

Walmart Rx Program Guide to low-cost prescriptions

Effective 11/28/2018

Low-cost
drugs available
starting at:

\$4 | **\$10**
30 day | 90 day
prescriptions

Check pharmacy counter for details. †*



Diabetes

	\$4 30 Day Qty	\$10 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 30 Day Qty	\$24 90 Day Qty
GLIPIZIDE ER 2.5MG, 5MG, 10MG	30	90
GLYBURIDE/METFORMIN 2.5/500MG, 5/500MG	60	180
PIOGLITAZONE 15MG, 30MG, 45MG	30	90

HYDRALAZINE 10MG, 25MG, 50MG	90	270
HYDROCHLOROTHIAZIDE 12.5MG, 25MG, 50MG TAB	30	90
HYDROCHLOROTHIAZIDE 12.5MG CAP	30	90
INDAPAMIDE 1.25MG, 2.5MG	30	90
ISOSORBIDE MONONITRATE ER 30MG, 60MG	30	90
LISINOPRIL 2.5MG, 5MG, 10MG, 20MG, 30MG	30	90
LISINOPRIL/HCTZ 20/25MG	30	90
LOSARTAN 25MG, 50MG, 100MG	30	90
LOSARTAN/HCT 50/12.5MG TAB	30	90
METOPROLOL TART 25MG, 50MG, 100MG	60	180
RAMIPRIL 2.5MG, 5MG, 10MG	30	90
TRIAMTERENE/HCTZ 37.5/25MG, 75/50MG TAB	30	90
WARFARIN 1MG, 2MG, 2.5MG, 3MG, 4MG, 5MG, 6MG, 7.5MG, 10MG	30	90



Heart

	\$4 30 Day Qty	\$10 90 Day Qty
Cholesterol		
SIMVASTATIN 10MG, 20MG, 40MG	30	90

	\$9 30 Day Qty	\$24 90 Day Qty
Cholesterol		
ATORVASTATIN 10MG, 20MG, 40MG	30	90
FENOFIBRATE 145MG	30	90
GEMFIBROZIL 600MG	60	180

	\$4 30 Day Qty	\$10 90 Day Qty
Heart Health & Blood Pressure		
AMLODIPINE 2.5MG, 5MG, 10MG	30	90
ATENOLOL 25MG, 50MG, 100MG	30	90
BENAZEPRIL 20MG, 40MG	30	90
CARVEDILOL 3.125MG, 6.25MG, 12.5MG, 25MG	60	180
CLONIDINE 0.1MG, 0.2MG, 0.3MG	60	180
FUROSEMIDE 20MG, 40MG, 80MG	30	90

	\$9 30 Day Qty	\$24 90 Day Qty
Heart Health & Blood Pressure		
AMIODARONE 200MG	30	90
BISOPROLOL 5MG	30	90
CILOSTAZOL 50MG, 100MG	60	180
CLOPIDOGREL 75MG	30	90
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
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, 160/25MG	30	90
VERAPAMIL ER 120MG, 180MG, 240MG TAB	30	90

Continued >>

*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.

† 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.

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.



Mental Health

	\$4	\$10
	30 Day Qty	90 Day Qty
AMITRIPTYLINE 10MG, 25MG, 50MG, 75MG	30	90
BUSPIRONE 5MG, 10MG	60	180
CITALOPRAM 10MG, 20MG, 40MG	30	90
FLUOXETINE 10MG TAB	30	90
FLUOXETINE 20MG, 40MG CAP	30	90
LAMOTRIGINE 100MG, 200MG	30	90
LAMOTRIGINE 25MG, 150MG	60	180
LITHIUM CARB 300MG CAP	60	180
NORTRIPTYLINE 10MG, 25MG, 50MG	30	90
PAROXETINE 20MG, 30MG	30	90
RISPERIDONE 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	30	90
TRAZODONE 50MG, 100MG, 150MG	30	90
TRIHEXYPHENIDYL 2MG TAB	60	180
	\$9	\$24
	30 Day Qty	90 Day Qty
AMANTADINE 100MG	60	180
BUPROPION 75MG, 100MG	60	180
BUPROPION ER/SR 100MG, 150MG, 200MG TAB	60	180
BUPROPION XL 150MG TAB	30	90
CARB/LEVO 10/100MG, 25/100MG	90	270
DIVALPROEX DR 250MG TAB	60	180
DONEPEZIL 5MG, 10MG	30	90
DULOXETINE 20MG, 30MG, 60MG	30	90
ESCITALOPRAM 5MG, 10MG, 20MG	30	90
LEVETIRACETAM 500MG	60	180
LITHIUM CARB ER 300MG, 450MG TAB	60	180
MIRTAZAPINE 15MG, 30MG, 45MG	30	90
OLANZAPINE 2.5MG, 5MG, 7.5MG, 10MG, 15MG, 20MG	30	90
OXCARBAZEPINE 300MG	60	180
PAROXETINE 40MG	30	90
PRAMIPEXOLE 0.125MG, 0.25MG, 0.5MG, 1MG, 1.5MG	30	90
PRIMIDONE 250MG TAB	60	180
PRIMIDONE 50MG TAB	30	90

