



Today's Date: July 31, 2008

**Our new \$4 and \$10 Prescription Programs
include generic drugs in the following categories:**

• Allergies, Cold & Flu

Medication Name	30 Day Supply	90 Day Supply
* Benzonatate Cap 100Mg	14	42
Ceron Drp	30	90
Ceron-Dm Syrp	120	360
Guaifenesin Dm Syrp	120	360
Hydroxyzine Syrp	120	360
Loratadine Tab 10Mg	30	90
Prometh Dm Syrp	120	360
* Prometh Plain Syrp	120	360

• Antifungal

Medication Name	30 Day Supply	90 Day Supply
Acyclovir Cap 200Mg	30	90
Fluconazole Tab 150Mg U/U	1	3
Metronidazole Tab 250Mg	28	84
Metronidazole Tab 500Mg	14	42
Terbinafine Tab 250Mg	30	90

• Arthritis & Pain

Medication Name	30 Day Supply	90 Day Supply
Baclofen Tab 10Mg	60	180
Cyclobenzaprine Tab 10Mg	30	90
Cyclobenzaprine Tab 5Mg	30	90
Dexamethasone Tab 0.5Mg	30	90
Dexamethasone Tab 0.75Mg	18	54
* Dexamethasone Tab 4Mg	12	36
Diclofenac Sod Tab 75Mg	60	180
* Ibuprofen Susp 100Mg/5ML	120	360
Ibuprofen Tab 400Mg	90	270
Ibuprofen Tab 600Mg	60	180
Ibuprofen Tab 800Mg	60	180
* Indomethacin Cap 25Mg	60	180
Meloxicam Tab 15Mg	30	90
Meloxicam Tab 7.5Mg	30	90
Naproxen Tab 375Mg	60	180
Naproxen Tab 500Mg	60	180
Piroxicam Cap 20Mg	30	90

• Asthma

Medication Name	30 Day Supply	90 Day Supply
* Albuterol Inh Sol 0.083%	75	225
* Albuterol Sol 0.5%	20	60
Albuterol Syrp	120	360

* Albuterol Tab 2Mg	90	270
* Albuterol Tab 4Mg	60	180
* Ipratropium Sol .02% Udv	75	225

• Cholesterol

Medication Name	30 Day Supply	90 Day Supply
Lovastatin Tab 10Mg	30	90
Lovastatin Tab 20Mg	30	90
Lovastatin Tab 40Mg	30	90

• Diabetes

Medication Name	30 Day Supply	90 Day Supply
Chlorpropamide Tab 100Mg	30	90
Glimepiride Tab 1Mg	30	90
Glipizide Tab 10Mg	60	180
Glipizide Tab 5Mg	30	90
Glyburide Micro Tab 3Mg	30	90
Glyburide Micro Tab 6Mg	30	90
Glyburide Tab 2.5Mg	30	90
* Glyburide Tab 5Mg	30	90
Metformin Er Tab 500Mg	60	180
Metformin Tab 1000Mg	60	180
Metformin Tab 500Mg	60	180
Metformin Tab 850Mg	60	180

• Eye & Ear Health

Medication Name	30 Day Supply	90 Day Supply
A/B Otic Sol	15	45
Atropine Opt Sol 1%	5	15
Erythromycin Opt Oint	3.5	10.5
Gentamicin Opt Sol 0.3%	5	15
Levobunolol Opt 0.5%	5	15
Neomyc/Polyb/Dex Opt Susp	5	15
Neo-Poly-Dex Opt Oint	3.5	10.5
Pilocarpine Opt Sol 1%	15	45
Pilocarpine Opt Sol 2%	15	45
Sulfacet Sod Opt Sol 10%	15	45
Timolol Mal Opt Sol .25	5	15
Timolol Mal Opt Sol 0.5	5	15
Tobramycin Opt Sol 0.3%	5	15
Trimeth/Polymyxin Opt Sol	10	30

