

June 10, 2025

Testimony Regarding Senate Bill 1173  
Submitted by Robert Beatty-Walters, RN, JD

I'm a lawyer who advocates for patients and their families when they have been harmed by medical care and medical devices or drugs. I'm also a registered nurse where I worked as an emergency room and neonatal intensive care nurse.

**Holding Hospitals Liable for Selling Dangerous or Defective Products is Not New.**

First, contrary to the assertion by the OMA, *Brown v. GlaxoSmithKline, LLC*, 372 Or 225 (2024) does not extend Oregon law. It is merely an affirmation that Oregon's statutory product liability law, passed in 1979, includes hospitals as sellers of products, even when they are incidental to patient care. In the first sentence of that case Justice Flynn notes "The Oregon legislature long ago codified a rule of strict product liability that applies to '[o]ne who sells' an unreasonably dangerous, defective product, if the seller is 'engaged in the business of selling' such a product."

Product liability law was intended to incentivize all those in the chain of commerce to protect consumers from dangerous and defective products. The purpose behind the law is to spread the risk of loss caused by defective products away from the innocent consumer and to the entities in the chain of commerce for the defective product **that profit** from the sale of the product.

**Hospitals Profit from Selling Drugs and Medical Devices.**

And hospitals do profit from selling drugs and medical devices. The drug at issue in the *Brown* case was a commonly used anti-nausea medication called Zofran, also called Ondansetron, which was given to a Providence patient in the emergency room.

I did a little research and learned that Providence is charging more than 150 times what Amazon Pharmacy charges for the same drug.

I pulled a bill from one of my cases and found that Providence dispensed Zofran (Ondansetron), the same drug at issue in *Brown*, to a client of mine, and charged \$280.64 for 4 tablets. That's over \$70 per tablet. That same drug is available on Amazon for .45 cents per tablet. (See Exhibits Attached).

A recent study, published February 7, 2024 in the Journal of the American Medical Association (JAMA, Vol. 331, No. 8) found that hospitals often receive deep discounts on drugs through the federal 340B Drug Pricing Program and make "Large Profits from Markups."

The same is true for medical devices. In one case involving a medical device implant, the hospital charged \$32,235 to the patient for a device for which the hospital paid \$10,500. (See Exhibits Attached). That's almost \$22,000 in profit from a single device, and in one case.

**Hospitals have the ability to prioritize product safety and quality.**

As a nurse, I learned that hospitals control which products are used in their facilities.

I recently spoke with a good friend who is a physician in a Portland area hospital and serves on one of the hospital's safety committees. They were evaluating IV tubing for use in the OR, and they routinely keep track of product failures. They found a certain brand of tubing failed more often than others. This physician was concerned for their patients that, without any risk of liability, hospitals may simply choose the cheapest, not necessarily the safest option.

But patients don't have a choice of IV tubing or generally any other product that is used in the hospital. The hospital is in the best position to evaluate (and be responsible for) the safety of the products it chooses for its patients.

Hospitals that profit from selling medical devices and drugs should not be exempt from liability for providing dangerous or defective products to their patients. They, like all parties in the chain of commerce, must be responsible for protecting their patients.

Sincerely,



Robert Beatty-Walters

## EXPLANATION OF CHARGES

### Customer Service

Phone: 503-215-3030 or **1-866-747-2455**

Hours : Monday - Friday: 8:00 a.m. - 6:00 p.m.

### Patient Information

Name

Guarantor Account ID

Account Number

Date of Service

/20 - /20

Service Provided

Emergency

Total Charges

Insurance

Secondary

If you have questions about this account, please call customer service. Uninsured patients may qualify for free or reduced cost medical care. Contact us for information.

### Charge Activity

#### Hospital Charges

Date	Rev Code	Procedure Code	Description	NDC Code	Qty	Amount
/2020	0250	25030001	ONDANSETRON 4 MG TABS 4 TABLET ED PREPACK	00000030046	4	280.64

Total hospital charges:

#### Hospital Payments and Adjustments

CLOSE

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Med size & color may vary.

