



<b>Anti-Infectives</b>	<b>Quantity</b>	<b>Anti-Infectives (continued)</b>	<b>Quantity</b>
Amoxicillin 125mg Chewable Tablet	20	Penicillin VK 125mg/5ml Suspension (100ml)	100
Amoxicillin 125mg/5ml Suspension (100ml)	100	Penicillin VK 125mg/5ml Suspension (200ml)	200
Amoxicillin 125mg/5ml Suspension (150ml)	150	Penicillin VK 250mg Tablet	28
Amoxicillin 125mg/5ml Suspension (80ml)	80	Penicillin VK 250mg/5ml Suspension (100ml)	100
Amoxicillin 200mg/5ml Suspension (100ml)	100	Penicillin VK 250mg/5ml Suspension (200ml)	200
Amoxicillin 200mg/5ml Suspension (50ml)	50	Penicillin VK 500mg Tablet	28
Amoxicillin 200mg/5ml Suspension (75ml)	75	Tetracycline 250mg Capsule	60
Amoxicillin 250mg Capsule	30	Tetracycline 500mg Capsule	60
Amoxicillin 250mg Chewable Tablet	30	Trimethoprim and SMZ 400mg-80mg Tablet	28
Amoxicillin 250mg/5ml Suspension (100ml)	100	Trimethoprim and SMZ DS 800mg-160mg Tablet	20
Amoxicillin 250mg/5ml Suspension (150ml)	150		
Amoxicillin 250mg/5ml Suspension (80ml)	80		
Amoxicillin 400mg/5ml Suspension (100ml)	100		
Amoxicillin 400mg/5ml Suspension (50ml)	50		
Amoxicillin 400mg/5ml Suspension (75ml)	75		
Amoxicillin 500mg Capsule	30		
Amoxicillin 875mg Tablet	20		
Ampicillin 250mg Capsule	28		
Ampicillin 500mg Capsule	28		
Cephalexin 250mg Capsule	40		
Cephalexin 500mg Capsule	28		
Clindamycin 150mg Capsule	28		
Doxycycline Hyclate 100mg Capsule	20		
Doxycycline Hyclate 100mg Tablet	20		
Doxycycline Hyclate 50mg Capsule	20		
Erythrocin Stearate 250mg Tablet	40		
Erythrocin Stearate 500mg Tablet	28		
Erythromycin Ethylsuccinate 400mg Tablet	28		
Fluconazole 150mg Tablet	1		
Metronidazole 250mg Tablet	28		
Metronidazole 500mg Tablet	21		
Nystatin 100000U Suspension	60		

  

<b>Cold / Flu</b>	<b>Quantity</b>
Benzonatate 100mg Capsule	21
Benzonatate 200mg Capsule	14
Carbofed DM Syrup	180
Ceron Syrup	180
Ceron-DM Syrup	180
C-Phen DM Syrup	180
Cyproheptadine 4mg Tablet	30
De-chlor DM Syrup	180
Dex PC Syrup	180
Diphenhydramine 50mg Capsule	120
Gani-Tuss-DM 100mg-10mg/5ml Syrup	180
Promethazine DM Syrup	180
Promethazine Plain Syrup	180
PSE Brom DM Syrup	150

  

<b>Respiratory</b>	<b>Quantity</b>
Albuterol 2mg Tablet	60
Albuterol 2mg/5ml Syrup	360
Albuterol 4mg Tablet	60
Albuterol 5mg/ml Solution	20

The \$5 Prescription Program covers up to the quantity specified for each eligible drug. Most quantities are based on a course of therapy at commonly prescribed dosages. Prices for greater than the specified quantity are prorated based on the \$5 Prescription Program price. Enrollment in the Kmart 90 Day Generics Program is required to receive the \$5 Prescription Program price. Only eligible drugs will be covered. List may change and vary by state at any given time. Kmart reserves the right to modify or discontinue this program or modify the terms and conditions of this program at any time without notice.

\*\* Program pricing is limited to certain manufacturers of this medication. See Pharmacist for details.

