

# Retail Prescription Program Drug List

Revised 05/10/2012



## Price Matters

- Our \$4 prescriptions have saved our customers over \$3 billion
- The program is available to everyone, no membership required



## New Men's Health Category

- More affordable options for men
- \$9 Finasteride for 30 tablets



## Convenience

- Easy Pay saves you time at the checkout counter
- Ready Reminders send you a free text message when your prescription is ready
- Auto Refill your prescriptions and save time



## Free Home Delivery

- Mailed right to your home, no matter where you live
- Free shipping
- Find out more at [Walmart.com/pharmacy](http://Walmart.com/pharmacy)

\$4, 30-day \$10, 90-day

## Allergies & Cold and Flu

Benzonatate 100mg cap . . . . .	14. . . . .	42
Loratadine 10mg tab . . . . .	30. . . . .	90
Promethazine DM syrup . . . . .	120ml. . . . .	360ml

## Antibiotic Treatments

Amoxicillin 125mg/5ml susp (80ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Amoxicillin 125mg/5ml susp (100ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Amoxicillin 125mg/5ml susp (150ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Amoxicillin 200mg/5ml susp (50ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Amoxicillin 200mg/5ml susp* (75ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Amoxicillin 200mg/5ml susp* (100ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Amoxicillin 250mg/5ml susp (80ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Amoxicillin 250mg/5ml susp (100ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Amoxicillin 250mg/5ml susp (150ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Amoxicillin 400mg/5ml susp (50ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Amoxicillin 400mg/5ml susp* (75ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Amoxicillin 400mg/5ml susp* (100ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Amoxicillin 250mg cap. . . . .	30. . . . .	90
Amoxicillin 500mg cap. . . . .	30. . . . .	90
Cephalexin 250mg cap. . . . .	28. . . . .	84
Cephalexin 500mg cap. . . . .	30. . . . .	90
Ciprofloxacin 250mg tab. . . . .	14. . . . .	42
Ciprofloxacin 500mg tab. . . . .	20. . . . .	60
Doxycycline Hyclate 50mg cap . . . . .	30. . . . .	90
Doxycycline Hyclate 100mg cap. . . . .	20. . . . .	60
Doxycycline Hyclate 100mg tab . . . . .	20. . . . .	60
Penicillin VK 250mg tab . . . . .	28. . . . .	84
Penicillin VK 125mg/5ml susp (100ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Penicillin VK 125mg/5ml susp (200ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3

\$4, 30-day \$10, 90-day

Penicillin VK 250mg/5ml susp (100ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
SMZ-TMP 200mg-40mg/5ml susp*. . . . .	120ml. . . . .	360ml
SMZ-TMP 400mg-80mg tab . . . . .	28. . . . .	84
SMZ-TMP DS 800mg-160mg tab. . . . .	20. . . . .	60

## Arthritis & Pain

Allopurinol 100mg tab . . . . .	30. . . . .	90
Allopurinol 300mg tab . . . . .	30. . . . .	90
Baclofen 10mg tab . . . . .	30. . . . .	90
Cyclobenzaprine 5mg tab . . . . .	30. . . . .	90
Cyclobenzaprine 10mg tab . . . . .	30. . . . .	90
Dexamethasone 0.5mg tab . . . . .	30. . . . .	90
Dexamethasone 0.75mg tab. . . . .	12. . . . .	36
Dexamethasone 4mg tab . . . . .	.6. . . . .	18
Diclofenac DR 75mg tab . . . . .	60. . . . .	180
Ibuprofen 100mg/5ml susp*. . . . .	120ml. . . . .	360ml
Ibuprofen 400mg tab . . . . .	90. . . . .	270
Ibuprofen 600mg tab . . . . .	60. . . . .	180
Ibuprofen 800mg tab . . . . .	30. . . . .	90
Indomethacin 25mg cap* . . . . .	60. . . . .	180
Meloxicam 7.5mg tab . . . . .	30. . . . .	90
Meloxicam 15mg tab. . . . .	30. . . . .	90
Naproxen 375mg tab* . . . . .	60. . . . .	180
Naproxen 500mg tab* . . . . .	60. . . . .	180

## Asthma

Albuterol 2mg tab . . . . .	90. . . . .	270
Albuterol 4mg tab . . . . .	60. . . . .	180
Albuterol 2mg/5ml syrup . . . . .	120ml. . . . .	360ml
Albuterol 0.5% nebulizer soln* (20ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3

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 and may vary in some states. Restrictions apply. See Program Details or your Walmart Pharmacist for details. Free language assistance services available for prescription drug information at Walmart and Sam's Club pharmacies in New York. Contact your Walmart or Sam's Club pharmacy for details.

