

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 Office of Inspector General (OIG-HHS) of the Department of Health and Human Services (HHS) (collectively, the “United States”), and A Plus Pharmacy LLC (hereafter collectively referred to as “the Parties”), through their authorized representatives.

RECITALS

A. From at least January 1, 2015, through February 27, 2023, A Plus Pharmacy, LLC (“A Plus”) owned and operated A Plus Pharmacy, a retail pharmacy that was located in Manalapan, New Jersey.

B. The United States contends that A Plus caused the submission of claims for payment to the Medicare Part D Program, Title XVIII of the Social Security Act, 42 U.S.C. §§ 1395-1395lll (“Medicare”).

C. The United States contends that it has certain civil claims against A Plus arising from A Plus causing the submission of false claims to the Medicare Part D Program for drugs that were not purchased or dispensed to beneficiaries. Specifically, the United States contends that from January 2, 2015, through January 24, 2022, A Plus caused the submission of claims for reimbursement to the Medicare Part D Program for the drugs in the specific dosages and units listed in Appendix A which were not actually purchased from wholesalers or dispensed to beneficiaries. That conduct is referred to below as the “Covered Conduct.”

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. A Plus shall pay to the United States three hundred and fifty thousand dollars (\$350,000.00) (“Settlement Amount”) of which \$350,000.00 is restitution. A Plus shall pay the Settlement Amount within thirty (30) 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 District of New Jersey.

2. Subject to the exceptions in Paragraph 3 (concerning reserved claims) below, and subject to Paragraph 10 (concerning default) below, and upon the United States’ receipt of the Settlement Amount due under Paragraph 1, the United States releases A Plus from any civil or administrative monetary claim the United States 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; or the common law theories of payment by mistake, unjust enrichment, and fraud.

3. Notwithstanding the releases given in Paragraph 2 of this Agreement, or any other term of this Agreement, the following claims and rights of the United States 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 United States (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 individuals;
- 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; and
- h. Any liability for personal injury or property damage or for other consequential damages arising from the Covered Conduct.

4. A Plus waives and shall not assert any defenses it 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.

5. A Plus fully and finally releases the United States, its agencies, officers, agents, employees, and servants, from any claims (including attorneys' fees, costs, and expenses of every kind and however denominated) that A Plus has asserted, could have asserted, or may assert in the future against the United States, its agencies, officers, agents, employees, and servants, related to the Covered Conduct or the United States' investigation or prosecution thereof.

6. 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 A Plus agrees not to resubmit to any Medicare contractor or any state payer any previously denied claims related to the Covered Conduct, agrees not to appeal any such denials of claims, and agrees to withdraw any such pending appeals.

7. A Plus agrees 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 A Plus, its present or former officers, directors, employees, shareholders, and agents in connection with:

- (1) the matters covered by this Agreement;
- (2) the United States' audit(s) and civil investigation(s) of the matters covered by this Agreement;
- (3) A Plus's investigation, defense, and corrective actions undertaken in response to the United States' audit(s) and civil investigation(s) in connection with the matters covered by this Agreement (including attorneys' fees);
- (4) the negotiation and performance of this Agreement; and
- (5) the payments A Plus makes to the United States pursuant to this Agreement

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 A Plus, and A Plus shall not charge such Unallowable Costs directly or indirectly to any contracts with the United States 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 A Plus or any of its subsidiaries or affiliates to the Medicare, Medicaid, TRICARE, or FEHBP Programs.

c. Treatment of Unallowable Costs Previously Submitted for Payment: A

Plus further agrees that within 90 days of the Effective Date of this Agreement, it 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 A Plus or any of its 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. A Plus agrees that the United States, at a minimum, shall be entitled to recoup from them 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 A Plus or any of its subsidiaries or affiliates on the effect of inclusion of Unallowable Costs (as defined in this paragraph) on A Plus 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 United States to audit, examine, or re-examine A Plus's books and records to determine that no Unallowable Costs have been claimed in accordance with the provisions of this Paragraph.

8. 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 9 (waiver for beneficiaries paragraph), below.

9. A Plus agrees 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.

10. In the event that A Plus fails to pay the Settlement Amount as provided in the payment schedule set forth in Paragraph 1 above, A Plus shall be in Default of its payment obligations (“Default”).

a. The United States will provide a written Notice of Default, and A Plus shall have an opportunity to cure such Default within seven (7) calendar days from the date of receipt of the Notice of Default by making the payment due under the payment schedule and paying any additional interest accruing under the Settlement Agreement up to the date of payment. Notice of Default will be delivered to each Defendant, or to such other representative as they shall designate in advance in writing. If A Plus fails to cure the Default within seven (7) calendar days of receiving the Notice of Default and in the absence of an agreement with the United States to a modified payment schedule (“Uncured Default”), the remaining unpaid balance of the Settlement Amount shall become immediately due and payable, and interest on the remaining unpaid balance shall thereafter accrue at the rate of 12% per annum, compounded daily from the date of Default, on the remaining unpaid total (principal and interest balance).

