

Next best thing to free.

A 90-day supply of some of the most common meds for \$7.50? That's just \$2.50 a month, folks! Find your meds below, and bring us your prescription bottles to make the switch. Your wallet will be forever grateful.



Pharmacy

Alzheimer's Disease

donepezil 5 mg or 10 mg tablet

Arthritis/Pain

meloxicam 7.5 mg or 15 mg tablet

Asthma & Allergies

cetirizine HCl 5 mg or 10 mg tablet

Cholesterol

simvastatin 5 mg, 10 mg, 20 mg, 40 mg,
or 80 mg tablet

Diabetes

glimepiride 1 mg, 2 mg, or 4 mg tablet

Gastrointestinal

omeprazole 20 mg capsule

ranitidine 150 mg or 300 mg tablet

Gout

allopurinol 100 mg or 300 mg tablet

Heart Health/Cardiovascular

clonidine 0.1 mg, 0.2 mg, or 0.3 mg tablet

clopidogrel 75 mg tablet

furosemide 20 mg, 40 mg, or 80 mg tablet

hydralazine 10 mg, 25 mg, 50 mg, or 100 mg tablet

hydrochlorothiazide 12.5 mg capsule,
25 mg or 50 mg tablet

jantoven 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg,
6 mg, 7.5 mg, or 10 mg tablet

losartan 25 mg, 50 mg, or 100 mg tablet

metoprolol tartrate 25 mg, 50 mg, or 100 mg tablet

spironolactone 25 mg or 50 mg tablet

triamterene-HCTZ 37.5-25 mg capsule;
37.5-25 mg or 75-50 mg tablet

Men's Health

tamsulosin 0.4 mg capsule

Mental Health

amitriptyline HCl 10 mg or 25 mg tablet

bupirone 5 mg, 10 mg, or 15 mg tablet

quetiapine 25 mg, 50 mg, 100 mg, 200 mg,
or 300 mg tablet

sertraline 25 mg, 50 mg, or 100 mg tablet

trazodone 50 mg, 100 mg, or 150 mg tablet

Osteoporosis

alendronate 35 mg or 70 mg tablet

Parkinson's Disease

ropinirole 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg,
or 5 mg tablet

Seizure Disorders

topiramate 25 mg, 50 mg, 100 mg, or 200 mg tablet

Women's Health

estradiol 0.5 mg, 1 mg, or 2 mg tablet

Certain restrictions apply. Discounted price of \$7.50 offered under the Publix Pharmacy Medications Program is available only for supplies up to 90 days of listed prescription drugs, dosages, and forms. Quantity restrictions may apply. Discounted price is not available for drugs, dosages, and forms that do not appear in the Publix Pharmacy Medications Program discounted drug list. Consult your pharmacist or physician if you have any questions about your prescription. Prices may be higher in certain states. Publix reserves the right to modify the terms of, and drugs covered by, the Publix Pharmacy Medications Program at any time without prior notice. Publix may limit discounted prices to listed prescription drugs that are in stock and that are manufactured and sold by certain pharmaceutical manufacturers only. The Publix Pharmacy Medications Program is not a discount prescription drug plan, discount drug card or membership program, or insurance plan. The Publix Pharmacy Medications Program cannot be combined with other offers, discounts, rebates, or promotions.

Walmart Rx Program Guide to low-cost prescriptions

Effective 10/1/2018

Low-cost
drugs available
starting at:

\$4 | **\$10**
30 day | 90 day
prescriptions

Check pharmacy counter for details. †*



Diabetes

	\$4	\$10
	30 Day Qty	90 Day Qty
GLIMEPIRIDE 1MG, 2MG, 4MG	30	90
GLIPIZIDE 5MG, 10MG	60	180
GLYBURIDE MCR 3MG, 6MG	30	90
GLYBURIDE 2.5MG, 5MG	30	90
METFORMIN 500MG, 850MG, 1000MG	60	180
METFORMIN ER 500MG	60	180
METFORMIN ER 750MG	30	90
	\$9	\$24
	30 Day Qty	90 Day Qty
GLIPIZIDE ER 2.5MG, 5MG, 10MG	30	90



Heart

	\$4	\$10
	30 Day Qty	90 Day Qty
Cholesterol		
LOVASTATIN 10MG, 20MG	30	90
SIMVASTATIN 10MG, 20MG, 40MG	30	90
	\$9	\$24
	30 Day Qty	90 Day Qty
ATORVASTATIN 10MG, 20MG, 40MG	30	90
	\$4	\$10
	30 Day Qty	90 Day Qty
Heart Health & Blood Pressure		
ATENOLOL 25MG, 50MG, 100MG	30	90
BENZAEPRILOL 5MG, 10MG, 20MG, 40MG	30	90
CARVEDILOL 3.125MG, 6.25MG, 12.5MG, 25MG	60	180
CLONIDINE 0.1MG, 0.2MG, 0.3MG	60	180
ENALAPRIL/HCTZ 5/12.5MG	30	90

