

WAL-MART / SAM'S CLUB \$4 PROGRAM

Jan 2019 to Dec 2019

(Applies to up to a 30 day supply at commonly prescribed dosages.)

Therapeutic Category	Drug Name	QTY	Therapeutic Category	Drug Name	QTY
ALLERGY	LORATADINE 10MG TABLET	30	ANTIBIOTIC	AMOXICILLIN 250MG/5ML SUS 100ML	100
ALLERGY	LORATADINE 5MG/5ML SYRUP*	120	ANTIBIOTIC	AMOXICILLIN 250MG/5ML SUS 150ML	150
ANALGESICS	ANTIPY/BENZO OTIC SOLUTION	10	ANTIBIOTIC	AMOXICILLIN 250MG/5ML SUS 80ML	80
ANALGESICS	BACLOFEN 10MG TABLET	30	ANTIBIOTIC	AMOXICILLIN 400MG/5ML SUS 100ML*	100
ANALGESICS	CYCLOBENZAPRINE 10MG TABLET	30	ANTIBIOTIC	AMOXICILLIN 400MG/5ML SUS 50ML	50
ANALGESICS	CYCLOBENZAPRINE 5MG TABLET	30	ANTIBIOTIC	AMOXICILLIN 400MG/5ML SUS 75ML*	75
ANALGESICS	LIDOCAINE 2% VISCOUS SOLUTION	100	ANTIBIOTIC	AMOXICILLIN 500MG CAPSULE	30
ANALGESICS	TRAMADOL HCL 50MG TABLET	60	ANTIBIOTIC	AMOXIL 50MG/ML DROPS*	30
ANTI ANXIETY	BUSPIRONE 10MG TABLET*	60	ANTIBIOTIC	BACITRACIN OPHTHALMIC OINTMENT	4
ANTI ANXIETY	BUSPIRONE 5MG TABLET	60	ANTIBIOTIC	CEPHALEXIN 250MG CAPSULE	28
ANTI INFLAMMATORY	BETAMETHASONE DIP 0.05% CREAM 15GM	15	ANTIBIOTIC	CEPHALEXIN 500MG CAPSULE	30
ANTI INFLAMMATORY	BETAMETHASONE DIP 0.05% CREAM 45GM	45	ANTIBIOTIC	CIPROFLOXACN 250MG TABLET	14
ANTI INFLAMMATORY	BETAMETHASONE VAL 0.1% CREAM 15GM	15	ANTIBIOTIC	CIPROFLOXACN 500MG TABLET	20
ANTI INFLAMMATORY	BETAMETHASONE VAL 0.1% CREAM 45GM	45	ANTIBIOTIC	DOXYCYCLINE HVC 100MG CAPSULE	20
ANTI INFLAMMATORY	BETAMETHASONE VAL 0.1% OINTMENT 15GM	15	ANTIBIOTIC	DOXYCYCLINE HVC 100MG TABLET	20
ANTI INFLAMMATORY	BETAMETHASONE VAL 0.1% OINTMENT 45GM	45	ANTIBIOTIC	DOXYCYCLINE HVC 50MG CAPSULE	30
ANTI INFLAMMATORY	DEXAMETHASONE .5MG TABLET	30	ANTIBIOTIC	ERYTHROCIN 250MG TABLET*	40
ANTI INFLAMMATORY	DEXAMETHASONE 0.75MG TABLET	12	ANTIBIOTIC	ERYTHROMYCIN 2% TOPICAL SOLUTION	60
ANTI INFLAMMATORY	DEXAMETHASONE 4MG TABLET*	6	ANTIBIOTIC	ERYTHROMYCIN 250MG EC CAPSULE*	28
