

“How Primary Care Affects Healthcare Costs and Outcomes”

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Co-Founder AtlasMD Family Practice

Testimony for February 05, 2019

U.S. Senate Committee on Health, Education,
Labor and Pensions (HELP)

The logo for AtlasMD is displayed on a dark grey rectangular background. The word "ATLAS" is written in large, white, sans-serif capital letters. To the right of "ATLAS", the letters "MD" are written in white, sans-serif capital letters inside a small, rounded, brownish-orange pill-shaped container.

ATLAS MD

INTRODUCTION

Chairman Alexander, Ranking Member Murray, and distinguished members of the HELP committee, I am Josh Umbehr, MD, and I am a board-certified family physician from Wichita Kansas. I appreciate this opportunity to testify on the impact that direct primary care could have on the healthcare costs and outcomes for individuals, families, small businesses and Medicare/Medicaid recipients. Direct care is an insurance free model that makes the patient their primary focus aligns all other incentives for cost and quality care around that centerpiece. Often the focus is about health *insurance* when the primary focus should be on health *care*. We are in agreement that the system is broken and not meeting the needs of its constituents, but we believe that direct primary care is a free market solution which is a 10 X improvement over the status quo. Direct primary care can offer more care, more often, in more ways at a fraction of the cost is available to the masses. Health insurance is the second largest item on nearly every small business budget and is decreasing their ability to grow and be competitive. However common-sense reforms including direct primary care could significantly benefit all patients, physicians, employers and insurance companies.

PERSONAL BACKGROUND

I was born and raised in a small rural town, Alma Kansas, and my parents owned their own trash collection business. They taught us not to accept the status quo and he fought for his First Amendment rights resulting in a 7 – 2 victory at the SCOTUS (<https://supreme.justia.com/cases/federal/us/518/668/>). This taught us at a young age to challenge the status quo and look for opportunities to create our own path.

In 2001 as an undergraduate at Kansas State University, I worked for a surgeon as his biller encoder and saw the rampant inefficiencies of the insurance-based billing model. The surgeon would work for hours to be reimbursed a fraction of his value because of a broken and bureaucratic reimbursement model. I was encouraged to find physicians practicing outside of the insurance model and found many that were innovating solutions for their patients. Over the next 10 years I watched and learned as physicians explored how they could add more value to their patients without accepting the status quo of health insurance first, care later.

In 2010 along with my cofounder Dr. Doug Nunamaker, we opened Atlas MD Family Practice with the goal of making healthcare affordable for all of our patients. We understood that insurance is a tool that should be used for high risk, low frequency claims and but unnecessary for affordable and predictable primary care. The essential caveat is the ability to decrease the cost of care to the point that insurance is no longer essential for the majority of care. Direct primary care can offer unlimited visits, free telemedicine, no co-pays, free procedures in the office and discounts up to 95% on [wholesale] medications and labs.

We will continue to highly value the ability of health insurance to protect our patients from truly catastrophic risks and expenses but now we are able to utilize it correctly. Direct primary care can decrease the cost of health insurance premiums by 30 – 60% while maximizing access to high-quality care. Simple economics dictates that as the cost of health care goes down, the number of insured families will rise.

DIRECT PRIMARY CARE – How It Works

Memberships: \$10-100 per patient per month for

- unlimited free home, work, office visits
- unlimited free telemedicine
- no co-pays ever
- all office-based procedures are included free of charge
 - *including: biopsies, dexa scans, EKGs, holter monitoring, ingrown toenail removal, IUD placements, IUD removals, joint injections, laceration repair, minor surgical procedures, osteopathic manipulations, spirometry, strep throat, trigger point injections, ultrasound, urinalysis... And more*
- wholesale medications for up to 95% savings
- wholesale laboratory testing for up to 95% savings
- pathology services discounted up to 80%
- radiology fees discounted up to 80%
 - *approximately \$45 for x-rays, \$100 for ultrasounds, \$200 for CT scans, \$400 for MRIs*
- free or low-cost specialist consultations with telemedicine services like www.rubiconmd.com or www.aristamd.com
- health insurance premiums that are 30 – 60% less for small businesses using partially self-funded models that are ACA compliant

For nearly 2 decades we have been students of other industries, continually learning reading and adapting from how other companies are transforming to provide value for their customers. When Kodak stopped innovating, they were replaced by Instagram. When Blockbuster stopped adapting, they were replaced by Netflix. Purchasing long-distance phone calls by the minute has been replaced by unlimited calls/text/emails.

The membership model of healthcare provides a commonsense solution to several friction points for the consumer. Patients do not know how much care they will need, when they will need it, but when they needed – they want it (now), and they wanted from someone they trust, but they are very worried about the price.

Due to the lack of transparency in the current healthcare model, and perverse incentives in pricing structure offered for the uninsured, out-of-network, and in network patients, the COST of care has become wholly disconnected from the Value of care.

Direct care aims to fix this by offering a previously unprecedented level of transparency and savings direct to the patient. This is possible without any federal or state legislation and is an option for essentially every physician.

The patient and/or their employer can predict with a high level of certainty what the majority of their care will consist of regardless of their pre-existing conditions or frequency of need.

MEMBERSHIPS & HEALTH INSURANCE

Often the direct care model is misunderstood to be anti-insurance or antigovernment which could not be further from the case. We are pro-efficiency.

We understand that for our patients to have lifelong security for both their health and their finances, insurance has a key and critical role to play. We believe that by streamlining 80% of the care provided to most patients, we can drastically decrease the cost of their health insurance while improving access and quality.

In true “hand in glove fashion” the more innovative and cost-effective direct primary care is, the more affordable and more valuable the health insurance becomes. If we can decrease the cost of health insurance by \$500-800 per family per month, then we can fully fund the direct care memberships and still have approximately \$380-680 per household per month. This level of savings, without sacrificing the level of access or protection, is life-changing for the average household. I believe it could result in an economic boom that would last a generation.

Since 2011 we have been able to work with third-party administrators (TPA) to help small businesses create ACA compatible health insurance plans that have been able to save 30 to 60% on their premiums. Direct care can offer a very broad value proposition (office visits, telemedicine, no co-pays, free procedures, wholesale medications and labs, decreased ER visits, decrease urgent care visits, decreased specialty referrals) which allows the insurance company to lower their premiums to the consumer while broadening access and protection from catastrophic health and financial concerns.

The graphic below demonstrates the amount that an insurance company paid for a small business with about 17 employees/families. Just decreasing the cost of copayments and medications alone could save 60% for businesses similar to this one. Factoring in laboratory savings, improved health, decreased employee absenteeism, this is a win-win scenario for the patient’s, the employer, and the insurance company.

Agency Name: Martin, William J
Plan Year: January 2015 through December 2015

Claim Activity by Service Category

Plan Year To Date	Office Visits	Emergency Room	Outpatient Physician Services	Lab and Diagnostic	Outpatient Hospital	Inpatient Hospital	Prescription Drugs	Other Services	Totals
Claim Count:	89	0	5	1	9	0	86	1	191
Amount Billed:	9,968.13	0.00	11,112.00	5.14	22,550.97	0.00	11,737.13	30.00	55,403.37
Discounts:	3,595.00	0.00	8,236.38	0.00	13,929.31	0.00	5,853.57	0.00	31,614.26
Discount %:	36.1%	0.0%	74.1%	0.0%	61.8%	0.0%	49.9%	0.0%	57.1%
Amounts Not Covered:	55.21	0.00	0.00	0.00	0.00	0.00	55.51	0.00	110.72
Not Covered %:	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.2%
Member Paid Amount:	1,634.22	0.00	725.10	0.00	5,807.42	0.00	760.00	0.00	8,926.74
Member Paid %:	16.4%	0.0%	6.5%	0.0%	25.8%	0.0%	6.5%	0.0%	16.1%
Plan Paid Amount:	4,683.70	0.00	2,150.52	5.14	2,814.24	0.00	5,068.05	30.00	14,751.65
Plan Paid %:	47.0%	0.0%	19.4%	100.0%	12.5%	0.0%	43.2%	0.0%	26.6%
Average Claim Payment \$:	52.63	0.00	430.10	5.14	312.69	0.00	58.93	0.00	77.23
Percent of Total Billed Dollars:	18.0%	0.0%	20.1%	0.0%	40.7%	0.0%	21.2%	0.1%	100.0%
Percent of Total Paid Dollars:	31.8%	0.0%	14.6%	0.0%	19.1%	0.0%	34.4%	0.2%	100.0%

QUESTIONS, CRITIQUES, CONCERNS

In the previous nine years I’ve had the benefit of speaking publicly to legislative bodies, medical schools, residencies, medical conferences, and countless media outlets. I respected this is a new model that many people have questions and concerns about as they learn how it could affect them and their loved ones. I think one of the most effective ways to address these concerns specific in a Q&A format.