\*Prices may be higher in CA, HI, MN, MT, PA, TN and WI.

<sup>†</sup>Prepackaged drugs are covered only in unit sizes specified on Drug List. See Program Details or your Walmart Pharmacist for details.

Revised 05/10/2012



Savings Made Simple

Albuterol 0.083% nebulizer soln* (25x3ml vials) <sup>†</sup> . . . . .	1.	3
Ipratropium 0.02% nebulizer soln* (25x2.5ml vials) <sup>†</sup> . . . . .	1.	3

**Cholesterol**

Lovastatin 10mg tab. . . . .	30.	90
Lovastatin 20mg tab* . . . . .	30.	90
Pravastatin 10mg tab. . . . .	30.	90
Pravastatin 20mg tab. . . . .	30.	90
Pravastatin 40mg tab* . . . . .	30.	90

**Diabetes**

Chlorpropamide 100mg tab* . . . . .	30.	90
Glimepiride 1mg tab . . . . .	30.	90
Glimepiride 2mg tab . . . . .	30.	90
Glimepiride 4mg tab . . . . .	30.	90
Glipizide 5mg tab . . . . .	30.	90
Glipizide 10mg tab* . . . . .	60.	180
Glyburide 2.5mg tab . . . . .	30.	90
Glyburide 5mg tab (blue) . . . . .	30.	90
Glyburide 5mg tab (green). . . . .	30.	90
Glyburide, micronized 3mg tab . . . . .	30.	90
Glyburide, micronized 6mg tab . . . . .	30.	90
Metformin 500mg tab . . . . .	60.	180
Metformin 850mg tab . . . . .	60.	180
Metformin 1000mg tab* . . . . .	60.	180
Metformin 500mg ER tab* . . . . .	60.	180

**Ear Health**

Antipyrine/Benzocaine otic (15ml bottle) <sup>†</sup> . . . . .	1.	3
---	----	---

**Fungal Infections**

Fluconazole 150mg tab. . . . .	1.	3
Nystatin/Triamcin cream* (15gm tube) <sup>†</sup> . . . . .	1.	3
Nystatin/Triamcin cream* (30gm tube) <sup>†</sup> . . . . .	1.	3
Nystatin/Triamcin ointment* (15gm tube) <sup>†</sup> . . . . .	1.	3
Nystatin cream* (15gm tube) <sup>†</sup> . . . . .	1.	3
Nystatin cream* (30gm tube) <sup>†</sup> . . . . .	1.	3
Terbinafine 250mg tab*. . . . .	30.	90

**Gastrointestinal Health**

Belladonna Alkaloid/PB tab*. . . . .	60.	180
Cimetidine 800mg tab* . . . . .	30.	90
Cytra2 solution . . . . .	180ml.	540ml
Dicyclomine 10mg cap. . . . .	90.	270
Dicyclomine 20mg tab. . . . .	60.	180
Famotidine 20mg tab . . . . .	60.	180
Lactulose syrup. . . . .	237ml.	711ml
Metoclopramide 10mg tab . . . . .	60.	180
Metoclopramide syrup. . . . .	60ml.	180ml
Promethazine 25mg tab* . . . . .	12.	36
Promethazine plain syrup*. . . . .	180ml.	540ml
Ranitidine 150mg tab . . . . .	60.	180
Ranitidine 300mg tab . . . . .	30.	90

