Diabetes

	\$4	\$10
	30-Day Qty	90-Day Qty
GLIMEPIRIDE 1MG, 2MG, 4MG	30	90
GLIPIZIDE 5MG, 10MG	60	180
METFORMIN 500MG, 850MG, 1000MG	60	180
METFORMIN ER 500MG TAB	120	360
METFORMIN ER 750MG TAB	60	180
	\$9	\$24
	30-Day Qty	90-Day Qty
GLIPIZIDE ER 2.5MG, 5MG, 10MG	30	90
GLYBURIDE/METFORMIN	60	180
2.5/500MG, 5/500MG		

Heart

	\$9	\$24
Cholesterol	30-Day Qty	90-Day Qty
FENOFIBRATE 145MG	30	90
GEMFIBROZIL 600MG	60	180
SIMVASTATIN 10MG, 20MG, 40MG	30	90
	\$4	\$10
Heart Health & Blood Pressure	30-Day Qty	90-Day Qty
ATENOLOL 25MG, 50MG, 100MG	30	90
BENAZEPRIL 20MG, 40MG	30	90
CLONIDINE 0.1MG, 0.2MG, 0.3MG	60	180
FUROSEMIDE 20MG, 40MG, 80MG	30	90
HYDRALAZINE 10MG, 25MG, 50MG	90	270
HYDROCHLOROTHIAZIDE 12.5MG,	30	90
25MG, 50MG TAB		
HYDROCHLOROTHIAZIDE 12.5MG CAF	30	90
INDAPAMIDE 1.25MG, 2.5MG	30	90
ISOSORBIDE MONONITRATE ER	30	90
30MG, 60MG		

LISINOPRIL 2.5MG, 5MG, 10MG,	30	90
20MG, 30MG		
LISINOPRIL/HCTZ 20/25MG	30	90
LOSARTAN/HCT 50/12.5MG TAB	30	90
METOPROLOL TART 25MG, 50MG, 100M	G 60	180
RAMIPRIL 2.5MG, 5MG, 10MG	30	90
TRIAMTERENE/HCTZ	30	90
37.5/25MG, 75/50MG TAB		
WARFARIN 1MG, 2MG, 2.5MG, 3MG,	30	90
4MG, 5MG, 6MG, 7.5MG, 10MG		
	\$9	\$24
Heart Health & Blood Pressure	30-Day Qty	90-Day Qty
AMIODARONE 200MG	30	90
AMLODIPINE 2.5MG, 5MG, 10MG	30	90
BISOPROLOL 5MG	30	90
CILOSTAZOL 50MG, 100MG	60	180
DIGOXIN 0.125MG, 0.25MG	30	90
DILTIAZEM ER 120MG CAP (24 HOUR)	30	90
DILTIAZEM 30MG, 60MG, 120MG	60	180
DOXAZOSIN 1MG, 2MG, 4MG, 8MG	30	90
ENALAPRIL 2.5MG, 10MG, 20MG	30	90
IRBESARTAN 150MG, 300MG	30	90
LOSARTAN 25MG, 50MG, 100MG	30	90
METOPROLOL ER 25MG, ER 50MG	30	90
MINOXIDIL 10MG TAB	30	90
TORSEMIDE 20MG, 100MG	30	90
TRIAMTERENE/HCTZ 37.5/25MG CAP	30	90
VALSARTAN/HCTZ 160/12.5MG, 160/25M	IG 30	90
VERAPAMIL ER 120MG, 180MG, 240MG TA	AB 30	90
SPIRONOLACTONE 50MG	30	90
CHLORTHALIDONE 25MG, 50MG	30	90
NITROGLYCERIN 0.4MG	25	75
Heart Health & Blood Pressure	\$15 30-Day Qty	\$38 90-Day Qty
SPIRONOLACTONE 100MG	30	90

Continued >>

 $Program \ pricing \ may \ be \ limited \ to \ select \ manufacturers \ of \ a \ covered \ drug \ and \ is \ available \ as \ long \ as \ supplies \ from \ such \ manufacturers \ are \ in \ stock \ at \ the \ dispensing \ pharmacy.$



^{*}Prescription Program includes up to a 30-day supply for \$4 and a 90-day supply for \$10 of some covered generic drugs at commonly prescribed dosages. Higher dosages cost more. Prices for some drugs covered by the Prescription Program may be higher or vary in some states including, but not necessarily limited to, CA and MN. For important information regarding Walmart's Patient accessibility program, including the availability of language interpretive services, please see the last page.

