

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM


1. Name of Debtor (YOU MUST SELECT ONE AND MAY ONLY SELECT ONE DEBTOR):

- Graceway Pharmaceuticals, LLC (11-13036)
- Graceway Pharma Holding Corp. (11-13037)
- Graceway Holdings, LLC (11-13038)
- Chester Valley Holdings, LLC (11-13039)
- Chester Valley Pharmaceuticals, LLC (11-13041)
- Graceway Canada Holdings, Inc. (11-13042)
- Graceway International, Inc. (11-13043)

This form should not be used to assert a claim for an administrative expense arising after the commencement of the case, which should be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to assert a claim under 11 U.S.C. § 503(b)(9), which should be filed pursuant to the 503(b)(9) Administration Order, entered on October 17, 2011 [Docket No. 122].

2. Name of Creditor (the person or other entity to whom the Debtor owes money or property):

Name and address where notices should be sent:

 28445961000129  
 MD DEPT OF HEALTH & MENTAL HYGIENE  
 ATTN: ATHOS ALEXANDROU  
 201 WEST PRESTON STREET  
 ROOM 408  
 BALTIMORE, MD 21201

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: \_\_\_\_\_  
(If known)

Filed on: \_\_\_\_\_

Name and address where payment should be sent (if different from above):

**RECEIVED**  
  
**DEC 19 2011**  
  
**BMC GROUP**

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check this box if you are the Debtor or trustee in this case.

Telephone number: \_\_\_\_\_

If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. Please review the bar date notice to determine whether you must file a proof of claim to preserve your rights. The bar date notice is available online at [www.bmcgroup.com/graceway](http://www.bmcgroup.com/graceway) or upon request at the address on the back of this form.

**THIS SPACE IS FOR COURT USE ONLY**

3. Amount of Claim as of Date Case Filed: \$ 4,999.20

If all or part of your claim is secured, complete item 6 below; however, if all of your claim is unsecured, do not complete item 6. If all or part of your claim is entitled to priority, complete item 7.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

4. Basis for Claim: Maryland Medicaid Drug Rebate Program  
(See instruction #4 on reverse side.)

5. Last four digits of any number by which creditor identifies Debtor: \_\_\_\_\_  
5a. Debtor may have scheduled account as: \_\_\_\_\_  
(See instruction #5a on reverse side.)

6. Secured Claim (See instruction #6 on reverse side.)  
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff:  Real Estate  Motor Vehicle  Equipment  Other

Describe:

Value of Property: \$ \_\_\_\_\_ Annual Interest Rate \_\_\_\_\_%

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ \_\_\_\_\_ Basis for perfection: \_\_\_\_\_

Amount of Secured Claim: \$ \_\_\_\_\_ Amount Unsecured: \$ \_\_\_\_\_

8. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

9. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 9 and definition of "redacted" on reverse side.)

**DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.**

If the documents are not available, please explain in an attachment.

7. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Wages, salaries, or commissions (up to \$11,725\*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. § 507(a)(4).

Contributions to an employee benefit plan – 11 U.S.C. § 507(a)(5).

Up to \$2,600\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507(a)(7).

Taxes or penalties owed to governmental units – 11 U.S.C. § 507(a)(8).

Other – Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

Amount entitled to priority:

\$ \_\_\_\_\_

\*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

10. Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

**FOR COURT USE ONLY**

Graceway Pharmaceuticals LLC



00111

Date: 11/29/11

Signature: 

Printed Name: ATHOS ALEXANDROU

## INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, there may be exceptions to these general rules. The attorneys for the Debtors and their court-appointed claims agent are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** BMC GROUP, INC., ATTN: GRACEWAY PHARMACEUTICALS CLAIMS PROCESSING, P.O. BOX 3020, CHANHASSEN, MN 55317-3020. **IF BY HAND DELIVERY OR OVERNIGHT COURIER:** BMC GROUP, INC., ATTN: GRACEWAY PHARMACEUTICALS CLAIMS PROCESSING, 18750 LAKE DRIVE EASTCHANHASSEN, MN 55317. **ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR E-MAIL WILL NOT BE ACCEPTED.**