	\$4	\$10
	30 Day Qty	90 Day Qty
Heart Health & Blood Pressure		
FUROSEMIDE 20MG, 40MG, 80MG	30	90
HYDRALAZINE 10MG, 25MG	30	90
HYDROCHLOROTHIAZIDE 12.5MG CAP	30	90
HYDROCHLOROTHIAZIDE TAB 12.5MG, 25MG, 50MG	30	90
INDAPAMIDE 1.25MG, 2.5MG	30	90
ISOSORBIDE MONO ER 30MG, 60MG	30	90
LISINOPRIL 2.5MG, 5MG, 10MG, 20MG, 30MG	30	90
LISINOPRIL/HCTZ 10/12.5MG, 20/12.5MG, 20/25MG	30	90
METHYLDOPA 250MG	60	180
METOPROLOL TARTRATE 25MG, 50MG, 100MG	60	180
RAMIPRIL 2.5 MG, 5 MG, 10 MG CAPS	30	90
SOTALOL HCL 80MG	30	90
SPIRONOLACTONE 25MG	30	90
TRIAMTERENE/HCTZ 37.5/25MG TAB, 75/50MG TAB	30	90
VERAPAMIL 80MG, 120MG	30	90
WARFARIN 1MG, 2MG, 2.5MG, 3MG, 4MG, 5MG, 6MG, 7.5MG, 10MG	30	90
	\$9	\$24
	30 Day Qty	90 Day Qty
Heart Health & Blood Pressure		
AMIODARONE 200MG	30	90
BISOPROLOL FUMARATE 5MG	30	90
DILTIAZEM 120MG TAB	60	180
DILTIAZEM 30MG, 60MG TAB	60	180
DILTIAZEM XR 120MG CAP	30	90
DOXAZOSIN 1MG, 2MG, 4MG, 8MG	30	90
TRIAM/HCTZ 37.5-25MG CAP	30	90
VERAPAMIL ER TAB 120MG, 180MG, 240MG	30	90

Continued >>

*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 or vary in some states, including, but not limited to, CA, HI, MN, MT, PA and WI. For important information regarding Walmart's Patient accessibility program, including the availability of language interpretive services, please see the last page.

† Prepackaged drugs are covered only in unit sizes specified on Drug List (back page) other restrictions may apply. See Program Details or your Walmart Pharmacist for details.

Program pricing may be limited to select manufacturers of a covered drug and is available as long as supplies from such manufacturers are in stock at the dispensing pharmacy.



Mental Health

	\$4 30 Day Qty	\$10 90 Day Qty
AMITRIPTYLINE 10MG, 25MG, 50MG 75MG, 100MG	30	90
BUSPIRONE 5MG, 10MG	60	180
CITALOPRAM 10MG, 20MG, 40MG	30	90
FLUOXETINE 10MG TAB	30	90
FLUOXETINE 10MG, 20MG, 40MG CAP	30	90
HALOPERIDOL 0.5MG, 1MG, 2MG	30	90
LITHIUM CARB 300MG CAP	90	270
NORTRIPTYLINE 10MG, 25MG, 50MG	30	90
PAROXETINE 10MG, 20MG, 30MG	30	90
RISPERIDONE 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	30	90
TRAZODONE 50MG, 100MG, 150MG	30	90
TRIHEXYPHENIDYL 2MG TAB	60	180
	\$9 30 Day Qty	\$24 90 Day Qty
BENZTROPINE 1MG TAB	60	180
BENZTROPINE 2MG TAB	30	90
OLANZAPINE 2.5MG, 5MG, 7.5MG, 10MG, 15MG, 20MG	30	90
PAROXETINE 40MG	30	90
QUETIAPINE 25MG, 50MG, 100MG, 200MG, 300MG	30	90
TRIHEXYPHENIDYL 5MG TAB	30	90



Other Therapeutic Category

	\$4 30 Day Qty	\$10 90 Day Qty
Asthma		
ALBUTEROL 2MG/5ML SYP	120	360
IPRATROPIUM INH SOL	75	225
	\$4 30 Day Qty	\$10 90 Day Qty
Digestion		
FAMOTIDINE 20MG TAB	60	180
METOCLOPRAMIDE 5MG/5ML SYP	60	180
METOCLOPRAMIDE 5MG, 10MG	60	180
RANITIDINE 150MG TAB	60	180
RANITIDINE 300MG TAB	30	90

