



**EVERY  
DRUG  
ON THIS  
PAGE!**

**\$40**

**6 MONTHS**

**\$70**

**12 MONTHS**

*\*conditions apply on qty*

*List may be changed at anytime without notice. If you do not see your medication, ask a staff member if your drug is also eligible. All strengths unless otherwise noted. Based upon a "typical" daily dosage, some daily regimens may not be eligible.*

**ALENDRONATE** (GENERIC FOSAMAX®)

**AMITRIPTYLINE** (GENERIC ELAVIL®)

**AMLODIPINE** (GENERIC NORVASC®)

**ATENOLOL** (GENERIC TENORMIN®)

**BENAZEPRIL** (GENERIC LOTENSIN®)

**BUMETANIDE** (GENERIC BUMEX®)

**BUSPIRONE** (GENERIC BUSPAR®)

**CAPTOPRIL** (GENERIC CAPOTEN®)

**CARVEDILOL** (GENERIC COREG®)

**CITALOPRAM** (GENERIC CELEXA®)

**CLONIDINE** (GENERIC CATAPRES®)

**CLOPIDOGREL** (GENERIC PLAVIX®)

**DICYCLOMINE** (GENERIC BENTYL®)

**DOXEPIN** (GENERIC SINEQUAN®)

**ESCITALOPRAM** (GENERIC LEXAPRO®)

**ESTRADIOL** (GENERIC ESTRACE®)

**FLUOXETINE 20MG** (GENERIC PROZAC®)

**FOLIC ACID** (GENERIC FOLATE®)

**FUROSEMIDE** (GENERIC LASIX®)

**GABAPENTIN 300MG** (GENERIC NEURONTIN®)  
MAX OF 1 PER DAY

**GLIMEPIRIDE** (GENERIC AMARYL®)

**GLIPIZIDE** (GENERIC GLUCOTRO®)

**GLYBURIDE** (GENERIC MICRONASE®)

**HCTZ** (GENERIC ESIDRIX®)

**IBUPROFEN** (GENERIC MOTRIN®)

**LAMOTRIGINE** (GENERIC LAMICTAL®)

**LISINOPRIL/HCTZ** (GENERIC ZESTORETIC®)

**LISINOPRIL** (GENERIC ZESTRIL®)

**LOSARTAN** (GENERIC COZAAR®)

**LOSARTAN/HCTZ** (GENERIC HYZAAR®)

**MELOXICAM** (GENERIC MOBIC®)

**METFORMIN** (GENERIC GLUCOPHAGE®)

**METFORMIN ER** (GENERIC GLUCOPHAGE XR®)  
MAX OF 2 PER DAY

**METOPROLOL** (GENERIC LOPRESSOR®)

**NAPROXEN** (GENERIC NAPROSYN®)

**OMEPRAZOLE 20MG** (GENERIC PRILOSEC®)  
MAX OF 1 PER DAY

**PANTOPRAZOLE** (GENERIC PROTONIX®)  
MAX OF 1 PER DAY

**PREDNISONE**

**PROPRANOLOL** (GENERIC INDERAL®)

**QUINAPRIL** (GENERIC ACCUPRIL®)

**SERTRALINE** (GENERIC ZOLOFT®)  
ALL STRENGTHS, MAX OF 1 PER DAY

**SIMVASTATIN** (GENERIC ZOCOR®)

**TERAZOSIN** (GENERIC HYTRIN®)

**TOPIRAMATE** (GENERIC TOPAMAX®)  
ALL STRENGTHS, MAX OF 2 PER DAY

**TRIAMTER/HCTZ** (GENERIC MAXZIDE®)

**WARFARIN** (GENERIC COUMADIN®)



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