**THE GENERAL BAR DATE FOR CLAIMS IN THESE CHAPTER 11 CASES IS DECEMBER 30, 2011 4:00 P.M. (PREVAILING EASTERN TIME). THE GOVERNMENTAL BAR DATE FOR CLAIMS OF GOVERNMENTAL ENTITIES IN THESE CHAPTER 11 CASES IS MARCH 27, 2012 AT 4:00 P.M. (PREVAILING EASTERN TIME).**

### 1. Court, Name of Debtor, and Case Number:

These Chapter 11 cases were commenced in the United States Bankruptcy Court for the District of Delaware. You must select the Debtor against which you are asserting your claim. **A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR.**

### 2. Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. Please provide us with a valid email address. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

### 3. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 6 and 7. Check the box if interest or other charges are included in the claim.

### 4. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

### 5. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the Debtor's account or other number used by the creditor to identify the Debtor.

#### 5a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the Debtor.

### 6. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

### 7. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507(a):

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

### 8. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the Debtor credit for any payments received toward the debt.

### 9. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 4. Do not send original documents, as attachments may be destroyed after scanning.

### 10. Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

## DEFINITIONS

### Debtor

A Debtor is the person, corporation, or other entity that has filed a bankruptcy case. The Debtors in these Chapter 11 cases are:

Graceway Pharmaceuticals, LLC (11-13036)  
Graceway Pharma Holding Corp. (11-13037)  
Graceway Holdings, LLC (11-13038)  
Chester Valley Holdings, LLC (11-13039)  
Chester Valley Pharmaceuticals, LLC (11-13041)  
Graceway Canada Holdings, Inc. (11-13042)  
Graceway International, Inc. (11-13043)

Certain of the Debtors were known by other names within the past six years; such former names are identified in the notice of commencement.

### Creditor

A creditor is the person, corporation, or other entity owed a debt by the Debtor on the date of the bankruptcy filing.

### Claim

A claim is the creditor's right to receive payment on a debt owed by the Debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. § 101(5). A claim may be secured or unsecured.

### Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the Debtor on the date of the bankruptcy filing. The creditor must file the form with The Garden City Group, Inc. as described in the instructions above.

### Secured Claim Under 11 U.S.C. § 506(a)

A secured claim is one backed by a lien on property of the Debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim can not exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a Debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the Debtor money (has a right to setoff).

### Section 503(b)(9) Claim

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

### Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

### Claim Entitled to Priority Under 11 U.S.C. § 507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

### Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

### Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

## INFORMATION

### Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, please provide a stamped self-addressed envelope and a copy of this proof of claim when you file the original claim.

### Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the Debtor. These entities do not represent the bankruptcy court or the Debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

**Manufacturer Accounts Receivable**  
**MDFD - Maryland Medicaid**

Manufacturer ID: 29336      Manufacturer Name: GRACEWAY PHARMACEUTICALS, LLC  
 Report Quarter Option: All Quarters      Unallocated Balance: \$0.00      URA Used: Official

