







If your drug is not "on the list" — just give us a call for a price.

325-655-3146

Chadbourne at Beauregard | www.MYERSDRUG.com





GENERIC DRUG LIST & PRICES





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 unless otherwise noted. Based upon a "typical" daily dosage, some daily regimens may not be eligible.

ALENDRONATE (generic Fosamax®)
AMITRIPTYLINE (generic Elavil®)
AMLODIPINE (generic Norvasc®)
ATENOLOL (generic Tenormin®)

BENAZEPRIL (generic Lotensin®)
BUMETANIDE (generic Bumex®)
BUSPIRONE (generic Buspar®)

CARVEDILOL (generic Coreg®) CITALOPRAM (generic Celexa®)

CLONIDINE (generic Catapres®)

CLOPIDOGREL (generic Plavix®)
DICYCLOMINE (generic Bentyl®)

DONEPEZIL (generic Aricept®)

ENALAPRIL (generic Vasotec®)

ESCITALOPRAM (generic Lexapro®) ESTRADIOL (generic Estrace®)

FLUOXETINE (generic Prozac*)

FOLIC ACID (generic Folate®)

FUROSEMIDE (generic Lasix®)

GABAPENTIN 100 & 300mg

(generic Neurontin® max of 2 per day)
GLIMEPIRIDE (generic Amaryl®)

GLIVIZIDE (generic Glucotrol®)

GLYBURIDE (generic Micronase®)

HCTZ (generic Esidrix®)

IBUPROFEN (generic Motrin®)

LAMOTRIGINE (generic Lamictal®)

LISINOPRIL/HCTZ

(generic Zestoretic®)

LISINOPRIL (generic Zestril®)

LOSARTAN (generic Cozaar®)

LOASARTAN/HCTZ (generic Hyzaar®)

MELOXICAM (generic Bentyl®)

METFORMIN (generic Glucophage®)

METOCLOPRAMIDE (generic Reglan®)

METOPROLOL (generic Lopressor®)

NAPROXEN (generic Naprosyn®)

OMEPRAZOLE 20mg

(generic Prilosec®, max of 1 per day)

PANTOPRAZOLE

(generic Protonix®, max of 1 per day)

PREDNISONE

RANITIDINE 150mg (Generic Zantac®)

SERTRALINE 25 & 50mg (generic Zoloft®

all strengths, max of 2 per day)

SIMVASTATIN (generic Zocor®)

TERAZOSIN (generic Hytrin®)

TOPIRAMATE (generic Topamax® all

strengths, max of 2 per day)

TRIAMTER/HCTZ (generic Maxzide®)

Drugs highlighted in red are NOT on Wal-Mart's \$4 list

Nobody can touch our prices for drugs **NOT** on the Extended Supply list! *For example:*

 Sumatriptan (generic Imitrex*)
 6 months \$109
 12 months \$183

 Montelukast 10mg (generic Singulair*)
 12 months \$180

 Atorvastatin (generic Lipitor*)
 6 months \$70
 12 months \$135

 Pioglitazone (generic Actos*)
 6 months \$110
 12 months \$186

Prices subject to change without notice. All medications require a prescription from a physician.







NOW AVAILABLE: A low cost alternative to Viagra® tablets!

Sildenafil, the active ingredient in Viagra[®], is now available in a generic 20mg tablet, and it is **much** cheaper than Viagra[®].

Example: Five 20mg tablets of Sildenafil is the equivalent to one 100mg Viagra®.

50 Sildenafil 20mg (ten 100g doses) for \$80* Price: (vs. \$300 for ten Viagra® 100mg.)

Note: This is the FDA approved generic of Revatio® 20mg tablet. The FDA has not approved generic Viagra®, even though the active ingredient is identical, just in a different strength.

It is Myers Drug's desire to assist our clients in reducing our patient's cost and increasing your ability to pay for your ED medication.

We cannot substitute any prescription (or refill) written for Viagra® without a phone call to the prescriber to get authorization for the following Rx:

RXSildenafil 20mg #50 Take 2-5 tablets as needed for sexual activity

Going forward, just be sure to write all new Rxs for Sildenafil 20mg in the format above.

*As with most generics, Myers Drug offers great prices based on our acquisition cost. We have no control over our competitor's prices, or if they are even stocking this new generic.

Thank you,

Doug Chadwick

President, Pharmacist



Prices are subject to change without notice.