Formulary Version: 1-22-2010



Dental	Quantity	Pain / Inflammation (continued)	Quantity
Chlorhexidine Gluconate 0.12% Solution	480	Prednisone 5mg Pak	21
Lidocaine 2% Viscous Solution	100	Prednisone 5mg Pak	48
Sodium Fluoride 1.1% Gel (Freshmint)	56	Prednisone 10mg Pak	21
Sodium Fluoride 5000 Plus 1.1% Gel (Spearmint)	51		
Ophthalmics (eye)	Quantity	Topical	Quantity
Atropine 1% Ophthalmic Solution	5	Betamethasone Dip. 0.05% Cream (15gm)	15
Gentamicin 3mg/ml Ophthalmic Solution	5	Betamethasone Dip. 0.05% Cream (45gm)	45
Neomycin/Poly B /Dex 0.1% Ophthalmic Oint	4	Betamethasone Dip. 0.05% Lotion (60ml)	60
Neomycin/Poly B /Dex 0.1% Ophthalmic Susp	5	Betamethasone Dip. 0.05% Ointment (15gm)	15
Ofloxacin 0.3% Ophthalmic Solution	5	Betamethasone Dip. 0.05% Ointment (45gm)	45
Sulfacetamide Sodium 10% Ophthalmic Ointment	4	Betamethasone Valerate 0.1% Cream (15gm)	15
Sulfacetamide Sodium 10% Ophthalmic Sol.	15	Betamethasone Valerate 0.1% Cream (45gm)	45
Tobramycin 0.3% Ophthalmic Solution	5	Betamethasone Valerate 0.1% Lotion (60ml)	60
Trimethoprim and Poly B Ophthalmic Solution	10	Betamethasone Valerate 0.1% Ointment (15gm)	15
		Betamethasone Valerate 0.1% Ointment (45gm)	45
Pain / Inflammation	Quantity	Clindamycin 1% Solution	30
Acetaminophen 120mg Suppositories**	12	Clobetasol 0.05% Cream (15gm)	15
Acetaminophen 325mg Suppositories**	12	Clobetasol 0.05% Cream (30gm)	30
Acetaminophen 650mg Suppositories**	12	Clobetasol 0.05% Ointment (15gm)	15
Dexamethasone 0.5mg Tablet	90	Clobetasol 0.05% Ointment (30gm)	30
Dexamethasone 0.75mg Tablet	36	Clotrimazole and Betamethasone Cream	45
Dexamethasone 4mg Tablet	18	Desonide 0.05% Cream	15
Ibuprofen 100mg/5ml Suspension**	120	Fluocinonide 0.05% Ointment (15gm)	15
Ibuprofen 400mg Tablet	120	Fluocinonide 0.05% Ointment (30gm)	30
Ibuprofen 600mg Tablet	120	Fluocinonide 0.05% Cream (15gm)	15
Ibuprofen 800mg Tablet	90	Fluocinonide 0.05% Cream (30gm)	30
Ketorolac 10mg Tablet	20	Gentamicin 0.1% Cream (15gm)	15
Methylprednisolone 4mg Pak	21	Gentamicin 0.1% Cream (30gm)	30
Methylprednisolone 4mg Tablet	21	Gentamicin 0.1% Ointment (15gm)	15
Naproxen 250mg Tablet	60	Gentamicin 0.1% Ointment (30gm)	30
Naproxen 375mg Tablet	60	Hydrocortisone 2.5% Cream	30
Naproxen 500mg Tablet	60	Hydrocortisone 2.5% Ointment	30
Naproxen Sodium 550mg Tablet	30	Nystatin 100MU/gm Cream (15gm)	15
Prednisolone 6.7mg/5ml Syrup	120	Nystatin 100MU/gm Cream (30gm)	30
		Nystatin 100MU/gm Ointment (15gm)	15

The \$5 Prescription Program covers up to the quantity specified for each eligible drug. Most quantities are based on a course of therapy at commonly prescribed dosages. Prices for greater than the specified quantity are prorated based on the \$5 Prescription Program price. Enrollment in the Kmart 90 Day Generics Program is required to receive the \$5 Prescription Program price. Only eligible drugs will be covered. List may change and vary by state at any given time. Kmart reserves the right to modify or discontinue this program or modify the terms and conditions of this program at any time without notice.

\*\* Program pricing is limited to certain manufacturers of this medication. See Pharmacist for details.