ANTI INFLAMMATORY	DICLOFENAC 75MG DR TAB	60	ANTIBIOTIC	ERYTHROMYCIN OPHTHALMIC OINTMENT	4
ANTI INFLAMMATORY	FLUOCINONIDE 0.05% CREAM 15GM	15	ANTIBIOTIC	GENTAMICIN 0.1% CREAM 15GM	15
ANTI INFLAMMATORY	FLUOCINONIDE 0.05% CREAM 30GM	30	ANTIBIOTIC	GENTAMICIN 0.1% OINTMENT 15G	15
ANTI INFLAMMATORY	FLUOCINONIDE ACET 0.01% SOLUTION	60	ANTIBIOTIC	GENTAMICIN 0.3% OPHTHALMIC SOLUTION	5
ANTI INFLAMMATORY	HYDROCORTISONE 1% CREAM 30GM	30	ANTIBIOTIC	ISONIAZID 300MG TABLET	30
ANTI INFLAMMATORY	HYDROCORTISONE 2.5% CREAM 30GM	30	ANTIBIOTIC	METRONIDAZOLE 250MG TABLET	28
ANTI INFLAMMATORY	HYDROCORTISONE AC 25MG SUPPOSITORY	12	ANTIBIOTIC	METRONIDAZOLE 500MG TABLET	14
ANTI INFLAMMATORY	IBUPROFEN 100/5ML SUSPENSION*	120	ANTIBIOTIC	NEO/POLY/DEX 0.1% OPHTHALMIC OINTMENT	4
ANTI INFLAMMATORY	IBUPROFEN 400MG TABLET	90	ANTIBIOTIC	NEO/POLY/DEX 0.1% OPHTHALMIC SUSPENSION	5
ANTI INFLAMMATORY	IBUPROFEN 600MG TABLET	60	ANTIBIOTIC	PENICILLIN VK 125/5ML SOLUTION 200ML	200
ANTI INFLAMMATORY	IBUPROFEN 800MG TABLET	30	ANTIBIOTIC	PENICILLIN VK 250/5ML SOLUTION 100ML	100
ANTI INFLAMMATORY	INDOMETHACIN 25MG CAPSULE*	60	ANTIBIOTIC	PENICILLIN VK 250MG TABLET	28
ANTI INFLAMMATORY	MELOXICAM 15MG TABLET	30	ANTIBIOTIC	POLYMXIN SULF/TMP SOLUTION*	10
ANTI INFLAMMATORY	MELOXICAM 7.5 MG TABLET	30	ANTIBIOTIC	SELENIUM SUL 2.5% LOTION*	120
ANTI INFLAMMATORY	METHYLPREDNISOLONE 4MG TABLET	21	ANTIBIOTIC	SMZ/TMP 200MG/40MG/5ML SUSPENSION	120
ANTI INFLAMMATORY	METHYLPREDNISOLONE 4MG DOSEPACK	21	ANTIBIOTIC	SMZ/TMP 400MG/80MG TABLET	28
ANTI INFLAMMATORY	NAPROXEN 375MG TABLET*	60	ANTIBIOTIC	SMZ/TMP DS 800/160 TABLET	20
ANTI INFLAMMATORY	NAPROXEN 500MG TABLET*	60	ANTIBIOTIC	SULFACETAMIDE SOD 10% OPHTHALMIC SOLN	15
ANTI INFLAMMATORY	PIROXICAM 20MG CAPSULE	30	ANTIBIOTIC	TETRACYCLINE 250MG CAPSULE	60
ANTI INFLAMMATORY	PREDNISONE 10MG DOSEPACK 48CT*	48	ANTIBIOTIC	TETRACYCLINE 500MG CAPSULE	60
ANTI INFLAMMATORY	PREDNISONE 10MG TABLET	30	ANTIBIOTIC	TOBRAMYCIN 0.3% OPHTHALMIC SOLUTION	5
