



Sam's Club Brand Drug List for Plus Members ^{*}

Join or renew as a **Sam's Plus[®] Member** to receive exclusive savings on select name-brand medications for Diabetes, Respiratory Health, Women's Health and more!

Brand items valid as of May 2, 2023

List is not comprehensive. See Pharmacist for additional brand-name & generic drug savings.

Drug	Quantity
Advair 100-50 Diskus	60
Advair 250-50 Diskus	60
Advair 500-50 Diskus	60
Advair HFA 45-21 MCG	12
Advair HFA 115-21 MCG	12
Advair HFA 230-21 MCG	12
Alvesco 80 MCG AER	7
Alvesco 160 MCG AER	7
Anoro Ellipta 62.5-25 MCG	60
Arnuity Ellipta 50 MCG	30
Arnuity Ellipta 100 MCG	30
Arnuity Ellipta 200 MCG	30
BD AutoShield Duo™ Pen Needles 30Gx5mm	100
BD Nano™ 2nd generation Pen Needles 32Gx4mm	100
BD Ultra-Fine™ Short Pen Needles	100
BD Ultra-Fine™ Mini Pen Needles	100
BD Ultra-Fine™ Nano™ Pen Needles	100
BD Ultra-Fine™ Micro Pen Needles	100
BD Ultra-Fine™ Insulin Syringe 0.3ml 31Gx6mm	100
BD Ultra-Fine™ Insulin Syringe 0.3ml 31Gx6mm ½ unit	100
BD Ultra-Fine™ Insulin Syringe 0.5ml 31Gx6mm	100
BD Ultra-Fine™ Insulin Syringe 1ml 31Gx6mm	100
BD Ultra-Fine U-500 Insulin Syringe 0.5ml 31Gx6mm	100
BD Ultra-Fine™ Original Pen Needles	100
BD Ultra-Fine™ Syringes 1ml	100
BD Ultra-Fine™ Short Syringes 1ml	100
BD Ultra-Fine™ Syringes 3/10ml	100
BD Ultra-Fine™ Short Syringes 3/10ml	100
BD Ultra-Fine™ Short Needle Syringe ½ unit	100
BD Ultra-Fine™ Syringes 1/2ml	100
BD Ultra-Fine™ Short Syringes 1/2ml	100
Beyaz 28 TAB	28
Breo Ellipta 100-25 MCG	60
Breo Ellipta 200-25 MCG	60
CitraNatal [®] 90 DHA [®]	60
CitraNatal [®] Assure [®]	60
CitraNatal [®] B-Calm [®]	90
CitraNatal [®] Bloom [®]	30
CitraNatal [®] DHA [®]	60

Drug	Quantity
CitraNatal [®] Harmony [®]	30
CitraNatal [®] RX [®]	90
Climara [®] 0.025 Patch	4
Climara [®] 0.0375 Patch	4
Climara [®] 0.05 Patch	4
Climara [®] 0.06 Patch	4
Climara [®] 0.075 Patch	4
Climara [®] 0.1 Patch	4
Combivent Respimat	4
Contour [®] NEXT Blood Glucose Monitoring System	1 ct.
Contour [®] NEXT EZ Blood Glucose Monitoring System	1 ct.
Contour [®] NEXTGen Blood Glucose Monitoring System	1 ct.
Contour [®] NEXT Test Strips	25 ct.
Contour [®] NEXT Test Strips	50 ct.
Contour [®] NEXT Test Strips	100 ct.
Contour [®] NEXT One Meter	1 ct.
Contour [®] Test Strips	25 ct.
Contour [®] Test Strips	50 ct.
Contour [®] Test Strips	100 ct.
Dexcom G6 Receiver	1
Dexcom G6 Sensors	3
Dexcom G6 Transmitter	1
Dexcom G7 Receiver	1
Dexcom G7 Sensors	1
Ferralet [®] 90	90
Fiasp Vial	10 ML
Fiasp FlexTouch	15 ML
Fiasp Penfill	15 ML
Flovent 50 MCG Diskus	60
Flovent 100 MCG Diskus	60
Flovent 250 MCG Diskus	60
Flovent HFA 44 MCG	11
Flovent HFA 110 MCG	12
Flovent HFA 220 MCG	12
Glyxambi 10 MG - 5 MG	30