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Mental Health

	\$4	\$10
	30-Day Qty	90-Day Qty
AMITRIPTYLINE 10MG, 25MG,	30	90
50MG, 75MG		
BUSPIRONE 5MG, 10MG	60	180
CITALOPRAM 10MG, 20MG, 40MG	30	90
FLUOXETINE 10MG TAB	30	90
FLUOXETINE 20MG, 40MG CAP	30	90
LITHIUM CARB 300MG CAP	60	180
NORTRIPTYLINE 10MG, 25MG, 50MG	30	90
PAROXETINE 20MG, 30MG	30	90
RISPERIDONE 0.25MG, 0.5MG,	30	90
1MG, 2MG, 3MG, 4MG		
TRAZODONE 50MG, 100MG, 150MG	30	90
TRIHEXYPHENIDYL 2MG TAB	60	180
	\$9	\$24
	30-Day Qty	90-Day Qty
AMANTADINE 100MG	60	180
CARB/LEVO 10/100MG, 25/100MG	90	270
DIVALPROEX DR 250MG TAB	60	180
DONEPEZIL 5MG, 10MG	30	90
LAMOTRIGINE 100MG, 200MG	30	90
LAMOTRIGINE 25MG, 150MG	60	180
LEVETIRACETAM 500MG	60	180
LITHIUM CARB ER 300MG, 450MG TAE	3 60	180
MIRTAZAPINE 15MG, 30MG, 45MG	MIRTAZAPINE 15MG, 30MG, 45MG 30	
OXCARBAZEPINE 300MG	60	180
PAROXETINE 40MG	30	90
PRAMIPEXOLE 0.125MG, 0.25MG,	30	90
0.5MG, 1MG, 1.5MG		
PRIMIDONE 250MG TAB 60		180
PRIMIDONE 50MG TAB	30	90
QUETIAPINE 25MG, 50MG, 100MG,	30	90
200MG, 300MG		
ROPINIROLE 0.25MG, 0.5MG, 1MG,	30	90
2MG, 3MG, 4MG		
SERTRALINE 25MG, 100MG	30	90
TOPIRAMATE 25MG, 50MG, 100MG, 200MG 60		180
TRIHEXYPHENIDYL 5MG TAB	60	180
ZONISAMIDE 50MG CAP	60	180
	\$15	\$38
	30-Day Qty	90-Day Qty
BUPROPION 75MG, 100MG	60	180
BUPROPION ER/SR 100MG,	60	180
150MG, 200MG TAB		
BUPROPION XL 150MG TAB	30	90