**Glaucoma & Eye Care**

Atropine Sulfate 1% op. soln* (5ml bottle) <sup>†</sup> . . . . .	1.	3
Erythromycin op. ointment (3.5gm tube) <sup>†*</sup> . . . . .	1.	3
Gentamicin 0.3% op. soln (5ml bottle) <sup>†</sup> . . . . .	1.	3
Levobunolol 0.5% op soln (5ml bottle) <sup>†</sup> . . . . .	1.	3
Neomycin/Polymyxin/Dexamethasone 0.1% op. ointment (3.5gm tube) <sup>†</sup> . . . . .	1.	3
Neomycin/Polymyxin/Dexamethasone 0.1% op. susp (5ml bottle) <sup>†</sup> . . . . .	1.	3
Pilocarpine 1% op. soln (15ml bottle) <sup>†</sup> . . . . .	1.	3
Pilocarpine 2% op. soln (15ml bottle) <sup>†</sup> . . . . .	1.	3
Polymyxin Sulfate/TMP op. soln* (10ml bottle) <sup>†</sup> . . . . .	1.	3
Sulfacet Sodium 10% op. soln* (15ml bottle) <sup>†</sup> . . . . .	1.	3
Timolol Maleate 0.25% op. soln (5ml bottle) <sup>†</sup> . . . . .	1.	3
Timolol Maleate 0.5% op soln (5ml bottle) <sup>†</sup> . . . . .	1.	3
Tobramycin 0.3% op. soln (5ml bottle) <sup>†</sup> . . . . .	1.	3

**Heart Health & Blood Pressure**

Amiloride-HCTZ 5mg-50mg tab . . . . .	30.	90
Atenolol-Chlorthalidone 100mg. . . . .	30.	90
Atenolol 25mg tab . . . . .	30.	90
Atenolol 50mg tab . . . . .	30.	90
Atenolol 100mg tab . . . . .	30.	90
Benazepril 5mg 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 and may vary in some states. Restrictions apply. See Program Details or your Walmart Pharmacist for details. Free language assistance services available for prescription drug information at Walmart and Sam's Club pharmacies in New York. Contact your Walmart or Sam's Club pharmacy for details.

\*Prices may be higher in CA, HI, MN, MT, PA, TN and WI.

<sup>†</sup>Prepackaged drugs are covered only in unit sizes specified on Drug List. See Program Details or your Walmart Pharmacist for details.

Revised 05/10/2012



	\$4, 30-day	\$10, 90-day
Benazepril 10mg tab . . . . .	30.	90
Benazepril 20mg tab . . . . .	30.	90
Benazepril 40mg tab . . . . .	30.	90
Bisoprolol-HCTZ 2.5mg-6.25mg tab . . . . .	30.	90
Bisoprolol-HCTZ 5mg-6.25mg tab . . . . .	30.	90
Bisoprolol-HCTZ 10mg-6.25mg tab . . . . .	30.	90
Bumetanide 0.5mg tab. . . . .	30.	90
Bumetanide 1mg tab. . . . .	30.	90
Captopril 12.5mg tab. . . . .	60.	180
Captopril 25mg tab . . . . .	60.	180
Captopril 50mg tab . . . . .	60.	180
Captopril 100mg tab . . . . .	60.	180
Carvedilol 3.125mg tab . . . . .	60.	180
Carvedilol 6.25mg tab . . . . .	60.	180
Carvedilol 12.5mg tab . . . . .	60.	180
Carvedilol 25mg tab*. . . . .	60.	180
Clonidine 0.1mg tab . . . . .	30.	90
Clonidine 0.2mg tab . . . . .	30.	90
Digoxin 0.125mg tab. . . . .	30.	90
Digoxin 0.25mg tab . . . . .	30.	90
Diltiazem 30mg tab . . . . .	60.	180
Diltiazem 60mg tab . . . . .	60.	180
Diltiazem 90mg tab*. . . . .	60.	180
Diltiazem 120mg tab. . . . .	30.	90
Doxazosin 1mg tab. . . . .	30.	90
Doxazosin 2mg tab. . . . .	30.	90
Doxazosin 4mg tab. . . . .	30.	90
Doxazosin 8mg tab. . . . .	30.	90
Enalapril-HCTZ 5mg-12.5mg tab . . . . .	30.	90
Enalapril 2.5mg tab. . . . .	30.	90
Enalapril 5mg tab. . . . .	30.	90
Enalapril 10mg tab . . . . .	30.	90
Enalapril 20mg tab . . . . .	30.	90
Furosemide 20mg tab . . . . .	30.	90
Furosemide 40mg tab . . . . .	30.	90
Furosemide 80mg tab . . . . .	30.	90
Guanfacine 1mg tab . . . . .	30.	90
Hydralazine 10mg tab . . . . .	30.	90
Hydralazine 25mg tab . . . . .	30.	90
Hydrochlorothiazide(HCTZ)12.5mg cap* . . . . .	30.	90

