### Walmart Rx Program
#### Guide to low-cost prescriptions

**Low-cost drugs available starting at:**

<table>
<thead>
<tr>
<th><strong>Digital Price</strong></th>
<th><strong>30 Day Qty</strong></th>
<th><strong>90 Day Qty</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$4</strong></td>
<td>30 Day Qty</td>
<td>90 Day Qty</td>
</tr>
<tr>
<td><strong>$10</strong></td>
<td>90 Day Qty</td>
<td>90 Day Qty</td>
</tr>
</tbody>
</table>

- **Diabetes**
  - **GLIMEPIRIDE 1MG, 2MG, 4MG**
    - 30 Day Qty: 30
    - 90 Day Qty: 90
  - **GLIPIZIDE 5MG, 10MG**
    - 30 Day Qty: 60
    - 90 Day Qty: 180
  - **METFORMIN 500MG, 850MG, 1000MG**
    - 30 Day Qty: 60
    - 90 Day Qty: 180
  - **METFORMIN ER 500MG TAB**
    - 30 Day Qty: 120
    - 90 Day Qty: 360
  - **METFORMIN ER 750MG TAB**
    - 30 Day Qty: 60
    - 90 Day Qty: 180

- **Heart**
  - **GLIPIZIDE ER 2.5MG, 5MG, 10MG**
    - 30 Day Qty: 30
    - 90 Day Qty: 90
  - **GLYBURIDE/METFORMIN 2.5/500MG, 5/500MG**
    - 30 Day Qty: 60
    - 90 Day Qty: 180
  - **PIOGLITAZONE 15MG, 30MG, 45MG**
    - 30 Day Qty: 30
    - 90 Day Qty: 90

- **Cholesterol**
  - **SIMVASTATIN 10MG, 20MG, 40MG**
    - 30 Day Qty: 30
    - 90 Day Qty: 90

- **Heart Health & Blood Pressure**
  - **HYDRAZINE 10MG, 25MG, 50MG**
    - 30 Day Qty: 90
    - 90 Day Qty: 270
  - **HYDROCHLOROTHIAZIDE 12.5MG, 25MG, 50MG TAB**
    - 30 Day Qty: 30
    - 90 Day Qty: 90
  - **HYDROCHLOROTHIAZIDE 12.5MG CAP**
    - 30 Day Qty: 30
    - 90 Day Qty: 90
  - **INDAPAMIDE 1.25MG, 2.5MG**
    - 30 Day Qty: 30
    - 90 Day Qty: 90
  - **ISOSORBIDE MONONITRATE ER 30MG, 60MG**
    - 30 Day Qty: 30
    - 90 Day Qty: 90
  - **LISINOPRIL 2.5MG, 5MG, 10MG, 20MG, 30MG**
    - 30 Day Qty: 30
    - 90 Day Qty: 90
  - **LISINOPRIL/HCTZ 20/25MG**
    - 30 Day Qty: 30
    - 90 Day Qty: 90
  - **LOSARTAN 25MG, 50MG, 100MG**
    - 30 Day Qty: 90
    - 90 Day Qty: 90
  - **LOSARTAN/HCTZ 50/125MG TAB**
    - 30 Day Qty: 60
    - 90 Day Qty: 180
  - **RAMIPRIL 2.5MG, 5MG, 10MG**
    - 30 Day Qty: 30
    - 90 Day Qty: 90
  - **TRIAMTERENE/HCTZ 37.5/25MG, 75/50MG TAB**
    - 30 Day Qty: 30
    - 90 Day Qty: 90
  - **AMIODARONE 200MG**
    - 30 Day Qty: 30
    - 90 Day Qty: 90
  - **BISOPROLOL 5MG**
    - 30 Day Qty: 30
    - 90 Day Qty: 90
  - **CILOSTAZOL 50MG, 100MG**
    - 30 Day Qty: 60
    - 90 Day Qty: 180
  - **CLOPIDOGREL 75MG**
    - 30 Day Qty: 30
    - 90 Day Qty: 90
  - **DILTAZEM ER 2.5MG, 5MG, 10MG**
    - 30 Day Qty: 30
    - 90 Day Qty: 90
  - **DILTAZEM 30MG, 60MG, 120MG**
    - 30 Day Qty: 60
    - 90 Day Qty: 180
  - **DOXAZOSIN 1MG, 2MG, 4MG, 8MG**
    - 30 Day Qty: 30
    - 90 Day Qty: 90
  - **ENALAPRI 2.5MG, 10MG, 20MG**
    - 30 Day Qty: 30
    - 90 Day Qty: 90
  - **IRBESARTAN 150MG, 300MG**
    - 30 Day Qty: 30
    - 90 Day Qty: 90
  - **METOPROLOL ER 25MG, ER 50MG**
    - 30 Day Qty: 30
    - 90 Day Qty: 90
  - **MENOXIDIL 10MG TAB**
    - 30 Day Qty: 30
    - 90 Day Qty: 90
  - **TORSEMIDE 20MG, 100MG**
    - 30 Day Qty: 30
    - 90 Day Qty: 90
  - **TRIAMTERENE/HCTZ 37.5/25MG, 75/50MG TAB**
    - 30 Day Qty: 30
    - 90 Day Qty: 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 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