NDC 59762-0033-1 50 Tablets

Sildenafil

tablets

20 mg*

Rx only

GREENSTONE®BRAND

COMPARISON EXAMPLES ALL of these drugs (and many more) are NOT on the \$4 formulary

Generic 6 Month Supply Without Insurance	Wal-Mart	MYERS
Bupropion Extended Release 150mg #180 (Generic Wellbutrin XL®)	\$252	\$179
Duloxetine 60mg #180 (Generic Cymbalta®)	\$698	\$233
Donepezil 10mg #180 (Generic Aricept®)	\$417	\$37
Gabapentin 800mg #360 (Generic Neorontin®)	\$276	\$165
Lansoprazole 30mg #180 (Generic Prevacid®)	\$477	\$148
Levitaracetam 500mg #360 (Generic Keppra®)	\$407	\$78
Metoprolol 50mg #160 (Generic Toprol XL®)	\$160	\$125
Montelukast 10mg #180 (Generic Singulair®)	\$165	\$107
Sumatriptan 100mg #54 (Generic Flomax®)	\$527	\$109
Tamsulosin 0.4mg #54 (Generic Flomax®)	\$351	\$119
Valacyclovir 1mg #180 (Generic Valtrex®)	\$1,571	\$215
Valsartan/HCTZ 160/25 #180 (Generic Diovan/HCT®)	\$307	\$119

Prices quoted via telephone on 04/03/2015, Wal-Mart, Sherwood Way, San Angelo, TX

Prices subject to change without notice. All medications require a prescription from a physician.







Other Unbeatable Generic Prices

		6 Month	12 Months
Allopurinol	100mg	99.00	161.00
Allopurinol	300mg	120.00	199.00
·			
Amitriptyline	10mg	98.00	160.00
Amitriptyline	25mg	115.00	198.00
Amitriptyline	75mg	199.00	365.00
Atorvastatin	All Strenghts	70.00	135.00
Bupropion Extended Release	150mg	53.00	86.00
Calcitriol	0.25mg	89.40	129.40
Captopril	12.5mg	199.00	359.00
Captopril	25mg	208.00	377.00
Celecoxib	200mg	346.00	653.00
Doxazosin	2mg	118.07	158.07
Doxepin	10mg	116.00	195.00
Doxepin	25mg	127.00	219.00
Duloxetine	All Strenghts	233.00	425.00
Enalapril	2.5mg	121.00	203.00
Enalapril	5mg	142.00	245.00
Enalapril	10mg	135.00	230.00
Enalapril	20mg	156.00	272.00
<u> </u>	-	00.00	400.00
Finasteride	5mg	99.00	168.00
El Caraca N. 10		05.00	405.00
Fluticasone Nasal Spray		65.00	105.00
		(6 units)	(12 units)
Ochonomic (Older)	000===	400.00	040.00
Gabapentin (2/day)	600mg	128.00	216.00
Gabapentin (2/day)	800mg	165.00	291.00
Constitute il (O/de il)	600mm	E0.00	06.00
Gemfibrozil (2/day)	600mg	53.00	86.00