b. In the event of Uncured Default, A Plus agrees that the United States, at its sole discretion, may (i) retain any payments previously made, rescind this Agreement and bring any civil and/or administrative claim, action, or proceeding against A Plus for the claims that

would otherwise be covered by the releases provided in Paragraph 2 above, with any recovery reduced by the amount of any payments previously made by A Plus to the United States under this Agreement; (ii) take any action to enforce this Agreement in a new action; (iii) offset the remaining unpaid balance from any amounts due and owing to A Plus and/or affiliated companies by any department, agency, or agent of the United States at the time of Default or subsequently; and/or (iv) exercise any other right granted by law, or under the terms of this Agreement, or recognizable at common law or in equity. The United States shall be entitled to any other rights granted by law or in equity by reason of Default, including referral of this matter for private collection. In the event the United States pursues a collection action, A Plus agrees immediately to pay the United States the greater of (i) a ten-percent (10%) surcharge of the amount collected, as allowed by 28 U.S.C. § 3011(a), or (ii) the United States' reasonable attorneys' fees and expenses incurred in such an action. In the event that the United States opts to rescind this Agreement pursuant to this paragraph, A Plus waives and agrees not to plead, argue, or otherwise raise any defenses of statute of limitations, laches, estoppel or similar theories, to any civil or administrative claims that are (i) filed by the United States against A Plus within 120 days of written notification that this Agreement has been rescinded, and (ii) relate to the Covered Conduct, except to the extent these defenses were available on the Effective Date of this Agreement. A Plus agrees not to contest any offset, recoupment, and /or collection action undertaken by the United States pursuant to this paragraph, either administratively or in any state or federal court, except on the grounds of actual payment to the United States.

c. In the event of Uncured Default, OIG-HHS may exclude A Plus from participating in all Federal health care programs until it pays the Settlement Amount, with interest, as set forth above (Exclusion for Default). OIG-HHS will provide written notice of any such exclusion to A Plus. A Plus waives any further notice of the exclusion under 42 U.S.C. §

1320a-7(b)(7), and agrees not to contest such exclusion either administratively or in any state or federal court. Reinstatement to program participation is not automatic. If at the end of the period of exclusion, A Plus wishes to apply for reinstatement, they must submit a written request for reinstatement to OIG-HHS in accordance with the provisions of 42 C.F.R. §§ 1001.3001-.3005. A Plus will not be reinstated unless and until OIG-HHS approves such request for reinstatement. The option for Exclusion for Default is in addition to, and not in lieu of, the options identified in this Agreement or otherwise available.

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

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

13. This Agreement is governed by the laws of the United States. The exclusive venue for any dispute relating to this Agreement is the United States District Court for the District of New Jersey. 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.

14. This Agreement constitutes the complete agreement between the Parties. This Agreement may not be amended except by written consent of the Parties. Forbearance by the United States from pursuing any remedy or relief available to it under this Agreement shall not constitute a waiver of rights under this Agreement.

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

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

17. This Agreement is binding on A Plus's successors, transferees, heirs, and assigns.

18. All Parties consent to the United States' disclosure of this Agreement, and information about this Agreement, to the public.

19. 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: 2/3/25

BY:



Kruti D. Dharia
Robert L. Toll
Assistant United States Attorneys
District of New Jersey

DATED: 2/3/25

BY:

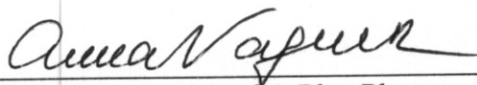
**SUSAN
GILLIN**

Digitally signed by SUSAN
GILLIN
Date: 2025.02.03 09:32:25
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Susan E. Gillin
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

A Plus Pharmacy LLC

DATED: 01/28/2025

BY: 
Anna Vagner, Owner of A Plus Pharmacy LLC

DATED: 01/28/2025

BY: 
Roy W. Breitenbach
Harris Beach PLLC
Counsel for A Plus Pharmacy LLC

APPENDIX A

NDC	Medispan Description
00024590201	PRALUENT INJ 150MG/ML
50458014190	INVOKANA TAB 300MG
00378877035	ESTRADIOL CRE 0.01%
62037083010	METOPROL SUC TAB 25MG ER
00781595292	VALSART/HCTZ TAB 320-25MG
00143962101	CYANOCOBALAM INJ 1000MCG
49884057511	AMLOD/VALSAR TAB 10-160MG
00378521553	IBANDRONATE TAB 150MG
00781261660	RIVASTIGMINE CAP 4.5MG
00093204998	TOLTERODINE CAP 4MG ER
00781897501	DESIPRAMINE TAB 100MG
64764094430	EDARBYCLOR TAB 40-12.5
00378057201	ALBUTEROL TAB 4MG
00603363302	FINASTERIDE TAB 5MG
08214353719	UNIFINE PNTP MIS 31GX8MM
00378362793	CLOPIDOGREL TAB 75MG
49884040510	METOPROL SUC TAB 50MG ER
68682052101	DILTIAZEM CAP 360MG CD
13668010510	ISOSORB MONO TAB 60MG ER
00378661001	OXYBUTYNIN TAB 10MG ER
60505314501	CEVIMELINE CAP 30MG
68180033607	METFORMIN TAB 500MG ER
62037083210	METOPROL SUC TAB 100MG ER
49884040401	METOPROL SUC TAB 25MG ER
00781805331	ARMODAFINIL TAB 250MG
66993007730	DULOXETINE CAP 60MG
59762200301	ZIPRASIDONE CAP 60MG
63304082990	ATORVASTATIN TAB 40MG
13811067930	ARIPIPRAZOLE TAB 2MG
16252061830	ROSUVASTATIN TAB 40MG
00378157591	PIOGLITA/MET TAB 15-850MG
49884050101	BUDESONIDE CAP 3MG DR
00003422111	KOMBIGLYZ XR TAB 5-500MG
00713033986	HALOBETASOL OIN 0.05%
42865010102	ZENPEP CAP 10000UNT
00832101500	AMANTADINE CAP 100MG
00054054318	TELMISARTAN TAB 40MG
00781227301	AMLOD/BENAZP CAP 5-20MG
65580064371	METOLAZONE TAB 2.5MG
51672132203	HALOBETASOL OIN 0.05%
59746012110	MECLIZINE TAB 25MG
63304082890	ATORVASTATIN TAB 20MG
00781261560	RIVASTIGMINE CAP 3MG

