

FILED

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF OKLAHOMA**

MAR 02 2015

U.S. DIST. COURT, WESTERN DIST. OKLA.
BY RR, DEPUTY

**UNITED STATES OF AMERICA *ex rel.* J.
DOUGLAS STRAUER, STATE OF NEW
JERSEY *ex rel.* J. DOUGLAS STRAUER,
STATE OF OKLAHOMA *ex rel.* J. DOUGLAS
STRAUSER, and STATE OF TENNESSEE
ex rel. J. DOUGLAS STRAUER,**

Plaintiffs,

v.

**STEPHEN L. LaFRANCE HOLDINGS,
INC., STEPHEN L. LaFRANCE PHARMACY,
INC., SUPER D DRUGS ACQUISITION CO.,
DALECO, INC., ARCADIA VALLEY DRUG
CO., MAY'S DRUG STORES, INC.,
ELLISVILLE DRUG ACQUISITION CO.,
JARCO PHARMACIES, INC., JIM BAIN'S
PHARMACY, INC., S & W PHARMACY,
INC., CONSOLIDATED STORES, INC.,
PHARM-MART PHARMACY OF WARREN,
INC., STEPHEN L. LaFRANCE, JR., JASON
LaFRANCE, and WALGREEN COMPANY,
INC.**

Defendants.

**CIVIL ACTION NO.
13-495 M**

**FILED UNDER SEAL
PURSUANT TO
31 U.S.C. § 3730(b)**

**JURY TRIAL
REQUESTED**

**FIRST AMENDED COMPLAINT
(False Claims Act)**

SUMMARY STATEMENT

1. This lawsuit involves hundreds of millions of dollars in false claims submitted to the federal Medicare Part D program, the federal-state Medicaid

Programs in Arkansas, Kansas, Mississippi, Missouri, New Jersey, Oklahoma, and Tennessee, and other government health plans (hereinafter collectively referred to as “Government Health Plans”) by pharmacies, some, but not all of which are set forth in Exhibit A, that were owned and controlled by Defendants Stephen L. LaFrance Holdings, Inc., Stephen L. LaFrance Pharmacy, Inc., Stephen L. LaFrance, Jr., and Jason LaFrance. These pharmacies, many of which did business using the name USA Drug, since 2008 have systematically billed Government Health Plans for generic drugs at prices far in excess of the special savings prices that they usually and customarily charge to cash-paying members of the general public. They have done so in knowing violation of Medicare Part D contracts, Medicaid billing rules and other Government Health Plan billing requirements that require pharmacies to charge these government health care programs their “usual and customary charge to the general public.” Moreover, to reduce their risk of Government Health Plans learning of these overpayments, the pharmacies have hidden from them the special savings prices that they charge the general public for generic drugs. For certain generic medications, such as the anti-depressant Fluoxetine, these pharmacies have charged Medicaid prices that have been as much as 38 times the prices charged to the general public, and Medicaid has paid more than five times the amount paid by members of the general public. Defendant Walgreen Company purchased this pharmacy chain in September 2012.

The chain continued to engage in the foregoing wrongful practices in many stores for as long as six additional months after the purchase by Walgreen Company. Walgreen has known of the overpayments resulting from USA Drug's failure over many years to make its special savings prices on generic drugs available to government health care programs, but has illegally failed to disclose and refund the overpayments to the affected government programs.

2. *Qui Tam* Plaintiff J. Douglas Strauser ("Strauser" or "Relator") brings this civil action on behalf of and in the name of the United States of America ("United States") under the *qui tam* provisions of the federal False Claims Act, 31 U.S.C. §§ 3729-3733, and on behalf of and in the name of the state plaintiffs under analogous *qui tam* provisions in state false claims laws.

JURISDICTION AND VENUE

3. All Counts of this Complaint are civil actions by Relator, acting on behalf of and in the name of the United States and the state plaintiffs, against the Defendants under the federal False Claims Act, 31 U.S.C. §§ 3729-3733, and analogous state false claims laws.

4. This Court has jurisdiction over the claims brought on behalf of the United States pursuant to 28 U.S.C. §§ 1331 and 1345, and 31 U.S.C. § 3732(a).

5. This Court has supplemental jurisdiction over the claims brought on behalf of the state plaintiffs under 28 U.S.C. § 1367. In addition, the Court has jurisdiction over the state law claims alleged herein under 31 U.S.C. § 3732(b).

6. Defendant Walgreen Company, Inc. transacts business in this judicial district. In addition, Defendants Stephen L. LaFrance Holdings, Inc., Stephen L. LaFrance, Jr., and Jason LaFrance have violated the federal False Claims Act in this judicial district as a result of the misconduct alleged herein. Accordingly, this Court has personal jurisdiction over the Defendants, and venue is appropriate in this district. The False Claims Act provides that any action under 31 U.S.C. § 3730 may be brought “in any judicial district in which . . . any one defendant can be found, resides, transacts business, or in which any act proscribed by section 3729 occurred.” 31 U.S.C. § 3732(a). Venue is also proper under 28 U.S.C. § 1391.

7. None of the allegations set forth in this Complaint is based on a public disclosure of allegations or transactions in a criminal, civil or administrative hearing, in a congressional, administrative or General Accounting Office report, hearing, audit or investigation, or from the news media. Relator J. Douglas Strauser has direct and independent knowledge of the information on which the allegations set forth in this Complaint are based. Moreover, prior to filing this lawsuit and prior to any public disclosures regarding this matter, Relator

voluntarily provided the information set forth herein to agents of the United States Department of Justice and the state plaintiffs.

THE PARTIES

Relator J. Douglas Strauser

8. Strauser, a resident of Sullivan, Missouri, is a licensed pharmacist with a strong interest in public health policy and civic governance.

9. Strauser obtained his pharmacy license in 1976 after graduating that year from St. Louis College of Pharmacy, St. Louis, Missouri, with a Bachelor of Science in Pharmacy. At various times throughout the period 1976 to 2008, he owned and operated pharmacies in Sullivan, Missouri, Linn, Missouri, and Steelville, Missouri. On June 30, 2008, he sold his pharmacy business, known as Meramec Pharmacy, Inc., to Defendant Jarco, Inc. (“Jarco”), an entity under common ownership and control with Defendant Stephen L. LaFrance Pharmacy, Inc. (“LaFrance Pharmacy”). In 2012, Defendant Jarco sold its drugstores to Defendant LaFrance Pharmacy, and Defendant Walgreen Company, Inc. (“Walgreen”) purchased Defendant LaFrance Pharmacy. As a result of its 2012 acquisition of the stock of Defendant, LaFrance Pharmacy, Defendant Walgreen now controls Strauser Drugs. Strauser worked as a part-time pharmacist at Strauser Drugs, one of the pharmacies he sold to Defendant Jarco, until June 2013.

10. Strauser has served his community in a variety of civic positions. In 1982, he founded the Sullivan Emergency Assistance Fund, an organization still operating today, that is designed to offer one-time financial assistance to families in need during a time of crisis. Between 1989 and 1992, he served as Alderman, Board President and Mayor of the City of Sullivan, Missouri. Subsequently, he served for 13 years as President of the Board of the local public school district. Strauser is also a Director of the Bank of Sullivan.

Plaintiff United States of America

11. Relator J. Douglas Strauser brings this action on behalf of the United States pursuant to the *qui tam* provisions of the federal False Claims Act, 31 U.S.C. §§ 3729 *et seq.*

12. The United States of America, acting through the Centers for Medicare and Medicaid Services (“CMS”) of the U.S. Department of Health & Human Services (“HHS”), oversees and reimburses the states for a portion of their expenditures for the joint federal-state Medicaid program. Medicaid, a health insurance program for the financially needy, was established under Title XIX of the Social Security Act, 42 U.S.C. §1396 *et seq.*, and state laws.

13. CMS also administers the Health Insurance for the Aged and Disabled Program, popularly known as Medicare, which was established under Title XVIII of the Social Security Act, 42 U.S.C. §§ 1395 *et seq.* A person generally is eligible

to enroll in Medicare if they are 65 years or older, if they have End Stage Renal Disease, or if they are disabled. Reimbursement for Medicare claims is made by the United States through CMS.

14. On behalf of the United States, Relator seeks to recover for damages resulting from false claims submitted to the federal Medicare Part D program, the federal-state Medicaid drug benefit program and other Government Health Plans.

State Plaintiffs

15. Relator also brings this action on behalf of the states of New Jersey, Oklahoma and Tennessee (“the state plaintiffs”). He brings this action under the *qui tam* provisions of the following false claims laws of the state plaintiffs: the New Jersey False Claims Act, N.J. Stat. §§ 2A:32C-1 *et seq.*; the Oklahoma Medicaid False Claims Act, Okla. Stat. tit. 63, §§ 5053 *et seq.*; and the Tennessee Medicaid False Claims Act, Tenn. Code §§ 71-5-181 *et seq.*

16. The state plaintiffs participate in the Medicaid program under which, under certain circumstances, they pay the costs of providing pharmaceutical drugs to indigent persons who are the beneficiaries of the program. The Medicaid program agencies of the state plaintiffs pay pharmacies for medications on behalf of Medicaid beneficiaries. The state plaintiffs then seek reimbursement for a portion of these expenditures from the federal government.

17. On behalf of the state plaintiffs, Relator seeks recovery for damages caused by the submission of false claims to state-funded health insurance programs, including but not limited to the federal-state Medicaid programs that are jointly funded by the United States and the state plaintiffs.

Defendant Walgreen Company, Inc.

18. Defendant Walgreen Company, Inc. (“Walgreen”) is the leading chain drug store in the country in terms of sales and profits. As of February 28, 2013, Defendant Walgreen owned and operated approximately over 8,000 drug stores in the United States, including 116 in Oklahoma. In the fiscal year ending August 31, 2012, Walgreen had sales of \$71.6 billion and profits of \$2.3 billion. The company is headquartered in Deerfield, Illinois, and incorporated in Illinois. Walgreen’s pharmacies dispense prescription medications in this judicial district as well as in each of the other states named as plaintiffs herein.

19. On July 5, 2012, Defendant Walgreen announced that it was acquiring the USA Drug pharmacy business, including 144 stores, corporate offices, a distribution center, and a wholesale and brand business, from Stephen L. LaFrance Holdings, Inc. and members of the LaFrance family. Walgreen’s press release represented that Walgreen would pay \$438 million for the pharmacy chain, subject to adjustments in certain circumstances. Walgreen’s public statement noted that

the pharmacy chain it was acquiring recorded sales of \$825 million in 2011. The transaction was completed on September 17, 2012.

Defendant Stephen L. LaFrance Holdings, Inc.

20. Defendant Stephen L. LaFrance Holdings, Inc. (“LaFrance Holdings”) was founded by Stephen L. LaFrance, Sr., a pharmacist who lived in Pine Bluff, Arkansas. The company was incorporated in Delaware on July 14, 1997. Its headquarters are in Little Rock, Arkansas. From at least 2008 until its stock was purchased by Walgreen, the owner and chairman of the company was Stephen L. LaFrance, Sr., and its officers and directors included Stephen L. LaFrance, Sr., his sons Stephen L. LaFrance, Jr., and Jason LaFrance, and Michael Kerr.

21. LaFrance Holdings, along with Defendants LaFrance Pharmacy, Inc and Stephen L. LaFrance, Jr. and Jason LaFrance, between 2008 and the Fall of 2012, owned and controlled a group of affiliated, corporate entities (“the LaFrance affiliates”) that, in turn, collectively owned a chain of pharmacies that were operated and controlled as a single enterprise, with Joe Courtright as Chief Executive Officer and many of the pharmacies using the “doing business as” name of USA Drug (“the USA Drug pharmacies”). These pharmacies include, but are not limited to, the pharmacies set forth in Exhibit A. These LaFrance affiliates included companies such as: Defendant LaFrance Pharmacy, Inc., incorporated in Arkansas on June 26, 1972; Defendant Jarco Pharmacies, Inc., incorporated in Arkansas on March 28, 2008;

Daleco, Inc., incorporated in Arkansas on June 4, 2003; Super D Drugs Acquisition Co., incorporated in Delaware on September 11, 1997; Arcadia Valley Drug Co., incorporated in Arkansas on March 28, 2005; May's Drug Store, incorporated in Oklahoma on August 30, 1972; Ellisville Drug Acquisition Co., incorporated in Arkansas on March 22, 2002; Jim Bain's Pharmacy, Inc., incorporated in Mississippi on June 9, 1986; and Mr. Discount Drugs of South Jackson, Inc., incorporated in Mississippi on November 8, 1977.

22. The LaFrance affiliates operated under the common management of the officers of LaFrance Holdings and Stephen L. LaFrance Pharmacies, Inc. Each and every one of these entities had Stephen L. LaFrance, Stephen L. LaFrance, Jr. or Jason LaFrance on its Board of Directors, and all but one of these entities had two out of these three individuals on its Board. In addition, Joe Courtright, the president of LaFrance Pharmacy, Inc., was also the president or CEO of Super D Drugs Acquisition Co., Jim Bain's Pharmacy, and Mr. Discount Drugs of South Jackson, Inc. Michael Kerr, the vice president of both LaFrance Holdings and LaFrance Pharmacy, Inc., was also vice president of Super D Drugs Acquisition Co. and May's Drug Store.

23. The LaFrance affiliates shared the brands USA Drug, Select Brand, Super D Drug, May's Drug, Med-X, and Drug Warehouse, and many of their pharmacies were known as USA Drug pharmacies, often with reference to one of the

additional brands as well. USA Drug was the most common “doing business as” name of the LaFrance affiliates, and Courtright used the title “President and CEO of USA Drug Stores, Inc.”

24. By September 17, 2012, LaFrance Pharmacy, had consolidated under its ownership most if not all of the LaFrance affiliates, which at the time collectively owned approximately 144 pharmacies in Arkansas, Mississippi, Missouri, New Jersey, Oklahoma, and Tennessee. On September 17, 2012, Defendant Walgreen purchased the stock of LaFrance Holdings for \$438 million, thereby becoming the owner of Defendant LaFrance Pharmacy. Walgreen also purchased the assets or stock of certain affiliated entities. Many of these pharmacies did business under the name of USA Drug, while some of the pharmacies also did business under other names, such as Super D Drug, May’s Drug, Med-X, Drug Warehouse, Strauser Drug and others (these pharmacies are collectively referred to herein as “the USA Drug pharmacies”). When Defendant Walgreen purchased Defendant LaFrance Pharmacy on September 17, 2012, it thereby acquired the USA Drug pharmacy business, a business that generated \$825 million in revenue in 2011, according to Walgreen’s press release at the time. In 2010, Walgreen had purchased 17 other pharmacies in the Memphis, Tennessee market that were part of the USA Drug chain of pharmacies.

Defendant Stephen L. LaFrance Pharmacy, Inc.

25. Defendant Stephen L. LaFrance Pharmacy, Inc. (or “LaFrance Pharmacy”) was incorporated on June 26, 1972 in Pine Bluff, Arkansas, by Stephen L. LaFrance, who continued as Chairman of the Board until the company’s purchase by Walgreen. Between 2008 and September 2012, its officers and directors have included Joe Courtright, Mike Kerr, Stephen L. LaFrance, Jr., and Jason LaFrance. Between 2008 and 2012, LaFrance Pharmacy did business using the name USA Drug. LaFrance Pharmacy has formed part of a common enterprise of pharmacy stores owned by members of the LaFrance family and operated under common management. As a result of Walgreen’s purchase of the stock of Stephen L. LaFrance Holdings, Inc., on September 17, 2012, Walgreen became the owner of LaFrance Pharmacy. The company’s current board of directors and officers include: Mark A. Wagner (“Wagner”), the president of operations at Walgreen; John A. Mann (“Mann”), divisional vice president for tax at Walgreen; Robert M. Silverman (“Silverman”), divisional vice-president of corporate and transactional law at Walgreen; Jason M. Dubinsky (“Dubinsky”), divisional vice president and treasurer at Walgreen; Kermit R. Crawford (“Crawford”), president of pharmacy, health and wellness at Walgreen; and Rick Hans (“Hans”), divisional vice president for investor relations & finance at Walgreen. After the purchase by Walgreen, Wagner became the president of LaFrance Pharmacy.

Defendant Super D Drugs Acquisition Co.

26. Defendant Super D Drugs Acquisition Co. was incorporated on September 11, 1997, in Delaware by Stephen L. LaFrance, who continued as Chairman of the Board until the company's purchase by Walgreen. Between 2008 and September 2012, its officers and directors have included Joe Courtright, Mike Kerr, Stephen L. LaFrance, Jr., and Jason LaFrance. Between 2008 and 2012, LaFrance Pharmacy did business using the names of some of the USA Drug pharmacies, including, for example, the pharmacy USA Drug in Malden, Missouri. Super D. Drugs Acquisition Co. has formed part of a common enterprise of pharmacy stores owned by members of the LaFrance family and operated under common management. As a result of Walgreen's purchase of the stock of Stephen L. LaFrance Holdings, Inc., on September 17, 2012, Walgreen became the owner of Super D Drugs Acquisition, Co. The company's current board of directors and officers include Walgreen's executives Wagner, Mann, Silverman, Dubinsky, Crawford, and Hans. After the purchase by Walgreen, Wagner became the president of Super D Drugs Acquisition Co.

Defendant Daleco, Inc.

27. Defendant Daleco, Inc. was incorporated on June 4, 2003, in Arkansas. Stephen L. LaFrance, Jr. was Chairman of the Board until the company was purchased by Defendant LaFrance Pharmacy shortly before Defendant Walgreen

acquired the latter company. Between 2008 and September 2012, the officers and directors of Daleco, Inc. have included Jason LaFrance and Kelly Barnes. Between 2008 and 2012, Daleco, Inc., did business using the names of some of the USA Drug pharmacies, including, for example, the pharmacy USA Drug in Farmington, MO. Defendant Daleco has formed part of a common enterprise of pharmacy stores owned by members of the LaFrance family and operated under common management. As a result of Walgreen's purchase of the stock of Stephen L. LaFrance Holdings, Inc., on September 17, 2012, Walgreen became the owner of the drug stores previously owned by Daleco, Inc.

Defendant Arcadia Valley Drug Co.

28. Defendant Arcadia Valley Drug Co. was incorporated as AV Drug Acquisition Co. on February 24, 2005 in Arkansas by Stephen L. LaFrance, Jr., who continued as Chairman of the Board until the company was purchased by Defendant LaFrance Pharmacy shortly before Defendant Walgreen acquired the latter company. AV Drug Acquisition Co.'s name was changed to Arcadia Valley Drug Co. on May 11, 2005. Between 2008 and September 2012, the company's officers and directors have included Jason LaFrance and Kelly Barnes. Between 2008 and 2011, Arcadia Valley Drug Co. did business using the names of some of the USA Drug pharmacies including, for example, the pharmacy USA Drug in Ironton, MO. This company has formed part of a common enterprise of pharmacy stores owned by members of the

LaFrance family and operated under common management. As a result of Walgreen's purchase of the stock of Stephen L. LaFrance Holdings, Inc., on September 17, 2012, Walgreen became the owner of the drug stores previously owned by Arcadia Valley Drug Co.

Defendant May's Drug Stores, Inc.

29. Defendant May's Drug Stores, Inc., an owner of one or more pharmacies, was incorporated in the State of Oklahoma on August 21, 1972. It was purchased by defendant LaFrance Pharmacy, Inc. in 2004. Its directors and officers have included Stephen L. LaFrance, Stephen L. LaFrance, Jr., Jason LaFrance, Joe Courtright, and Michael Kerr. The company has done business using the name USA Drug and May's Drug. This company has formed part of a common enterprise of pharmacy stores owned by members of the LaFrance family and operated under common management. As a result of Walgreen's purchase of the stock of Stephen L. LaFrance Holdings, Inc., on September 17, 2012, Walgreen became the owner of May's Drug Stores, Inc. The company's current board of directors and officers include Walgreen's executives Wagner, Mann, Silverman, Dubinsky, Crawford, and Hans.

Defendant Ellisville Drug Acquisition Co.

30. Defendant Ellisville Drug Acquisition Co., an owner of one or more pharmacies, was incorporated in the State of Arkansas on February 22, 2002. Its

directors and officers have included Stephen L. LaFrance, Jr., and Jason LaFrance. The company has formed part of a common enterprise of pharmacy stores owned by members of the LaFrance family and operated under common management. As a result of Walgreen's purchase of the stock of Stephen L. LaFrance Holdings, Inc., on September 17, 2012, Walgreen became the owner of the drug stores previously owned by Ellisville Drug Acquisition Co.

Defendant Jarco Pharmacies, Inc.

31. Defendant Jarco Pharmacies, Inc. was incorporated on March 28, 2008 in Arkansas by Stephen L. LaFrance, who was Chairman of the Board until the company was purchased by Defendant LaFrance Pharmacy shortly before Defendant Walgreen acquired the latter company. Between 2008 and September 2012, its officers and directors have included Stephen L. LaFrance, Jr., and Jason LaFrance. Between 2008 and 2010, Jarco Pharmacies, Inc., did business using the names of some of the USA Drug pharmacies, including the name Strauser Drugs, in Sullivan, Missouri. This company has formed part of a common enterprise of pharmacy stores owned by members of the LaFrance family and operated under common management. As a result of Walgreen's purchase of the stock of Stephen L. LaFrance Holdings, Inc., on September 17, 2012, Walgreen became the owner of the drug stores previously owned by Jarco Pharmacies, Inc.

