_\_\_

DATED: \_\_\_\_\_ BY: \_\_\_\_\_  
Sara Lincoln  
Counsel for MedCare Clinic & Pharmacy LLC

**DEFENDANT JAMES GRANT DOROUGH**

DATED: \_\_\_\_\_ BY: \_\_\_\_\_  
James Grant Dorough

DATED: \_\_\_\_\_ BY: \_\_\_\_\_  
Tony Scheer  
Counsel for James Grant Dorough


**DEFENDANT LUTHER DALE HUTCHINS**

DATED: \_\_\_\_\_ BY: \_\_\_\_\_  
Luther Dale Hutchins

DATED: \_\_\_\_\_ BY: \_\_\_\_\_  
Missy Owen  
Counsel for Luther Dale Hutchins

**DEFENDANT ROBERT GLENN DOWDY**

DATED: 3-23-23  \_\_\_\_\_  
Robert Glenn Dowdy

DATED: 3/23/23 BY:  \_\_\_\_\_  
W. Rob Heroy  
Counsel for Robert Glenn Dowdy

**RELATORS**

DATED: \_\_\_\_\_

BY: \_\_\_\_\_  
Brittanie Henry

DATED: \_\_\_\_\_

BY: \_\_\_\_\_  
Zilphia Adcock

DATED: 3/29/2023

BY:   
Chet Rabon  
Counsel for Relators



**RELATORS**

DATED: \_\_\_\_\_

BY: Brittan Henry (Bennett)  
Brittanie Henry

DATED: \_\_\_\_\_

BY: \_\_\_\_\_  
Zilphia Adcock

DATED: \_\_\_\_\_

BY: \_\_\_\_\_  
Chet Rabon  
Counsel for Relators

RELATORS

DATED: \_\_\_\_\_

BY: \_\_\_\_\_  
Brittanie Henry

DATED: 3/28/23

BY: Zilphia Adcock  
Zilphia Adcock

DATED: \_\_\_\_\_

BY: \_\_\_\_\_  
Chet Rabon  
Counsel for Relators

**APPENDIX A**

PDE Description	Shortage/Overage- Overall
NYSTAT/TRIAM CRE	14160.00
DELZICOL CAP 400MG	6660.00
SPIRONOLACT TAB 25MG	3590.00
LIDOCAINE GEL 2% JELLY	3540.00
IBUPROFEN TAB 800MG	3507.00
LORAZEPAM TAB 2MG	2282.00
PEN NEEDLES MIS 32GX4MM	2250.00
UNIFINE PNTF MIS 31GX3/16	2100.00
POT CL MICRO TAB 10MEQ ER	2015.00
LIDO/PRILOCN CRE 2.5-2.5%	1680.00
ACYCLOVIR CAP 200MG	1597.00
TAMIFLU SUS 6MG/ML	1530.00
PEN NEEDLES MIS 32GX4MM	1100.00
ATORVASTATIN TAB 80MG	1020.00
INSULIN SYRG MIS 0.5/31G	1000.00
METOPROLOL TAB 100MG ER	960.00
NOVOLIN INJ 70/30	860.00
DILTIAZEM TAB 120MG	824.00
COLCRYS TAB 0.6MG	787.00
DELZICOL CAP 400MG	720.00
INSULIN SYRG MIS 1ML/29G	700.00
DIVALPROEX TAB 500MG ER	692.00
DONEPEZIL TAB 10MG	690.00
VERAPAMIL TAB 40MG	680.00
POT CHLORIDE CAP 10MEQ ER	650.00
OXYBUTYNIN TAB 5MG	590.00
PRAVASTATIN TAB 40MG	570.00
DONEPEZIL TAB 10MG	570.00
OPANA ER TAB 20MG	520.00
SULFASALAZIN TAB 500MG	520.00
GABAPENTIN CAP 300MG	510.00
ACYCLOVIR CAP 200MG	500.00
INSULIN SYRG MIS 1ML/30G	500.00
METROCREAM CRE 0.75%	495.00
CIPROFLOXACN TAB 500MG	482.00
ABILIFY TAB 10MG	450.00
ATENOLOL TAB 25MG	450.00
CELECOXIB CAP 200MG	400.00
PHENYTOIN EX CAP 100MG	370.00

