



# Generic Prescriptions\*

## Lake Regional Pharmacy



\$4 program covers up to a 30-day supply of eligible drugs at commonly prescribed dosages. Contact your Lake Regional pharmacist for details.

### A..... Brand Name.. Qty

Acyclovir 200 MG .....	Zovirax .....	30
Albuterol 0.083% Nebulizer Solution.....	Proventil .....	75
Alendronate 35 MG .....	Fosamax.....	4
Alendronate 70 MG .....	Fosamax.....	4
Amlodipine Besylate 10 MG .....	Norvasc.....	30
Amlodipine Besylate 2.5 MG .....	Norvasc.....	30
Amlodipine Besylate 5 MG .....	Norvasc.....	30
Amoxicillin 125MG/5ML Suspension.....	Amoxil.....	80
Amoxicillin 125MG/5ML Suspension.....	Amoxil.....	100
Amoxicillin 125MG/5ML Suspension.....	Amoxil.....	150
Amoxicillin 200MG/5ML Suspension.....	Amoxil.....	50
Amoxicillin 250MG .....	Amoxil.....	30
Amoxicillin 250MG/5ML Suspension.....	Amoxil.....	80
Amoxicillin 250MG/5ML Suspension.....	Amoxil.....	100
Amoxicillin 250MG/5ML Suspension.....	Amoxil.....	150
Amoxicillin 400MG/5ML Suspension.....	Amoxil.....	50
Amoxicillin 500 MG.....	Amoxil.....	30
Atenolol 25 MG .....	Tenormin.....	30

### B..... Brand Name.. Qty

Benazepril 10 MG.....	Lotensin .....	30
Benazepril 20 MG.....	Lotensin .....	30
Benazepril 40 MG.....	Lotensin .....	30
Buspirone 15 MG.....	Buspar.....	60
Buspirone 10 MG.....	Buspar.....	60
Buspirone 5 MG.....	Buspar.....	60

### C..... Brand Name.. Qty

Carvedilol 12.5 MG .....	Coreg .....	60
Carvedilol 25 MG .....	Coreg .....	60
Carvedilol 3.125 MG .....	Coreg .....	60
Carvedilol 6.25 MG .....	Coreg .....	60
Cephalexin 250 MG.....	Keflex .....	30
Cephalexin 500 MG.....	Keflex .....	30
Chlorhexidine Gluconate 0.12% Solution	Peridex.....	473
Citalopram 20 MG .....	Celexa .....	30
Clonidine 0.1 MG .....	Catapres .....	30
Clonidine 0.2 MG .....	Catapres .....	30
Clonidine 0.3 MG .....	Catapres .....	30
Clopidogrel 75 MG .....	Plavix .....	30

Cyclobenzaprine 10 MG.....	Flexeril.....	30
Cyclobenzaprine 5 MG .....	Flexeril.....	30

### D..... Brand Name.. Qty

Dicyclomine 10 MG .....	Bentyl .....	90
Dicyclomine 20 MG .....	Bentyl .....	90
Donepezil 5 MG.....	Aricept .....	30
Donepezil 10 MG.....	Aricept .....	30

### E..... Brand Name.. Qty

Escitalopram 10 MG .....	Lexapro.....	30
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### F..... Brand Name.. Qty

Famotidine 20mg .....	Pepcid .....	60
Fluconazole 150 MG.....	Diflucan .....	1
Fluoxetine 10 MG .....	Prozac .....	30
Fluoxetine 20 MG .....	Prozac .....	30
Folic Acid 1 MG .....	Folate .....	30
Furosemide 20 MG .....	Lasix .....	30
Furosemide 40 MG .....	Lasix .....	30
Furosemide 80 MG .....	Lasix .....	30

### G..... Brand Name.. Qty

Gabapentin 100 MG.....	Neurontin.....	30
Gabapentin 300 MG.....	Neurontin.....	30
Gabapentin 400 MG.....	Neurontin.....	30
Glipizide 10 MG .....	Glucotrol.....	60
Glipizide 5 MG .....	Glucotrol.....	60
Glyburide/Metformin 2.5/500 MG .....	Glucovance .....	30
Glyburide/Metformin5/500 MG .....	Glucovance .....	30
Guanfacine 1 MG.....	Tenex .....	30

### H..... Brand Name.. Qty

Hydralazine 10 MG.....	Apresoline.....	30
Hydralazine 25 MG.....	Apresoline.....	30
Hydralazine 50 MG.....	Apresoline.....	30
Hydrochlorothiazide 25 MG .....	Hydodiuril.....	30
Hydrochlorothiazide 50 MG .....	Hydodiuril.....	30
Hydrochlorothiazide 12.5 MG .....	Hydodiuril.....	30
Hydrocortisone 2.5% Cream.....	Hytone .....	30
Hydroxyzine 10 MG .....	Atarax .....	30
Hydroxyzine 25 MG .....	Atarax .....	30
Hydroxyzine Pamoate 25 MG .....	Vistaril .....	30

\* See note on pg. 2. \*\* tablet/capsule cannot be broken or crushed

<b>I</b>	<b>Brand Name.. Qty</b>
Ibuprofen 600 MG	Motrin .....60
Ibuprofen 400 MG	Motrin .....60
Ibuprofen 800 MG	Motrin .....30
Imipramine 10 MG	Tofranil .....30
Ipratropium Bromide 0.02%	Atrovent .....75