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64679092403	ENALAPRIL TAB 5MG
00378615010	OMEPRAZOLE CAP 20MG
00228253910	CARB/LEVO TAB 25-100MG
65862097603	TELMISA/HCTZ TAB 40-12.5
55111028290	LEVOCETIRIZI TAB 5MG
51079029420	TAMSULOSIN CAP 0.4MG
65862005299	SIMVASTATIN TAB 20MG
00781223401	OMEPRAZOLE CAP 40MG
62175026055	NIFEDIPINE TAB 30MG ER
52817016160	QUETIAPINE TAB 150MG ER
00781571010	POT CL MICRO TAB 10MEQ ER
68462038630	SOLIFENACIN TAB 5MG
00406048401	APAP/CODEINE TAB 300-30MG
49884023211	DONEPEZIL TAB HCL 23MG
00378561378	LEVETIRACETA TAB 250MG
00781520431	LOSARTAN/HCT TAB 100-12.5
60505313001	QUETIAPINE TAB 25MG
16252052301	ACARBOSE TAB 25MG
68382003005	METFORMIN TAB 1000MG
00781595192	VALSART/HCTZ TAB 320-12.5
00378527101	ESZOPICLONE TAB 2MG
00378363305	CARVEDILOL TAB 12.5MG
00781261460	RIVASTIGMINE CAP 1.5MG
68180035206	SERTRALINE TAB 50MG
00378165001	NITROFUR MAC CAP 50MG
00093206098	FENOFIBRATE TAB 145MG
00168013330	CLOTRIMAZOLE CRE 1%
68180048709	PRAVASTATIN TAB 40MG
00527134610	LEVOTHYROXIN TAB 112MCG
57664047758	METOPROL TAR TAB 50MG
63304083090	ATORVASTATIN TAB 80MG
16714037601	QUETIAPINE TAB 50MG
16252057201	RAMIPRIL CAP 5MG
62175026137	NIFEDIPINE TAB 60MG ER
00168043404	FLUTICASONE LOT 0.05%
00115112008	GALANTAMINE CAP 8MG ER
55111012001	FAMOTIDINE TAB 40MG
00143223001	ISOSORB MONO TAB 30MG ER
51672128003	DESONIDE CRE 0.05%
00378004893	PIOGLITAZONE TAB 15MG
68180051501	LISINOPRIL TAB 20MG
43598026704	ICOSAPENT CAP 1GM
59762024602	DONEPEZIL TAB 10MG
00168005960	FLUOCIN ACET SOL 0.01%

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69557011101	ZTLIDO PAD 1.8%
00527134410	LEVOTHYROXIN TAB 88MCG
53746010101	GABAPENTIN CAP 100MG
47335067613	DILTIAZEM CAP 180MG ER
00143913005	GEMFIBROZIL TAB 600MG
00378258977	FENOFIBRIC CAP 45MG DR
00378048001	NIFEDIPINE TAB 30MG ER
64720013910	METHENAM HIP TAB 1GM
00781595092	VALSART/HCTZ TAB 160-25MG
00054010925	RAMIPRIL CAP 10MG
00006496300	ZOSTAVAX INJ
00093081001	NORTRIPTYLIN CAP 10MG
59762153002	AMLODIPINE TAB 5MG
00115155510	FENOFIBRIC CAP 135MG DR
00168030160	CLOBETASOL E CRE 0.05%
00378612001	DILTIAZEM CAP 120MG ER
00378004701	METOPROL TAR TAB 100MG
00781520731	LOSARTAN/HCT TAB 100-25
13668015930	TELMISA/HCTZ TAB 40-12.5
00228282011	HYDROCHLOROT TAB 12.5MG
00168043224	IMIQUIMOD CRE 5%
68382002810	METFORMIN TAB 500MG
00781227701	AMLOD/BENAZP CAP 5-40MG
08517384019	UNFINE PNTP MIS 32GX4MM
00085132201	CLARINEX-D TAB 2.5-120
00093744501	BUDESONIDE CAP 3MG DR
00713022360	FLUOCIN ACET CRE 0.01%
65862032630	DONEPEZIL TAB 10MG
00378012701	PINDOLOL TAB 10MG
00378816701	CLOBETASOL AER 0.05%
00527134110	LEVOTHYROXIN TAB 25MCG
00093026230	FLUOCINONIDE CRE 0.05%
51672403201	WARFARIN TAB 5MG
43598055530	ARIPIRAZOLE TAB 5MG
00003422216	KOMBIGLYZ XR TAB 2.5-1000
00603211521	ALLOPURINOL TAB 100MG
65862046999	LOSARTAN/HCT TAB 100-12.5
68462039230	MONTELUKAST TAB 10MG
08214359719	UNIFINE PNTP MIS 31GX6MM
59762134801	PREGABALIN CAP 100MG
65162051110	SPIRONOLACT TAB 25MG
59762152001	AMLODIPINE TAB 2.5MG
68180048509	PRAVASTATIN TAB 10MG
68682052801	FENOFIBRATE TAB 145MG