Defendant Jim Bain's Pharmacy, Inc.

32. Defendant Jim Bain's Pharmacy Inc., an owner of one or more pharmacies, was incorporated in the State of Mississippi on June 9, 1986. It was purchased by defendant LaFrance Pharmacy in 2008. Its directors and officers have included Stephen L. LaFrance, Stephen L. LaFrance, Jr., Jason LaFrance, Joe Courtright, and Michael Kerr. This company has formed part of a common enterprise of pharmacy stores owned by members of the LaFrance family and operated under common management. As a result of Walgreen's purchase of the stock of Stephen L. LaFrance Holdings, Inc., on September 17, 2012, Walgreen became the owner of the drug stores previously owned by Jim Bain's Pharmacy, Inc. The company's current board of directors and officers include Walgreen's executives Wagner, Mann, Silverman, Dubinsky, Crawford, and Hans.

Defendant S & W Pharmacy, Inc.

33. Defendant S & W Pharmacy, Inc., an owner of one or more pharmacies, was incorporated in the State of Arkansas on September 10, 1970. Its directors and officers have included Stephen L. LaFrance. The company has done business using the name USA Drug. This company has formed part of a common enterprise of pharmacy stores owned by members of the LaFrance family and operated under common management. As a result of Walgreen's purchase of the stock of Stephen L.

LaFrance Holdings, Inc., on September 17, 2012, Walgreen became the owner of the drug stores previously owned by S & W Pharmacy, Inc.

Defendant Pharm-Mart Pharmacy of Warren, Inc.

34. Defendant Pharm-Mart Pharmacy of Warren, Inc., an owner of one or more pharmacies, was incorporated in the State of Arkansas on April 4, 1972. Its directors and officers have included Stephen L. LaFrance and Stephen L. LaFrance, Jr. The company has done business using the name USA Drug. This company has formed part of a common enterprise of pharmacy stores owned by members of the LaFrance family and operated under common management. As a result of Walgreen's purchase of the stock of Stephen L. LaFrance Holdings, Inc., on September 17, 2012, Walgreen became the owner of the drug stores previously owned by Pharm-Mart Pharmacy of Warren, Inc.

Defendant Consolidated Stores, Inc.

35. Defendant Consolidated Stores, Inc., an owner of one or more pharmacies, was incorporated in the State of Arkansas on June 21, 1985. Its directors and officers have included Stephen L. LaFrance. The company has done business using the name USA Drug. This company has formed part of a common enterprise of pharmacy stores owned by members of the LaFrance family and operated under common management. As a result of Walgreen's purchase of the stock of Stephen L.

LaFrance Holdings, Inc., on September 17, 2012, Walgreen became the owner of the drug stores previously owned by Consolidated Stores, Inc.

Defendant Stephen L. LaFrance, Jr.

36. Through September 2008, Stephen L. LaFrance, Jr., the son of Stephen L. LaFrance, was the secretary of Defendant Stephen L. LaFrance Holdings, Inc., as well as a member of the board of directors of the following companies which owned pharmacies doing business under the USA Drug name: LaFrance Pharmacy; Jarco Pharmacies, Inc.; Daleco, Inc.; Super D Drugs Acquisition Co.; and Jim Bain's Pharmacy, Inc. He was also the president of the following companies: Jarco Pharmacies, Inc.; Daleco, Inc.; Ellisville Drug Acquisition Co.; and Arcadia Valley Drug Co. The foregoing entities were operated as a single enterprise – USA Drug – under the executive control of Joe Courtright, Chief Executive Officer. Stephen L. LaFrance, Jr., is a resident of Little Rock, Arkansas. (The name “USA Drug” is used herein to refer to this single enterprise.)

Defendant Jason LaFrance

37. Through September 2008, Jason LaFrance, the son of Stephen L. LaFrance, was executive vice president at Stephen L. LaFrance Holdings, Inc., as well as a member of the board of directors at the following companies which owned pharmacies doing business under the USA Drug name: LaFrance Pharmacy; Jarco Pharmacies, Inc.; Super D Drugs Acquisition Co.; Arcadia Valley Drug Co.; May's

Drug Store; Ellisville Drug Acquisition Co.; Jim Bain's Pharmacy, Inc.; and Mr. Discount Drugs of South Jackson, Inc. He was also the vice president of Jarco Pharmacies, Inc., Arcadia Valley Drug Co., Jim Bain's Pharmacy, Inc., and Mr. Discount Drugs of South Jackson, Inc. The foregoing entities were operated as a single enterprise – USA Drug – under the executive control of Joe Courtright, Chief Executive Officer. Jason LaFrance is a resident of Little Rock, Arkansas.

APPLICABLE LAW

The Federal False Claims Act

38. Prior to May 20, 2009, the FCA imposed treble damages liability on any person who, *inter alia*:

- (i) Knowingly presented or caused to be presented a false or fraudulent claim to the United States for payment, 31 U.S.C. § 3729(a)(1) (2000);
- (ii) Knowingly made, used, or caused to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the United States, *id.* § 3729(a)(2); or
- (iii) Knowingly made, used, or caused to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the United States.

31 U.S.C. § 3729(a)(1), (2) and (7) (pre-May 20, 2009). A “claim” under the pre-May 2009 FCA was defined as “any request or demand, whether under a contract or otherwise, for money or property” that “is made to a contractor . . . if the United States government provides or has provided any portion of the money or property requested or demanded” or “will reimburse such contractor . . . for any portion of the money or property which is requested or demanded.” 31 U.S.C. § 3729(c) (pre-May 20, 2009).

39. On May 20, 2009, Congress amended the FCA “to reflect the original intent of the law.” S. Rep. 111-10, at 10 (Mar. 23, 2009); *see* 111 Pub. L. 21, 123 Stat. 1617 (2009) (enacting the Fraud Enforcement and Recovery Act of 2009 (“FERA”)). As clarified by FERA, the FCA imposes liability on any person who, *inter alia*:

- (i) Knowingly presents or causes to be presented a false or fraudulent claim for payment by the United States,
- (ii) Knowingly makes, uses, or causes to be made or used, a false record or statement *material to* a false or fraudulent claim paid or approved by the United States, or
- (iii) Knowingly makes, uses, or causes to be made or used a false record or statement material to an obligation to pay or transmit money or property to the Government, or who knowingly conceals or knowingly

and improperly avoids or decreases an obligation to pay or transmit money or property to the United States.

31 U.S.C. § 3729(a)(1)(A), (B) and (G) (post-May 20, 2009).

In FERA, Congress clarified the earlier definition of “claim” so that it now provides as follows:

The term claim:

(A) means any request or demand, whether under a contract or otherwise, for money or property and whether or not the United States has title to the money or property, that—

(i) is presented to an officer, employee, or agent of the United States; or

(ii) is made to a contractor, grantee, or other recipient, if the money or property is to be spent or used on the Government’s behalf or to advance a Government program or interest, and if the United States Government—

(I) provides or has provided any portion of the money or property requested or demanded; or

(II) will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded; and

(B) does not include requests or demands for money or property that the Government has paid to an individual as compensation for Federal employment or as an income subsidy with no restrictions on that individual’s use of the money or property.

31 U.S.C. § 3729(b)(2) (post-May 20, 2009). This broad definition of “claim” ensures that FCA liability can attach to any false “request[] or demand[] for money and property from the U.S. Government, without regard to whether the United States holds title to the funds” S. Rep. 111-10, *supra*, at 12–13

The State False Claims Acts

New Jersey

40. The New Jersey false claims act, in relevant part, establishes liability for any person who:

- (i) Knowingly presents or causes to be presented a false or fraudulent claim to the state for payment, N.J. Stat. § 2A:32C-3(a);
- (ii) Knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the State, *id.* § 2A:32C-3(b); or
- (iii) Knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the State.

N.J. Stat. § 2A:32C-3(a), (b) and (g).

The New Jersey false claims law defines the term “claim” as : “a request or demand, under a contract or otherwise, for money, property, or services” that “is made to any employee, officer, or agent of the state, or to any contractor . . . or other recipient if the State provides any portion of the money, property, or services requested or demanded” or if the state “will reimburse the contractor . . . or other recipient for any portion of the money, property, or services requested or demanded.” *Id.* § 2A:32C-2.

Oklahoma

41. Oklahoma's FCA establishes liability for any person who:
- (i) Knowingly presents or causes to be presented a false or fraudulent claim to the state for payment, *id.* § 5053.1(B)(1);
 - (ii) Knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the State, *id.* § 5053.1(B)(2); or
 - (iii) Knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the State,

Okla. Stat. tit. 63, § 5053.1(B)(1), (2) and (7).

The Oklahoma false claims law defines the term "claim" as "any request or demand, whether under a contract or otherwise, for money or property" that "is made to a contractor . . . or other recipient if this state provides any portion of the money or property which is requested or demanded" or if the state "will reimburse the contractor . . . or other recipient for any portion of the money or property which is requested or demanded." *Id.* § 5053.1(A)(2).

Tennessee

42. Before April 23, 2012, the Tennessee Medicaid False Claims Act's liability provisions and definition of "claim" mirrored those in the pre-FERA

federal FCA. *See* 2012 Tenn. Pub. Acts 806 (amending the Tennessee Medicaid FCA). Since April 23, 2012, the state’s law has mirrored the post-FERA federal FCA. *See id.* Thus, the law establishes liability for any person who:

- (i) Knowingly presents or causes to be presented a false or fraudulent claim for payment or approval under the state’s Medicaid program, Tenn. Code § 71-5-182(a)(1)(A);
- (ii) Knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim paid or approved under the state’s Medicaid program, *id.* § 71-5-182(a)(1)(B); or
- (iii) Knowingly makes, uses, or causes to be made or used a false record or statement material to an obligation to pay or transmit money or property to the state, or who knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the state relative to the Medicaid program

Tenn. Code. § 71-5-182 (a)(1)(A), (B) and (D).

A “claim” under the Tennessee Medicaid FCA includes “any request or demand, whether under a contract or otherwise, for money or property and whether or not the state has title to the money or property” that “is presented to any employee, officer, or agent of the state, or is made to any contractor . . . or other recipient, if the money or property is to be spent or used on the state’s behalf or to advance a

state program or interest” if the state “provides or has provided any portion of the money or property requested or demanded” or if the state “will reimburse such contractor . . . or other recipient for any portion of the money or property which is requested or demanded.” *Id.* § 75-5-182(c).

Medicaid Billing Requirement:
“Usual And Customary Charge To The General Public”

43. As a condition of a state’s obtaining federal reimbursement for a portion of the state’s Medicaid expenditures, the federal government requires each state to comply with a number of specific requirements that are set forth in federal regulations. One of these federal requirements relates to the appropriate reimbursement for pharmaceutical drugs. The federal government will not reimburse a state for its Medicaid expenditures for prescription drugs unless the state complies with certain payment limits. To get federal reimbursement, the state must pay no more than the lowest of three separate rates, one of which is the dispensing pharmacy’s “usual and customary charge to the general public” for the drug. 42 C.F.R. § 447.512(b).

44. To comply with the federal regulation described in the preceding paragraph, state Medicaid programs have enacted rules that require pharmacies to bill Medicaid no more than their “usual and customary charge to the general public” for prescription drugs. The states have enacted these rules in statutes, regulations, and/or manuals that set forth instructions for pharmacies billing

Medicaid. The states require providers, including pharmacies, that bill Medicaid to certify that they will comply and are in compliance with Medicaid program rules and instructions.

45. The term “Usual and Customary charge” is understood throughout the pharmacy industry to refer to the amount a pharmacy charges “cash paying” customers, i.e., customers paying for medication using their own personal resources rather than a private or government health care insurance policy.

46. Since October 2003, federal law has mandated that pharmacies submitting claims electronically to Medicaid and all other payers use a standard claim format for electronic transactions published by the National Council for Prescription Drug Programs (“NCPDP”), a pharmaceutical industry group that has promoted standardization in the pharmaceutical industry since 1977. *See* 45 C.F.R. § 162.1102(a)–(c) (adopting the NCPDP standard as the mandatory standard for retail pharmacy electronic drug claims under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)).

47. The NCPDP’s standard format includes a field for “usual and customary charge” which the format’s instructions define to mean the “[a]mount charged cash paying customers for the prescription exclusive of sales tax or other amounts claimed.” *See NCPDP Reference Manual*, Ch. 3, p. 72 (Rev. Oct. 2005), *available at* <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/>

downloads/ NCPDPflatfile.pdf. The NCPDP designates this field as “optional,” meaning that it must be filled out by the pharmacy only if required by the payer. *See, e.g., Arkansas Medicaid, NCPDP Payer Sheet Version D.0*, at 16 (Oct. 18, 2011), *available at* https://www.medicaid.state.ar.us/download/provider/hipaa/ncdpd_d0_payer.doc (stating that, under the NCPDP Telecommunications Standard Implementation Guide, this field is “[r]equired if needed per trading partner agreement”).

48. The states in which USA Drug has operated stores – *i.e.*, Arkansas, Kansas, Mississippi, Missouri, New Jersey, Oklahoma and Tennessee – require a pharmacy billing the state Medicaid program to complete the “usual and customary” field in the standard NCPDP format so as to represent to Medicaid the “[a]mount charged cash paying customers for the prescription exclusive of sales tax or other amounts claimed.” *See Arkansas Medicaid, NCPDP Payer Sheet Version D.0, supra*, at 16; Kansas Medical Assistance Program, *NCPDP Version D.0 and 1.2 Transactions Payer Sheets, Standard Companion Guide, Transaction Information*, Version 2.2 (Dec. 21, 2011), at 10, *available at* <https://www.kmap-state-ks.us/Documents/EDI/2011-1221%20NCPDP%20D%200.pdf>; Mississippi Medicaid Fee for Service, *Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet*, at 3 (August 2013), *available at* <http://www.medicaid.ms.gov/wp-content/uploads/2014/04/MS-NCPDP.pdf>; Missouri HealthNet, *NCPDP Version*

D.0 Companion Guide, at 16 (Apr. 2013), available at http://manuals.momed.com/edb_pdf/D.0%20Companion%20Guide.pdf; New Jersey Medicaid, *D.0/1.2 Payer Sheet*, at 34 (October 2014), available at http://www.njmmis.com/downloadDocuments/NJ_D-0_NCPDP_Payer_Sheet.pdf; Molina Medicaid Solutions, Oklahoma Health Care Authority, *NCPDP D.0 Transactions Payer Sheets*, at 13 (Feb. 2011), available at https://www.okhca.org/providers.aspx?id=13062&menu=60&parts=7511_7507; TennCare, *TennCare D.0 Payer Specification*, at 9 (Mar. 2013), available at <http://sites.magellanhealth.com/media/353755/tncpayerspec.pdf>.

49. Many of the states that participate in Medicaid also expressly define the term “usual and customary charge to the general public” (hereinafter referred to as the “usual and customary charge” or “U&C charge”) in statutes, rules, and/or program manuals.

Arkansas

50. Under the rules governing the Medicaid program of the State of Arkansas, Medicaid pays participating pharmacies “the lower of: (1) The pharmacist’s usual and customary charge to the general public for the drug; or (2) The pharmacist’s cost of the drug plus a dispensing fee.” Ark. Code Ann. § 20-77-403 (2012).

51. Pharmacies participating in Arkansas' Medicaid Program must bill Medicaid an amount "consistent with the pharmacy's usual and customary charge to the general public," a term that Arkansas Medicaid defines as "the price that is charged for 90% of the prescriptions for private pay customers for the same product and quantity." Pharmacy Medicaid Provider Manual, § II, subsection 251.100 (October 13, 2003), *available at* <https://www.medicaid.state.ar.us/InternetSolution/Provider/docs/pharmacy.aspx#manual>.

52. In Arkansas, "Medicaid Stores may choose the pricing method they desire, and must apply the same pricing formula to prescriptions filed with the Arkansas Medicaid Program that is applied to prescriptions for private pay customers." *Id.* In Arkansas, "Medicaid reimbursement will be based upon the submitted usual and customary billed amount and will be subject to audit verification of the usual and customary price. Stores found in violation of the usual and customary billing provisions will be subject to recoupment of any identified overpayment." *Id.*

53. In particular, under the rules of the Arkansas Medicaid Program:

Discrimination against Medicaid beneficiaries is prohibited. No Medicaid beneficiary shall be excluded from any temporary or promotional discount or price reduction available to persons who are not Medicaid beneficiaries. . . . Amounts billed to the Medicaid Program must be adjusted to reflect temporary or promotional discounts or price reductions irrespective of coupon or card presentation. If it is determined, by audit

or otherwise, that one or more Medicaid beneficiaries was excluded from any temporary or promotional discount or price reduction, the difference between the reduced or discounted price and the price paid will be recouped from the Medicaid provider.”

Id. § II, subsection 251.101.

Kansas

54. Pursuant to the rules of the State of Kansas’ Medicaid program, “[i]n no case shall reimbursement for a prescription exceed the lesser of the provider’s usual and customary charge for that prescription or the state allowable for that prescription. The submitted charge and payment for covered over-the-counter pharmacy products shall not exceed the lesser of the product acquisition cost plus the dispensing fee or the usual and customary over-the-counter charge of the pharmacy provider.” Kan. Admin. Regs. § 30-5-94 (2013).

Mississippi

55. Before April 1, 2012, the rules of the State of Mississippi’s Department of Medicaid (DOM) provided that pharmacy “[c]laims must be billed at the usual and customary charge. DOM does not reimburse claims at more than the usual and customary charge.” *See* Provider Policy Manual, Section: Pharmacy, Section 31.04, at 2 (May 1, 2008), *available at* <https://web.archive.org/web/20120328062742/http://www.medicaid.ms.gov/ProviderManualSection.aspx?Section%2031%20-%20Pharmacy>. On April 1, 2012, Mississippi codified its Medicaid rules into Title 23 of its Administrative Code, and codified this policy in doing so.

See 23-000 Miss. Code R. § 214(D) (stating that Mississippi Medicaid “does not reimburse claims at more than the usual and customary charge”).

56. Before April 1, 2012, Mississippi Medicaid defined the term “usual and customary charge” as the price charged to “the patient group accounting for the largest number of non-Medicaid prescriptions from the individual pharmacy,” excluding patients who purchase or receive their prescriptions through a third party payer (ex: Blue Cross and Blue Shield, Aetna, etc.).” Provider Policy Manual, *supra*, Section: Pharmacy, Section 31.04, at 2. Since April 1, 2012, Mississippi has defined “usual and customary charge” as “the price charged to the general public” and defines “the general public” as “the patient group accounting for the largest number of non-Medicaid prescriptions from the individual pharmacy, but does not include patients who purchase or receive their prescriptions through a third party payer.” 23-000 Miss. Code R. § 214(D).

Missouri

57. Missouri’s Medicaid rules provide that providers may not bill, and Medicaid will not reimburse, “in excess of the provider’s usual and customary charge for a particular service.” MO HealthNet Provider Manuals, Pharmacy, § 12.2 (Production - 09/6/2012), *available at* http://manuals.momed.com/collections/collection_pha/print.pdf.

New Jersey

58. The Medicaid rules of the State of New Jersey provide that “[t]he maximum charge to the New Jersey Medicaid or NJ FamilyCare program for drugs, including the charge for the cost of medication and the dispensing fee, shall not exceed the provider’s usual and customary and/or posted or advertised charge.” N.J. Admin. Code 10:51-1.5(c) (2012).

59. New Jersey Medicaid further specifies that: “[t]he provider shall not charge the programs more than would be charged to a cash customer when the general public, including private third party plans, accounts for more than 50 percent of a provider’s total prescription volume.” *Id.* § 10:51-1.10(b)(1).

Oklahoma

60. The Medicaid Program of the State of Oklahoma (“Sooner Care”) requires pharmacies seeking payment to state their “usual and customary to the general public” on submitted claims. Okla. Admin. Code § 317:30-5-78(e). Oklahoma Medicaid will reimburse no more than the pharmacy’s “usual and customary charge to the general public.” *Id.* § 317:30-5-78(d).

61. Oklahoma Medicaid defines the term “usual and customary charge to the general public” to be the pharmacy’s usual and customary charge to “the patient group accounting for the largest number of non-SoonerCare prescriptions from the individual pharmacy,” excluding “patients who purchase or receive their

prescriptions through other third-party payers.” *Id.* A pharmacy billing Medicaid must provide Medicaid with any discounted prices it makes available to the general public when the “patients receiving the favorable prices represent more than 50% of the pharmacy’s prescription volume.” *Id.*

Tennessee

62. The State of Tennessee’s Managed Medicaid Program (“TennCare”) requires providers to bill and TennCare to pay no more than “usual and customary.” TennCare Pharmacy Manual, Version 4.0, at 39 (February 2013), *available at* <https://tnm.providerportal.sxc.com/rxclaim/TNM/TennCarePharmacyManual.pdf>. The TennCare Payer Specification Sheet requires that pharmacy providers input their “usual and customary” charge when submitting claims. *Id.* at 45. Effective January 1, 2006, the TennCare provider participation agreement for ambulatory and long-term care pharmacy providers stated that TennCare would not pay more than the “usual and customary charge to the general public.” TennCare Pharmacy Agreement, Attachment A, *available at* <http://sites.magellanhealth.com/media/353761/tncambulatoryagreement.pdf>. The agreement defines “customary charge” as “[t]he reasonable, usual and customary fees charged by Pharmacy which do not exceed the fees Pharmacy would charge any other person regardless of whether the person is a TennCare enrollee.” *Id.* at Section 1.27.