VENLAFAXINE 37.5MG TAB	60	180
VENLAFAXINE 75MG, 100MG TAB	60	180
VENLAFAXINE ER 37.5MG,	30	90
75MG, 150MG CAP		

Other Therapeutic Category

	\$4	\$10
Digestion	30-Day Qty	90-Day Qty
METOCLOPRAMIDE 5MG, 10MG	90	270
,		
	\$9	\$24
Digestion	30-Day Qty	90-Day Qty
MECLIZINE 12.5MG, 25MG TAB	30	90
	ė4E	620
Direction	\$15	\$38
Digestion 25 MC 25 MC	30-Day Qty	90-Day Qty
PROMETHAZINE 12.5MG, 25MG	30	90
	\$9	\$24
Pain Managment	30-Day Qty	90-Day Qty
TIZANIDINE 2MG, 4MG TAB	30	90
	Ċ1E	¢20
Pain Managment	\$15 30-Day Qty	\$38 90-Day Qty
METHOCARBAMOL 750MG	30 Bay Qty	90
LIDOCAINE 2% VISC SOL	100 ML	300 ML
EIDOCAINE 2% VISC SOE		
	\$4	\$10
Thyroid	30-Day Qty	90-Day Qty
LEVOTHYROXINE 25MCG, 50MCG,	30	90
75MCG, 88MCG 100MCG, 112MCG,		
125MCG, 137MCG, 150MCG,		
175MCG, 200MCG		
175MCG, 200MCG		***
	\$4	\$10
Vitamin & Nutrition	30-Day Qty	90-Day Qty
	•	
Vitamin & Nutrition	30-Day Qty 30	90-Day Qty 90
Vitamin & Nutrition FOLIC ACID 1MG	30-Day Qty 30 \$9	90-Day Qty 90 \$24
Vitamin & Nutrition FOLIC ACID 1MG Vitamin & Nutrition	30-Day Qty 30 \$9 30-Day Qty	90-Day Qty 90 \$24 90-Day Qty
Vitamin & Nutrition FOLIC ACID 1MG	30-Day Qty 30 \$9	90-Day Qty 90 \$24
Vitamin & Nutrition FOLIC ACID 1MG Vitamin & Nutrition	30-Day Qty 30 \$9 30-Day Qty 30	90-Day Qty 90 \$24 90-Day Qty 90
Vitamin & Nutrition FOLIC ACID 1MG Vitamin & Nutrition FOLBEE TAB	30-Day Qty 30 \$9 30-Day Qty 30	90-Day Qty 90 \$24 90-Day Qty 90 \$24
Vitamin & Nutrition FOLIC ACID 1MG Vitamin & Nutrition FOLBEE TAB Family Planning	30-Day Qty 30 \$9 30-Day Qty 30 \$9 30-Day Qty	90-Day Qty 90 \$24 90-Day Qty 90 \$24 90-Day Qty
Vitamin & Nutrition FOLIC ACID 1MG Vitamin & Nutrition FOLBEE TAB Family Planning NORETHINDRONE TAB 0.35 MG	30-Day Qty 30 \$9 30-Day Qty 30 \$9 30-Day Qty 28	90-Day Qty 90 \$24 90-Day Qty 90 \$24 90-Day Qty 84
Vitamin & Nutrition FOLIC ACID 1MG Vitamin & Nutrition FOLBEE TAB Family Planning NORETHINDRONE TAB 0.35 MG SPRINTEC 28 TAB 28 DAY	30-Day Qty 30 \$9 30-Day Qty 30 \$9 30-Day Qty 28 28	90-Day Qty 90 \$24 90-Day Qty 90 \$24 90-Day Qty 84 84
Vitamin & Nutrition FOLIC ACID 1MG Vitamin & Nutrition FOLBEE TAB Family Planning NORETHINDRONE TAB 0.35 MG	30-Day Qty 30 \$9 30-Day Qty 30 \$9 30-Day Qty 28	90-Day Qty 90 \$24 90-Day Qty 90 \$24 90-Day Qty 84
Vitamin & Nutrition FOLIC ACID 1MG Vitamin & Nutrition FOLBEE TAB Family Planning NORETHINDRONE TAB 0.35 MG SPRINTEC 28 TAB 28 DAY	30-Day Qty 30 \$9 30-Day Qty 30 \$9 30-Day Qty 28 28 28	90-Day Qty 90 \$24 90-Day Qty 90 \$24 90-Day Qty 84 84
Vitamin & Nutrition FOLIC ACID 1MG Vitamin & Nutrition FOLBEE TAB Family Planning NORETHINDRONE TAB 0.35 MG SPRINTEC 28 TAB 28 DAY TRI-SPRINTEC TAB	30-Day Qty 30 \$9 30-Day Qty 30 \$9 30-Day Qty 28 28 28	90-Day Qty 90 \$24 90-Day Qty 90 \$24 90-Day Qty 84 84
Vitamin & Nutrition FOLIC ACID 1MG Vitamin & Nutrition FOLBEE TAB Family Planning NORETHINDRONE TAB 0.35 MG SPRINTEC 28 TAB 28 DAY	30-Day Qty 30 \$9 30-Day Qty 30 \$9 30-Day Qty 28 28 28	90-Day Qty 90 \$24 90-Day Qty 90 \$24 90-Day Qty 84 84

^{*}Prescription Program includes up to a 30-day supply for \$4 and a 90-day supply for \$10 of some covered generic drugs at commonly prescribed dosages. Higher dosages cost more. Prices for some drugs covered by the Prescription Program may be higher or vary in some states including, but not necessarily limited to, CA and MN. For important information regarding Walmart's Patient accessibility program, including the availability of language interpretive services, please see the last page.