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51991077290	LANSOPRAZOLE CAP 30MG DR
00185017701	SOTALOL HCL TAB 160MG
50383026505	LOTEPREDNOL SUS 0.5%
67767014130	BUPROPN HCL TAB 150MG XL
67405011045	METRONIDAZOL CRE 0.75%
65862005399	SIMVASTATIN TAB 40MG
00378117101	NADOLOL TAB 40MG
64679093602	FAMOTIDINE TAB 20MG
00378001801	METOPROL TAR TAB 25MG
59762502701	GABAPENTIN CAP 300MG
45802070001	TACROLIMUS OIN 0.1%
51660014290	VALSARTAN TAB 160MG
68180059209	DESVENLAFAX TAB 50MG ER
68180035306	SERTRALINE TAB 100MG
63304062410	FUROSEMIDE TAB 20MG
00781210201	TACROLIMUS CAP 0.5MG
69238131009	PREGABALIN CAP 25MG
66993087555	SULFACETAMID LOT 10%
00378479106	FLUOROURACIL CRE 5%
55111058701	AMLOD/BENAZP CAP 5-40MG
49884040701	METOPROLOL TAB 200MG ER
59762502601	GABAPENTIN CAP 100MG
00603408816	IRBESAR/HCTZ TAB 150-12.5
14550051204	GABAPENTIN CAP 300MG
61314054703	LATANOPROST SOL 0.005%
00378155091	PIOGLITA/MET TAB 15-500MG
68462063925	NITROGLYCERN SUB 0.4MG
63304062110	ATENOLOL TAB 25MG
00378087116	CLONIDINE DIS 0.1/24HR
00378528001	DILTIAZEM CAP 180MG ER
49884003401	MECLIZINE TAB 12.5MG
00378300205	CANDESA/HCTZ TAB 32-12.5
00378710077	FENOFIBRATE TAB 54MG
13107014205	CARVEDILOL TAB 3.125MG
00185011701	LABETALOL TAB 200MG
55111019830	SIMVASTATIN TAB 10MG
51991082001	PROPRANOLOL CAP 160MG ER
68382071119	MESALAMINE TAB 1.2GM
00054014025	ACARBOSE TAB 25MG
68382009806	PAROXETINE TAB 20MG
57664050608	METOPROL TAR TAB 25MG
59762371903	ALPRAZOLAM TAB 0.25MG
00378201201	LISINOP/HCTZ TAB 20-12.5
52565009460	CLOBETASOL E CRE 0.05%

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68462038201	ESZOPICLONE TAB 1MG
41616063868	ALENDRONATE TAB 70MG
00378561578	LEVETIRACETA TAB 500MG
00168000215	TRIAMCINOLON CRE 0.5%
76385010501	BENZTROPINE TAB 2MG
00378481093	DOXEPIN TAB 3MG
00093073856	DONEPEZIL TAB 5MG
65862044930	VALACYCLOVIR TAB 1GM
50111043403	TRAZODONE TAB 100MG
50111046703	PROPRANOLOL TAB 10MG
24338001018	BIDIL TAB
60505255101	GABAPENTIN TAB 600MG
64679090601	RANITIDINE TAB 150MG
00603385521	HYDROCHLOROT CAP 12.5MG
16252052501	ACARBOSE TAB 100MG
64125011710	FUROSEMIDE TAB 40MG
53489036901	FELODIPINE TAB 5MG ER
28595012012	NITROGLYCRN SPR 0.4MG
00378427693	VALACYCLOVIR TAB 1GM
59762374301	CLINDAMYCIN GEL 1%
00168021560	ERYTHROMYCIN SOL 2%
68180047901	SIMVASTATIN TAB 20MG
00185440051	TIZANIDINE TAB 4MG
08214084021	UNIFINE PNTP MIS 32GX4MM
65862011301	HYDROCHLOROT CAP 12.5MG
00093511898	DILTIAZEM CAP 240MG ER
00185014460	AMIODARONE TAB 200MG
00185017101	SOTALOL HCL TAB 80MG
00378014101	SPIRONO/HCTZ TAB 25/25
64125013110	HYDROCHLOROT TAB 25MG
43547031209	VALSART/HCTZ TAB 160-12.5
49884057894	RIZATRIPTAN TAB 5MG
00185004209	FOSINOPRIL TAB 20MG
60505356208	MONTELUKAST TAB 10MG
65862005390	SIMVASTATIN TAB 40MG
51672128901	NYSTATIN CRE 100000
00603137865	LACTULOSE SOL 10GM/15
00378709601	BROMOCRIPTIN CAP 5MG
00143117201	CAPTOPRIL TAB 25MG
24208041005	OFLOXACIN DRO 0.3%OTIC
00527134210	LEVOTHYROXIN TAB 50MCG
60505009401	DOXAZOSIN TAB 2MG
00527134510	LEVOTHYROXIN TAB 100MCG
51672403001	WARFARIN TAB 3MG

