

☞ **09hr\_SC-PHSILTCJC\_ab0482\_pt01**



Details:

(FORM UPDATED: 08/11/2010)

**WISCONSIN STATE LEGISLATURE ...  
PUBLIC HEARING - COMMITTEE RECORDS**

**2009-10**

(session year)

**Senate**

(Assembly, Senate or Joint)

**Committee on ... Public Health, Senior Issues,  
Long-Term Care, and Job Creation (SC-PHSILTCJC)**

**COMMITTEE NOTICES ...**

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

**INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL**

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
  - (**ab** = Assembly Bill)                      (**ar** = Assembly Resolution)                      (**ajr** = Assembly Joint Resolution)
  - (**sb** = Senate Bill)                              (**sr** = Senate Resolution)                              (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

\* Contents organized for archiving by: Gigi Godwin (LRB) (November/2011)



- Tom Engels, Madison — Pharmacy Society of Wisconsin
- Tony Huppert, Spring Valley

Appearances for Information Only

- None.

Registrations For

- John Reinemann, Madison — Wisconsin Counties Assoc.
- Joanne Ricca, Milwaukee — Wisconsin State AFL-CIO
- John Reinemann, Madison — Wisconsin Counties Assoc.
- Steve Palecek, Baraboo — Walmart
- Nancy Edwards, Monona
- George McKinney, Milwaukee
- Annaliece Rynes, Middleton — WI. Retired Educator's Assoc.
- Ruth Hagen, Oconomowoc
- Darold Lowe, Madison — Wis. ARA
- Kevin La Mere — Steamfitters Local 601
- Billy Feitlinger, Madison — WI. Alliance for Retired Americans
- Tim Elverman, Madison — Plumbers Local 75
- Carol Braun, Oregon — Coalition of Wisconsin Aging Groups
- Mike Schwaegerl, Madison — Wi. Retired Educator's Assoc.
- Oliver Haase, Greenfield — Milw County Commission on Aging
- Jeff Plale, South Milwaukee — Sen., 7th Senate District
- Fred Risser, Madison — Sen., 26th Senate District
- Jon Richards, Milwaukee — Rep., 19th Assembly District
- Jeff Wiswell, Madison — Wisconsin Sheriffs & Deputy Sheriffs Assoc.

Registrations Against

- Pam Christenson, Madison — Wi. Petroleum Marketers & Convenience stores
- John Manske, Madison — Cooperative Network

Registrations for Information Only

- None.

April 6, 2010

**EXECUTIVE SESSION HELD**

Present: (5) Senators Carpenter, Coggs, Vinehout, Schultz  
and Kapanke.

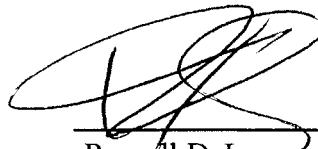
Absent: (0) None.

Moved by Senator Carpenter, seconded by Senator Coggs that  
**Assembly Bill 482** be recommended for concurrence.

Ayes: (2) Senators Carpenter and Coggs.

Noes: (3) Senators Vinehout, Schultz and Kapanke.

CONCURRENCE, Ayes 2, Noes 3



---

Russell DeLong  
Committee Clerk

**Vote Record**  
**Committee on Public Health, Senior Issues, Long-Term Care,  
 and Job Creation**

Date: 4/6/10

Moved by: Carpenter

Seconded by: Coggs

AB 482      SB \_\_\_\_\_      Clearinghouse Rule \_\_\_\_\_  
 AJR \_\_\_\_\_      SJR \_\_\_\_\_      Appointment \_\_\_\_\_  
 AR \_\_\_\_\_      SR \_\_\_\_\_      Other \_\_\_\_\_

A/S Amdt \_\_\_\_\_  
 A/S Amdt \_\_\_\_\_ to A/S Amdt \_\_\_\_\_  
 A/S Sub Amdt \_\_\_\_\_  
 A/S Amdt \_\_\_\_\_ to A/S Sub Amdt \_\_\_\_\_  
 A/S Amdt \_\_\_\_\_ to A/S Amdt \_\_\_\_\_ to A/S Sub Amdt \_\_\_\_\_

Be recommended for:  
 Passage       Adoption       Confirmation       **Concurrence**       Indefinite Postponement  
 Introduction       Rejection       Tabling       Nonconcurrency