ANTI INFLAMMATORY	PREDNISONE 10MG DOSEPACK 21CT	21	ANTIDEPRESSANT	AMITRIPTYLINE 100MG TABLET	30
ANTI INFLAMMATORY	PREDNISONE 2.5MG TABLET	30	ANTIDEPRESSANT	AMITRIPTYLINE 10MG TABLET	30
ANTI INFLAMMATORY	PREDNISONE 20MG TABLET	30	ANTIDEPRESSANT	AMITRIPTYLINE 25MG TABLET	30
ANTI INFLAMMATORY	PREDNISONE 5MG TABLET	30	ANTIDEPRESSANT	AMITRIPTYLINE 50MG TABLET	30
ANTI INFLAMMATORY	PREDNISONE 5MG DOSEPACK 48CT*	48	ANTIDEPRESSANT	AMITRIPTYLINE 75MG TABLET	30
ANTI INFLAMMATORY	PREDNISONE 5MG 6 DAY DOSEPACK	21	ANTIDEPRESSANT	CITALOPRAM 20MG TABLET	30
ANTI INFLAMMATORY	SALSALATE 500MG TABLET	60	ANTIDEPRESSANT	CITALOPRAM 40MG TABLET	30
ANTI INFLAMMATORY	TRIAMCINOLONE 0.025% CREAM 15GM	15	ANTIDEPRESSANT	DOXEPIN HCL 100MG CAPSULE	30
ANTI INFLAMMATORY	TRIAMCINOLONE 0.025% CREAM 80GM	80	ANTIDEPRESSANT	DOXEPIN HCL 10MG CAPSULE	30
ANTI INFLAMMATORY	TRIAMCINOLONE 0.1% CREAM 15GM	15	ANTIDEPRESSANT	DOXEPIN HCL 25MG CAPSULE	30
ANTI INFLAMMATORY	TRIAMCINOLONE 0.1% CREAM 80GM	80	ANTIDEPRESSANT	DOXEPIN HCL 50MG CAPSULE	30
ANTI INFLAMMATORY	TRIAMCINOLONE 0.1% OINTMENT 15GM	15	ANTIDEPRESSANT	DOXEPIN HCL 75MG CAPSULE	30
ANTI INFLAMMATORY	TRIAMCINOLONE 0.1% OINTMENT 80GM	80	ANTIDEPRESSANT	FLUOXETINE 10MG CAPSULE	30
ANTI INFLAMMATORY	TRIAMCINOLONE 0.5% CREAM 15GM	15	ANTIDEPRESSANT	FLUOXETINE 10MG TABLET*	30
ANTIBIOTIC	AMOXICILLIN 125MG/5ML SUS 100ML	100	ANTIDEPRESSANT	FLUOXETINE 20MG CAPSULE	30
ANTIBIOTIC	AMOXICILLIN 125MG/5ML SUS 150ML	150	ANTIDEPRESSANT	FLUOXETINE 40MG CAPSULE	30
ANTIBIOTIC	AMOXICILLIN 125MG/5ML SUS 80ML	80	ANTIDEPRESSANT	NORTRIPTYLINE 10MG CAPSULE	30
ANTIBIOTIC	AMOXICILLIN 200MG/5ML SUS 100ML*	100	ANTIDEPRESSANT	NORTRIPTYLINE 25MG CAPSULE	30
ANTIBIOTIC	AMOXICILLIN 200MG/5ML SUS 50ML	50	ANTIDEPRESSANT	PAROXETINE 10MG TABLET*	30
ANTIBIOTIC	AMOXICILLIN 200MG/5ML SUS 75ML*	75	ANTIDEPRESSANT	PAROXETINE 20MG TABLET*	30
ANTIBIOTIC	AMOXICILLIN 250MG CAPSULE	30	ANTIDEPRESSANT	TRAZODONE 100MG TABLET	30

