

MAX Saver Plan Drug List

01/23/17

GENERIC NAME	\$4 30 day	\$10 90 day	Each's
ACYCLOVIR CAP 200 MG	30	90	cap
AMOXICILLIN (TRIHYDRATE) CAP 250 MG	30	90	cap
AMOXICILLIN (TRIHYDRATE) CAP 500 MG	30	90	cap
AMOXICILLIN (TRIHYDRATE) FOR SUSP 125 MG/5ML	80	240	ml
AMOXICILLIN (TRIHYDRATE) FOR SUSP 200 MG/5ML	50	150	ml
AMOXICILLIN (TRIHYDRATE) FOR SUSP 250 MG/5ML	80	240	ml
AMOXICILLIN (TRIHYDRATE) FOR SUSP 400 MG/5ML	50	150	ml
AMPICILLIN CAP 250 MG	40	120	cap
ASPIRIN DR 81 MG	90		tab
ATENOLOL TAB 100 MG	30	90	tab
ATENOLOL TAB 25 MG	30	90	tab
ATENOLOL TAB 50 MG	30	90	tab
BENAZEPRIL HCL TAB 10 MG	30	90	tab
BENAZEPRIL HCL TAB 20 MG	30	90	tab
BENAZEPRIL HCL TAB 40 MG	30	90	tab
BENAZEPRIL HCL TAB 5 MG	30	90	tab
BENZONATATE CAP 100 MG	14	42	cap
BUSPIRONE HCL TAB 10 MG	60	180	tab
BUSPIRONE HCL TAB 5 MG	60	180	tab
CARVEDILOL TAB 12.5 MG	60	180	tab
CARVEDILOL TAB 25 MG	60	180	tab
CARVEDILOL TAB 3.125 MG	60	180	tab
CARVEDILOL TAB 6.25 MG	60	180	tab
CEPHALEXIN CAP 250 MG	28	84	cap
CEPHALEXIN CAP 500 MG	30	90	cap
CETIRIZINE HCL TAB 10MG	30	90	tab
CETIRIZINE HCL TAB 5MG	30	90	tab
CHLORHEXIDINE GLUCONATE SOLN 0.12%	473	1419	ml
CHOLECALCIFEROL (VITAMIN D3) TAB 400 IU	30	90	tab
CIPROFLOXACIN HCL TAB 250 MG (BASE EQUIV)	14	42	tab
CITALOPRAM HYDROBROMIDE TAB 10 MG (BASE EQUIV)	30	90	tab
CITALOPRAM HYDROBROMIDE TAB 20 MG (BASE EQUIV)	30	90	tab
CITALOPRAM HYDROBROMIDE TAB 40 MG (BASE EQUIV)	30	90	tab
CITLOPRAM HYDROBROMIDE TAB 10MG	30	90	tab
CITLOPRAM HYDROBROMIDE TAB 20MG	30	90	tab
CITLOPRAM HYDROBROMIDE TAB 40MG	30	90	tab
CLONIDINE HCL TAB 0.1 MG	30	90	tab
CLONIDINE HCL TAB 0.2 MG	30	90	tab