<u>Committee Member</u>	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
<b>Senator Tim Carpenter, Chair</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Senator Spencer Coggs</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Senator Kathleen Vinehout</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Senator Dale Schultz</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Senator Dan Kapanke</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Totals:</b>	<u>2</u>	<u>3</u>	_____	_____

Motion Carried       Motion Failed

**Testimony by Tom Engels, Vice President of Public Affairs for the Pharmacy  
Society of Wisconsin  
Before the  
State Senate Committee on Public Health, Senior Issues, Long Term Care and  
Job Creation  
Wednesday, March 31, 2010**



*"Leading Our Profession  
in a Changing  
Health Care Environment"*

Thank you, Chairman Carpenter and members of the Senate Committee on Public Health, Senior Issues, Long Term Care and Job Creation for this opportunity to testify on Assembly Bill 482 (AB 482). I am Tom Engels, Vice President of Public Affairs for the Pharmacy Society of Wisconsin (PSW).

The Pharmacy Society of Wisconsin opposes AB 482.

Every month Wisconsin pharmacists dispense over 6 million prescriptions to patients they serve. Everyday, these pharmacists are confronted face to face with the reality that some of our citizens have a difficult time paying for their medications. However, the good news is that the vast majority of Wisconsinites have some form of insurance coverage for their prescription medications and, in most cases, they are only responsible for making a co-payment for the medication, not paying for the entire cost. In fact, since the beginning of the Medicare Part D programs four years ago, now over 95% of the prescriptions dispensed in Wisconsin are paid for through some type of insurance or third-party program.

PSW is a membership-based organization, with pharmacist members from all types of pharmacy practice—independent pharmacies, chains, and hospitals. Over 80% of Wisconsin's pharmacies are represented in membership in PSW and PSW has approximately 2,500 individual members.

From the outset, I would like members of this committee to know that this is not an independent pharmacy versus chain pharmacy issue. The vast majority of pharmacists in this state, whether they are independent owners, chain managers, or administrators in a hospital system, have concerns about this legislation. They are all troubled by the fact that pharmacy is being singled out when Wisconsin's Unfair Sales Act covers virtually everything legally sold to Wisconsin consumers. The law is in place to keep predatory pricing practices from developing. As you know, predatory pricing is when a business purposefully sells a product below cost in an effort to grab market share and drive out competition. The idea of a short term consumer gain, in exchange for a long term stable business environment, has been something that Wisconsin policy makers have wisely turned down when it has been proposed in the past.

The Pharmacy Society of Wisconsin objects to selectively removing prescription medications from the Unfair Sales Act. Claims of savings by proponents of AB 482 have been wildly overstated and they are completely unsubstantiated. Because 95% of Wisconsin consumers have Rx drug insurance, pharmacies are contracted with the insurance company. They do not "sell" Rx drugs directly to the consumer. To our knowledge, only one pharmacy business has advocated for exemption of prescription drugs from the Unfair Sales Act—Walmart. Walmart has indicated

---

701 Heartland Trail  
Madison, WI 53717  
Tele 608.827.9200  
Fax 608.827.9292  
info@pswi.org  
www.pswi.org



**PHARMACY  
SOCIETY OF  
WISCONSIN**

*"Leading Our Profession  
in a Changing  
Health Care Environment"*

that is not able to sell some generic medications within its \$4 generic program because of the law. That may or may not be true. Walmart has not provided an invoice delineating their acquisition costs of these drugs and shown that their costs are actually more than \$4.

However, PSW reviewed the list of medications on the Walmart list and noted that 54 generic medications on this list of approximately 325 are referenced as potentially not being available for \$4 in seven states, including Wisconsin. However, when you compare these 54 medications, marked with an asterisk on the Walmart list, to the pharmacy claims data for the top 100 medications dispensed through the SeniorCare, only six make the list. Said another way, only 6 of the prescription medications are commonly used by seniors. Further, none of the medications on the Walmart list make the top 100 when determined by total cost.

This is significant because the SeniorCare program uses the Medicaid preferred drug list of medications which is a wide open list. Because SeniorCare is part of the Medicaid program, it doesn't limit some medications through a formulary like most private insurers. Additionally, the recently approved federal health care reform legislation signed by the President closes the "donut hole" in the Medicare Part D prescription drug plan further reducing the financial hardship on seniors that may be on fixed incomes.