<b>Topical (continued)</b>	<b>Quantity</b>	<b>Gastrointestinal</b>	<b>Quantity</b>
Nystatin 100MU/gm Ointment (30gm)	30	Prochlorperazine 5mg Tablet	40
Nystatin/Triamcinolone 100MU-0.1 Cream (15gm)	15	Loperamide 2mg Capsule	60
Nystatin/Triamcinolone 100MU-0.1 Cream (30gm)	30	Prochlorperazine 10mg Tablet	40
Nystatin/Triamcinolone 100MU-0.1 Cream (60gm)	60	Promethazine 25mg Tablet	20
Nystatin/Triamcinolone 100MU-0.1 Oint (15gm)	15	Odansetron 4mg Tablet	3
Nystatin/Triamcinolone 100MU-0.1 Oint (30gm)	30	Odansetron 8mg Tablet	3
Nystatin/Triamcinolone 100MU-0.1 Oint (60gm)	60	Odansetron 24mg Tablet	1
Silver Sulfadiazine 1% Cream (50gm)	50		
Triamcinolone Acetonide 0.025% Cream (15gm)	15		
Triamcinolone Acetonide 0.025% Cream (80gm)	80		
Triamcinolone Acetonide 0.025% Ointment (15gm)	15		
Triamcinolone Acetonide 0.025% Ointment (80gm)	80		
Triamcinolone Acetonide 0.1% Cream (15gm)	15		
Triamcinolone Acetonide 0.1% Cream (80gm)	80		
Triamcinolone Acetonide 0.1% Ointment (15gm)	15		
Triamcinolone Acetonide 0.1% Ointment (80gm)	80		
Triamcinolone Acetonide 0.5% Cream (15gm)	15		
Triamcinolone Acetonide 0.5% Ointment (15gm)	15		

The \$5 Prescription Program covers up to the quantity specified for each eligible drug. Most quantities are based on a course of therapy at commonly prescribed dosages. Prices for greater than the specified quantity are prorated based on the \$5 Prescription Program price. Enrollment in the Kmart 90 Day Generics Program is required to receive the \$5 Prescription Program price. Only eligible drugs will be covered. List may change and vary by state at any given time. Kmart reserves the right to modify or discontinue this program or modify the terms and conditions of this program at any time without notice.

\*\* Program pricing is limited to certain manufacturers of this medication. See Pharmacist for details.

Formulary Version: 1-22-2010



<b>Behavioral Health</b>	<b>Quantity</b>	<b>Cardiovascular</b>	<b>Quantity</b>
Amitriptyline 10mg Tablet	90	Amiloride-HCTZ 5mg-50mg Tablet	90
Amitriptyline 25mg Tablet	90	Amlodipine 2.5mg Tablet	90
Amitriptyline 50mg Tablet	90	Amlodipine 5mg Tablet	90
Amitriptyline 75mg Tablet	90	Amlodipine 10mg Tablet	90
Amitriptyline 100mg Tablet	90	Atenolol-Chlorthalidone 50mg-25mg Tablet	90
Amitriptyline 150mg Tablet	90	Atenolol-Chlorthalidone 100mg-25mg Tablet	90
Benzotropine 0.5mg Tablet	180	Atenolol 25mg Tablet	90
Benzotropine 1mg Tablet	180	Atenolol 50mg Tablet	90
Benzotropine 2mg Tablet	90	Atenolol 100mg Tablet	90
Buspirone 5mg Tablet	180	Benazepril 5mg Tablet	90
Buspirone 10mg Tablet	180	Benazepril 10mg Tablet	90
Carbamazepine 100mg Tablet	180	Benazepril 20mg Tablet	90
Carbamazepine 200mg Tablet	180	Benazepril 40mg Tablet	90
Citalopram 10mg Tablet	90	Bisoprolol-HCTZ 2.5mg Tablet	90
Citalopram 20mg Tablet	90	Bisoprolol-HCTZ 5mg Tablet	90
Citalopram 40mg Tablet	90	Bisoprolol-HCTZ 10mg Tablet	90
Doxepin 10mg Capsule	90	Captopril 12.5mg Tablet	180
Doxepin 25mg Capsule	90	Captopril 25mg Tablet	180
Doxepin 50mg Capsule	90	Captopril 50mg Tablet	180
Doxepin 75mg Capsule	90	Carvedilol 3.125mg Tablet	180
Doxepin 100mg Capsule	90	Carvedilol 6.25mg Tablet	180
Fluoxetine 10mg Capsule	90	Carvedilol 12.5mg Tablet	180
Fluoxetine 10mg Tablet	90	Carvedilol 25mg Tablet	180
Fluoxetine 20mg Capsule	180	Clonidine 0.1mg Tablet	90
Haloperidol 0.5mg Tablet	90	Clonidine 0.2mg Tablet	90
Haloperidol 1mg Tablet	90	Clonidine 0.3mg Tablet	90
Haloperidol 2mg Tablet	90	Diltiazem 30mg Tablet	180
Haloperidol 5mg Tablet	90	Diltiazem 60mg Tablet	180
Trazodone 50mg Tablet	90	Diltiazem 90mg Tablet	90
Trazodone 100mg Tablet	90	Diltiazem 120mg Tablet	90
Trazodone 150mg Tablet	90	Doxazosin 1mg Tablet	90
Trihexyphenidyl 2mg Tablet	180	Doxazosin 2mg Tablet	90
		Doxazosin 4mg Tablet	90
		Doxazosin 8mg Tablet	90

The \$10 Prescription Program covers up to the quantity specified for each eligible drug. Most quantities are based on a 90 days' supply at commonly prescribed dosages. Prices for greater than the specified quantity of an eligible drug are prorated based on the \$10 Prescription Program price. Enrollment in the Kmart 90 Day Generics Program is required to receive the \$10 Prescription Program price. Only eligible drugs will be covered. List may change and vary by state at any given time. Kmart reserves the right to modify or discontinue this program or modify the terms and conditions of this program at any time without notice.