The Medicare Part D Prescription Drug Benefit

63. To meet the prescription drug needs of Medicare enrollees, in 2003, Congress passed the Medicare Prescription Drug, Improvement, and Modernization Act (“MMA”). Pub. L. 108-173, 117 Stat. 2066 (2003). The MMA established a voluntary prescription drug benefit program known as Medicare Part D available to those eligible for Medicare, i.e., those 65 years and older, the disabled and those with End Stage Renal Disease, who are willing to pay premium payments, co-insurance or co-payments, and accept other terms of the plan. To deliver Part D benefits to Medicare enrollees, CMS contracts with private insurance companies known as Part D Plan Sponsors (“Part D Sponsors”), which in turn offer enrollees a choice of prescription drug benefit plans. These plans must meet minimum standards set by CMS. *See* 42 U.S.C. § 1395w-102; 42 C.F.R. § 423.104.

64. To receive payment from CMS, a Part D Sponsor must agree to give the Part D enrollees access to “negotiated prices” for covered drugs – that is, the prices that the Plan Sponsors negotiate with providing pharmacies. 42 U.S.C. § 1395w-102(a)(1); *see* 42 C.F.R. § 423.100 (defining “negotiated prices”). CMS considers the Plan Sponsor’s commitment to provide such access material to CMS’s decision to make payment to the Part D Sponsor. Providing enrollees with access to negotiated prices ensures that both the taxpayers that fund Medicare and

the enrollees who pay deductibles, co-pays, co-insurance and full payments while in the coverage “donut hole,” will reap the benefit of the Part D Sponsors’ enhanced bargaining power.

65. To fund the Part D prescription drug benefit, CMS pays a Part D Sponsor a per-enrollee subsidy (paid monthly) based on a bid submitted by the Part D Sponsor the previous year that reflected the Part D Sponsor’s anticipated costs. 42 C.F.R. § 423.329(a). This direct subsidy is risk-adjusted to account for the health status of the particular Part D Sponsor’s enrollees. 42 C.F.R. § 423.329(b). To provide Part D Sponsors with further protection against annual cost fluctuations, Part D also includes a risk-sharing mechanism (known as the “risk corridors”) under which CMS will partially reimburse a Part D Sponsor if its actual costs exceed its anticipated costs by a specified percentage. *See* 42 C.F.R. § 423.336. Similarly, CMS provides additional funding to “reinsure” Part D Sponsors for prescription drug costs incurred after an enrollee reaches a specified threshold of out-of-pocket expenses (known as the “catastrophic” threshold). 42 C.F.R. § 423.329(c). And CMS provides further payments to subsidize costs incurred by certain low-income enrollees. 42 C.F.R. § 423.329(d). Thus, CMS’s monthly subsidy payments may include a combination of reinsurance payments, low-income enrollee subsidies, and risk-sharing payments on top of the direct per-enrollee subsidy.

66. At the end of each year, CMS “reconciles” the Part D Sponsor’s actual allowable costs against the monthly subsidy payments to determine whether it must make further risk sharing, low-income subsidy, or reinsurance payments; or, conversely, whether the Part D Sponsor owes money to CMS. 42 C.F.R. §§ 423.329(c), 423.343. To calculate whether it must make these additional payments, CMS needs information about every drug claim submitted to the Part D Sponsor by pharmacies, either directly or through a Pharmacy Benefit Manager (PBM) or other intermediary 42 C.F.R. §§ 423.329(c)(2)(ii), 423.336(c); *see also* Final Rule, Medicare Prescription Drug Benefit, 70 Fed. Reg. 4,194, 4,307 (Jan. 28, 2005).

67. As a condition of receiving Part D funds, a Part D Sponsor must agree to comply with the applicable requirements and standards and the terms and conditions of payment governing the Part D program. *See* 42 U.S.C. § 1395w-112. In particular, the Sponsor must agree to provide CMS with the information it requires to administer the program, 42 C.F.R. § 423.322(a), to comply with all federal laws and regulations designed to prevent fraud, waste, and abuse. 42 C.F.R. § 423.505(h)(1), and, to require that the pharmacies in their networks agree: to perform services in a manner that is consistent with and complies with the Part D Sponsors’ contractual obligations; to comply with all applicable federal laws, regulations, and CMS instructions; and, to comply with all federal laws and

regulations designed to prevent fraud, waste, and abuse. 42 C.F.R. § 423.505(i)(4)(iii)–(iv).

68. To submit claims for drugs dispensed to Medicare enrollees under Medicare Part D, a pharmacy must individually contract with a Part D Sponsor that provides Part D benefits, or an intermediary organization. A pharmacy that enters one of these contracts is known as a “network pharmacy.” *See* 42 C.F.R. § 423.100 (defining “network pharmacy”). When entering into these contracts, Part D Sponsors negotiate the prices that network pharmacies will be paid for covered drugs dispensed to their enrollees. *See id.* (defining “negotiated price” as the price that “[t]he Part D sponsor (or other intermediary contracting organization) and the network dispensing pharmacy or other network dispensing provider have negotiated as the amount such network entity will receive, in total, for a particular drug”).

69. When negotiating these contracts, Part D Sponsors typically require the inclusion of “Usual and Customary” pricing clauses that prohibit network pharmacies from charging the Sponsor more for a covered drug than they would charge a cash-paying customer with no insurance coverage. Through these bargained-for Usual and Customary clause, a network pharmacy’s Usual and Customary prices are incorporated into the negotiated prices that CMS requires the Part D Sponsors to make available to their enrollees.

70. Network pharmacies that submit claims to Part D Plan Sponsors must certify to the accuracy, completeness, and truthfulness of that data and acknowledge that they will be used to seek federal funds. 42 C.F.R. § 423.505(k).

71. Network pharmacies must use the NCPD format to submit their charges to Part D Sponsors. See 42 U.S.C. § 1320d-4(b) (mandating compliance with transaction standards set by HHS); 45 C.F.R. § 162.1102(a)-(c) (adopting the NCPDP standard as the standard for retail pharmacy electronic drug claims).

72. Federal law prohibits entities from “submitt[ing] or caus[ing] to be submitted bills or requests for payment” under the Medicare program for items or services “furnished substantially in excess of such . . . entity’s usual charges . . . for such items or services.” 42 U.S.C. § 1320a-7(b)(6). Entities that do so may be excluded from the federal healthcare programs. *Id.*

73. Moreover, any “health care practitioner and any other person (including a hospital or other health care facility, organization, or agency)” that provides health care services for which payment may be made “in whole or in part” under the Medicare act is required to “assure . . . that services or items ordered or provided” will be provided “economically.” 42 U.S.C. § 1320c-5(a)(1).

Reporting and Refunding Overpayments to Medicare and Medicaid

74. The Social Security Act imposes an affirmative duty on health care providers who bill Medicare or Medicaid to disclose any Medicare or Medicaid

overpayments they identify to the government health care program within 60 days of discovery, or, in the case of providers who submit cost reports (pharmacies do not do so), by the deadline for submission of their cost report. 42 U.S.C. § 1320a-7k(d). This statute expressly states that the duty it imposes is an obligation as that term is used in Section 3729(b)(3) of the federal False Claims Act. *Id.* § 1320a-7k(d)(3).

THE FRAUDULENT SCHEME

The False Claims Submitted to Medicaid

75. In or about 2008, Defendants Stephen L. LaFrance, Jr., Jason LaFrance, and the Defendant LaFrance affiliates that they controlled and operated as a single enterprise that did business as “USA Drug” (the LaFrance Defendants and the LaFrance affiliates are collectively referred to hereinafter as “USA Drug”), began requiring the USA Drug pharmacies to offer hundreds of generic medications to customers paying with cash rather than insurance at \$4 for a 30-day supply and \$10 for a 90-day supply (these practices collectively will be referred to herein as “\$4 generic pricing”). The Defendants did this to meet competition from Wal-Mart Stores, Inc. (“WalMart”). In the third quarter of calendar year 2006, WalMart’s pharmacies throughout the nation had launched a program that provided customers with \$4 pricing for a 30-day supply of any one of more than 300 commonly-prescribed generic medications. In conversations with a WalMart

pharmacy manager at the time of the implementation of the \$4 pricing program, Relator asked if WalMart would be charging Medicaid and other third-party programs the same \$4 pricing for the medications included in the program. The pharmacy manager for WalMart replied WalMart would be charging the \$4 price, which it did and continues to do in compliance with Medicaid's Usual and Customary charge requirement. In subsequent years, WalMart expanded the program so that it also offered customers \$10 pricing for a 90-day supply of many of these generic medications, and discounted pricing for yet additional generic drugs. WalMart made these same low prices available to Medicaid, charging Medicaid beneficiaries as well as cash-paying customers \$4 for a 30 day supply and \$10 for a 90 day of the medications that were part of its program. Exhibit B contains copies of WalMart brochures dated October 17, 2006, January 17, 2007, March 24, 2009, January 13, 2010, June 25, 2010, June 30, 2011, March 2, 2012, and April 4, 2013, that list the several hundred medications that WalMart's pharmacies have included in their \$4 generic pricing program between 2006 and the present time. (These brochures are collectively referred to herein at "the WalMart list.") The Defendants matched the pricing of the Wal-Mart program, but only for cash-paying customers. They did not make these low prices available to Medicaid, in contrast to WalMart and some of the other retail pharmacy chains. From the fall of 2008 through at least September 2012, the Defendants have

offered cash-paying customers \$4 pricing for a 30-day supply, and \$10 day pricing for a 90-day or 100-day supply, on the same generic medications as listed in the Wal-Mart list in effect at the time.

76. At some USA Drug pharmacies, including Relator's former pharmacies in Linn, Missouri and Sullivan, Missouri, the company rolled out the \$4 generic pricing by offering it to any cash-paying customer who brought a receipt from another pharmacy showing that they had been offered \$4 generic pricing at the other store.

77. USA Drug soon abandoned that approach, however, as management concluded it didn't make sense to invite customers to shop elsewhere first. Instead, by the fall of 2008, USA Drug's management began requiring all of the USA Drug pharmacies to offer the \$4 generic pricing to any cash-paying customer who requested it, without requiring enrollment in a program or payment of any type of fee. As a practical matter, the USA Drug pharmacies generated the \$4 generic pricing for a cash-paying customer even without the customer's request. Once a customer had requested this pricing for a particular prescription, the pharmacy staff generally made a note in the patient's file to ensure that the customer received the \$4 generic pricing on all eligible generic drug prescriptions from that point forward.

78. USA Drug marketed its \$4 generic pricing by notifying physicians' offices that USA Drug pharmacies offered this pricing. To get the word out beyond doctors and their patients, the company relied on pharmacy staff and communications amongst the pharmacies' customers.

79. For almost all medications on the WalMart list, by USA Drug's 2009-2010 fiscal year (July 1, 2009-June 30, 2010), a majority of USA Drug's transactions with non-insured patients were made at \$4 generic pricing. Indeed, for many of these drugs, by this point in time, more than 90% of USA Drug's transactions with non-insured customers were made at \$4 generic pricing. During the next two fiscal years, even larger percentages of USA Drug's transactions with cash paying customers for these medications were made at \$4 generic pricing.

80. The following chart reflects all USA Drug transactions with non-insured customers and Medicaid for several popular generic drugs at the Strauser Drugs store during the USA Drug fiscal year July 1, 2009 through June 30, 2010, the first year in which \$4 generic pricing was implemented at this store. During subsequent periods of time, increasingly higher percentages of cash pay transactions were subject to \$4 generic pricing:

Drug	# Cash Pay Transactions	% Cash Pay Transactions at \$4 or Below	Amounts Charged Medicaid
20 Ciprofloxacin 500MG tablets	17	76.5%	\$121.95, \$117.59, \$113.74, \$82.41, \$19.43
30 Fluoxetine 40MG capsules	25	76.0%	\$172.24
30 Fluoxetine 20MG capsules	30	93.3%	\$88.52
30 Furosemide 20MG tablets	10	90.0%	\$9.99, \$9.89
30 Furosemide 40MG tablets	25	80.0%	\$10.26, \$10.69
30 Loratadine 10MG tablets	211	81.0%	\$31.60, \$23.69, \$18.42, \$14.92, \$14.24
30 Metoprolol 50MG tablets	11	81.8%	\$22.59
60 Metformin 500MG ER tablets	12	100.0%	\$52.24
60 Metoprolol 50MG tablets	57	86.0%	\$39.71

Drug	# Cash Pay Transactions	% Cash Pay Transactions at \$4 or Below	Amounts Charged Medicaid
60 Naproxen 500MG tablets	13	84.6%	\$77.31, \$78.05
60 Ranitidine 150MG tablets	93	69.9%	\$173.42, \$174.35, \$174.67, \$174.99, \$107.99, \$107.18

81. Throughout the period between the Fall of 2008 and Walgreen's September 2012 purchase of USA Drug, USA Drug management supplied the USA Drug pharmacies with a billing software program developed by Computer Rx of Oklahoma City, Oklahoma. USA Drug's corporate headquarters inputted parameters into this program that established a single price for every drug that management characterized as the "Usual & Customary price." This price was determined by corporate headquarters based on their assessment as to what amount would always equal or exceed the maximum possible reimbursement for the drug from government payers such as Medicaid, Medicare Part D and other third-party payers. USA Drug's corporate headquarters instructed the pharmacies that they should override this pricing with \$4 generic pricing for all cash-paying customers requesting the \$4 pricing.

82. To facilitate the ability of its pharmacists to override retail pricing with \$4 generic pricing for cash-paying customers, USA Drug's Computer Rx computer systems were regularly updated with WalMart's current list of generic medications with \$4 generic pricing. Whenever pharmacy staff accessed the computer screens that came up during the billing process, such as the screen in the billing software that provided information on USA Drug's price for a generic drug product – a screen called the "Prescription Quote" screen, the billing software would inform the pharmacist or technician if the generic drug was on the WalMart \$4 generic pricing list. Pursuant to USA Drug policy, if a generic drug was on the WalMart list, the pharmacist was then supposed to manually override the retail price that automatically appeared in the price field in the billing software with the much lower \$4 generic price. While this manual override practice was cumbersome, over time, USA Drug's pharmacists and pharmacy technicians became adept at routinely carrying out the override when selling generic drugs on the WalMart list to cash paying customers. Some pharmacies kept a paper copy of the WalMart list handy so they could readily determine whether any given generic drug was on the list.

83. In compliance with directions from management, Relator, when he was a pharmacist employed by USA Drug, offered \$4 generic pricing to non-insured customers at the stores in Linn, Missouri, and Sullivan, Missouri, that he

had previously owned. He repeatedly, however, expressed to USA Drug management his concern that USA Drug's failure to offer the \$4 generic pricing to Medicaid would expose the company to potential liability if the company's pharmacies were to be audited.

84. Relator further noted to management that USA Drug also could face significant liability if it charged non-government, third-party insurers such as pharmacy benefit managers (PBMs) more than \$4 generic pricing on days on which it offered the same medication to cash paying customers at \$4 generic pricing.

85. At the direction of USA Drug, Relator's former pharmacies in Linn, Missouri, and Sullivan, Missouri, as well as the other USA Drug stores, continued to offer \$4 generic pricing through the date of the acquisition by Walgreen.

86. After Walgreen acquired ownership and control of LaFrance Pharmacy and certain of the LaFrance affiliates in September 2012, Walgreen, with actual knowledge of the USA Drug \$4 generic pricing program, allowed the USA Drug pharmacies for a period of time to continue to utilize \$4 generic pricing for cash-paying customers without making this pricing available to Medicare Part D and Medicaid. Walgreen's management directed the USA Drug stores that they would have to discontinue the \$4 generic pricing for cash customers when the pharmacies' computer systems were converted to new systems used by Walgreen's

stores. In the Strauser Drugs pharmacy, on March 20, 2013, Relator advised Pam Marshall, a Walgreen Pharmacy Supervisor who oversees numerous stores, that the \$4 prescription plan, as implemented by USA Drug and continued by Walgreen, was illegal. Relator told her he would be glad to see it end.

87. Through its ownership and control of LaFrance Pharmacy and certain of the LaFrance affiliates, Walgreen also unlawfully retained, and caused LaFrance Pharmacy and these LaFrance affiliates to unlawfully retain, the overpayments the USA Drug pharmacies had received from Medicare Part D, Medicaid and other Government Health Plans as a result of their failure to offer \$4 generic pricing to third party payers. These overpayments were identified by and known to all of the Defendants. In doing so, Walgreen not only violated 42 U.S.C. § 1320a-7k(d), the federal False Claims Act and the state false claims laws under which Relator sues, it also violated a Corporate Integrity Agreement (CIA) entered into between the HHS-OIG and Walgreen on June 2, 2008. That CIA, which was in effect through June 1, 2013, and applied to “[e]ach newly . . . purchased . . . retail pharmacy location,” required that Walgreen report any identified overpayment to Medicare or Medicaid within 30 days and report any identified “substantial overpayment” to the HHS-OIG within 60 days.

88. On April 5 and 6, 2013, representatives of USA Drug stores in Arkansas, Mississippi, Oklahoma, Tennessee, confirmed to Relator that these USA

Drug stores likewise continued their \$4 generic pricing through their acquisition by Walgreen, with each store either terminating this pricing soon after the Walgreen acquisition or planning to do so in the near future once Walgreen took over store operations. Thus:

- On April 5, 2013, at 6:55 p.m. C.D.T., Relator spoke with “Stan,” a pharmacy technician at Drug Warehouse, at 591 S. Mill Street, Pryor, Oklahoma 74361. Stan informed Relator that his drugstore would continue the \$4 generic pricing for two more weeks, until Walgreen took over store operations.
- On April 6, 2013, at 8:58 a.m. C.D.T., Relator spoke with “Lita,” a pharmacy technician at USA Drug – USA Drug Express, at 1919 W. Main Street, Ashdown, Arkansas, 71822. Lita informed Relator that her store participates in the \$4 generic pricing match with Wal-Mart, but that it would end on May 9, 2013, when Walgreen took over.
- On April 6, 2013, at 9:02 a.m. C.D.T., Relator spoke with a pharmacy technician at USA Drug – Super D Drugs, at 6068 S. First Street, Milan, Tennessee. 38358. The technician informed Relator that her store had participated in the \$4 generic pricing match with Wal-Mart through Walgreen’s purchase of USA Drug, but that it no longer did

so. She said her store had just recently stopped offering \$4 generic pricing.

- On April 6, 2013, at 9:05 a.m. C.D.T., Relator spoke with “Brianna,” a pharmacy technician at USA Drug – Super D Drugs, at 200 Marion Avenue, McComb, Mississippi, 39648. Brianna informed Relator that her store ceased offering \$4 generic pricing about a month ago— *i.e.*, in March 2013.

89. Pursuant to instructions from corporate headquarters, the USA Drug pharmacies ordinarily did not advertise the \$4 generic pricing in the media or use brochures, signs, or other promotional material to advertise the \$4 generic pricing within their stores.

90. USA Drug pharmacies misrepresented their “usual and customary charge to the general public” when submitting invoices for generic medications on the WalMart list to Medicaid. When submitting such invoices, even though specifically required by Medicaid to bill their “usual and customary charge to the general public” and to disclose this amount on claims forms, the USA Drug pharmacies did not charge or disclose the \$4 pricing. On the contrary, USA Drug’s pharmacies routinely falsely informed Medicaid that their “usual and customary charge” for these drugs was the rate set by corporate management for all third-party sales – a rate that was rarely, if ever, actually charged to cash-paying

customers or paid by non-government third parties, and that almost always significantly exceeded the \$4 generic pricing given to cash-paying customers. In addition, in violation of Medicaid billing rules, USA Drug's pharmacies routinely charged Medicaid amounts for generic drugs on the WalMart list that exceeded the pharmacies' "usual and customary charge to the general public" in order to obtain payment at higher levels than that to which they were entitled.

91. USA Drug pharmacies also misrepresented their "usual and customary charge to the general public" when billing Medicare Part D for generic drugs on the WalMart list. While working at USA Drug, Relator recalls consistently seeing provisions in contracts between USA Drug and PBMs, such as Express Scripts, Caremark, Wellpoint, Pacificare, PCS and Medco, that required USA Drug stores to charge no more than their "usual and customary charge" when billing Medicare Part D. When billing the Part D plans for these generic drugs, the USA Drug pharmacies submitted claims using the NCPDP format, including the field that requested their "usual and customary charge to the general public." In this field, the USA Drug pharmacies falsely included an amount that exceeded the \$4 generic pricing available to cash customers, thereby charging an amount that was in excess of the stores' true "usual and customary charge."

92. As a result of their false representations to PBMs and other entities administering Medicare Part D benefits concerning their "usual and customary

charge to the general public,” the USA Drug pharmacies submitted false claims. When the PBMs and other entities paid these false claims, they used funding that had been provided by the United States or would be reimbursed by the United States for the purpose of furthering the Government’s Medicare Part D program.

