

# Paul's Pharmacy

ESTABLISHED 1977

## FAMILY PRACTICE

**\$37**  
6 MONTHS

**\$70**  
12 MONTHS

ALENDRONATE (Generic Fosamax®)

LOSARTAN/HCTZ (Generic Hyzaar®)

AMLODIPINE (Generic Norvasc®)

METFORMIN ER (Generic Glucophage XR)  
*Max of 2 per day*

CLOPIDOGREL (Generic Plavix®)

OMEPRAZOLE 20mg (Generic Prilosec®)  
*Max of 1 per day*

ESCITALOPRAM (Generic Lexapro®)

PANTOPRAZOLE (Generic Protonix®)  
*Max of 1 per day*

ESTRADIOL (Generic Estrace®)

SERTRALINE (Generic Zoloft®)

TRIAM/HCTZ (Generic Maxzide® 37.5/25)

SIMVASTATIN (Generic Zocor®)

LAMOTRIGINE (Generic Lamictal®)

TOPIRAMATE (Generic Topamax®)  
*Max of 2 per day, 25mg and 50mg strengths*

LOSARTAN (Generic Cozaar®)

PAUL'S PHARMACY WEST • 812-425-4364  
2345 W Franklin Street • Evansville, IN 47712

PAUL'S PHARMACY EAST • 812-962-3500  
1150 S Green River Road • Evansville, IN 47715

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

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## UROLOGY

# 6

## MONTH SUPPLY

**FINASTERIDE 5MG #180**      **\$80**  
(Generic Proscar®)

**DUTASTERIDE 0.5MG #180**      **\$125**  
(Generic Avodart®)

**TAMSULOSIN 0.4MG #180**      **\$80**  
(Generic Flomax®)

**SILDENAFIL 20MG #50**      **\$80**  
(active ingredient in Viagra®)

**FINASTERIDE 1MG #180**      **\$125**  
(Generic Propecia®)

**TADALAFIL 5MG #30**      **\$80**  
(Generic Cialis®)



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EVERY DRUG ON THIS PAGE!

**\$37**  
6 MONTHS

**\$70**  
12 MONTHS

ALENDRONATE (GENERIC FOSAMAX®)  
AMITRIPTYLINE (GENERIC ELAVIL®)  
AMLODIPINE (GENERIC NORVASC®)  
ATENOLOL (GENERIC TENORMIN®)  
BENZAEPRILOL (GENERIC LOTENSIN®)  
BUSPIRONE (GENERIC BUSPAR®)  
CARVEDILOL (GENERIC COREG®)  
CITALOPRAM (GENERIC CELEXA®)  
CLONIDINE (GENERIC CATAPRES®)  
CLOPIDOGREL (GENERIC PLAVIX®)  
ESCITALOPRAM (GENERIC LEXAPRO®)  
ESTRADIOL (GENERIC ESTRACE®)  
FLUOXETINE 20MG (GENERIC PROZAC®)  
FOLIC ACID (GENERIC FOLATE®)  
FUROSEMIDE (GENERIC LASIX®)  
GLIMEPIRIDE (GENERIC AMARYL®)  
GLIPIZIDE (GENERIC GLUCOTROL®)  
GLYBURIDE (GENERIC MICRONASE®)  
HCTZ (GENERIC ESIDRIX®)  
IBUPROFEN (GENERIC MOTRIN®)  
LAMOTRIGINE (GENERIC LAMICTAL®)  
LISINOPRIL / HCTZ  
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®)  
*Max of 2 Per Day, 25mg and 50mg strengths*  
TRIAMTER/HCTZ (GENERIC MAXZIDE®)  
WARFARIN (GENERIC COUMADIN®)

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