

# EVERY DRUG ON THIS LIST!

(DOES NOT APPLY TO BRANDS)



## DISCOUNT GENERIC DRUG PROGRAM

No insurance needed. Whether you've lost insurance or just looking for an alternative way to pay for your medications, check out our discount generic drug program where everyone saves money.

We are not an internet pharmacy, or an E-commerce site. We are a family run pharmacy providing unparalleled customer care for more than 60 years.

You will need to get a prescription from your doctor sent to our pharmacy. Please call us to arrange for payment. Our friendly and knowledgeable staff is always here to answer your questions.

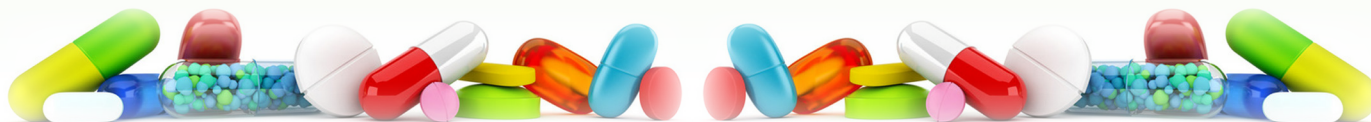
### LEE'S DRUGS 516-354-2000

Generics you can afford, delivered to your door.

160 Tulip Avenue, Floral Park, NY 11001  
516.354.2000 • Fax: 516.775.2046 • leesdrugsrx.com

ALENDRONATE (generic Fosamax®)  
ALLOPURINOL (generic Zyloprim®)  
AMITRIPTYLINE (generic Elavil®) 25 mg only  
Excludes 50 mg - 75 mg - 100 mg strengths  
AMLODIPINE (generic Norvasc®)  
AMOXICILLIN 500 mg Caps (generic Amoxil®)  
AMOXICILLIN 400mg/5ml (generic Amoxil®)  
ATENOLOL (generic Tenormin®)  
ATORVASTATIN (generic Lipitor®)  
BENZAEPRILOL (generic Lotensin®)  
BUPROPION XL (generic Wellbutrin XL®)  
BUSPIRONE (generic Buspar®)  
Excludes 7.5 mg and 30 mg strengths  
CARVEDILOL (generic Coreg®)  
CITALOPRAM (generic Celexa®)  
CLONIDINE (generic Catapres®)  
CLOPIDOGREL (generic Plavix®)  
DICYCLOMINE (generic Bentyl®)  
DONEPEZIL (generic Aricept®)  
DOXAZOSIN (generic Cardura®)  
ENALAPRIL (generic Vasotec®)  
ESTRADIOL (generic Estrace®)  
FINASTERIDE (generic Propecia®)  
FLUCONAZOLE 150 mg (generic Diflucan®)  
FLUOXETINE 20 mg (generic Prozac®)  
FLUTICASONE NASAL SPRAY (generic Flonase®)  
FOLIC ACID (generic Folate®)  
FUROSEMIDE (generic Lasix®)  
GABAPENTIN 300 mg  
(max of 1 per day, generic Neurontin®)  
GLIMEPIRIDE (generic Amaryl®)  
GLIPIZIDE (generic Glucotrol®)  
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 TARTRATE (generic Lopressor®)  
MONTELUKAST (generic Singulair®)  
NAPROXEN (generic Naprosyn®)  
OMEPRAZOLE 20 mg  
(generic Prilosec®, max of 1 per day)  
PREDNISONE Excludes 50 mg strength  
PROPRANOLOL (generic Inderal®)  
QUINAPRIL (generic Accupril®)  
RAMIPRIL (generic Altace®)  
RANITIDINE (generic Zantac®)  
SERTRALINE  
(generic Zoloft®, all strengths, max of 2 per day®)  
SIMVASTATIN (generic Zocor®)  
SUMATRIPTAN (generic Imitrex®)  
TAMSULOSIN (generic Flomax®)  
TERAZOSIN (generic Hytrin®)  
TOPIRAMATE  
(generic Topamax®, all strengths, max of 2 per day)  
TRIAMTERINE/HCTZ (generic Maxzide®)  
WARFARIN (generic Coumadin®)



This 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 on a "typical" daily dose, some daily regimens may not be eligible