

**Kmart  
pharmacy****\$5 Generic Medication Program Formulary**

| <b>Anti-Infectives</b>                   | <b>Quantity</b> | <b>Anti-Infectives (continued)</b>         | <b>Quantity</b> |
|--|-----------------|--|-----------------|
| Amoxil 50mg/ml Suspension (15ml)         | 30              | Erythromycin Ethylsuccinate 200mg/5ml Susp | 180             |
| Amoxil 50mg/ml Suspension (30ml)         | 60              | Erythromycin Ethylsuccinate 400mg Tablet   | 28              |
| Amoxicillin 125mg Chewable Tablet        | 20              | Fluconazole 150mg Tablet                   | 1               |
| Amoxicillin 125mg/5ml Suspension (80ml)  | 80              | Metronidazole 250mg Tablet                 | 28              |
| Amoxicillin 125mg/5ml Suspension (100ml) | 100             | Metronidazole 500mg Tablet                 | 21              |
| Amoxil 125/5ml Suspension (150ml)        | 150             | Nystatin 100000U Suspension                | 60              |
| Amoxicillin 200mg Chewable Tablet        | 20              | Penicillin VK 125mg/5ml Suspension (100ml) | 100             |
| Amoxicillin 200mg/5ml Suspension (50ml)  | 50              | Penicillin VK 125mg/5ml Suspension (200ml) | 200             |
| Amoxicillin 200mg/5ml Suspension (75ml)  | 75              | Penicillin VK 250mg Tablet                 | 28              |
| Amoxicillin 200mg/5ml Suspension (100ml) | 100             | Penicillin VK 250mg/5ml Suspension (100ml) | 100             |
| Amoxicillin 250mg Capsule                | 30              | Penicillin VK 250mg/5ml Suspension (200ml) | 200             |
| Amoxicillin 250mg Tablet                 | 30              | Penicillin VK 500mg Tablet                 | 28              |
| Amoxicillin 250mg Chewable Tablet        | 30              | Tetracycline 250mg Capsule                 | 60              |
| Amoxil 250mg/5ml Suspension (100ml)      | 100             | Tetracycline 500mg Capsule                 | 60              |
| Amoxicillin 250mg/5ml Suspension (150ml) | 150             | Trimethoprim and SMZ 200mg-40mg/5ml Susp   | 240             |
| Amoxicillin 400mg/5ml Suspension (50ml)  | 50              | Trimethoprim and SMZ 400mg-80mg Tablet     | 28              |
| Amoxicillin 400mg/5ml Suspension (75ml)  | 75              | Trimethoprim and SMZ DS 800mg-160mg Tablet | 20              |
| Amoxicillin 400mg/5ml Suspension (100ml) | 100             |  |                 |
| Amoxil 500mg Capsule                     | 30              |  |                 |
| Amoxicillin 875mg Tablet                 | 20              | <b>Cold / Flu</b>                          | <b>Quantity</b> |
| Ampicillin 250mg Capsule                 | 28              | Benzonatate 100mg Capsule                  | 21              |
| Ampicillin 500mg Capsule                 | 28              | Benzonatate 200mg Capsule                  | 14              |
| Cephalexin 250mg Capsule                 | 40              | Ceron-DM Syrup                             | 180             |
| Cephalexin 500mg Capsule                 | 28              | Cyproheptadine 4mg Tablet                  | 30              |
| Ciprofloxacin 250mg Tablet               | 20              | De-chlor DM Syrup                          | 180             |
| Ciprofloxacin 500mg Tablet               | 20              | Dex PC Syrup                               | 180             |
| Ciprofloxacin 750mg Tablet               | 20              | Diphenhydramine 25mg Capsule               | 28              |
| Clindamycin 150mg Capsule                | 28              | Diphenhydramine 50mg Capsule               | 28              |
| Doxycycline Hyclate 50mg Capsule         | 20              | Gani-Tuss-DM 100mg-10mg/5ml Syrup          | 180             |
| Doxycycline Hyclate 100mg Capsule        | 20              | Promethazine DM Syrup                      | 180             |
| Doxycycline Hyclate 100mg Tablet         | 20              | Promethazine Plain Syrup                   | 180             |
| Erythrocin Stearate 250mg Tablet         | 40              | Promethazine VC Plain Syrup                | 180             |
| Erythrocin Stearate 500mg Tablet         | 28              | PSE Brom DM Syrup                          | 150             |

The \$5 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 \$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.