1. Is Direct Care concierge medicine?
 - a. No.
 - i. Concierge medicine is generally understood to be several thousand dollars per patient per month and may often still build their health insurance in a “fee for noncovered service model”
 - ii. Direct primary care is understood the affordable membership model for the masses and never bills health insurance for any services.
2. Is Direct Care just for rich healthy individuals?
 - a. No.
 - i. Rich and healthy people do not need affordable healthcare.
 - ii. In my opinion this model provides the most value for those with the most need. The sicker you are the more medications and labs you need, the more you interact with that working healthcare system, the more life-changing the direct care model could be for you.
 - iii. The single mother earning \$10/hr at a call center on second shift NEEDS the access and affordability of a Direct Care clinic.
 - iv. The patient that doesn't have a car and would have to catch a bus and make 3 connections NEEDs the accessibility of Direct Care with telemedicine.
3. Will Direct Care contribute to the physician shortage?
 - a. No.
 - b. The American Medical Association predicts that by 2030 there could be a shortage of 130,000 physicians.
 - i. https://news.aamc.org/press-releases/article/workforce_report_shortage_04112018/
 - c. Where's the American Academy of Family Physicians reports a study showing 22% of the physicians times spent on nonclinical work which is multiplied across the physician workforce would be the equivalent of 165,000 time physicians.
 - i. <https://www.aafp.org/news/practice-professional-issues/20121016merrittjobsat.html>
 - d. We have an efficiency issue not a quantitative issue. At his peak, Henry Ford was producing a model T every 24 seconds and I imagine this is because there was no wasted steps in the process. Physicians are burning out in record numbers because of the bureaucratic inefficiencies forced upon the current model.
 - i. We can pay for patient care or paperwork but not both.
4. Will Direct Care work for rural communities?
 - a. Yes.
 - b. Direct primary care will support rural communities because it allows clinics to be profitable without thousands of patients who have desirable health insurance.
 - c. The low cost of living and high probability of success will attract and maintain physicians to rural communities.
 - d. Telemedicine will also further extend the reach of every physician in every specialty for every patient. Why ask a family with a child with down syndrome to drive a 2 ton vehicle three hours from their rural home to a specialist in the city if they can FaceTime their physician from the comfort of their home.
5. Does direct primary care support mental health?
 - a. Yes.

- b. I think mental health is a very interesting segment of healthcare considering how difficult we make it for them.
 - i. According to www.healthsystemtracker.org - social phobia, avoidant personality disorder, generalized anxiety disorder and panic disorder makeup nearly 20% of all mental health diagnoses. Yet we require them to visit a doctor's office, during office hours, possibly wait a very long time for a very short visit, all while maintaining a stable job that will offer health insurance and reasonable co-pays. This is a system designed for failure by both the patient and the practitioner level.
 - 1. <https://www.healthsystemtracker.org/chart-collection/current-costs-outcomes-related-mental-health-substance-abuse-disorders/#item-eighteen-percent-adults-united-states-mental-behavioral-emotional-disorder>
 - ii. Providing true quality mental health takes time and flexibility. The direct primary care model allows patients with mental health maximum flexibility to communicate with their doctor over time, by text messages or emails, in a way that is private, convenient, accessible, and useful.
 - c. Wholesale medications offer patients a level of privacy they may not currently receive if on an employer-sponsored health insurance plan. Employees may be concerned about scheduling multiple visits during office hours or having their medications reported back when (even anonymously) to their employer.
 - d. Telemedicine continues to be a solution here as well because the patient can find the healthcare provider that is the best fit for their unique needs, personality schedules and budgets with fewer geographic limitations
- 6. How does Direct Care make medications more affordable?
 - a. There are a number of wholesale distributors like www.andameds.com, www.mckesson.com, or www.henryschein.com where physicians can order their medical supplies as well as pharmaceutical wholesale at drastically reduced costs.
 - i. This is the same way that most pharmacies have purchased medications for decades.
 - b. 44 states make it very easy for physicians to dispense medications, several others have restrictions from 7 – 30 day medication supplies.
 - c. No additional federal legislation is necessary
 - d. Patients are able to pick up medicine at the time of service and pay on the next invoice cycle
 - e. See attachment for rx pricing
- 7. How does Direct Care make laboratory testing more affordable?
 - a. The option for “client billing” is a standard option for most local / regional / national labs
 - i. The physician is billed directly for all labs without any requirement for additional paperwork / coding processes
 - ii. The physician guarantees payment in exchange for the lowest prices
 - b. Represents a significant saving to the patient, employer, and insurance
 - c. See attachment for laboratory pricing
- 8. How does Direct Care make radiology services more affordable?
 - a. The option for “client billing” is less familiar in radiology service circles but with the proper education on the legality of the model, many providers are eager to compete to offer cost effective options.
- 9. How does Direct Care work with small businesses for more affordable insurance?

- a. Direct care practices often work with smaller insurance companies / TPAs in combination with small businesses through partially self funded/ ERISA style plans.
 - b. These plans allow for maximum flexibility so the employer can create a custom plan that is as rich or as lean as their employees desire.
 - c. The value proposition of Direct Care allows the employer to need much less insurance to manage the risk of catastrophic care.
10. What do insurance companies think of Direct Care?
- a. The initially reaction is to assume that insurance companies would be against ‘insurance free practices’ like the direct care model.
 - b. However, we work with them to show how we can help to manage their risk by providing a very broad value proposition, they are able to:
 - i. Ensure patients have maximum access to care
 - ii. Lower their premiums
 - iii. Attract a larger share of the market
 - iv. Decrease their own administrative burden
 - v. While increasing their profit margins
11. How does Direct Care affect “Big Pharma”?
- a. For this question, I think its important to make a distinction between large pharmaceutical manufactures (name brand and/or generics) and big retail pharmacies
 - i. Manufactures – selling medicines to the wholesaler is their standard business model, so little will change here.
 - 1. However, if households decrease their insurance premiums and pay the first \$ for medications, name brand prices will come down to be competitive with generic options
 - ii. Wholesalers – profit margins are higher selling to small groups of dispensing physicians than to large national pharmacy chains – thus direct care is sustainable and profitable for them
 - iii. Retail Chain Pharmacies – the source of the large markups (up to 10,000%) and they will have to aggressively adapt to be competitive compared to the dispensing direct care clinic
12. But direct care can’t get all medicines cheaper.
- a. Correct.
 - b. Some medicines are simply expensive or new or valuable.
 - i. The Hepatitis C medicine (Harvoni) is \$95,000 for a *CURE* compared to the typical cost of *management* of \$140,000/year
 - c. HHS is working hard to approve a record number of generic medications which helps Direct Care practices find affordable alternatives for patients
13. But direct care can’t treat big things like cancer.
- a. Yes we can treat some cancers.
 - i. Medicine is broad and there’s a very wide range of complexities for each type of diagnosis.
 - ii. Skin cancers are often treated by primary care physicians with biopsies and pathology.
 - iii. We can work closely with oncologists to help patients get more affordable medicine.

- iv. We helped to save a patient with good commercial insurance 99% of the cost of breast cancer chemotherapy (an estrogen blocker) when the wholesale cost was about \$6/mo
 - v. We helped a patient with a brain tumor who's insurance was going to be billed \$26,000 for chemotherapy by finding the exact same medicine – wholesale – for \$1900.
 - b. Often the most the physicians most value commodity is time – the time to look for affordable solutions for their patients.
14. Direct Care is nice – but it can't fix everything.
- a. Correct.
 - b. Many patients will always have a need for specialist care, expensive care, expensive (often life saving) procedures. This is the *exact* proper role for insurance.
 - c. We want to help provide affordable health CARE to the masses, so that they can feel safe purchasing *less* health insurance, which is more affordable, and more valuable for the big needs in life.
15. How does Direct Care help patients avoid surprise medical bills?
- a. Now the physician is the patients advocate – they are the trained professionals, with the right knowledge, at the right time, to help patients make the best decisions for themselves.
 - b. The Direct Care patient expects the doctor to be knowledge about prices and upfront and informative about the cost of services. Otherwise, they'll vote with their feet and go to a Direct Care practice that is more helpful.
 - c. The Direct Care practices are working on a regular basis to find the best services at the best prices – so they have their thumb on the pulse of the community – and always have their patients interest in focus.
16. How do you address the concern that cheap care is low quality care?
- a. Direct Care practices spend a great deal of time directly communicating with their patients about the healthcare choices. Often I find that good information, presented in a clear format, helps patients to make very well informed decisions – Especially when they are spending their own dollars first.
 - b. The moral hazard is when patients are spending someone else's money and make decisions that are inconsistent with how they'd spend their own dollars
 - c. Example: Name Brand Lexapro is \$11.97/pill. Generic Lexapro is \$0.04/pill. Which would you prefer?

<p>LEXAPRO 20MG NDC: 00456202001 Item: 310207</p>	<p>TABLET OFF WHT RND FC  B AB</p>	<p>ALLERGAN 100</p>	<p> \$1,197.27 </p>	<p>\$11.9727</p>
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d.

BEST PRICE				
<p>ESCITALOPRAM 20MG NDC: 16729017017 Item: 323400</p>	<p>TABLET WHT/OFF WHT AB</p>	<p>ACCORD 1000</p>	<p> \$44.41 </p>	<p>\$0.0444</p>

e.