Ondansetron, 4  
MG Tablet

FSA or HSA eligible

Included with RxPass

Why?

CLOSE

Why would my medication look different?

Generic medications may be manufactured by different companies. This means some generics vary in size, color, and shape. But the active ingredients are always the same.

Amazon Pharmacy uses different manufacturers to ensure medication supply and offer low prices for our customers.

Form

Oral Tablet ▼

CLOSE

Form

Disintegrating Oral Tablet

Oral Tablet

Oral Solution

Strength

CLOSE

A medication's strength can be found on your medication's bottle, packaging, or instructions. This number represents the amount of a drug in dosage form—for example, a 50mg tablet. If you don't know your medication's strength, contact your prescriber or current pharmacy.

4 MG ▼

CLOSE

Strength

4 MG

8 MG

Frequency

1 tablet per day ▾

CLOSE

Frequency

1 tablet per day

2 tablets per day

3 tablets per day

4 tablets per day

5 tablets per day

Supply

CLOSE

It's the number of days or months a medication will last if taken as prescribed. The most common days' supply are for 30 and 90 days. Not all insurance plans will cover a 90-day supply. But you can always ask your prescriber for a 90-day supply, which can sometimes save you money.

30 days (30 tablets) ▾

CLOSE

Supply

30 days

90 days Prime value

Average insurance price

\$3<sup>00</sup>

To get your exact price, transfer your prescription or call your insurance provider.

[Details](#)

CLOSE

Average insurance price

Most customers pay around \$3 for this medication.

Insurance providers set prices, which can vary. The average price is based on recent purchases with insurance over the past 2 months. Your actual price may differ.

To get your exact price, transfer your prescription or call your insurance provider.

OR

Buy without insurance

-97% \$13<sup>72</sup> (\$13.72/month)

Retail price: ~~\$504.60~~

1  
2  
3  
4 IN THE CIRCUIT COURT OF THE STATE OF OREGON  
5 FOR THE COUNTY OF MULTNOMAH

6 CYNTHIA WILKES,

7 Plaintiff,

8 v.

9 OREGON HEALTH & SCIENCE  
10 UNIVERSITY, an Oregon Public Corporation,

11 Defendant.

Case No. 22CV28669

**DEFENDANT'S RESPONSE TO  
PLAINTIFF'S SECOND REQUEST  
FOR ADMISSIONS**

12 **TO: Plaintiff, and her attorney, Dave Miller:**

13 Defendant Oregon Health & Science University ("OHSU") answers Plaintiff's Second  
14 Request for Admissions as follows:

15 **RESPONSES TO REQUEST FOR ADMISSIONS**

16 **REQUEST NO. 14:** Admit that the billing defendant OHSU produced in this case  
17 "OHSU 002435," shows that OHSU billed \$57,274.08 (including visit 4319553 & 43759521) for  
18 the surgical implantation of the BONEBRIDGE device into Ms. Wilkes' skull on January 30,  
19 2020, referenced in the Complaint which includes \$32,235.00 for the implant device.

20 **RESPONSE:** OHSU objects to the term "billed" as vague. OHSU also objects as  
21 compound. Without waiving those objections, OHSU admits that the amount of the charges for  
22 visit 4319553 and 43759521 total \$57,274.08. OHSU further admits the charges include  
23 \$32,235.00 for an "Hb Baha 1-stage Implant."

24 **REQUEST NO. 15:** Admit that the purchase order for the BONEBRIDGE device that  
25 defendant OHSU produced in this case, "OHSU 002863-64," shows that OHSU was to pay  
26 \$10,500.00 for the BONEBRIDGE device that was to be implanted into Ms. Wilkes.

**RESPONSE:** OHSU objects as irrelevant and not likely to lead to the discovery of admissible evidence. Without waiving those objections, OHSU admits the invoice from Med-EI on page OHSU 002864 has a charge for \$10,500.