* The Sam's Club Plus Program is not insurance and cannot be combined with any insurance. This program is only available to Sam's Club Plus Members at participating Sam's Club Pharmacy locations. Not available on SamClub.com. Visit [SamsClub.com/rxsavings](https://www.samsclub.com/rxsavings) to see the drug price, formulation, strength, and quantity available for Plus Members. Covered drugs may vary. Program prices are limited to a 30 day supply. There will be an additional cost for quantities greater than listed quantity. The Plus Member price is not available if a drug is part of a compounded prescription or for purchases submitted to any health benefit program, pharmacy benefit program, insurer, or state/federal government health care program. Program prices are not available to the general public and do not constitute Sam's Club usual and customary prices. May not combine with other offers. Program price not available in Puerto Rico. Free drugs are only available at no additional cost to Sam's Plus Members. The Free drug benefit is not available in AZ, CA, MN, PR. Free drugs available to Sam's Club Plus Member only at select Sam's Club Pharmacy locations. In Arizona, California and Minnesota, drugs listed in the Free drug benefit are available for \$2 for a 30 day supply. Discount savings are based on the dispensing Sam's Club Pharmacy's regular retail cash price. Program pricing is limited to in stock items by select manufacturers of a covered drug at the dispensing pharmacy. Taxes or other fees may apply. Other restrictions apply. Terms subject to change without notice. See [SamsClub.com](https://www.samsclub.com) or your local Sam's Club Pharmacy for details.



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Drug	Quantity
Glyxambi 25 MG - 5 MG	30
Incruse Ellipta 62.5 MCG	30
Insulin Glargine-YFGN 100 U/ML SOL Vial	10
Insulin Glargine-YFGN 100 U/ML PEN INJ	15
Jardiance [®] 10 MG	30
Jardiance [®] 25 MG	30
Jentaduet [®] 2.5 - 500 MG	60
Jentaduet [®] 2.5 - 850 MG	60
Jentaduet [®] 2.5 - 1000 MG	60
Jentaduet [®] XR 2.5 - 1000 MG	30
Jentaduet [®] XR 5 - 1000 MG	30
Levemir Vial	10 ML
Levemir FlexTouch	15 ML
Motegrity 1 MG TAB	30
Motegrity 2 MG TAB	30
Movantik 12.5 MG TAB	30
Movantik 25 MG TAB	30
Nexletol 180 MG TAB	30
Nexlizet 180/10 MG TAB	30
Novolin 70/30 VIAL	10 ML
Novolin N VIAL	10 ML
Novolin R VIAL	10 ML
Novolog VIAL	10 ML
Novolog Mix 70/30 VIAL	10 ML
Novolog Mix 70/30 FlexPen	15 ML
Novolog PenFill	15 ML
Novolog FlexPen	15 ML
Omnipod Starter Kit	1
Omnipod DASH 5 Pack Pods	5
Omnipod 5 Pack Pods	5
Omnipod 5 G6 Intro Kit (GEN 5)	1
Omnipod 5 G6 Pods (GEN 5)	5
Osphena [®] 60 mg	30
Ozempic 2 MG/1.5 ML 0.25/0.5 MG / Dose Pen	2
Ozempic 4 MG/ 3 ML 1 MG / Dose Pen	2
Ozempic 8 mg /3 ML 2 MG/ Dose Pen	4
Pradaxa 75 MG CAP	60
Pradaxa 110 MG CAP	60
Pradaxa 150 MG CAP	60
Rybelsus 3 MG TAB	30