GENERIC NAME	\$4 30 day	\$10 90 day	Each's
CYCLOBENZAPRINE HCL TAB 10 MG	30	90	tab
CYCLOBENZAPRINE HCL TAB 5 MG	30	90	tab
DEXAMETHASONE TAB 0.5 MG	30	90	tab
DEXAMETHASONE TAB 0.75 MG	12	36	tab
DEXAMETHASONE TAB 4 MG	6	18	tab
DICYCLOMINE HCL CAP 10 MG	90	270	cap
DILTIAZEM HCL TAB 30 MG	60	180	tab
DIPHENHYDRAMINE HCL CAP 50 MG	30	90	cap
DOCCUSATE SODIUM CAP 100MG	60	180	cap
ESTRADIOL TAB 0.5 MG	30	90	tab
ESTRADIOL TAB 1 MG	30	90	tab
FAMOTIDINE TAB 20 MG	60	180	tab
FAMOTIDINE TAB 40 MG	30	90	tab
FERROUS SULFATE TAB 325 MG	60	180	tab
FLUCONAZOLE TAB 100 MG	1	3	tab
FLUCONAZOLE TAB 150 MG	1	3	tab
FLUCONAZOLE TAB 200 MG	1	3	tab
FLUOXETINE HCL CAP 10 MG	30	90	cap
FLUOXETINE HCL CAP 20 MG	60	180	cap
FOLIC ACID TAB 1 MG	30	90	tab
FUROSEMIDE TAB 20 MG	30	90	tab
FUROSEMIDE TAB 20MG	30	90	tab
FUROSEMIDE TAB 40 MG	30	90	tab
FUROSEMIDE TAB 40MG	30	90	tab
FUROSEMIDE TAB 80 MG	30	90	tab
FUROSEMIDE TAB 80MG	30	90	tab
GLIMEPIRIDE TAB 1 MG	30	90	tab
GLIPIZIDE TAB 5 MG	30	90	tab
GLIPIZIDE TAB 10 MG	30	90	tab
GLYBURIDE MICRONIZED TAB 3 MG	30	90	tab
GLYBURIDE MICRONIZED TAB 6 MG	30	90	tab
GUANFACINE HCL TAB 1 MG	30	90	tab
HYDRALAZINE HCL TAB 10 MG	30	90	tab
HYDRALAZINE HCL TAB 25 MG	30	90	tab
HYDROCHLOROTHIAZIDE CAP 12.5 MG	30	90	cap
HYDROCHLOROTHIAZIDE TAB 25 MG	30	90	tab
HYDROCHLOROTHIAZIDE TAB 50 MG	30	90	tab
HYDROCORTISONE CREAM 1%	30	90	gm
HYDROCORTISONE CREAM 2.5%	30	90	gm
IBUPROFEN TAB 600 MG	30	90	tab
IBUPROFEN TAB 800 MG	30	90	tab

GENERIC NAME	\$4 30 day	\$10 90 day	Each's
IPRATROPIUM 0.02% NEBULIZER SOLUTION (25x2.5ml Vials)	1	3	vials
ISONIAZID TAB 300 MG	30	90	tab
LACTULOSE SOLUTION 10 GM/15ML	237	711	ml
LEUCOVORIN CALCIUM TAB 5 MG	4	12	tab
LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	30	90	tab
LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	30	90	tab
LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG	30	90	tab
LISINOPRIL TAB 10 MG	30	90	tab
LISINOPRIL TAB 2.5 MG	30	90	tab
LISINOPRIL TAB 20 MG	30	90	tab
LISINOPRIL TAB 40 MG	30	90	tab
LISINOPRIL TAB 5 MG	30	90	tab
LITHIUM CARBONATE CAP 150 MG	30	90	cap
LITHIUM CARBONATE CAP 300 MG	90	270	cap
LORATADINE TAB 10 MG	30	90	tab
MAGNESIUM CHLORIDE TAB CR 535 MG (64 MG ELEMENTAL MG)	60	180	tab
MAGNESIUM OXIDE TAB 400 MG	30	90	tab
MEDROXYPROGESTERONE ACETATE TAB 2.5 MG	30	90	tab
MEDROXYPROGESTERONE ACETATE TAB 5 MG	30	90	tab
MEGESTROL ACETATE TAB 20 MG	30	90	tab
MELOXICAM TAB 15 MG	30	90	tab
MELOXICAM TAB 7.5 MG	30	90	tab
METFORMIN ER 500 MG	60	180	tab
METFORMIN HCL TAB 1000 MG	60	180	tab
METFORMIN HCL TAB 500 MG	60	180	tab
METFORMIN HCL TAB 850 MG	60	180	tab
METHIMAZOLE TAB 5 MG	30	90	tab
METOCLOPRAMIDE HCL SYRUP 5 MG/5ML	60	180	ml
METOCLOPRAMIDE HCL TAB 10 MG	60	180	tab
METOPROLOL TARTRATE TAB 100 MG	60	180	tab
METOPROLOL TARTRATE TAB 25 MG	60	180	tab
METOPROLOL TARTRATE TAB 50 MG	60	180	tab
NAPROXEN TAB 375 MG	60	180	tab
NAPROXEN TAB 500 MG	60	180	tab
NORTRIPTYLINE HCL CAP 10 MG	30	90	cap
PAROXETINE HCL TAB 10 MG	30	90	tab
PAROXETINE HCL TAB 20 MG	30	90	tab
PHENYLEPHRINE-CHLORPHEN-DM LIQUID 3.5-1-3 MG/ML	30	90	ml
PHENYLEPHRINE-CHLORPHEN-DM SYRUP 12.5-4-15 MG/5ML	120	360	ml

