



Walmart Prescription Program

Guide to low-cost prescriptions starting at:

\$4 | \$10

30-day | 90-day

Check pharmacy counter for details.**

Effective 03/24/2025

Diabetes

| | \$9 30-Day Qty | \$24 90-Day Qty |
|---|-------------------|--------------------|
| GLIMEPIRIDE 1MG, 2MG, 4MG | 30 | 90 |
| GLIPIZIDE 5MG, 10MG | 60 | 180 |
| GLIPIZIDE ER 2.5MG, 5MG, 10MG | 30 | 90 |
| GLYBURIDE/METFORMIN 2.5/500MG, 5/500MG | 60 | 180 |
| METFORMIN 500MG, 850MG, 1000MG | 60 | 180 |
| METFORMIN ER 500MG TAB | 120 | 360 |
| METFORMIN ER 750MG TAB | 60 | 180 |

Heart

| Cholesterol | \$9 30-Day Qty | \$24 90-Day Qty |
|------------------------------|-------------------|--------------------|
| FENOPIRATE 145MG | 30 | 90 |
| GEMFIBROZIL 600MG | 60 | 180 |
| SIMVASTATIN 10MG, 20MG, 40MG | 30 | 90 |

| Heart Health & Blood Pressure | \$4 30-Day Qty | \$10 90-Day Qty |
|---|-------------------|--------------------|
| ATENOLOL 25MG, 50MG, 100MG | 30 | 90 |
| CLONIDINE 0.1MG, 0.2MG, 0.3MG | 60 | 180 |
| FUROSEMIDE 20MG, 40MG, 80MG | 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 |
| LISINOPRIL/HCTZ 20/25MG | 30 | 90 |
| LOSARTAN/HCT 50/12.5MG TAB | 30 | 90 |
| RAMIPRIL 2.5MG, 5MG, 10MG | 30 | 90 |

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| 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 Health & Blood Pressure | \$9 30-Day Qty | \$24 90-Day Qty |
|--|-------------------|--------------------|
| AMIODARONE 200MG | 30 | 90 |
| AMLODIPINE 2.5MG, 5MG, 10MG | 30 | 90 |
| BENAZEPRIL 20MG, 40MG | 30 | 90 |
| BISOPROLOL 5MG | 30 | 90 |
| CILOSTAZOL 50MG, 100MG | 60 | 180 |
| 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 |
| ISOSORBIDE MONONITRATE ER 30MG, 60MG | 30 | 90 |
| LISINOPRIL 2.5MG, 5MG, 10MG, 20MG, 30MG | 30 | 90 |
| LOSARTAN 25MG, 50MG, 100MG | 30 | 90 |
| METOPROLOL ER 25MG, ER 50MG | 30 | 90 |
| METOPROLOL TART 25MG, 50MG, 100MG | 60 | 180 |
| 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 |
| SPIRONOLACTONE 50MG, 100MG | 30 | 90 |
| CHLORTHALIDONE 25MG, 50MG | 30 | 90 |
| NITROGLYCERIN 0.4MG | 25 | 75 |

Continued >>

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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.

Mental Health

| | \$4 30-Day Qty | \$10 90-Day Qty |
|--|--------------------|--------------------|
| AMITRIPTYLINE 10MG, 25MG, 50MG, 75MG | 30 | 90 |
| LITHIUM CARB 300MG CAP | 60 | 180 |
| NORTRIPTYLINE 10MG, 25MG, 50MG | 30 | 90 |
| PAROXETINE 20MG, 30MG | 30 | 90 |
| TRIHENYPHENIDYL 2MG TAB | 60 | 180 |
| | \$9 30-Day Qty | \$24 90-Day Qty |
| AMANTADINE 100MG | 60 | 180 |
| BUSPIRONE 5MG, 10MG | 60 | 180 |
| CARB/LEVO 10/100MG, 25/100MG | 90 | 270 |
| CITALOPRAM 10MG, 20MG, 40MG | 30 | 90 |
| DIVALPROEX DR 250MG TAB | 60 | 180 |
| DONEPEZIL 5MG, 10MG | 30 | 90 |
| FLUOXETINE 10MG TAB | 30 | 90 |
| FLUOXETINE 20MG, 40MG CAP | 30 | 90 |
| LAMOTRIGINE 100MG, 200MG | 30 | 90 |
| LAMOTRIGINE 25MG, 150MG | 60 | 180 |
| LEVETIRACETAM 500MG | 60 | 180 |
| LITHIUM CARB ER 300MG, 450MG TAB | 60 | 180 |
| MIRTAZAPINE 15MG, 30MG, 45MG | 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 |
| RISPERIDONE 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG | 30 | 90 |
| ROPINIROLE 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG | 30 | 90 |
| SERTRALINE 25MG, 100MG | 30 | 90 |
| TRAZODONE 50MG, 100MG, 150MG | 30 | 90 |
| TOPIRAMATE 25MG, 50MG, 100MG, 200MG | 60 | 180 |
| TRIHENYPHENIDYL 5MG TAB | 60 | 180 |
| ZONISAMIDE 50MG CAP | 60 | 180 |
| | \$15 30-Day Qty | \$38 90-Day Qty |
| BUPROPION 75MG, 100MG | 60 | 180 |
| BUPROPION ER/SR 100MG, 150MG, 200MG TAB | 60 | 180 |
| BUPROPION XL 150MG TAB | 30 | 90 |
| VENLAFAXINE 37.5MG, 75MG, 100MG TAB | 60 | 180 |

