



Generic Drug Program

6 months - \$37 12 months - \$70

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| <p>ALENDRONATE (GENERIC FOSAMAX)
 AMLODIPINE (GENERIC NORVASC)
 ATENOLOL (GENERIC TENORMIN)
 BENAZEPRIL (GENERIC LOTENSIN)
 BUSPIRONE ** (GENERIC BUSPAR)
 <i>**5MG, 10MG & 15MG, MAX OF 1 PER DAY</i>
 CARVEDILOL (GENERIC COREG)
 CITALOPRAM (GENERIC CELEXA)
 CLONIDINE (GENERIC CATAPRES)
 CLOPIDOGREL (GENERIC PLAVIX)
 DICYCLOMINE (GENERIC BENTYL)
 ESCITALOPRAM (GENERIC LEXAPRO)
 ESTRADIOL (GENERIC ESTRACE)
 FLUOXETINE 20MG (GENERIC PROZAC)
 FOLIC ACID (GENERIC FOLATE)
 FUROSEMIDE (GENERIC LASIX)
 GABAPENTIN 300 MG ** (GENERIC NEURONTIN)
 <i>**MAX OF 1 PER DAY</i>
 GLIPIZIDE (GENERIC GLUCOTROL)
 <i>(REGULAR STRENGTH ONLY)</i>
 HCTZ (GENERIC HYDRODIURIL)</p> | <p>IBUPROFEN (GENERIC MOTRIN)
 LAMOTRIGINE (GENERIC LAMICTAL)
 LISINOPRIL/HCTZ (GENERIC ZESTORETIC)
 LISINOPRIL (GENERIC ZESTRIL)
 LOSARTAN/HCTZ (GENERIC COZAAR)
 MELOXICAM (GENERIC MOBIC)
 METFORMIN (GENERIC GLUCOPHAGE)
 METFORMIN ER** (GENERIC GLUCOPHAGE XR)
 <i>**MAX OF 2 PER DAY</i>
 METOPROLOL (GENERIC LOPRESSOR)
 NAPROXEN (GENERIC NAPROSYN)
 OMEPRAZOLE 20MG** (GENERIC PRILOSEC)
 <i>**MAX OF 1 PER DAY</i>
 QUINAPRIL (GENERIC ACCUPRIL)
 SERTRALINE (GENERIC ZOLOFT)
 <i>(ALL STRENGTHS, MAX OF 1 PER DAY)</i>
 SIMVASTATIN (GENERIC ZOCOR)
 TERAZOSIN (GENERIC HYTRIN)
 TOPIRAMATE*** (GENERIC TOPAMAX)
 <i>***ALL STRENGTHS, MAX OF 2 PER DAY</i>
 TRIAMTERENE/HCTZ (GENERIC MAXZIDE)</p> |
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OLANZAPINE (GENERIC ZYPREXA)	6 MONTHS \$100	12 MONTHS \$180
SUMATRIPTAN (GENERIC IMITREX)	6 MONTHS (54 tablets) \$92	12 MONTHS (108 tablets) \$164
MONTELUKAST (GENERIC SINGULAIR)	6 MONTHS \$103	12 MONTHS \$185
ATORVASTATIN (GENERIC LIPITOR)	6 MONTHS \$70	12 MONTHS \$140
PIOGLITAZONE (GENERIC ACTOS)	6 MONTHS \$97	12 MONTHS \$173

*List may change at any time without notice.

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