Lansoprazole 30mg 148.00 257.00 Levetiracetam (2/day) 500mg 78.00 116.00 Levothyroxine 25mcg 127.32 214.32 Metoprolol ER 25mg 125.00 219.00 Metoprolol 50mg ER 50mg 125.00 219.00 Mirtazapine 30mg 79.00 118.00 Montelukast 4mg 119.00 208.00 Montelukast 5mg 112.00 189.00 Montelukast 10mg 107.00 180.00 Olanzapine 2.5mg 99.00 168.00 Olanzapine 5mg 104.00 174.00 Olanzapine 7.5mg 110.00 185.00 Olanzapine 10mg 116.00 197.00 Omeprazole 40mg 103.00 172.00 Propranolol 20mg 120.00 165.00 Propranolol 40mg 106.00 172.00 Propranolol 40mg 106.00 172.00 Ranitidine 300mg 80.00 119.00 Sumatriptan			6 Month	12 Months
Levetiracetam (2/day) 500mg 78.00 116.00 Levothyroxine 25mcg 127.32 214.32 Metoprolol ER 25mg 125.00 219.00 Metoprolol 50mg ER 50mg 125.00 219.00 Mirtazapine 30mg 79.00 118.00 Montelukast 4mg 119.00 208.00 Montelukast 5mg 112.00 189.00 Montelukast 10mg 107.00 180.00 Olanzapine 2.5mg 99.00 168.00 Olanzapine 5mg 104.00 174.00 Olanzapine 7.5mg 110.00 185.00 Olanzapine 10mg 116.00 197.00 Omeprazole 40mg 103.00 172.00 Propranolol 20mg 120.00 165.00 Propranolol 40mg 106.00 172.00 Propranolol 80mg 118.00 196.00 Ranitidine 300mg 80.00 119.00 Suma	Lansoprazole	30mg	148.00	257.00
Levothyroxine 25mcg 127.32 214.32				
Levothyroxine 25mcg 127.32 214.32	Levetiracetam (2/day)	500mg	78.00	116.00
Metoprolol ER 25mg 125.00 219.00 Metoprolol 50mg ER 50mg 125.00 219.00 Mirtazapine 30mg 79.00 118.00 Montelukast 4mg 119.00 208.00 Montelukast 5mg 112.00 189.00 Montelukast 10mg 107.00 180.00 Olanzapine 5mg 104.00 174.00 Olanzapine 7.5mg 110.00 185.00 Olanzapine 10mg 116.00 197.00 Omeprazole 40mg 103.00 172.00 Propranolol 10mg 78.00 117.00 Propranolol 20mg 120.00 165.00 Propranolol 40mg 106.00 172.00 Propranolol 80mg 118.00 196.00 Ranitidine 300mg 80.00 119.00 Sumatriptan All Strenghts 109.00 183.00	, , ,			
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Montelukast 4mg 119.00 208.00 Montelukast 5mg 112.00 189.00 Montelukast 10mg 107.00 180.00 Olanzapine 2.5mg 99.00 168.00 Olanzapine 5mg 104.00 174.00 Olanzapine 10mg 116.00 197.00 Omeprazole 40mg 103.00 172.00 Piolglitazone All Strenghts 110.0 183.00 Propranolol 20mg 120.00 165.00 Propranolol 40mg 106.00 172.00 Propranolol 80mg 118.00 196.00 Ranitidine 300mg 80.00 119.00 Sumatriptan All Strenghts 109.00 183.00 Tamsulosin 0.4mg 119.00 198.00	Metoprolol 50mg ER	50mg	125.00	219.00
Montelukast 4mg 119.00 208.00 Montelukast 5mg 112.00 189.00 Montelukast 10mg 107.00 180.00 Olanzapine 2.5mg 99.00 168.00 Olanzapine 5mg 104.00 174.00 Olanzapine 10mg 116.00 197.00 Omeprazole 40mg 103.00 172.00 Piolglitazone All Strenghts 110.0 183.00 Propranolol 20mg 120.00 165.00 Propranolol 40mg 106.00 172.00 Propranolol 80mg 118.00 196.00 Ranitidine 300mg 80.00 119.00 Sumatriptan All Strenghts 109.00 183.00 Tamsulosin 0.4mg 119.00 198.00				
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Olanzapine 5mg 104.00 174.00 Olanzapine 7.5mg 110.00 185.00 Olanzapine 10mg 116.00 197.00 Omeprazole 40mg 103.00 172.00 Piolglitazone All Strenghts 110.0 183.00 Propranolol 20mg 120.00 165.00 Propranolol 40mg 106.00 172.00 Propranolol 80mg 118.00 196.00 Ranitidine 300mg 80.00 119.00 Sumatriptan All Strenghts 109.00 183.00 Tamsulosin 0.4mg 119.00 198.00	Montelukast	10mg	107.00	180.00
Olanzapine 5mg 104.00 174.00 Olanzapine 7.5mg 110.00 185.00 Olanzapine 10mg 116.00 197.00 Omeprazole 40mg 103.00 172.00 Piolglitazone All Strenghts 110.0 183.00 Propranolol 20mg 120.00 165.00 Propranolol 40mg 106.00 172.00 Propranolol 80mg 118.00 196.00 Ranitidine 300mg 80.00 119.00 Sumatriptan All Strenghts 109.00 183.00 Tamsulosin 0.4mg 119.00 198.00				
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Olanzapine 10mg 116.00 197.00 Omeprazole 40mg 103.00 172.00 Piolglitazone All Strenghts 110.0 183.00 Propranolol 10mg 78.00 117.00 Propranolol 20mg 120.00 165.00 Propranolol 40mg 106.00 172.00 Propranolol 80mg 118.00 196.00 Ranitidine 300mg 80.00 119.00 Sumatriptan All Strenghts 109.00 183.00 Tamsulosin 0.4mg 119.00 198.00	Olanzapine		104.00	174.00
Omeprazole 40mg 103.00 172.00 Piolglitazone All Strenghts 110.0 183.00 Propranolol 10mg 78.00 117.00 Propranolol 20mg 120.00 165.00 Propranolol 40mg 106.00 172.00 Propranolol 80mg 118.00 196.00 Ranitidine 300mg 80.00 119.00 Sumatriptan All Strenghts 109.00 183.00 Tamsulosin 0.4mg 119.00 198.00	Olanzapine	7.5mg	110.00	185.00
Piolglitazone All Strenghts 110.0 183.00 Propranolol 10mg 78.00 117.00 Propranolol 20mg 120.00 165.00 Propranolol 40mg 106.00 172.00 Propranolol 80mg 118.00 196.00 Ranitidine 300mg 80.00 119.00 Sumatriptan All Strenghts 109.00 183.00 Tamsulosin 0.4mg 119.00 198.00	Olanzapine	10mg	116.00	197.00
Piolglitazone All Strenghts 110.0 183.00 Propranolol 10mg 78.00 117.00 Propranolol 20mg 120.00 165.00 Propranolol 40mg 106.00 172.00 Propranolol 80mg 118.00 196.00 Ranitidine 300mg 80.00 119.00 Sumatriptan All Strenghts 109.00 183.00 Tamsulosin 0.4mg 119.00 198.00				
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Propranolol 10mg 78.00 117.00 Propranolol 20mg 120.00 165.00 Propranolol 40mg 106.00 172.00 Propranolol 80mg 118.00 196.00 Ranitidine 300mg 80.00 119.00 Sumatriptan All Strenghts 109.00 183.00 Tamsulosin 0.4mg 119.00 198.00				
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Propranolol 20mg 120.00 165.00 Propranolol 40mg 106.00 172.00 Propranolol 80mg 118.00 196.00 Ranitidine 300mg 80.00 119.00 Sumatriptan All Strenghts 109.00 183.00 Tamsulosin 0.4mg 119.00 198.00				
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Propranolol 80mg 118.00 196.00 Ranitidine 300mg 80.00 119.00 Sumatriptan All Strenghts 109.00 183.00 Tamsulosin 0.4mg 119.00 198.00	Propranolol	20mg	120.00	165.00
Ranitidine 300mg 80.00 119.00 Sumatriptan All Strenghts 109.00 183.00 Tamsulosin 0.4mg 119.00 198.00	Propranolol	40mg	106.00	172.00
Sumatriptan All Strenghts 109.00 183.00 Tamsulosin 0.4mg 119.00 198.00	Propranolol	80mg	118.00	196.00
Sumatriptan All Strenghts 109.00 183.00 Tamsulosin 0.4mg 119.00 198.00				
Tamsulosin 0.4mg 119.00 198.00	Ranitidine	300mg	80.00	119.00
Tamsulosin 0.4mg 119.00 198.00				
	Sumatriptan	All Strenghts	109.00	183.00
Venlafaxine ER 150mg 105.00 171.00	Tamsulosin	0.4mg	119.00	198.00
Venlafaxine ER 150mg 105.00 171.00				
	Venlafaxine ER	150mg	105.00	171.00