**REQUEST NO. 16:** Admit that the billing defendant OHSU produced in this case (OHSU 002437-38), shows that OHSU billed \$16,552.34 (including visit 48361732 & 48563827) for the admission of January 7 to January 8, 2021, to surgically remove the BONEBRIDGE device from Ms. Wilkes' skull on January 7, 2021, referenced in the Complaint.

**RESPONSE:** OHSU objects to the term “billed” as vague. Without waiving that objection, OHSU admits that the amount of the charges for visit 48361732 and 48563827 total \$16,552.34.

DATED this 16<sup>th</sup> day of October, 2024.

HART WAGNER LLP

By: *s/ Aaron J. Potter*

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Of Attorneys for Defendant Oregon Health &  
Science University

**Trial Attorney: Aaron J. Potter, OSB No. 992003**

# BONEBRIDGE Order Form

# MED<sup>®</sup>EL

Fax all product orders with purchase order to 919-314-1276 or email via the submit button. Please allow 2-3 business days for processing.

## Patient Information

Name: Cynthia Wilkes

Existing MED-EL patient: ☐ Yes ☒ No

Date of birth (mm/dd/yyyy): 09/05/1964

Gender: ☐ Male ☒ Female

Clinic: OHSU

Surgery date (mm/dd/yyyy)\*: 01/30/2020

Surgeon: Tim Hullar

Initial activation date (mm/dd/yyyy):

Audiologist: Amy Johnson

Implanted ear: ☒ Left ☐ Right (If bilateral, please fill out two order forms)

Mark this box to receive patient kit manuals and paperwork in Spanish: ☐

Insurance coverage: ☐ Private Insurance ☐ Medicare ☐ Medicaid ☐ Other (please specify):

\*Required Field

## Billing Information

Purchase order number: 2207167

Date (mm/dd/yyyy):

Purchasing contact name: Jessica Fisher

Account number:

Bill-to address: 3181 SW Sam Jackson Park Rd Portland, OR 97239

Email address: rojes@ohsu.edu

Phone number: 503-418-0432

## Shipping Information (Shipping charges may apply. See contract for details.)

Date implant delivery requested (mm/dd/yyyy):

Account number:

Delivery contact name:

Hospital address: 3181 SW Sam Jackson Park Rd Portland, OR 97239

Date patient kit delivery requested (mm/dd/yyyy):

Account number:

Delivery contact name:

Clinic address: 3181 SW Sam Jackson Park Rd Portland, OR 97239

## Implant

☒ BONEBRIDGE  
Item # 52180

☒ BONEBRIDGE Sizer Kit and Lifts  
(All BCI Lift sizes included)  
Item # BBACC

Backup implant automatically ships with BONEBRIDGE orders and must be returned within 10 days following surgery to avoid being billed.

☐ BONEBRIDGE Surgical Kit  
Item # BBSURGIT

Select only if this is the first BONEBRIDGE surgery and center does not have a surgical kit, including Torque Wrench Kit, spare Screwdriver Head, and Skin Flap Gauge.

## Surgical Accessories (If selected, additional charges may apply)

☐ Torque Wrench Kit  
Item # 50533

☐ Skin Flap Gauge 7  
Item # 10763-003

☐ Replacement Screwdriver Head  
Item # 51939

## Comments

## SAMBA BB Patient Kit

☐ SAMBA BB Kit, Right  
Item # 51560

☒ SAMBA BB Kit, Left  
Item # 51559

☐ Pediatric SAMBA BB Kit, Right\*  
Item # 51560PED

☐ Pediatric SAMBA BB Kit, Left\*  
Item # 51559PED

### Kit includes:

SAMBA BB Audio Processor with Glossy Black Cover  
SAMBA Case  
Set of Interchangeable Covers  
SAMBA Remote Control  
Activity Clip  
SAMBA Hair Clip (Large & Small)

\*Includes above items plus the SAMBA Kids Set (7 SAMBA Covers, 1 SAMBA Sleeve & 1 Nightstand)

## Wireless Accessory (If selected, add \$299 to Purchase Order)\*\*

☐ miniTek  
Item # 51340

\*\*Patient may also purchase this optional accessory directly through MED-EL. In this case, direct the patient to MED-EL Customer Service, and do not check the box to the left.

