



Prescription Savings Plan

FREE HOME DELIVERY | ALL MAJOR INSURANCES ACCEPTED | DISCOUNTED OVER-THE-COUNTER MEDICATIONS

\$4, 30 day \$10, 90 day

\$4 per box

Antibiotic Treatments

Amoxicillin 125mg/5ml susp (80ml bottle)	1	.....3
Amoxicillin 125mg/5ml susp (100ml bottle)	1	.....3
Amoxicillin 125mg/5ml susp (150ml bottle)	1	.....3
Amoxicillin 200mg/5ml susp (50ml bottle)	1	.....3
Amoxicillin 200mg/5ml susp (100ml bottle)	1	.....3
Amoxicillin 250mg/5ml susp (80ml bottle)	1	.....3
Amoxicillin 250mg/5ml susp (100ml bottle)	1	.....3
Amoxicillin 250mg/5ml susp (150ml bottle)	1	.....3
Amoxicillin 400mg/5ml susp (50ml bottle)	1	.....3
Amoxicillin 400mg/5ml susp (75ml bottle)	1	.....3
Amoxicillin 400mg/5ml susp (100ml bottle)	1	.....3
Amoxicillin 250mg cap.....	30	.....90
Amoxicillin 500mg cap.....	30	.....90
Cephalexin 250mg cap.....	28	.....84
Cephalexin 500mg cap.....	30	.....90
Ciprofloxacin 250mg tab	14	.....42
Ciprofloxacin 500mg tab	20	.....60
Penicillin VK 250mg tab	28	.....84
Penicillin VK 125mg/5ml susp (100ml bottle)	1	.....3
Penicillin VK 125mg/5ml susp (200ml bottle)	1	.....3
SMZ-TMP 400mg/80mg tab	28	.....84
SMZ-TMP DS 800mg/160mg tab	20	.....60

Arthritis & Pain

Allopurinol 100mg tab	30	.....90
Allopurinol 300mg tab	30	.....90
Baclofen 10mg tab.....	30	.....90
Cyclobenzaprine 5mg tab.....	30	.....90
Cyclobenzaprine 10mg tab	30	.....90
Ibuprofen 400mg tab.....	90	.....270
Ibuprofen 600mg tab.....	60	.....180
Ibuprofen 800mg tab.....	30	.....90
Indomethacin 25mg cap	60	.....180
Meloxicam 7.5mg tab	30	.....90
Meloxicam 15mg tab	30	.....90
Naproxen 375mg tab.....	60	.....180
Naproxen 500mg tab.....	60	.....180

Asthma

Albuterol nebulizer 0.083% soln (25X3ml vials).....	1	
Albuterol nebulizer 0.083% soln (30X3ml vials).....	1	
Ipratropium nebulizer 0.02% soln (25X2.5ml vials)	1	

\$4, 30 day \$10, 90 day

Cholesterol

Lovastatin 10mg tab	30	.....90
Lovastatin 20mg tab	30	.....90

Diabetes

Glimepiride 1mg tab.....	30	.....90
Glimepiride 2mg tab.....	30	.....90
Glimepiride 4mg tab.....	30	.....90
Glipizide 5mg tab	30	.....90
Glipizide 10mg tab.....	60	.....180
Glyburide 2.5mg tab	30	.....90
Glyburide 5mg tab.....	30	.....90
Metformin 500mg tab	60	.....180
Metformin 850mg tab	60	.....180
Metformin 1000mg tab.....	60	.....180
Metformin 500 ER mg tab	60	.....180

Fungal Infections

Fluconazole 150mg tab	1	.....3
Terbinafine 250mg tab	30	.....90

Gastrointestinal Health

Dicyclomine 10mg cap	90	.....270
Dicyclomine 20mg tab.....	60	.....180
Famotidine 20mg tab.....	60	.....180
Metoclopramide 10mg tab.....	60	.....180
Promethazine 25mg tab	30	.....90

The Prescription Savings Plan includes up to a 30-day supply for \$4 and a 90-day supply for \$10 of some covered generic drugs at commonly prescribed dosages. Higher dosages cost more. Prices for some drugs covered by the Prescription Savings Plan may be higher. Restrictions apply. See one of our Pharmacists for details.