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| VENLAFAXINE ER 37.5MG, 75MG, 150MG CAP | 30 | 90 |
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Other Therapeutic Category

| | \$4 30-Day Qty | \$10 90-Day Qty |
|---|--------------------|--------------------|
| Digestion | | |
| METOCLOPRAMIDE 5MG, 10MG | 90 | 270 |
| | \$9 30-Day Qty | \$24 90-Day Qty |
| Digestion | | |
| MECLIZINE 12.5MG, 25MG TAB | 30 | 90 |
| | \$9 30-Day Qty | \$24 90-Day Qty |
| Digestion | | |
| PROMETHAZINE 12.5MG, 25MG | 30 | 90 |
| | \$9 30-Day Qty | \$24 90-Day Qty |
| Pain Management | | |
| TIZANIDINE 2MG, 4MG | 30 | 90 |
| | \$15 30-Day Qty | \$38 90-Day Qty |
| Pain Management | | |
| METHOCARBAMOL 750MG | 30 | 90 |
| LIDOCAINE 2% VISC SOL | 100 ML | 300 ML |
| | \$4 30-Day Qty | \$10 90-Day Qty |
| Thyroid | | |
| LEVOTHYROXINE 25MCG, 50MCG, 75MCG, 88MCG 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG | 30 | 90 |
| | \$4 30-Day Qty | \$10 90-Day Qty |
| Vitamin & Nutrition | | |
| FOLIC ACID 1MG | 30 | 90 |
| | \$9 30-Day Qty | \$24 90-Day Qty |
| Vitamin & Nutrition | | |
| FOLBEE TAB | 30 | 90 |
| | \$9 30-Day Qty | \$24 90-Day Qty |
| Family Planning | | |
| NORETHINDRONE TAB 0.35 MG | 28 | 84 |
| SPRINTEC 28 TAB 28 DAY | 28 | 84 |
| TRI-SPRINTEC TAB | 28 | 84 |
| | \$24 30-Day Qty | |
| Respiratory Health | | |
| ALBUTEROL HFA Preferred version of Proventil HFA only | 1 INHALER | |

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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.

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| Arabic عربي خدمات الترجمة الفورية متاحة دون تكلفة. برجاء زيارة فرع Walmart المحلي للمساعدة. | Haitian Creole kreyòl ayisyen Gen Sèvis entèprèt ki disponib gratis. Tanpri, ale nan Walmart lokal ou a pou w jwenn èd. | Romanian Română Serviciile de interpretariat sunt disponibile gratuit. Pentru asistență, vizitați magazinul Walmart local. |
| Burmese မြန်မာ ကျွန်ုပ်တို့၏ အခမဲ့ အဘိဓာန်ဝန်ဆောင်မှုကို အသုံးပြုရန်အတွက် သင့်အား Walmart သို့ တက်ရောက်မှုကို အထောက်အကူပြုပါမည်။ | Japanese 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。 | Russian Русский Переводческие Услуги оказываются бесплатно. Пожалуйста, обратитесь за помощью в ближайший магазин Walmart. |
| Chinese Cantonese 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。 | Korean 한국어 통역 서비스를 무료로 이용하실 수 있습니다. 지원을 받으시려면 지역 Walmart에 방문해 주십시오. | Somali Af Soomaali Adeegyada Turjumaanka waxaa lagu heli karaa kharash la'aan. Fadlan booqo Walmart kaaga maxaliga ah wixii caawimo ah. |
| Chinese Mandarin 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。 | Polish polski Usługi tłumacza dostępne są bez żadnych kosztów. Aby uzyskać pomoc proszę odwiedzić lokalny Walmart. | Spanish Español Los servicios de interpretación están disponibles de manera gratuita. Visite la tienda Walmart local para recibir ayuda. |
| Farsi فارسی خدمات مترجم بدون هیچ هزینه ای در دسترس می باشد. برای کمک لطفاً به شعبه محلی خود مراجعه کنید. | Portuguese (Brazil) Português (Brasil) Serviços de interprete estão disponíveis grátis. Por favor, visite seu Walmart local para assistência. | Swahili Kiswahili Huduma za tafsiri zipo bila malipo. Tafadhali tembelea Walmart iliyo karibu nawe kwa usaidizi. |
| French français Des services d'interprètes sont disponibles sans frais. Rendez-vous dans votre Walmart local pour obtenir de l'aide. | Punjabi ਪੰਜਾਬੀ ਟੋਲਡੀਆ ਸੇਵਾਵਾਂ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ ਸਹਾਇਤਾ ਲਈ ਆਪਣੇ ਸਥਾਨਕ Walmart ਵਿਖੇ ਮੁੜੋ। | Vietnamese Tiếng Việt Dịch Vụ Thông Dịch có sẵn miễn phí. Vui lòng đến Walmart tại địa phương của bạn để được hỗ trợ. |

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