

Value-Priced Medication List

In addition to the discounts on thousands of brand-name and most other generic medications that Walgreens Prescription Savings Club members enjoy, club members receive greater discounts on three-tiers of value priced generics.*

The price for a generic drug is based on its tier and whether it is a 30-day or 90-day supply.†

The price may be as low as:

- 30-day-supply drugs cost \$5 (tier 1), \$10 (tier 2) or \$15 (tier 3)
- 90-day-supply drugs cost \$10 (tier 1), \$20 (tier 2) or \$30 (tier 3)

VALUE GENERICS

Antifungal

Drug Name	Tier	Quantity	
		30	90
FLUCONAZOLE 150MG TAB	2	1	3
TERBINAFINA 250MG TAB	2	30	90

Antiviral

Drug Name	Tier	Quantity	
		30	90
ACYCLOVIR 200MG CAPS	3	60	180

Arthritis or Pain

Drug Name	Tier	Quantity	
		30	90
BACLOFEN 10MG TAB	3	30	90
CYCLOBENZAPRINE 5MG TAB	2	30	90
CYCLOBENZAPRINE 10MG TAB	2	30	90
DICLOFENAC SODIUM 75MG EC TAB	3	60	180
IBUPROFEN 100MG/5ML ORAL SUSP	2	120	360
IBUPROFEN 400MG TAB	2	90	270
IBUPROFEN 600MG TAB	2	60	180
IBUPROFEN 800MG TAB	2	60	180
INDOMETHACIN 25MG CAP	2	60	180
INDOMETHACIN 50MG CAP	1	30	90
KETOPROFEN 50MG CAP	3	90	270
KETOPROFEN 75MG CAP	3	60	180
KETOROLAC 30MG/ML INJ, 2ML	3	15	45
MELOXICAM 7.5MG TAB	2	30	90
MELOXICAM 15MG TAB	2	30	90
NAPROXEN 250MG TAB	2	60	180
NAPROXEN 500MG TAB	2	60	180
NAPROXEN 375MG TAB	2	60	180
NAPROXEN DR 500MG TAB	3	60	180

Asthma

Drug Name	Tier	Quantity	
		30	90
ALBUTEROL 0.083% INH SOLN 25X3ML	2	75	225
AMINOPHYLLINE 100MG TAB	2	60	180
AMINOPHYLLINE 200MG TAB	2	60	180
DYPHYLLINE-GG 100-100 ELIXIR	2	240	720
DYPHYLLIN-GG TAB	3	30	90
IPRATROPIUM INHAL SOLN 60 X 2.5ML	2	75	225

Blood Pressure/Heart Health

Drug Name	Tier	Quantity	
		30	90
AMILORIDE 5MG / HCTZ 50MG TAB	2	30	90
AMIODARONE 200MG TAB	2	30	90
AMLODIPINE BESYLATE 2.5MG TAB	2	30	90
AMLODIPINE BESYLATE 5MG TAB	2	30	90

Blood Pressure/Heart Health (cont.)