\*\* Program pricing is limited to certain manufacturers of this medication. See Pharmacist for details.



<b>Cardiovascular (continued)</b>	<b>Quantity</b>	<b>Cardiovascular (continued)</b>	<b>Quantity</b>
Enalapril 2.5mg Tablet	180	Lisinopril-HCTZ 20-12.5mg Tablet	90
Enalapril 5mg Tablet	180	Lisinopril-HCTZ 20mg-25mg Tablet	90
Enalapril 10mg Tablet	180	Lisinopril-HCTZ 20mg-25mg Tablet	90
Enalapril 20mg Tablet	180	Metoprolol Tartrate 25mg Tablet	180
Enalapril-HCTZ 5mg-12.5mg Tablet	90	Metoprolol Tartrate 50mg Tablet	180
Enalapril-HCTZ 10mg-25mg Tablet	90	Metoprolol Tartrate 100mg Tablet	180
Guanfacine 1mg Tablet	90	Pindolol 5mg Tablet	90
Guanfacine 2mg Tablet	90	Pindolol 10mg Tablet	90
Jantoven 1mg Tablet	90	Potassium Chloride 10% Liquid	1419
Jantoven 2mg Tablet	90	Propranolol 10mg Tablet	180
Jantoven 2.5mg Tablet	90	Propranolol 20mg Tablet	180
Jantoven 3mg Tablet	90	Propranolol 40mg Tablet	180
Jantoven 4mg Tablet	90	Propranolol 80mg Tablet	180
Jantoven 5mg Tablet	90	Terazosin 1mg Capsule	90
Jantoven 6mg Tablet	90	Terazosin 2mg Capsule	90
Jantoven 7.5mg Tablet	90	Terazosin 5mg Capsule	90
Jantoven 10mg Tablet	90	Terazosin 10mg Capsule	90
Klor-con 8meq Tablet	90	Verapamil 80mg Tablet	90
Klor-con 10meq Tablet	90	Verapamil 120mg Tablet	90
Klor-con M 10meq Tablet	90	Warfarin 1mg Tablet	90
Klor-con M 20meq Tablet	90	Warfarin 2mg Tablet	90
Lisinopril 2.5mg Tablet	90	Warfarin 2.5mg Tablet	90
Lisinopril 5mg Tablet	90	Warfarin 3mg Tablet	90
Lisinopril 10mg Tablet	90	Warfarin 4mg Tablet	90
Lisinopril 20mg Tablet	90	Warfarin 5mg Tablet	90
Lisinopril 30mg Tablet	90	Warfarin 6mg Tablet	90
Lisinopril 40mg Tablet	90	Warfarin 7.5mg Tablet	90
Lisinopril-HCTZ 10-12.5mg Tablet	90	Warfarin 10mg Tablet	90

The \$10 Prescription Program covers up to the quantity specified for each eligible drug. Most quantities are based on a 90 days' supply at commonly prescribed dosages. Prices for greater than the specified quantity of an eligible drug are prorated based on the \$10 Prescription Program price. Enrollment in the Kmart 90 Day Generics Program is required to receive the \$10 Prescription Program price. Only eligible drugs will be covered. List may change and vary by state at any given time. Kmart reserves the right to modify or discontinue this program or modify the terms and conditions of this program at any time without notice.

\*\* Program pricing is limited to certain manufacturers of this medication. See Pharmacist for details.