	\$4, 30-day	\$10, 90-day
Hydrochlorothiazide (HCTZ) 25mg tab . . . . .	30.	90
Hydrochlorothiazide (HCTZ) 50mg tab . . . . .	30.	90
Indapamide 1.25mg tab . . . . .	30.	90
Indapamide 2.5mg tab. . . . .	30.	90
Isosorbide Mononitrate 30mg ER tab . . . . .	30.	90
Isosorbide Mononitrate 60mg ER tab . . . . .	30.	90
Lisinopril-HCTZ 10mg-12.5mg tab. . . . .	30.	90
Lisinopril-HCTZ 20mg-12.5mg tab*. . . . .	30.	90
Lisinopril-HCTZ 20mg-25mg tab*. . . . .	30.	90
Lisinopril 2.5mg tab . . . . .	30.	90
Lisinopril 5mg tab . . . . .	30.	90
Lisinopril 10mg tab. . . . .	30.	90
Lisinopril 20mg tab. . . . .	30.	90
Methyldopa 250mg tab*. . . . .	60.	180
Methyldopa 500mg tab*. . . . .	30.	90
Metoprolol Tartrate 25mg tab . . . . .	60.	180
Metoprolol Tartrate 50mg tab . . . . .	60.	180
Metoprolol Tartrate 100mg tab*. . . . .	60.	180
Nadolol 20mg tab . . . . .	30.	90
Nadolol 40mg tab . . . . .	30.	90
Prazosin HCL 1mg cap . . . . .	30.	90
Prazosin HCL 2mg cap . . . . .	30.	90
Prazosin HCL 5mg cap . . . . .	30.	90
Propranolol 10mg tab . . . . .	60.	180
Propranolol 20mg tab . . . . .	60.	180
Propranolol 40mg tab . . . . .	60.	180
Propranolol 80mg tab . . . . .	60.	180
Sotalol HCL 80mg tab*. . . . .	30.	90
Spirolactone 25mg tab*. . . . .	30.	90
Terazosin 1mg cap . . . . .	30.	90
Terazosin 2mg cap . . . . .	30.	90
Terazosin 5mg cap . . . . .	30.	90
Terazosin 10mg cap . . . . .	30.	90
Triamterene-HCTZ 75mg-50mg tab . . . . .	30.	90
Triamterene-HCTZ 37.5mg-25mg tab . . . . .	30.	90
Verapamil 80mg tab . . . . .	30.	90
Verapamil 120mg tab . . . . .	30.	90
Warfarin 1mg tab. . . . .	30.	90
Warfarin 2mg tab. . . . .	30.	90
Warfarin 2.5mg 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 and may vary in some states. Restrictions apply. See Program Details or your Walmart Pharmacist for details. Free language assistance services available for prescription drug information at Walmart and Sam's Club pharmacies in New York. Contact your Walmart or Sam's Club pharmacy for details.

\*Prices may be higher in CA, HI, MN, MT, PA, TN and WI.

†Prepackaged drugs are covered only in unit sizes specified on Drug List. See Program Details or your Walmart Pharmacist for details.

Revised 05/10/2012



	\$4, 30-day	\$10, 90-day
Warfarin 3mg tab. . . . .	30.	90
Warfarin 4mg tab. . . . .	30.	90
Warfarin 5mg tab* . . . . .	30.	90
Warfarin 6mg tab. . . . .	30.	90
Warfarin 7.5mg tab. . . . .	30.	90
Warfarin 10mg tab . . . . .	30.	90