93. As a result of their false representations to PBMs and other entities administering Medicare Part D benefits concerning their “usual and customary charge to the general public,” the USA Drug pharmacies also caused the Part D Sponsors to submit false claims to the United States. The Sponsors’ claims to the United States were false because the Sponsors unwittingly were in violation of a material condition of United States’ funding of the Sponsors, that being that the Sponsors: i) negotiate prices with network pharmacies that did not significant exceed the pharmacies “usual and customary prices to the general public,” and, then ii) make the negotiated pricing available to Part D enrollees.

Specific Examples of Knowing, False Claims

94. The following are examples of instances in which a USA Drug pharmacy submitted false claims to Medicaid or Medicare Part D by submitting a charge on the claim form to Medicaid or the Part D sponsor that the pharmacy identified as the pharmacy’s “usual and customary charge” despite the fact that this amount, in actuality, exceeded the pharmacy’s true usual and customary charge:

- During the month of January 2012, USA Drug's pharmacy Strauser Drugs in Sullivan, Missouri, entered into the following transactions involving 30 capsules of the antibiotic Amoxicillin 500 mg:
 - Eleven sales to cash-paying customers, with US Drug charging each and every such customer \$4 and accepting \$4 in reimbursement. These 11 transactions took place on January 3, 2012 (two transactions), January 5, 2012 (one transaction), January 6, 2012 (one transaction), January 9, 2012 (one transaction), January 10, 2012 (one transaction), January 12, 2012 (one transaction), January 13, 2012 (one transaction), January 17, 2012 (one transaction), January 19, 2012 (one transaction), and January 26, 2012 (one transaction).
 - Seven sales to customers covered by private health insurance in which USA Drug accepted as full reimbursement the following amounts: \$10.08, \$10.00 (in two instances), \$8.00, \$7.15, \$6.04, and \$5.39. These seven transactions took place on January 3, 5, 10, 11, and 18, 2012, respectively.
 - Two sales to Medicare Part D-Pacificare beneficiaries, on January 3 and 24, 2012, in which USA Drug charged \$21.05

and \$15.49, respectively, and obtained \$5.10 in total reimbursement in each instance.

- One sale to Medicare Part D Missouri-Senior Rx, the Missouri Medicaid program that pays as secondary payer when a beneficiary has primary coverage from Medicare Part D, on January 3, 2012, in which USA Drug charged \$15.49 and was reimbursed \$7.65 in full. (Although Mo-Senior Rx was renamed “MoRx” in 2006, USA Drug’s billing software continued to use the program’s prior name, “Mo Senior Rx.”)
- Five sales to Missouri Medicaid beneficiaries, in which USA Drug charged \$21.05 and was reimbursed \$17.24 or \$17.74 in each such instance. These transactions took place on January 2, 2012 (one transaction), January 3, 2012 (two transactions), January 14, 2012 (one transaction) and January 17, 2012 (two transactions).
- During the month of January 2012, USA Drug’s pharmacy Strauser Drugs in Sullivan, Missouri, entered into the following transactions involving 30 tablets of Cyclobenzaprine 10 mg. (a muscle relaxant):
 - Five sales to cash-paying customers, with USA Drug charging four of these customers \$4 and accepting \$4 in reimbursement,

and charging the remaining customer \$18.34 and accepting that amount in reimbursement. These five transactions took place on January 6, 2012, January 9, 2012, January 10, 2012, January 11, 2012, and January 27, 2012.

- Fourteen sales to customers covered by private health insurance in which USA Drug accepted as full reimbursement the following amounts: \$3.22 (three times), \$3.42 (two times), \$4.56 (one time), \$5.00 (one time), \$5.39 (one time), \$5.45 (two times), \$6.66 (one time), \$7.46 (one time), and \$10.00 (two times). These 14 transactions took place on January 6 (one transaction), 7 (one transaction), 9 (one transaction), 10 (one transaction), 14 (one transaction), 18 (two transactions), 23 (three transactions), 25 (one transaction), and 27 (three transactions), 2012, respectively.
- Three sales to Medicare Part D Missouri-Senior RX (MoRX Plan), on January, 4, 16, and 31, 2012, in which USA Drug charged \$38.83 and was reimbursed in full \$4.32 (January 4), \$5.25 (on January 16) and \$4.92 (on January 31).
- Nine sales to Missouri Medicaid beneficiaries, in which USA Drug charged \$38.83 and was reimbursed \$15.18 in each such

instance. These transactions took place on January 5, 9, 10, 11, 14, 18, 25, 30 and 31.

95. The following are additional examples drawn from Strauser Drugs' transactions during January 2012 that again illustrate the Defendants' pervasive overbilling of Medicaid for generic drugs:

- During the month of January 2012, Strauser Drugs on a total of 10 occasions sold a 30-day supply of the antidepressant Citalopram 40 mg to a customer paying with cash rather than insurance. On each such occasion, Strauser Drugs charged and accepted as payment \$4. During the same month, Strauser Drugs billed Missouri Medicaid 13 times and Medicare Part D Missouri Senior Rx (MoRX Plan) 14 times for a 30-day supply of Citalopram 40 mg., each time charging \$79.64 and receiving as payment either \$15.57 or \$16.53 from Missouri Medicaid, or an amount that ranged between \$4.44 and \$9.25 from Medicare Part D Missouri Senior Rx (MoRX Plan). Strauser Drugs also billed Medicare Part D Humana Rx Drug Plan once, charging \$79.64 and receiving \$6.01 in total payments; Medicare Part D Pacificare once, charging \$79.64 and receiving \$9.55 in total payments; and Medicare Part D Elder Health PDP TX once, charging \$79.64 and receiving \$8.65 in total payments.

- During the month of January 2012, Strauser Drugs on a total of four occasions sold a 30-day supply of the anti-cholesterol drug Lovastatin 20 mg to a customer paying with cash rather than insurance. On each such occasion, Strauser Drugs charged and accepted as payment \$4. During the same month, Strauser Drugs billed Missouri Medicaid two times, and Medicare Part D Missouri Senior Rx (MoRX Plan) three times, for a 30-day supply of Lovastatin 20 mg., each time charging \$72.87 and receiving as payment \$17.34 from Missouri Medicaid, and \$6.43, \$8.88 or \$15.91 from Medicare Part D Missouri Senior Rx (MoRX Plan). Strauser Drugs also billed Medicare Part D Pacificare 5 times, each time charging \$72.87 and receiving \$9.18 in total payment.
- During the month of January 2012, Strauser Drugs on a total of seven occasions sold a 30-day supply of the anti-cholesterol drug Pravastatin 20 mg to a customer paying with cash rather than insurance. On each such occasion, Strauser Drugs charged and accepted as payment \$4. During the same month, Strauser Drugs billed Missouri Medicaid five times and Medicare Part D Missouri Senior Rx (MoRX Plan) two times for a 30-day supply of Pravastatin 20 mg., each time charging \$97.34 and receiving as payment \$16.67 from Missouri Medicaid, or

\$9.60 or \$12.17 from Medicare Part D Missouri Senior Rx (MoRX Plan).

- During the month of January 2012, Strauser Drug on a total of three occasions sold a 30-day supply of the anti-depressant drug Fluoxetine 40 mg to a customer paying with cash rather than insurance. On each such occasion, Strauser Drugs charged and accepted as payment \$4. During the same month, Strauser Drugs billed Missouri Medicaid four times and Medicare Part D Missouri Senior Rx (MoRX Plan) five times for a 30-day supply of Fluoxetine 40 mg., each time charging \$154.96 and receiving as payment \$16.67 from Missouri Medicaid, and amounts between \$10.36 and \$25.92 from Medicare Part D Missouri Senior Rx (MoRX Plan).
- During the month of January 2012, Strauser Drug on one occasion sold a 30-day supply of the anti-depressant drug Fluoxetine 20 mg to a customer paying with cash rather than insurance. On that occasion, Strauser Drugs charged and accepted as payment \$4. During the same month, Strauser Drug billed Missouri Medicaid 6 times for a 30-day supply of Fluoxetine 20 mg, each time charging \$78.90 and receiving as payment \$15.29. During the same month, Strauser Drugs billed Medicare Part D Missouri Senior Rx (MoRX Plan) two times for a 30-

day supply of Fluoxetine 20 mg, each time charging \$78.90 and receiving as payment \$5.79 Medicare Part D Missouri Senior Rx (MoRX Plan). And during the same month, Strauser Drugs billed Medicare Part D Pacificare 2 times for a 30-day supply of Fluoxetine 20 mg, each time charging \$78.90 and receiving as payment \$5.35 on one occasion and \$5.54 on the other.

- During the month of January 2012, Strauser Drug on a total of eight occasions sold a 30-day supply of the thyroid hormone supplement Levothyroxine 75 mcg to a customer paying with cash rather than insurance. On each such occasion, Strauser Drugs charged and accepted as payment \$4. During the same month, Strauser Drug billed Missouri Medicaid 10 times for a 30-day supply of Levothyroxine 75 mcg., each time charging \$17.16 and receiving as payment \$14.18. Strauser Drugs also billed Medicare Part D Pacificare three times, each time charging \$17.88 and receiving \$7.10 in total payment.
- During the month of January 2012, Strauser Drug, on a total of 14 occasions sold a 30-day supply of the blood pressure medication Lisinopril 10 mg to a customer paying with cash rather than insurance. On each such occasion, Strauser Drugs charged and accepted as

payment \$4. During the same month, Strauser Drugs billed Missouri Medicaid nine times for a 30-day supply of Lisinopril 10 mg, each time charging \$36.48 and receiving as payment \$14.51 from Missouri Medicaid. Strauser Drugs also billed Medicare Part D Pacificare ten times, each time charging \$36.48 and receiving \$6.98 in total payment.

- During the month of January 2012, Strauser Drugs on a total of 10 occasions sold a 30-day supply of the diabetes drug Metformin 1000 mg to a customer paying with cash rather than insurance. On each such occasion, Strauser Drugs charged and accepted as payment \$4. During the same month, Strauser Drugs billed Missouri Medicaid four times and Medicare Part D Missouri Senior Rx (MoRX Plan) 13 times for a 30-day supply of Metformin 1000 mg. Each time the pharmacy billed Medicaid, it charged \$86.10 and was reimbursed either \$13.72 or \$16.90. When the pharmacy billed Medicare Part D Missouri Senior Rx (MoRX Plan), in 11 of the 13 instances, it billed \$86.10 and was reimbursed amounts between \$4.20 and \$13.75. In the remaining two instances, it billed \$18.43 and was reimbursed \$13.75. Strauser Drugs also billed Medicare Part D Pacificare four times, each time charging \$86.10 and receiving \$6.00 in total payments; and Medicare

Part D Elder Health PDP TX one time, charging \$86.10 and receiving \$12.69 in total payment.

Relator's Discovery of and Objections to the Illegal Billing Activity

96. Relator first learned that USA Drug planned to implement \$4 generic pricing at USA Drug pharmacies to match Wal-Mart's pricing in conversations in 2008 with Defendants Stephen LaFrance, Jr. and Jason LaFrance, and with Joe Courtright, Chief Executive Officer of USA Drug; Kelly Barnes, District Manager for Jarco, Inc. and Daleco, Inc.; and Tiffany Letson, Acquisitions, USA Drug. In multiple conversations, each of these individuals informed Relator that USA Drug pharmacies would be charging cash-paying customers the same \$4 generic pricing as did Wal-Mart as part of the USA Drug company policy to match the prices of its competitors. These conversations took place as part of the negotiations between Relator and the LaFrance defendants to sell his pharmacies to Jarco, Inc., one of the LaFrance affiliates. While Relator was on vacation, the LaFrance Defendants, through District Manager Kelly Barnes, directed store manager Jari Dawson to implement the \$4 generic pricing for cash customers at the two drug stores that Relator previously owned in Sullivan, Missouri, and Linn, Missouri. Shortly after this, Relator asked Dawson to find out if the USA Drug pharmacies, including his former stores, would also utilize the \$4 generic pricing when billing Medicaid and other third-party insurers. Dawson told Relator that Kelly Barnes, District

Manager for Jarco, Inc. and Daleco, Inc., had told her that they would not be doing so. Instead, USA Drug would charge these lower prices to cash paying customers, thereby establishing the \$4 pricing as its new “usual and customary charge,” while continuing to bill higher amounts to third- party insurers such as Medicaid in direct contravention of law and contractual agreements. Relator had independent access to the billing systems of several other USA Drug pharmacies in Missouri, and he confirmed through his review of the prescription sales data that these USA Drug pharmacies were not providing the \$4 generic pricing to Medicaid.

97. In 2008, and repeatedly thereafter, Relator was informed by USA Drug’s management that the chain was implementing \$4 generic pricing not only at Relator’s former drug stores in Missouri, but at all the USA Drug pharmacies in the nation. He learned it through the discussions referenced in Paragraph 70, *supra*, and through subsequent communications with Stephen LaFrance, Jr., Jason LaFrance, Joe Courtright, Kelly Barnes, and Jari Dawson.

98. Upon learning of USA Drug’s implementation of \$4 generic pricing for cash paying customers but not for Medicaid, Relator expressed his objections to this practice in communications with Defendants Stephen LaFrance, Jr., and Jason LaFrance, and with Joe Courtright, and Kelly Barnes, noting, among other things, that implementation of such pricing for cash customers without making the same

pricing available for Medicaid would be illegal and would expose the USA Drug pharmacies to liability if audited by Medicaid or other third-party plans.

99. In response to Relator's statements of his concerns regarding USA Drug's failure to make the \$4 generic pricing available to Medicaid, in or about March or April 2009, USA Drug CEO Joe Courtright defended USA Drug's decision by informing Relator that the Medicaid programs in the states in which the USA Drug does business have not been auditing pharmacies' compliance with Medicaid's "usual and customary charge" billing rule. Since April 2009, Courtright has been a Director of the National Association of Chain Drug Stores, an organization located in Washington, D.C., that, among other things, "presents programs and services to assist chain pharmacies in complying with the law." (*See* <http://www.nacds.org/advocate/legalcompliance.aspx>.)

100. Relator also frequently expressed his view that USA Drug's \$4 generic pricing is fraudulent in conversations with Strauser Drug pharmacists Shelley Jannings, Mary Howard, and Christie Starr. Relator told them he would be glad to see the program end upon Walgreen's acquisition of the pharmacy business from Defendant LaFrance Holdings. In frequent conversations with Jari Dawson, the former controller of Relator's former pharmacy company, Meramec Pharmacy, Inc. – conversations that have taken place from the initiation of the \$4 special savings plan until the present time – Relator has expressed his concerns that the

LaFrance Defendants' implementation of \$4 generic pricing would not be legal unless such pricing were also made available to Medicaid and other insurance companies. Relator has told Dawson he believes USA Drug has committed a fraud through these activities and has accumulated a tremendous potential liability

101. Through the foregoing conduct, the Defendants knowingly have submitted and/or caused the submissions of false claims that have caused the federal-state Medicaid program, in each state in which the USA Drug pharmacies do business, as well as Medicare Part D and other Government Health Plans, to pay excessive amounts for many of the generic medications listed on the brochure in Exhibit B. The federal-state Medicaid programs have been damaged by the difference between what they actually paid USA Drug pharmacies for the generic medications that are part of the Wal-Mart Stores, Inc. Program and what they would have paid if USA Drug had made its \$4 generic pricing available to Medicaid beneficiaries. The United States Medicare Part D has been damaged in an amount equal to the additional sums it paid and reimbursed Part D Sponsors as a result of the USA Drug pharmacies failing to make \$4 pricing available to Medicare Part D beneficiaries.

102. Through the foregoing conduct, the Defendants have knowingly and improperly avoided an obligation to repay funds owed the United States and the state Plaintiffs, by improperly failing to disclose and return overpayments. The

United States and the state Plaintiffs have been damaged by the difference between their payments to the USA Drug pharmacies for the generic medications that are part of the Wal-Mart Stores, Inc. Program and the \$4 generic pricing.

COUNT I

(Federal False Claims Act, 31 U.S.C. § 3729(a))

103. This is a civil action by Plaintiff J. Douglas Strauser, acting on behalf of and in the name of the United States, against the Defendants under the False Claims Act.

104. Plaintiff realleges and incorporates by reference paragraphs 1 through 102 as though fully set forth herein.

105. The Defendants knowingly have presented or have caused to be presented false or fraudulent claims for payment by the United States, in violation of 31 U.S.C. § 3729(a)(1)(A) (post-May 2009 amendment) and 31 U.S.C. § 3729(a)(1) (pre-May 2009 amendment).

106. The Defendants knowingly have made or used, or caused to be made or used, false records or statements to get false or fraudulent claims paid or approved by the United States, in violation of 31 U.S.C. § 3729(a)(1)(B) (post-May 2009 amendment) and 31 U.S.C. § 3729(a)(2) (pre-May 2009 amendment).

107. The Defendants have knowingly and improperly avoided obligations to pay or transmit money to the Government, in violation of 31 U.S.C. § 3729 (a)(1)(G) (2009) (post-May 2009 amendment).

108. Because of the Defendants' conduct set forth in this Count, the United States has suffered actual damages in the hundreds of millions of dollars, with the exact amount to be determined at trial.

COUNT TWO

(New Jersey False Claims Act, N.J. Stat. §§ 2A:32C-1 *et seq.*)

109. Plaintiff re-alleges Paragraphs 1 through 102, inclusive.

110. Based on the foregoing allegations, the Defendants are liable under the New Jersey False Claims Act, N.J. Stat. §§ 2A:32C-1 *et seq.*

COUNT THREE

(Oklahoma Medicaid False Claims Act, Okla. Stat. tit. 63, §§ 5053 *et seq.*)

111. Plaintiff re-alleges Paragraphs 1 through 102, inclusive.

112. Based on the foregoing allegations, the Defendants are liable under the Oklahoma Medicaid False Claims Act, Okla. Stat. tit. 63, §§ 5053 *et seq.*

COUNT FOUR

(Tennessee Medicaid False Claims Act, Tenn. Code §§ 71-5-181 *et seq.*)

113. Plaintiff re-alleges Paragraphs 1 through 102, inclusive.

114. Based on the foregoing allegations, the Defendants are liable under the Tennessee Medicaid False Claims Act, Tenn. Code §§ 71-5-181 *et seq.*

PRAYER FOR RELIEF

WHEREFORE, Plaintiff J. Douglas Strauser prays for the following relief:

1. On Counts One through Four, judgment for the United States or the State, as applicable, against the Defendants in an amount equal to three times the damages the federal or state plaintiff government, respectively, has sustained because of the Defendants' actions, plus a civil penalty of \$11,000 for each violation;
2. On Counts One through Four, an award to the Relator of the maximum allowed under the federal or state law under which suit is brought by the Relator on behalf of the federal or state plaintiff, respectively;
3. Against the Defendants, attorneys' fees, expenses and costs of suit;
and
4. Such other and further relief as the Court deems just and proper.

DEMAND FOR JURY TRIAL

Plaintiff hereby demands that this matter be tried before a jury.