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Therapeutic Category	Drug Name	QTY	Therapeutic Category	Drug Name	QTY
ANTIDEPRESSANT	TRAZODONE 150MG TABLET	30	CARDIAC	DOXAZOSIN 4MG TABLET	30
ANTIDEPRESSANT	TRAZODONE 50MG TABLET	30	CARDIAC	DOXAZOSIN 8MG TABLET	30
ANTIFUNGAL	FLUCONAZOLE 150MG TABLET	1	CARDIAC	ENALAPRIL 10MG TABLET	30
ANTIFUNGAL	NYSTATIN 100000U CREAM 15GM	15	CARDIAC	ENALAPRIL 2.5MG TABLET	30
ANTIFUNGAL	NYSTATIN 100000U CREAM 30GM	30	CARDIAC	ENALAPRIL 20MG TABLET	30
ANTIFUNGAL	NYSTATIN OINTMENT 15G	15	CARDIAC	ENALAPRIL 5MG TABLET	30
ANTIFUNGAL	NYSTATIN OINTMENT 30G	30	CARDIAC	ENALAPRIL/HCTZ 5MG/12.5MG TABLET	30
ANTIFUNGAL	NYSTATIN/TRIAM OINTMENT 15GM	15	CARDIAC	FUROSEMIDE 20MG TABLET	30
ANTIFUNGAL	NYSTATIN/TRIAM CREAM 15GM	15	CARDIAC	FUROSEMIDE 40MG TABLET	30
ANTIFUNGAL	NYSTATIN/TRIAM CREAM 30GM	30	CARDIAC	FUROSEMIDE 80MG TABLET	30
ANTIPSYCHOTIC	FLUPHENAZINE 1MG TABLET	30	CARDIAC	GUANFACINE 1MG TABLET	30
ANTIPSYCHOTIC	HALOPERIDOL 0.5MG TABLET	30	CARDIAC	HCTZ 12.5MG CAPSULE*	30
ANTIPSYCHOTIC	HALOPERIDOL 1MG TABLET	30	CARDIAC	HCTZ 25MG TABLET	30
ANTIPSYCHOTIC	HALOPERIDOL 2MG TABLET	30	CARDIAC	HCTZ 50MG TABLET	30
ANTIPSYCHOTIC	HALOPERIDOL 5MG TABLET	30	CARDIAC	HYDRALAZINE 10MG TABLET	30
ANTIPSYCHOTIC	LITHIUM CARB 300MG CAPSULE*	90	CARDIAC	HYDRALAZINE 25MG TABLET	30
ANTIPSYCHOTIC	PROCHLORPERAZINE 10MG TABLET	30	CARDIAC	INDAPAMIDE 1.25MG TABLET	30
ANTIPSYCHOTIC	THIORIDAZINE 25MG TABLET	30	CARDIAC	INDAPAMIDE 2.5MG TABLET	30
ANTIPSYCHOTIC	THIORIDAZINE 50MG TABLET	30	CARDIAC	ISOSORBIDE MONO 30MG ER TABLET	30
ANTIPSYCHOTIC	THIOTHIXENE 2MG CAPSULE	30	CARDIAC	ISOSORBIDE MONO 60MG ER TABLET	30
ANTIVIRAL	ACYCLOVIR 200MG CAPSULE	30	CARDIAC	LISINAPRIL 10MG TABLET	30
ANXIETY	HYDROXYZINE HCL 10MG/5ML SYRUP	120	CARDIAC	LISINAPRIL 2.5MG TABLET	30
ARTHRITIS	ALLOPURINOL 100MG TABLET	30	CARDIAC	LISINAPRIL 20MG TABLET	30
ARTHRITIS	ALLOPURINOL 300MG TABLET	30	CARDIAC	LISINAPRIL 5MG TABLET	30
ARTHRITIS	COLCHICINE 0.6MG TABLET	30	CARDIAC	LISINAPRIL-HCTZ 10-12.5MG TABLET	30
ASTHMA	ALBUTEROL 0.5% NEBULIZER SOLN	20	CARDIAC	LISINAPRIL-HCTZ 20-12.5 TABLET*	30
ASTHMA	ALBUTEROL 2MG TABLET	90	CARDIAC	LISINAPRIL-HCTZ 20-25MG TABLET*	30
ASTHMA	ALBUTEROL 2MG/5ML SYRUP	120	CARDIAC	METHYLDOPA 250MG TABLET*	60
ASTHMA	ALBUTEROL 4MG TABLET	60	CARDIAC	METHYLDOPA 500MG TABLET*	30