Invoice Number	Quarter	Invoice Status	Invoice Handling	Invoice Date	Original Invoice Amount	Principal Due	Current Invoice Amount	Principal Paid	Interest Paid	Disputed Amount	Unpaid Amount	Interest Due	Family Planning Amount
109537	3Q2011	OP		11/14/2011	\$325.32	\$325.32	\$325.32	\$0.00	\$0.00	\$0.00	\$325.32	\$0.00	\$0.00
103187	2Q2011	OP		08/25/2011	\$445.69	\$445.69	\$445.69	\$0.00	\$0.00	\$0.00	\$445.69	\$0.00	\$0.00
96836	1Q2011	PIF		05/25/2011	\$495.23	\$0.00	\$495.23	\$495.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90242	4Q2010	OP		02/24/2011	\$0.00	\$0.00	\$588.88	\$588.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
81909	3Q2010	OP		11/23/2010	\$0.00	\$0.00	\$373.75	\$373.75	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00
76390	2Q2010	OP		08/30/2010	\$0.00	\$0.00	\$1,000.99	\$1,000.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
72149	1Q2010	OP		05/22/2010	\$0.00	(\$0.01)	\$3,859.06	\$3,859.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
63813	4Q2009	PIF		02/28/2010	\$4,187.94	\$0.00	\$3,835.12	\$3,835.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
61225	3Q2009	PIF		12/01/2009	\$5,492.62	\$0.00	\$5,492.62	\$5,492.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53275	2Q2009	OP		08/27/2009	\$8,099.93	(\$0.25)	\$8,025.27	\$8,025.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
47809	1Q2009	PIF		06/02/2009	\$3,865.79	\$0.00	\$3,865.79	\$3,865.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
45307	4Q2008	PIF		02/27/2009	\$6,990.92	\$0.00	\$6,990.92	\$6,990.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38213	3Q2008	PIF		12/01/2008	\$5,309.07	\$0.00	\$5,101.47	\$5,101.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33459	2Q2008	OP		08/27/2008	\$4,074.74	\$0.00	\$4,073.30	\$4,073.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				<b>Total</b>	<b>\$39,287.25</b>	<b>\$770.75</b>	<b>\$44,473.41</b>	<b>\$43,702.66</b>	<b>\$0.02</b>	<b>\$0.00</b>	<b>\$771.01</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Manufacturer Accounts Receivable**

MCO - MCO

Manufacturer ID: 29336      Manufacturer Name: GRACEWAY PHARMACEUTICALS, LLC  
 Report Quarter Option: All Quarters      Unallocated Balance: \$0.00      URA Used: Official

Invoice Number	Quarter	Invoice Status	Invoice Handling	Invoice Date	Original Invoice Amount	Principal Due	Current Invoice Amount	Principal Paid	Interest Paid	Disputed Amount	Unpaid Amount	Interest Due	Family Planning Amount
110216	3Q2011	OP		11/12/2011	\$2,238.38	\$2,238.38	\$2,238.38	\$0.00	\$0.00	\$0.00	\$2,238.38	\$0.00	\$0.00
103878	2Q2011	OP		08/24/2011	\$2,098.06	\$1,990.07	\$1,990.07	\$0.00	\$0.00	\$0.00	\$1,990.07	\$0.00	\$0.00
97479	1Q2011	PIF		05/24/2011	\$3,056.25	\$0.00	\$3,056.25	\$3,056.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
93348	4Q2010	OP		02/28/2011	\$0.00	\$0.00	\$2,555.56	\$2,555.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
89608	3Q2010	OP		02/10/2011	\$0.00	\$0.00	\$2,994.28	\$2,994.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
87427	2Q2010	OP		02/09/2011	\$0.00	\$0.00	\$24,027.01	\$24,027.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
86840	1Q2010	OP		01/25/2011	\$0.00	\$0.00	\$3,049.56	\$3,049.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				<b>Total</b>	<b>\$7,392.69</b>	<b>\$4,228.45</b>	<b>\$39,911.11</b>	<b>\$35,682.66</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$4,228.45</b>	<b>\$0.00</b>	<b>\$0.00</b>

**State of Maryland**  
**Maryland Department of Health and Mental Hygiene**  
**Federal Medicaid Drug Rebate Program**

As of: 11/21/2011  
Current Quarter: 3Q2011  
Invoice Number: 109537

JOHN BLISS  
(29336) GRACEWAY PHARMACEUTICALS, LLC  
222 VALLEY CREEK BLVD., SUITE 300  
EXTON, PA 19341

	Curr Qtr Amt:	\$325.32
Dollar Impact of Unit Changes:		\$0.00
	Total Amount:	<u>\$325.32</u>
Credit Balance:		\$0.00

The State of Maryland, Department of Health and Mental Hygiene, has contracted with ACS State Healthcare, LLC for management of the Maryland Drug Rebate Program. The Rebate Manager and Rebate Analyst will manage the Rebate Dispute Resolution Process.

In accordance with OBRA '90 and requirements set forth by the Centers for Medicare and Medicaid Services [CMS], ACS is enclosing a rebate invoice for the State of Maryland's Medical Assistance Program for the products listed for the calendar quarter 3/11 (July 1, 2011 - September 30, 2011). If the amount shown is -\$0-, this does not necessarily indicate that a rebate is not due.