Respectfully submitted,



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Attorneys for J. Douglas Strauser

Dated: MARCH 2, 2015

CERTIFICATE OF SERVICE

I, Timothy D. Eisel, hereby certify that on March 2, 2015, I caused a true and correct copy of this First Amended Complaint to be served by certified U.S. mail, return receipt requested and delivery restricted to the addressee, to:

The Honorable Eric Holder
Attorney General of the United States
950 Pennsylvania Avenue, NW
Washington, DC 20530

The Honorable E. Scott Pruitt
Attorney General of the State of Oklahoma
313 NE 21st Street
Oklahoma City, OK 73105

The Honorable Herbert H. Slatery III
Attorney General of the State of Tennessee
425 5th Avenue North #2
Nashville, TN 37243

The Honorable John Jay Hoffman
Acting Attorney General of the State of New Jersey
Richard J. Hughes Justice Complex
25 Market Street, P.O Box 080
Trenton, NJ 08625

I further certify that on this same day I delivered a true and correct copy of
this First Amended Complaint by hand to:

The Honorable Sanford C. Coats
United States Attorney for the Western District of Oklahoma
210 West Park Avenue, Suite 400
Oklahoma City, OK 73102



Timothy D. Eisel, OBA #15266

EXHIBIT A

MyStore411

Listing of store locations and store hours

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USA Drug Locations in Arkansas

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Name	Address	Phone
USA Drug - USA Drug Express in Ashdown	191 West Main Street	870-898-5151
USA Drug - USA Drug in Benton	3525 Hwy 5 North	501 847-5410
USA Drug - USA Drug Express in Benton	1024 Military Rd.	501 778-7456
USA Drug - USA Drug Express in Bentonville	1101 N. Walton	479 273-3394
USA Drug - Super D Drugs in Blytheville	900 N. 6th Street	870 763-4507
USA Drug - USA Drug Express in Camden	424 California	870 836-4157
USA Drug - USA Drug Express in Danville	300 East 8th St.	479-495-5444
USA Drug - USA Drug Express in El Dorado	701 W. Grove Street	870 881-8434
USA Drug - USA Drug Express in Fayetteville	1572 N. College	479 521-3200
USA Drug - USA Drug Express in Fayetteville	2111 W. MLK Blvd.	479 442-5225
USA Drug - USA Drug Express in Harrison	202 W. Bower	870 741-3453
USA Drug - Super D Express in Hot Springs	1340 Higdon Ferry Road	501 623-8787
USA Drug - USA Drug Express in Hot Springs	100 Airport Rd.	501 624-0669
USA Drug - USA Drug Express in Hot Springs	531 W. Grand	501 624-2538
USA Drug - USA Drug Express in Hot Springs	5462 Central	501-525-3288
USA Drug - Super D Drugs in Jonesboro	1328 Stadium Blvd.	870 935-2242
USA Drug - Super D Express in Jonesboro	533 W. Nettleton	870 932-1014
USA Drug - USA Drug in Little Rock	105 N. Rodney Parham #3	501 225-6211
USA Drug - USA Drug in Little Rock	11108 N. Rodney Parham Road	501 223-6944
USA Drug - USA Drug in Little Rock	1601 S. Main	501-371-9229
USA Drug - USA Drug in Little Rock	16924 Cantrell Road	501-537-9990

USA Drug - USA Drug in Little Rock	6115 Baseline Rd.	501-562-2348
USA Drug - USA Drug in Little Rock	8815 Stagecoach Road	501-455-8080
USA Drug - USA Drug Express in Little Rock	215 N. Bowman Rd	501 221-3666
USA Drug - USA Drug Express in Little Rock	500 S. University	501 664-4121
USA Drug - USA Drug in Malvern	437 East Page Street	501 332-2771
USA Drug - USA Drug in N. Little Rock	2743 Lakewood Village Drive	501 758-8723
USA Drug - USA Drug Express in N. Little Rock	5209 JFK Blvd	501 758-0850
USA Drug - USA Drug Express in Newport	1920 Malcolm Avenue	870 523-9889
USA Drug - Super D Express in Osceola	850 West Kaiser	8705636516
USA Drug - Super D Express in Paragould	1733 West Kings Highway	870 239-9588
USA Drug - Super D Express in Pine Bluff	2711 Hazel Street	870 536-6607
USA Drug - USA Drug in Pine Bluff	1401 E. Harding Ave.	870 536-7140
USA Drug - USA Drug in Pine Bluff	2514 West 28th Street	870 536-7710
USA Drug - USA Drug in Pine Bluff	4720 Dollarway Road	870 534-7868
USA Drug - USA Drug Express in Prescott	1430 W. First Street North	8888874655
USA Drug - USA Drug in Rogers	1428 W. Walnut	479 636-2155
USA Drug - USA Drug in Russellville	1112 West Main	479 967-3738
USA Drug - Rx Express Pharmacy in Searcy	2720 E. Race Street	5012784500
USA Drug - USA Drug in Searcy	1540 East Race Avenue	501 268-5315
USA Drug - USA Drug Express in Sherwood	1300 E. Kiehl .	501 834-1480
USA Drug - USA Drug in Siloam Springs	100 West Hwy 412	479 524-6103
USA Drug - USA Drug in Springdale	2300 West Sunset	479 756-6464
USA Drug - USA Drug Express in Waldron	1125 West 2nd Street	479-637-4197
USA Drug - USA Drug in Warren	310 South Martin	870 226-3746

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USA Drug Locations in Oklahoma

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Name	Address	Phone
USA Drug - Drug Warehouse in Ada	1331 Arlington	(580) 332-9213
USA Drug - Drug Warehouse in Bartlesville	1920 SE Washington Blvd.	(918) 335-4305
USA Drug - May's Drug in Bartlesville	3812 East Tuxedo Blvd.	918-333-1277
USA Drug - Drug Warehouse in Bixby	12037 S. Memorial	(918) 369-2226
USA Drug - Med-X Drug in Bixby	15030 S. Memorial	(918) 366-9410
USA Drug - Drug Warehouse in Broken Arrow	1205 East Kenosha	(918) 251-2674
USA Drug - Drug Warehouse in Broken Arrow	2041 West Houston	(918) 258-8533
USA Drug - Drug Warehouse in Claremore	215 North Lynn Riggs	(918) 342-2100
USA Drug - Drug Warehouse in Coweta	14003 S. Highway 51	918-486-8800
USA Drug - Med-X Drug in Cushing	1405 E. Main	918-225-5233
USA Drug - Drug Warehouse in Jenks	714 West Main	(918) 298-1305
USA Drug - Drug Warehouse in McAlester	1001 Wyandotte	(918) 426-3535
USA Drug - Drug Warehouse in Miami	1500 North Main	918-542-8426
USA Drug - Med-X Drug in Moore	621 N. Broadway	4057944455
USA Drug - Drug Warehouse in Muskogee	1302 South York	(918) 682-7865
USA Drug - Drug Warehouse in Muskogee	3202 West Okmulgee	(918) 683-2211
USA Drug - Drug Warehouse in Owasso	11650 East 86th St North	(918) 272-9595
USA Drug - Drug Warehouse in Pryor	591 South Mill Street	918-825-5303
USA Drug - Drug Warehouse in Sand Springs	651 E.Charles Page Blvd.	(918) 245-0568
USA Drug - Med-X Drug in Sand Springs	4016 S. Highway 97	(918) 245-6661
USA Drug - Drug Warehouse in Sapulpa	950 East Taft	(918) 227-7200
USA Drug - Drug Warehouse in Shawnee	1930 No Kickapoo	(405) 275-3400
USA Drug - Med-X Drug in Stillwater	611 N. Perkins	405-624-8585
USA Drug - Drug Warehouse in Tulsa	11331 East 31st Street	(918) 627-4141
USA Drug - Drug Warehouse in Tulsa	1150 South Garnett Road	(918) 437-9677
USA Drug - Drug Warehouse in Tulsa	3063 S. Sheridan	(918) 384-0260
USA Drug - Drug Warehouse in Tulsa	3126 South Harvard	(918) 748-0466
USA Drug - Drug Warehouse in Tulsa	5046 South Sheridan Road	(918) 627-6464
USA Drug - Drug Warehouse in Tulsa	6336 East 4th Place	918-833-5180

USA Drug - Drug Warehouse in Tulsa	6505 East 71st Street	(918) 492-3650
USA Drug - May's Drug in Tulsa	10106 South Sheridan	918-298-8838
USA Drug - May's Drug in Tulsa	2323 West Edison	918-582-1375
USA Drug - May's Drug Whse in Tulsa	5115 S. Peoria	918-749-4601
USA Drug - Med-X Drug in Tulsa	1515 N. Harvard Ave. Suite L	918-834-3366
USA Drug - Med-X Drug in Tulsa	1714 Utica Square	918-743-9968
USA Drug - Med-X Drug in Tulsa	302 S Lewis Street	918-582-3774
USA Drug - Med-X Drug in Tulsa	4423 Southwest Boulevard	918-446-3541
USA Drug - Med-X Drug in Tulsa	5234 North Peoria Ave	918-425-1341
USA Drug - Med-X Drug in Tulsa	6040 S. Yale	(918)494-4040
USA Drug - Med-X Drug Exp in Wagoner	1214 W. Cherokee	9184854502

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USA Drug Locations in Kansas

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Name	Address	Phone
USA Drug - Baxter Drug	1000 Military Ave	(620) 856-5858
USA Drug - Galena Med- X Drug	606 South Main Street	6207831347

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USA Drug Locations in Tennessee

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Name	Address	Phone
USA Drug - Super D Express in Brownsville	511 E. Main St.	731 772-5466
USA Drug - Super D Express in Covington	839 Hwy. 51 South	901 476-9444
USA Drug - Belew & Ray Drug in Dyersburg	470 Hwy 51 Bypass West	(731) 285-5433
USA Drug - USA Drug in Dyersburg	345 Highway 51 Bypass West	731 285-7267
USA Drug - Super D Drugs in Hohenwald	121 West Main Street	931-796-5901
USA Drug - Super D Express in Humboldt	2401 North Central Ave	731 784-2613
USA Drug - Super D Express in Jackson	1543 South Highland Ave.	731 424-0872
USA Drug - Super D Express in Jackson	1940 North Highland Ave.	731 661-0059
USA Drug - Super D Express in Lexington	157 Church West Street	731 968-6654
USA Drug - Super D Drugs in Milan	6068 South First St.	731 686-1557
USA Drug - Super D Drugs in Munford	24 McLaughlin Drive	(901)837-0183
USA Drug - Super D Express in Paris	1036 Mineral Wells Ave.	731 644-1083
USA Drug - Super D Drugs in Union City	Reelfoot S/C-1403 S. First Street	731 885-6558

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USA Drug Locations in Mississippi

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Name	Address	Phone
USA Drug - Yarber Drug in Belmont	85 Main Street	6624543371
USA Drug - Super D Drugs in Brookhaven	940 Brookway Blvd.	601 833-7757
USA Drug - Super D Drugs in Byram	5781 Terry Rd.	601 373-1266
USA Drug - Bennett Apothecary in Corinth	2049 Shiloh Rd	(662) 286-6914
USA Drug - Murphy Drug & Gift in Eupora	1357 Veterans Memoial Blvd	6622582631
USA Drug - Super D Express in Flowood	103 Plaza Drive	601 992-4322
USA Drug - Desoto Discount Drug in Hernando	2260 Hwy 51 South	(662) 429-9074
USA Drug - Super D Drugs in Jackson	Highland Village S/C-4500 I-55 North	601 366-7363
USA Drug - Super D Express in Jackson	3119 W. Capital	601 352-3344
USA Drug - Super D Express in Jackson	4329 N State, Suite #10	601 366-1449
USA Drug - Charlie McCool Prescriptions in Louisville	109 West Main Street	(662) 773-5046
USA Drug - Super D Drugs in McComb	200 Marion Avenue	601 684-7621
USA Drug - Super D Drugs in Oxford	1201 Office Park Drive	662 234-7666
USA Drug - Starkville Discount Drug	117 N. Jackson	6623240321
USA Drug - Super D Drugs in Tupelo	1141 W. Main	662 842-8716

[USA Drug - Super D Drugs in Tupelo](#)

738 S. Gloster

662 844-0432

[USA Drug - Super D Express #8043 in Tupelo](#)

367 N Gloster

6628444530

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USA Drug Locations in Missouri

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Name	Address	Phone
USA Drug - Ava Drug	124 W. Washington Ave	(417) 683-4127
USA Drug - Overturf Pharmacy in Bernie	116 S. Walnut	8002553412
USA Drug - Usa Drug in Bonne Terre	903 Benham	5733583311
USA Drug - Vista Pharmacy in Carthage	1601 Missouri Ave	4173583140
USA Drug - Usa Drug in Desloge	1142 N. Desloge Drive	5734312242
USA Drug - USA Drug in Dexter	903 W. Business 60	5736247452
USA Drug - Usa Clinic At Mineral Area in Farmington	1101 Weber Rd	5737566117
USA Drug - USA Drug in Farmington	120 E. Karsch	5737566421
USA Drug - Usa Drug - Clinic in Farmington	1107 West Liberty, Room 1002	5737562799
USA Drug - Forbes Rexall Drug in Houston	100 N. Grand Ave	4179673315

USA Drug - USA Drug in Ironton	605 N Main Street	5737566421
USA Drug - Super D Drugs in Jefferson City	1404 Missouri Blvd.	573 635-3015
USA Drug - Drug Warehouse in Joplin	1410 East 7th Street	(417) 624-3270
USA Drug - Drug Warehouse in Joplin	3222 South Main	(417) 624-6300
USA Drug - Linn Drugs	304 E. Main -Hwy 50	5738974140
USA Drug - USA Drug in Malden	310 W. Main Street	5732762218
USA Drug - Mansfield Drug	101 N. Business Hwy 60	4179248877
USA Drug - Jon's Pharmacy in Neosho	219 S. Washington	417-451-3775
USA Drug - Super D Express in Poplar Bluff	1465 N. Westwood Blvd	573-686-1461
USA Drug - Seymour Pharmacy	214 S Main Street	4179354900
USA Drug - Super D Drugs in Sikeston	702 N. Main	573 472-0777
USA Drug - Strauser Drugs in Sullivan	6 E. Springfiled Rd	5734686464
USA Drug - Drug Warehouse in Webb City	1636 South Madison	(417) 673-7730
USA Drug - Ferguson Drug in Willow	101 East Main Street	4174693005

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From 2010...17 stores sold to Walgreens then.

All Ike's Discount and Super D stores in Memphis to close

♥ By [Toby Sells](#)

♥ Posted March 17, 2010 at 6:18 p.m., updated March 17, 2010 at 11:06 p.m.

♥ [Discuss](#)

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USA Drug will pull out of the Memphis market, closing all 17 Memphis-area Super D and Ike's Discount drug and retail stores.

The move was confirmed by a Walgreen Co. spokeswoman who said the company has purchased the prescription files for all 17 stores. The terms of the deal were not disclosed.

The stores are expected to close within the next week, according to Walgreens spokeswoman Tiffani Washington. However, Walgreens is in negotiations with USA Drug to buy two Ike's locations -- at Union and Cooper in Midtown, and on Park Avenue in East Memphis.

Those stores could open under the Walgreens banner in the short term, Washington said.

"We're not talking about months by any means," she said. "This is obviously just an opportunity for us to serve more of the market.

"It will allow us to acquire new customers and pharmacy customers at that."

Ike's and Super D pharmacy customers will soon be notified that their prescriptions will be transferred to local Walgreens stores. Washington deferred questions about patient volumes to USA Drug officials.

No one from the company responded to calls for comments.

USA Drug is based in Pine Bluff, Ark., and has more than 170 stores in Tennessee, Mississippi, Arkansas, Oklahoma and Missouri.

Along with Super D and Ike's stores, the company also owns Med-X Drugs, Drug Warehouse and May's Drug Stores.

Super D Drug was originally a Memphis chain of drug stores owned by food distributor Malone & Hyde until 1988, when Fleming Companies bought the parent company. Fleming sold the retail drug chain to 11 managers in a leveraged buyout.

USA Drug bought the Super D chain in October 1997, which at the time reported revenues of \$54 million per year and employed 130 people in Memphis.

The purchase included 84 Super D drugstores and three Ike's discount stores. At the time, there were also 23 franchised Super D stores.

The acquisition comes after Walgreens announced the purchase of all 257 Duane Reed drug and retail stores in the New York City metropolitan area for more than \$1 billion. Illinois-based Walgreen Co. now has more than 7,100 stores across the U.S.

Walgreens reported a record \$16.4 billion in sales for its first quarter that ended in December, with net profits of \$489 million.

Walgreens has more than 50 stores in the metropolitan Memphis area.

Walgreen's move also comes right after CVS/pharmacy opened its first store in the Memphis market earlier this year.

-- Toby Sells: 529-2742

Super D and Ike's stores

Contact: (870) 535-2411

Web site: usadrug.com>usadrug.com

Memphis Locations

Ike's, 5040 Park

Ike's, 4126 Elvis Presley Blvd.

Ike's, 2145 Union

Ike's, 4571 Summer

Super D Express, 4910 Raleigh Commons Drive

Super D Express, 1784 Frayser Blvd.

Super D Express, 1800 Union

Super D Express, 4664 Knight Arnold

Super D Express, 3145 Poplar

Super D Express, 1182 S. Bellevue

Super D Full Line, 6078 N. Quince

Super D Full Line, 999 Jackson

Super D Express, 215 East Shelby Drive

Super D Express, 3051 Kirby-Whitten

Super D Full Line, 700 West Poplar

Super D Full Line, 1990 S. Germantown

Super D Full Line, 9056 Poplar

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USA Drug, owner of Ike's and Super D, will be out of Memphis by March 23

♥ By [Toby Sells](#)

♥ Posted March 18, 2010 at 11:01 a.m.

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USA Drug, parent company of Super D and Ike's Discount stores, said today that its deal with Walgreen Co. will be completed Tuesday, March 23.

The Commercial Appeal reported Wednesday evening that USA Drug was leaving the Memphis market, closing 17 Super D and Ike's stores here. Walgreen bought the stores' prescription files and is in negotiations with USA Drug to purchase and operate two Ike's stores on Union and Park as Walgreens.

The terms of the deal were not disclosed.

Once the deal is finalized, patients who had their prescriptions at Ike's or Super D stores will be able to pick them up at local Walgreens locations.

USA Drug president and CEO Joe Courtright said the sale is "unrelated to any recession concerns" and that it will allow his company to grow in other areas.

"We fully expect to reinvest the proceeds from the sale toward more acquisitions and as a result, forecast even greater earnings," Courtright said in a statement issued this morning. "We have several additional store projects planned for the current fiscal year."

Courtright said the sale marked "the end of the very large Ike's format" and that it will allow USA Drug to focus on two main prototypes.

The statement said Walgreen is planning to interview a number of USA Drug employees in Memphis. Courtright called the employees "our company's greatest asset."

USA Drug will continue to operate and acquire Tennessee stores outside of the Memphis market, the statement said. The company now operates 152 stores in Arkansas, Oklahoma, Mississippi, Tennessee and Kansas.

Walgreen Co. operates 54 stores in Shelby County, nine in DeSoto County and two in Crittenden County.

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EXHIBIT B

Wal-Mart/SAM'S CLUB \$4 Generic Prescription Program

The following generic prescriptions are available under the Wal-Mart \$4 generic prescription drug program, as of October 17, 2006. The price is available in select stores only, and to up to a 30 day supply at commonly prescribed dosages. The prescriptions on this list are subject to change at any time.

Allergy

Loratadine 10MG TAB
Loratadine 5MG/5ML SYP

Analgesics

Antipy/Benzo Otic SOL
Baclofen 10MG TAB
Cyclobenzaprine 10MG TAB
Cyclobenzaprine 5MG TAB
Tramadol HCL 50MG TAB

Anti-anxiety

Buspirone 5MG
Buspirone 10MG

Anti-inflammatory

Betamethasone DIP 0.05% CRE 15
Betamethasone DIP 0.05% CRE 45
Betamethasone VAL 0.1% CRE 15
Betamethasone VAL 0.1% CRE 45
Betamethasone VAL 0.1% OIN 15
Betamethasone VAL 0.1% OIN 45
Dexamethasone 0.5MG TAB
Dexamethasone 0.75MG TAB
Dexamethasone 4MG TAB
Diclofenac 75MG DR TAB
Fluocinonide ACET 0.01% SOL
Fluocinonide 0.05% CRE 15
Fluocinonide 0.05% CRE 30
Hydrocortisone 1% CRE
Hydrocortisone 2.5% CRM
Ibuprofen 100/5ML SUS
Ibuprofen 400MG TAB
Ibuprofen 600MG TAB
Ibuprofen 800MG TAB
Indomethacin 25MG CAP
Meloxicam 15MG
Meloxicam 7.5 MG
Methylprednisolone 4MG DOSEPAK
Methylprednisolone 4MG TAB

Naproxen 375MG TAB

Naproxen 500MG TAB
Piroxicam 20MG CAP
Prednisone 10MG TAB
Prednisone 2.5MG TAB
Prednisone 20MG TAB
Prednisone 5MG TAB
Prednisone 5MG 6DAY DOSEPAK
Salsalate 500MG TAB
Triamcinolone 0.025% CRE 15
Triamcinolone 0.025% CRE 80
Triamcinolone 0.1% CRE 15
Triamcinolone 0.1% CRE 80
Triamcinolone 0.1% OIN 15
Triamcinolone 0.1% OIN 80
Triamcinolone 0.5% CRE

Antibiotic

Amoxicillin 125/5ML SUS 100
Amoxicillin 125/5ML SUS 80
Amoxicillin 125/5ML SUS 150
Amoxicillin 200/5ML SUS 50
Amoxicillin 250/5ML SUS 100
Amoxicillin 250/5ML SUS 80
Amoxicillin 250/5ML SUS 150
Amoxicillin 250MG CAP
Amoxicillin 400/5ML SUS 50
Amoxicillin 400/5ML SUS 100
Amoxicillin 500MG CAP
Amoxil 50MG/ML DRO
Bacitracin Ophthalmic OINT
Cephalexin 250MG CAP
Cephalexin 500MG CAP
Ciprofloxacin 500MG TAB
Doxycycline HYC 100MG CAP
Doxycycline HYC 100MG TAB
Doxycycline HYC 50MG CAP
Erythrocin 250MG TAB
Erythromycin 2% SOL
Erythromycin Ophthalmic OIN

Erythromycin 250MG EC CAP
 Gentamicin 0.1% CRE
 Gentamicin 0.1% OIN
 Gentamicin 0.3% OP SOL
 Isoniazid 300MG TAB
 Metronidazole 250MG TAB
 Metronidazole 500MG TAB
 Neo/Poly/Dex 0.1% OPOIN
 Neo/Poly/Dex 0.1% OPSUS
 Penicillin VK 125/5ML SOL
 Penicillin VK 250/5ML SOL
 Penicillin VK 250MG TAB
 Selenium SUL 2.5% LOT
 SMZ/TMP DS 800/160 TAB
 SMZ/TMP 200/40 SUS
 SMZ/TMP 400/80MG TAB
 Sulfacetamide SOD 10% OP SOL
 Tetracycline 250MG CAP
 Tetracycline 500MG CAP
 Tobramycin 0.3% OP SOL
 Ciprofloxacin 250MG TAB
 Polymixin Sulf/TMP SOL