• Gastrointestinal Health

Medication Name	30 Day Supply	90 Day Supply
Belladonna Alk W/Pb Tab	60	180
* Cimetidine Tab 800Mg	30	90
Dicyclomine Cap 10Mg	90	270
Dicyclomine Cap 20Mg	60	180
* Enulose Sol 10G/15Ml	473	1419
Famotidine Tab 20Mg	30	90
Metoclopramide Syrp 5Mg	120	360
Metoclopramide Tab 10Mg	60	180
* Promethazine Tab 25Mg	30	90

Ranitidine Tab 150Mg	60	180
Ranitidine Tab 300Mg	30	90
• Heart Health & Blood Pressure		
Medication Name	30 Day Supply	90 Day Supply
Allopurinol Tab 100Mg	30	90
Allopurinol Tab 300Mg	30	90
Amiloride/Hctz Tab 5/50	30	90
Amlodipine 2.5Mg	30	90
Amlodipine 5Mg	30	90
Atenol/Chlrthal Tab 100/25	30	90
Atenol/Chlrthal Tab 50/25	30	90
Atenolol Tab 100Mg	30	90
Atenolol Tab 25Mg	30	90
Atenolol Tab 50Mg	30	90
Benazepril Tab 10Mg	30	90
Benazepril Tab 20Mg	30	90
Benazepril Tab 40Mg	30	90
Benazepril Tab 5Mg	30	90
Bisoprolol/Hctz Tab 10Mg	30	90
Bisoprolol/Hctz Tab 2.5Mg	30	90
Bisoprolol/Hctz Tab 5Mg	30	90
Bumetanide Tab 0.5Mg	30	90
* Bumetanide Tab 1Mg	30	90
Captopril Tab 100Mg	90	270
Captopril Tab 12.5Mg	90	270
Captopril Tab 25Mg	90	270
Captopril Tab 50Mg	90	270
Carvedilol Tab 12.5Mg	60	180
Carvedilol Tab 25Mg	60	180
Carvedilol Tab 3.125Mg	60	180
Carvedilol Tab 6.25Mg	60	180
Chlorthalidone Tab 25Mg	30	90
Chlorthalidone Tab 50Mg	30	90
Clonidine Tab .1Mg	30	90
Clonidine Tab .2Mg	30	90
Clonidine Tab .3Mg	30	90
Digitek Tab .125Mg	30	90
Digitek Tab .25Mg	30	90
* Diltiazem Tab 120Mg	30	90
Diltiazem Tab 30Mg	60	180
Diltiazem Tab 60Mg	60	180
Diltiazem Tab 90Mg	60	180
Doxazosin Tab 1Mg	30	90
Doxazosin Tab 2Mg	30	90
Doxazosin Tab 4Mg	30	90
Doxazosin Tab 8Mg	30	90
Enalapril Mal Tab 10Mg	30	90
Enalapril Mal Tab 2.5Mg	30	90
Enalapril Mal Tab 20Mg	30	90
Enalapril Mal Tab 5Mg	30	90
Enalapril/Hctz Tab 5/12.5	30	90
Fosinopril 10Mg	30	90

