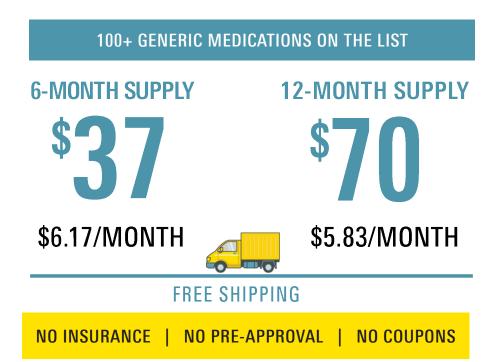


# Save time and money through Marley Drug's Wholesale Price List:

Despite the anticipated low cost of generic medications, patients pay an average co-pay of \$10 per month. Check the cash price before using your insurance. It might be lower than your co-pay.



## Marley Drug's Wholesale Price List

100+ generic medications for an affordable cash-price of \$37 for a 6-month supply and \$70 for a 12-month supply. This includes free shipping and there is no insurance involved.

### Why Longer Supply?

- Lower costs
- Fewer pharmacy visits
- Ensures you have a steady supply of your medications

## Why pay cash for your medications?

You will be **shocked** to learn that paying cash is often less expensive than using your insurance. Why? Insurance companies pay Pharmacy Benefit Managers (PBMs) to decide what medications your plan covers. For this service PBMs charge a hidden fee which can significantly markup your medications. You can avoid these fees (and save money) by paying cash for your medications.



# Marley Drug's Wholesale Price List includes many popular generics.

#### ACYCLOVIR<sup>†</sup> (generic ZOVIRAX<sup>®</sup>)

**\$37** 6-MONTH SUPPLY

ALENDRONATE (generic FOSAMAX®)

ALLOPURINOL<sup>†</sup> (generic ZYLOPRIM<sup>®</sup>)

AMIODARONE<sup>€</sup> (generic PACERONE®)

AMITRIPTYLINE<sup>†</sup> (generic AMITID<sup>®</sup>)

AMLODIPINE (generic NORVASC®)

AMLODIPINE/BENAZEPRIL (generic LOTREL®)

ANASTROZOLE (generic ARIMIDEX®)

ARIPIPRAZOLE (generic ABILIFY®)

ATENOLOL (generic TENORMIN®)

ATORVASTATIN (generic LIPITOR®)

BACLOFEN<sup>†</sup> (generic LIORESAL<sup>®</sup>)

BENAZEPRIL<sup>€</sup> (generic LOTENSIN®) BUPROPION SR<sup>€</sup> (generic WELLBUTRIN SR<sup>®</sup>)

BUPROPION XL ER (generic WELLBUTRIN XL®)

BUPROPION<sup>€</sup> (generic WELLBUTRIN<sup>®</sup>)

BUSPIRONE<sup>†</sup> (generic BUSPAR<sup>®</sup>)

CARVEDILOL<sup>†</sup> (generic COREG<sup>®</sup>)

CELECOXIB (generic CELEBREX®)

CILOSTAZOL (generic PLETAL®)

CITALOPRAM (generic CELEXA®)

CLONIDINE<sup>†</sup> (generic CATAPRES<sup>®</sup>)

CLOPIDOGREL (generic PLAVIX®)

DICLOFENAC SODIUM ER (generic VOLTAREN®)

DIVALPROEX SODIUM ER (generic DEPAKOTE ER®)

DONEPEZIL<sup>€</sup> (generic ARICEPT®) DOXAZOSIN<sup>†</sup> (generic CARDURA<sup>®</sup>)

**\$70** 12-MONTH SUPPLY

DOXYCYCLINE<sup>€</sup> (generic VIBRAMYCIN<sup>®</sup>)

DULOXETINE (generic CYMBALTA®)

DUTASTERIDE (generic AVODART®)

ERGOCALCIFEROL (generic DRISDOL®)

ESCITALOPRAM (generic LEXAPRO<sup>®</sup>)

ESOMEPRAZOLE (generic NEXIUM DR®)

ESTRADIOL (generic ESTRACE®)

EZETIMIBE (generic ZETIA®)

FAMOTIDINE (generic PEPCIDE®)

FENOFIBRATE (generic TRICOR®)

**FINASTERIDE** (generic PROPECIA®)

FLUOXETINE (generic PROZAC®)

#### €-Maximum of 1 pill/day; †-Maximum of 2 pills/day; £-Maximum of 3 pills/day; ¥-Maximum of 4 pills/day

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. Not all strengths/doses of medications are eligible. Based upon a 'typical' daily dosage, some daily regimens may not be eligible.