Antidepressant

Amitriptyline 100MG TAB
 Amitriptyline 10MG TAB
 Amitriptyline 25MG TAB
 Amitriptyline 50MG TAB
 Amitriptyline 75MG TAB
 Citalopram 20MG TAB
 Citalopram 40MG TAB
 Doxepin HCL 100MG CAP
 Doxepin HCL 10MG CAP
 Doxepin HCL 25MG CAP
 Doxepin HCL 50MG CAP
 Doxepin HCL 75MG CAP
 Fluoxetine 10MG CAP
 Fluoxetine 20MG CAP
 Fluoxetine 40MG CAP
 Nortriptyline 10MG CAP
 Nortriptyline 25MG CAP
 Paroxetine 10MG TAB
 Paroxetine 20MG TAB
 Trazodone 100MG TAB
 Trazodone 150MG TAB
 Trazodone 50MG TAB

Antifungal

Fluconazole 150MG TAB
 Nystatin/Triamcinolone CRE 15gm
 Nystatin/Triamcinolone CRE 30gm
 Nystatin/Triamcinolone OIN 15gm
 Nystatin 100000U CRE 15gm
 Nystatin 100000U CRE 30gm
 Nystatin 100000U OIN 15gm
 Nystatin 100000U OIN 30gm

Antipsychotic

Fluphenazine 1MG TAB
 Haloperidol 0.5MG TAB
 Haloperidol 1MG TAB
 Haloperidol 2MG TAB
 Haloperidol 5MG TAB
 Lithium Carb 300MG CAP
 Prochlorperazine 10MG TAB
 Thioridazine 25MG TAB
 Thioridazine 50MG TAB
 Thiothixene 2MG CAP

Antiviral

Acyclovir 200MG CAP

Anxiety

Hydroxyzine HCL 10MG/5ML SYP

Asthma

Albuterol 0.5% NEB
 Albuterol 2MG TAB
 Albuterol 2MG/5ML SYP
 Albuterol 4MG TAB

Cardiac

Amiloride/HCTZ 5/50 TAB
 Atenolol/CHLOR 50/25MG TAB
 Atenolol/CHLOR 100/25MG TAB
 Atenolol 100MG TAB
 Atenolol 25MG TAB
 Atenolol 50MG TAB
 Benazepril 10MG TAB
 Benazepril 20MG TAB
 Benazepril 40MG TAB
 Benazepril 5MG TAB
 Bisoprolol/HCTZ 10/6.25 TAB
 Bisoprolol/HCTZ 2.5/6.25 TAB
 Bisoprolol/HCTZ 5/6.25MG TAB

Bumetanide 0.5MG TAB
 Bumetanide 1MG TAB
 Captopril 100MG TAB
 Captopril 12.5MG TAB
 Captopril 25MG TAB
 Captopril 50MG TAB
 Chlorthalidone 25MG TAB
 Chlorthalidone 50MG TAB
 Clonidine 0.1MG TAB
 Clonidine 0.1MG PACK
 Clonidine 0.2MG TAB
 Clonidine 0.2MG PACK
 Digitek 0.125MG TAB
 Digitek 0.25MG TAB
 Diltiazem 120MG TAB
 Diltiazem 30MG TAB
 Diltiazem 60MG TAB
 Diltiazem 90MG TAB
 Doxazosin 1MG TAB
 Doxazosin 2MG TAB
 Doxazosin 4MG TAB
 Doxazosin 8MG TAB
 Enalapril/HCTZ 512.5MG TAB
 Enalapril 10MG TAB
 Enalapril 2.5MG TAB
 Enalapril 20MG TAB
 Enalapril 5MG TAB
 Furosemide 20MG TAB
 Furosemide 40MG TAB
 Furosemide 80MG TAB
 Guanfacine 1MG TAB
 Hydralazine 10MG TAB
 Hydralazine 25MG TAB
 Hydrochlorothiazide 12.5MG CAP
 Hydrochlorothiazide 25MG TAB
 Hydrochlorothiazide 50MG TAB
 Indapamide 1.25MG TAB
 Indapamide 2.5MG TAB
 Isosorbide mono 30MG ERTAB
 Isosorbide mono 60MG ERTAB
 Lisinopril-HCTZ 10-12.5MG TAB
 Lisinopril-HCTZ 20-25MG TAB
 Lisinopril-HCTZ 20-12.5MG TAB
 Lisinopril 10MG TAB
 Lisinopril 2.5MG TAB
 Lisinopril 20MG TAB
 Lisinopril 5MG TAB
 Methyldopa 250MG TAB

Methyldopa 500MG TAB
 Metoprolol 100MG TAB
 Metoprolol 25MG TAB
 Metoprolol 50MG TAB
 Nadolol 20MG TAB
 Nadolol 40MG TAB
 Pindolol 10MG TAB
 Pindolol 5MG TAB
 Prazosin HCL 1MG CAP
 Prazosin HCL 2MG CAP
 Prazosin HCL 5MG CAP
 Propranolol 10MG TAB
 Propranolol 20MG TAB
 Propranolol 40MG TAB
 Propranolol 80MG TAB
 Sotalol HCL 80MG TAB
 Spironolactone 25MG TAB
 Terazosin 10MG CAP
 Terazosin 1MG CAP
 Terazosin 2MG CAP
 Terazosin 5MG CAP
 Triamterine/HCTZ 37.5/25 CAP
 Triamterine/HCTZ 37.5/25 TAB
 Triamterine/HCTZ 75/50MG TAB
 Verapamil 120MG TAB
 Verapamil 80MG TAB
 Warfarin 5MG TAB

Cholesterol

Lovastatin 10MG TAB

Cough and Cold

Amibid DM 30600CR TAB
 Benzonatate 100MG CAP
 Decchlorphn LIQ
 Decchlorphn DM SYP
 Guaifenesin DM SYP
 Promethazine DM SYP
 Trivent DPC 6215/5 SYP

Diabetes

Glyburide 5MG TAB GREEN
 Chlorpropamide 100MG TAB
 Glimepiride 1MG TAB
 Glipizide 10MG TAB
 Glipizide 5MG TAB
 Glyburide MCR 3MG TAB
 Glyburide MCR 6MG TAB

Glyburide 2.5MG TAB
 Glyburide 5MG TAB BLUE
 Metformin 1000MG TAB
 Metformin 500MG TAB
 Metformin 500MG ER TAB
 Metformin 850MG TAB

Gastrointestinal

Belladonna ALK/PB TAB
 Cimetidine 800MG TAB
 Cytra2 SOL
 Dicyclomine 10MG CAP
 Famotidine 20MG TAB
 Hyoscyamine 0.125/MLDRO
 Hyoscyamine 0.125MG SUB
 Hyoscyamine 0.125MG TAB
 Hyoscyamine 0.375 ERTAB
 Lactulose 10GM/15 SYP
 Meclizine 12.5MG TAB
 Meclizine 25MG TAB
 Metoclopramide 10MG TAB
 Metoclopramide 5MG/5ML SYP
 Phenazopyridine 100MG TAB
 Phenazopyridine D 200MG TAB
 Promethazine 25MG TAB
 Promethazine 6.25/5ML SYP
 Ranitidine 150MG TAB
 Dicyclomine 20MG TAB
 Ranitidine 300MG TAB

Glaucoma/Eye

Atropine SUL 1% OP SOL
 Pilocarpine 1% OP SOL
 Pilocarpine 2% OP SOL

Hormonal

Estradiol 0.5MG TAB
 Estradiol 1MG TAB
 Estradiol 2MG TAB
 Estropipate 0.75MG TAB
 Estropipate 1.5MG TAB
 Medroxyprogesterone AC 10MG TAB
 Medroxyprogesterone AC 2.5MG TAB
 Medroxyprogesterone AC 5MG TAB

Miscellaneous

Allopurinol 100MG TAB
 Allopurinol 300MG TAB

Chlorhexadrine GLU 0.12% SOL
 Colchicine 0.6MG TAB
 Hydrocortisone AC 25MG SUP
 Lidocaine 2% VISC SOL
 Oxybutynin 5MG TAB

Oncology/Cancer

Megestrol 20MG

Parkinson's

Benzotropine 2MG TAB
 Trihexyphenadyl 2MG TAB

Seizure

Carbamazepine 200MG TAB

Thyroid

Levothyroxine 100MCG TAB
 Levothyroxine 125MCG TAB
 Levothyroxine 150MCG TAB
 Levothyroxine 25MCG TAB
 Levothyroxine 50MCG TAB
 Levothyroxine 75MCG TAB
 Levothyroxine 88MCG TAB
 Levothyroxine 112MCG TAB
 Levothyroxine 175MCG TAB

Vitamins

Ethedent 0.25MG CHW
 Folic acid 1MG TAB
 Klorcon 10 10MEQ ERTAB
 Klorcon 8 TAB 8MEQ ER
 Klorcon M10 TAB
 Magnesium oxide 400MG TAB
 Mag64 64MG TAB
 Multivitamin 0.25MG CHW
 Multivitamin/FL/FE CHW
 Multivitamin/BET /FL 1MGCHW
 Multivitamin/BET 0.5MGFL CHW
 Natalcare PIC TAB
 Natalcare Plus TAB
 Potassium chloride 10% LIQ
 Prenatal Rx TAB

New Document

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

List Effective January 17th, 2007

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

Generics under this program are subject to change anytime.

List Effective January 17th, 2007

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

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 15GM	15	CARDIAC	ENALAPRIL 5MG TABLET	30
ANTIFUNGAL	NYSTATIN OINTMENT 30GM	30	CARDIAC	ENALAPRIL/HCTZ 5MG/12.5MGTABLET	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	LISINOPRIL 10MG TABLET	30
ARTHRITIS	ALLOPURINOL 100MG TABLET	30	CARDIAC	LISINOPRIL 2.5MG TABLET	30
ARTHRITIS	ALLOPURINOL 300MG TABLET	30	CARDIAC	LISINOPRIL 20MG TABLET	30
ARTHRITIS	COLCHICINE 0.6MG TABLET	30	CARDIAC	LISINOPRIL 5MG TABLET	30
ASTHMA	ALBUTEROL 0.5% NEBULIZER SOLN	20	CARDIAC	LISINOPRIL-HCTZ 10-12.5MG TABLET	30
ASTHMA	ALBUTEROL 2MG TABLET	90	CARDIAC	LISINOPRIL-HCTZ 20-12.5 TABLET*	30
ASTHMA	ALBUTEROL 2MG/5ML SYRUP	120	CARDIAC	LISINOPRIL-HCTZ 20-25MG TABLET*	30
ASTHMA	ALBUTEROL 4MG TABLET	60	CARDIAC	METHYLDOPA 250MG TABLET*	60
CARDIAC	AMILOR/HCTZ 5MG/50MG TABLET	30	CARDIAC	METHYLDOPA 500MG TABLET*	30
CARDIAC	ATENOL/CHLOR 100/25MG TABLET	30	CARDIAC	METOPROLOL 100MG TABLET*	60
CARDIAC	ATENOL/CHLOR 50/25MG TABLET	30	CARDIAC	METOPROLOL 25MG TABLET	60
CARDIAC	ATENOLOL 100MG TABLET	30	CARDIAC	METOPROLOL 50MG TABLET	60
CARDIAC	ATENOLOL 25MG TABLET	30	CARDIAC	NADOLOL 20MG TABLET	30
CARDIAC	ATENOLOL 50MG TABLET	30	CARDIAC	NADOLOL 40MG TABLET	30
CARDIAC	BENAZEPRIL 10MG TABLET	30	CARDIAC	PINDOLOL 10MG TABLET	30
CARDIAC	BENAZEPRIL 20MG TABLET	30	CARDIAC	PINDOLOL 5MG TABLET	30
CARDIAC	BENAZEPRIL 40MG TABLET	30	CARDIAC	PRAZOSIN HCL 1MG CAPSULE	30
CARDIAC	BENAZEPRIL 5MG TABLET	30	CARDIAC	PRAZOSIN HCL 2MG CAPSULE	30
CARDIAC	BISOPROLOL/HCTZ 10/6.25 TABLET	30	CARDIAC	PRAZOSIN HCL 5MG CAPSULE	30
CARDIAC	BISOPROLOL/HCTZ 2.5/6.25 TABLET	30	CARDIAC	PROPRANOLOL 10MG TABLET	60
CARDIAC	BISOPROLOL/HCTZ 5/6.25MG TABLET	30	CARDIAC	PROPRANOLOL 20MG TABLET	60
CARDIAC	BUMETANIDE 0.5MG TABLET	30	CARDIAC	PROPRANOLOL 40MG TABLET	60
CARDIAC	BUMETANIDE 1MG TABLET	30	CARDIAC	PROPRANOLOL 80MG TABLET	60
CARDIAC	CAPTAPRIL 100MG TABLET	60	CARDIAC	SOTALOL HCL 80MG TABLET*	30
CARDIAC	CAPTAPRIL 12.5MG TABLET	60	CARDIAC	SPIRONOLACTONE 25MG TABLET*	30
CARDIAC	CAPTAPRIL 25MG TABLET	60	CARDIAC	TERAZOSIN 10MG CAPSULE	30
CARDIAC	CAPTAPRIL 50MG TABLET	60	CARDIAC	TERAZOSIN 1MG CAPSULE	30
CARDIAC	CHLORTHALIDONE 25MG TABLET	30	CARDIAC	TERAZOSIN 2MG CAPSULE	30
CARDIAC	CHLORTHALIDONE 50MG TABLET	30	CARDIAC	TERAZOSIN 5MG CAPSULE	30
CARDIAC	CLONIDINE 0.1MG TABLET	30	CARDIAC	TRIAM/HCTZ 37.525 CAPSULE	30
CARDIAC	CLONIDINE 0.1MG PACK	30	CARDIAC	TRIAMT/HCTZ 37.525 TABLET	30
CARDIAC	CLONIDINE 0.2MG TABLET	30	CARDIAC	TRIAMT/HCTZ 75/50MG TABLET	30
CARDIAC	CLONIDINE 0.2MG PACK	30	CARDIAC	VERAPAMIL 120MG TABLET	30
CARDIAC	DIGITEK 0.125MG TABLET	30	CARDIAC	VERAPAMIL 80MG TABLET	30
CARDIAC	DIGITEK 0.25MG TABLET	30	CARDIAC	WARFARIN 5MG TABLET*	30
CARDIAC	DILTIAZEM 120MG TABLET	30	CARDIAC	WARFARIN 5MG COMPLIANCE PACK*	30
CARDIAC	DILTIAZEM 30MG TABLET	60	CHOLESTEROL	LOVASTATIN 10MG TABLET*	30
CARDIAC	DILTIAZEM 60MG TABLET	60	CHOLESTEROL	LOVASTATIN 20MG TABLET*	30
CARDIAC	DILTIAZEM 90MG TABLET*	60	CHOLESTEROL	PRAVASTATIN 10MG TABLET	30
CARDIAC	DOXAZOSIN 1MG TABLET	30	CHOLESTEROL	PRAVASTATIN 20MG TABLET	30
CARDIAC	DOXAZOSIN 2MG TABLET	30	CHOLESTEROL	PRAVASTATIN 40MG TABLET*	30
			COUGH COLD	BENZONATATE 100MG CAPSULE	14

Generics under this program are subject to change anytime.

List Effective January 17th, 2007

(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	ESTROPIRATE 0.75MG TABLET	30
DIABETES	GLIMEPIRIDE 2MG TABLET	30	HORMONE	ESTROPIRATE 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. There is a \$4 minimum per prescription for covered generics, even if less than the commonly prescribed dosage is purchased. 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.

New Document



\$4 Prescription Program

June 5, 2008



Allergies & Cold and Flu	\$4	\$10
	30-day QTY	90-day QTY
Benzonatate 100mg cap	14	42
Ceron DM syrup	120ml	360ml
Ceron drops*	30ml	90ml
Dec-Chlorphen drops*	30ml	90ml
Dec-Chlorphen DM syrup*	118ml	354ml
Loratadine 10mg tab	30	90
Promethazine DM syrup	120ml	360ml
Trivent DPC syrup*	120ml	360ml

Antibiotic Treatments	\$4	\$10
	30-day QTY	90-day QTY
Amoxicillin 125mg/5ml suspension	80ml	240ml
Amoxicillin 125mg/5ml suspension	100ml	300ml
Amoxicillin 125mg/5ml suspension	150ml	450ml
Amoxicillin 200mg/5ml suspension	50ml	150ml
Amoxicillin 200mg/5ml suspension*	75ml	225ml
Amoxicillin 200mg/5ml suspension*	100ml	300ml
Amoxicillin 250mg/5ml suspension	80ml	240ml
Amoxicillin 250mg/5ml suspension	100ml	300ml
Amoxicillin 250mg/5ml suspension	150ml	450ml
Amoxicillin 400mg/5ml suspension	50ml	150ml
Amoxicillin 400mg/5ml suspension*	75ml	225ml
Amoxicillin 400mg/5ml suspension*	100ml	300ml
Amoxicillin 250mg cap	30	90
Amoxicillin 500mg cap	30	90
Amoxil 50mg/ml drops*	30ml	90ml
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 tab	20	60
Erythrocin 250mg tab*	40	N/A
Erythromycin EC 250mg cap*	28	84
Metronidazole 250mg tab	28	84
Metronidazole 500mg tab	14	42
Penicillin VK 125mg/5ml suspension	200ml	600ml
Penicillin VK 250mg/5ml suspension	100ml	300ml
Penicillin VK 250mg tab	28	84
SMZ-TMP 400mg-80mg tab	28	84
SMZ-TMP DS 800mg-160mg tab	20	60
SMZ-TMP 200mg-40mg/5ml susp.	120ml	360ml
Tetracycline 250mg cap	60	180
Tetracycline 500mg cap	60	180

Arthritis & Pain	\$4	\$10
	30-day QTY	90-day QTY
Allopurinol 100mg tab	30	90
Allopurinol 300mg tab	30	90

Baclofen 10mg tab	30	90
Colchicine 0.6mg 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 suspension*	120ml	360ml
Ibuprofen 400mg tab	90	270
Ibuprofen 600mg tab	60	180
Ibuprofen 800mg tab	30	90
Indomethacin 25mg tab*	60	180
Meloxicam 7.5mg tab	30	90
Meloxicam 15mg tab	30	90
Naproxen 375mg tab*	60	180
Naproxen 500mg tab*	60	180
Piroxicam 20mg cap	30	90
Salsalate 500mg tab	60	180

Asthma	\$4	\$10
	30-day QTY	90-day QTY
Albuterol 2mg tab	90	270
Albuterol 4mg tab	60	180
Albuterol 2mg/5ml syrup	120ml	360ml
Albuterol 0.5% nebulizer solution	20ml	60ml
Albuterol 0.083% neb. Solution*	75ml (25 vials)	225ml (75 vials)
Ipratropium 0.02% neb. sol'n*	75ml (25 vials)	225ml (75 vials)

Cholesterol	\$4	\$10
	30-day QTY	90-day QTY
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	\$4	\$10
	30-day QTY	90-day QTY
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

\$4 Program covers up to a 30-day supply of eligible drugs at commonly prescribed dosages. \$10 Program covers a 90-day supply of eligible drugs at commonly prescribed dosages. Prices for less than a 90-day supply are prorated based on \$4 Program price, not to exceed \$10.

Prices for more than a 90-day supply are prorated based on \$10 Program price. Physician permission may be required to change 30-day prescription to 90-day prescription. Not all drugs eligible for \$4 Program are eligible for \$10 Program. Certain plans, including government-funded programs, may not cover a 90-day supply.

Prescription Program available at all Wal-Mart, Sam's Club & Neighborhood Markets except in ND. Only eligible drugs are covered.

List may change and vary by state. Prescriptions must initially be filled in person. Refills must be picked up in store. No substitutions or mail orders. Prices may be higher in some states. Certain plans may entitle you to pay less. See Walmart.com or pharmacist for details.

* These drugs may be priced higher in CA, HI, MN, MT, PA, TN, WI, WY.