## Software & Clinical Equipment

☐ SYMFIT  
Item # 51529

☐ CONNEXX  
Item # US000105

☐ SAMBA AP Starter Set  
Item # 51572

☐ AP Adapter  
Item # 11334-001

Select only if this is the first SAMBA activation and the center does not have software or clinical equipment.

PRINT

A COPY

SUBMIT

TO MED-EL

email orders: customerservice.us@medel.com  
fax orders: 919-314-1276

Please do not email your Regional Customer Service Representative directly for Implant and Patient Kit orders.





OREGON  
HEALTH & SCIENCE  
UNIVERSITY

OREGON HEALTH & SCIENCE UNIVERSITY  
Central Purchasing  
PHONE: 503-494-1500 FAX: 503-494-5723  
Email confirmation to expedite@ohsu.edu

## OHSU PURCHASE ORDER

PURCHASE ORDER NUMBER	REV	PAGE	OF
2207162	0	1	1

This Purchase Order number must appear on all related correspondence, shipping papers, and invoices.

<b>SUPPLIER:</b> MED-EL CORPORATION 2222 E HIGHWAY 54 OHSU CLINIC DURHAM, NC 27713 Supplier Fax: 503494-1772 Supplier Phone: (888) 633-3524	<b>SHIP TO:</b> DOCK 4 3181 SW Sam Jackson Park Rd Portland, OR 97239	<b>INVOICE TO:</b> OREGON HEALTH & SCIENCE UNIVERSITY Accounts Payable P.O. BOX 572 PORTLAND, OR 97207 Submit to: apinvoices@ohsu.edu Phone: 503-494-7843 Option 3 Payment Questions to: acctspay@ohsu.edu
<b>SUPPLIER NO</b> 114691	<b>CUSTOMER ACCOUNT NUMBER</b>	

LINE	PART NUMBER	DESCRIPTION	SHIP QTY	DELIVERY DATE	QTY ORDERED	UNIT PRICE	EXTENSION
1				NEEDED: 27-JAN-20	1 EA	10500	10,500.00

Your #: 51559

SAMBA Audio Processor Kit, Left

THIS ORDER MUST BE ACKNOWLEDGED

EMAIL CONFIRMATIONS TO EXPEDITE@OHSU.EDU

Please note delivery schedule and respond with corrections to any discrepancies in price or unit of measure.

FAILURE TO CONFIRM THIS ORDER WILL BE CONSIDERED ACCEPTANCE OF THE PRICING ON THIS DOCUMENT. Please note that invoicing from supplier other than that listed on the purchase order may lead to payment delay.

SUBMIT INVOICES TO: APINVOICES@OHSU.EDU

o SHIP TO:

See address in "SHIP TO" box above

<b>CONFIRM TO:</b> Email confirmation to expedite@ohsu.edu 1. Please note price corrections and delivery schedule on confirmation. 2. Failure to confirm the order in this manner will be considered acceptance of the pricing on the document. 3. All correspondence concerning this order is to be directed to the buyer indicated on this P.O.	<b>FREIGHT TERMS</b> Prepaid & Add <b>PAYMENT TERMS</b> NET 30 The Purchase Order is subject to OHSU's standard terms and conditions which can be found at <a href="http://www.ohsu.edu/about/services/procurement/terms-conditions.cfm">http://www.ohsu.edu/about/services/procurement/terms-conditions.cfm</a> . Purchasing/Contracts must approve any revisions to OHSU's standard terms and conditions.	<b>SHIP VIA</b> GROUND F. O. B. DESTINATION	<b>BUYER</b> N Robertson <b>ORDER DATE</b> 22-JAN-20 <b>REVISION DATE</b>	<b>Total</b> 10,500.00
			 Nathan Robertson nroberts@ohsu.edu Tel. 503-494-9549	<b>AUTHORIZED SIGNATURE</b>