- i. The decision becomes pretty easy for patients

- f. Direct Care doctors aren't spending 50% of their day doing non clinical paperwork, insurance charting, coding, prior authos – so they can focus on helping the patients with complex medical decisions.
17. If Direct Care places such an emphasize on generic drugs, are they lower quality?
- a. No.
 - b. Link below to the FDA's website regarding the generic vs name brand and their relative equivalency.
 - i. <https://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/genericdrugs/ucm167991.htm>
 - 1. A generic drug is a medication created to be the same as an existing approved brand-name drug in dosage form, safety, strength, route of administration, quality, and performance characteristics.
18. Direct Care may be affective for family medicine – but what about other specialties?
- a. An insurance free model is a spectrum from infrequent care (fee for service model) to more chronic care (membership model).
 - i. Pathology, radiology and surgical services would continue to work well in a fee for service model
 - ii. Dermatology may be mostly fee for service but could have 20% memberships for chronic care.
 - iii. Cardiology might be able to offer fee for service visits for certain diagnosis / acute needs – but have a large % of patients on a membership model for their chronic care needs.
 - iv. And any chronic care specialty will continue the membership model
19. Have the membership models been used in healthcare before?
- a. Yes.
 - b. Professor Christy Ford Chapin, Ph.D – in her book, Ensuring America's Health (The public creation of the corporate health care system), she details the history of “pre-paid’ medical clinics in the 20's and 30's before the adoption of employer sponsored health insurance.
 - c. <http://www.econtalk.org/christy-ford-chapin-on-the-evolution-of-the-american-health-care-system/>
20. What regulatory actions can help maximize the growth / adoption of Direct Care models?
- a. We are believers in free markets and the movement is primarily looking for support from employers, state and federal officials.
 - b. However, we are looking for legislative or administrative clarity on the HRA, HSA issue for DPC.
 - i. Currently it is unclear what the if membership fees are an approved HSA 213(d) expense and that is preventing larger employers from embracing the DPC model.
 - ii. IRS 213(d) clearly lists that physicians are approved HSA expense – with no mention of method of payment. The HSA bill was signed in 2003 and although Direct Care memberships were NOT yet widespread – cash for services to many of the medical providers were common place.
 - 1. Legal fees are an HSA approved expense and lawyers often work on retainer (functionally identical to a membership)
 - iii. IRS 502 also makes it very clear that physician services are approved HSA expenses with no mention of method of payment.
 - 1. Quote: Medical expenses are the costs of diagnosis, cure, mitigation, treatment, or prevention of disease, and for the purpose of affecting any

part or function of the body. These expenses include payments for legal medical services rendered by physicians, surgeons, dentists, and other medical practitioners. They include the costs of equipment, supplies, and diagnostic devices needed for these purposes.

- c. Clarity on this issue would be a great benefit to the Direct Care Movement.

21. Can Direct Care work for Medicare?

- a. Yes.
- b. Medicare patients can struggle to find physicians accepting new patients in part b/c of the reimbursement issues and the regulatory burden of MACRA, MIPS and the next alphabet soup of documentation requirements.
- c. Medicare patients can expect to pay \$7-12k out of pocket for health care depending on their overall health.
 - i. <https://www.fool.com/retirement/2017/02/05/heres-the-average-americans-annual-medicare-bill.aspx>
 - ii. This price could be substantially decreased through DPC innovation, unlimited visits, preventive care, administrative efficiencies and more.
- d. Medicare doesn't cover all out patient medicines – one in particular can cost a Medicare patient \$66 PER pill at the pharmacy – that Direct Care can get wholesale for \$0.15 PER pill.

22. Can Direct Care work for Medicaid?

- a. Yes.
- b. The same cost savings approaches mentioned previously continue to apply to this at risk population – likely even more so.
 - i. Although most states would like to cover more patients, most states don't have the budget flexibility to do so. But the direct care value proposition of unlimited visits, no copays, free procedures, wholesale meds/labs for up to 95% savings, decreased ER/UC visits...could VERY conservatively double the purchasing power of the current state budgets. Effectively caring for more people, more often, with the same or fewer resources.
- c. Block Grants – at the federal level there is talk about block granting funds to the states b/c the federal stake holders are seeing that the beurocratic strings are more problematic than they are worth. If this holds true from the federal level, then I presume it holds true from the state to the patient/provider level.
 - i. Food stamps are an excellent example of an effective government program that provides funds directly to individuals and allows them to participate freely in the marketplace.
 - 1. The medical equivalent of food stamps would be piles of paperwork and regulation on expiration dates for milk, calorie counts for cereal boxes, and ICD-10 for produce.
 - 2. <https://fee.org/articles/imagine-if-we-paid-for-food-like-we-do-healthcare/>
 - ii. Food stamps are the block grant equivalent for at risk individuals to have. I believe Direct Care could function in an equivalent manner for medicine.

23. Are there any pre-existing conditions that can affect membership?

- a. No.
- b. Direct care memberships are most frequently based on age only and not on any pre-existing conditions. We know that some patients might utilize more care based on their diagnoses

than others, but we want to create a system that does not discriminate against patients based on their health.

CONCLUSION

Thank you for the opportunity to testify about how the emerging model of direct primary care/direct care can create a very high value/low cost model for our patients. We strive to create a system where all the incentives are really aligned around the individual patient resulting in maximum transparency and value. Pandora's box of affordable care has been opened and I believe direct primary care has the potential to revolutionize how we deliver healthcare in America. The only way to fix our health insurance system is by first fixing the delivery of healthcare.

I look forward to your questions and to a continuing dialogue on regulatory and legislative changes that can help grow direct primary care into a national solution.

Respectfully submitted,

Josh Umbehr, MD

PRESCRIPTIONS – PRICE LOW TO HIGH

Name	Price	Diphenhydramine HCL 25mg/1	\$ 0.014
HYDROCHLOROTHIAZIDE 25mg/1	\$ 0.006	MELOXICAM 7.5mg/1	\$ 0.014
Ferrous Sulfate (Ferrous) 325mg	\$ 0.008	AMLODIPINE BESYLATE 10mg/1	\$ 0.017
LISINOPRIL 2.5mg/1	\$ 0.009	Ecotrin (Aspirin EC) 81mg/1	\$ 0.017
LISINOPRIL 5mg/1	\$ 0.009	LISINOPRIL 20mg/1	\$ 0.017
ACETAMINOPHEN 500mg/1	\$ 0.010	LISINOPRIL 20mg/1	\$ 0.017
FOLIC ACID 1mg/1	\$ 0.010	CYCLOBENZAPRINE	
AMLODIPINE BESYLATE 2.5mg/1	\$ 0.011	HYDROCHLORIDE 10mg/1	\$ 0.018
AMLODIPINE BESYLATE 2.5mg/1	\$ 0.011	FLUOXETINE HYDROCHLORIDE	
Supplement 20	\$ 1.000	20mg/1	\$ 0.018
AMLODIPINE BESYLATE 5mg/1	\$ 0.012	MELOXICAM 15mg/1	\$ 0.018
LISINOPRIL 10mg/1	\$ 0.012	MELOXICAM 15mg/1	\$ 0.018
Metformin HCl 500mg/1	\$ 0.013	CITALOPRAM HYDROBROMIDE	
SIMVASTATIN 10mg/1	\$ 0.013	10mg/1	\$ 0.019
AMLODIPINE BESYLATE 10mg/1	\$ 0.014	TOPIRAMATE 25mg/1	\$ 0.019
Diphenhydramine HCL 25mg/1	\$ 0.014	CARVEDILOL 6.25mg/1	\$ 0.020