\$4 Prescription Program

June 5, 2008



Diabetes Con't	\$4	\$10
	30-day QTY	90-day QTY
Glyburide, micronized 6mg tab	30	90
Metformin 500mg tab	60	180
Metformin 850mg tab	60	180
Metformin 1000mg tab*	60	180
Metformin ER 500mg tab*	60	180

Ear Health	\$4	\$10
	30-day QTY	90-day QTY
Antipyrine/Benzocaine otic	10ml	30ml

Fungal Infections	\$4	\$10
	30-day QTY	90-day QTY
Fluconazole 150mg tab	1	3
Nystatin/Triamcin cream	15gm	45gm
Nystatin/Triamcin cream	30gm	90gm
Nystatin/Triamcin ointment	15gm	45gm
Nystatin cream	15gm	45gm
Nystatin cream	30gm	90gm
Nystatin ointment	15gm	45gm
Nystatin ointment	30gm	90gm
Terbinafine 250mg tab*	30	90

Gastrointestinal Health	\$4	\$10
	30-day QTY	90-day QTY
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
Hyoscyamine drops*	15ml	45ml
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	\$4	\$10
	30-day QTY	90-day QTY
Atropine Sulfate 1% op. solution	5ml	15ml
Bacitracin op. ointment	4gm	12gm
Erythromycin op. ointment	4gm	12gm
Gentamicin 0.3% op. solution	5ml	15ml
Levobunolol 0.5% op solution	5ml	15ml
Neomycin/Polymyxin/Dexamethasone 0.1% op. ointment	4gm	12gm
Neomycin/Polymyxin/Dexamethasone 0.1% op. suspension	5ml	15ml

Pilocarpine 1% op. solution	15ml	45ml
Pilocarpine 2% op. solution	15ml	45ml
Polymyxin Sulfate/TMP op. solution*	10ml	30ml
Sulfacet Sodium 10% op. solution	15ml	45ml
Timolol Maleate 0.25% op. solution	5ml	15ml
Timolol Maleate 0.5% op solution	5ml	15ml
Tobramycin 0.3% op. solution	5ml	15ml

Heart Health & Blood Pressure	\$4	\$10
	30-day QTY	90-day QTY
Amiloride-HCTZ 5mg-50mg tab	30	90
Atenolol-Chlorthalidone 50mg-25mg tab	30	90
Atenolol-Chlorthalidone 100mg-25mg tab	30	90
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
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
Chlorthalidone 25mg tab	30	90
Chlorthalidone 50mg tab	30	90
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

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\$4 Prescription Program

June 5, 2008



Heart Health & Blood Pressure Con't	\$4	\$10			
	30-day QTY	90-day QTY			
Furosemide 20mg tab	30	90	Warfarin 2.5mg tab	30	90
Furosemide 40mg tab	30	90	Warfarin 3mg tab	30	90
Furosemide 80mg tab	30	90	Warfarin 4mg tab	30	90
Guanfacine 1mg tab	30	90	Warfarin 5mg tab*	30	90
Hydralazine 10mg tab	30	90	Warfarin 6mg tab	30	90
Hydralazine 25mg tab	30	90	Warfarin 7.5mg tab	30	90
Hydrochlorothiazide(HCTZ)12.5mg cap*	30	90	Warfarin 10mg tab	30	90
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 MononitrateER 30mg ertab	30	90			
Isosorbide MononitrateER 60mg ertab	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			
Nitroquick 0.3mg sublingual tab*	100	300			
Nitroquick 0.4mg sublingual tab*	100	300			
Pindolol 5mg tab	30	90			
Pindolol 10mg 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			
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 37.5mg-25mg cap & tab	30	90			
Triamterene-HCTZ 75mg-50mg tab	30	90			
Verapamil 80mg tab	30	90			
Verapamil 120mg tab	30	90			
Warfarin 1mg tab	30	90			
Warfarin 2mg tab	30	90			

Mental health	\$4	\$10
	30-day QTY	90-day QTY
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
Doxepin HCL 10mg cap	30	90
Doxepin HCL 25mg cap	30	90
Doxepin HCL 50mg cap	30	90
Doxepin HCL 75mg cap	30	90
Doxepin HCL 100mg cap	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
Trazodone 50mg tab	30	90
Trazodone 100mg tab	30	90
Trazodone 150mg tab	30	90
Trihexyphenidyl 2mg tab	60	180

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\$4 Prescription Program

June 5, 2008



Skin Conditions	\$4	\$10
	30-day QTY	90-day QTY
Benzoyl Peroxide 4% creamy wash*	171ml	N/A
Betamethasone Dipropionate 0.05% cream	15gm	45gm
Betamethasone Dipropionate 0.05% cream	45gm	135gm
Betamethasone Valerate 0.1% cream	15gm	45gm
Betamethasone Val. 0.1% cream	45gm	135gm
Betamethasone Val. 0.1% ointment	15gm	45gm
Betamethasone Val. 0.1% ointment	45gm	135gm
Fluocinolone Acet. 0.01% solution	60ml	180ml
Fluocinonide 0.05% cream	15gm	45gm
Fluocinonide 0.05% cream	30gm	90gm
Gentamicin 0.1% cream	15gm	45gm
Gentamicin 0.1% ointment	15gm	45gm
Hydrocortisone 1% cream	30gm	90gm
Hydrocortisone 2.5% cream	30gm	90gm
Selenium Sulfide 2.5% lotion*	120ml	360ml
Silver Sulfadiazine 1% cream*	50gm	150gm
Triamcinolone 0.025% cream	15gm	45gm
Triamcinolone 0.025% cream	80gm	240gm
Triamcinolone 0.1% cream	15gm	45gm
Triamcinolone 0.1% cream	80gm	240gm
Triamcinolone 0.1% ointment	15gm	45gm
Triamcinolone 0.1% ointment	80gm	240gm
Triamcinolone 0.5% cream	15gm	45gm

Thyroid Conditions	\$4	\$10
	30-day QTY	90-day QTY
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	\$4	\$10
	30-day QTY	90-day QTY
Acyclovir 200mg cap	30	90

Vitamins & Nutritional Health	\$4	\$10
	30-day QTY	90-day QTY
Ethedent 0.25mg chewable*	120	N/A
Folic Acid 1mg tab	30	90
Klorcon 8 8mEq ER tab	30	90
Klorcon 10 10mEq ER tab	30	90
Klorcon M10 10mEq tab	30	90

Mag 64 64mg tab*	60	180
Magnesium Oxide 400mg tab	30	90
Natalcare Pic tab*	30	90
Natalcare Plus tab*	30	90
Potassium Chloride 10% liquid	473ml	1419ml
Prenatal Rx tab*	30	N/A

Women's Health	\$4	\$10
	30-day QTY	90-day QTY
Estradiol 0.5mg tab	30	90
Estradiol 1mg tab	30	90
Estradiol 2mg tab	30	90
Estropipate 0.75mg tab	30	90
Estropipate 1.5mg tab*	30	90
Medroxyprogesterone Acetate 2.5mg tab	30	90
Medroxyprogesterone Acetate 5mg tab	30	90
Medroxyprogesterone Acetate 10mg tab	10	30

Women's Health	\$9	\$24
	30-day QTY	90-day QTY
New Alendronate SOD 35mg tab	4	12
New Alendronate SOD 70mg tab	4	12
Clomiphene 50mg tab	5	15
New EST Estrogen/Methyl Testost DS tab	30	90
New EST Estrogen/Methyl Testost HS tab	30	90
Sprintec 28-day tab*	28	N/A
Tri-Sprintec 28-day tab*	28	N/A
New Tamoxifen 10mg tab	60	180
New Tamoxifen 20mg tab	30	90

Other Medical Conditions	\$4	\$10
	30-day QTY	90-day QTY
Chlorhexidine Gluconate 0.12% solution	473ml	1419ml
Hydrocortisone AC 25mg suppositories	12	36
Isoniazid 300mg tab	30	90
Lidocaine 2% viscous solution	100ml	300ml
Megestrol 20mg tab*	30	90
Methylpred 4mg dose pak	21	63
Methylpred 4mg tab	21	63
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 5mg dose pak	21	63
Prednisone 5mg dose pak*	48	144
Prednisone 10mg tab	30	90
Prednisone 10mg dose pak	21	63
Prednisone 10mg dose pak*	48	N/A
Prednisone 20mg tab	30	90

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New Document

Your Guide to Saving Money on Prescriptions

Low-cost prescriptions make a difference

At Walmart, we don't think you should have to choose between groceries and the medicines you need. Our \$4 prescriptions save American families hundreds of millions of dollars a year.

More \$4 prescriptions than ever

Now our \$4 price covers hundreds of prescriptions. That includes medicines for a wide range of conditions and diagnosis groups. This list is a quick-reference tool that will help you find the specific medicines you're looking for.

Revised 3/24/09

Allergies & Cold and Flu

	<u>\$4</u>	<u>\$10</u>
	<u>30-Day</u>	<u>90-Day</u>
Benzonatate 100mg cap	14.....	42
Ceron DM syrup.....	120ml	360ml
C-Phen drops* (30ml bottle)†.....	1	3
Dex PC syrup*	120ml	360ml
Loratadine 10mg tab.....	30.....	90
Promethazine DM syrup.....	120ml	360ml

Antibiotic Treatments

	<u>\$4</u>	<u>\$10</u>
	<u>30-Day</u>	<u>90-Day</u>
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
Amoxil 50mg/ml drops* (30ml bottle)†.....	1	3
Cephalexin 250mg cap.....	28.....	84
Cephalexin 500mg cap.....	30.....	90

90-Day Prescriptions

Taking a regular prescription? Ask your doctor if you can refill it 3 months at a time. At only \$10, our 90-Day prescriptions save you even more than our regular low-cost prescriptions. You save trips to the pharmacy, too.

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
Erythromycin EC 250mg cap*.....	28.....	84
Metronidazole 250mg tab.....	28.....	84
Metronidazole 500mg tab.....	14.....	42
Penicillin VK 250mg tab	28.....	84
Penicillin VK 125mg/5ml susp (100ml bottle)†.....	1	3
Penicillin VK 125mg/5ml susp (200ml bottle)†.....	1	3
Penicillin VK 250mg/5ml susp (100ml bottle)†.....	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
Tetracycline 250mg cap	60.....	180
Tetracycline 500mg cap	60.....	180

Arthritis & Pain

	<u>\$4</u>	<u>\$10</u>
	<u>30-Day</u>	<u>90-Day</u>
Allopurinol 100mg tab	30.....	90
Allopurinol 300mg tab	30.....	90
Baclofen 10mg tab.....	30.....	90
Colchicine 0.6mg 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

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.

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

Arthritis & Pain (continued)

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
Piroxicam 20mg cap	30	90
Salsalate 500mg tab	60	180

\$4 **\$10**
30-Day **90-Day**

Asthma

Albuterol 2mg tab	90	270
Albuterol 4mg tab	60	180
Albuterol 2mg/5ml syrup	120ml	360ml
Albuterol 0.5% nebulizer soln (20ml bottle)†	1	3
Albuterol 0.083% nebulizer soln* (25x3ml vials)†	1	3
Ipratropium 0.02% nebulizer soln* (25x2.5ml vials)†	1	3

\$4 **\$10**
30-Day **90-Day**

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

\$4 **\$10**
30-Day **90-Day**

Diabetes

Chlorpropamide 100mg tab*	30	90
Glimepiride 1mg tab	30	90
Glimepiride 2mg tab	30	90

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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

\$4 **\$10**
30-Day **90-Day**

Ear Health

Antipyrine/Benzocaine otic (10ml bottle)†	1	3
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\$4 **\$10**
30-Day **90-Day**

Fungal Infections

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

\$4 **\$10**
30-Day **90-Day**

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

Revised 3/24/09

Gastrointestinal Health (continued)

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

\$4 \$10
30-Day 90-Day

Glaucoma & Eye Care

Atropine Sulfate 1% op. soln (5ml bottle)†	1	3
Bacitracin op. ointment (3.5gm tube)†	1	3
Erythromycin op. ointment (3.5gm tube)†	1	3
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

\$4 \$10
30-Day 90-Day

Heart Health & Blood Pressure

Amiloride-HCTZ 5mg-50mg tab	30.....	90
Atenolol-Chlorthalidone 50mg-25mg tab.....	30.....	90
Atenolol-Chlorthalidone 100mg-25mg tab	30.....	90
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
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
Chlorthalidone 25mg tab	30.....	90
Chlorthalidone 50mg tab	30.....	90
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

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. 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.

Revised 3/24/09

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

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

Heart Health & Blood Pressure (continued)

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
Pindolol 5mg tab.....	30.....	90
Pindolol 10mg 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
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 37.5mg-25mg cap.....	30.....	90
Triamterene-HCTZ 37.5mg-25mg tab.....	30.....	90
Triamterene-HCTZ 75mg-50mg 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

\$4 **\$10**
30-Day **90-Day**

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
Doxepin HCL 10mg cap.....	30.....	90
Doxepin HCL 25mg cap.....	30.....	90
Doxepin HCL 50mg cap.....	30.....	90
Doxepin HCL 75mg cap.....	30.....	90
Doxepin HCL 100mg cap.....	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

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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.
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Revised 3/24/09

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

Mental Health (continued)

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
Trazodone 50mg tab	30	90
Trazodone 100mg tab	30	90
Trazodone 150mg tab	30	90
Trihexyphenidyl 2mg tab	60	180

\$4 **\$10**
30-Day **90-Day**

Skin Conditions

Benzoyl Peroxide 4% creamy wash*		
(170.1ml bottle)†	1	N/A
Betamethasone Dipropionate 0.05% cream		
(15gm tube)†	1	3
Betamethasone Dipropionate 0.05% cream		
(45gm tube)†	1	3
Betamethasone Valerate 0.1% cream		
(15gm tube)†	1	3
Betamethasone Val. 0.1% cream (45gm tube)†	1	3
Betamethasone Val. 0.1% ointment (15gm tube)†	1	3
Betamethasone Val. 0.1% ointment (45gm tube)†	1	3
Fluocinolone Acet. 0.01% soln (60ml bottle)†	1	3
Fluocinonide 0.05% cream (15gm tube)†	1	3
Fluocinonide 0.05% cream (30gm tube)†	1	3
Gentamicin 0.1% cream (15gm tube)†	1	3
Gentamicin 0.1% ointment (15gm tube)†	1	3
Hydrocortisone 1% cream (28.35-30g tube)†	1	3
Hydrocortisone 2.5% cream (30gm tube)†	1	3
Selenium Sulfide 2.5% lotion* (120ml bottle)†	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. 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.

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Silver Sulfadiazine 1% cream (150gm 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

\$4 **\$10**
30-Day **90-Day**

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

\$4 **\$10**
30-Day **90-Day**

Viruses

Acyclovir 200mg cap	30	90
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\$4 **\$10**
30-Day **90-Day**

Vitamins & Nutritional Health

Folic Acid 1mg tab	30	90
Klorcon 8 8mEq ER tab	30	90
Klorcon 10 10mEq ER tab	30	90
Klorcon M10 10mEq tab	30	90
Mag 64 64mg tab*	60	180
Magnesium Oxide 400mg tab	30	90
Prenatal Plus qty 30*	30	90
Potassium Chloride 10% liquid	473ml	1419ml
Sodium Fluoride .25mg chewable (120ct bottle) *†	1	N/A

Revised 3/24/09

Women's Health

Estradiol 0.5mg tab	30	90
Estradiol 1mg tab	30	90
Estradiol 2mg tab	30	90
Estropipate 0.75mg tab	30	90
Estropipate 1.5mg tab*	30	90
Medroxyprogesterone Acetate 2.5mg tab	30	90
Medroxyprogesterone Acetate 5mg tab	30	90
Medroxyprogesterone Acetate 10mg tab	10	30

Women's Health

Alendronate SOD 35mg tab	4	12
Alendronate SOD 70mg tab	4	12
Clomiphene 50mg tab	5	15
EST Estrogen/Methyl Testost HS tab	30	90
EST Estrogen/Methyl Testost DS tab	30	90
Sprintec 28-day tab*	28	N/A
Tri-Sprintec 28-day tab*	28	N/A
Tamoxifen 10mg tab	60	180
Tamoxifen 20mg tab	30	90

Other Medical Conditions

Chlorhexidine Gluconate 0.12% soln (473ml bottle)†	1	3
Hydrocortisone AC 25mg suppositories	12	36
Isoniazid 300mg tab	30	90
Lidocaine 2% viscous solution (100ml bottle)†	1	3
Megestrol 20mg tab*	30	90
Methylpred 4mg tab	21	63
Methylpred 4mg dose pak (21 tablets)†	1	3
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 5mg dose pak (21 tablets)†	1	3
Prednisone 5mg dose pak* (48 tablets)†	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. 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.

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

30-Day 90-Day

Prednisone 10mg tab	30	90
Prednisone 10mg dose pak (21 tablets)†	1	3
Prednisone 10mg dose pak* (48 tablets)†	1	N/A
Prednisone 20mg tab	30	90

New non program medication for asthma and smoking cessation.**Asthma**

ReliOn/Ventolin® HFA Inhaler 8g\$9

Smoking Cessation

Bupropion ER 150mg (17ct starter pack)\$9

Not part of Prescription Program or subject to Walmart's Prescription Program Details. Available at all Walmart, Sam's Club and Neighborhood Markets pharmacies in the United States, except in North Dakota. These drugs are offered at the price specified only in the exact unit sizes and formulations specified above and are not subject to proration. You may pay more or less depending on the terms of your health plan. Specified price may be limited to select manufacturers of the drugs and is available as long as supplies are in stock at the pharmacy. There are no substitutions or mail orders. See your Walmart Pharmacist for details.

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 Pharmacy"), except in North Dakota.
2. The Program applies only to certain generic drugs at commonly prescribed dosages. You may obtain a list of generic drugs and dosages covered under the Program (the "Drug List") on Walmart.com or at any Walmart Pharmacy. The 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.
3. Under the Program, \$4 is the price for up to a 30-day supply of certain covered generic drugs at commonly prescribed dosages (the "\$4 Program"). \$10 is the price of a 90-day supply of certain covered generic drugs at commonly prescribed dosages (the "\$10 Program"). Not all drugs covered by the \$4 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 Program and \$10 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 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.
4. Under the Program, \$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 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 Program"). Not all drugs covered by the \$9 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 Program and \$24 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 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 5.
5. Prepackaged drugs are covered under the Program only in the unit sizes specified on the Drug List. Prepackaged drugs are dispensed based on the quantities prescribed and unit sizes in stock at the Pharmacy. Unit sizes not specified on the 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 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 Drug List.
7. Program pricing may be limited to select manufacturers of a covered drug and is available as long as store supplies in stock at the Pharmacy from such manufacturers last.
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. Prescriptions must initially be filled in person. Refills must be picked up in store. There are no substitutions or mail orders.
10. These Program Details are subject to change without advance notice. Changes to these Program Details may be made only in writing.

Revised 3/24/09

New Document

Retail Prescription Program Drug List

Low-cost prescriptions make a difference

At Walmart, we don't think you should have to choose between groceries and the medicines you need. Our \$4 prescriptions save American families hundreds of millions of dollars a year.

More \$4 prescriptions than ever

Now our \$4 price covers hundreds of prescriptions. That includes medicines for a wide range of conditions and diagnosis groups. This list is a quick-reference tool that will help you find the specific medicines you're looking for.

90-Day Prescriptions

Taking a regular prescription? Ask your doctor if you can refill it 3 months at a time. At only \$10, our 90-Day prescriptions save you even more than our regular low-cost prescriptions. You save trips to the pharmacy, too.

Revised 1/13/10

Allergies & Cold and Flu

	\$4	\$10
	30-Day	90-Day
Benzonatate 100mg cap	14.....	42
Ceron DM syrup.....	120ml	360ml
C-Phen drops* (30ml bottle)†	1	3
Dex PC syrup*	120ml	360ml
Loratadine 10mg tab.....	30.....	90
Promethazine DM syrup.....	120ml	360ml

Antibiotic Treatments

	\$4	\$10
	30-Day	90-Day
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
Doxycycline Hyclate 50mg cap	30.....	90
Doxycycline Hyclate 100mg cap.....	20.....	60
Doxycycline Hyclate 100mg tab	20.....	60
Erythromycin EC 250mg cap*.....	28.....	84
Metronidazole 250mg tab.....	28.....	84
Metronidazole 500mg tab.....	14.....	42
Penicillin VK 250mg tab	28.....	84
Penicillin VK 125mg/5ml susp (100ml bottle)†	1	3
Penicillin VK 125mg/5ml susp (200ml bottle)†	1	3
Penicillin VK 250mg/5ml susp (100ml bottle)†	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
Tetracycline 250mg cap	60.....	180
Tetracycline 500mg cap	60.....	180

	\$4	\$10
	30-Day	90-Day

Arthritis & Pain

Allopurinol 100mg tab	30.....	90
Allopurinol 300mg tab	30.....	90
Baclofen 10mg tab	30.....	90
Colchicine 0.6mg 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

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.

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

Arthritis & Pain (continued)

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
Piroxicam 20mg cap	30	90

\$4 **\$10**
30-Day **90-Day**

Asthma

Albuterol 2mg tab	90	270
Albuterol 4mg tab	60	180
Albuterol 2mg/5ml syrup	120ml	360ml
Albuterol 0.5% nebulizer soln (20ml bottle)†	1	3
Albuterol 0.083% nebulizer soln* (25x3ml vials)†	1	3
Ipratropium 0.02% nebulizer soln* (25x2.5ml vials)†	1	3

\$4 **\$10**
30-Day **90-Day**

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

\$4 **\$10**
30-Day **90-Day**

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

\$4 **\$10**
30-Day **90-Day**

Ear Health

Antipyrine/Benzocaine otic (10ml bottle)†	1	3
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\$4 **\$10**
30-Day **90-Day**

Fungal Infections

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

\$4 **\$10**
30-Day **90-Day**

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

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Gastrointestinal Health (continued)

Metoclopramide syrup	60ml.....	180ml
Promethazine 25mg tab*	12.....	36
Promethazine plain syrup*	180ml.....	540ml
Ranitidine 150mg tab	60.....	180
Ranitidine 300mg tab	30.....	90

\$4 \$10
30-Day 90-Day

Glaucoma & Eye Care

Atropine Sulfate 1% op. soln (5ml bottle) [†]	1	3
Erythromycin op. ointment (3.5gm tube)**	1	3
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

\$4 \$10
30-Day 90-Day

Heart Health & Blood Pressure

Amiloride-HCTZ 5mg-50mg tab	30.....	90
Atenolol-Chlorthalidone 50mg-25mg tab.....	30.....	90
Atenolol-Chlorthalidone 100mg-25mg tab	30.....	90
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
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
Chlorthalidone 25mg tab	30.....	90
Chlorthalidone 50mg tab	30.....	90
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
Hydrochlorothiazide (HCTZ) 25mg tab.....	30.....	90
Hydrochlorothiazide (HCTZ) 50mg 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.