Total OHSU Charges for Implanting Bonebridge Device

<b>Visit # 43195533 - January 30, 2020</b>				
<b>Hospital Encounter to OHSU CHH SHORT STAY</b>				
Svc Date	Code	Description	Qty	Amount
<b>Charges</b>				
01/30/20	10001340	TIME OR TYPE 3 EACH 1ST-30TH MIN	30	4,890.00
01/30/20	10001341	TIME OR TYPE 3 EACH ADD'L MIN	118	11,446.00
01/30/20	10001369	Hb Time Anes-stdrd Each 1st-30th Min	30	810.00
01/30/20	10001370	Hb Time Anes-stdrd Each Add'l Min	118	2,006.00
01/30/20	10001633	Hb Recovery Per Minute - Phase 1	55	877.80
01/30/20	10001634	Hb Recovery Per Minute - Phase 2	51	631.89
01/30/20	90000001	LIDOCAINE PF 20 MG/ML (2 %) SOLN (0409-2066-05)	1	20.72
01/30/20	90000001	LIDOCAINE-EPINEPHRINE 1 %-1:100,000 SOLN (63323-482-27)	1	15.97
01/30/20	90000001	PHENYLEPHRINE HCL IN NS 1 MG/10 ML (100 MCG/ML) SYRG (69374-957-10)	1	27.67
01/30/20	90000001	PHENYLEPHRINE SOLN (76014-004-33)	1	75.87
01/30/20	90000001	SUCCINYLCHOLINE 140 MG/7 ML (20 MG/ML) SYRG (71019-341-16)	1	76.79
01/30/20	J0690	CEFAZOLIN 1 GRAM SOLR (63323-237-10)	4	52.02
01/30/20	J1100	DEXAMETHASONE 4 MG/ML SOLN (55150-237-01)	4	44.46
01/30/20	J2405	ONDANSETRON 4 MG/2 ML SOLN (55150-125-02)	4	44.37
01/30/20	J2704	PROPOFOL 10 MG/ML EMUL 20 ML VIAL (63323-269-29)	15	36.18
01/30/20	J2704	PROPOFOL 10 MG/ML EMUL 20 ML VIAL (63323-269-29)	20	40.90
01/30/20	J2765	METOCLOPRAMIDE HCL 5 MG/ML SOLN (0409-3414-01)	1	16.50
01/30/20	J3010	FENTANYL 50 MCG/ML SOLN (0409-9094-22)	2	49.94
01/30/20	L8690	Hb Baha 1-stage Implant	1	32,235.00
<b>Visit # 43759521 - January 30, 2020</b>				
<b>Visit to Otolaryngology Otolology Services at PPV</b>				
Svc Date	Code	Description	Qty	Amount
<b>Charges</b>				
01/30/20	69715	IMPLANTATION, OSSEOINTEGRATED IMPLANT	1	3,876.00

**Total: \$57,274.08**



Rogue Regional Medical Center

www.asante.org

**ROGUE REGIONAL MEDICAL CENTER**  
**2825 E BARNETT ROAD**  
**MEDFORD, OR 97504-8322**

## DETAIL BILL

PLEASE REFER TO THIS NUMBER ON  
ALL CORRESPONDENCE

PATIENT TYPE	PAGE
Inpatient	7
PATIENT ACCOUNT NUMBER	

PHONE NO.	ATTENDING PHYSICIAN	MEDICAL

PATIENT NAME	ADMISSION 04/03/23	DISCHARGE 05/08/23	BIRTHDATE	GROUP NO.	MEMBER NO.
PATIENT OR GUARANTOR NAME AND ADDRESS			Coverage		
			1st		