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00378652091	LOVASTATIN TAB 20MG
47781072950	VANCOMYCIN CAP 125MG
61059053719	
51672403401	WARFARIN TAB 7.5MG
55111046701	METOPROL SUC TAB 50MG ER
53489014410	SPIRONO/HCTZ TAB 25/25
00378022893	PIOGLITAZONE TAB 30MG
16252057101	RAMIPRIL CAP 2.5MG
00832102400	BACLOFEN TAB 10MG
00025152031	CELEBREX CAP 100MG
00172503360	LISINOP/HCTZ TAB 10-12.5
00527134310	LEVOTHYROXIN TAB 75MCG
00186109205	TOPROL XL TAB 100MG
00781207410	TRIAMT/HCTZ CAP 37.5-25
00781535631	ANASTROZOLE TAB 1MG
68462045535	CICLOPIROX GEL 0.77%
65162021210	PHENYTOIN EX CAP 100MG
68462019790	PRAVASTATIN TAB 40MG
65862009701	MELOXICAM TAB 7.5MG
59762024502	DONEPEZIL TAB 5MG
50458059160	RISPERIDONE TAB 0.5MG
49884012301	LABETALOL TAB 200MG
59762503301	GLIPIZIDE XL TAB 10MG
00378932232	WIXELA INHUB AER 500/50
00472038215	BETA DIPROP OIN 0.05%
41616022090	KETOROLAC SOL 0.5%
00472082902	FLUOCINONIDE SOL 0.05%
00378522293	OMEPRAZOLE CAP 40MG
00378002801	NADOLOL TAB 20MG
65862003801	LISINOPRIL TAB 5MG
65862010299	AMLODIPINE TAB 5MG
31722022205	GABAPENTIN CAP 300MG
53746046505	IBUPROFEN TAB 600MG
65162061750	TRAMADL/APAP TAB 37.5-325
00228257850	DILTIAZEM CAP 240MG CD
00093073301	METOPROL TAR TAB 50MG
00378181501	LEVOTHYROXIN TAB 150MCG
55111072530	MONTELUKAST TAB 10MG
43547026650	GABAPENTIN CAP 300MG
31722028060	TOPIRAMATE TAB 100MG
33342032954	TRIAMCINOLON CRE 0.1%
08290305932	INSULIN SYRG MIS 0.5/29G
00185002030	MIRTAZAPINE TAB 15MG
68180011316	LEVETIRACETA TAB 500MG

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55111015330	ONDANSETRON TAB 4MG
00093936401	GLYBURIDE TAB 5MG
00172503260	LISINOP/HCTZ TAB 20-25MG
63304062301	ATENOLOL TAB 100MG
42571013726	KETOROLAC SOL 0.5%
64764084430	EDARBI TAB 40MG
00603211621	ALLOPURINOL TAB 300MG
68180050201	MELOXICAM TAB 15MG
00591084401	GLIPIZIDE ER TAB 5MG
00781140701	HYDROXYCHLOR TAB 200MG
00115053301	FENOFIBRATE CAP 200MG
00781144601	FUROSEMIDE TAB 80MG
00378052501	DILTIAZEM TAB 120MG
65162000850	AMLODIPINE TAB 10MG
51672130301	ECONAZOLE CRE 1%
00378628001	DICLOFENAC TAB 50MG DR
00555083102	WARFARIN TAB 1MG
68180061507	QUETIAPINE TAB 300MG ER
00832030200	CHLORPROMAZ TAB 50MG
00472037045	BETAMETH VAL CRE 0.1%
55111012701	CIPROFLOXACN TAB 500MG
00228267211	SPIRONOLACT TAB 50MG
00185037301	CITALOPRAM TAB 40MG
00172436560	LABETALOL TAB 200MG
53746017890	METFORMIN TAB 500MG ER
64679092101	CEFUROXIME TAB 250MG
51672402901	WARFARIN TAB 2.5MG
16571042103	ANASTROZOLE TAB 1MG
65862019399	FLUOXETINE CAP 20MG
49884082610	METOPROL SUC TAB 50MG ER
55253080130	MODAFINIL TAB 100MG
65862009620	CEFPODOXIME TAB 200MG
00093083205	CLONAZEPAM TAB 0.5MG
00472038115	BETAMETH DIP OIN 0.05%
00781227401	AMLOD/BENAZP CAP 10-20MG
10370051010	DIVALPROEX TAB 250MG ER
51862008001	CARB/LEVO TAB 25-250MG
00591024001	LORAZEPAM TAB 0.5MG
68308015215	NYSTATIN POW 100000
00378361101	LIOTHYRONINE TAB 5MCG
42658012104	IRBESARTAN TAB 75MG
27241014401	SILODOSIN CAP 4MG
00781148701	AMITRIPTYLIN TAB 25MG
60505299703	DULOXETINE CAP 60MG