<b>Diabetes</b>		<b>Quantity</b>	<b>Gastrointestinal</b>		<b>Quantity</b>
Glimepiride 1mg Tablet		90	Belladonna Alkaloid/Phenobarbital Tablet		180
Glimepiride 2mg Tablet		90	Dicyclomine 10mg Capsule		270
Glimepiride 4mg Tablet		90	Dicyclomine 20mg Tablet		180
Glipizide 5mg Tablet		180	Famotidine 20mg Tablet		180
Glipizide 10mg Tablet		180	Famotidine 40mg Tablet		90
Glyburide 2.5mg Tablet**		180	Lactulose 10g/15ml Syrup		711
Glyburide 5mg Tablet**		180	Metoclopramide 5mg/5ml Syrup		180
Glyburide Micronized 3mg Tablet		90	Ranitidine 150mg Tablet		180
Glyburide Micronized 6mg Tablet		90	Ranitidine 300mg Tablet		90
Metformin 500mg ER Tablet		180			
Metformin 500mg Tablet		180			
Metformin 1000mg Tablet		180			
<b>Diuretic</b>		<b>Quantity</b>	<b>Ophthalmics (eye)</b>		<b>Quantity</b>
Bumetanide 0.5mg Tablet		90	Levobunolol 0.5% Ophthalmic Solution		15
Bumetanide 1mg Tablet		90	Pilocarpine 1% Ophthalmic Solution		45
Chlorthalidone 25mg Tablet		90	Pilocarpine 2% Ophthalmic Solution		45
Chlorthalidone 50mg Tablet		90	Timolol Maleate 0.25% Ophthalmic Solution		15
Furosemide 20mg Tablet		90	Timolol Maleate 0.5% Ophthalmic Solution		15
Furosemide 40mg Tablet		90			
Furosemide 80mg Tablet		90	<b>Misc</b>		<b>Quantity</b>
Hydrochlorothiazide 12.5mg Capsule		90	Allopurinol 100mg Tablet		90
Hydrochlorothiazide 25mg Tablet		90	Allopurinol 300mg Tablet		90
Hydrochlorothiazide 50mg Tablet		90	Cetirizine 10mg Tablet**		90
Indapamide 1.25mg Tablet		90	Isoniazid 300mg Tablet		90
Indapamide 2.5mg Tablet		90	Oxybutynin 5mg Tablet		180
Spironolactone 25mg Tablet		90	Loratadine 10mg Tablet**		90
Triam/HCTZ 37.5mg/25mg Capsule		90			
Triam/HCTZ 37.5mg/25mg Tablet		90	<b>Pain / Inflammation</b>		<b>Quantity</b>
Triam/HCTZ 75mg/50mg Tablet		90	Chlorzoxazone 500mg Tablet		90
			Cyclobenzaprine 5mg Tablet		90
			Cyclobenzaprine 10mg Tablet		90
			Ibuprofen 400mg Tablet		360
			Ibuprofen 600mg Tablet		360
			Ibuprofen 800mg Tablet		270
			Meloxicam 7.5mg Tablet		90
			Meloxicam 15mg Tablet		90
<b>Vitamins / Supplements</b>		<b>Quantity</b>			
Folic Acid 1mg Tablet		90			
Mag Oxide 400mg Tablet **		90			
Vica-Forte Capsule**		90			

The \$10 Prescription Program covers up to the quantity specified for each eligible drug. Most quantities are based on a 90 days' supply at commonly prescribed dosages. Prices for greater than the specified quantity of an eligible drug are prorated based on the \$10 Prescription Program price. Enrollment in the Kmart 90 Day Generics Program is required to receive the \$10 Prescription Program price. Only eligible drugs will be covered. List may change and vary by state at any given time. Kmart reserves the right to modify or discontinue this program or modify the terms and conditions of this program at any time without notice.

\*\* Program pricing is limited to certain manufacturers of this medication. See Pharmacist for details.



**kmart  
pharmacy**

## \$10 90-Day Generics Program Formulary

<b>Pain / Inflammation (continued)</b>	<b>Quantity</b>	<b>Respiratory</b>	<b>Quantity</b>
Piroxicam 10mg Capsule	180	Albuterol 0.083% Solution Nebules	225
Piroxicam 20mg Capsule	90	Ipratropium 0.02% Solution Nebules	225
Prednisone 2.5mg Tablet	90		
Prednisone 5mg Tablet	90		
Prednisone 10mg Tablet	90		
Prednisone 20mg Tablet	90		

The \$10 Prescription Program covers up to the quantity specified for each eligible drug. Most quantities are based on a 90 days' supply at commonly prescribed dosages. Prices for greater than the specified quantity of an eligible drug are prorated based on the \$10 Prescription Program price. Enrollment in the Kmart 90 Day Generics Program is required to receive the \$10 Prescription Program price. Only eligible drugs will be covered. List may change and vary by state at any given time. Kmart reserves the right to modify or discontinue this program or modify the terms and conditions of this program at any time without notice.

\*\* Program pricing is limited to certain manufacturers of this medication. See Pharmacist for details.