CYCLOBENZAPRINE		FUROSEMIDE 40mg/1	\$ 0.031
HYDROCHLORIDE 10mg/1	\$ 0.020	Vitamin D3 5000 IU	\$ 0.031
LISINOPRIL;		CLONIDINE HYDROCHLORIDE	
HYDROCHLOROTHIAZIDE 10mg/1;		0.3mg/1	\$ 0.032
12.5mg/1	\$ 0.020	GLIPIZIDE 10mg/1	\$ 0.032
METFORMIN HYDROCHLORIDE		GLIPIZIDE 10mg/1	\$ 0.032
1000mg/1	\$ 0.020	OMEPRAZOLE 20mg/1	\$ 0.032
CITALOPRAM HYDROBROMIDE		OMEPRAZOLE 20mg/1	\$ 0.032
20mg/1	\$ 0.021	FUROSEMIDE 20mg/1	\$ 0.033
METFORMIN HYDROCHLORIDE		GLIPIZIDE 10mg/1	\$ 0.033
850mg/1	\$ 0.021	HYDROCHLOROTHIAZIDE;	
CITALOPRAM HYDROBROMIDE		LISINOPRIL 25mg/1; 20mg/1	\$ 0.033
20mg/1	\$ 0.022	Pain Reliever Plus	
FLUOXETINE HYDROCHLORIDE		(ACETAMINOPHEN; ASPIRIN;	
10mg/1	\$ 0.022	CAFFEINE) 250mg/1; 250mg/1;	
Glucometer	\$ 0.022	65mg/1	\$ 0.033
Glucose Meter	\$ 0.022	RANITIDINE HYDROCHLORIDE	
Meclizine 25mg	\$ 0.022	15mg/mL - 473 mL in 1 BOTTLE,	
CARVEDILOL 25mg/1	\$ 0.023	PLASTIC (54838-550-80)	\$ 0.033
GLIPIZIDE 5mg/1	\$ 0.023	CLONIDINE HYDROCHLORIDE	
LOSARTAN POTASSIUM 25mg/1	\$ 0.023	0.1mg/1	\$ 0.035
METOPROLOL TARTRATE 100mg/1	\$ 0.023	METOCLOPRAMIDE	
METOPROLOL TARTRATE 100mg/1	\$ 0.023	HYDROCHLORIDE 10mg/1	\$ 0.035
METOPROLOL TARTRATE 25mg/1	\$ 0.023	PANTOPRAZOLE SODIUM 20mg/1	\$ 0.036
METOPROLOL TARTRATE 50mg/1	\$ 0.023	RISPERIDONE 1mg/1	\$ 0.036
METOPROLOL TARTRATE 50mg/1	\$ 0.023	METOPROLOL TARTRATE 100mg/1	\$ 0.037
CITALOPRAM HYDROBROMIDE		TOPIRAMATE 50mg/1	\$ 0.037
20mg/1	\$ 0.024	TRAZODONE HYDROCHLORIDE	
GABAPENTIN 100mg/1	\$ 0.025	50mg/1	\$ 0.037
LAMOTRIGINE 25mg/1	\$ 0.025	ATORVASTATIN CALCIUM 10mg/1	\$ 0.039
CLONIDINE HYDROCHLORIDE		CETIRIZINE HYDROCHLORIDE	
0.2mg/1	\$ 0.028	10mg/1	\$ 0.039
Iron 65 mg	\$ 0.028	ESCITALOPRAM OXALATE 10mg/1	\$ 0.039
CLONIDINE HYDROCHLORIDE		SIMVASTATIN 10mg/1	\$ 0.039
0.2mg/1	\$ 0.029	MONTELUKAST SODIUM 10mg/1	\$ 0.040
LISINOPRIL;		METFORMIN HYDROCHLORIDE	
HYDROCHLOROTHIAZIDE 20mg/1;		500mg/1	\$ 0.041
12.5mg/1	\$ 0.029	SIMVASTATIN 20mg/1	\$ 0.041
LOSARTAN POTASSIUM 50mg/1	\$ 0.029	SIMVASTATIN 20mg/1	\$ 0.041
CITALOPRAM HYDROBROMIDE		LISINOPRIL 30mg/1	\$ 0.042
40mg/1	\$ 0.030	QUETIAPINE FUMARATE 50mg/1	\$ 0.042
CITALOPRAM HYDROBROMIDE		DONEPEZIL HYDROCHLORIDE	
40mg/1	\$ 0.030	5mg/1	\$ 0.043
HYDROCHLOROTHIAZIDE 12.5mg/1	\$ 0.030	TOPIRAMATE 100mg/1	\$ 0.043
LISINOPRIL 40mg/1	\$ 0.030	LORATADINE 10mg/1	\$ 0.044
FAMOTIDINE 20mg/1	\$ 0.031		

LORATADINE 10mg/1	\$ 0.044	ATENOLOL 25mg/1	\$ 0.054
PROMETHAZINE HYDROCHLORIDE 25mg/1	\$ 0.044	CLONIDINE HYDROCHLORIDE 0.3mg/1	\$ 0.054
METFORMIN HYDROCHLORIDE ER 500mg/1	\$ 0.045	IBUPROFEN 600mg/1	\$ 0.054
OMEPRAZOLE 40mg/1	\$ 0.045	PANTOPRAZOLE SODIUM 40mg/1	\$ 0.054
OMEPRAZOLE 40mg/1	\$ 0.045	HYDROXYZINE HYDROCHLORIDE 25mg/1	\$ 0.055
PRAVASTATIN SODIUM 40mg/1	\$ 0.045	PAROXETINE HYDROCHLORIDE HEMIHYDRATE 20mg/1	\$ 0.056
VERAPAMIL HYDROCHLORIDE 80mg/1	\$ 0.045	AMOXICILLIN 500mg/1	\$ 0.057
CETIRIZINE HYDROCHLORIDE 10mg/1	\$ 0.046	SULFAMETHOXAZOLE; TRIMETHOPRIM 800mg/1;	
SERTRALINE HYDROCHLORIDE 100mg/1	\$ 0.046	160mg/1	\$ 0.057
SERTRALINE HYDROCHLORIDE 100mg/1	\$ 0.046	AMOXICILLIN 500mg/1	\$ 0.058
PANTOPRAZOLE SODIUM 20mg/1	\$ 0.047	SIMVASTATIN 40mg/1	\$ 0.058
PRAMIPEXOLE DIHYDROCHLORIDE 0.5mg/1	\$ 0.047	SULFAMETHOXAZOLE; TRIMETHOPRIM 800mg/1;	
PRAMIPEXOLE DIHYDROCHLORIDE 0.5mg/1	\$ 0.047	160mg/1	\$ 0.058
ESCITALOPRAM OXALATE 20mg/1	\$ 0.048	LOSARTAN POTASSIUM 100mg/1	\$ 0.061
ESCITALOPRAM OXALATE 5mg/1	\$ 0.048	ONDANSETRON HYDROCHLORIDE 4mg/1	\$ 0.061
ESCITALOPRAM OXALATE 5mg/1	\$ 0.048	SERTRALINE HYDROCHLORIDE 50mg/1	\$ 0.061
GABAPENTIN 300mg/1	\$ 0.048	TOPIRAMATE 100mg/1	\$ 0.061
GABAPENTIN 300mg/1	\$ 0.048	DICLOFENAC SODIUM 75mg/1	\$ 0.062
LOSARTAN POTASSIUM 100mg/1	\$ 0.048	TRAZODONE HYDROCHLORIDE 100mg/1	\$ 0.062
LOSARTAN POTASSIUM 100mg/1	\$ 0.048	ACYCLOVIR 400mg/1	\$ 0.064
RANITIDINE HYDROCHLORIDE 150mg/1	\$ 0.048	ACYCLOVIR 400mg/1	\$ 0.064
SERTRALINE HYDROCHLORIDE 25mg/1	\$ 0.048	IBUPROFEN 800mg/1	\$ 0.064
SIMVASTATIN 20mg/1	\$ 0.048	LOVASTATIN 40mg/1	\$ 0.064
ZOLPIDEM TARTRATE 10mg/1	\$ 0.048	ATENOLOL 50mg/1	\$ 0.065
PROMETHAZINE HYDROCHLORIDE 25mg/1	\$ 0.050	FUROSEMIDE 80mg/1	\$ 0.065
QUETIAPINE FUMARATE 100mg/1	\$ 0.050	SIMVASTATIN 40mg/1	\$ 0.065
GABAPENTIN 300mg/1	\$ 0.051	RISPERIDONE 2mg/1	\$ 0.066
LOVASTATIN 20mg/1	\$ 0.051	ATORVASTATIN CALCIUM 20mg/1	\$ 0.067
PROMETHAZINE HYDROCHLORIDE 25mg/1	\$ 0.051	MIRTAZAPINE 15mg/1	\$ 0.067
QUETIAPINE FUMARATE 50mg/1	\$ 0.051	BENAZEPRIL HYDROCHLORIDE 20mg/1	\$ 0.068
Calcium & Magnesium	\$ 0.052	LAMOTRIGINE 150mg/1	\$ 0.070
ROPINIROLE HYDROCHLORIDE 0.25mg/1	\$ 0.053	NORTRIPTYLINE HYDROCHLORIDE 10mg/1	\$ 0.070
		NORTRIPTYLINE HYDROCHLORIDE 10mg/1	\$ 0.070
		CLOPIDOGREL BISULFATE 75mg/1	\$ 0.072