	\$4 30 Day Qty	\$10 90 Day Qty
Other		
MEGESTROL 20MG	30	90
PREDNISON 2.5MG, 5MG	30	90

	\$4 30 Day Qty	\$10 90 Day Qty
Skin Care		
HYDROCORTISONE 1%, 2.5% CRM	30	90
TRIAMCINOLONE 0.1% CRM, 0.1% OINT, 0.5% CRM	15	45

	\$4 30 Day Qty	\$10 90 Day Qty
Thyroid		
LEVOTHYROXINE 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG	30	90

	\$4 30 Day Qty	\$10 90 Day Qty
Vitamin & Nutrition		
FOLIC ACID 1MG TAB	30	90
MAG OXIDE 400MG TAB	30	90
M-NATAL PLUS 27/1	30	90

	\$4 30 Day Qty	\$10 90 Day Qty
Women's Health		
ESTRADIOL 0.5MG, 1MG, 2MG	30	90
MEDROXYPR AC 2.5MG, 5MG	30	90
MEDROXYPR AC 10MG	10	30

	\$9 30 Day Qty	\$24 90 Day Qty
Family Planning		
CLOMIPHENE 50 MG TAB	5	15
ENSKYCE™	28	N/A
JENCYCLA™	28	N/A
KURVELO™	28	N/A
LEVONORGESTREL AND ETHINYL ESTRADIOL 0.1 MG/20 MCG TAB	28	N/A
NORETHINDRONE 0.35 MG TAB USP	28	N/A
PIRMELLA™ 1/35	28	N/A
PIRMELLA™ 7/7/7	28	N/A
SPRINTEC 28 DAY TAB	28	N/A
TRI-SPRINTEC 28 DAY TAB	28	N/A

	\$9 30 Day Qty	\$24 90 Day Qty
Men's Health		
FINASTERIDE 5MG TAB	30	90

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† Prepackaged drugs are covered only in unit sizes specified on Drug List (back page) other restrictions may apply. See Program Details or your Walmart Pharmacist for details.

Program pricing may be limited to select manufacturers of a covered drug and is available as long as supplies from such manufacturers are in stock at the dispensing pharmacy.