Formulary Version: 1-22-2010



<b>Anti - Infective</b>	<b>Quantity</b>	<b>Cardiovascular (continued)</b>	<b>Quantity</b>
Acyclovir 200mg Capsule	180	Benazepril/HCTZ 20mg/12.5mg Tablet	90
Acyclovir 400mg Tablet	180	Benazepril/HCTZ 20mg/25mg Tablet	90
Acyclovir 800mg Tablet	90	Captopril 100mg Tablet	180
Terbinafine 250mg Tablet	90	Captopril/HCTZ 25-15mg Tablet	180
		Captopril/HCTZ 25-25mg Tablet	180
		Digoxin 0.125mg Tablet	90
		Digoxin 0.25mg Tablet	90
		Hydralazine 10mg Tablet	90
		Hydralazine 25mg Tablet	90
		Isosorbide Dinitrate 5mg Tablet	270
		Isosorbide Dinitrate 10mg Tablet	270
		Isosorbide Dinitrate 20mg Tablet	270
		Isosorbide Dinitrate 30mg Tablet	180
		Nadolol 20mg Tablet	90
		Nadolol 40mg Tablet	90
		Nicardipine 20mg Capsule	180
		Nitroglycerin 0.3mg Sublingual Tablet**	100
		Nitroglycerin 0.4mg Sublingual Tablet**	100
		Nitroglycerin 0.6mg Sublingual Tablet**	100
		Pravastatin 10mg Tablet	90
		Pravastatin 20mg Tablet	90
		Pravastatin 40mg Tablet	90
		Prazosin 1mg Capsule	90
		Prazosin 2mg Capsule	90
		Quinapril 5mg Tablet	90
		Quinapril 10mg Tablet	90
		Quinapril 20mg Tablet	90
		Quinapril 40mg Tablet	90
		Simvastatin 5mg Tablet	90
		Simvastatin 10mg Tablet	90
		Simvastatin 20mg Tablet	90
		Simvastatin 40mg Tablet	90
		Simvastatin 80mg Tablet	90
		Sotalol 80mg Tablet	90
		Sotalol AF 80mg Tablet	90
<b>Behavioral Health</b>	<b>Quantity</b>		
Buspirone 15mg Tablet	180		
Clomipramine 25mg Capsule	90		
Clomipramine 50mg Capsule	90		
Fluphenazine 1mg Tablet	90		
Fluphenazine 5mg Tablet	90		
Hydroxyzine Pamoate 25mg Capsule	180		
Hydroxyzine Pamoate 50mg Capsule	180		
Lithium Carbonate 300mg Capsule	270		
Nortriptyline 10mg Capsule	180		
Nortriptyline 25mg Capsule	180		
Nortriptyline 50mg Capsule	180		
Nortriptyline 75mg Capsule	180		
Paroxetine 10mg Tablet	90		
Paroxetine 20mg Tablet	90		
Paroxetine 30mg Tablet	90		
Paroxetine 40mg Tablet	90		
Sertraline 25mg Tablet	90		
Sertraline 50mg Tablet	90		
Sertraline 100mg Tablet	90		
Thioridazine 10mg Tablet	90		
Thioridazine 25mg Tablet	90		
Thioridazine 50mg Tablet	90		
Thiothixene 1mg Capsule	90		
Thiothixene 2mg Capsule	90		
Thiothixene 5mg Capsule	90		
<b>Cardiovascular</b>	<b>Quantity</b>		
Benazepril/HCTZ 5mg/6.25mg Tablet	90		
Benazepril/HCTZ 10mg/12.5mg Tablet	90		

The \$15 Prescription Program covers up to the quantity specified for each eligible drug. Most quantities are based on a 90 days' supply at commonly prescribed dosages. Prices for greater than the specified quantity of an eligible drug are prorated based on the \$15 Prescription Program price. Enrollment in the Kmart 90 Day Generics Program is required to receive the \$15 Prescription Program price. Only eligible drugs will be covered. List may change and vary by state at any given time. Kmart reserves the right to modify or discontinue this program or modify the terms and conditions of this program at any time without notice.

\*\* Program pricing is limited to certain manufacturers of this medication. See Pharmacist for details.