ONDANSETRON HYDROCHLORIDE 4mg/1	\$ 0.072	LOSARTAN POTASSIUM; HYDROCHLOROTHIAZIDE 100mg/1; 25mg/1	\$ 0.091
NAPROXEN 500mg/1	\$ 0.073	DICLOFENAC SODIUM 50mg/1	\$ 0.094
GABAPENTIN 600mg/1	\$ 0.074	PIOGLITAZONEHYDROCHLORIDE 15mg/1	\$ 0.094
INDOMETHACIN 25mg/1	\$ 0.074	TAMSULOSIN HYDROCHLORIDE 0.4mg/1	\$ 0.094
LAMOTRIGINE 150mg/1	\$ 0.074	TIZANIDINE HYDROCHLORIDE 4mg/1	\$ 0.095
GABAPENTIN 400mg/1	\$ 0.075	LAMOTRIGINE 200mg/1	\$ 0.096
NAPROXEN 500mg/1	\$ 0.075	NORTRIPTYLINE HYDROCHLORIDE 25mg/1	\$ 0.097
FLUOXETINE HYDROCHLORIDE 40mg/1	\$ 0.076	PROPRANOLOL HYDROCHLORIDE 10mg/1	\$ 0.097
LOSARTAN POTASSIUM; HYDROCHLOROTHIAZIDE 100mg/1; 12.5mg/1	\$ 0.076	ISOSORBIDE MONONITRATE 30mg/1	\$ 0.099
TAMSULOSIN HYDROCHLORIDE 0.4mg/1	\$ 0.076	BUSPIRONE HYDROCHLORIDE 15mg/1	\$ 0.100
DIVALPROEX SODIUM 250mg/1	\$ 0.077	OLANZAPINE 10mg/1	\$ 0.101
LOSARTAN POTASSIUM; HYDROCHLOROTHIAZIDE 100mg/1; 12.5mg/1	\$ 0.078	ATENOLOL 50mg/1	\$ 0.102
CLOPIDOGREL BISULFATE 75mg/1	\$ 0.080	ESTRADIOL 0.5mg/1	\$ 0.103
DIVALPROEX SODIUM 250mg/1	\$ 0.081	WARFARIN SODIUM 1mg/1	\$ 0.103
Biotin	\$ 0.083	WARFARIN SODIUM 5mg/1	\$ 0.105
BUPROPION HYDROCHLORIDE 150mg/1	\$ 0.083	VENLAFAXINE HYDROCHLORIDE 37.5mg/1	\$ 0.106
TIZANIDINE HYDROCHLORIDE 2mg/1	\$ 0.083	MEDROXYPROGESTERONE ACETATE 5mg/1	\$ 0.110
CLINDAMYCIN HYDROCHLORIDE 150mg/1	\$ 0.084	PIOGLITAZONEHYDROCHLORIDE 30mg/1	\$ 0.110
CLINDAMYCIN HYDROCHLORIDE 150mg/1	\$ 0.084	VENLAFAXINE HYDROCHLORIDE 75mg/1	\$ 0.110
DICLOFENAC SODIUM 75mg/1	\$ 0.084	ATENOLOL 50mg/1	\$ 0.113
GLIMEPIRIDE 4mg/1	\$ 0.084	SULFAMETHOXAZOLE; TRIMETHOPRIM 400mg/1; 80mg/1	\$ 0.113
PRAVASTATIN SODIUM 20mg/1	\$ 0.084	GLIPIZIDE 2.5mg/1	\$ 0.116
SPIRONOLACTONE 25mg/1	\$ 0.084	AMIODARONE HYDROCHLORIDE 200mg/1	\$ 0.117
METHIMAZOLE 5mg/1	\$ 0.086	ATORVASTATIN CALCIUM TRIHYDRATE 40mg/1	\$ 0.117
GLIMEPIRIDE 4mg/1	\$ 0.088	ATORVASTATIN CALCIUM TRIHYDRATE 80MG/1	\$ 0.117
TRIAMTERENE; HYDROCHLOROTHIAZIDE 37.5mg/1; 25mg/1	\$ 0.088	LEVOCETIRIZINE DIHYDROCHLORIDE 5mg/1	\$ 0.117
CEPHALEXIN 500mg/1	\$ 0.089	ATORVASTATIN CALCIUM 40mg/1	\$ 0.119
DICLOFENAC SODIUM 50mg/1	\$ 0.090	ESTRADIOL 1mg/1	\$ 0.119
DICLOFENAC SODIUM 50mg/1	\$ 0.090		
BENAZEPRIL HYDROCHLORIDE 40mg/1	\$ 0.091		

ESTRADIOL 1mg/1	\$ 0.119	DULOXETINE HYDROCHLORIDE	
MONTELUKAST SODIUM 5mg/1	\$ 0.120	30mg/1	\$ 0.151
ACYCLOVIR 800mg/1	\$ 0.121	ROSUVASTATIN CALCIUM 10mg/1	\$ 0.152
GLYBURIDE 5mg/1	\$ 0.121	DULOXETINE HYDROCHLORIDE	
PREDNISON 20mg/1	\$ 0.122	60mg/1	\$ 0.154
TIZANIDINE HYDROCHLORIDE		PROPRANOLOL HYDROCHLORIDE	
2mg/1	\$ 0.122	20mg/1	\$ 0.160
NORTRIPTYLINE HYDROCHLORIDE		PROPRANOLOL HYDROCHLORIDE	
50mg/1	\$ 0.125	20mg/1	\$ 0.160
NORTRIPTYLINE HYDROCHLORIDE		SILDENAFIL CITRATE 20mg/1	\$ 0.160
50mg/1	\$ 0.125	NIFEDIPINE 30mg/1	\$ 0.163
ALLOPURINOL 100mg/1	\$ 0.127	ROSUVASTATIN CALCIUM 40mg/1	\$ 0.165
METHOCARBAMOL 750mg/1	\$ 0.129	SILDENAFIL CITRATE 20mg/1	\$ 0.169
CARBIDOPA; LEVODOPA 25mg/1;		POTASSIUM CHLORIDE 10meq	\$ 0.176
100mg/1	\$ 0.130	CIPROFLOXACIN HYDROCHLORIDE	
BACLOFEN 20mg/1	\$ 0.131	250mg/1	\$ 0.177
TRIAMTERENE;		BACLOFEN 20mg/1	\$ 0.179
HYDROCHLOROTHIAZIDE 75mg/1;		POTASSIUM CHLORIDE 20meq	\$ 0.189
50mg/1	\$ 0.131	Fexofenadine HCl 180mg/1	\$ 0.190
FINASTERIDE 5mg/1	\$ 0.132	Fexofenadine HCl 180mg/1	\$ 0.190
GLIMEPIRIDE 4mg/1	\$ 0.134	DICYCLOMINE HYDROCHLORIDE	
GUANFACINE HYDROCHLORIDE		20mg/1	\$ 0.191
2mg/1	\$ 0.134	DILTIAZEM HYDROCHLORIDE	
GUANFACINE HYDROCHLORIDE		60mg/1	\$ 0.193
2mg/1	\$ 0.134	FINASTERIDE 1mg/1	\$ 0.194
METOPROLOL SUCCINATE 25mg/1	\$ 0.134	FLECAINIDE ACETATE 100mg/1	\$ 0.195
MONTELUKAST SODIUM 4mg/1	\$ 0.134	VITAMIN D (ERGOCALCIFEROL)	
OXCARBAZEPINE 300mg/1	\$ 0.135	1.251/1	\$ 0.195
TERBINAFINE HYDROCHLORIDE		Fluoride 0.25	\$ 0.198
250mg/1	\$ 0.135	NIFEDIPINE 60mg/1	\$ 0.198
VERAPAMIL HYDROCHLORIDE		PROPRANOLOL HYDROCHLORIDE	
40mg/1	\$ 0.139	40mg/1	\$ 0.199
VERAPAMIL HYDROCHLORIDE		ONDANSETRON HYDROCHLORIDE	
40mg/1	\$ 0.139	8mg/1	\$ 0.202
GEMFIBROZIL 600mg/1	\$ 0.140	Doxycycline Monohydrate	
AMIODARONE HYDROCHLORIDE		(DOXYCYCLINE) 50mg/1	\$ 0.205
200mg/1	\$ 0.141	FENOFIBRATE 54mg/1	\$ 0.205
BENZONATATE 200mg/1	\$ 0.141	DILTIAZEM HYDROCHLORIDE	
BENZONATATE 200mg/1	\$ 0.141	60mg/1	\$ 0.206
VENLAFAXINE HYDROCHLORIDE		CELECOXIB 200mg/1	\$ 0.216
37.5mg/1	\$ 0.143	OXYBUTYNIN CHLORIDE 5mg/1	\$ 0.216
LANSOPRAZOLE 30mg/1	\$ 0.145	MINOCYCLINE HYDROCHLORIDE	
VENLAFAXINE HYDROCHLORIDE		50mg/1	\$ 0.219
150mg/1	\$ 0.145	CHLORZOXAZONE 500mg/1	\$ 0.220
GEMFIBROZIL 600mg/1	\$ 0.147	Multi Vitamin	\$ 0.240