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00603576521	SPIRONOLACT TAB 100MG
00591215780	AMMONIUM LAC CRE 12%
65862003701	LISINOPRIL TAB 2.5MG
59762154001	AMLODIPINE TAB 10MG
00093065701	CALCITRIOL CAP 0.25MCG
47335067981	DILTIAZEM CAP 360MG ER
00603158758	PROMETH VC SOL PLAIN
00378473501	BENAZEP/HCTZ TAB 10-12.5
00093101042	MUPIROCIN OIN 2%
00378018401	PROPRANOLOL TAB 40MG
65862035799	CLOPIDOGREL TAB 75MG
00093737201	AMLOD/BENAZP CAP 5-20MG
00093724406	CLARITHROMYC TAB 500MG ER
00185022230	MIRTAZAPINE TAB 45MG
59762502801	GABAPENTIN CAP 400MG
00168033230	FLUTICASONE CRE 0.05%
00093727098	PRAVASTATIN TAB 80MG
00781112301	TRIAMT/HCTZ TAB 37.5-25
49884002701	HYDRALAZINE TAB 25MG
59762501801	FLUCONAZOLE TAB 200MG
00472037015	BETAMETH VAL CRE 0.1%
00472038045	BETAMETH DIP CRE 0.05%
00143211205	DOXYCYCL HYC TAB 100MG
53489012002	DOXYCYCL HYC TAB 100MG
00168016315	CLOBETASOL CRE 0.05%
69097084805	ESCITALOPRAM TAB 10MG
68180048001	SIMVASTATIN TAB 40MG
68382005901	WARFARIN TAB 10MG
00781118201	NADOLOL TAB 40MG
59746028490	PANTOPRAZOLE TAB 40MG
68382019616	PRAMIPEXOLE TAB 0.125MG
51672403301	WARFARIN TAB 6MG
45963041261	HC/ACET ACID SOL OTIC
68180097903	LISINOPRIL TAB 40MG
59762502101	QUINAPRIL TAB 20MG
51672402701	WARFARIN TAB 1MG
68462031465	NYSTAT/TRIAM CRE
50383026745	CLOBETASOL CRE 0.05%
00781574901	METHYLPHENID TAB 10MG
59762153001	AMLODIPINE TAB 5MG
00378402401	DOXAZOSIN TAB 4MG
00591079401	DICYCLOMINE CAP 10MG
08396800100	INSULIN SYRG MIS 0.5/28G
00004006801	KLONOPIN TAB 0.5MG

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55111039890	LANSOPRAZOLE CAP 15MG DR
45802042235	DESONIDE CRE 0.05%
60505260801	CARVEDILOL TAB 12.5MG
62037064001	OMEPRAZOLE CAP 40MG
00603576421	SPIRONOLACT TAB 50MG
62332031631	DESIPRAMINE TAB 25MG
00955170310	ZOLPIDEM ER TAB 12.5MG
00143148001	PROPYLTHIOUR TAB 50MG
42043014101	CEPHALEXIN CAP 500MG
65862005290	SIMVASTATIN TAB 20MG
55111025030	TERBINAFINE TAB 250MG
00603385632	HYDROCHLOROT TAB 25MG
00143980805	ESCITALOPRAM TAB 10MG
45963067711	METOPROL SUC TAB 100MG ER
00168006060	FLUOCIN ACET CRE 0.025%
00378230201	PRAZOSIN HCL CAP 2MG
00781178960	DICLOFENAC TAB 75MG DR
65862056130	OLANZAPINE TAB 2.5MG
65862047605	RAMIPRIL CAP 5MG
00054024424	CODEINE SULF TAB 30MG
65862000330	MIRTAZAPINE TAB 30MG
60258085807	EPINASTINE DRO 0.05%
00085113201	PROVENTIL AER HFA
96295013874	PEN NEEDLES MIS 31GX3/16
00168005815	FLUOCIN ACET CRE 0.01%
00093046301	LAMOTRIGINE TAB 100MG
00378401001	TEMAZEPAM CAP 15MG
00245005811	KLOR-CON M20 TAB 20MEQ ER
65162062711	TRAMADOL HCL TAB 50MG
00472016330	NYSTATIN CRE 100000
00093321915	KETOCONAZOLE CRE 2%
59762219801	AZITHROMYCIN TAB 250MG
00591065801	BUSPIRONE TAB 10MG
65862003520	CEFUROXIME TAB 500MG
00591081055	SILVER SULFA CRE 1%
59762013105	SILVER SULFA CRE 1%
60505017108	TRAMADOL HCL TAB 50MG
51672300302	HYDROCORT CRE 2.5%
00378710501	OXYCOD/APAP TAB 7.5-325
59762501101	SPIRONOLACT TAB 25MG
16252059199	SUMATRIPTAN TAB 50MG
61442022201	CIPROFLOXACN TAB 250MG
61442012610	MELOXICAM TAB 7.5MG
13668008350	LEVOFLOXACIN TAB 500MG