Drug Name	Tier	Quantity	
		30	90
AMLODIPINE BESYLATE 10MG TAB	3	30	90
ATENOLOL 100MG TAB	1	30	90
ATENOLOL 25MG TAB	2	60	180
ATENOLOL 50MG TAB	2	60	180
ATENOLOL/CHLORTHALIDONE 50/25 TAB	3	30	90
BENAZEPRIL 5MG TAB	2	30	90
BENAZEPRIL 10MG TAB	2	30	90
BENAZEPRIL 20MG TAB	2	30	90
BENAZEPRIL 40MG TAB	2	30	90
BISOPROLOL FUMARATE 5MG TAB	2	30	90
BISOPROLOL/HCTZ 2.5MG/6.25MG TAB	3	30	90
BISOPROLOL/HCTZ 5MG/6.25MG TAB	3	30	90
BISOPROLOL/HCTZ 10MG/6.25MG TAB	3	30	90
CARVEDILOL 3.125MG TAB	2	60	180
CARVEDILOL 6.25MG TAB	2	60	180
CARVEDILOL 12.5MG TAB	2	60	180
CARVEDILOL 25MG TAB	2	60	180
CLONIDINE 0.1MG TAB	2	60	180
CLONIDINE 0.2MG TAB	2	60	180
CLONIDINE 0.3MG TAB	2	60	180
DILTIAZEM 30MG TAB	2	60	180
DILTIAZEM 60MG TAB	3	60	180
DILTIAZEM 120MG TAB	2	30	90
DOXAZOSIN 1MG TAB	3	30	90
DOXAZOSIN 2MG TAB	3	30	90
DOXAZOSIN 4MG TAB	3	30	90
ENALAPRIL 2.5MG TAB	2	60	180
ENALAPRIL 5MG TAB	2	60	180
ENALAPRIL-HCTZ 5-12.5MG TAB	2	60	180
ENALAPRIL-HCTZ 10-25MG TAB	2	30	90
FOSINOPRIL 10MG TAB	2	30	90
FOSINOPRIL 20MG TAB	2	30	90
FOSINOPRIL 40MG TAB	3	30	90
FUROSEMIDE 10MG/ML ORAL SOLN 60ML	3	90	270
FUROSEMIDE 20MG TAB	1	60	180
FUROSEMIDE 40MG TAB	1	60	180
FUROSEMIDE 80MG TAB	1	30	90
GUANFACINE 1MG TAB	2	30	90
GUANFACINE 2MG TAB	2	30	90
HYDRALAZINE 10MG TAB	1	60	90
HYDRALAZINE 25MG TAB	2	60	180
HYDROCHLOROTHIAZIDE 12.5MG CAP	2	30	90
HYDROCHLOROTHIAZIDE 12.5MG TAB	3	30	90
HYDROCHLOROTHIAZIDE 25MG TAB	1	30	90
HYDROCHLOROTHIAZIDE 50MG TAB	1	30	90
INDAPAMIDE 1.25MG TAB	2	30	90
INDAPAMIDE 2.5MG TAB	2	30	90
ISOSORBIDE DINITRATE 2.5MG SL TAB	2	30	90
ISOSORBIDE DINITRATE 5MG SUBL TAB	3	120	360
ISOSORBIDE MONONITRATE 30MG ER TAB	2	30	90
ISOSORBIDE MONONITRATE 60MG ER TAB	2	30	90
LISINAPRIL 2.5MG TAB	2	30	90
LISINAPRIL 5MG TAB	2	30	90

Blood Pressure/Heart Health (cont.)

Drug Name	Tier	Quantity	
		30	90
LISINAPRIL 10MG TAB	1	30	90
LISINAPRIL 20MG TAB	1	30	90
LISINAPRIL 30MG TAB	2	30	90
LISINAPRIL 40MG TAB	2	30	90
LISINAPRIL-HCTZ 10/12.5MG TAB	2	30	90
LISINAPRIL-HCTZ 20/12.5MG TAB	2	30	90
LISINAPRIL-HCTZ 20/25MG TAB	2	30	90
METHYLDOPA 250MG TAB	3	60	180
METHYLDOPA 500MG TAB	3	60	180
METOPROLOL TARTRATE 25MG TAB	2	60	180
METOPROLOL TARTRATE 50MG TAB	2	60	180
METOPROLOL TARTRATE 100MG TAB	2	60	180
PRAZOSIN 1MG CAP	3	30	90
PROPRANOLOL 60MG TAB	3	60	180
QUINAPRIL 5MG TAB	2	30	90
QUINAPRIL 10MG TAB	2	30	90
QUINAPRIL 20MG TAB	3	30	90
QUINAPRIL 40MG TAB	2	30	90
RAMIPRIL 1.25MG CAP	3	30	90
SOTALOL 120MG TAB	2	60	180
SPIRONOLACTONE 25MG TAB	2	30	90
SPIRONOLACTONE 50MG TAB	2	30	90
TERAZOSIN 1MG CAP	2	30	90
TERAZOSIN 2MG CAP	2	30	90
TERAZOSIN 5MG CAP	2	30	90
TERAZOSIN 10MG CAP	2	30	90
TICLOPIDINE 250MG TAB	3	60	180
TORSEMIDE 5MG TAB	3	30	90
TORSEMIDE 10MG TAB	3	30	90
TORSEMIDE 20MG TAB	3	30	90
TRANDOLAPRIL 1MG TAB	2	30	90
TRANDOLAPRIL 2MG TAB	3	30	90
TRANDOLAPRIL 4MG TAB	2	30	90
TRIAMTERENE 37.5MG/ HCTZ 25MG CAP	2	30	90
TRIAMTERENE 37.5MG/ HCTZ 25MG TAB	3	30	90
TRIAMTERENE 75MG/ HCTZ 50MG TAB	1	30	90
VERAPAMIL 40MG TAB	3	60	180
VERAPAMIL 80MG TAB	1	30	90
VERAPAMIL 120MG TAB	2	30	90
WARFARIN SOD 1MG TAB	2	30	90
WARFARIN SOD 2.5MG TAB	2	30	90
WARFARIN SOD 2MG TAB	2	30	90
WARFARIN SOD 3MG TAB	2	30	90
WARFARIN SOD 4MG TAB	2	30	90
WARFARIN SOD 5MG TAB	2	30	90
WARFARIN SOD 6MG TAB	2	30	90
WARFARIN SOD 7.5MG TAB	2	30	90
WARFARIN SOD 10MG** TAB	2	30	90