BACLOFEN 20mg/1	\$ 0.223	nitrofurantoin macrocrystals	
ALLOPURINOL 300mg/1	\$ 0.227	50mg/1	\$ 0.464
METRONIDAZOLE 500mg/1	\$ 0.235	VALACYCLOVIR HYDROCHLORIDE	
DOXYCYCLINE HYCLATE 100mg/1	\$ 0.237	1000mg/1	\$ 0.505
BUPROPION HYDROCHLORIDE		MINOCYCLINE HYDROCHLORIDE	
150mg/1	\$ 0.241	100mg/1	\$ 0.536
DIVALPROEX SODIUM 500mg/1	\$ 0.248	ONDANSETRON HYDROCHLORIDE	
VALACYCLOVIR HYDROCHLORIDE		2mg/mL - 25 VIAL, SINGLE-DOSE in	
500mg/1	\$ 0.248	1 CARTON (0409-4755-03) > 2 mL	
BUPROPION HYDROCHLORIDE		in 1 VIAL, SINGLE-DOSE (0409-	
300mg/1	\$ 0.255	4755-18)	\$ 0.539
SUCRALFATE 1g/1	\$ 0.265	FLUVOXAMINE MALEATE 100mg/1	\$ 0.644
DULOXETINE HYDROCHLORIDE		BISOPROLOL FUMARATE 5mg/1	\$ 0.723
60mg/1	\$ 0.271	METHOTREXATE SODIUM 2.5mg/1	\$ 0.770
CELECOXIB 200mg/1	\$ 0.274	Nitrofurantoin	
DILTIAZEM HYDROCHLORIDE		(monohydrate/macrocrystals)	
180mg/1	\$ 0.275	75mg/1; 25mg/1	\$ 0.793
AMOXICILLIN; CLAVULANATE		Scar Gel	\$ 0.924
POTASSIUM 875mg/1; 125mg/1	\$ 0.281	HYDROXOCOBALAMIN ACETATE	
DILTIAZEM HYDROCHLORIDE		1000ug/mL - 1 VIAL, MULTI-DOSE	
180mg/1	\$ 0.290	in 1 CARTON (0591-2888-30) > 30	
AMOXICILLIN; CLAVULANATE		mL in 1 VIAL, MULTI-DOSE	\$ 0.950
POTASSIUM 875mg/1; 125mg/1	\$ 0.298	HYDROXOCOBALAMIN ACETATE	
PHENYTOIN SODIUM 100mg/1	\$ 0.298	1000ug/mL - 1 VIAL, MULTI-DOSE	
L-Carnitine 500MG	\$ 0.301	in 1 CARTON (0591-2888-30) > 30	
DILTIAZEM HYDROCHLORIDE		mL in 1 VIAL, MULTI-DOSE	\$ 0.950
120mg/1	\$ 0.305	HYDROXOCOBALAMIN ACETATE	
Spirololactone 100mg/1	\$ 0.315	1000ug/mL - 1 VIAL, MULTI-DOSE	
METRONIDAZOLE 500mg/1	\$ 0.316	in 1 CARTON (0591-2888-30) > 30	
ONDANSETRON 4mg/1	\$ 0.317	mL in 1 VIAL, MULTI-DOSE	\$ 0.950
ORPHENADRINE CITRATE 100mg/1	\$ 0.325	MIDODRINE HYDROCHLORIDE	
ARIPIRAZOLE 5mg/1	\$ 0.331	10mg/1	\$ 0.959
ARIPIRAZOLE 15mg/1	\$ 0.336	DIPHENHYDRAMINE	
HYDROCHLOROTHIAZIDE;		HYDROCHLORIDE 50mg/mL	\$ 0.979
BISOPROLOL FUMARATE 6.25mg/1;		AZITHROMYCIN MONOHYDRATE	
5mg/1	\$ 0.336	250mg/1	\$ 1.120
AMOXICILLIN; CLAVULANATE		FLUCONAZOLE 150mg/1	\$ 1.152
POTASSIUM 500mg/1; 125mg/1	\$ 0.360	CELECOXIB 400mg/1	\$ 1.213
AMOXICILLIN; CLAVULANATE		IV Administration Set	\$ 1.221
POTASSIUM 500mg/1; 125mg/1	\$ 0.361	PROMETHAZINE HYDROCHLORIDE	
AZITHROMYCIN ANHYDROUS		25mg/mL	\$ 1.388
250mg/1	\$ 0.376	Nebulizer	\$ 1.540
AMOXICILLIN; CLAVULANATE		CEFTRIAZONE SODIUM 250mg/1 -	
POTASSIUM 875mg/1; 125mg/1	\$ 0.410	10 VIAL, SINGLE-USE in 1 CARTON	
DILTIAZEM HYDROCHLORIDE		(0409-7337-01) > 1 INJECTION,	
360mg/1	\$ 0.450	POWDER, FOR SOLUTION in 1 VIAL,	
		SINGLE-USE (0409-7337-11)	\$ 1.601

AMOXICILLIN 250mg/5mL - 100 mL in 1 BOTTLE (0143-9889-01)	\$ 1.672	IPRATROPIUM BROMIDE	
ALBUTEROL SULFATE 2.5mg/3mL - 25 VIAL in 1 CARTON (0591-3797-83) > 3 mL in 1 VIAL	\$ 2.200	0.5mg/2.5mL - 1 POUCH in 1 CARTON (0591-3798-30) > 30 VIAL in 1 POUCH > 2.5 mL in 1 VIAL	\$ 5.247
KETOROLAC TROMETHAMINE 60mg/2mL - 25 VIAL, SINGLE-DOSE in 1 TRAY (0409-3796-01) > 2 mL in 1 VIAL, SINGLE-DOSE (0409-3796-19)	\$ 2.408	TOBRAMYCIN 3mg/mL - 1 BOTTLE in 1 CARTON (70069-131-01) > 5 mL in 1 BOTTLE	\$ 5.660
Antifungal (MICONAZOLE NITRATE) 20mg/g - 1 TUBE in 1 CARTON (0472-0735-56) > 28 g in 1 TUBE	\$ 2.508	Norgestimate and Ethinyl Estradiol	\$ 5.687
IPRATROPIUM BROMIDE 0.5mg/2.5mL - 1 POUCH in 1 CARTON (0591-3798-83) > 25 VIAL in 1 POUCH > 2.5 mL in 1 VIAL	\$ 2.750	SUMATRIPTAN SUCCINATE 50mg/1	\$ 5.720
UDS	\$ 15.000	SUMATRIPTAN SUCCINATE 50mg/1	\$ 5.742
UDS - UScreen	\$ 15.000	FLUTICASONE PROPIONATE 50ug/1	\$ 6.017
SODIUM CHLORIDE 0.9g/100mL - 12 CONTAINER in 1 CASE (0264-7800-09) > 1000 mL in 1 CONTAINER	\$ 2.794	ALENDRONATE SODIUM 70mg/1	\$ 6.039
Nebulizer mask w/tube child	\$ 2.926	Norgestimate and Ethinyl Estradiol Sprintec (Norgestimate and Ethinyl Estradiol)	\$ 6.229
Pediatric Micro Mist Nebulizer	\$ 2.926	Elastic Wrist-Left Larg	\$ 6.355
CETIRIZINE HYDROCHLORIDE 5mg/5mL - 120 mL in 1 CARTON (54838-552-40)	\$ 3.047	Splint - Elastic Wrist, Left, Large	\$ 6.413
AMOXICILLIN 400mg/5mL - 100 mL in 1 BOTTLE (0143-9887-01)	\$ 3.289	wrist elastic left large	\$ 6.413
AMOXICILLIN 400mg/5mL - 100 mL in 1 BOTTLE (0143-9887-01)	\$ 3.344	wrist elastic right medium	\$ 6.413
T Adapter Kit Nebulizer	\$ 3.641	TRI-LO-MARZIA (norgestimate and ethinyl estradiol)	\$ 6.424
MUPIROCIN 20mg/g - 1 TUBE in 1 CARTON (51672-1312-0) > 22 g in 1 TUBE	\$ 4.246	Ear Irrigation Basin	\$ 6.644
Norgestimate and Ethinyl Estradiol	\$ 4.391	Junel 21 Day 1mg/1; 20ug/1	\$ 7.637
TOBRAMYCIN 3mg/mL - 1 BOTTLE in 1 CARTON (70069-131-01) > 5 mL in 1 BOTTLE	\$ 4.433	Junel 21 Day 1mg/1; 20ug/1	\$ 7.637
In House Testosterone	\$ 4.462	Blood drawing kit	\$ 8.151
TRIAMCINOLONE ACETONIDE 1mg/g - 1 TUBE in 1 CARTON (45802-055-36) > 80 g in 1 TUBE	\$ 4.466	Blood drawing kit	\$ 8.151
SUMATRIPTAN SUCCINATE 100mg/1	\$ 4.950	Junel Fe 28 Day	\$ 8.269
		Junel Fe 28 Day	\$ 8.269
		ANTISEPTIC SKIN CLEANSER (CHLORHEXIDINE GLUCONATE) 4g/100mL - 437 mL in 1 BOTTLE, PLASTIC (0116-1061-16)	\$ 8.437
		Good Sense Cough DM (dextromethorphan polistirex) 30mg/5mL	\$ 8.888
		MICROGESTIN Fe 1/20	\$ 8.971
		ERYTHROMYCIN 5mg/g - 1 TUBE in 1 CARTON (24208-910-55) > 3.5 g in 1 TUBE	\$ 9.438
		Aplisol (TUBERCULIN PURIFIED PROTEIN DERIVATIVE) 5[iU]/.1mL	\$ 10.000
		CLOTTRIMAZOLE; BETAMETHASONE DIPROPIONATE 10mg/g; 0.5mg/g - 1 TUBE in 1 CARTON (0472-0379-45) > 45 g in 1 TUBE	\$ 9.823
		BreatheRite Spacer	\$ 10.087