## Men's Health

	\$9/30-day
Finasteride 5mg. . . . .	30

## Mental Health

Amitriptyline 10mg tab . . . . .	30.	90
Amitriptyline 25mg tab . . . . .	30.	90
Amitriptyline 50mg tab . . . . .	30.	90
Amitriptyline 75mg tab . . . . .	30.	90
Amitriptyline 100mg tab. . . . .	30.	90
Benzotropine 2mg tab. . . . .	30.	90
Buspirone 5mg tab. . . . .	60.	180
Buspirone 10mg tab* . . . . .	60.	180
Carbamazepine 200mg tab* . . . . .	60.	180
Citalopram 20mg tab. . . . .	30.	90
Citalopram 40mg tab. . . . .	30.	90
Fluoxetine 10mg tab* . . . . .	30.	90
Fluoxetine 10mg cap. . . . .	30.	90
Fluoxetine 20mg cap. . . . .	30.	90
Fluoxetine 40mg cap. . . . .	30.	90
Fluphenazine 1mg tab . . . . .	30.	90
Haloperidol 0.5mg tab . . . . .	30.	90
Haloperidol 1mg tab . . . . .	30.	90
Haloperidol 2mg tab . . . . .	30.	90
Haloperidol 5mg tab . . . . .	30.	90
Lithium Carbonate 300mg cap* . . . . .	90.	270
Nortriptyline 10mg cap . . . . .	30.	90
Nortriptyline 25mg cap . . . . .	30.	90
Paroxetine 10mg tab* . . . . .	30.	90
Paroxetine 20mg tab* . . . . .	30.	90
Prochlorperazine 10mg tab . . . . .	30.	90
Thioridazine 25mg tab . . . . .	30.	90
Thioridazine 50mg tab . . . . .	30.	90
Thiothixene 2mg cap. . . . .	30.	90

	\$4, 30-day	\$10, 90-day
Trazodone 50mg tab . . . . .	30.	90
Trazodone 100mg tab . . . . .	30.	90
Trazodone 150mg tab . . . . .	30.	90
Trihexyphenidyl 2mg tab . . . . .	60.	180

## Skin Conditions

Fluocinonide 0.05% cream* (15gm tube) <sup>†</sup> . . . . .	1.	3
Fluocinonide 0.05% cream* (30gm tube) <sup>†</sup> . . . . .	1.	3
Gentamicin 0.1% cream (15gm tube) <sup>†</sup> . . . . .	1.	3
Gentamicin 0.1% ointment (15gm tube) <sup>†</sup> . . . . .	1.	3
Hydrocortisone 1% cream (28.35-30g tube) <sup>†</sup> . . . . .	1.	3
Hydrocortisone 2.5% cream (30gm tube) <sup>†</sup> . . . . .	1.	3
Silver Sulfadiazine 1% cream* (50gm tube) <sup>†</sup> . . . . .	1.	3
Triamcinolone 0.025% cream (15gm tube) <sup>†</sup> . . . . .	1.	3
Triamcinolone 0.025% cream (80gm tube) <sup>†</sup> . . . . .	1.	3
Triamcinolone 0.1% cream (15gm tube) <sup>†</sup> . . . . .	1.	3
Triamcinolone 0.1% cream (80gm tube) <sup>†</sup> . . . . .	1.	3
Triamcinolone 0.1% ointment (15gm tube) <sup>†</sup> . . . . .	1.	3
Triamcinolone 0.1% ointment (80gm tube) <sup>†</sup> . . . . .	1.	3
Triamcinolone 0.5% cream (15gm tube) <sup>†</sup> . . . . .	1.	3

## Thyroid Conditions

Levothyroxine 25mcg tab . . . . .	30.	90
Levothyroxine 50mcg tab . . . . .	30.	90
Levothyroxine 75mcg tab . . . . .	30.	90
Levothyroxine 88mcg tab . . . . .	30.	90
Levothyroxine 100mcg tab. . . . .	30.	90
Levothyroxine 112mcg tab. . . . .	30.	90
Levothyroxine 125mcg tab. . . . .	30.	90
Levothyroxine 137mcg tab. . . . .	30.	90
Levothyroxine 150mcg tab. . . . .	30.	90
Levothyroxine 175mcg tab* . . . . .	30.	90
Levothyroxine 200mcg tab* . . . . .	30.	90

## Viruses

Acyclovir 200mg cap . . . . .	30.	90
-------------------------------	-----	----

## Vitamins & Nutritional Health

Folic Acid 1mg tab . . . . .	30.	90
Mag 64 64mg tab* . . . . .	60.	180

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 and may vary in some states. Restrictions apply. See Program Details or your Walmart Pharmacist for details. Free language assistance services available for prescription drug information at Walmart and Sam's Club pharmacies in New York. Contact your Walmart or Sam's Club pharmacy for details.

\*Prices may be higher in CA, HI, MN, MT, PA, TN and WI.

<sup>†</sup>Prepackaged drugs are covered only in unit sizes specified on Drug List. See Program Details or your Walmart Pharmacist for details.