Mouth/Throat/Dental

Drug Name	Tier	Quantity	
		30	90
CHLORHEXIDINE ORAL RINSE 473ML	2	473	1419
LIDOCAINE VISCOUS 2% ORAL SOL 100ML	2	100	300
SF 5000 PLUS 1.1% CREAM 51GM	3	60	180
SOD FLUORIDE 0.2% MINT SOLUTION	2	473	1419
STANNOUS FLUORIDE 0.63% RINSE	3	300	900

Skin Conditions

Drug Name	Tier	Quantity	
		30	90
BENZOYL PEROXIDE 5% AQ GEL 60GM	3	60	180
BETAMETHASONE VAL 0.1% CRM 15GM	3	15	45
HYDROCORTISONE 1% CREAM 28.35GM	2	28.35	85.05
HYDROCORTISONE 2.5% CREAM 30GM	2	30	90
HYDROCORTISONE 2.5% OINT 28.35GM	3	60	180
HYPERCARE 20% SOL DAB-O-MATIC 60ML	3	60	180
MELQUIN 3% SOLN 30ML	3	30	90
MOMETASONE 0.1% OINT 15GM	3	15	45
MOMETASONE 0.1% OINT 45GM	3	45	135
MOMETASONE 0.1% TOPICAL SOLN 60ML	3	60	180
NYSTATIN OINT 15GM	3	15	45
SALICYLIC AC 6% SHAMPOO 177ML	3	177	531
SELENIUM SULFIDE 2.5% SHAMPOO (LOTN)	2	118	354
TRIAMCINOLONE 0.025% CREAM 15GM	1	15	45
TRIAMCINOLONE 0.5% CREAM 15GM	2	15	45
TRIAMCINOLONE 0.1% CREAM 80GM	2	80	240
TRIAMCINOLONE 0.1% OINT 80GM	3	80	240
UREA 50% NAIL GEL 18ML	3	18	54

Thyroid Conditions

Drug Name	Tier	Quantity	
		30	90
LEVOTHROID 0.1MG TAB	2	30	90
LEVOTHYROXINE 0.025MG (25MCG) TAB	2	30	90
LEVOTHYROXINE 0.05MG (50MCG) TAB	2	30	90
LEVOTHYROXINE 0.075MG (75MCG) TAB	2	30	90
LEVOTHYROXINE 0.088MG (88MCG) TAB	3	30	90
LEVOTHYROXINE 0.100MG (100MCG) TAB	2	30	90
LEVOTHYROXINE 0.112MG (112MCG) TAB	2	30	90
LEVOTHYROXINE 0.125MG (125MCG) TAB	2	30	90
LEVOTHYROXINE 0.137MG (137MCG) TAB	2	30	90
LEVOTHYROXINE 0.150MG (150MCG) TAB	2	30	90
LEVOTHYROXINE 0.175MG (175MCG) TAB	2	30	90
LEVOTHYROXINE 0.2MG (200MCG) TAB	2	30	90
LEVOTHYROXINE 0.3MG (300MCG) TAB	2	30	90
METHIMAZOLE 5MG TAB	2	30	90
METHIMAZOLE 10MG TAB	3	30	90