 $Program \ pricing \ may \ be \ limited \ to \ select \ manufacturers \ of \ a \ covered \ drug \ and \ is \ available \ as \ long \ as \ supplies \ from \ such \ manufacturers \ are \ in \ stock \ at \ the \ dispensing \ pharmacy.$



[†] Prepackaged drugs are covered only in unit sizes specified on Drug List (back page). Other restrictions may apply. See Program Details or your Walmart Pharmacist for details.

Walmart's Prescription Program Details

- Walmart's Prescription Program (the "Program") is available at all Walmart and Neighborhood Market pharmacies in the United States ("Walmart Retail Pharmacies"), except in North Dakota, as set forth below in Sections 3. The Program is also available through Walmart Mail Service ("Walmart Mail Service"), as set forth below in Section 4.
- 2. The Program 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 Program (the "Retail Drug List") on walmart. com or at Walmart Retail Pharmacies. The Retail 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 Program. Program pricing not available when a covered drug is dispensed as part of a compound.
- 3. Under the Program at Walmart Retail Pharmacies, \$4 is the price for up to a 30-day supply of certain covered generic drugs at commonly prescribed dosages (the "\$4 Retail Program"). \$10 is the price of a 90-day supply of certain covered generic drugs at commonly prescribed dosages (the "\$10 Retail Program"). Not all drugs covered by the \$4 Retail Program are covered by the \$10 Program. Prices for quantities between a 30-day supply and a 90-day supply of drugs covered by both the \$4 Retail Program and \$10 Retail Program are prorated based on the \$4 Program price, but will not exceed \$10. Prices for quantities greater than a 90-day supply of drugs covered by the \$10 Retail Program are prorated based on the \$10 Program price. Under the Program at Walmart Retail Pharmacies, \$9 is the price for up to a 30-day supply of certain Family Planning and Men's health and other covered generic drugs at commonly prescribed dosages (the "\$9 Retail Program"). \$24 is the price of a 90-day supply of certain Family Planning and Men's health and other covered generic drugs at commonly prescribed dosages (the "\$24 Retail Program"). Not all drugs covered by the \$9 Retail Program are covered by the \$24 Program. Prices for quantities between a 30-day supply and a 90-day supply of drugs covered by both the \$9 Retail Program and \$24 Retail Program are prorated based on the \$9 Program price, but will not exceed \$24. Prices for quantities greater than a 90-day supply of drugs covered by the \$24 Retail Program are prorated based on the \$24 Program price. Prorated pricing is not available under the Program for prepackaged drugs. For pricing policies relating to prepackaged drugs (such as tubes, vials or bottles), see Section 5.
- 4. Under the Program through Walmart Mail Service, \$10 is the price for mail delivery of a 90-day supply of certain generic drugs at commonly prescribed dosages ("\$10 Mail Service Program"). \$24 is the price for mail delivery of certain women's health and certain other covered drugs at commonly prescribed dosages ("\$24 Mail Service Program"). Not all drugs covered by

- the \$10 Retail Program are covered by the \$10 Mail Service Program; not all drugs covered by the \$24 Retail Program are covered by the \$24 Mail Service Program. Walmart Mail Service covers both initial fills and refills. Delivery of covered drugs is available only through Walmart Mail Service and is not available at Walmart and Neighborhood Market retail pharmacies. Delivery under the Program through Walmart Mail Service is limited to U.S. addresses by First-Class Mail; expedited delivery is also available for an additional charge. Some health plans do not cover Walmart Mail Service or 90-day supplies of the Program's drugs. Prices for quantities greater than a 90-day supply of drugs covered by the \$10 Mail Service Program and the \$24 Mail Service Program are prorated based on the \$10 and \$24 Program price, respectively. Prices for quantities less than a 90-day supply are not prorated under either the \$10 Mail Service Program or the \$24 Mail Service Program. Prorated pricing is not available under the Program for prepackaged drugs. For pricing policies relating to prepackaged drugs, see Section 5.
- 5. Prepackaged drugs are covered under the Program only in the unit sizes specified on the Retail 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 Retail Drug List are not covered under the Program. 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 Retail 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 Program for prepackaged drugs.
- 6. Prices of certain drugs covered by the Program may be higher in some states, as noted on the Retail Drug List.
- Program 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.
- 8. You may pay less or more than the Program 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.
- 9. For purchases made at Walmart Retail Pharmacies, prescriptions must initially be filled in person, and refills must be picked up in store. There are no substitutions. Purchases made through Walmart Mail Service may be ordered at Walmart Retail Pharmacies, by phone or through walmart.com.
- 10. These Program Details are subject to change without advance notice. Changes to these Program Details may be made only in writing.