CARDIAC	AMILOR/HCTZ 5MG/50MG TABLET	30	CARDIAC	METOPROLOL 100MG TABLET*	60
CARDIAC	ATENOL/CHLOR 100/25MG TABLET	30	CARDIAC	METOPROLOL 25MG TABLET	60
CARDIAC	ATENOL/CHLOR 50/25MG TABLET	30	CARDIAC	METOPROLOL 50MG TABLET	60
CARDIAC	ATENOLOL 100MG TABLET	30	CARDIAC	NADOLOL 20MG TABLET	30
CARDIAC	ATENOLOL 25MG TABLET	30	CARDIAC	NADOLOL 40MG TABLET	30
CARDIAC	ATENOLOL 50MG TABLET	30	CARDIAC	PINDOLOL 10MG TABLET	30
CARDIAC	BENAZEPRIL 10MG TABLET	30	CARDIAC	PINDOLOL 5MG TABLET	30
CARDIAC	BENAZEPRIL 20MG TABLET	30	CARDIAC	PRAZOSIN HCL 1MG CAPSULE	30
CARDIAC	BENAZEPRIL 40MG TABLET	30	CARDIAC	PRAZOSIN HCL 2MG CAPSULE	30
CARDIAC	BENAZEPRIL 5MG TABLET	30	CARDIAC	PRAZOSIN HCL 5MG CAPSULE	30
CARDIAC	BISOPROLOL/HCTZ 10/6.25 TABLET	30	CARDIAC	PROPRANOLOL 10MG TABLET	60
CARDIAC	BISOPROLOL/HCTZ 2.5/6.25 TABLET	30	CARDIAC	PROPRANOLOL 20MG TABLET	60
CARDIAC	BISOPROLOL/HCTZ 5/6.25MG TABLET	30	CARDIAC	PROPRANOLOL 40MG TABLET	60
CARDIAC	BUMETANIDE 0.5MG TABLET	30	CARDIAC	PROPRANOLOL 80MG TABLET	60
CARDIAC	BUMETANIDE 1MG TABLET	30	CARDIAC	SOTALOL HCL 80MG TABLET*	30
CARDIAC	CAPTAPRIL 100MG TABLET	60	CARDIAC	SPIRONOLACTONE 25MG TABLET*	30
CARDIAC	CAPTAPRIL 12.5MG TABLET	60	CARDIAC	TERAZOSIN 10MG CAPSULE	30
CARDIAC	CAPTAPRIL 25MG TABLET	60	CARDIAC	TERAZOSIN 1MG CAPSULE	30
CARDIAC	CAPTAPRIL 50MG TABLET	60	CARDIAC	TERAZOSIN 2MG CAPSULE	30
CARDIAC	CHLORTHALIDONE 25MG TABLET	30	CARDIAC	TERAZOSIN 5MG CAPSULE	30
CARDIAC	CHLORTHALIDONE 50MG TABLET	30	CARDIAC	TRIAM/HCTZ 37.5/25 CAPSULE	30
CARDIAC	CLONIDINE 0.1MG TABLET	30	CARDIAC	TRIAM/HCTZ 37.5/25 TABLET	30
CARDIAC	CLONIDINE 0.1MG PACK	30	CARDIAC	TRIAM/HCTZ 75/50MG TABLET	30
CARDIAC	CLONIDINE 0.2MG TABLET	30	CARDIAC	VERAPAMIL 120MG TABLET	30
CARDIAC	CLONIDINE 0.2MG PACK	30	CARDIAC	VERAPAMIL 80MG TABLET	30
CARDIAC	DIGITEK 0.125MG TABLET	30	CARDIAC	WARFARIN 5MG TABLET*	30
CARDIAC	DIGITEK 0.25MG TABLET	30	CARDIAC	WARFARIN 5MG COMPLIANCE PACK*	30
CARDIAC	DILTIAZEM 120MG TABLET	30	CHOLESTEROL	LOVASTATIN 10MG TABLET*	30
CARDIAC	DILTIAZEM 30MG TABLET	60	CHOLESTEROL	LOVASTATIN 20MG TABLET*	30
CARDIAC	DILTIAZEM 60MG TABLET	60	CHOLESTEROL	PRAVASTATIN 10MG TABLET	30
CARDIAC	DILTIAZEM 90MG TABLET*	60	CHOLESTEROL	PRAVASTATIN 20MG TABLET	30
CARDIAC	DOXAZOSIN 1MG TABLET	30	CHOLESTEROL	PRAVASTATIN 40MG TABLET*	30
CARDIAC	DOXAZOSIN 2MG TABLET	30	COUGH COLD	BENZONATATE 100MG CAPSULE	14