Payment or explanation of why payment will not be made is due within 38 days of the date of this letter. In cases of disputed rebate amounts, the undisputed amount must be paid within 38 days from the date of this letter. Within 38 days, you must identify the utilization data in dispute by National Drug Code (NDC) and give specific reasons for the data dispute. If neither payment nor explanation is received within 38 days, we will refer the matter to CMS.

Important==> OBRA '90 and CMS releases require manufacturers to calculate interest on late payments up to the dates that the remittance check is mailed and to add that amount of interest to the rebate amount! If you fail to comply with this requirement, we will refer the matter to CMS.

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**PLEASE RETURN THIS STUB WITH YOUR PAYMENT AND ATTACHMENTS**

Manufacturer: GRACEWAY PHARMACEUTICALS, LLC  
Manufacturer ID: 29336  
Invoice Number: 109537  
Quarter Billed: 3Q2011

Rebate payments should be made payable to Maryland and sent with the accompanying documentation (ROSI/PQAS) to:

Medical Assistance Recoveries (Federal)  
Office of Systems Operations & Pharmacy  
Medical Care Programs  
P.O. Box 13045  
Baltimore, MD 21298-9892

Amount Pd. \$ \_\_\_\_\_

**State of Maryland  
Maryland Department of Health and Mental Hygiene  
Federal Medicaid Drug Rebate Program**

As of: 11/21/2011  
Current Quarter: 3Q2011  
Invoice Number: 109537

If you receive both a Federal Medicaid invoice and a Medical Assistance State-Only Program Rebate Invoice, a separate check for each is required. Please make checks payable to the MD Department of Health and Mental Hygiene. If, for any reason, your check does not equal the amount of rebate due per our invoice, an explanation must be sent with your remittance. Your checks should include your labeler number and program name (Federal). Also, please reference OUR invoice number on your check and/or Remittance Advice Report.

If you have any additional questions or concerns regarding the Maryland Federal Medicaid Drug Rebate Program, please contact Adedotun Adepoju at 410-230-5452 or [adedotun.adepoju@acs-inc.com](mailto:adedotun.adepoju@acs-inc.com).

Forward the check with supporting documents to:

Medical Assistance Recoveries  
Office of Systems, Operations, and Pharmacy  
Medical Care Programs  
P.O. Box 13045  
Baltimore, MD 21298-9892

For overnight mailing delivery:

Medical Assistance Recoveries (Federal)  
Office of Systems Operations & Pharmacy  
Medical Care Programs  
201 West Preston Street, Room 205  
Baltimore, MD 21201

Attn: Margaret Thompson

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PLEASE RETURN THIS STUB WITH YOUR PAYMENT AND ATTACHMENTS

Manufacturer: GRACEWAY PHARMACEUTICALS, LLC  
Manufacturer ID: 29336  
Invoice Number: 109537  
Quarter Billed: 3Q2011

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Medical Care Programs  
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Baltimore, MD 21298-9892

Amount Pd. \$ \_\_\_\_\_

State of Maryland  
 Maryland Department of Health and Mental Hygiene  
 Federal Medicaid Drug Rebate Program

7/1/2011 - 9/30/2011  
 Quarter Bill: 3Q2011  
 Invoice Number: 109537

Manufacturer: JOHN BLISS  
 (29336) GRACEWAY PHARMACEUTICALS, LLC  
 222 VALLEY CREEK BLVD., SUITE 300  
 EXTON, PA 19341

**DUPLICATE**

NDC Number	Drug Name	Rebate Amt per Unit	Total Units Reimbursed	Total Rebate Amount Claimed	Num of Script	State Amt Reimbursed	Other Payments	Total Amount Reimbursed
29336-0302-02	MINITRAN 0.2 MG/HR PATCH	0.082500	120.000	\$9.90	4	\$66.84	\$4.00	\$70.84
29336-0303-02	MINITRAN 0.4 MG/HR PATCH	0.067800	90.000	\$6.10	3	\$56.76	\$3.00	\$59.76
29336-0610-12	ALDARA 5% CREAM	7.956500	12.000	\$95.48	1	\$202.14	\$0.00	\$202.14
29336-0815-21	MAXAIR AUTOHALER 0.2 MG AER	7.637100	28.000	\$213.84	2	\$267.42	\$2.00	\$269.42
<b>Total:</b>			250.000	\$325.32	10	\$593.16	\$9.00	\$602.16
<b>Credit Balance:</b>				\$0.00				
<b>Final Total:</b>				<b>\$325.32</b>				