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24208067004	SULFACET SOD SOL 10% OP
00172409680	BACLOFEN TAB 10MG
00093736710	LOSARTAN/HCT TAB 50-12.5
51672127003	DESOXIMETAS CRE 0.25%
00143147510	PREDNISONE TAB 5MG
50111064701	FLUOXETINE CAP 10MG
00008060601	PANTOPRAZOLE TAB 20MG
38396040804	INSULIN SYRG MIS 1ML/28G
42806005610	AMLODIPINE TAB 5MG
62756029488	CEPHALEXIN CAP 500MG
00603424821	LORAZEPAM TAB 2MG
13668032430	AMLOD/OLMESA TAB 5-20MG
53489040001	NYSTATIN TAB 500000
16571012025	CIPROFLOXACN SOL 0.3% OP
00378258701	HYDROXYZ HCL TAB 25MG
50383028205	CIPROFLOXACN SOL 0.3% OP
52817027130	BISOPROL FUM TAB 10MG
60505258100	AZITHROMYCIN TAB 250MG
57664050788	CITALOPRAM TAB 10MG
65862064169	AZITHROMYCIN TAB 250MG
00185004801	BENAZEPRIL TAB 40MG
60505079304	ENOXAPARIN INJ 60/0.6ML
10147075005	KETOCONAZOLE SHA 2%
65862048901	QUETIAPINE TAB 25MG
00185082001	BENAZEPRIL TAB 20MG
49884003501	MECLIZINE TAB 25MG
00168016330	CLOBETASOL CRE 0.05%
00378035501	DICLOFENAC TAB 100MG ER
00168005415	NYSTATIN CRE 100000
68180029606	DULOXETINE CAP 60MG
00904585340	IBUPROFEN TAB 400MG
68382065101	ISOSORB MONO TAB 60MG ER
49884058194	RIZATRIPTAN TAB 10MG ODT
55111020360	RISPERIDONE TAB 1MG
65862004301	LISINOP/HCTZ TAB 10-12.5
00781227201	AMLOD/BENAZP CAP 5-10MG
00168020160	CLINDAMYCIN SOL 1%
10135060901	OXYBUTYNIN TAB 5MG ER
45802002146	BETAMETH DIP LOT 0.05%
53746019005	NAPROXEN TAB 500MG
49884072601	DOXYCYC MONO CAP 50MG
51672402301	ACETAZOLAMID TAB 250MG
51672129801	KETOCONAZOLE CRE 2%
65862001905	CEPHALEXIN CAP 500MG

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59762233208	GLYB/METFORM TAB 5-500MG
64679015402	ROPINIROLE TAB 0.25MG
08396801000	INSULIN SYRG MIS 0.5/31G
68180048002	SIMVASTATIN TAB 40MG
47781030301	NITROFURANTN CAP 100MG
13107014305	CARVEDILOL TAB 6.25MG
00603148158	NYSTATIN SUS 100000
68382009916	PAROXETINE TAB 30MG
00378561778	LEVETIRACETA TAB 750MG
13668027260	LEVETIRACETA TAB 500MG ER
00093729253	LEVOFLOXACIN TAB 500MG
59746017310	PREDNISONE TAB 10MG
00093512401	BENZAEPRIIL TAB 5MG
65862044890	VALACYCLOVIR TAB 500MG
65162062750	TRAMADOL HCL TAB 50MG
00093003901	LAMOTRIGINE TAB 25MG
61314023710	CROMOLYN SOD SOL 4% OP
00093529456	OMEPRAZOLE CAP 40MG
65862010399	AMLODIPINE TAB 10MG
00378302301	BACLOFEN TAB 10MG
16252059099	SUMATRIPTAN TAB 25MG
51991083801	CYPROHEPTAD TAB 4MG
00603389121	HYDROCO/APAP TAB 7.5-325
00781502201	METHYLPRED TAB 4MG
60432053760	NYSTATIN SUS 100000
00172435846	RANITIDINE TAB 300MG
23155004501	HYDROCHLOROT CAP 12.5MG
00054001729	PREDNISONE TAB 10MG
00378312101	REPAGLINIDE TAB 0.5MG
45963053930	ONDANSETRON TAB 8MG
63304045930	ONDANSETRON TAB 8MG
00781542231	PIOGLITAZONE TAB 45MG
00603459321	METHYLPRED TAB 4MG
00093292901	CYPROHEPTAD TAB 4MG
65862032804	ALENDRONATE TAB 35MG
45963043965	CONSTULOSE SOL 10GM/15
55111015730	OMEPRAZOLE CAP 10MG
00378342201	NITROFURANTN CAP 100MG
00168028802	HYDROCORT LOT 2.5%
00378207193	LETROZOLE TAB 2.5MG
23155010201	METFORMIN TAB 500MG
00143134805	NAPROXEN TAB 500MG
00781542031	PIOGLITAZONE TAB 15MG
52959073310	BACLOFEN TAB 10MG