Furosemide Tab 20Mg	30	90
Furosemide Tab 40Mg	30	90
Furosemide Tab 80Mg	30	90
* Guanfacine Tab 1Mg	30	90
Hctz Cap 12.5Mg	30	90
Hctz Tab 25Mg	30	90
Hctz Tab 50Mg	30	90
* Hydralazine Tab 10Mg	30	90
* Hydralazine Tab 25Mg	30	90
Indapamide Tab 1.25Mg	30	90
Indapamide Tab 2.5Mg	30	90
Isosorbid Mon Er Tab 30Mg	30	90
Isosorbid Mon Er Tab 60Mg	30	90
Lisinop/Hctz Tab 10/12.5	30	90
Lisinop/Hctz Tab 20/12.5	30	90
Lisinop/Hctz Tab 20/25	30	90
Lisinopril Tab 10Mg	30	90
Lisinopril Tab 2.5Mg	30	90
Lisinopril Tab 20Mg	30	90
Lisinopril Tab 30Mg	30	90
Lisinopril Tab 40Mg	30	90
Lisinsopril Tab 5Mg	30	90
* Methyldopa Tab 250Mg	60	180
* Methyldopa Tab 500Mg	30	90
Metoprolol Tab 100Mg	60	180
Metoprolol Tab 25Mg	60	180
Metoprolol Tab 50Mg	60	180
Nadolol Tab 20Mg	30	90
* Nadolol Tab 40Mg	30	90
Nitroquick Sl Tab 0.3Mg	100	300
Nitroquick Sl Tab 0.4Mg	100	300
* Pindolol Tab 10Mg	30	90
* Pindolol Tab 5Mg	30	90
Prazosin Cap 1Mg	30	90
* Prazosin Cap 2Mg	30	90
* Prazosin Cap 5Mg	30	90
Propranolol Tab 10Mg	60	180
Propranolol Tab 20Mg	60	180
Propranolol Tab 40Mg	60	180
Propranolol Tab 80Mg	60	180
Quinapril Tab 10Mg	60	180
Quinapril Tab 20Mg	60	180
Quinapril Tab 40Mg	60	180
Quinapril Tab 5Mg	60	180
Ramipril Tab 10Mg	60	180
Ramipril Tab 2.5Mg	60	180
Ramipril Tab 5Mg	60	180
* Sotalol Tab 80Mg	30	90
Spironolactone Tab 25Mg	30	90
Terazosin Cap 10Mg	30	90
Terazosin Cap 1Mg	30	90
Terazosin Cap 2Mg	30	90

Terazosin Cap 5Mg	30	90
Triamteren/Hctz Tab 75/50	30	90
Triamtrn/Hctz Cap 37.5/25	30	90
Triamtrn/Hctz Tab 37.5/25	30	90
Verapamil Tab 120Mg	60	180
* Verapamil Tab 80Mg	60	180
Warfarin Sodium Tab 10Mg	30	90
Warfarin Sodium Tab 5Mg	30	90
* Warfarin Sodium Tab 1Mg	30	90
Warfarin Sodium Tab 2.5Mg	30	90
* Warfarin Sodium Tab 2Mg	30	90
Warfarin Sodium Tab 3Mg	30	90
Warfarin Sodium Tab 4Mg	30	90
Warfarin Sodium Tab 6Mg	30	90
Warfarin Sodium Tab 7.5Mg	30	90

• **Mental Health**

Medication Name	30 Day Supply	90 Day Supply
Amitriptyline Tab 100Mg	30	90
Amitriptyline Tab 10Mg	60	180
Amitriptyline Tab 25Mg	60	180
Amitriptyline Tab 50Mg	60	180
Amitriptyline Tab 75Mg	30	90
Benzotropine Mes Tab 2Mg	30	90
Buspirone Tab 10Mg	60	180
Buspirone Tab 5Mg	60	180
* Carbamazepine Tab 200Mg	100	300
Citalopram Tab 20Mg	30	90
Citalopram Tab 40Mg	30	90
* Doxepin Cap 100Mg	30	90
Doxepin Cap 10Mg	30	90
Doxepin Cap 25Mg	30	90
Doxepin Cap 50Mg	30	90
Doxepin Cap 75Mg	30	90
Fluoxetine Cap 10Mg	30	90
Fluoxetine Cap 20Mg	30	90
Fluoxetine Cap 40Mg	30	90
* Fluphenazine Tab 1Mg	60	180
Haloperidol Tab .5Mg	60	180
* Haloperidol Tab 1Mg	60	180
* Haloperidol Tab 2Mg	60	180
* Haloperidol Tab 5Mg	60	180
Lithium Carb Cap 300Mg	90	270
Nortriptyline Cap 10Mg	30	90
Nortriptyline Cap 25Mg	30	90
Paroxetine Tab 10Mg	30	90
Paroxetine Tab 20Mg	30	90
Paroxetine Tab 30Mg	30	90
Paroxetine Tab 40Mg	30	90
Prochlorperazine Tab 10Mg	30	90
* Thioridazine Tab 25Mg	30	90
Thioridazine Tab 50Mg	30	90
* Thiothixene Cap 2Mg	30	90