**State of Maryland**  
**Maryland Department of Health and Mental Hygiene**  
**Federal Medicaid Drug Rebate Program**

As of: 11/21/2011  
Current Quarter: 2Q2011  
Invoice Number: 103187

JOHN BLISS  
(29336) GRACEWAY PHARMACEUTICALS, LLC  
222 VALLEY CREEK BLVD., SUITE 300  
EXTON, PA 19341

	Curr Qtr Amt:	\$445.69
Dollar Impact of Unit Changes:		\$0.00
	Total Amount:	<u>\$445.69</u>
Credit Balance:		\$0.00

The State of Maryland, Department of Health and Mental Hygiene, has contracted with ACS State Healthcare, LLC for management of the Maryland Drug Rebate Program. The Rebate Manager and Rebate Analyst will manage the Rebate Dispute Resolution Process.

In accordance with OBRA '90 and requirements set forth by the Centers for Medicare and Medicaid Services [CMS], ACS is enclosing a rebate invoice for the State of Maryland's Medical Assistance Program for the products listed for the calendar quarter 3/11 (July 1, 2011 - September 30, 2011). If the amount shown is -\$0-, this does not necessarily indicate that a rebate is not due.

Payment or explanation of why payment will not be made is due within 38 days of the date of this letter. In cases of disputed rebate amounts, the undisputed amount must be paid within 38 days from the date of this letter. Within 38 days, you must identify the utilization data in dispute by National Drug Code (NDC) and give specific reasons for the data dispute. If neither payment nor explanation is received within 38 days, we will refer the matter to CMS.

Important==> OBRA '90 and CMS releases require manufacturers to calculate interest on late payments up to the dates that the remittance check is mailed and to add that amount of interest to the rebate amount! If you fail to comply with this requirement, we will refer the matter to CMS.

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**PLEASE RETURN THIS STUB WITH YOUR PAYMENT AND ATTACHMENTS**

Manufacturer: GRACEWAY PHARMACEUTICALS, LLC  
Manufacturer ID: 29336  
Invoice Number: 103187  
Quarter Billed: 2Q2011

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Medical Assistance Recoveries (Federal)  
Office of Systems Operations & Pharmacy  
Medical Care Programs  
P.O. Box 13045  
Baltimore, MD 21298-9892

Amount Pd. \$ \_\_\_\_\_



**State of Maryland  
Maryland Department of Health and Mental Hygiene  
Federal Medicaid Drug Rebate Program**

As of: 11/21/2011  
Current Quarter: 2Q2011  
Invoice Number: 103187

If you receive both a Federal Medicaid invoice and a Medical Assistance State-Only Program Rebate Invoice, a separate check for each is required. Please make checks payable to the MD Department of Health and Mental Hygiene. If, for any reason, your check does not equal the amount of rebate due per our invoice, an explanation must be sent with your remittance. Your checks should include your labeler number and program name (Federal). Also, please reference OUR invoice number on your check and/or Remittance Advice Report.

If you have any additional questions or concerns regarding the Maryland Federal Medicaid Drug Rebate Program, please contact Adedotun Adepoju at 410-230-5452 or [adedotun.adepoju@acs-inc.com](mailto:adedotun.adepoju@acs-inc.com).