TO INSURE PROPER CREDIT TO YOUR ACCOUNT PLEASE ENCLOSE TOP PORTION OF THIS STATEMENT WITH YOUR PAYMENT

CHARGE NO	DESCRIPTION OF CHARGES	DATE	QTY	CODE	AMOUNT
2500002	LORAZEPAM PER 2 MG	04/12/2023	1	00641604425	66.30
2500002	LORAZEPAM PER 2 MG	04/12/2023	1	00641604425	66.30
2500002	LORAZEPAM PER 2 MG	04/12/2023	1	00641604425	66.30
2500002	LORAZEPAM PER 2 MG	04/13/2023	1	00641604425	66.30
2500002	LORAZEPAM PER 2 MG	04/17/2023	1	00641604425	66.30
2500002	METOCLOPRAMIDE PER 10 MG	04/10/2023	1	00409341401	66.19
2500002	MORPHINE 2 MG/ML SYRG	04/15/2023	1	00409189001	67.19
2500002	MORPHINE 2 MG/ML SYRG	04/15/2023	1	00409189001	67.19
2500002	ONDANSETRON 4 MG/2 ML SOLN	04/03/2023	4	36000001225	65.90
2500002	ONDANSETRON 4 MG/2 ML SOLN	04/05/2023	8	00641607825	66.90
2500002	ONDANSETRON 4 MG/2 ML SOLN	04/10/2023	4	36000001225	65.90
2500002	ONDANSETRON 4 MG/2 ML SOLN	04/17/2023	4	60505613005	65.46
2500002	ONDANSETRON 4 MG/2 ML SOLN	04/18/2023	4	60505613005	65.46
2500002	ORPHENADRINE CITRATE PER 60 MG	04/03/2023	1	17478053802	103.25
2500002	PHENYLEPHRINE PER 1 ML	04/05/2023	1	63323075101	68.20
2500002	PHENYLEPHRINE PER 1 ML	04/10/2023	1	63323075101	68.20
2500002	PROCHLORPERAZINE 10 MG/2 ML (5 MG/ML) SOLN	04/17/2023	1	00713035125	69.63
2500002	VANCOMYCIN 1.75 GRAM/350 ML PGBK	04/04/2023	4	70594005802	168.61
2500002	VANCOMYCIN 750 MG/150 ML PGBK	04/04/2023	2	70594005603	77.00
2500002	VANCOMYCIN 750 MG/150 ML PGBK	04/05/2023	2	70594005603	77.00
2500002	VANCOMYCIN 750 MG/150 ML PGBK	04/05/2023	2	70594005603	77.00
2500002	VANCOMYCIN 750 MG/150 ML PGBK	04/06/2023	2	70594005603	77.00
2500003	ACETAMINOPHEN 325 MG TAB	04/11/2023	3	00904677361	20.27
2500003	ACETAMINOPHEN 325 MG TAB	04/11/2023	3	00904677361	20.27
2500003	ACETAMINOPHEN 325 MG TAB	04/12/2023	3	00904677361	20.27
2500003	ACETAMINOPHEN 325 MG TAB	04/12/2023	3	00904677361	20.27
2500003	ACETAMINOPHEN 325 MG TAB	04/13/2023	3	00904677361	20.27
2500003	ACETAMINOPHEN 325 MG TAB	04/13/2023	3	00904677361	20.27
2500003	ACETAMINOPHEN 325 MG TAB	04/13/2023	3	00904677361	20.27
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2500003	ACETAMINOPHEN 325 MG TAB	04/14/2023	3	00904677361	20.27
2500003	ACETAMINOPHEN 325 MG TAB	04/15/2023	3	00904677361	20.27
2500003	ACETAMINOPHEN 325 MG TAB	04/15/2023	3	00904677361	20.27
2500003	ACETAMINOPHEN 325 MG TAB	04/15/2023	3	00904677361	20.27
2500003	ACETAMINOPHEN 325 MG TAB	04/16/2023	3	00904677361	20.27
2500003	ACETAMINOPHEN 325 MG TAB	04/16/2023	3	00904677361	20.27
2500003	ACETAMINOPHEN 325 MG TAB	04/16/2023	3	00904677361	20.27
2500003	ACETAMINOPHEN 325 MG TAB	04/17/2023	3	00904677361	20.27
2500003	ACETAMINOPHEN 325 MG TAB	04/19/2023	3	00904677361	20.27
2500003	ACETAMINOPHEN 325 MG TAB	04/20/2023	3	00904677361	20.27
2500003	ACETAMINOPHEN 325 MG TAB	04/23/2023	3	00904677361	20.27
2500003	ACETAMINOPHEN 325 MG TAB	04/24/2023	3	00904677361	20.27