Drug	Quantity
Rybelsus 7 MG TAB	30
Rybelsus 14 MG TAB	30
Saxenda 6 MG/ ML INJ	15 ML
Spiriva [®] Respimat [®]	1 ct.
Stiolto [™] Respimat [®]	1 ct.
Striverdi Respimat	4
Synjardy 5-500 MG TAB	60
Synjardy 5-1000 MG TAB	60
Synjardy 12.5-500 MG TAB	60
Synjardy 12.5-1000 MG TAB	60
Synjardy XR 5-1000 MG TAB	30
Synjardy XR 10-1000 MG TAB	30
Synjardy XR 12.5-1000 MG TAB	30
Synjardy XR 25-1000 MG TAB	30
Tradjenta [®] 5 MG	30
Trelegly Ellipta AER	60
Trelegly Ellipta 200-62.5-25 MCG/INH	28
Trelegly Ellipta 200-62.5-25 MCG/INH	60
Tresiba FlexTouch U-100	10
Tresiba FlexTouch U-100	15
Tresiba FlexTouch U-200	9
Trijardy XR 5-2.5-1000 MG TAB	30
Trijardy XR 10-5-1000 MG TAB	30
Trijardy XR 12.5-2.5-1000 MG TAB	30
Trijardy XR 25-5-1000 MG TAB	30
Trintellix 5 MG TAB	30
Trintellix 10 MG TAB	30
Trintellix 20 MG TAB	30
True Metrix [®] Test Strips	50
True Metrix [®] Test Strips	100
TruePlus Pen Needle 29G x 12.7 MM	100
TruePlus Pen Needle 31G x 5MM	100
TruePlus Pen Needle 31G x 6MM	100
TruePlus Pen Needle 31G x 8MM	100
TruePlus Pen Needle 32G x 4MM	100

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Drug	Quantity
True Track Test Strips	50
True Track Test Strips	100
Victoza 2x3 ML	6 ML
Victoza 3x3 ML	9 ML
Xultophy 100/3.6 INJ	15 ML
Yasmin®	28
Yaz®	28

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1. Sam's Club[®] Rx Savings (the "Program") prices are available only at Sam's Club Retail Pharmacy locations and only to Sam's Club Members and Sam's Club Plus Members. An active Sam's Club Plus Membership is required for program eligibility. Such membership must be confirmed before discounts are applied. There are no substitutions.
2. The Program applies only to certain brand drugs at commonly prescribed dosages. Higher dosages cost more. You may obtain prices of branded drugs and dosages covered under the Program at Sam's Club Retail Pharmacies or at **SamsClub.com/RxSavings**. Prices and drugs 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 is not available when a covered drug is dispensed as part of a compounded prescription.
3. Under the Program, the price is the price for up to a 30-day supply of certain covered drugs at commonly prescribed dosages as listed. If the prescribed quantity exceeds the stated 30-day supply amount listed, any amount above the stated 30-day supply would price at a prorated per-unit price.
4. Prepackaged drugs are covered under the Program only in the unit sizes specified. Prepackaged drugs are dispensed based on the quantities prescribed and unit sizes in stock at the dispensing Pharmacy. Unit sizes not specified 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 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.
5. Prices of certain drugs covered by the Program may be higher in some states.
6. Program pricing is 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.
7. Program pricing does not apply to purchases submitted to any health benefit program, pharmacy benefit program, insurer or government health care program. Discount is nontransferable, may not be combined with other offers and is available in-club only. Valid prescription required.
8. The Program and Program details are subject to change without notice.
10. Interpreter Services are available at no cost. Please visit your local Sam's Club for assistance.

Sam's Club 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. Sam's Club 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. To raise a complaint or initiate a grievance regarding healthcare accessibility or discrimination, please contact your local Sam's Club pharmacy or optical center. 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). See last page for information on the availability of language interpreter services at no cost.

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