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

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
Pindolol 5mg tab.....	30.....	90
Pindolol 10mg 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
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 37.5mg-25mg cap.....	30.....	90
Triamterene-HCTZ 37.5mg-25mg tab.....	30.....	90
Triamterene-HCTZ 75mg-50mg 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

\$4
30-Day

\$10
90-Day

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
Doxepin HCL 10mg cap.....	30.....	90
Doxepin HCL 25mg cap.....	30.....	90
Doxepin HCL 50mg cap.....	30.....	90
Doxepin HCL 75mg cap.....	30.....	90
Doxepin HCL 100mg cap.....	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

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Revised 1/13/10

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Mental Health (continued)

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
Trazodone 50mg tab	30.....90
Trazodone 100mg tab.....	30.....90
Trazodone 150mg tab.....	30.....90
Trihexyphenidyl 2mg tab.....	60.....180

\$4 **\$10**
30-Day **90-Day**

Skin Conditions

Betamethasone Dipropionate 0.05% cream (15gm tube)†.....	1	3
Betamethasone Dipropionate 0.05% cream (45gm tube)†.....	1	3
Betamethasone Valerate 0.1% cream (15gm tube)† ..	1	3
Betamethasone Val. 0.1% cream (45gm tube)†.....	1	3
Betamethasone Val. 0.1% ointment (15gm tube)† ...	1	3
Betamethasone Val. 0.1% ointment (45gm tube)† ...	1	3
Fluocinolone Acet. 0.01% soln (60ml bottle)†.....	1	3
Fluocinonide 0.05% cream (15gm tube)†.....	1	3
Fluocinonide 0.05% cream (30gm tube)†.....	1	3
Gentamicin 0.1% cream (15gm tube)†.....	1	3
Gentamicin 0.1% ointment (15gm tube)†	1	3
Hydrocortisone 1% cream (28.35-30g tube)†	1	3
Hydrocortisone 2.5% cream (30gm tube)†.....	1	3
Selenium Sulfide 2.5% lotion* (120ml bottle)†.....	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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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.

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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

\$4 **\$10**
30-Day **90-Day**

Viruses

Acyclovir 200mg cap	30.....90
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\$4 **\$10**
30-Day **90-Day**

Vitamins & Nutritional Health

Folic Acid 1mg tab	30.....	90
Klorcon 8 8mEq ER tab	30.....	90
Klorcon 10 10mEq ER tab.....	30.....	90
Klorcon M10 10mEq tab.....	30.....	90
Mag 64 64mg tab*	60.....	180
Magnesium Oxide 400mg tab	30.....	90
Prenatal Plus qty 30*	30.....	90
Potassium Chloride 10% liquid	473ml...	1419ml
Sodium Fluoride .25mg chewable (120ct bottle) * ..	1	N/A

\$4 **\$10**
30-Day **90-Day**

Women's Health

Estradiol 0.5mg tab	30.....90
Estradiol 1mg tab	30.....90
Estradiol 2mg tab	30.....90
Estropipate 0.75mg tab	30.....90
Estropipate 1.5mg tab*.....	30.....90

Revised 1/13/10



Women's Health

	\$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		
Tri-Sprintec 28-day tab* 28 N/A		
Tamoxifen 10mg tab 60 180		
Tamoxifen 20mg tab 30 90		

Other Medical Conditions

	\$4 30-Day	\$10 90-Day
Chlorhexidine Gluconate 0.12% soln (473ml bottle) [†] ... 1 3		
Hydrocortisone AC 25mg suppositories 12 36		
Isoniazid 300mg tab 30 90		
Lidocaine 2% viscous solution (100ml bottle) [†] 1 3		
Megestrol 20mg tab* 30 90		
Methylpred 4mg tab 21 63		
Methylpred 4mg dose pak (21 tablets) [†] 1 3		
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 5mg dose pak (21 tablets) [†] 1 3		
Prednisone 5mg dose pak* (48 tablets) [†] 1 3		
Prednisone 10mg tab 30 90		
Prednisone 10mg dose pak (21 tablets) [†] 1 3		
Prednisone 10mg dose pak* (48 tablets) [†] 1 N/A		
Prednisone 20mg tab 30 90		

New non program medication for asthma and smoking cessation.

Asthma

ReliOn/Ventolin[®] HFA Inhaler 8g \$9

Smoking Cessation

Bupropion ER 150mg (17ct starter pack) \$9

Not part of Prescription Program or subject to Walmart's Prescription Program Details. Available at all Walmart, Sam's Club and Neighborhood Markets pharmacies in the United States, except in North Dakota. These drugs are offered at the price specified only in the exact unit sizes and formulations specified above and are not subject to proration. You may pay more or less depending on the terms of your health plan. Specified price may be limited to select manufacturers of the drugs and is available as long as supplies are in stock at the pharmacy. There are no substitutions or mail orders. See your Walmart Pharmacist for details.

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.

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

New Document

Retail Prescription Program Drug List

Low-cost prescriptions make a difference

At Walmart, we don't think you should have to choose between groceries and the medicines you need. Our \$4 prescriptions save American families hundreds of millions of dollars a year.

More \$4 prescriptions than ever

Now our \$4 price covers hundreds of prescriptions. That includes medicines for a wide range of conditions and diagnosis groups. This list is a quick-reference tool that will help you find the specific medicines you're looking for.

90-Day Prescriptions

Taking a regular prescription? Ask your doctor if you can refill it 3 months at a time. At only \$10, our 90-Day prescriptions save you even more than our regular low-cost prescriptions. You save trips to the pharmacy, too.

Revised 6/25/10

Allergies & Cold and Flu

	<u>\$4</u>	<u>\$10</u>
	<u>30-Day</u>	<u>90-Day</u>
Benzonatate 100mg cap	14.....	42
Ceron DM syrup.....	120ml	360ml
C-Phen drops* (30ml bottle)†	1	3
Dex PC syrup*	120ml	360ml
Loratadine 10mg tab.....	30.....	90
Promethazine DM syrup.....	120ml	360ml

Antibiotic Treatments

	<u>\$4</u>	<u>\$10</u>
	<u>30-Day</u>	<u>90-Day</u>
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
Doxycycline Hyclate 50mg cap	30.....	90
Doxycycline Hyclate 100mg cap	20.....	60
Doxycycline Hyclate 100mg tab	20.....	60
Erythromycin EC 250mg cap*.....	28.....	84
Metronidazole 250mg tab.....	28.....	84
Metronidazole 500mg tab.....	14.....	42
Penicillin VK 250mg tab	28.....	84
Penicillin VK 125mg/5ml susp (100ml bottle)†	1	3
Penicillin VK 125mg/5ml susp (200ml bottle)†	1	3
Penicillin VK 250mg/5ml susp (100ml bottle)†	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
Tetracycline 250mg cap	60.....	180
Tetracycline 500mg cap	60.....	180

Arthritis & Pain

	<u>\$4</u>	<u>\$10</u>
	<u>30-Day</u>	<u>90-Day</u>
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

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Arthritis & Pain (continued)

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

\$4 **\$10**
30-Day **90-Day**

Asthma

Albuterol 2mg tab	90.....	270
Albuterol 4mg tab	60.....	180
Albuterol 2mg/5ml syrup.....	120ml....	360ml
Albuterol 0.5% nebulizer soln (20ml bottle)†	1	3
Albuterol 0.083% nebulizer soln* (25x3ml vials)†.....	1	3
Ipratropium 0.02% nebulizer soln* (25x2.5ml vials)† ..	1	3

\$4 **\$10**
30-Day **90-Day**

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

\$4 **\$10**
30-Day **90-Day**

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

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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

\$4 **\$10**
30-Day **90-Day**

Ear Health

Antipyrine/Benzocaine otic (15ml bottle)†.....	1	3
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\$4 **\$10**
30-Day **90-Day**

Fungal Infections

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

\$4 **\$10**
30-Day **90-Day**

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



Revised 6/25/10

Gastrointestinal Health (continued)

Metoclopramide syrup	60ml.....	180ml
Promethazine 25mg tab*	12.....	36
Promethazine plain syrup*	180ml.....	540ml
Ranitidine 150mg tab	60.....	180
Ranitidine 300mg tab	30.....	90

\$4 \$10
30-Day 90-Day

Glaucoma & Eye Care

Atropine Sulfate 1% op. soln (5ml bottle) [†]	1	3
Erythromycin op. ointment (3.5gm tube)**	1	3
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

\$4 \$10
30-Day 90-Day

Heart Health & Blood Pressure

Amiloride-HCTZ 5mg-50mg tab	30.....	90
Atenolol-Chlorthalidone 50mg-25mg tab	30.....	90
Atenolol-Chlorthalidone 100mg-25mg tab	30.....	90
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
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
Chlorthalidone 25mg tab	30.....	90
Chlorthalidone 50mg tab	30.....	90
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
Hydrochlorothiazide (HCTZ) 25mg tab	30.....	90
Hydrochlorothiazide (HCTZ) 50mg 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.

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

Heart Health & Blood Pressure (continued)

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
Pindolol 5mg tab.....	30.....	90
Pindolol 10mg 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
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 37.5mg-25mg cap.....	30.....	90
Triamterene-HCTZ 37.5mg-25mg tab.....	30.....	90
Triamterene-HCTZ 75mg-50mg 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

\$4 **\$10**
30-Day **90-Day**

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
Doxepin HCL 10mg cap.....	30.....	90
Doxepin HCL 25mg cap.....	30.....	90
Doxepin HCL 50mg cap.....	30.....	90
Doxepin HCL 75mg cap.....	30.....	90
Doxepin HCL 100mg cap.....	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

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Revised 6/25/10

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Mental Health (continued)

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
Trazodone 50mg tab	30.....90
Trazodone 100mg tab.....	30.....90
Trazodone 150mg tab.....	30.....90
Trihexyphenidyl 2mg tab.....	60.....180

\$4 **\$10**
30-Day **90-Day**

Skin Conditions

Betamethasone Dipropionate 0.05% cream (15gm tube)†.....	1	3
Betamethasone Dipropionate 0.05% cream (45gm tube)†.....	1	3
Betamethasone Valerate 0.1% cream (15gm tube)† ..	1	3
Betamethasone Val. 0.1% cream (45gm tube)†.....	1	3
Betamethasone Val. 0.1% ointment (15gm tube)† ..	1	3
Betamethasone Val. 0.1% ointment (45gm tube)† ..	1	3
Fluocinolone Acet. 0.01% soln (60ml bottle)†	1	3
Fluocinonide 0.05% cream (15gm tube)†	1	3
Fluocinonide 0.05% cream (30gm tube)†	1	3
Gentamicin 0.1% cream (15gm tube)†.....	1	3
Gentamicin 0.1% ointment (15gm tube)†	1	3
Hydrocortisone 1% cream (28.35-30g tube)†	1	3
Hydrocortisone 2.5% cream (30gm tube)†.....	1	3
Selenium Sulfide 2.5% lotion* (120ml bottle)†	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

\$4 **\$10**
30-Day **90-Day**

Viruses

Acyclovir 200mg cap	30.....90
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\$4 **\$10**
30-Day **90-Day**

Vitamins & Nutritional Health

Folic Acid 1mg tab	30.....90	
Klorcon 8 8mEq ER tab	30.....90	
Klorcon 10 10mEq ER tab.....	30.....90	
Klorcon M10 10mEq tab.....	30.....90	
Mag 64 64mg tab*	60.....180	
Magnesium Oxide 400mg tab	30.....90	
Prenatal Plus qty 30*	30.....90	
Potassium Chloride 10% liquid	473ml... 1419ml	
Sodium Fluoride .25mg chewable (120ct bottle) ** ..	1	N/A

\$4 **\$10**
30-Day **90-Day**

Women's Health

Estradiol 0.5mg tab	30.....90
Estradiol 1mg tab	30.....90
Estradiol 2mg tab	30.....90
Estropipate 0.75mg tab	30.....90
Estropipate 1.5mg tab*	30.....90

Revised 6/25/10



Medroxyprogesterone Acetate 2.5mg tab	30.....90
Medroxyprogesterone Acetate 5mg tab	30.....90
Medroxyprogesterone Acetate 10mg tab	10.....30

\$9 \$24
30-Day 90-Day

Women's Health

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

\$4 \$10
30-Day 90-Day

Other Medical Conditions

Chlorhexidine Gluconate 0.12% soln (473ml bottle) [†] ...	1	3
Hydrocortisone AC 25mg suppositories*	12.....	36
Isoniazid 300mg tab	30.....	90
Lidocaine 2% viscous solution (100ml bottle) [†]	1	3
Megestrol 20mg tab*	30.....	90
Methylpred 4mg tab	21.....	63
Methylpred 4mg dose pak (21 tablets) [†]	1	3
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 5mg dose pak (21 tablets) [†]	1	3
Prednisone 5mg dose pak* (48 tablets) [†]	1	3
Prednisone 10mg tab	30.....	90
Prednisone 10mg dose pak (21 tablets) [†]	1	3
Prednisone 10mg dose pak* (48 tablets) [†]	1	N/A
Prednisone 20mg tab	30.....	90

New non program medication for asthma and smoking cessation.

Asthma

ReliOn/Ventolin[®] HFA Inhaler 8g\$9

Smoking Cessation

Bupropion ER 150mg (17ct starter pack)\$9

Not part of Prescription Program or subject to Walmart's Prescription Program Details. Available at all Walmart, Sam's Club and Neighborhood Markets pharmacies in the United States, except in North Dakota. These drugs are offered at the price specified only in the exact unit sizes and formulations specified above and are not subject to proration. You may pay more or less depending on the terms of your health plan. Specified price may be limited to select manufacturers of the drugs and is available as long as supplies are in stock at the pharmacy. There are no substitutions or mail orders. See your Walmart Pharmacist for details.

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 Retail 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 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, 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.

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

New Document

Retail Prescription Program Drug List

Revised 6/30/11



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 Levitra (limit 10 tabs per patient per month)
- \$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
Ceron DM syrup	120ml.	360ml
Ganituss DM NR Liquid	120ml.	360ml
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
Doxycycline Hyclate 50mg cap	30.	90
Doxycycline Hyclate 100mg cap.	20.	60
Doxycycline Hyclate 100mg tab	20.	60

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

Penicillin VK 250mg tab	28.	84
Penicillin VK 125mg/5ml susp (100ml bottle) [†]1.	3
Penicillin VK 125mg/5ml susp (200ml bottle) [†]1.	3
Penicillin VK 250mg/5ml susp (100ml bottle) [†]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
Tetracycline 250mg cap	60.	180
Tetracycline 500mg cap	60.	180

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

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

Revised 6/30/11

Walmart
Save money. Live better.



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

Asthma

Albuterol 2mg tab	90. . . . .	.270
Albuterol 4mg tab	60. . . . .	.180
Albuterol 2mg/5ml syrup	120ml. . . . .	.360ml
Albuterol 0.5% nebulizer soln* (20ml bottle) [†]	1.	3
Albuterol 0.083% nebulizer soln* (25x3ml vials) [†]	1.	3
Ipratropium 0.02% nebulizer soln* (25x2.5ml vials) [†]	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) [†]	1.	3
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Fungal Infections

Fluconazole 150mg tab	1.	3
Nystatin/Triamcin cream* (15gm tube) [†]	1.	3
Nystatin/Triamcin cream* (30gm tube) [†]	1.	3

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

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

Gastrointestinal Health

Belladonna Alkaloid/PB tab	60. . . . .	.180
Cimetidine 800mg tab*	30.	90
Cyta2 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) [†]	1.	3
Erythromycin op. ointment (3.5gm tube) [†] *	1.	3
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

Amiloride-HCTZ 5mg-50mg tab	30.	90
Atenolol-Chlorthalidone 50mg-25mg tab	30.	90

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	\$4, 30-day	\$10, 90-day
Atenolol-Chlorthalidone 100mg-25mg tab	30.	90
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
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

	\$4, 30-day	\$10, 90-day
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
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 37.5mg-25mg cap	30.	90
Triamterene-HCTZ 37.5mg-25mg tab	30.	90

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Revised 6/30/11



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

Triamterene-HCTZ 75mg-50mg 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
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\$9/tablet

Levitra 20mg (limit 10 per customer per month)	1
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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
Doxepin HCL 10mg cap	30.	90
Doxepin HCL 25mg cap	30.	90
Doxepin HCL 50mg cap	30.	90
Doxepin HCL 75mg cap	30.	90
Doxepin HCL 100mg cap.	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

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

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
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) [†]	1.	3
Fluocinonide 0.05% cream* (30gm tube) [†]	1.	3
Gentamicin 0.1% cream (15gm tube) [†]	1.	3
Gentamicin 0.1% ointment (15gm tube) [†]	1.	3
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

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

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

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
Potassium Chloride 10% liquid	473ml.	1419ml
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
Estropipate 0.75mg tab	30.	90
Estropipate 1.5mg tab*	30.	90
Medroxyprogesterone Acetate 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
Tri-Sprintec 28-day tab*	28.	N/A
Tamoxifen 10mg tab	60.	180
Tamoxifen 20mg tab	30.	90

Other Medical Conditions

Chlorhexidine Gluconate 0.12% soln (473ml bottle) [†]	1.	3
Hydrocortisone AC 25mg suppositories*	12.	36
Isoniazid 300mg tab	30.	90

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

Lidocaine 2% viscous solution (100ml bottle) [†]	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 5mg dose pak (21 tablets) [†]	1.	3
Prednisone 5mg dose pak* (48 tablets) [†]	1.	3
Prednisone 10mg tab	30.	90
Prednisone 10mg dose pak (21 tablets) [†]	1.	3
Prednisone 10mg dose pak* (48 tablets) [†]	1.	N/A
Prednisone 20mg tab	30.	90

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Sam's
Club
Savings Made Simple

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.

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

Revised 6/30/11



New Document

Retail Prescription Program Drug List

Revised 03/02/2012



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

\$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
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) [†]1.	3
Penicillin VK 125mg/5ml susp (200ml bottle) [†]1.	3

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

Penicillin VK 250mg/5ml susp (100ml bottle) [†]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) [†]1.	3

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Revised 03/02/2012

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

Albuterol 0.083% nebulizer soln* (25x3ml vials) [†]	.1.	3
Ipratropium 0.02% nebulizer soln* (25x2.5ml vials) [†]	.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) [†]	.1.	3
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Fungal Infections

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

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

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) [†]	1.	3
Erythromycin op. ointment (3.5gm tube)**	1.	3
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

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.

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Revised 03/02/2012



	\$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
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

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	\$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) [†]	1.	3
Fluocinonide 0.05% cream* (30gm tube) [†]	1.	3
Gentamicin 0.1% cream (15gm tube) [†]	1.	3
Gentamicin 0.1% ointment (15gm tube) [†]	1.	3
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

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

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Revised 03/02/2012



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

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

Magnesium Oxide 400mg tab	30.	90
Prenatal Plus qty 30*	30.	90
Potassium Chloride 10% liquid	473ml. . .	1419ml
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
Medroxyprogesterone Acetate 2.5mg tab	30.	90
Medroxyprogesterone Acetate 5mg tab.	30.	90

Medroxyprogesterone Acetate 10mg tab	\$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)†	1.	3
Hydrocortisone AC 25mg suppositories*	12.	36
Isoniazid 300mg tab	30.	90
Lidocaine 2% viscous solution (100ml bottle)†	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

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Revised 03/02/2012



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.

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

Revised 03/02/2012



New Document

Retail Prescription Program Drug List



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
Penicillin VK 250mg/5ml susp (100ml bottle) [†]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

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\$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 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) [†]1.	3
Albuterol 0.083% nebulizer soln* (25x3ml vials) [†]1.	3
Ipratropium 0.02% nebulizer soln* (25x2.5ml vials) [†]1.	3

Revised 01/04/2013

Walmart
Save money. Live better.



Savings Made Simple

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

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

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) [†]	1.	3
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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

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

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

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) [†]	1.	3
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

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
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

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

	\$4, 30-day	\$10, 90-day
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
Nadolol 20mg tab	30.	90
Nadolol 40mg tab	30.	90
Prazosin HCL 1mg 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
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
Amitriptyline 50mg tab	30.	90
Amitriptyline 75mg tab	30.	90

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	\$4, 30-day	\$10, 90-day
Amitriptyline 100mg tab	30.	90
Benztrapine 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
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) [†]	1.	3
Fluocinonide 0.05% cream* (30gm tube) [†]	1.	3
Gentamicin 0.1% cream (15gm tube) [†]	1.	3
Gentamicin 0.1% ointment (15gm tube) [†]	1.	3
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

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	\$4, 30-day	\$10, 90-day
Triamcinolone 0.1% ointment (15gm tube) [†]	1.	3
Triamcinolone 0.1% ointment (80gm tube) [†]	1.	3
Triamcinolone 0.5% cream (15gm tube) [†]	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
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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
Medroxyprogesterone Acetate 2.5mg tab	30.	90
Medroxyprogesterone Acetate 5mg tab	30.	90
Medroxyprogesterone Acetate 10mg tab	10.	30

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

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

\$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) [†]1.	3
Hydrocortisone AC 25mg suppositories*	12.	36
Isoniazid 300mg tab	30.	90
Lidocaine 2% viscous solution (100ml bottle) [†]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

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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.

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