Walmart's Prescription Program Details

1. Walmart's Prescription Program (the "Program") is available at all Walmart and Neighborhood Market pharmacies in the United States ("Walmart Retail Pharmacies"), except in North Dakota, as set forth below in Sections 3. The Program is also available through Walmart Mail Service ("Walmart Mail Service"), as set forth below in Section 4.
2. The Program applies only to certain generic drugs at commonly prescribed dosages. Higher dosages cost more. You may obtain a list of generic drugs and dosages covered under the Program (the "Retail Drug List") on walmart.com or at Walmart Retail Pharmacies. The Retail Drug List may change and also may vary by state. Not all formulations of a drug (for example, enteric-coated, extended or timed release formulations) are covered under the Program. Program pricing not available when a covered drug is dispensed as part of a compound.
3. Under the Program at Walmart Retail Pharmacies, \$4 is the price for up to a 30-day supply of certain covered generic drugs at commonly prescribed dosages (the "\$4 Retail Program"). \$10 is the price of a 90-day supply of certain covered generic drugs at commonly prescribed dosages (the "\$10 Retail Program"). Not all drugs covered by the \$4 Retail Program are covered by the \$10 Program. Prices for quantities between a 30-day supply and a 90-day supply of drugs covered by both the \$4 Retail Program and \$10 Retail Program are prorated based on the \$4 Program price, but will not exceed \$10. Prices for quantities greater than a 90-day supply of drugs covered by the \$10 Retail Program are prorated based on the \$10 Program price. Under the Program at Walmart Retail Pharmacies, \$9 is the price for up to a 30-day supply of certain Family Planning and Men's health and other covered generic drugs at commonly prescribed dosages (the "\$9 Retail Program"). \$24 is the price of a 90-day supply of certain Family Planning and Men's health and other covered generic drugs at commonly prescribed dosages (the "\$24 Retail Program"). Not all drugs covered by the \$9 Retail Program are covered by the \$24 Program. Prices for quantities between a 30-day supply and a 90-day supply of drugs covered by both the \$9 Retail Program and \$24 Retail Program are prorated based on the \$9 Program price, but will not exceed \$24. Prices for quantities greater than a 90-day supply of drugs covered by the \$24 Retail Program are prorated based on the \$24 Program price. Prorated pricing is not available under the Program for prepackaged drugs. For pricing policies relating to prepackaged drugs (such as tubes, vials or bottles), see Section 5.
4. Under the Program through Walmart Mail Service, \$10 is the price for mail delivery of a 90-day supply of certain generic drugs at commonly prescribed dosages ("\$10 Mail Service Program"). \$24 is the price for mail delivery of certain women's health and certain other covered drugs at commonly prescribed dosages ("\$24 Mail Service Program"). Not all drugs covered by the \$10 Retail Program are covered by the \$10 Mail Service Program; not all drugs covered by the \$24 Retail Program are covered by the \$24 Mail Service Program. Walmart Mail Service covers both initial fills and refills. Delivery of covered drugs is available only through Walmart Mail Service and is not available at Walmart and Neighborhood Market retail pharmacies. Delivery under the Program through Walmart Mail Service is limited to U.S. addresses by First-Class Mail; expedited delivery is also available for an additional charge. Some health plans do not cover Walmart Mail Service or 90-day supplies of the Program's drugs. Prices for quantities greater than a 90-day supply of drugs covered by the \$10 Mail Service Program and the \$24 Mail Service Program are prorated based on the \$10 and \$24 Program price, respectively. Prices for quantities less than a 90-day supply are not prorated under either the \$10 Mail Service Program or the \$24 Mail Service Program. Prorated pricing is not available under the Program for prepackaged drugs. For pricing policies relating to prepackaged drugs, see Section 5.
5. Prepackaged drugs are covered under the Program only in the unit sizes specified on the Retail Drug List. Prepackaged drugs are dispensed based on the quantities prescribed and unit sizes in stock at the dispensing pharmacy. Unit sizes not specified on the Retail Drug List are not covered under the Program. Multi-unit purchases are charged at a per unit price, based on the price per unit size dispensed, unless otherwise specified. Prepackaged drugs dispensed in unit sizes not specified on the Retail Drug List may be priced higher, even if equivalent quantities of the drug are available in specified unit sizes. Prorated pricing is not available under the Program for prepackaged drugs.
6. Prices of certain drugs covered by the Program may be higher in some states, as noted on the Retail Drug List.
7. Program pricing may be limited to select manufacturers of a covered drug and is available as long as supplies from such manufacturers are in stock at the dispensing pharmacy.
8. You may pay less or more than the Program price, depending on the terms of your health plan. Prescriber permission may be required to change a 30-day prescription to a 90-day prescription. Certain plans, including government-funded programs, may not cover a 90-day supply.
9. For purchases made at Walmart Retail Pharmacies, prescriptions must initially be filled in person, and refills must be picked up in store. There are no substitutions. Purchases made through Walmart Mail Service may be ordered at Walmart Retail Pharmacies, by phone or through walmart.com.
10. These Program Details are subject to change without advance notice. Changes to these Program Details may be made only in writing.

Accessibility & Non-Discrimination

Walmart is committed to making its healthcare services accessible to all seeking to use them and provides auxiliary aids and services, including language assistance services, to patients at no cost. Walmart will not discriminate on the basis of race, color, national origin, sex, age, or disability and will not retaliate against anyone who raises a complaint of discrimination.

Complaints or Grievances

To raise a complaint or initiate a grievance regarding healthcare accessibility or discrimination, please contact your local Walmart pharmacy, vision center or care clinic. You also have the right to raise concerns or to initiate a formal accessibility or discrimination grievance by contacting either (1) the office of Walmart's Vice President, US Ethics & Compliance (1-800-WM-Ethic or ethics@walmart.com) or (2) the Office of Civil Rights, U.S. Dept. Health & Human Services (1-800-368-1019 or OCRComplaint@hhs.gov).

English Translation: Interpreter Services are available at no cost. Please visit your local Walmart for assistance.