Trazodone Tab 100Mg	30	90
Trazodone Tab 150Mg	30	90
Trazodone Tab 50Mg	30	90
Trihexyphenidyl Tab 2Mg	60	180

• **Skin Conditions**

Medication Name	30 Day Supply	90 Day Supply
Bacitracin Opt Oint	3.5	10.5
Betamethsone Dip Crm .05%	15	45
Betamethsone Dip Crm .05%	45	135
* Betamethsone Val Crm .1%	15	45
* Betamethsone Val Crm .1%	45	135
Betamethsone Val Oint .1%	45	135
Ciclopirox 8% Top Sol	6.6	19.8
Erythromycin Top Sol 2%	60	180
Fluocinlone Ace Sol .01%	60	180
Fluocinonide Crm .05%	15	45
Fluocinonide Crm .05%	30	90
Gentamicin Sulf Crm .1%	15	45
Gentamicin Sulf Oint .1%	15	45
Hydrocortisone Crm 1%	30	90
Hydrocortisone Crm 2.5%	30	90
Lavoclen-4 Creamy Wash	170	510
Nystatin Crm	15	45
Nystatin Crm	30	90
Nystatin Oint	15	45
Nystatin Oint	30	90
Nystatin/Triamcnlon Crm	15	45
Nystatin/Triamcnlon Crm	30	90
Nystatin/Triamcnlon Oint	15	45
* Selenium Sulfide Lot 2.5%	120	360
Triamcinlon Ace Crm .025%	15	45
Triamcinlon Ace Crm .025%	80	240
Triamcinlon Ace Crm .1%	15	45
Triamcinlon Ace Crm .1%	80	240
* Triamcinlon Ace Crm .5%	15	45
Triamcinlon Ace Oint .1%	15	45
Triamcinlon Ace Oint .1%	80	240

• **Thyroid Conditions**

Medication Name	30 Day Supply	90 Day Supply
Levothyroxine Tab 100Mcg	30	90
Levothyroxine Tab 112Mcg	30	90
Levothyroxine Tab 125Mcg	30	90
Levothyroxine Tab 137Mcg	30	90
Levothyroxine Tab 150Mcg	30	90
* Levothyroxine Tab 175Mcg	30	90
* Levothyroxine Tab 200Mcg	30	90
Levothyroxine Tab 25Mcg	30	90
Levothyroxine Tab 50Mcg	30	90
Levothyroxine Tab 75Mcg	30	90
Levothyroxine Tab 88Mcg	30	90

• **Vitamins & Nutritional Health**

Medication Name	30 Day Supply	90 Day Supply
* Cytra-2 Sol	473	1419
Ethedent Chw Tab 0.25Mg	30	90
Folic Acid Tab 1Mg	30	90
Klor Con 10 Sr Tab 10Meq	30	90
Klor-Con 8 Sr Tab 8Meq	30	90
Klor-Con M10 Tab	30	90
Magnesium Oxide Tab 400Mg	60	180
* Mag-Sr Tab 64Mg	30	90
Natacare Pic Tab	30	90
Natacare Plus Tab	30	90
Potassium Cl Oral Sol 10%	473	1419

• Women's Health

Medication Name	30 Day Supply	90 Day Supply
* Clomiphene Cit Tab 50Mg	5	15
Estradiol Tab 0.5Mg	30	90
Estradiol Tab 1Mg	30	90
Estradiol Tab 2Mg	30	90
Estropipate Tab 0.75Mg	30	90
Estropipate Tab 1.5Mg	30	90
Medroxyprogst Ac Tb 2.5Mg	30	90
Medroxyprogst Ace Tab 5Mg	30	90
Medroxyprogst Ace Tb 10Mg	30	90