GENERIC NAME	\$4 30 day	\$10 90 day	Each's
PHENYLEPHRINE-CHLORPHEN-DM SYRUP 6-2-15 MG/5ML	120	360	ml
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	30	90	tab
PROCHLORPERAZINE MALEATE TAB 10 MG	30	90	tab
PROMETHAZINE HCL SYRUP 6.25 MG/5ML	180	540	ml
PROMETHAZINE HCL TAB 25 MG	12	36	tab
PROMETHAZINE-DM SYRUP 6.25-15 MG/5ML	120	360	ml
RANITIDINE HCL TAB 150 MG	60	180	tab
RANITIDINE HCL TAB 300 MG	30	90	tab
SODIUM BICARRBONATE 650 MG	60	180	tab
SODIUM CITRATE & CITRIC ACID SOLN 500-334 MG/5ML	180	540	ml
SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF)	120	N/A	tab
SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)	30	90	tab
SODIUM FLUORIDE CREAM 1.1%	51	153	
SODIUM FLUORIDE GEL 1.1% (0.5% F)	56	168	
SOTALOL HCL TAB 80 MG	30	90	tab
SPIRONOLACTONE TAB 25 MG	30	90	tab
SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 800-160 MG	20	60	tab
TERAZOSIN HCL CAP 1 MG	30	90	cap
TERAZOSIN HCL CAP 10 MG	30	90	cap
TERAZOSIN HCL CAP 2 MG	30	90	cap
TERAZOSIN HCL CAP 5 MG	30	90	cap
TIMOLOL MALEATE OPHTH SOLN 0.25%	5	15	ml
TIMOLOL MALEATE OPHTH SOLN 0.5%	5	15	ml
TRAZODONE HCL TAB 100 MG	30	90	tab
TRAZODONE HCL TAB 50 MG	30	90	tab
TRIAMCINOLONE ACETONIDE CREAM 0.025%	15	45	gm
TRIAMCINOLONE ACETONIDE CREAM 0.1%	15	45	gm
TRIAMCINOLONE ACETONIDE OINT 0.1%	15	45	gm
TRIHENYPHENIDYL HCL TAB 2 MG	60	180	tab
VERAPAMIL HCL TAB 80 MG	30	90	tab
ZONISAMIDE CAP 25MG	30	90	cap

MAX Saver Plan Details

1. Niemann Foods's Prescription Max Saver Plan (the "Max Saver Plan") is available at all County Market Pharmacies in Illinois and Missouri
2. The Max Saver Plan applies only to certain generic drugs at commonly prescribed dosages. Higher dosages cost more. You may obtain a list of generic drugs and dosages covered under the Max Saver Plan at Niemann Foods Retail Pharmacies. The drug list may change and also may vary by state. Not all formulations of a drug (for example, enteric-coated, extended or timed release formulations) are covered under the Max Saver Plan. Max Saver Plan pricing not available when a covered drug is dispensed as part of a compound.
3. Under the Max Saver Plan at Niemann Foods Retail Pharmacies, \$4 is the price for up to a 30-day supply of certain covered generic drugs at commonly prescribed quantities. Prices for quantities between a 30-day supply and a 90-day supply of drugs covered by both the Max Saver Plan are prorated based on the Max Saver Plan price. Prorated pricing is not available under the Max Saver Plan for prepackaged drugs. For pricing policies relating to prepackaged drugs (such as tubes, vials or bottles), see Section 4.
4. Prepackaged drugs are covered under the Max Saver Plan only in the unit sizes specified on the 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 drug list are not covered under the Max Saver 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 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 Max Saver Plan for prepackaged drugs.
5. Max Saver 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.
6. You may pay less or more than the Max Saver 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.
7. For purchases made at Niemann Foods Retail Pharmacies, prescriptions must initially be filled in person, and refills must be picked up in store. There are no substitutions.
8. These Max Saver Plan Details are subject to change without advance notice.