FOLIC ACID (generic FOLATE®)

FUROSEMIDE<sup>†</sup> (generic LASIX<sup>®</sup>)

GEMFIBROZIL (generic LOPID<sup>®</sup>)

GLIMEPIRIDE (generic AMARYL®)

GLIPIZIDE (generic GLUCOTRO®)

GLYBURIDE (generic MICRONASE®)

GLYBURIDE/METFORMIN<sup>+</sup> (generic GLUCOVANCE<sup>®</sup>)

HCTZ (generic ESIDRIX®)

HYDRALAZINE<sup>†</sup> (generic APRESOLINE<sup>®</sup>)

HYDROXYZINE<sup>+</sup> (generic ATARAX<sup>®</sup>)

HYOSCYAMINE<sup>€</sup> (generic LEVSIN®)

IBUPROFEN (generic MOTRIN®)

(generic IMDUR®)

LABETALOL<sup>€</sup> (generic IMDUR®)

LAMOTRIGINE<sup>†</sup> (generic LAMICTAL®)

LANSOPRAZOLE DR (generic PREVACID 24HR®)

LETROZOLE (generic FEMARA®) LEVETIRACETAM<sup>†</sup> (generic KEPPRA<sup>®</sup>)

LEVOCETIRIZINE DIHYDROCHLORIDE<sup>€</sup> (generic XYZAL<sup>®</sup>)

LEVOTHYROXINE<sup>€</sup> (generic SYNTHROID<sup>®</sup>)

LISINOPRIL (generic PRINVIL®)

LISINOPRIL/HCTZ (generic ZESTORETIC®)

LITHIUM CARBONATE (ESKALITH®)

LOSARTAN (generic COZAAR®)

LOSARTAN/HCTZ (generic HYZAAR®)

LOVASTATIN (generic MEVACOR®)

MEDROXYPROGESTERONE (generic PROVERA®)

MELOXICAM (generic MOBIC<sup>®</sup>)

MEMANTINE<sup>†</sup> (generic NAMENDA<sup>®</sup>)

METFORMIN ER<sup>†</sup> (generic GLUCOPHAGE XR<sup>®</sup>)

METFORMIN<sup>†</sup> (generic GLUCOPHAGE<sup>®</sup>)

METHIMAZOLE (generic TAPAZOLE®)

METOCLOPRAMIDE<sup>¥</sup> (generic REGLAN<sup>®</sup>)

METOPROLOL ER (generic TOPROL XL<sup>®</sup>) METOPROLOL<sup>†</sup> (generic LOPRESSOR<sup>®</sup>)

MINOCYCLINE<sup>€</sup> (generic DYNACIN®)

MIRTAZAPINE (generic REMERON®)

MONTELUKAST (generic SINGULAIR CHEW®)

MONTELUKAST (generic SINGULAIR®)

NABUMETONE<sup>€</sup> (generic RELAFEN®)

NAPROXEN<sup>†</sup> (generic NAPROSYN<sup>®</sup>)

NORTRIPTYLINE<sup>†</sup> (generic PAMELOR<sup>®</sup>)

OLANZAPINE (generic ZYPREXA®)

OLMESARTAN MEDOXOMIL (generic BENICAR®)

OMEPRAZOLE<sup>€</sup> (generic PRILOSEC<sup>®</sup>)

ONDANSETRON (generic ZOFRAN®)

ONDANSETRON ODT (generic ZOFRAN ODT®)

PANTOPRAZOLE<sup>€</sup> (generic PROTONIX<sup>®</sup>)

PAROXETINE (generic PAXIL®)

PHENYTOIN SODIUM ER<sup>€</sup> (generic DILANTIN®)