Urinary Health

Drug Name	Tier	Quantity	
		30	90
OXYBUTYNIN 5MG/5ML SYRUP	3	240	720

Vitamins and Nutritional Health

Drug Name	Tier	Quantity	
		30	90
FABB TAB	3	30	90
FE C PLUS TAB	3	30	90
FEROTRIN CAP	3	60	180
FERREX 150 FORTE CAP	3	45	135
FLUORIDE 0.25MG F CHEWABLE TAB	3	120	360
FLUORIDE 0.5MG F CHEWABLE TAB	1	30	90
FLUORIDE 1.0MG F CHEWABLE TAB	2	30	90
FOLBECAL TAB	3	30	90
FOLBEE PLUS TAB	3	30	90
FOLBEE TAB	3	30	90
FOLIC ACID 1MG TAB	1	30	90
HEMATINIC/ FA TAB	2	30	90
HEMATINIC PLUS TAB 10 X 10	3	30	90
KLOR-CON 10MEQ TAB	3	30	90
MULTIVIT/F 0.25MG CHEWABLE TAB	2	30	90
MULTI-VITA-F 0.5MG CHEW TAB	1	30	90
MULTI-VIT/FLUORIDE 1MG CHEW TAB	2	30	90
MULTIVITAMINS W/ FL 1.0MG CHEW TAB	3	30	90
MULTIVITS W/FL 1MG & IRON CHEW TAB	1	30	90
NATALCARE PLUS TAB (1MG FOLIC ACID)	1	30	90
POLY-IRON 150 CAP	3	60	180
POLY-IRON 150 FORTE CAP	3	45	135
POTASSIUM CL 10MEQ ER TAB	3	30	90
PRENAFIRST TAB	3	30	90
PRENATAB FA TAB	3	30	90
PRENATAL 19 TAB	2	30	90
PRENATAL PLUS TAB	3	30	90
RE DUALVIT F CAP	3	30	90
RE PRENATAL MULTIVIT W/IRON CHEW TB	3	30	90
RENA-VITE RX TAB	2	30	90
RENAL SOFTGEL CAP	3	30	90
THEROBEC PLUS TAB	3	30	90
VINATE AZ TAB	3	30	90
VINATE CARE CHEWABLE TAB	3	30	90
VINATE C TAB	3	30	90
VINATE GT TAB	2	30	90
VINATE M TAB	2	30	90
VINATE ONE TAB	2	30	90
VITAMIN B-12 100MCG TAB	1	100	300
VITAMIN D 50,000IU CAP	1	4	12

Women's Health

Drug Name	Tier	Quantity	
		30	90
ALENDRONATE 10MG TAB	3	30	90
ALENDRONATE 35MG TAB	3	4	12
ALENDRONATE 70MG TAB	3	4	12
CLOMIPHENE CITRATE 50MG TAB	2	5	15
ESTRADIOL 0.5MG TAB	1	30	90
ESTRADIOL 1MG TAB	1	30	90
ESTRADIOL 2MG TAB	1	30	90
ESTROPIPATE 0.625MG (0.75MG) TAB	3	30	90
MEDROXYPROGESTERONE 2.5MG TAB	2	30	90
MEDROXYPROGESTERONE 5MG TAB	1	30	90
MEDROXYPROGESTERONE 10MG TAB	1	10	30
MEGESTROL ACETATE 20MG TAB	2	30	90

Birth Control –**Special Price at \$12 for 1-month supply**

MONONESSA TAB	28
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\$18.99 for 1-month supply

MICROGESTIN 1.5/30 FE TAB	28
MICROGESTIN 1/20 FE TAB	28

\$24.99 for 1-month supply

LEVORA 0.15/30 TAB	28
RECLIPSEN 0.15MG-30MCG TAB	28

\$26.99 for 1-month supply

LOW-OGESTREL TAB	28
NECON 1/35 TAB	28

\$29.99 for 1-month supply

JOLIVETTE 0.35MG TAB	28
LUTERA TAB	28

Other

Drug Name	Tier	Quantity	
		30	90
DEXAMETHASONE 0.5MG TAB	2	60	180
DEXAMETHASONE 0.75MG TAB	2	12	36
DEXAMETHASONE 1MG TAB	3	30	90
DEXAMETHASONE 4MG TAB	3	30	90
FINASTERIDE 5MG TAB	2	30	90
HYDROCORTISONE 5MG TAB	3	50	150
ISONIAZID 100MG TAB	2	100	300
LIDOCAINE 4% TOP SOLN 50ML	3	50	150
PREDNISOLONE 15MG/5ML SOLN	3	60	180
PREDNISOLONE SOD PHOS 15MG/5ML SOL	2	30	90
PREDNISONE 1MG TAB	3	90	270
PREDNISONE 2.5MG TAB	2	60	180
PREDNISONE 5MG TAB	2	30	90
PREDNISONE 10MG** TAB	1	30	90
PREDNISONE 20MG TAB	2	30	90