KETOCONAZOLE CRE 2%	360.00
LOSARTAN POT TAB 100MG	345.00
CARB/LEVO TAB 25-100MG	340.00
OPANA ER TAB 15MG	330.00
RANITIDINE TAB 150MG	312.00
MERCAPTOPUR TAB 50MG	300.00
METHENAM HIP TAB 1GM	300.00
GALANTAMINE TAB 4MG	300.00
INSULIN SYRG MIS 0.3/30G	300.00
INSULIN SYRG MIS 31GX5/16	300.00
UNFINE PNTP MIS 32GX4MM	300.00
FLUOXETINE CAP 20MG	300.00
METOCLOPRAM TAB 10MG	290.00
ACYCLOVIR CAP 200MG	280.00
BUDESONIDE CAP 3MG DR	270.00
METFORMIN TAB 1000MG	270.00
DYMISTA SPR 137-50	253.00
POT CHLORIDE CAP 10MEQ ER	250.00
VALSARTAN TAB 160MG	240.00
LISINOPRIL TAB 2.5MG	240.00
BACLOFEN TAB 20MG	230.00
DOXEPIN HCL CAP 100MG	220.00
SEROQUEL XR TAB 200MG	210.00
NYSTATIN POW 100000	210.00
BETAMETH VAL AER 0.12%	200.00
INSULIN SYRG MIS 1ML/30G	200.00
INSULIN SYRG MIS 0.5/30G	200.00
PEN NEEDLES MIS 31GX8MM	200.00
DONEPEZIL TAB 10MG	190.00
VANCOMYCIN CAP 250MG	189.00
TOLTERODINE CAP 2MG ER	180.00
DILTIAZEM CAP 90MG ER	180.00
HYOSCYAMINE TAB 0.125MG	180.00
CLOTRIMAZOLE CRE 1%	180.00
METOPROL TAR TAB 100MG	180.00
CALAN SR TAB 240MG	170.00
GABAPENTIN CAP 100MG	170.00
NOVOLIN R INJ U-100	160.00
ACETAZOLAMID TAB 125MG	160.00
ROPINIROLE TAB 0.25MG	160.00
LAMOTRIGINE TAB 200MG ER	150.00
FINASTERIDE TAB 5MG	150.00
PENTOXIFYLLI TAB 400MG ER	150.00
HYDROCO/APAP TAB 5-325MG	140.00

ATORVASTATIN TAB 10MG	135.00
TRIAMT/HCTZ TAB 75-50MG	130.00
HYDROXYCHLOR TAB 200MG	120.00
ARMODAFINIL TAB 150MG	120.00
GALANTAMINE TAB 4MG	120.00
FENOFIBRATE TAB 160MG	120.00
FLUOCIN ACET SOL 0.01%	120.00
FELODIPINE TAB 5MG ER	120.00
QNAPRIL/HCTZ TAB 20-12.5	120.00
MEMANTINE TAB HCL 5MG	120.00
BETAMETH DIP LOT 0.05%	120.00
METOPROLOL TAB 25MG ER	120.00
SUCRALFATE TAB 1GM	120.00
ATENOLOL TAB 25MG	120.00
ACYCLOVIR TAB 400MG	110.00
FLURBIPROFEN TAB 100MG	100.00
INSULIN SYRG MIS 0.3/31G	100.00
DOXAZOSIN TAB 4MG	100.00
PROPRANOLOL TAB 10MG	100.00
WARFARIN TAB 2.5MG	100.00
GLYBURIDE TAB 5MG	100.00
ESTRADIOL TAB 2MG	100.00
PENICILLN VK TAB 500MG	96.00
ARIPIRAZOLE TAB 15MG	90.00
TELMISARTAN TAB 20MG	90.00
OXYBUTYNIN TAB 15MG ER	90.00
LEFLUNOMIDE TAB 10MG	90.00
PRAVASTATIN TAB 80MG	90.00
CLOTRIMAZOLE CRE 1%	90.00
FINASTERIDE TAB 5MG	90.00
CLOPIDOGREL TAB 75MG	90.00
LOVASTATIN TAB 10MG	90.00
LOSARTAN/HCT TAB 100-12.5	90.00
LOVASTATIN TAB 40MG	90.00
PANTOPRAZOLE TAB 20MG DR	90.00
OXYBUTYNIN TAB 15MG ER	80.00
BALSALAZIDE CAP 750MG	80.00
GLYB/METFORM TAB 2.5-500	80.00
TRIAMCINOLON CRE 0.025%	80.00
ATENOLOL TAB 25MG	80.00
BICALUTAMIDE TAB 50MG	69.00
ASMANEX HFA AER 100 MCG	65.00
PROPAFENONE CAP 325MG ER	60.00
MODAFINIL TAB 200MG	60.00