Generics under this program are subject to change anytime.

List Effective November 29th, 2006

(Applies to up to a 30 day supply at commonly prescribed dosages.)

Therapeutic Category	Drug Name	QTY	Therapeutic Category	Drug Name	QTY
COUGH COLD	CERON DM SYRUP	120	GINGIVITIS	CHLORHEXADRINE GLU 0.12% SOLUTION	473
COUGH COLD	CERON DROPS 1OZ*	30	GLAUCOMA EYE	ATROPINE SUL 1% OP SOLUTION	5
COUGH COLD	GUAIFENESIN DM SYRUP	120	GLAUCOMA EYE	PILOCARPINE 1% OPHTHALMIC SOLUTION	15
COUGH COLD	GUAIFENEX DM ER*	60	GLAUCOMA EYE	PILOCARPINE 2% OPHTHALMIC SOLUTION	15
COUGH COLD	PROMETHAZINE DM SYRUP	120	HORMONE	ESTRADIOL 0.5MG TABLET	30
COUGH COLD	TRIVENT DPC6215/5 SYRUP	120	HORMONE	ESTRADIOL 1MG TABLET	30
DIABETES	CHLORPROPAMIDE 100MG TABLET*	30	HORMONE	ESTRADIOL 2MG TABLET	30
DIABETES	GLIMEPIRIDE 1MG TABLET	30	HORMONE	ESTROPIPATE 0.75MG TABLET	30
DIABETES	GLIMEPIRIDE 2MG TABLET	30	HORMONE	ESTROPIPATE 1.5MG TABLET*	30
DIABETES	GLIMEPIRIDE 4MG TABLET	30	HORMONE	MEDROXYPROGESTERONE AC 10MG TABLET	10
DIABETES	GLIPIZIDE 10MG TABLET*	60	HORMONE	MEDROXYPROGESTERONE AC 2.5MG TABLET	30
DIABETES	GLIPIZIDE 5MG TABLET	30	HORMONE	MEDROXYPROGESTERONE AC 5MG TABLET	30
DIABETES	GLYBURIDE 2.5MG TABLET (BLUE)	30	INCONTINENCE	OXYBUTYNIN 5MG TABLET	60
DIABETES	GLYBURIDE 2.5MG TABLET (GREEN)	30	ONCOLOGY/CANCER	MEGESTROL 20MG TABLET*	30
DIABETES	GLYBURIDE 5MG TABLET (BLUE)	30	PARKINSONS	BENZTROPINE 2MG TABLET	30
DIABETES	GLYBURIDE 5MG TABLET (GREEN)	30	PARKINSONS	TRIHEXYPHEN 2MG TABLET	60
DIABETES	GLYBURIDE MCR 3MG TABLET	30	SEIZURE	CARBAMAZEPINE 200MG TABLET*	60
DIABETES	GLYBURIDE MCR 6MG TABLET	30	THYROID	LEVOthyroxin 100MCG TABLET	30
DIABETES	METFORMIN 1000MG TABLET*	60	THYROID	LEVOthyroxin 112MCG TABLET	30
DIABETES	METFORMIN 500MG TABLET	60	THYROID	LEVOthyroxin 125MCG TABLET	30
DIABETES	METFORMIN 500MG ER TABLET*	60	THYROID	LEVOthyroxin 150MCG TABLET	30
DIABETES	METFORMIN 850MG TABLET	60	THYROID	LEVOthyroxin 175MCG TABLET*	30
GASTROINTESTINAL	BELLADONA ALK/PB TABLET	60	THYROID	LEVOthyroxin 25MCG TABLET	30
GASTROINTESTINAL	CIMETIDINE 800MG TABLET*	30	THYROID	LEVOthyroxin 50MCG TABLET	30
GASTROINTESTINAL	CYTRA2 SOLUTION	180	THYROID	LEVOthyroxin 75MCG TABLET	30
GASTROINTESTINAL	DICYCLOMINE 10MG CAPSULE	90	THYROID	LEVOthyroxin 88MCG TABLET	30
GASTROINTESTINAL	DICYCLOMINE 20MG TABLET	60	THYROID	LEVOthyroxine 200MCG TABLET*	30
GASTROINTESTINAL	FAMOTIDINE 20MG TABLET	60	VITAMINS	ETHEDENT 0.25MG CHEWABLE TABLETS*	120
GASTROINTESTINAL	HYOSCYAMINE 0.125/ML DROPS*	15	VITAMINS	FOLIC ACID 1MG TABLET	30
GASTROINTESTINAL	HYOSCYAMINE 0.125MG SUBLINGUAL	30	VITAMINS	KLORCON 10 - 10MEQ ER TABLET	30
GASTROINTESTINAL	HYOSCYAMINE 0.125MG TABLET	60	VITAMINS	KLORCON 8 TABLET 8MEQ ER	30
GASTROINTESTINAL	HYOSCYAMINE 0.375 ER TABLET	30	VITAMINS	KLORCON M10 TABLET*	30
GASTROINTESTINAL	LACTULOSE 10GM/15 SYRUP	237	VITAMINS	MAG64 64MG TABLET	60
GASTROINTESTINAL	MECLIZINE 12.5MG TABLET	90	VITAMINS	MAGNESIUM OXIDE 400MG TABLET	30
GASTROINTESTINAL	MECLIZINE 25MG TABLET	90	VITAMINS	MULTI VITAMIN 0.25MG CHEWABLE	30
GASTROINTESTINAL	METOCLOPRAMIDE 10MG TABLET	60	VITAMINS	MULTI VITAMIN/FL/FE CHEWABLE	30
GASTROINTESTINAL	METOCLOPRAMIDE 5MG/5ML SYRUP	60	VITAMINS	MULTI VITBET /FL 1MG CHEWABLE	30
GASTROINTESTINAL	PHENAZOPYRIDINE 100MG TABLET	6	VITAMINS	MULTI VITBET 0.5MGFL CHEWABLE	30
GASTROINTESTINAL	PHENAZOPYRIDINE 200MG TABLET	30	VITAMINS	NATALCARE PIC TABLET*	30
GASTROINTESTINAL	PROMETHAZINE 25MG TABLET*	12	VITAMINS	NATALCARE PLUS TABLET*	30
GASTROINTESTINAL	PROMETHAZINE 6.25/5ML SYRUP*	180	VITAMINS	POTASSIUM CHLORIDE 10% LIQUID	473
GASTROINTESTINAL	RANITIDINE 150MG TABLET	60	VITAMINS	PRENATAL RX TABLET*	30
GASTROINTESTINAL	RANITIDINE 300MG TABLET	30			