Prices subject to change without notice. All medications require a prescription from a physician.











			OMale
Full Name (please	print clearly)		Fem
Street Address			
City ()	State	Country ()	Zip
Phone (Home)		Phone (Other)	/
Email		Birthdate (MM/Di	D/YY)
Best time to be co	ntacted		
	u are placing this ord og Other (Ple	er for a pet. ease specify)	
Payment Options			
Credit Card	◯ Visa	erCard	○ American Express
Cardholder's Name	e		
Cardholder's Addr	ess		
City	State	Country	Zip
Credit Card Numbe	er		
/			w w
		CVV Code section if you are a first time patient,	or to update your informati
First Time Patient	S Please fill out this		or to update your informati
First Time Patient Your Physiciar Primary Physician's	Please fill out this N S Name		or to update your informati
First Time Patient Your Physiciar Primary Physician Clinic Name, Street	Please fill out this S Name t Address	section if you are a first time patient,	
First Time Putient Your Physician Primary Physician Clinic Name, Street City ()	Please fill out this N S Name		or to update your informati
First Time Putient Your Physician Primary Physician's Clinic Name, Street City	Please fill out this S Name t Address	section if you are a first time patient,	
Your Physician's Primary Physician's Clinic Name, Strees City () Phone Number Allergies Do you have any kn	Please fill out this S Name t Address State	Country () t. Fax Number	
First Time Patient Your Physician's Primary Physician's Clinic Name, Street City () Phone Number Allergies Do you have any kn If yes, please enter t	Please fill out this s Name t Address State Ex own drug allergies? Che drug(s) you are aller	Country () t. Fax Number Yes No	Zip
First Time Patient Your Physician's Primary Physician's Clinic Name, Street City () Phone Number Allergies Do you have any kn If yes, please enter t	Please fill out this S Name t Address State Ex own drug allergies? Che drug(s) you are aller	Country () t. Fax Number Yes No	Zip