Forward the check with supporting documents to:

Medical Assistance Recoveries  
Office of Systems, Operations, and Pharmacy  
Medical Care Programs  
P.O. Box 13045  
Baltimore, MD 21298-9892

For overnight mailing delivery:

Medical Assistance Recoveries (Federal)  
Office of Systems Operations & Pharmacy  
Medical Care Programs  
201 West Preston Street, Room 205  
Baltimore, MD 21201

Attn: Margaret Thompson

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PLEASE RETURN THIS STUB WITH YOUR PAYMENT AND ATTACHMENTS

Manufacturer: GRACEWAY PHARMACEUTICALS, LLC  
Manufacturer ID: 29336  
Invoice Number: 103187  
Quarter Billed: 2Q2011

Rebate payments should be made payable to Maryland and sent with the accompanying documentation (ROSI/PQAS) to:

Medical Assistance Recoveries (Federal)  
Office of Systems Operations & Pharmacy  
Medical Care Programs  
P.O. Box 13045  
Baltimore, MD 21298-9892

Amount Pd. \$ \_\_\_\_\_

Maryland Department of Health and Mental Hygiene  
Federal Medicaid Drug Rebate Program

4/1/2011 - 6/30/2011  
Quarter Bill: 2Q2011  
Invoice Number: 103187

Manufacturer: JOHN BLISS  
(29336) GRACEWAY PHARMACEUTICALS, LLC  
222 VALLEY CREEK BLVD., SUITE 300  
EXTON, PA 19341

**DUPLICATE**

NDC Number	Drug Name	Rebate Amt per Unit	Total Units Reimbursed	Total Rebate Amount Claimed	Num of Script	State Amt Reimbursed	Other Payments	Total Amount Reimbursed
29336-0302-02	MINITRAN 0.2 MG/HR PATCH	0.094300	90.000	\$8.49	3	\$50.67	\$3.00	\$53.67
29336-0303-02	MINITRAN 0.4 MG/HR PATCH	0.058200	90.000	\$5.24	1	\$51.74	\$1.00	\$52.74
29336-0815-21	MAXAIR AUTOHALER 0.2 MG AER	7.713600	56.000	\$431.96	4	\$535.56	\$4.00	\$539.56
<b>Total:</b>			236.000	\$445.69	8	\$637.97	\$8.00	\$645.97
<b>Credit Balance:</b>				\$0.00				
<b>Final Total:</b>				<b>\$445.69</b>				

**State of Maryland  
Maryland Department of Health & Mental Hygiene  
Managed Care Organization**

As of: 11/21/2011  
Current Quarter: 3Q2011  
Invoice Number: 110216

JOHN BLISS  
(29336) GRACEWAY PHARMACEUTICALS, LLC  
222 VALLEY CREEK BLVD., SUITE 300  
EXTON, PA 19341  
November 21, 2011

	Curr Qtr Amt:	\$2,238.38
Dollar Impact of Unit Changes:		\$0.00
	Total Amount:	<u>\$2,238.38</u>

Dear Manufacturer:

In accordance with the Patient Protection and Affordable Care Act of 2010, the Maryland Department of Health and Mental Hygiene (DHMH) through its contractor ACS State Healthcare, LLC (ACS) is enclosing a rebate invoice for the State of Maryland Manage Care Organizations (MCO) for the products listed for the calendar quarter 3/11 (July 1, 2011 - September 30, 2011). If the amount shown is -\$0-, this does not necessarily indicate that a rebate is not due.

should you have any questions or disputes about the enclosed invoice, please contact Adedotun Adepoju the ACS Rebate Manager, who will manage the Rebate Dispute Resolution Process on behalf of DHMH and can be reached at Adedotun.adepoju@acs-inc.com or (410) 230-5452.

Payment or explanation of why payment will not be made is due within 38 days of the date of this letter. In cases of disputed rebate amounts, the undisputed amount must be paid within 38 days from the date of this letter. Within 38 days, you must identify the utilization data in dispute by National Drug Code (NDC) and give specific reasons for the data dispute. If neither payment nor explanation is received within 38 days, we will refer the matter to CMS.

DHMH intends to hold manufacturers to the same standards as is required for federal rebates to non-managed care Medicaid beneficiaries. Therefore, in accordance with OBRA '90 and Centers for edicare & Medicaid Services releases, DHMH will require manufacturers to calculate interest on late ayments up to the dates that the remittance check is mailed and to add that amount of interest to the ebate amount.

