

# GENERIC PRESCRIPTION SAVINGS!



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**30** days for **\$399** | **90** days for **\$999**

July 30, 2020

Generic Drug Name	Strength	30-Day supply qty.	90-Day supply qty.	Name Brand
<b>Allergy</b>				
Diphenhydramine Cap	50 mg	30	90	Benadryl®
Loratadine	10 mg	30	90	Claritin
<b>Antibiotics</b>				
Cephalexin	250 mg	28	84	Keflex®
SMZ/TMP DS	800/160 mg	20	60	Bactrim DS/Septa DS®
<b>Anti-TB</b>				
Isoniazid	100 mg	30	90	Isoniazid®
<b>Asthma / Allergy</b>				
Albuterol Syrup	2 mg/5 ml	120	360	Proventil®
Ipratropium Brom. Neb	0.02%	75	225	Atrovent®
<b>Cough &amp; Cold</b>				
Promethazine Plain Syr		180	540	Phenergan ®
<b>Dental Health</b>				
Chlorhexidine gluc	0.12%	480	1440	Peridex®
Sodium Fluoride Dental	1.1%	51	153	Prevident 5000 Plus®
<b>Diabetes</b>				
Glyburide Micro	1.5 mg	30	90	Glyname®
<b>Fluoride</b>				
Sodium Fluoride Chew	0.25 mg	30	90	Luride®
<b>Heart</b>				
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®
<b>Heart / Blood Pressure</b>				
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®
Carvedilol	6.25 mg	60	180	Coreg®
Carvedilol	12.5 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®

Generic Drug Name	Strength	30-Day supply qty.	90-Day supply qty.	Name Brand
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®
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®
Spironolactone	25 mg	30	90	Aldactone®
Verapamil	80 mg	30	90	Calan®
Verapamil	120 mg	30	90	Calan®
<b>Mental Health</b>				
Amitriptyline	10 mg	30	90	Elavil®
Benzotropine	0.5 mg	60	180	Cogentin®
Buspirone	5 mg	60	180	Buspar®
Citalopram	40 mg	30	90	Celexa®
Fluoxetine	20 mg	30	90	Prozac®
Nortriptyline	10 mg	30	90	Pamelor®
Nortriptyline	25 mg	30	90	Pamelor®
Nortriptyline	50 mg	30	90	Pamelor®
Paroxetine	10 mg	30	90	Paxil®
Paroxetine	20 mg	30	90	Paxil®
Trazodone	150 mg	30	90	Desyrel®
Trihexyphenidyl	2 mg	30	90	Artane®
<b>Muscle Relaxant</b>				
Cyclobenzaprine	10 mg	30	90	Flexeril®
<b>Other</b>				
Dexamethasone	0.5 mg	30	90	Decadron®
Dexamethasone	0.75 mg	12	36	Decadron®
Prednisone	1 mg	30	90	Deltasone®
Prednisone	2.5 mg	30	90	Deltasone®
Prednisone	10 mg	30	90	Deltasone®
Renal Caps		30	90	Nephrocaps

Generic Drug Name	Strength	30-Day supply qty.	90-Day supply qty.	Name Brand	Generic Drug Name	Strength	30-Day supply qty.	90-Day supply qty.	Name Brand
<b>Pain and/or Arthritis</b>					<b>Stomach / GI Tract</b>				
Ibuprofen	600 mg	60	180	Motrin®	Famotidine	20 mg	60	180	Pepcid®
Ibuprofen	800 mg	30	90	Motrin®	Metoclopramide	5 mg	60	180	Reglan®
Ibuprofen Syrup	100 mg/5 ml	120	360	Motrin®	Metoclopramide	10 mg	60	180	Reglan®
Meloxicam	7.5 mg	30	90	Mobic®	Metoclopramide Syr	5 mg/5 ml	60	180	Reglan®
Meloxicam	15 mg	30	90	Mobic®	Prochlorperazine	5 mg	30	90	Compazine®
Naproxen	250 mg	60	180	Naprosyn®	Prochlorperazine	10 mg	30	90	Compazine®
<b>Skin / Rashes</b>					<b>Vitamin</b>				
Hydrocortisone cream	1.0%	30	90	Hytone®	Mag-Oxide	400 mg	30	90	Mag-Ox®
Hydrocortisone cream	2.5%	30	90	Hytone®	<b>Women's Health</b>				
Triamcinolone Crm	0.025%	15	45	Kenalog®	Estradiol	0.5 mg	30	90	Estrace®
Triamcinolone Crm	0.1%	15	45	Kenalog®	Estradiol	1 mg	30	90	Estrace®
Triamcinolone Oint	0.1%	15	45	Kenalog®	Estradiol	2 mg	30	90	Estrace®
					Medroxyprogesterone	2.5 mg	30	90	Provera®
					Medroxyprogesterone	5 mg	30	90	Provera®

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](http://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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