This program offers up to a 30-day supply of generic drugs on the current list of covered drugs at commonly prescribed dosages for \$4 for each prescription fill or refill. Your participation in certain prescription drug coverage plans may entitle you to pay even less than \$4 for certain of these generic drugs. If you are eligible, you will be charged the lowest applicable amount. Certain generic drugs are priced higher in CA, CO, HI, MN, MT, PA, TN, WI, and WY due to state laws. Program not available in North Dakota. You can get these prescription drug savings whether or not you have any prescription drug coverage through your company, under Medicare or any other plan. The list of covered generic drugs is subject to change. Not all generic prescription drugs are covered by this program. Only prescriptions filled in person are eligible for the \$4 program. This price does not apply to prescriptions filled by mail order. Prescriptions refilled may be ordered online or by telephone, but must be picked up in person at a participating Wal-Mart pharmacy. See your Wal-Mart pharmacist for further details.

* These prescriptions are priced higher than \$4 in CO, CA, HI, MN, MT, PA, TN, WI, AND WY due to state laws. Customers in these states should see their Wal-mart or Sam's Club pharmacist for price details.



Find The Right Medicare Prescription Drug Plan For You.

Overwhelmed by all of the Medicare D Prescription Drug plans available to you? Go online to www.walmart.com/medicare and click on the "Prescription Drug Plan Finder" to create a free report that lists plans to fit your individual needs. Whether you want coverage with the lowest annual costs, the fewest coverage limitations, or the best "gap" coverage,¹ this free, customized report will give you information to find the right plan for your needs. The report includes information on all major drug plans in your area, details about estimated annual costs and more.

Step 1: Use the form below to list the prescription medications you currently take. Also, have your zip code and the type of prescription coverage you currently have handy.

Medication	Dosage
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

Step 2: Go to www.walmart.com/medicare and click on the "Prescription Drug Plan Finder."

Step 3: Follow the on-screen prompts to enter your information.

Step 4: Once the information is collected, the system will create a report with plans that meet your unique needs.

Step 5: If you choose, you can then enroll in a plan online by clicking the "Enroll" button, by mailing in the enrollment form, or by calling the toll free number on the report.

¹ "Gap" coverage refers to any type of medication coverage offered by an insurer for medication costs after the initial coverage period but before catastrophic coverage begins.

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