Cryselles	\$ 10.263	RIZATRIPTAN BENZOATE 10mg/1	\$ 18.216
KENALOG-40 (TRIAMCINOLONE ACETONIDE) 40mg/mL	\$ 10.296	Medihoney 1.5 oz	\$ 18.964
KENALOG-40 (TRIAMCINOLONE ACETONIDE) 40mg/mL	\$ 10.296	Smart Heart Blood Pressure Monitor	\$ 19.657
AZELASTINE HYDROCHLORIDE 137ug/1	\$ 10.934	Nebulizer Tabletop SYstem	\$ 19.745
Aplisol (TUBERCULIN PURIFIED PROTEIN DERIVATIVE) 5[iU]/.1mL	\$ 10.000	Syringe 1cc	\$ 22.990
Sling	\$ 15.000	Drainage Pouch	\$ 27.313
POLYMYXIN B SULFATE 500000[USP'U]/1 -	\$ 11.737	Nebulizer COmplete	\$ 27.720
Universal remover wipes	\$ 11.891	CLINDAMYCIN PHOSPHATE 10mg/mL - 60 APPLICATOR in 1 JAR (45802-263-37) > 1 mL in 1 APPLICATOR	\$ 29.139
Nortrel 28 Day	\$ 12.317	DICLOFENAC SODIUM 10mg/g - 1 TUBE in 1 CARTON (65162-833-66) > 100 g in 1 TUBE	\$ 29.524
Nortrel 28 Day	\$ 12.317	Detector Strep A	\$ 38.368
BENZOYL PEROXIDE 100mg/mL - 237 mL in 1 BOTTLE (67405-830-08)	\$ 12.463	Medihoney 3.5 oz	\$ 44.011
NITROGLYCERIN 0.4mg/1	\$ 12.725	BOOSTRIX 5[iU]/.5mL; 2.5[iU]/.5mL; 8ug/.5mL; 8ug/.5mL; 2.5ug/.5mL	\$ 44.055
ERYTHROMYCIN 5mg/g - 1 TUBE in 1 CARTON (24208-910-55) > 3.5 g in 1 TUBE	\$ 13.387	Testosterone Cypionate 200mgmg/mL	\$ 48.974
AZELASTINE HYDROCHLORIDE 0.5mg/mL - 1 BOTTLE, PLASTIC in 1 BOX (47335-938-90) > 6 mL in 1 BOTTLE, PLASTIC	\$ 13.838	TIMOLOL MALEATE 5mg/mL - 1 BOTTLE, DROPPER in 1 CARTON (60758-801-10) > 10 mL in 1 BOTTLE, DROPPER	\$ 49.500
OFLOXACIN 3mg/mL - 1 BOTTLE, DROPPER in 1 CARTON (17478-713-10) > 5 mL in 1 BOTTLE, DROPPER	\$ 14.630	Slim Barrier Ring	\$ 51.348
Blood Pressure Cuff	\$ 16.522	VENTOLIN HFA (ALBUTEROL SULFATE) 90ug/1 - 1 INHALER in 1 CARTON (0173-0682-20) > 200	\$ 59.125
Floating Flange and Tape	\$ 16.803	AEROSOL, METERED in 1 INHALER	\$ 69.696
Ammonium Lactate Lotion 12%	\$ 16.819	LIDOCAINE 50mg/g	\$ 72.500
Glucometer test strips	\$ 17.765	Surgical Pathology (Level 4)	
RIZATRIPTAN BENZOATE 10mg/1	\$ 18.216		

LABORATORY TESTING – PRICING LOW TO HIGH (300 most common tests)

SERVICE NAME	PRICE
GGT	\$1.03
UA, MACROSCOPIC	\$1.25
URINALYSIS, REFLEX	\$1.25
RFL-MICR (INC)	\$1.46
UA, MICROSCOPIC	\$1.46
SED RATE BY MOD WEST	\$1.54

SED RATE MANUAL WEST	\$1.54
T-3 UPTAKE	\$1.54
T-4 (THYROXINE)	\$1.54
CARDIO IQ(TM) CHOL TOT	\$2.00
CARDIO IQ(TM) GLUCOSE (S)	\$2.00
CARDIO IQ(TM) HDL CHOL	\$2.00
CARDIO IQ(TM) TRIGLYC.	\$2.00

CHOLESTEROL, TOTAL	\$2.00
GRAM STAIN	\$2.00
HDL-CHOLESTEROL	\$2.00
HGB A1C W/MPG (REFL)	\$2.00
HIAA, 5 (U)	\$2.00
HIAA, 5-, URINE	\$2.00
PRO TIME WITH INR	\$2.00
TRIGLYCERIDES	\$2.00
TRIGLYCERIDES(REFL)	\$2.00
VLDL	\$2.00
AMYLASE	\$2.05
FOLATE,SERUM	\$2.05
IRON, TOTAL	\$2.05
LDH, TOTAL	\$2.05
MAGNESIUM	\$2.05
PSA, TOTAL	\$2.05
PSA, TOTAL, 2.5 NG/ML CUT	\$2.05
PSA,TOTAL W/REFL	\$2.05
CARDIO IQ(TM) INSULIN	\$2.50
INSULIN	\$2.50
URIC ACID	\$2.56
CULT, UA,COMP W/RFL	\$2.71
UA, COMPLETE	\$2.71
CARDIO IQ(TM) HGB A1C	\$3.00
COW'S MILK (F2) IGE	\$3.00
CULTURE, GP. A STREP	\$3.00
HEMOGLOBIN A1C	\$3.00
HEMOGLOBIN A1C W/EAG	\$3.00
HEMOGLOBIN A1C W/MPG	\$3.00
HEMOGLOBIN A1C W/RFL	\$3.00
HEMOGLOBIN A1C W/RFL	\$3.00
IMCAP, CODFISH (F3)	\$3.00
IMCAP, EGG WHITE (F1)	\$3.00
IMCAP, SHRIMP (F24)	\$3.00
IMCAP, SOYBEAN (F14)	\$3.00
IMCAP, WHEAT (F4)	\$3.00
IMMUNOGLOBULIN A	\$3.00
*THYROID PANEL	\$3.08
*THYROID PANEL (REFL)	\$3.08
CARDIO IQ(TM) HS-CRP	\$3.08
CK, TOTAL	\$3.08

CRP	\$3.08
CULT, (U) ROUTINE	\$3.08
CULT,(U), SPECIAL	\$3.08
HCG TOTAL QL	\$3.08
HCG, QUAL,REFL QUANT	\$3.08
HCG, TOTAL, QN	\$3.08
HS CRP	\$3.08
ALBUMIN	\$3.13
ALKALINE PHOSPHATASE	\$3.13
ALT	\$3.13
AST	\$3.13
BILIRUBIN, TOTAL	\$3.13
BILIRUBIN,DIRECT	\$3.13
CALCIUM	\$3.13
CARBON DIOXIDE	\$3.13
CHLORIDE	\$3.13
CREATININE	\$3.13
GLUCOSE, SERUM	\$3.13
PHOSPHATE (AS PHOS)	\$3.13
POTASSIUM	\$3.13
POTASSIUM,PLASMA	\$3.13
PROTEIN, TOTAL	\$3.13
PROTEIN, TOTAL PLASMA	\$3.13
SODIUM	\$3.13
UREA NITROGEN (BUN)	\$3.13
BILIRUBIN,FRAC.	\$3.22
BUN/CREAT RATIO	\$3.22
PROTEIN, TOT & ALB PLASMA	\$3.22
PROTEIN, TOT AND ALB	\$3.22
IMMUNOGLOBULIN E	\$3.50
HETEROPHILE, MONO	\$3.57
ELECTROLYTE PANEL	\$3.58
ELECTROLYTE PNL, PLASMA	\$3.58
HEPATIC FUNC PNL W/O TP	\$3.93
IRON, TOTAL, & IBC	\$3.98
*CHOL AND HDL W RATIO	\$4.00
*LIP PNL W/O TRIG	\$4.00
ABO GROUP	\$4.00
CBC(REFL)	\$4.00
GLUC, GEST SCR N -135	\$4.00
GLUC, GEST SCR N 140	\$4.00