Revised 05/10/2012



Magnesium Oxide 400mg tab . . . . .	30. . . . .	90
Prenatal Plus qty 30* . . . . .	30. . . . .	90
Sodium Fluoride .25mg chewable (120ct bottle) <sup>†*</sup> . . . . .	1. . . . .	N/A

**Women’s Health**

Estradiol 0.5mg tab . . . . .	30. . . . .	90
Estradiol 1mg tab. . . . .	30. . . . .	90
Estradiol 2mg tab. . . . .	30. . . . .	90
MedroxyprogesteroneAcetate 2.5mg tab . . . . .	30. . . . .	90
Medroxyprogesterone Acetate 5mg tab. . . . .	30. . . . .	90
Medroxyprogesterone Acetate 10mg tab . . . . .	10. . . . .	30

**\$9, 30-day \$24, 90-day**

Alendronate SOD 35mg tab . . . . .	4. . . . .	12
Alendronate SOD 70mg tab . . . . .	.4. . . . .	12
Clomiphene 50mg tab . . . . .	.5. . . . .	15
Sprintec 28-day tab . . . . .	28. . . . .	N/A
Tamoxifen 10mg tab . . . . .	60. . . . .	180
Tamoxifen 20mg tab . . . . .	30. . . . .	90
Tri-Sprintec 28-day tab . . . . .	28. . . . .	N/A

**Other Medical Conditions**

Chlorhexidine Gluconate 0.12% soln (473ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Hydrocortisone AC 25mg suppositories* . . . . .	12. . . . .	36
Isoniazid 300mg tab . . . . .	30. . . . .	90
Lidocaine 2% viscous solution (100ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Megestrol 20mg tab*. . . . .	30. . . . .	90
Oxybutynin 5mg tab* . . . . .	60. . . . .	180
Phenazopyridine 100mg tab. . . . .	.6. . . . .	18
Phenazopyridine 200mg tab. . . . .	30. . . . .	90
Prednisone 2.5mg tab . . . . .	30. . . . .	90
Prednisone 5mg tab . . . . .	30. . . . .	90
Prednisone 10mg tab . . . . .	30. . . . .	90
Prednisone 20mg 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 and may vary in some states. Restrictions apply. See Program Details or your Walmart Pharmacist for details. Free language assistance services available for prescription drug information at Walmart and Sam’s Club pharmacies in New York. Contact your Walmart or Sam’s Club pharmacy for details.

\*Prices may be higher in CA, HI, MN, MT, PA, TN and WI.  
<sup>†</sup>Prepackaged drugs are covered only in unit sizes specified on Drug List. See Program Details or your Walmart Pharmacist for details.

Revised 05/10/2012



# Walmart's Prescription Program Details

1. Walmart's Prescription Program (the "Program") is available at all Walmart, Sam's Club and Neighborhood Market pharmacies in the United States ("Walmart Retail Pharmacies"), except in North Dakota, 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 5.
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 at Walmart Retail Pharmacies (the "Retail Drug List") and through Walmart Mail Service (the "Mail Service Drug List") on Walmart.com or at Walmart Retail Pharmacies. The Retail Drug List and Mail Service 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. 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 6.
4. Under the Program at Walmart Retail Pharmacies, \$9 is the price for up to a 30-day supply of certain women's health and other covered generic drugs at commonly prescribed dosages (the "\$9 Retail Program"). \$24 is the price for a 90-day supply of certain women'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 Retail Program. Prices for quantities between a 30-day supply and a 90-day supply of drugs covered by both the \$9 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, see Section 6.
5. 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. See Mail Service Drug List for a list of drugs covered by the \$10 Mail Service Program and \$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, Sam's Club, 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. 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 6.
6. Prepackaged drugs are covered under the Program only in the unit sizes specified on the Retail Drug List and Mail Service 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 or Mail Service 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 and Mail Service 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.
7. Prices of certain drugs covered by the Program may be higher in some states, as noted on the Retail Drug List and Mail Service Drug List.
8. 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.
9. 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.
10. 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.
11. These Program Details are subject to change without advance notice. Changes to these Program Details may be made only in writing.

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 and may vary in some states. Restrictions apply. See Program Details or your Walmart Pharmacist for details. Free language assistance services available for prescription drug information at Walmart and Sam's Club pharmacies in New York. Contact your Walmart or Sam's Club pharmacy for details.

\*Prices may be higher in CA, HI, MN, MT, PA, TN and WI.

<sup>†</sup>Prepackaged drugs are covered only in unit sizes specified on Drug List. See Program Details or your Walmart Pharmacist for details.

Revised 05/10/2012