Arabic	عربي	Haitian Creole	kreyòl ayisyen	Romanian	Română
خدمات الترجمة الفورية متاحة دون تكلفة. برجاء زيارة فرع Walmart المحلي للمساعدة.	خدمات الترجمة الفورية متاحة دون تكلفة. برجاء زيارة فرع Walmart المحلي للمساعدة.	Gen Sèvis entèprèt ki disponib gratis. Tanpri, ale nan Walmart lokal ou a pou w jwenn èd.	Gen Sèvis entèprèt ki disponib gratis. Tanpri, ale nan Walmart lokal ou a pou w jwenn èd.	Serviciile de interpretari sunt disponibile gratuit. Pentru asistență, vizitați magazinul Walmart local.	Serviciile de interpretari sunt disponibile gratuit. Pentru asistență, vizitați magazinul Walmart local.
မြန်မာပြည်သူများအတွက် အခမဲ့ ဘာသာပြန်ဆရာများကို Walmart ၏ အဆင့်မြင့်ဆုံးဆေးခန်းများတွင် ရရှိပါသည်။	မြန်မာပြည်သူများအတွက် အခမဲ့ ဘာသာပြန်ဆရာများကို Walmart ၏ အဆင့်မြင့်ဆုံးဆေးခန်းများတွင် ရရှိပါသည်။	通訳サービスは無料でご利用いただけます。リービスの利用については、最寄りのWalmartサイトを訪ねてください。	通訳サービスは無料でご利用いただけます。リービスの利用については、最寄りのWalmartサイトを訪ねてください。	Переводческие Услуги оказываются бесплатно. Пожалуйста, обратитесь за помощью в ближайший магазин Walmart.	Переводческие Услуги оказываются бесплатно. Пожалуйста, обратитесь за помощью в ближайший магазин Walmart.
護理服務免費提供。請前往您當地的 Walmart 尋求協助。	護理服務免費提供。請前往您當地的 Walmart 尋求協助。	동역 서비스를 무료로 이용하실 수 있습니다. 지원을 받으시려면 지역 Walmart에 방문해 주십시오.	동역 서비스를 무료로 이용하실 수 있습니다. 지원을 받으시려면 지역 Walmart에 방문해 주십시오.	Adegyada Turumaanka waaas lagu heli karaa kharash la'aan. Faafian boqo Walmart kaaca mataliga ah wixii caawimo ah.	Adegyada Turumaanka waaas lagu heli karaa kharash la'aan. Faafian boqo Walmart kaaca mataliga ah wixii caawimo ah.
翻译服务免费提供。请访问您当地的 Walmart 寻求帮助。	翻译服务免费提供。请访问您当地的 Walmart 寻求帮助。	Usługi tłumacza dostępne są bez żadnych kosztów. Aby uzyskać pomoc proszę odwiedzić lokalny Walmart.	Usługi tłumacza dostępne są bez żadnych kosztów. Aby uzyskać pomoc proszę odwiedzić lokalny Walmart.	Los servicios de interpretación están disponibles de manera gratuita. Visite la tienda Walmart local para recibir ayuda.	Los servicios de interpretación están disponibles de manera gratuita. Visite la tienda Walmart local para recibir ayuda.
خدمات مترجم دون هیچ هزینه ای در دسترس می باشد. برای کمک لطفاً به شعبه محلی Walmart حرد مراجعه کنید.	خدمات مترجم دون هیچ هزینه ای در دسترس می باشد. برای کمک لطفاً به شعبه محلی Walmart حرد مراجعه کنید.	Serviços de Interprete estão disponíveis grátis. Por favor, visite seu Walmart local para assistência.	Serviços de Interprete estão disponíveis grátis. Por favor, visite seu Walmart local para assistência.	Huduma za tafsiri zipo bila malipo. Tafadhali tembelea Walmart iliyo karibu nawe kwa usaidizi.	Huduma za tafsiri zipo bila malipo. Tafadhali tembelea Walmart iliyo karibu nawe kwa usaidizi.
Des services d'interprètes sont disponibles sans frais. Rendez-vous dans votre Walmart local pour obtenir de l'aide.	Des services d'interprètes sont disponibles sans frais. Rendez-vous dans votre Walmart local pour obtenir de l'aide.	ਦੇਵਾਨੀਏ ਭੋਲਾਣਾ ਮੁਫਤ ਸੇਵਾਵਾਂ ਵਜੋਂ ਵਿਗਰ ਸਾਡੀ ਸਹਾਇਤਾ ਲਈ ਸੁਪਰੀ ਸੇਵਾਵਾਂ Walmart ਵਿੱਚੋਂ ਲਓ।	ਦੇਵਾਨੀਏ ਭੋਲਾਣਾ ਮੁਫਤ ਸੇਵਾਵਾਂ ਵਜੋਂ ਵਿਗਰ ਸਾਡੀ ਸਹਾਇਤਾ ਲਈ ਸੁਪਰੀ ਸੇਵਾਵਾਂ Walmart ਵਿੱਚੋਂ ਲਓ।	Dịch Vụ Thông Dịch có sẵn miễn phí. Vui lòng đến Walmart tại địa phương của bạn để được hỗ trợ.	Dịch Vụ Thông Dịch có sẵn miễn phí. Vui lòng đến Walmart tại địa phương của bạn để được hỗ trợ.

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