<b>Diabetes</b>	<b>Quantity</b>	<b>Vitamins / Supplements</b>	<b>Quantity</b>
Chlorpropamide 100mg Tablet	90	Ferrous Sulfate 325mg Tablet	180
Metformin 850mg Tablet	180	Rena-vite Tablet	90
Metformin 750mg ER Tablet	90	Rena-vite RX Tablet	90
		Therobec Tablet**	90
		Therobec Plus Tablet**	90
		Mag 64 Tablet**	180

  

<b>Diuretic</b>	<b>Quantity</b>	<b>Thyroid</b>	<b>Quantity</b>
Bumetanide 2mg Tablet	90	Levothyroxine 25mcg Tablet	90
		Levothyroxine 50mcg Tablet	90
		Levothyroxine 75mcg Tablet	90
		Levothyroxine 88mcg Tablet	90
		Levothyroxine 100mcg Tablet	90
		Levothyroxine 112mcg Tablet	90
		Levothyroxine 125mcg Tablet	90
		Levothyroxine 137mcg Tablet	90
		Levothyroxine 150mcg Tablet	90
		Levothyroxine 175mcg Tablet	90
		Levothyroxine 200mcg Tablet	90

  

<b>Gastrointestinal</b>	<b>Quantity</b>	<b>Misc</b>	<b>Quantity</b>
Cimetidine 200mg Tablet	180	Baclofen 10mg Tablet	270
Cimetidine 300mg Tablet	180	Baclofen 20mg Tablet	180
Cimetidine 400mg Tablet	180	Cytra-2 Solution	540
Cimetidine 800mg Tablet	90	Cytra-3 Syrup	540
Megestrol Acetate 20mg Tablet	90	Cytra-K Syrup	540
Metoclopramide 5mg Tablet	360		
Metoclopramide 10mg Tablet	270		
Sulfasalazine 500mg Tablet	180		

  

<b>Pain / Inflammation</b>	<b>Quantity</b>		
Methocarbamol 500mg Tablet	180		
Methocarbamol 750mg Tablet	180		
Tizanidine 2mg Tablet	180		
Tizanidine 4mg Tablet	180		

The \$15 Prescription Program covers up to the quantity specified for each eligible drug. Most quantities are based on a 90 days' supply at commonly prescribed dosages. Prices for greater than the specified quantity of an eligible drug are prorated based on the \$15 Prescription Program price. Enrollment in the Kmart 90 Day Generics Program is required to receive the \$15 Prescription Program price. Only eligible drugs will be covered. List may change and vary by state at any given time. Kmart reserves the right to modify or discontinue this program or modify the terms and conditions of this program at any time without notice.

\*\* Program pricing is limited to certain manufacturers of this medication. See Pharmacist for details.



Arthritis	Quantity	Price
Leflunomide 10mg Tablet	30	\$25
Leflunomide 20mg Tablet	30	\$25
Methotrexate 2.5mg Tablet	36	\$25

Topical	Quantity	Price
Benzoyl Peroxide 10% Gel	60	\$25
Benzoyl Peroxide 10% Gel	90	\$25
Erythromycin 2% Gel	60	\$25
Erythromycin 2% Solution	60	\$25
Erythromycin Benzoyl Peroxide Gel	23	\$25
Alphaquin HP 4% Cream**	30	\$25
Metronidazole 0.75% Cream	45	\$25
Metronidazole 0.75% Gel	45	\$25
Metronidazole 0.75% Vaginal Gel	70	\$25
Terconazole 0.8% Vaginal Cream	20	\$25
Vandazole 0.75% Vaginal Gel**	70	\$25
Ciclopirox 8% Nail Solution	7	\$25

Osteoporosis	Quantity	Price
Alendronate 35mg Tablet	12	\$15
Alendronate 70mg Tablet	12	\$15

Contraceptives	Quantity	Price
Sprintec 28 day Tablet**	28	\$10
Tri-sprintec 28 day Tablet**	28	\$10
Apri 0.15-30 28 day Tablet**	28	\$25
Aranelle 28 day Tablet**	28	\$25
Aviane 28 day Tablet**	28	\$25
Camila 0.35mg 28 day Tablet**	28	\$25
Cryselle 28 day Tablet**	28	\$25
Enpresse 28 day Tablet**	28	\$25
Errin 0.35mg 28 day Tablet**	28	\$25
Gildess FE 1-20 28 day Tablet**	28	\$25
Gildess FE 1.5-30 28 day Tablet**	28	\$25
Jolivette 0.35mg 28 day Tablet**	28	\$25
Junel 1.5/30 21 day Tablet**	21	\$25

Contraceptives (continued)	Quantity	Price
Junel 1/20 21 day Tablet**	21	\$25
Junel FE 1.5-30 28 day Tablet**	28	\$25
Junel FE 1/20 28 day Tablet**	28	\$25
Kelnor 1/35 28 day Tablet**	28	\$25
Leena 28 day Tablet**	28	\$25
Lessina 0.1/0.02mg 28 day Tablet**	28	\$25
Levora 28 day Tablet**	28	\$25
Lutera 1/20 28 day Tablet**	28	\$25
Necon 1/50 28 day Tablet**	28	\$25
Necon 10/11 28 day Tablet**	28	\$25
Nortrel 0.5/35 28 day Tablet**	28	\$25
Nortrel 1/35 21 day Tablet**	21	\$25
Nortrel 1/35 28 day Tablet**	28	\$25
Nortrel 7/7/7 28 day Tablet**	28	\$25
Portia 28 day Tablet**	28	\$25
Previfem 28 day Tablet**	28	\$10
Solia 28 day Tablet**	28	\$25
Tri-Previfem 28 day Tablet**	28	\$10
Velivet 28 day Tablet**	28	\$25
Zovia 1/35 28 day Tablet**	28	\$25