Prepackaged drugs are covered only in unit sizes specified on Drug List. See Prescription Savings Plan or a DCMH Pharmacist for details.



Prescription Savings Plan

Heart Health & Blood Pressure

Atenolol 25mg tab.....	30	90
Atenolol 50mg tab.....	30	90
Atenolol 100mg tab.....	30	90
Benazepril 5mg tab.....	30	90
Benazepril 10mg tab.....	30	90
Benazepril 20mg tab.....	30	90
Benazepril 40mg tab.....	30	90
Carvedilol 3.125mg tab.....	60	180
Carvedilol 6.25mg tab.....	60	180
Carvedilol 12.5mg tab.....	60	180
Carvedilol 25mg tab.....	60	180
Clonidine 0.1mg tab.....	30	90
Clonidine 0.2mg tab.....	30	90
Furosemide 20mg tab.....	30	90
Furosemide 40mg tab.....	30	90
Furosemide 80mg tab.....	30	90
Hydralazine 10mg tab.....	30	90
Hydralazine 25mg tab.....	30	90
Hydrochlorothiazide 12.5mg cap.....	30	90
Hydrochlorothiazide 12.5mg tab.....	30	90
Hydrochlorothiazide 25mg tab.....	30	90
Hydrochlorothiazide 50mg tab.....	30	90
Isosorbide Mononitrate 30mg tab.....	30	90
Isosorbide Mononitrate 60mg tab.....	30	90
Lisinopril-HCTZ 10mg-12.5mg tab.....	30	90
Lisinopril-HCTZ 20mg-12.5mg tab.....	30	90
Lisinopril-HCTZ 20mg-25mg tab.....	30	90
Lisinopril 2.5mg tab.....	30	90
Lisinopril 5mg tab.....	30	90
Lisinopril 10mg tab.....	30	90
Lisinopril 20mg tab.....	30	90
Metoprolol Tartrate 25mg tab.....	60	180
Metoprolol Tartrate 50mg tab.....	60	180
Metoprolol Tartrate 100mg tab.....	60	180
Sotalol 80mg tab.....	30	90
Spironolactone 25mg tab.....	30	90
Warfarin 1mg tab.....	30	90
Warfarin 2mg tab.....	30	90
Warfarin 2.5mg tab.....	30	90
Warfarin 3mg tab.....	30	90
Warfarin 4mg tab.....	30	90
Warfarin 5mg tab.....	30	90
Warfarin 6mg tab.....	30	90
Warfarin 7.5mg tab.....	30	90
Warfarin 10mg tab.....	30	90
	\$9, 30 day	\$24, 90 day

Men's Health

Finasteride 5mg.....	30	90
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Mental Health

Amitriptyline 10mg tab.....	30	90
Amitriptyline 25mg tab.....	30	90
Amitriptyline 50mg tab.....	30	90
Amitriptyline 75mg tab.....	30	90
Amitriptyline 100mg tab.....	30	90
Benzotropine 2mg tab.....	30	90
Buspirone 5mg tab.....	60	180
Buspirone 10mg tab.....	60	180
Citalopram 20mg tab.....	30	90
Citalopram 40mg tab.....	30	90
Fluoxetine 10mg cap.....	30	90
Fluoxetine 20mg cap.....	30	90
Fluoxetine 40mg cap.....	30	90
Lithium Carbonate 300mg cap.....	90	170
Nortriptyline 10mg tab.....	30	90
Nortriptyline 25mg tab.....	30	90
Paroxetine 10mg tab.....	30	90
Paroxetine 20mg tab.....	30	90
Trazodone 50mg tab.....	30	90
Trazodone 100mg tab.....	30	90
Trihexyphenidyl 2mg tab.....	60	180