VALUE BRAND-NAME

LIFESTYLE MEDICATIONS

Insulins

LEVEMIR FLEXTOUCH PEN	1 BOX	\$367.19
LEVEMIR 100 UNITS/ML VIAL	1 VIAL	\$244.79
NOVOLIN N 100 UNITS/ML VIAL	1 VIAL	\$104.68
NOVOLIN R 100 UNITS/ML VIAL	1 VIAL	\$104.68
NOVOLIN 70/30 100 UNIT/ML VIAL	1 VIAL	\$104.68
NOVOLOG MIX 70/30 VIAL	1 VIAL	\$240.26
NOVOLOG MIX 70/30 FLEXPEN	1 BOX	\$426.00
NOVOLOG FLEXPEN	1 BOX	\$426.00
NOVOLOG PENFILL 3 ML	1 BOX	\$418.83
NOVOLOG 100 UNIT/ML VIAL	1 VIAL	\$241.68

Discounted Lifestyle Medications

CIALIS 5MG TAB (QTY 6)	\$74.99
CIALIS 10MG TAB (QTY 6)	\$439.99
CIALIS 20MG TAB (QTY 6)	\$439.99
VIAGRA 50MG TAB (QTY 6)	\$299.99
VIAGRA 100MG TAB (QTY 6)	\$299.99

AVERAGE SAVINGS		
90-day supply of a value-priced generic	Tier 1	\$50.41
	Tier 2	\$52.54
	Tier 3	\$118.08
Commonly prescribed quantities of all other generics		\$21.79
Brand-name drugs		\$31.16

Diabetic Supplies

WALGREENS TRUE METRIX METER	1 METER	FREE
WALGREENS TRUE METRIX STRIPS 25'S	1 BOX	\$19.99
WALGREENS TRUE METRIX STRIPS 50'S	1 BOX	\$29.99
WALGREENS TRUE METRIX STRIPS 100'S	1 BOX	\$52.99
CONTOUR NEXT METER	1 METER	FREE
CONTOUR NEXT EZ METER	1 METER	FREE
CONTOUR NEXT ONE	1 METER	FREE
CONTOUR NEXT STRIPS 25'S	1 BOX	\$23.99
CONTOUR NEXT STRIPS 50'S	1 BOX	\$39.99
CONTOUR NEXT STRIPS 100'S	1 BOX	\$78.99
CONTOUR TEST STRIPS 50'S	1 BOX	\$47.99
CONTOUR TEST STRIPS 100'S	1 BOX	\$93.99
BREEZE 2 TEST DISCS 100'S	1 BOX	\$93.99

This Program is NOT Insurance. Membership fee required (\$20 individual or \$35 family per year). Persons receiving benefits from a Medicare or Medicaid program are ineligible. Program offers Member the right to purchase specified health care services from participating providers at a discounted rate. The average savings on purchases of a 90-day supply of a value-priced generic at: Tier 1 (\$10) \$50.41; Tier 2 (\$20) \$52.54; Tier 3 (\$30) \$118.08. The average savings for purchase of commonly prescribed quantities of covered: (i) brand-name drugs is \$31.16 and (ii) generics that are not value-priced is \$21.79. Amount of the discount may vary based on type of item/service Member purchases but provider will not charge Member more than the discounted rate. Program does not make any payments to providers. Member is entirely responsible for paying discounted price to provider at time of service. Membership may be cancelled within 30 days of the enrollment effective date for a full refund. To request: (i) a list of discounted services; (ii) a list of participating providers (name, city, state, specialty) and/or (iii) the full terms and conditions of the Program before joining, call 866-922-7312 or visit Walgreens.com/RxSavingsClub. WAGDCO, LLC, 104 Wilmot Rd., Deerfield, IL 60015 is a discount medical plan organization regulated by State Insurance Commissioners.

The Program does not meet the minimum creditable coverage requirements under Mass. Gen. Law c. 111M and 956 CMR 5.00.

The Program is not a Medicare prescription drug plan.

*List of drugs is not all-inclusive. Ask your Walgreens pharmacist if your medication is a value-priced generic.

†The day supply is based on the average quantity dispensed for the specific drug and strength as indicated in the list. Larger quantities cost more.