

GENERIC PRESCRIPTION SAVINGS!



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March 19, 2019

Generic Drug Name	Strength	30-Day supply qty.	90-Day supply qty.	Name Brand
Allergy				
Diphenhydramine Cap	50 mg	30	90	Benadryl®
Loratadine	10 mg	30	90	Claritin
Antibiotics				
Cephalexin	250 mg	28	84	Keflex®
Cephalexin	500 mg	30	90	Keflex®
Penicillin VK Tab	250 mg	40	120	Veetids®
SMZ/TMP DS	800/160 mg	20	60	Bactrim DS/Septa DS®
Anti-TB				
Isoniazid	300 mg	30	90	Isoniazid®
Isoniazid	100 mg	30	90	Isoniazid®
Asthma / Allergy				
Albuterol Syrup	2 mg/5 ml	120	360	Proventil®
Ipratropium Brom. Neb	0.02%	75	225	Atrovent®
Cough & Cold				
Benzonatate	100 mg	14	42	Tessalon®
Promethazine DM		120	360	Phenergan DM®
Promethazine Plain Syr		180	540	Phenergan ®
Dental Health				
Chlorhexidine gluc	0.12%	480	1440	Peridex®
Sodium Fluoride Dental	1.1%	51	153	Prevident 5000 Plus®
Diabetes				
Glipizide XL	5 mg	30	90	Glucotrol XL®
Glyburide Micro	1.5 mg	30	90	Glynase®
Fluoride				
Sodium Fluoride Chew	0.25 mg	30	90	Luride®
Heart				
Warfarin	2 mg	30	90	Coumadin®
Warfarin	2.5 mg	30	90	Coumadin®
Warfarin	3 mg	30	90	Coumadin®
Warfarin	4 mg	30	90	Coumadin®
Warfarin	5 mg	30	90	Coumadin®
Warfarin	6 mg	30	90	Coumadin®
Warfarin	7.5 mg	30	90	Coumadin®
Warfarin	10 mg	30	90	Coumadin®
Heart / Blood Pressure				
Atenolol	50 mg	30	90	Tenormin®
Atenolol	100 mg	30	90	Tenormin®
Benazepril	5 mg	30	90	Lotensin®
Benazepril	10 mg	30	90	Lotensin®
Benazepril	20 mg	30	90	Lotensin®

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Benazepril	40 mg	30	90	Lotensin®
Carvedilol	6.25 mg	60	180	Coreg®
Carvedilol	12.5 mg	60	180	Coreg®
Carvedilol	25 mg	60	180	Coreg®
Clonidine	0.1 mg	30	90	Catapres®
Clonidine	0.2 mg	30	90	Catapres®
Clonidine	0.3 mg	30	90	Catapres®
Furosemide	20 mg	30	90	Lasix®
Furosemide	40 mg	30	90	Lasix®
Furosemide	80 mg	30	90	Lasix®
Guanfacine	1 mg	30	90	Tenex®
Hydralazine	10 mg	30	90	Apresoline®
Hydralazine	25 mg	30	90	Apresoline®
Hydrochlorothiazide	12.5 mg	30	90	Microzide®
Hydrochlorothiazide	50 mg	30	90	HydroDiuril®
Lisinopril	20 mg	30	90	Zestril / Prinivil®
Lisinopril	30 mg	30	90	Zestril / Prinivil®
Lisinopril/HCTZ	10 mg/12.5 mg	30	90	Zestoretic / Prinzide®
Lisinopril/HCTZ	20 mg/12.5 mg	30	90	Zestoretic / Prinzide®
Lisinopril/HCTZ	20 mg/25 mg	30	90	Zestoretic / Prinzide®
Methyldopa	250 mg	60	180	Aldomet®
Metoprolol Tartrate	25 mg	60	180	Metoprolol®
Metoprolol Tartrate	50 mg	60	180	Lopressor®
Metoprolol Tartrate	100 mg	60	180	Lopressor®
Ramipril	2.5 mg	30	90	Altace®
Sotalol	80 mg	30	90	Betapace®
Spirolactone	25 mg	30	90	Aldactone®
Verapamil	80 mg	30	90	Calan®
Verapamil	120 mg	30	90	Calan®
Mental Health				
Amitriptyline	10 mg	30	90	Elavil®
Benzotropine	0.5 mg	60	180	Cogentin®
Buspirone	5 mg	60	180	Buspar®
Buspirone	10 mg	60	180	Buspar®
Citalopram	40 mg	30	90	Celexa®
Fluoxetine	20 mg	30	90	Prozac®
Lithium Carbonate	300 mg	90	270	Eskalith®
Nortriptyline	10 mg	30	90	Pamelor®
Nortriptyline	25 mg	30	90	Pamelor®
Nortriptyline	50 mg	30	90	Pamelor®
Nortriptyline	75 mg	30	90	Pamelor®
Paroxetine	10 mg	30	90	Paxil®
Paroxetine	20 mg	30	90	Paxil®
Trazodone	100 mg	30	90	Desyrel®
Trazodone	150 mg	30	90	Desyrel®
Trihexyphenidyl	2 mg	30	90	Artane®