<b>L</b>	<b>Brand Name.. Qty</b>
Lactulose Syrup	Enulose .....237
Lamotrigine 25 MG	Lamictal .....30
Lamotrigine 100 MG	Lamictal .....30
Lamotrigine 150 MG	Lamictal .....30
Lamotrigine 200 MG	Lamictal .....30
Lisinopril & HCTZ 10-12.5 MG	Zestoretic .....30
Lisinopril & HCTZ 20-12.5 MG	Zestoretic .....30
Lisinopril & HCTZ 20-25 MG	Zestoretic .....30
Lisinopril 10 MG	Zestril .....30
Lisinopril 2.5 MG	Zestril .....30
Lisinopril 20 MG	Zestril .....30
Lisinopril 30 MG	Zestril .....30
Lisinopril 40 MG	Zestril .....30
Lisinopril 5 MG	Zestril .....30
Lithium Carbonate 150 MG	Eskalith .....30
Lithium Carbonate 300 MG	Eskalith .....30
Losartan 25MG	Cozaar .....30
Losartan 50 MG	Cozaar .....30
Losartan 100 MG	Cozaar .....30
Lovastatin 10 MG	Mevacor .....30
Lovastatin 20 MG	Mevacor .....30
Lovastatin 40 MG	Mevacor .....30

<b>M</b>	<b>Brand Name.. Qty</b>
Meloxicam 15 MG	Mobic .....30
Meloxicam 7.5 MG	Mobic .....30
Metformin 1000 MG	Glucophage .....60
Metformin 500 MG	Glucophage .....60
Metformin 850 MG	Glucophage .....60
Metformin ER 500 MG	Glucophage XR .60
Metformin ER 750 MG	Glucophage XR .60
Metoclopramide 10 MG	Reglan .....30
Metoprolol 100 MG	Lopressor .....60
Metoprolol 25 MG	Lopressor .....60
Metoprolol 50 MG	Lopressor .....60

<b>N</b>	<b>Brand Name.. Qty</b>
Naproxen 250 MG	Naprosyn .....60
Naproxen 375 MG	Naprosyn .....60
Naproxen 500 MG	Naprosyn .....60

<b>P</b>	<b>Brand Name.. Qty</b>
Paroxetine 10 MG	Paxil .....30
Paroxetine 20 MG	Paxil .....30
Penicillin VK 250 MG	Vcillin K .....28
Pramipexole Di-HCL 0.25 MG	Mirapex .....30
Pramipexole Di- HCL 0.5 MG	Mirapex .....30
Pramipexole Di-HCL 0.75 MG	Mirapex .....30
Pramipexole Di-HCL 0.125 MG	Mirapex .....30
Pramipexole Di-HCL 1.5 MG	Mirapex .....30
Prochlorperazine 5 MG	Compazine .....30
Promethazine 25 MG	Phenergan .....12

<b>R</b>	<b>Brand Name.. Qty</b>
Ranitidine 150 MG	Zantac .....60
Risperidone 0.5 MG	Risperdal .....30
Risperidone 1 MG	Risperdal .....30
Risperidone 2 MG	Risperdal .....30
Ropinirole 0.25 MG	Requip .....30
Ropinirole 0.5 MG	Requip .....30
Ropinirole 1 MG	Requip .....30
Ropinirole 2 MG	Requip .....30

<b>S</b>	<b>Brand Name.. Qty</b>
Sertraline 100 MG	Zoloft .....30
Sertraline 25 MG	Zoloft .....30
Sertraline 50 MG	Zoloft .....30
Simvastatin 5 MG	Zocor .....30
Simvastatin 10 MG	Zocor .....30
Simvastatin 20 MG	Zocor .....30
Simvastatin 40 MG	Zocor .....30
SMZ/TMP DS 800/160MG	Bactrim DS .....20
Sodium Fluoride 0.25 MG	Ludent .....30
Sotalol 80 MG	Betapace .....30
Spirolactone 25 MG	Aldactone .....30

<b>T</b>	<b>Brand Name.. Qty</b>
Topiramate 25 MG	Topamax .....30
Topiramate 50 MG	Topamax .....30
Topiramate 100 MG	Topamax .....30
Torseamide 20 MG	Demadox .....30
Trazodone 100 MG	Desyrel .....30
Trazodone 50 MG	Desyrel .....30
Trihexyphenidyl 2MG	Artane .....30
Trihexyphenidyl 5MG	Artane .....30

<b>V</b>	<b>Brand Name.. Qty</b>
Verapamil 80 MG	Calan .....30

\*\$4 prescriptions are for up to a 30-days supply of a covered drug at a commonly prescribed dosage for \$4 per prescription fill or refill. Your participation in certain prescription drug coverage plans may entitle you to pay even less than \$4 for certain prescriptions. If you are eligible, you will be charged the lowest applicable amount. You can get these prescription drug savings whether or not you have any prescription coverage through your company, under Medicare, or any other plan. The list of covered drugs is subject to change. Not all prescription drugs are covered by this program.