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**PLEASE RETURN THIS STUB WITH YOUR PAYMENT AND ATTACHMENTS**

Manufacturer: GRACEWAY PHARMACEUTICALS, LLC  
Manufacturer ID: 29336  
Invoice Number: 110216  
Quarter Billed: 3Q2011

Rebate payments should be made payable to Maryland and sent with the accompanying documentation (ROSI/PQAS) to:

Medical Assistance Recoveries (MCO)  
Office of Operations, Eligibility & Pharmacy  
Medical Care Programs  
P.O. Box 13045  
Baltimore, MD 21298-9892

Amount Pd. \$ \_\_\_\_\_

**State of Maryland  
Maryland Department of Health & Mental Hygiene  
Managed Care Organization**

As of: 11/21/2011  
Current Quarter: 3Q2011  
Invoice Number: 110216

If you receive a Federal Medicaid invoice for the fee-for-service population, a Federal Medicaid invoice for the managed care population, and a Medical Assistance State-Only Program Rebate Invoice, a separate check for each is required. Please make checks payable to DHMH. If, for any reason, your check does not equal the amount of rebate due per our invoice, an explanation must be sent with your remittance. Your checks should include your labeler number and program name (MCO). Also, please reference OUR invoice number on your check and/or Remittance Advice Report.

Forward the check with supporting documents to:

Medical Assistance Recoveries (MCO)  
Office of Systems, Operations, & Pharmacy  
Medical Care Programs  
P.O. Box 13045  
Baltimore, MD 21298-9892

For overnight mailing delivery:

Medical Assistance Recoveries (MCO)  
Office of Systems, Operations, & Pharmacy  
Medical Care Programs  
201 West Preston Street  
Room 206  
Baltimore, MD 21201

Attn: Margaret Thompson

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Manufacturer: GRACEWAY PHARMACEUTICALS, LLC  
Manufacturer ID: 29336  
Invoice Number: 110216  
Quarter Billed: 3Q2011

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Medical Care Programs  
P.O. Box 13045  
Baltimore, MD 21298-9892

Amount Pd. \$ \_\_\_\_\_

Maryland Department of Health & Mental Hygiene

Managed Care Organization

7/1/2011 - 9/30/2011

Manufacturer: JOHN BLISS

(29336) GRACEWAY PHARMACEUTICALS, LLC  
 222 VALLEY CREEK BLVD., SUITE 300  
 EXTON, PA 19341

Quarter Bill: 3Q2011

Invoice Number: 110216

**DUPLICATE**

NDC Number	Drug Name	Rebate Amt per Unit	Total Units Reimbursed	Total Rebate Amount Claimed	Num of Script	State Amt Reimbursed	Other Payments	Total Amount Reimbursed
29336-0302-02	MINITRAN 0.2 MG/HR PATCH	0.082500	30.000	\$2.48	1	\$18.69	\$1.00	\$19.69
29336-0303-02	MINITRAN 0.4 MG/HR PATCH	0.067800	30.000	\$2.03	1	\$24.18	\$0.00	\$24.18
29336-0610-12	ALDARA 5% CREAM	7.956500	12.000	\$95.48	1	\$194.89	\$0.00	\$194.89
29336-0815-21	MAXAIR AUTOHALER 0.2 MG AER	7.637100	280.000	\$2,138.39	20	\$2,562.21	\$34.50	\$2,596.71
<b>Total:</b>						<b>352.000</b>	<b>\$2,238.38</b>	<b>\$2,835.47</b>
<b>Credit Balance:</b>							<b>\$0.00</b>	
<b>Final Total:</b>							<b>\$2,238.38</b>	

State of Maryland  
 Maryland Department of Health & Mental Hygiene  
 Managed Care Organization

7/1/2011 - 9/30/2011  
 Quarter Bill: 3Q2011  
 Invoice Number: 110216

Manufacturer: JOHN BLISS  
 (29336) GRACEWAY PHARMACEUTICALS, LLC  
 222 VALLEY CREEK BLVD., SUITE 300  
 EXTON, PA 19341