Vitamins / Supplements	Quantity	Price
Calcium + Vitamin D 600mg/200mg Tab**	60	\$5
Calcium Carbonate 1250mg Tablet**	60	\$5
Prenacare Tablet**	90	\$15
Vitamin D 50000IU Capsule	14	\$25
Calcitriol 0.25mcg Capsule	30	\$25
Prenatal AD Tablet**	90	\$15
Inatal Advance Tablet**	90	\$15
Inatal Ultra Tablet**	90	\$15
Prenafirst AF GF Tablet**	90	\$25
Prenapilus Tablet**	90	\$15
Prenatal 27-0.8mg Tablet**	90	\$10
Prenatal U Capsule**	90	\$25
PrenaTabs FA Tablet**	90	\$15
PrenaTabs RX Tablet**	90	\$15

The \$25 Prescription Program covers up to the quantity specified for each eligible drug. Most quantities are based on a course of therapy at commonly prescribed dosages. Prices for greater than the specified quantity are prorated based on the \$25 Prescription Program price. Enrollment in the Kmart 90 Day Generics Program is required to receive the \$25 Prescription Program price. Only eligible drugs will be covered. List may change and vary by state at any given time. Kmart reserves the right to modify or discontinue this program or modify the terms and conditions of this program at any time without notice.

\*\* Program pricing is limited to certain manufacturers of this medication. See Pharmacist for details.



<b>Vitamins / Supplements (con't)</b>	<b>Quantity</b>	<b>Price</b>
SE-Natal 90 Tablet**	90	\$25
Prenatal Plus 27-1mg Tablet**	90	\$15
Trinate Tablet**	90	\$15
Vinate GT Tablet**	90	\$25
Vinate M Tablet**	90	\$15
Vinate Ultra Tablet**	90	\$15

<b>Fertility</b>	<b>Quantity</b>	<b>Price</b>
Clomiphene 50mg tablet	10	\$25

<b>Urinary Tract / Bladder</b>	<b>Quantity</b>	<b>Price</b>
Phenazopyridine 100mg Tablet	20	\$5
Phenazopyridine 200mg Tablet	20	\$5
Nitrofurantoin Macrocrystals 50mg Cap	42	\$25
Nitrofurantoin 100mg Capsule	42	\$25

<b>Breast Cancer</b>	<b>Quantity</b>	<b>Price</b>
Tamoxifen 10mg Tablet	180	\$25
Tamoxifen 20mg Tablet	90	\$25

<b>Hormone Replacement Therapy</b>	<b>Quantity</b>	<b>Price</b>
Estradiol 0.5mg Tablet	90	\$10
Estradiol 1mg Tablet	90	\$10
Estradiol 2mg Tablet	90	\$10
Estropipate 0.75mg Tablet	90	\$10
Estropipate 1.5mg Tablet	90	\$10
Medroxyprogesterone 2.5mg Tablet	90	\$10
Medroxyprogesterone 5mg Tablet	90	\$10
Medroxyprogesterone 10mg Tablet	90	\$10
Methyltestosterone Estrogen DS Tablet	30	\$25
Methyltestosterone Estrogen HS Tablet	30	\$25
Estradiol 0.025mg Patch	4	\$25
Estradiol 0.0375mg Patch	4	\$25
Estradiol 0.05mg Patch	4	\$25
Estradiol 0.06mg Patch	4	\$25
Estradiol 0.075mg Patch	4	\$25
Estradiol 0.1mg Patch	4	\$25

The \$25 Prescription Program covers up to the quantity specified for each eligible drug. Most quantities are based on a course of therapy at commonly prescribed dosages. Prices for greater than the specified quantity are prorated based on the \$25 Prescription Program price. Enrollment in the Kmart 90 Day Generics Program is required to receive the \$25 Prescription Program price. Only eligible drugs will be covered. List may change and vary by state at any given time. Kmart reserves the right to modify or discontinue this program or modify the terms and conditions of this program at any time without notice.

\*\* Program pricing is limited to certain manufacturers of this medication. See Pharmacist for details.  
Formulary Version: 1-22-2010