



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 January 5, 2024

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

Drug	Quantity
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
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.

Drug	Quantity
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
Glyxambi 10 MG - 5 MG	30
Glyxambi 25 MG - 5 MG	30
Increase Ellipta 62.5 MCG	30
Jardiance [®] 10 MG	30
Jardiance [®] 25 MG	30
Jentadueto [®] 2.5 - 500 MG	60
Jentadueto [®] 2.5 - 850 MG	60
Jentadueto [®] 2.5 - 1000 MG	60
Jentadueto [®] XR 2.5 - 1000 MG	30
Jentadueto [®] XR 5 - 1000 MG	30
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
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
Spiriva [®] Respimat [®]	1 ct.

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Drug	Quantity
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
Trelegy Ellipta AER	60
Trelegy Ellipta 200-62.5-25 MCG/INH	28
Trelegy Ellipta 200-62.5-25 MCG/INH	60
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 Insulin Syringes 0.5ML/28G	100
TruePlus Insulin Syringes 1ML/28G	100
TruePlus Insulin Syringes 0.3ML/29G	100
TruePlus Insulin Syringes 0.5ML/29G	100
TruePlus Insulin Syringes 1ML/29G	100
TruePlus Insulin Syringes 0.3ML/30G	100
TruePlus Insulin Syringes 0.5ML/30G	100
TruePlus Insulin Syringes 1ML/30G	100
TruePlus Insulin Syringes 0.3ML/31G	100
TruePlus Insulin Syringes 0.5ML/31G	100
TruePlus Insulin Syringes 1ML/31G	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
True Track Test Strips	50

Drug	Quantity
True Track Test Strips	100
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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