DUPLICATE

NDC	Drug Name	URA	Number of Units	Rebate Amount	Paid Amount	Number of Scripts	Reimbursed Amount	Dollar Impact	
<b>Quarter: 2Q2011</b>									
29336-0815-21	MAXAIR AUTOHALER 0.2 MG AER								
	Previous	7.7136	252	\$1,943.83		18	\$2,304.74		
	Current	7.7136	238	\$1,835.84	\$0.00	17	\$2,177.27	\$0.00	
	<b>2Q2011 Totals:</b>								\$0.00
	<b>Final Totals:</b>								\$0.00

**State of Maryland  
Maryland Department of Health & Mental Hygiene  
Managed Care Organization**

As of: 11/21/2011  
Current Quarter: 2Q2011  
Invoice Number: 103878

JOHN BLISS  
(29336) GRACEWAY PHARMACEUTICALS, LLC  
222 VALLEY CREEK BLVD., SUITE 300  
EXTON, PA 19341  
November 21, 2011

	Curr Qtr Amt:	\$2,098.06
Dollar Impact of Unit Changes:		\$0.00
	Total Amount:	<u>\$2,098.06</u>

Dear Manufacturer:

In accordance with the Patient Protection and Affordable Care Act of 2010, the Maryland Department of Health and Mental Hygiene (DHMH) through its contractor ACS State Healthcare, LLC (ACS) is enclosing a rebate invoice for the State of Maryland Managed Care Organizations (MCO) for the products listed for the calendar quarter 3/11 (July 1, 2011 - September 30, 2011). If the amount shown is -\$0-, this does not necessarily indicate that a rebate is not due.

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DHMH intends to hold manufacturers to the same standards as is required for federal rebates to non-managed care Medicaid beneficiaries. Therefore, in accordance with OBRA '90 and Centers for Medicare & Medicaid Services releases, DHMH will require manufacturers to calculate interest on late payments up to the dates that the remittance check is mailed and to add that amount of interest to the rebate amount.

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**PLEASE RETURN THIS STUB WITH YOUR PAYMENT AND ATTACHMENTS**

Manufacturer: GRACEWAY PHARMACEUTICALS, LLC  
Manufacturer ID: 29336  
Invoice Number: 103878  
Quarter Billed: 2Q2011

Rebate payments should be made payable to Maryland and sent with the accompanying documentation (ROSI/PQAS) to:

Medical Assistance Recoveries (MCO)  
Office of Operations, Eligibility & Pharmacy  
Medical Care Programs  
P.O. Box 13045  
Baltimore, MD 21298-9892

Amount Pd. \$ \_\_\_\_\_

**State of Maryland  
Maryland Department of Health & Mental Hygiene  
Managed Care Organization**

As of: 11/21/2011  
Current Quarter: 2Q2011  
Invoice Number: 103878

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Amount Pd. \$ \_\_\_\_\_



State of Maryland  
 Maryland Department of Health & Mental Hygiene  
 Managed Care Organization

4/1/2011 - 6/30/2011  
 Quarter Bill: 2Q2011  
 Invoice Number: 103878

Manufacturer: JOHN BLISS  
 (29336) GRACEWAY PHARMACEUTICALS, LLC  
 222 VALLEY CREEK BLVD., SUITE 300  
 EXTON, PA 19341

**DUPLICATE**

NDC Number	Drug Name	Rebate Amt per Unit	Total Units Reimbursed	Total Rebate Amount Claimed	Num of Script	State Amt Reimbursed	Other Payments	Total Amount Reimbursed
29336-0302-02	MINITRAN 0.2 MG/HR PATCH	0.094300	120.000	\$11.32	4	\$77.12	\$2.00	\$79.12
29336-0710-28	ZYCLARA 3.75% CREAM	5.104000	28.000	\$142.91	1	\$620.89	\$3.00	\$623.89
29336-0815-21	MAXAIR AUTOHALER 0.2 MG AER	7.713600	252.000	\$1,943.83	18	\$2,304.74	\$84.72	\$2,389.46
<b>Total:</b>			400.000	\$2,098.06	23	\$3,002.75	\$89.72	\$3,092.47
<b>Credit Balance:</b>				\$0.00				
<b>Final Total:</b>				<b>\$2,098.06</b>				