**Kmart  
pharmacy****\$5 Generic Medication Program Formulary**

| <b>Dental</b>                                  |  | <b>Quantity</b> | <b>Respiratory</b>                          |  | <b>Quantity</b> |
|--|--|-----------------|---|--|-----------------|
| Chlorhexidine Gluconate 0.12% Solution         |  | 473             | Albuterol 2mg Tablet                        |  | 90              |
| Lidocaine 2% Viscous Solution                  |  | 100             | Albuterol 2mg/5ml Syrup                     |  | 360             |
| Sodium Fluoride 1.1% Gel (Freshmint)           |  | 56              | Albuterol 4mg Tablet                        |  | 60              |
| Sodium Fluoride 5000 Plus 1.1% Gel (Spearmint) |  | 51              | Albuterol 5mg/ml Solution                   |  | 20              |
| <b>Ophthalmics (eye)</b>                       |  | <b>Quantity</b> | <b>Topical</b>                              |  | <b>Quantity</b> |
| Atropine 1% Ophthalmic Solution                |  | 5               | Acetic Acid/Aluminum Acetate 2% Solution    |  | 60              |
| Bacitracin Ophthalmic Ointment                 |  | 4               | Ammonium Lactate 12% Cream                  |  | 144             |
| Erythromycin Ophthalmic Ointment               |  | 4               | 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 Sol.       |  | 15              | Betamethasone Valerate 0.1% Cream (15gm)    |  | 15              |
| Trimethoprim and Poly B Ophthalmic Solution    |  | 10              | Betamethasone Valerate 0.1% Cream (45gm)    |  | 45              |
|  |  |                 | Betamethasone Valerate 0.1% Lotion (60ml)   |  | 60              |
| <b>Otic (ear)</b>                              |  | <b>Quantity</b> | Betamethasone Valerate 0.1% Ointment (15gm) |  | 15              |
| Antipyrine and Benzocaine Otic Solution        |  | 10              | Betamethasone Valerate 0.1% Ointment (45gm) |  | 45              |
| <b>Pain / Inflammation</b>                     |  | <b>Quantity</b> | Clindamycin 1% Solution                     |  | 30              |
| Acetaminophen 120mg Suppositories              |  | 12              | Clobetasol 0.05% Cream                      |  | 15              |
| Acetaminophen 325mg Suppositories              |  | 12              | Clobetasol 0.05% Ointment                   |  | 15              |
| Acetaminophen 650mg Suppositories              |  | 12              | Clotrimazole and Betamethasone Cream        |  | 45              |
| Anucort-HC 25mg Suppositories                  |  | 12              | Desonide 0.05% Cream                        |  | 15              |
| Dexamethasone 0.5mg Tablet                     |  | 90              | Fluocinolone 0.01% Cream (15gm)             |  | 15              |
| Dexamethasone 0.75mg Tablet                    |  | 36              | Fluocinolone 0.01% Cream (60gm)             |  | 60              |
| Dexamethasone 4mg Tablet                       |  | 18              | Fluocinonide 0.05% Ointment (15gm)          |  | 15              |
| Ibuprofen 100mg/5ml Suspension                 |  | 240             | Fluocinonide 0.05% Ointment (30gm)          |  | 30              |
| Ketorolac 10mg Tablet                          |  | 20              | Fluocinonide 0.05% Cream (15gm)             |  | 15              |
| Methylprednisolone 4mg Pak                     |  | 21              | Fluocinonide 0.05% Cream (30gm)             |  | 30              |
| Methylprednisolone 4mg Tablet                  |  | 21              | Fluocinolone 0.01% Solution                 |  | 60              |
| Naproxen Sodium 550mg Tablet                   |  | 30              | Gentamicin 0.1% Cream (15gm)                |  | 15              |
| Prednisolone 6.7mg/5ml Syrup                   |  | 120             | Gentamicin 0.1% Cream (30gm)                |  | 30              |
| Prednisolone 15mg/5ml Syrup                    |  | 120             | Gentamicin 0.1% Ointment (15gm)             |  | 15              |
|  |  |                 | Gentamicin 0.1% Ointment (30gm)             |  | 30              |

The \$5 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 \$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.



**kmart  
pharmacy**

## \$5 Generic Medication Program Formulary

| <b>Topical (continued)</b>                    | <b>Quantity</b> | <b>Topical (continued)</b>                     | <b>Quantity</b> |
|---|-----------------|--|-----------------|
| Hydrocortisone 2.5% Cream                     | 30              | Triamcinolone Acetonide 0.025% Cream (15gm)    | 15              |
| Hydrocortisone 2.5% Ointment                  | 20              | Triamcinolone Acetonide 0.025% Cream (80gm)    | 80              |
| Nystatin 100MU/gm Cream (15gm)                | 15              | Triamcinolone Acetonide 0.025% Ointment (80gr) | 80              |
| Nystatin 100MU/gm Cream (30gm)                | 30              | Triamcinolone Acetonide 0.1% Cream (15gm)      | 15              |
| Nystatin 100MU/gm Ointment (15gm)             | 15              | Triamcinolone Acetonide 0.1% Cream (80gm)      | 80              |
| Nystatin 100MU/gm Ointment (30gm)             | 30              | Triamcinolone Acetonide 0.1% Ointment (15gm)   | 15              |
| Nystatin/Triamcinolone 100MU-0.1 Cream (15gm) | 15              | Triamcinolone Acetonide 0.1% Ointment (80gm)   | 80              |
| Nystatin/Triamcinolone 100MU-0.1 Cream (30gm) | 30              | Triamcinolone Acetonide 0.5% Cream (15gm)      | 15              |
| Nystatin/Triamcinolone 100MU-0.1 Cream (60gm) | 60              | Triamcinolone Acetonide 0.5% Ointment (15gm)   | 15              |
| Nystatin/Triamcinolone 100MU-0.1 Oint (15gm)  | 15              |  |                 |
| Nystatin/Triamcinolone 100MU-0.1 Oint (30gm)  | 30              |  |                 |
| Nystatin/Triamcinolone 100MU-0.1 Oint (60gm)  | 60              |  |                 |
| Silver Sulfadiazine 1% Cream (50gm)           | 50              |  |                 |

  

| <b>Gastrointestinal</b>      | <b>Quantity</b> |
|------------------------------|-----------------|
| Prochloroperazine 5mg Tablet | 40              |

The \$5 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 \$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.