As a courtesy, Asante will bill primary and secondary insurance. However, final responsibility is the patient's as in accordance with the financial agreement signed upon admission. All accounts payable 30 days from date of service unless other arrangements have been made. Payments or charges not listed on the above statement will appear on the next statement.

Balance

332,117.03

Note: the above charges are for hospital services only, and may not include the physician's professional fee for which you will be billed separately. \*Radiologists bill separately. \*Keep this document for income tax and other records.

[Sign up](#)

# Lorazepam

Generic Ativan

[Drug Info](#)[Side Effects](#)[Dosage](#)

Prescription

Lorazepam 2mg (1 tablet)



Choose pharmacy

Portland, OR



Walgreens

\$2.94



Walgreens Spec...

\$2.94



Albertsons (Sav...

\$1.94



Safeway

\$1.94



Walmart

\$8.20



Costco

\$8.20



Rite Aid

\$2.09



Walmart Neighb...

\$12.20

Cap...

**\$7.57**

Standard coupon

**\$1.94**

Special offers

74%



GoodRx Gold



**\$1.94**

~~\$7.57~~

Join Gold to get an extra \$5.63 off every fill of Lorazepam and up to 90% off all prescriptions.\* One month free with plans starting at just \$11.99/mo. Cancel any time.\*

Start 30-day free trial

\*Prices subject to change without notice. Sales tax may apply and is not included.



Pay less for Lorazepam with GoodRx Gold. Start free trial

As low as

**\$1.94** >

## Popular offers



↓ \$276.49

**Mounjaro**

4 pens of 2.5mg/0.5ml 1 carton

~~\$1,271.49~~

As low as **\$995.00**



↓ \$1,647.14

**Wegovy**

4 prefilled 0.25mg pens of  
0.25mg/0.5ml 1 carton

~~\$1,647.14~~

As low as **\$0.00**



↓ \$2,150.86

**Ozempic**

1 prefilled 2mg pen of 2mg/3ml 1  
carton

~~\$2,175.96~~

As low as **\$25.00**

**Zepbr**

4 prefil  
carton

~~\$1,274.66~~

As low

[Sign up](#)[Savings Alert](#)

## Acetaminophen

Generic Acephen and Mapap and Q-Pap and Tylenol

[Drug Info](#)[Side Effects](#)[Dosage](#)

Prescription

Acetaminophen 325mg (3 tablets)



Choose pharmacy

Portland, OR



Albertsons (Sav-...  
\$1.80



Walgreens  
\$2.00



Walgreens Spec...  
\$2.55



Walmart Neighb...  
\$2.89



Safeway  
\$1.80



Walmart  
\$3.16



Rite Aid  
\$2.04



Costco  
\$4.08

Caps

**\$5.44**

Standard coupon

**\$1.80**

~~\$5.44~~

Special offers

67%

Price with GoodRx coupon

Print, email, or text this coupon to yourself.



**\$5.44**

Retail price: ~~\$7.52~~

Get 1,000 points per fill >

Enlarge coupon to show at pharmacy

BIN **015995**  
PCN **GDC**  
Group **DR33**  
Member ID **JFA650161**

Send

Open in app

GoodRx Coupon • This is NOT insurance

Sales tax may apply and is not included.

Prescription not at Albertsons (Sav-on)?

Start a transfer to use this coupon.

Transfer

[How to use](#)

[Get a savings card by mail](#)

[Need help?](#)

Popular offers