# Walmart Rx Program Guide to low-cost prescriptions

New low-cost drugs available starting at:

prescriptions







### **Diabetes**

•		
	\$4	\$10
	30 Day Qty	90 Day Qty
GLIMEPIRIDE 1MG, 2MG, 4MG	30	90
GLIPIZIDE 10MG	60	180
GLIPIZIDE 5MG	30	90
GLYBURIDE MCR 3MG, 6MG	30	90
GLYBURIDE 2.5MG, 5MG	30	90
METFORMIN 500MG, 850MG, 1000MG	60	180
METFORMIN ER 500MG	60	180
METFORMIN ER 750MG	30	90
	<b>\$9</b>	\$24
	30 Day Qty	90 Day Qty
GLIPIZIDE ER 2.5MG, 5MG, 10MG	30	90



	\$4	\$10
Cholesterol	30 Day Qty	90 Day Qty
LOVASTATIN 10MG, 20MG	30	90
SIMVASTATIN 10MG, 20MG, 40MG	30	90
	\$9	\$24
Cholesterol	30 Day Qty	90 Day Qty
ATORVASTATIN 10MG, 20MG, 40MG	30	90
	\$4	\$10
Heart Health & Blood Pressure	<b>\$4</b> 30 Day Qty	<b>\$10</b> 90 Day Qty
Heart Health & Blood Pressure ATENOLOL 25MG, 50MG, 100MG		
	30 Day Qty 30	90 Day Qty
ATENOLOL 25MG, 50MG, 100MG	30 Day Qty 30	90 Day Qty 90
ATENOLOL 25MG, 50MG, 100MG BENAZEPRIL 5MG, 10MG, 20MG, 40MG	30 Day Qty 30 G 30	90 Day Qty 90 90
ATENOLOL 25MG, 50MG, 100MG BENAZEPRIL 5MG, 10MG, 20MG, 40MG BISOPROLOL/HCTZ	30 Day Qty 30 G 30	90 Day Qty 90 90

	<b>\$4</b>	<b>  \$10</b>
Heart Health & Blood Pressure	30 Day Qty	90 Day Qty
CLONIDINE 0.1MG, 0.2MG	30	90
CLONIDINE 0.3MG	60	180
ENALAPRIL/HCTZ 5/12.5MG	30	90
FUROSEMIDE 20MG, 40MG, 80MG	30	90
HYDRALAZINE 10MG, 25MG	30	90
HYDROCHLOROTHIAZIDE 12.5MG CAI	P 30	90
HYDROCHLOROTHIAZIDE TAB	30	90
12.5MG, 25MG, 50MG		
INDAPAMIDE 1.25MG, 2.5MG	30	90
ISOSORBIDE MONO ER 30MG, 60MG	30	90
LISINOPRIL	30	90
2.5MG, 5MG, 10MG, 20MG, 30MG		
LISINOPRIL/HCTZ	30	90
10/12.5MG, 20/12.5MG, 20/25MG		
METHYLDOPA 250MG	60	180
METOPROLOL TARTRATE	60	180
25MG, 50MG, 100MG		
SOTALOL HCL 80MG	30	90
SPIRONOLACTONE 25MG	30	90
TRIAMTERENE/HCTZ	30	90
37.5/25MG TAB, 75/50MG TAB		
VERAPAMIL 80MG, 120MG	30	90
WARFARIN 1MG, 2MG, 2.5MG,	30	90
3MG, 4MG, 5MG, 6MG, 7.5MG, 10MG		
	<b>\$9</b>	\$24
Heart Health & Blood Pressure	30 Day Qty	90 Day Qty
AMIODARONE 200MG	30	90
BISOPROLOL FUMARATE 5MG	30	90
DILTIAZEM 120MG TAB	30	90

\*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 limited to, CA & MN. For important information regarding Walmart's Patient accessibility program, including the availability of language interpretive services, please see the last page.

DILTIAZEM 30MG, 60MG TAB

TRIAM/HCTZ 37.5-25MG CAP

**VERAPAMIL ER TAB** 

120MG, 180MG, 240MG

DILTIAZEM ER/XR 120MG, 180MG CAP DOXAZOSIN 1MG, 2MG, 4MG, 8MG

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



180

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<sup>†</sup> 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.