TROSPIUM CL TAB 20MG	60.00
NITRO-BID OIN 2%	60.00
BETAMETH DIP LOT 0.05%	60.00
LEVOCETIRIZI TAB 5MG	60.00
HALOPERIDOL TAB 0.5MG	60.00
GLYB/METFORM TAB 2.5-500	60.00
LORAZEPAM TAB 1MG	60.00
CEFPROZIL TAB 500MG	56.00
METOLAZONE TAB 2.5MG	52.00
NITROGLYCERN SUB 0.4MG	50.00
ESTRADIOL TAB 1MG	50.00
CIPROFLOXACN TAB 750MG	48.00
AUG BETAMET CRE 0.05%	45.00
METOPROLOL TAB 25MG ER	45.00
PREDNISONE PAK 5MG	42.00
ACETAZOLAMID TAB 250MG	40.00
METOLAZONE TAB 2.5MG	40.00
VERAPAMIL TAB 180MG ER	40.00
SUBOXONE MIS 8-2MG	36.00
IBUPROFEN TAB 400MG	35.00
ARIPIRAZOLE TAB 30MG	30.00
ANDRODERM DIS 4MG/24HR	30.00
NOVOLIN N INJ U-100	30.00
CLOTRIM/BETA LOT DIPROP	30.00
EPLERENONE TAB 50MG	30.00
VERAPAMIL CAP 240MG SR	30.00
BUPROPN HCL TAB 300MG XL	30.00
CELECOXIB CAP 200MG	30.00
DIOVAN TAB 160MG	30.00
ARIPIRAZOLE TAB 15MG	30.00
QNAPRIL/HCTZ TAB 20-12.5	30.00
PRAVASTATIN TAB 80MG	30.00
PIOGLITAZONE TAB 30MG	30.00
BUSPIRONE TAB 15MG	30.00
CLOPIDOGREL TAB 75MG	30.00
VALSARTAN TAB 160MG	30.00
SERTRALINE TAB 100MG	30.00
CITALOPRAM TAB 20MG	30.00
ENOXAPARIN INJ 80/0.8ML	29.60
ENOXAPARIN INJ 80/0.8ML	24.00
LOPERAMIDE CAP 2MG	24.00
LUMIGAN SOL 0.01%	22.50
NITROFURANTN CAP 100MG	20.00
HALOPERIDOL TAB 1MG	20.00

DIAZEPAM TAB 2MG	20.00
COMBIGAN SOL 0.2/0.5%	15.00
OFLOXACIN DRO 0.3% OP	15.00
CLOTRIMAZOLE CRE 1%	15.00
DIFICID TAB 200MG	14.00
CLARITHROMYC TAB 500MG	14.00
CICLOPIROX SOL 8%	13.20
FLUCONAZOLE TAB 200MG	13.00
ORENCIA INJ 125MG/ML	12.00
AZELASTINE DRO 0.05%	12.00
PROCHLORPER SUP 25MG	12.00
KETOROLAC SOL 0.5%	10.00
TEGRETOL-XR TAB 200MG	10.00
KETOROLAC SOL 0.5%	10.00
FELODIPINE TAB 5MG ER	10.00
DILTIAZEM CAP 120MG CD	10.00
FINASTERIDE TAB 5MG	10.00
CLONIDINE DIS 0.3/24HR	8.00
CLOPIDOGREL TAB 75MG	8.00
PATADAY SOL 0.2%	7.50
ELETRIPTAN TAB 40MG	6.00
RESTASIS MUL EMU 0.05%	5.50
DICLOFENAC SOL 0.1% OP	5.00
CLONIDINE DIS 0.3/24HR	4.00
IBANDRONATE TAB 150MG	3.00
FORTEO SOL 600/2.4	2.40
DEXAMETHASON TAB 0.5MG	2.00
ASMANEX 120 AER 220MCG	1.00