QUETIAPINE 25MG, 50MG, 100MG, 200MG, 300MG	30	90
ROPINIROLE 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	30	90
SERTRALINE 25MG, 100MG	30	90
TOPIRAMATE 25MG, 50MG, 100MG, 200MG	60	180
TRIHEXYPHENIDYL 5MG TAB	60	180
VENLAFAXINE 37.5MG TAB	60	180
VENLAFAXINE 75MG, 100MG TAB	60	180
VENLAFAXINE ER 37.5MG, 75MG, 150MG CAP	30	90
ZONISAMIDE 50MG CAP	60	180



Other Therapeutic Category

	\$4	\$10
	30 Day Qty	90 Day Qty
Digestion		
METOCLOPRAMIDE 5MG, 10MG	90	270
	\$9	\$24
	30 Day Qty	90 Day Qty
Digestion		
OMEPRAZOLE 20MG CAP	30	90
OMEPRAZOLE DR 40MG	30	90
	\$4	\$10
	30 Day Qty	90 Day Qty
Thyroid		
LEVOTHYROXINE 25MCG, 50MCG, 75MCG, 88MCG 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG	30	90
	\$4	\$10
	30 Day Qty	90 Day Qty
Vitamin & Nutrition		
FOLIC ACID 1MG	30	90
	\$9	\$24
	30 Day Qty	90 Day Qty
Vitamin & Nutrition		
FOLBEE TAB	30	90
	\$9	\$24
	30 Day Qty	90 Day Qty
Family Planning		
NORETHINDRONE TAB 0.35 MG	28	84
SPRINTEC 28 TAB 28 DAY	28	84
TRI-SPRINTEC TAB	28	84

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† 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.

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.

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 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.
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 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.

Arabic	Haitian Creole	Romanian
عربي خدمات الترجمة الفورية متاحة دون تكلفة. يرجى زيارة فرع Walmart المحلي للمساعدة.	kreyòl ayisyen Gen Sèvis entèprèt ki disponib gratis. Tanpri, ale nan Walmart lokal ou a pou w jwenn èd.	Română Serviciile de interpretariat sunt disponibile gratuit. Pentru asistență, vizitați magazinul Walmart local.
Burmese	Japanese	Russian
မြန်မာ ဝတ်ပြောရေးဆိုခွင့်ရှိသူများအတွက် အခမဲ့ ဝတ်ပြောရေးဆိုခွင့်ကို Walmart သို့ ဆက်သွယ်ရယူနိုင်ပါသည်။	日本人 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。	Русский Переводческие Услуги оказываются бесплатно. Пожалуйста, обратитесь за помощью в ближайший магазин Walmart.
Chinese Cantonese	Korean	Somali
漢語廣東話 翻譯服務免費提供。請前往您當地的 Walmart 尋求協助。	한국어 통역 서비스를 무료로 이용하실 수 있습니다. 지원을 받으시려면 지역 Walmart에 방문해 주십시오.	Adeegyada Turjumanka waxaa lagu heli karaa kharash la'aan. Fadlan booqo Walmart kaaga maxaliga ah wixii caawimo ah.
Chinese Mandarin	Polish	Spanish
汉语普通话 翻译服务免费提供。请访问您当地的 Walmart 寻求帮助。	polski Usługi tłumacza dostępne są bez żadnych kosztów. Aby uzyskać pomoc proszę odwiedzić lokalny Walmart.	Español Los servicios de interpretación están disponibles de manera gratuita. Visite la tienda Walmart local para recibir ayuda.
Farsi	Portuguese (Brazil)	Swahili
فارسی خدمات مترجم بدون هیچ هزینه ای در دسترس می باشد. برای کمک لطفاً به شعبه محلی Walmart خود مراجعه کنید.	Português (Brasil) Serviços de interprete estão disponíveis grátis. Por favor, visite seu Walmart local para assistência.	Kiswahili Huduma za tafsiri zipo bila malipo. Tafadhali tembelea Walmart iliyo karibu nawe kwa usaidizi.
French	Punjabi	Vietnamese
français Des services d'interprètes sont disponibles sans frais. Rendez-vous dans votre Walmart local pour obtenir de l'aide.	ਪੰਜਾਬੀ ਦੇਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਮੁਫਤ ਉਪਲਬਧ ਹਨ ਕਿਰਪਾ ਕਰਕੇ ਸਹਾਇਤਾ ਲਈ ਆਪਣੇ ਸਥਾਨਕ Walmart ਵਿਖੇ ਪਯਾਓ।	Tiếng Việt Dịch Vụ Thông Dịch có sẵn miễn phí. Vui lòng đến Walmart tại địa phương của bạn để được hỗ trợ.