Phone: 325-655-3146 (800) 806-9377

Internet: www.myersdrug.com

Mailing Address: 29 S. Chadbourne, San Angelo, TX 76903

Fax:

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For medication(s) that you wish to order, please enter the quantity, and listed price, as obtained through our website or customer service center. An original prescription from your doctor's office is required (mailed, called/e-script/faxed in from your Doctor). PRICING IN \$US DOLLARS

GENERIC OK?	MEDICATION	STRENGTH	QTY	PRICE
FREE SHI	PPING FOR 6 MONTH SUPPLY O	R MORE, \$5 FOR A	LL OTHERS	
◯ Che	eck box if you do NOT want child	lproof caps.	TOTAL:	

SS	OR	Personal Checking Account (Check or EFT) USA Only	
		Use my check information "on file"	
_		I will send a VOIDED check by:	
_		◯ Fax ◯ Email	
		○ Mail	Myers Drug 29 S. Chadbourne,
		O I will make a payment by check, and mail it to	San Angelo, TX 76903

Patient Authorization (Please Check One)

The following terms and conditions govern the sales as between Myers Drug (the "Pharmacy") and the individual (the "Patient") regarding the products and services (the "Products") offered for sale by the Pharmacy. The patient herein represents to the Pharmacy that—

- "I am over the age of majority, and:
 - 1.I have fully and accurately disclosed my personal information and personal health information and consent to its use by the Pharmacy. I have had a physical examination by a physician within the last 12 months, and do not require a physical examination.
 - 2.I understand that all Products shall be sold & dispensed by a Pharmacy operating within the North Carolina Board of Pharmacy jurisdiction and in a manner consistent with the laws of the United States of America.
 - **3.** I authorize and appoint the Pharmacy, as my attorney and agent, to take all steps, sign all documents and to act on my behalf as if I were personally present and acting myself for the limited purposes of (a) obtaining a valid prescription for any prescription which I have sent the Pharmacy; and (b) packaging my prescriptions and delivering them to me. This authorization shall include, but not be limited to: collecting and using my personal and personal health information as reasonably necessary for the fulfillment of my order, including disclosure to a licensed physician if required for the issuance of a valid prescription in the jurisdiction of the Pharmacy. This authorization may be revoked at any time and shall continue until I revoke it.
 - 4.I understand that the Pharmacy is legally incorporated and authorized by law to carry on business in the jurisdiction of the Pharmacy, and that I am purchasing medications that have been FDA approved for sale in the jurisdiction of the Pharmacy. Title to my medications passes from the Pharmacy to me in the jurisdiction of the Pharmacy when my medications leave the Pharmacy. All agreements reached or contracts formed with the Pharmacy shall be deemed to be made in the jurisdiction of the Pharmacy, the laws of the jurisdiction of the Pharmacy shall govern all transactions, and I attorn to the courts of the jurisdiction of the Pharmacy, which shall have sole and exclusive jurisdiction over any dispute arising between me and the Pharmacy, its affiliates, officers and directors.

I HAVE READ AND UNDERSTAND THESE TERMS AND AGREE THAT THEY SHALL BE BINDING UPON ME AND MY ASSIGNS, HEIRS AND PERSONAL REPRESENTATIVES."

"I am the parent/legal guardian/power of attorney for the Patient disclosed herein, am over the age of majority, and have full authority to sign for and provide the above representations to the Pharmacy on the Patient's behalf."







Please use this form to submit your prescription(s),

Phone: 325-655-3146 (800) 806-9377

Full Name

Fax:

Internet: www.myersdrug.com

Mailing Address: 29 S. Chadbourne, San Angelo, TX 76903

and send it back to us to complete	e your order.	(<u>)</u> Phone Number		Orde	er Number (if available
Option 1: Doctor Will Fa	x My Prescription*	Opti	ion 2: Tran	sfer From Anot	her Pharmacy [*]
Physician's Name		- Discussion Manage			
Clinic Name		Pharmacy Name			
Street Address City State County	- Tip	Street Address	Stato	Country	- 7in
City State Count () ()	<u> </u>	City ()	State	Country ()	Zip
Phone Number Ext. Fax N	lumber	Phone Number	Ext.	Fax Number	
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Drug Name	Strength		Directions		Rx Numbe
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Please mail your prescription and this form to:

Myers Drug

29 S. Chadbourne

San Angelo, TX 76903

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