• Other Medical Conditions

Medication Name	30 Day Supply	90 Day Supply
Anucort-Hc Supp 25Mg	12	36
Cephalexin Cap 250Mg	40	120
Cephalexin Cap 500Mg	40	120
Chlorhexidine Rnse .12%	473	1419
Doxycycline Tab 100Mg	20	60
Erythrocin Ster Tab 250Mg	40	120
Isoniazid Tab 300Mg	30	90
* Lidocaine Viscous Sol 2%	100	300
* Megestrol Tab 20Mg	30	90
Methylprednisolne Tab 4Mg	21	63
Methylprednisolne Tab 4Mg	21	63
Oxybutynin Tab 5Mg	60	180
Phenazopyridine Tab 100Mg	30	90
* Phenazopyridine Tab 200Mg	30	90
Prednisone Tab 10Mg	30	90
Prednisone Tab 2.5Mg	30	90
Prednisone Tab 20Mg	30	90
Prednisone Tab 5Mg Dspk	21	63
Prednisone Tab 5Mg	30	90
Tetracycline Cap 250Mg	60	180
Tetracycline Cap 500Mg	60	180

Our FREE Generic Oral Antibiotic Prescription Program

includes the following seven classes of antibiotics:

- Amoxicillin
- Ampicillin
- Ciprofloxacin
- Doxycycline
- Erythromycin
- Penicillin
- Trimeth/Sulfa

FAQ about our new program

Q: Does this replace Schnucks Free Generic Oral Antibiotic Program?

A: No. Our customers can still receive up to a 21-day supply of more than 50 generic oral antibiotics at no charge.

Q: How do I take advantage of this offer?

A: All you need to take advantage of this offer is a valid prescription from your physician for one of the included generic drugs.

Q: What if I get my prescriptions filled somewhere else?

A: Schnucks pharmacy associates also can help you transfer your refill from another pharmacy if you choose.

Q: I already get my prescriptions filled at Schnucks. When can I start getting these prices?

A: All Schnucks Pharmacy customers are eligible to receive these special offers. As of June 27, 2008, any prescription you fill for the more than 300 generic drugs included in the program will be priced at \$4 for up to a 30-day supply or \$10 for a 90-day supply.

Q: I have insurance and my co-payment is higher / lower than your prices. How will that be handled?

A: If we have your insurance information on file, we will still send the information through to your insurance company. You will always pay the lesser amount.

Q: Why would you still send information to my insurance if they are not going to pick up any of the cost?

A: Our pharmacy associates want to make sure you get the lowest price possible.

Q: Can I have these prescriptions mailed?

A: In order to receive the discounted price these items must be picked up at your local Schnucks Pharmacy. Schnucks operates 100, conveniently located pharmacies in Missouri, Illinois, Indiana, Wisconsin, Iowa Tennessee and Mississippi

Q: These prices seem very low. How can I be sure I'm getting quality medications?

A: Schnucks pharmacies only purchase product from United States Food and Drug Administration approved manufacturers with a proven reputation in the

market place.

*Program is good only with a valid prescription for selected generic drugs and prescribed refills. \$4 generic prescriptions are good for up to a 30-day supply of commonly prescribed dosages. \$10 generic prescriptions are good for a 90-day supply of commonly prescribed dosages. Certain generic drugs are not covered under this program in select states due to state laws. Prescription is \$4 or \$10 regardless of insurance provider. Free generic oral antibiotic prescriptions are good for up to a 21-day supply. Does not include injectible antibiotics. Prescription is free regardless of insurance provider. The list of covered drugs is subject to change. Not all prescription drugs are covered by this program. Ask your pharmacist for details.

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