Thyroid Conditions

Levothyroxine 25mcg tab.....	30	90
Levothyroxine 50mcg tab.....	30	90
Levothyroxine 75mcg tab.....	30	90
Levothyroxine 88mcg tab.....	30	90
Levothyroxine 100mcg tab.....	30	90
Levothyroxine 112mcg tab.....	30	90
Levothyroxine 125mcg tab.....	30	90
Levothyroxine 137mcg tab.....	30	90
Levothyroxine 150mcg tab.....	30	90
Levothyroxine 175mcg tab.....	30	90
Levothyroxine 200mcg tab.....	30	90

Women's Health

Estradiol 0.5mg tab.....	30	90
Estradiol 1mg tab.....	30	90
Estradiol 2mg tab.....	30	90
Medroxyprogesterone 2.5mg tab.....	30	90
Medroxyprogesterone 5mg tab.....	30	90
Medroxyprogesterone 10mg tab.....	10	30

\$9, 30 day

\$24, 90 day		
Alendronate 35mg tab.....	4	12
Alendronate 70mg tab.....	4	12
Clomiphene 50mg tab.....	5	15

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Prepackaged drugs are covered only in unit sizes specified on Drug List. See Prescription Savings Plan or a DCMH Pharmacist for details.

Prescription Savings Plan

1. Under the Program at Decatur County Memorial Hospital, \$4 is the price for up to a 30-day supply of certain covered generic drugs at commonly prescribed dosages (the "\$4 Retail Plan"). \$10 is the price of a 90-day supply of certain covered generic drugs at commonly prescribed dosages (the "\$10 Retail Plan"). Not all drugs covered by the \$4 Retail Plan are covered by the \$10 Plan. Prices for quantities between a 30-day supply and a 90-day supply of drugs covered by both the \$4 Retail Plan and \$10 Retail Plan are prorated based on the \$4 Plan price, but will not exceed \$10. Prices for quantities greater than a 90-day supply of drugs covered by the \$10 Retail Plan are prorated based on the \$10 Plan price. Prorated pricing is not available under the Plan for prepackaged drugs. For pricing policies relating to prepackaged drugs (such as tubes, vials or bottles), see Section 3.
2. Under the Plan at Decatur County Memorial Hospital, \$9 is the price for up to a 30-day supply of certain women's health and other covered generic drugs at commonly prescribed dosages (the "\$9 Retail Plan"). \$24 is the price for a 90-day supply of certain women's health and other covered generic drugs at commonly prescribed dosages (the "\$24 Retail Plan"). Not all drugs covered by the \$9 Retail Plan are covered by the \$24 Retail Plan. Prices for quantities between a 30-day supply and a 90-day supply of drugs covered by both the \$9 Plan and \$24 Retail Plan are prorated based on the \$9 Plan price, but will not exceed \$24. Prices for quantities greater than a 90-day supply of drugs covered by the \$24 Retail Plan are prorated based on the \$24 Plan price. Prorated pricing is not available under the Plan for prepackaged drugs. For pricing policies relating to prepackaged drugs, see Section 3.
3. Prepackaged drugs are covered under the Plan only in the unit sizes specified on the Retail Drug List. Prepackaged drugs are dispensed based on the quantities prescribed and unit sizes in stock at the dispensing pharmacy. Unit sizes not specified on the Retail Drug List are not covered under the Plan. Multi-unit purchases are charged at a per unit price, based on the price per unit size dispensed, unless otherwise specified. Prepackaged drugs dispensed in unit sizes not specified on the Retail Drug List may be priced higher, even if equivalent quantities of the drug are available in specified unit sizes. Prorated pricing is not available under the Plan for prepackaged drugs.
4. Plan pricing may be limited to select manufacturers of a covered drug and is available as long as supplies from such manufacturers are in stock at the dispensing pharmacy.
5. You may pay less or more than the Plan price, depending on the terms of your health plan. Prescriber permission may be required to change a 30-day prescription to a 90-day prescription. Certain plans, including government-funded programs, may not cover a 90-day supply.
6. For purchases made at DCMH Pharmacy, prescriptions must initially be filled in person, and refills can either be picked up or delivered. There are no substitutions.
7. These Plan Details are subject to change without advance notice. Changes to these Plan Details may be made only in writing.



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