	\$4	\$10
	30 Day Qty	90 Day Qty
AMITRIPTYLINE	30	90
10MG, 25MG, 50MG 75MG, 100MG		
BENZTROPINE 2MG TAB	30	90
BUSPIRONE 5MG, 10MG	60	180
CITALOPRAM 10MG, 20MG, 40MG	30	90
FLUOXETINE 10MG TAB	30	90
FLUOXETINE 10MG, 20MG, 40MG CAP	30	90
HALOPERIDOL 0.5MG, 1MG, 2MG, 5MG	30	90
LITHIUM CARB 300MG CAP	90	270
NORTRIPTYLINE 10MG, 25MG, 50MG	30	90
PAROXETINE 10MG, 20MG, 30MG	30	90
RISPERIDONE	30	90
0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG		
TRAZODONE 50MG, 100MG, 150MG	30	90
TRIHEXYPHENIDYL 2MG TAB	60	180
	<b>\$9</b>	\$24
	30 Day Qty	
BENZTROPINE 1MG TAB	60	180
OLANZAPINE	30	90
2.5MG, 5MG, 7.5MG, 10MG, 15MG, 20MG	G	
PAROXETINE 40MG	30	90
QUETIAPINE	30	90
25MG, 50MG, 100MG, 200MG, 300MG		
TRIHEXYPHENIDYL 5MG TAB	30	90

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## **Other Therapeutic Category**

	\$4	\$10
Asthma	30 Day Qty	90 Day Qty
ALBUTEROL 2MG	90	270
ALBUTEROL 4MG	60	180
ALBUTEROL 2MG/5ML SYP	120	360
IPRATROPIUM INH SOL	75	225
	\$4	\$10
Digestion	<b>\$4</b> 30 Day Qty	<b>\$10</b> 90 Day Qty
Digestion FAMOTIDINE 20MG TAB	•	
	30 Day Qty	90 Day Qty
FAMOTIDINE 20MG TAB	30 Day Qty 60	90 Day Qty 180
FAMOTIDINE 20MG TAB METOCLOPRAMIDE 5MG/5ML SYP	30 Day Qty 60 60	90 Day Qty 180 180

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\*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 limited to, CA & MN. For important information regarding Walmart's Patient accessibility program, including the availability of language interpretive services, please see the last page.



<sup>†</sup> Prepackaged drugs are covered only in unit sizes specified on Drug List (back page)other resultations may apply. See 1.05. 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.

Effective 7/25/2018 Walmart † 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

- 1. 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 Rétail 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.
- 7. 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
- 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.

Arabic	عربي	<b>Haitian Creole</b>	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 asistenț vizitați magazinul Walmart local.	
Burmese	မြန်မာ	Japanese	日本人	Russian	Русский
စကားပြန်ပန်ဆောင်မှုများကို အ အကူအညီအတွက် သင့် ဒေသး ကျေးဇူးပြပြီး အလည်အပတ်သွ	ခမဲ့ ရရှိနိုင်ပါသည်။ 5 Walmart သို့ ားပါ။	通訳サービスは無料 ます。サービスの利用 りのWalmartサイトを	については、最寄	Переводческие Услуг бесплатно. Пожалуйс помощью в ближайш	та, обратитесь за
Chinese Cantonese	漢語廣東話	Korean	한국어	Somali	Af Soomaali
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French	français	Punjabi	ਪੰਜਾਬੀ	Vietnamese	Tiếng Việt
Des services d'interprètes s sans frais. Rendez-vous dar local pour obtenir de l'aide	s votre Walmart	ਦੋਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਉ ਕਰਕੇ ਸਹਾਇਤਾ ਲਈ ਆਪ ਵਿਖੇ ਪਧਾਰੇ।	ਤ੍ਰੇਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਪਣੇ ਸਥਾਨਕ Walmart	Dịch Vụ Thông Dịch Vui lòng đến Walm của ban để được hỏ	art tại địa phương

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