PIOGLITAZONE (generic ACTOS®)

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**POTASSIUM CHLORIDE ER** (generic K-DUR<sup>®</sup>)

**PRAMIPEXOLE**<sup>f</sup> (generic MIRAPEX<sup>®</sup>)

PRAVASTATIN (generic PRAVACHOL®)

PREDNISONE<sup>†</sup> (generic DELTASONE<sup>®</sup>)

PROMETHAZINE<sup>†</sup> (generic PHENERGAN<sup>®</sup>)

PROPRANOLOL<sup>†</sup> (generic INDERAL<sup>®</sup>)

QUETIAPINE ER (generic SEROQUEL XR®)

QUINAPRIL (generic ACCUPRIL®)

RAMIPRIL (generic ALTACE®)

RISPERIDONE<sup>†</sup> (generic RISPERDAL<sup>®</sup>)

ROPINIROLE (generic REQUIP®)

ROSUVASTATIN<sup>€</sup> (generic CRESTOR<sup>®</sup>)

SERTRALINE<sup>€</sup> (generic ZOLOFT®)

SIMVASTATIN (generic ZOCOR®)

SPIRONOLACTONE (generic ALDACTONE®)

SUCRALFATE<sup>†</sup> (generic CARAFATE<sup>®</sup>)

TAMSULOSIN (generic FLOMAX®) **TERAZOSIN**<sup>€</sup> (generic HYTRIN<sup>®</sup>)

TERBINAFINE<sup>€</sup> (generic LAMISIL®)

TIZANIDINE<sup>¥</sup> (generic ZANAFLEX®)

TOPIRAMATE<sup>†</sup> (generic TOPAMAX<sup>®</sup>)

TORSEMIDE<sup>f</sup> (generic DEMADEX<sup>®</sup>)

TRAZODONE (generic DESYREL®)

TRIAMTERENE/HCTZ (generic MAXZIDE®)

VENLAFAXINE ER (generic EFFEXOR XR®)

VENLAFAXINE<sup>†</sup> (generic EFFEXOR<sup>®</sup>)

WARFARIN (generic COUMADIN®)

ZONISAMIDE<sup>€</sup> (generic ZONEGRAN®)

#### €-Maximum of 1 pill/day; †-Maximum of 2 pills/day; £-Maximum of 3 pills/day; ¥-Maximum of 4 pills/day

SA-MAR-AZ-04

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# **MARLEY DRUG PHARMACY IN** THE EMR



## Locate Marley Drug in your EMR

START by searching for "Marley Drug" in the EMR system's retail pharmacy search tool

Confirm "retail" pharmacy is selected when conducting a search

Ensure any other limiting search criteria are unselected

If you are unable to locate Marley Drug in the EMR, proceed to troubleshooting Step 1

Marley Drug Pharmacy Address: 5008 Peters Creek Pkwy Winston Salem, NC 27127

**P**: 1-800-286-6781 F: 1-336-771-9921

**NCPDP Number:** 3441045

Store NPI: 1376640201

**Marley Drug Pharmacy Details** 

## **Troubleshooting Guide**

Manually add Marley Drug to the EMR

If you are still unable to manually add a pharmacy to the EMR, proceed to Step 2

Coordinate with Marley Drug Pharmacy staff at 1-800-286-6781

EMR updates may take 24 hours to process

Locate the "new" or "add" button in the pharmacy selection screen

Input all relevant Marley Drug details (see Marley Drug Pharmacy Details) and save

Marley Drug staff will request the provider's EMR System (i.e. Athena, SRS, Epic)

Marley Drug staff will coordinate with EMR and provider to load Marley Drug into the system

Marley Drug staff will follow up with your office to confirm Marley Drug is visible in the EMR

## **Support Resources**

Provider may call in or fax the prescription directly to Marley Drug Pharmacy

### **Marley Drug Pharmacy Hours**

Monday - Friday: 9AM to 6PM ET (Call center open till 9PM ET) Saturday: 9AM to 6PM ET Sunday: Closed



Phone: 1-800-286-6781 Fax: 1-336-771-9921

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