

Retail Prescription Program Drug List

Revised 12/09/2016



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

\$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) [†]1.	3
Amoxicillin 125mg/5ml susp (100ml bottle) [†]1.	3
Amoxicillin 125mg/5ml susp (150ml bottle) [†]1.	3
Amoxicillin 200mg/5ml susp (50ml bottle) [†]1.	3
Amoxicillin 200mg/5ml susp* (75ml bottle) [†]1.	3
Amoxicillin 200mg/5ml susp* (100ml bottle) [†]1.	3
Amoxicillin 250mg/5ml susp (80ml bottle) [†]1.	3
Amoxicillin 250mg/5ml susp (100ml bottle) [†]1.	3
Amoxicillin 250mg/5ml susp (150ml bottle) [†]1.	3
Amoxicillin 400mg/5ml susp (50ml bottle) [†]1.	3
Amoxicillin 400mg/5ml susp* (75ml bottle) [†]1.	3
Amoxicillin 400mg/5ml susp* (100ml bottle) [†]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
Penicillin VK 250mg tab	28.	84
Penicillin VK 125mg/5ml susp (100ml bottle) [†]1.	3
Penicillin VK 125mg/5ml susp* (200ml bottle) [†]1.	3
SMZ-TMP 400mg-80mg tab	28.	84
SMZ-TMP DS 800mg-160mg tab	20.	60

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

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 tab6.	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

\$9/30-day

Albuterol 0.5% nebulizer soln* (20ml bottle) [†]	1
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Ipratropium 0.02% nebulizer soln* (25x2.5ml vials) [†] .1.	3
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Cholesterol

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

Diabetes

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

Fungal Infections

Fluconazole 150mg tab	1.	3
Nystatin cream* (15gm tube) [†]	1.	3
Nystatin cream* (30gm tube) [†]	1.	3
Terbinafine 250mg tab*	30.	90

Gastrointestinal Health

Dicyclomine 10mg cap.	90.	270
Dicyclomine 20mg tab*	60.	180
Famotidine 20mg tab	60.	180
Lactulose syrup*	236ml.	708ml
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

Erythromycin op. ointment (3.5gm tube) [†] *.	1.	3
Gentak 0.3% op. soln	5.	15

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

Heart Health & Blood Pressure

Atenolol 25mg tab	30.	90
Atenolol 50mg tab	30.	90
Atenolol 100mg tab	30.	90
Benazepril 5mg tab.	30.	90
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
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
Enalapril-HCTZ 5mg-12.5mg 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
Hydrochlorothiazide (HCTZ) 25mg tab	30.	90
Hydrochlorothiazide (HCTZ) 50mg tab	30.	90

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	\$4, 30-day	\$10, 90-day
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
Metoprolol Tartrate 25mg tab	60.	180
Metoprolol Tartrate 50mg tab	60.	180
Metoprolol Tartrate 100mg tab*	60.	180
Sotalol HCL 80mg tab*	30.	90
Spironolactone 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
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

	\$4, 30-day	\$10, 90-day
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
Citalopram 20mg tab	30.	90
Citalopram 40mg tab	30.	90
Fluoxetine 10mg cap*	30.	90
Fluoxetine 10mg tab*	30.	90
Fluoxetine 20mg cap*	30.	90
Fluoxetine 40mg cap*	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
Trazodone 50mg tab	30.	90
Trazodone 100mg tab	30.	90
Trazodone 150mg tab*	30.	90
Trihexyphenidyl 2mg tab	60.	180

Skin Conditions

Hydrocortisone 1% cream (28.35-30g tube) [†]	1.	3
Hydrocortisone 2.5% cream (30gm tube) [†]	1.	3
Silver Sulfadiazine 1% cream* (50gm tube) [†]	1.	3
Triamcinolone 0.025% cream (15gm tube) [†]	1.	3
Triamcinolone 0.025% cream (80gm tube) [†]	1.	3
Triamcinolone 0.1% cream (15gm tube) [†]	1.	3
Triamcinolone 0.1% cream (80gm tube) [†]	1.	3
Triamcinolone 0.1% ointment (15gm tube) [†]	1.	3
Triamcinolone 0.1% ointment (80gm tube) [†]	1.	3
Triamcinolone 0.5% cream (15gm tube) [†]	1.	3

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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
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Vitamins & Nutritional Health

Folic Acid 1mg tab	30.	90
Mag 64 64mg tab*	60.	180
Magnesium Oxide 400mg tab	30.	90
Prenatal Plus qty 30*	30.	90
Sodium Fluoride .25mg chewable* (120ct bottle) [†]	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

Oral Contraceptives

\$9, 28-day

Levonorgestrel/Ethinyl Estradiol	28
Kurvelo	28
Norethindrone USP 0.35mg	28
Enskyce	28
Jencycla.	28
Pirmella 1/35	28
Pirmella 7/7/7.	28
Sprintec.	28
Tri-Sprintec	28

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

Alendronate SOD 35mg tab	4.	12
Alendronate SOD 70mg tab4.	12
Clomiphene 50mg tab5.	15

Other Medical Conditions

Chlorhexidine Gluconate 0.12% soln (473ml bottle) [†]	1.	3
Isoniazid 300mg tab*.	30.	90
Megestrol 20mg tab*.	30.	90
Prednisone 2.5mg tab*.	30.	90
Prednisone 5mg tab*.	30.	90

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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 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 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.

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