Accessibility & Non-Discrimination

Walmart is committed to making its healthcare services accessible to all seeking to use them and provides auxiliary aids and services, including language assistance services, to patients at no cost. Walmart will not discriminate on the basis of race, color, national origin, sex, age, or disability and will not retaliate against anyone who raises a complaint of discrimination.

Complaints or Grievances

To raise a complaint or initiate a grievance regarding healthcare accessibility or discrimination, please contact your local Walmart pharmacy, vision center or care clinic. You also have the right to raise concerns or to initiate a formal accessibility or discrimination grievance by contacting either (1) the office of Walmart's Vice President, US Ethics & Compliance (1-800-WM-Ethic or ethics@walmart.com) or (2) the Office of Civil Rights, U.S. Dept. Health & Human Services (1-800-368-1019 or OCRComplaint@hhs.gov).

English Translation: Interpreter Services are available at no cost. Please visit your local Walmart for assistance.

عربي Arabic	Haitian Creole kreyòl ayisyen	Romanian Română
خدمات الترجمة الفورية متاحة دون تكلفة. برجاء زيارة فرع Walmart المحلي للمساعدة.	Gen Sèvis entèprèt ki disponib gratis. Tanpri, ale nan Walmart lokal ou a pou w jwenn èd.	Serviciile de interpretariat sunt disponibile gratuit. Pentru asistență, vizitați magazinul Walmart local.
Burmese မြန်မာ	Japanese 日本人	Russian Русский
စကားပြန်ပန်ဆောင်မှုများကို အစမဲ့ ရရှိနိုင်ပါသည်။ အကူအညီအတွက် သင့် ဒေသစံ Walmart သို့ ကျေးဇူးပြပြီး အလည်အပတ်သွားပါ။	通訳サービスは無料でご利用いただけ ます。サービスの利用については、最寄 りのWalmartサイトを訪ねてください。	Переводческие Услуги оказываются бесплатно. Пожалуйста, обратитесь за помощью в ближайший магазин Walmart.
Chinese Cantonese 漢語廣東話	Korean 한국어	Somali Af Soomaali
翻譯服務免費提供。請前往您當地的 Walmart 尋求協助。	통역 서비스를 무료로 이용하실 수 있습니다. 지원을 받으시려면 지역 Walmart에 방문해 주십시오.	Adeegyada Turjumaanka waxaa lagu heli karaa kharash la'aan. Fadlan booqo Walmart kaaga maxaliga ah wixii caawimo ah.
Chinese Mandarin 汉语普通话	Polish polski	Spanish Español
翻译服务免费提供。请访问您当 地的Walmart 寻求帮助。	Usługi tłumacza dostępne są bez żadnych kosztów. Aby uzyskać pomoc proszę odwiedzić lokalny Walmart.	Los servicios de interpretación están disponibles de manera gratuita. Visite la tienda Walmart local para recibir ayuda.
فارسى Farsi	Portuguese Português (Brazil) (Brasil)	Swahili Kiswahili
خدمات مترجم بدون هیچ هزینه ای در دمنترس می باشد. برای کمک لطفا به شعبه محلی Walmartخود مراجعه کنید	Serviços de interprete estão disponíveis grátis. Por favor, visite seu Walmart local para assistência.	Huduma za tafsiri zipo bila malipo. Tafadhali tembelea Walmart iliyo karibu nawe kwa usaidizi.
French français	Punjabi ਪੰਜਾਬੀ	Vietnamese Tiếng Việt
Des services d'interprètes sont disponibles sans frais. Rendez-vous dans votre Walmart local pour obtenir de l'aide.	ਦੌਤਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ ਸਹਾਇਤਾ ਲਈ ਆਪਣੇ ਸਥਾਨਕ Walmart ਵਿਖੇ ਪਧਾਰੋ।	Dịch Vụ Thông Dịch có sẵn miễn phí. Vui lòng đến Walmart tại địa phương của bạn để được hỗ trợ.

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Program 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



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