GLUCOSE PP (75 GRAM)	\$4.00
GLUCOSE, PLASMA	\$4.00
GLUCOSE, PP/1 HR	\$4.00
GLUCOSE, PP/2 HOUR	\$4.00
IMCAP, A. TENUIS (M6)	\$4.00
IMCAP, PEANUT (F13)	\$4.00
ORG ID 1	\$4.00
RH TYPE	\$4.00
RPR MONITOR W/REFL	\$4.00
RPR(DX)REFL FTA	\$4.00
RPR, PREMARITAL,REFL	\$4.00
RPR,PM W/REFL	\$4.00
CBC(DIFF/PLT)W/SMEAR	\$4.10
DRAW FEE, PSC SPEC.	\$4.10
HSV 1 HERPESELECT	\$4.10
HSV 2 HERPESELECT	\$4.10
HSV 2 W/REFL INHIB	\$4.10
ORG ID 1	\$4.10
ORG ID 1	\$4.10
PRESUMPTIVE ID 1	\$4.10
PRESUMPTIVE ID 1 M	\$4.10
TESTOSTERONE,MALE,IA	\$4.10
UA, MICRO (REFL)	\$4.10
BASIC METAB PNL W/O CA	\$4.11
HEPATIC FUNC PNL	\$4.11
HEPATIC FUNC PNL, PLASMA	\$4.11
CREATININE,TIMED UR	\$4.25
MICROALBUMIN	\$4.25
BASIC METAB PNL	\$4.29
BASIC METAB PNL, PLASMA	\$4.29
IMCAP, C. HERBARUM (M2)	\$4.50
IMCAP, CAT DANDER (E1)	\$4.50
IMCAP, COCKROACH (I6)	\$4.50
IMCAP, D. FARINAE (D2)	\$4.50
IMCAP, D. PTERONYSSINUS(D	\$4.50
IMCAP, DOG DANDER (E5)	\$4.50
IMCAP, WALNUT (F256)	\$4.50
ORG ID 1	\$4.50
RENAL FUNC PNL	\$4.65
HEMATOCRIT	\$4.75
HEMOGLOBIN (B)	\$4.75

PLATELET COUNT	\$4.75
RED BLOOD CELL COUNT	\$4.75
WBC	\$4.75
HGB & HCT	\$4.80
WBC & DIFF	\$4.80
HGB INDICES	\$4.85
HEMOGRAM	\$4.90
CBC(H/H,RBC,WBC,PLT)	\$4.95
HEMOGRAM & DIFF	\$4.95
CBC (DIFF/PLT)	\$5.00
CERULOPLASMIN	\$5.00
CMP W/O CO2,ALT	\$5.00
FUNGAL STAIN	\$5.00
IMCAP, A. FUMIGATUS (M3)	\$5.00
IMCAP, ALMOND (F20)	\$5.00
IMCAP, BERMUDA GRASS (G2)	\$5.00
IMCAP, CLAM (F207)	\$5.00
IMCAP, COCONUT (F36)	\$5.00
IMCAP, COMMON RAGWEED (W1	\$5.00
IMCAP, COTTONWOOD (T14)	\$5.00
IMCAP, ELM (T8)	\$5.00
IMCAP, MAPLE (T1)	\$5.00
IMCAP, MOUNTAIN CEDAR (T6	\$5.00
IMCAP, NETTLE (W20)	\$5.00
IMCAP, OAK (T7)	\$5.00
IMCAP, P. NOTATUM (M1)	\$5.00
IMCAP, PECAN NUT (F201)	\$5.00
IMCAP, RUSS. THISTLE (W11	\$5.00
IMCAP, SCALLOPS (F338)	\$5.00
IMCAP, SESAME SEED (F10)	\$5.00
IMCAP, SHEEP SORREL (W18)	\$5.00
IMCAP, TIMOTHY GRASS (G6)	\$5.00
IMCAP, WHITE ASH (T15)	\$5.00
IMCAP, WHITE MULBERRY (T7	\$5.00
INSULIN, 2 SPEC	\$5.00
PREALBUMIN	\$5.00
SUSC-1	\$5.00
T-3, TOTAL	\$5.00
TVAG RNA QL TMA	\$5.00
CULTURE, AEROBIC BAC	\$5.13
HEP A IGM AB	\$5.13

IMCAP, CASHEW NUT (F202)	\$5.13
IMCAP, EGG MIX (F245)	\$5.13
IMCAP, PISTACHIO (F203)	\$5.13
MACADAMIA NUT IGE	\$5.13
RETICULOCYTE COUNT	\$5.13
SUSC-1	\$5.13
CMP W/O ALT	\$5.19
COMP METAB PNL	\$5.36
COMP METAB PNL, PLASMA	\$5.36
COMP METAB W/ADJ CAL PLS	\$5.36
*ASCVD RSK PNL W/SCOR	\$6.00
*ASCVD RSK PNL/SCORE	\$6.00
*CARDIO IQ(TM)LIPID PANEL	\$6.00
*LIPID PANEL	\$6.00
*LIPID PANEL (REFL)	\$6.00
*LIPID PANEL (REFL)	\$6.00
*LIPID PANEL WITH RATIOS	\$6.00
*LIPID PNL W/RA(REFL)	\$6.00
*LIPID PNL W/REF DIR LDL	\$6.00
*LIPID PNL W/REFL LDL	\$6.00
ASO	\$6.00
BILI,DIRECT,PEDI	\$6.00
CHOL TOTAL,(REFL)	\$6.00
FSH	\$6.00
LH	\$6.00
PTT, ACTIVATED	\$6.00
RHEUMATOID FACTOR	\$6.00
RHEUMATOID FCTR, CSF	\$6.00
SUSC-1	\$6.00
THYROID PEROXID AB	\$6.00
TSH	\$6.00
TSH W/REFL FT4	\$6.00
TSH, PREGNANCY	\$6.00
URIC ACID (U)	\$6.00
URIC ACID 24HR (U)	\$6.00
LIPASE	\$6.12
ANA TITER&PATTERN	\$6.15
FERRITIN	\$6.15
HEP B CORE IGM AB	\$6.15
TRANSFERRIN	\$6.15
AB SCR RFX ID/TITER	\$7.00

ANA IFA W/REFL	\$7.00
ANA SC W/REFL DS-DNA	\$7.00
ANA SCREEN	\$7.00
ANA W/RFX	\$7.00
CAMPY CULTURE	\$7.00
FECAL LEUKOCYTE STN	\$7.00
FRUCTOSAMINE	\$7.00
HEP B C AB, TOT (REFL)	\$7.00
IMMUNOGLOBULIN G	\$7.00
IMMUNOGLOBULIN M	\$7.00
LEAD, (B)	\$7.00
MALB, RAND UR W/O CR	\$7.00
MICROALBUMIN 24HR (U)	\$7.00
MICROALBUMIN RAND UR	\$7.00
MICROALBUMIN, 24 HR UR	\$7.00
MICROALBUMIN, TIMED (U)	\$7.00
QT THYROGLOB W/O ATA	\$7.00
INSULIN, 3 SPEC	\$7.50
*PT W/INR & PTT	\$8.00
ABO GRP AND RH TYPE	\$8.00
CORD BLOOD ABO/RH	\$8.00
GLUC GEST & FAST-135	\$8.00
GLUC GEST & FAST-140	\$8.00
GLUC,FAST & POST 1HR	\$8.00
GLUC,FAST & POST 2HR	\$8.00
GTT, 2 SPEC	\$8.00
HAPTOGLOBIN	\$8.00
ORG ID 2	\$8.00
RAST, PENICILLIN G	\$8.00
RAST, PENICILLIN V	\$8.00
SJOGRENS AB (SS-B)	\$8.00
SS A RO AB(IGG)EIA	\$8.00
HSV 1/2 HERPESELECT	\$8.20
LITHIUM	\$8.20
ORG ID 2	\$8.20
ORG ID 2	\$8.20
PRESUMPTIVE ID 2	\$8.20
PRESUMPTIVE ID 2 M	\$8.20
T-3, FREE	\$8.20
*NAFLD FIBROSIS SCORE	\$8.33
IV-PATH,G&M,1SP,PC	\$8.46

PROSTATE BIOPSY, 1SP,PC	\$8.46
BHL, LDLGGE	\$9.00
CT,DIFF SYNOVIAL FL	\$9.00
ORG ID 2	\$9.00
THYROGLOBULIN AB	\$9.00
*THYROID PNL W/TSH	\$9.08
METHYLMALONIC ACID	\$9.23
SHBG	\$9.23
IMCAP, CORN (F8)	\$9.76
*LIPID PANEL (REFL)	\$10.00
ACTIN ANTIBODY (IGG)	\$10.00
ANTI-DSDNA AB, EIA	\$10.00
CARDIO IQ(TM) DIRECT LDL	\$10.00
DIRECT LDL	\$10.00
HBSAG (REFL) W/CONF	\$10.00
HEP BE AG	\$10.00
INSULIN, 4 SPEC	\$10.00
MEASLES IGG	\$10.00
RUBELLA IGG AB W/RFL	\$10.00
SOYBEAN IGG	\$10.00

SUSC-2	\$10.00
VITAMIN B12	\$10.00
*IRON,TIBC,FER PNL	\$10.13
SALM/SHIG, CULTURE	\$10.25
SUSC-2	\$10.26
*DIAB RSK PNL W/SCORE	\$11.00
*DIABETES & ASCVD	\$11.00
*HEMOGLOBINOPATHY	\$11.00
COMPLEMENT, (CH50)	\$11.00
CRYOGLOB EVAL	\$11.00
CULTURE, GENITAL	\$11.00
CULTURE,SPUTUM/LOWER RESP	\$11.00
GASTRIN	\$11.00
HBC TOTAL W/REFL IGM	\$11.00
HEP B CORE AB, TOTAL	\$11.00
HEP B SURF AB QL	\$11.00
HEP B SURF AG W/CONF	\$11.00
MERCURY (U)	\$11.00
MERCURY, 24HR (U)	\$11.00
POTASSIUM (U)	\$11.00