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Muscle Relaxant					Stomach / GI Tract				
Cyclobenzaprine	5 mg	30	90	Flexeril®	Famotidine	20 mg	60	180	Pepcid®
Cyclobenzaprine	10 mg	30	90	Flexeril®	Lactulose	10 gm/15 ml	237	711	Lactulose®
Other					Metoclopramide	5 mg	60	180	Reglan®
Dexamethasone	0.5 mg	30	90	Decadron®	Metoclopramide	10 mg	60	180	Reglan®
Dexamethasone	0.75 mg	12	36	Decadron®	Metoclopramide Syr	5 mg/5 ml	60	180	Reglan®
Prednisone	1 mg	30	90	Deltasone®	Prochlorperazine	5 mg	30	90	Compazine®
Prednisone	2.5 mg	30	90	Deltasone®	Prochlorperazine	10 mg	30	90	Compazine®
Prednisone	5 mg	30	90	Deltasone®	Promethazine Tab	25 mg	12	36	Phenergan®
Prednisone	10 mg	30	90	Deltasone®	Ranitidine	150 mg	60	180	Zantac®
Renal Caps		30	90	Nephrocaps	Ranitidine	300 mg	30	90	Zantac®
Pain and/or Arthritis					Sodium Citrate / Citric Acid		180	540	Bicitra®
Ibuprofen	400 mg	90	270	Motrin®	Vitamin				
Ibuprofen	600 mg	60	180	Motrin®	Mag 64	64 mg	30	90	Slow-Mag®
Ibuprofen	800 mg	30	90	Motrin®	Mag-Oxide	400 mg	30	90	Mag-Ox®
Ibuprofen Syrup	100 mg/5 ml	120	360	Motrin®	Women's Health				
Meloxicam	7.5 mg	30	90	Mobic®	Clomiphene Citrate	50 mg	5	15	
Meloxicam	15 mg	30	90	Mobic®	Estradiol	0.5 mg	30	90	Estrace®
Naproxen	250 mg	60	180	Naprosyn®	Estradiol	1 mg	30	90	Estrace®
Naproxen	375 mg	60	180	Naprosyn®	Estradiol	2 mg	30	90	Estrace®
Skin / Rashes					Medroxyprogesterone	2.5 mg	30	90	Provera®
Hydrocortisone cream	1.0%	30	90	Hytone®	Medroxyprogesterone	5 mg	30	90	Provera®
Hydrocortisone cream	2.5%	30	90	Hytone®	Medroxyprogesterone	10 mg	30	90	Provera®
Hydrocortisone Oint	2.50%	30	90	Hytone®					
Triamcinolone Crm	0.025%	15	45	Kenalog®					
Triamcinolone Crm	0.1%	15	45	Kenalog®					
Triamcinolone Oint	0.1%	15	45	Kenalog®					

This list is not intended to be a recommendation for a particular prescription drug nor a substitute for a discussion with your physician. If you have any questions, you should contact your physician about the proper prescription medication for you.

\$3.99 prescriptions are up to a 30-day supply of a covered generic drug at a commonly prescribed dosage. Your participation in certain prescription drug coverage plans may entitle you to pay even less than \$3.99 for certain prescriptions. If you are eligible you will be charged the lowest applicable amount. Prescription drug savings are available to you whether or not you have any prescription drug coverage through your company, under Medicare or any other plan. Not all prescription drugs are covered by this program and the list of drugs is subject to change. Offer void where prohibited by law. See your Marc's pharmacist for more information. See www.marcs.com for a list of the medications covered by this program. Marc's reserves the right to discontinue or modify this program at any time.



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