<table>
<thead>
<tr>
<th>Drug</th>
<th>30 Day Qty</th>
<th>90 Day Qty</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMITRIPTYLINE 10MG, 25MG, 50MG, 75MG</td>
<td>30</td>
<td>90</td>
</tr>
<tr>
<td>BUSPIRONE 5MG, 10MG</td>
<td>60</td>
<td>180</td>
</tr>
<tr>
<td>CITALOPRAM 10MG, 20MG, 40MG</td>
<td>30</td>
<td>90</td>
</tr>
<tr>
<td>FLUOXETINE 10MG TAB</td>
<td>30</td>
<td>90</td>
</tr>
<tr>
<td>FLUOXETINE 20MG, 40MG CAP</td>
<td>30</td>
<td>90</td>
</tr>
<tr>
<td>LAMOTRIGINE 100MG, 200MG</td>
<td>30</td>
<td>90</td>
</tr>
<tr>
<td>LAMOTRIGINE 25MG, 150MG</td>
<td>60</td>
<td>180</td>
</tr>
<tr>
<td>LITHIUM CARB 300MG CAP</td>
<td>60</td>
<td>180</td>
</tr>
<tr>
<td>NORTRIPTYLINE 10MG, 25MG, 50MG</td>
<td>30</td>
<td>90</td>
</tr>
<tr>
<td>PAROXETINE 20MG, 30MG</td>
<td>30</td>
<td>90</td>
</tr>
<tr>
<td>RISPERIDONE 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG</td>
<td>30</td>
<td>90</td>
</tr>
<tr>
<td>TRAZODONE 50MG, 100MG, 150MG</td>
<td>30</td>
<td>90</td>
</tr>
<tr>
<td>TRIHEXYPHENIDYL 2MG TAB</td>
<td>60</td>
<td>180</td>
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### Other Therapeutic Category

#### Digestion

<table>
<thead>
<tr>
<th>Drug</th>
<th>30 Day Qty</th>
<th>90 Day Qty</th>
</tr>
</thead>
<tbody>
<tr>
<td>METOCLOPRAMIDE 5MG, 10MG</td>
<td>90</td>
<td>270</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug</th>
<th>30 Day Qty</th>
<th>90 Day Qty</th>
</tr>
</thead>
<tbody>
<tr>
<td>OMEPRAZOLE 20MG CAP</td>
<td>30</td>
<td>90</td>
</tr>
<tr>
<td>OMEPRAZOLE DR 40MG</td>
<td>30</td>
<td>90</td>
</tr>
</tbody>
</table>

#### Thyroid

<table>
<thead>
<tr>
<th>Drug</th>
<th>30 Day Qty</th>
<th>90 Day Qty</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVOTHYROXINE 25MCG, 50MCG, 75MCG, 88MCG 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG</td>
<td>30</td>
<td>90</td>
</tr>
</tbody>
</table>

#### Vitamin & Nutrition

<table>
<thead>
<tr>
<th>Drug</th>
<th>30 Day Qty</th>
<th>90 Day Qty</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOLIC ACID 1MG</td>
<td>30</td>
<td>90</td>
</tr>
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#### Family Planning

<table>
<thead>
<tr>
<th>Drug</th>
<th>30 Day Qty</th>
<th>90 Day Qty</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORETHINDRONE TAB 0.35 MG</td>
<td>28</td>
<td>84</td>
</tr>
<tr>
<td>SPRINTEC 28 TAB 28 DAY</td>
<td>28</td>
<td>84</td>
</tr>
<tr>
<td>TRI-SPRINTEC TAB</td>
<td>28</td>
<td>84</td>
</tr>
</tbody>
</table>

*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.

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Effective 11/28/2018
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. 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.

Under the Program through 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. 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.

Under the Program through Walmart Retail Pharmacies, $10 is the price for mail delivery of a 90-day supply of certain covered generic drugs at commonly prescribed dosages ("$10 Mail Service 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.

Under the Program through Walmart Mail Service, $10 is the price for mail delivery of a 90-day supply of certain covered generic drugs at commonly prescribed dosages ("$10 Mail Service Program"). $24 is the price for a 90-day supply of certain women’s health and timed release formulations of a drug (for example, enteric-coated, extended or timed release formulations) are covered under the Program. Program pricing 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 dosages of the drug are available in specified unit sizes. Prorated pricing is not available under the Program for prepackaged drugs.

The Program applies only to certain generic drugs at commonly prescribed dosages and certain other covered drugs at commonly prescribed dosages. Higher dosages cost more. You may obtain a list of generic drugs and dosages covered under the Program from your Walmart Pharmacist. You may obtain a list of generic drugs and dosages covered under the Program at Walmart Retail Pharmacies (the “Retail Drug List”) and through Walmart Mail Service (“Walmart Mail Service”), as set forth below in Sections 3 and 4. The Program is also available through Walmart Mail Service (“Walmart Mail Service”), as set forth below in Section 4.

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. 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.

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.

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 makes 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-Ethics 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.

 Arabskiعربي

Haitian Creole kreyol ayisyen

Japanese 日本語

Korean 한국어

Polish polski

Portuguese (Brazil) português (Brasil)

Punjabi ਪੰਜਾਬੀ

Vietnamese Tiếng Việt

Hindi हिंदी

Tamil தமிழ்

Tamil தமிழ்

Urdu اردو

Hindi हिंदी

Bahasa Indonesia bahasa Indonesia

Italiano italiano

Bahasa Melayu Bahasa Melayu

ภาษาไทย ภาษาไทย

Deutsch Deutsch

Nederlands Nederlands

Nederlands Nederlands

Español español

United States English English

United States English English

Nederlands Nederlands

United States English English

Nederlands Nederlands

English English

English English

Español español

Esperanto Esperanto

Dutch Nederlandse

Deutsch Deutsch

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