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68113099601	ALCOHOL PREP PAD
00555089902	ESTRADIOL TAB 0.5MG
64679096104	AZITHROMYCIN TAB 250MG
67877039230	NEBIVOLOL TAB 5MG
00378014701	INDOMETHACIN CAP 50MG
66993019020	DORZOL/TIMOL SOL 22.3-6.8
76282057090	PREGABALIN CAP 75MG
00185037201	CITALOPRAM TAB 20MG
59746017509	PREDNISONE TAB 20MG
51672402903	WARFARIN TAB 2.5MG
68084044611	NITROFURANTN CAP 100MG
51991031706	RISPERIDONE TAB 0.5MG
61314064305	TOBRAMYCIN SOL 0.3% OP
00781801801	CLONAZEPAM TAB 0.5MG
59746017210	PREDNISONE TAB 5MG
08396800900	INSULIN SYRG MIS 0.3/31G
00781531801	ZOLPIDEM TAB 10MG
69076014601	ACYCLOVIR CAP 200MG
00228212910	CLONIDINE TAB 0.3MG
00093721201	METFORMIN TAB 750MG ER
24208041105	BRIMONIDINE SOL 0.2% OP
31722052901	TORSEMIDE TAB 5MG
13668002164	ALFUZOSIN TAB 10MG ER
69315011801	FUROSEMIDE TAB 80MG
50228034130	OLMESA MEDOX TAB 40MG
62756013101	ONDANSETRON TAB 8MG
00185003451	TIZANIDINE TAB 2MG
00228255111	DICLOFENAC TAB 75MG DR
00093571201	GLYB/METFORM TAB 5-500MG
00955102590	LEVOCETIRIZI TAB 5MG
00378253710	TRIAMT/HCTZ CAP 37.5-25
00143203701	CIPROFLOXACN TAB 500MG
00574202108	LACLOTION LOT 12%
67405010045	MOMETASONE CRE 0.1%
67877021101	ZALEPLON CAP 10MG
00378051201	VERAPAMIL TAB 80MG
51672403501	WARFARIN TAB 10MG
00093083301	CLONAZEPAM TAB 1MG
00527328046	LEVOTHYROXIN TAB 25MCG
00781149631	AZITHROMYCIN TAB 250MG
16714008104	HYDROXYZ HCL TAB 10MG
00143126301	LISINOP/HCTZ TAB 20-12.5
50111033306	METRONIDAZOL TAB 250MG
00603533521	PREDNISONE TAB 1MG

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00245014760	PACERONE TAB 200MG
00378623201	CITALOPRAM TAB 20MG
00093894701	ACYCLOVIR TAB 800MG
65862047030	LOSARTAN/HCT TAB 100-25
00781120501	PENICILLN VK TAB 250MG
49884003510	MECLIZINE TAB 25MG
00378061101	METHYLDOPA TAB 250MG
59762332801	CLINDAMYCIN CAP 150MG
53746018901	NAPROXEN TAB 375MG
00378265001	AMITRIPTYLIN TAB 50MG
55289078460	TIZANIDINE TAB 4MG
65862008101	GLYB/METFORM TAB 2.5-500
45802011937	MOMETASONE OIN 0.1%
00143147301	PREDNISONE TAB 10MG
65862006011	FLUCONAZOLE TAB 150MG
13668010330	DONEPEZIL TAB 10MG
51991033801	GABAPENTIN CAP 300MG
00591034301	VERAPAMIL TAB 80MG
51991073801	NEOMYCIN TAB 500MG
00781577631	AZITHROMYCIN TAB 250MG
62756079688	DIVALPROEX TAB 125MG DR
00093576701	OLANZAPINE TAB 2.5MG
00378064101	PREDNISONE TAB 10MG
00536110301	ALCOHOL PREP PAD 70%
00378041510	DIPHEN/ATROP TAB 2.5MG
76439010110	CEPHALEXIN CAP 250MG
00781178701	DICLOFENAC TAB 50MG DR
51991029301	OXCARBAZEPIN TAB 300MG
31722021405	SERTRALINE TAB 100MG
63304053201	LISINOPRIL TAB 5MG
53489011902	DOXYCYCL HYC CAP 100MG
00093005001	APAP/CODEINE TAB 300-15MG
60505258200	AZITHROMYCIN TAB 500MG
55111011901	FAMOTIDINE TAB 20MG
00093834301	GLYBURIDE TAB 2.5MG
63304053101	LISINOPRIL TAB 2.5MG
55289002320	AMPICILLIN CAP 250MG
00093100501	NAPROXEN DR TAB 375MG
00781506120	AMOXICILLIN TAB 875MG
50027049412	TRUE COMFORT PAD PRO
68462034101	HYDRALAZINE TAB 10MG
00172531260	CIPROFLOXACN TAB 500MG
00603212928	ALPRAZOLAM TAB 1MG
61442012710	MELOXICAM TAB 15MG

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53746021805	METFORMIN TAB 500MG
57664050389	TIZANIDINE TAB 4MG
16714069210	FLUCONAZOLE TAB 150MG
67253090350	ALPRAZOLAM TAB 2MG
59762500701	MISOPROSTOL TAB 100MCG
00143147701	PREDNISONONE TAB 20MG
00054474225	PREDNISONONE TAB 2.5MG
00264220100	SODIUM CHLOR SOL 0.9% IRR