Wisconsin pharmacists understand and are sympathetic to the plight of some Wisconsin health consumers, young and old, who may be having a difficult time paying for their prescription medications—those without prescription drug coverage and those with coverage who even have difficulty making their copayment. Pharmacists are on the frontline of this debate; they are the professionals who have to look the patients in the eyes when financial concerns are raised.

But, AB 482 is not the panacea for high prescription drug costs as being portrayed by some of the bill's supporters; in fact all of the medications on the Walmart list are relatively inexpensive generic medications. These are not the medications that some have difficulty paying for. Passing this law will not reduce the cost of a medication from 10, 20, or 100 dollars to \$4. That doesn't happen in other states without an Unfair Sales Act and it won't happen in Wisconsin. Business doesn't work that way. The evidence disputes the millions of dollars of saving being touted by proponents and we ask you to request documented data from anyone making such claims.

As I stated, the Pharmacy Society of Wisconsin objects to selectively exempting one item from Wisconsin's Unfair Sales Act; however, if it is the belief of legislators that prescription medications should be allowed to be sold below cost in Wisconsin, then such policy should transcend to all consumer products covered by the Unfair Sales Act. If that is your belief then we suggest that you amend AB 482 to repeal the entire Unfair Sales Act and not selectively exempt prescription drugs from the law.

Furthermore, prescription medications are not a commodity and they should not be treated as such. Prescription medications are health care products that are heavily regulated by both state and federal agencies. They are uniquely prescribed and

---

701 Heartland Trail  
Madison, WI 53717  
Tele 608.827.9200  
Fax 608.827.9292  
info@pswi.org  
www.pswi.org

dispensed for individuals. The fact that prescription drugs are not available to consumers other than through licensed health care providers is testament to their unique role in health care...certainly more than a commodity that could be bought here or there.

Pharmacists strive to hold down costs and deliver a valuable service for all patients. But I want to emphasize that the price of a medication is only one consideration that pharmacists use to hold down costs.

Pharmacists are the health care providers with the expertise in pharmacology and we regularly work with our patients and their physicians to suggest other therapies that can have the same results but at a lower price.

Let me provide one example: A patient presents a prescription at the pharmacy for Avapro (irbesartan), a medication used to treat high blood pressure. There are advantages to using this medication over other medications but it is an expensive medication relative to some other high blood pressure medications. If a patient does not have insurance, and even in some cases when they do, pharmacists will assess a patient's ability to routinely pay for this medication: after all, the medication is used to treat high blood pressure, not cure it, so they will be taking it until something better comes along. If a patient has concern about the price of Avapro and would prefer to begin treatment with something less expensive, a pharmacist might call the physician and recommend a different high blood pressure medication, often one that is generically available, such as enalapril. Although doses vary by patients, and therefore so do the relative costs, the change in therapy in this example would result in the dispensing of a medication that costs about \$100 less each month for a patient paying out of pocket for the medication, and likely \$20-30 less in monthly co-payment for a patient with insurance.

We encourage all patients to work with their pharmacists and discuss the medications they are taking. PSW strongly discourages consumers from shopping around in order to receive a particular medication solely based on price. Buying a medication at one pharmacy and buying another medication from a pharmacy across town or over the internet leads to a patient splitting up their prescription drug record—creating the possibility for drug interactions and other health care complications; patients should receive all their medications from one pharmacy.

Wisconsin pharmacy providers strive to perform a consultation for every prescription they dispense; this has been a practice standard in Wisconsin for over twenty years. Patient consultations have been documented to save cost to patients but more importantly, consultations improve the health care of the patient by improving their understanding of the medications they are taking. Prior to dispensing a prescription drug and as part of the consultation process, Wisconsin pharmacists review all the medications previously dispensed for that patient. During this review the pharmacist may notice duplications of therapy or find contraindications in medications that could have serious implications for the patient. An incomplete prescription drug record impedes the pharmacist's ability to fully consult the patient on their medication therapies.



**PHARMACY  
SOCIETY OF  
WISCONSIN**

*"Leading Our Profession  
in a Changing  
Health Care Environment"*

---

701 Heartland Trail  
Madison, WI 53717  
Tele 608.827.9200  
Fax 608.827.9292  
info@pswi.org  
www.pswi.org





**PHARMACY  
SOCIETY OF  
WISCONSIN**

*"Leading Our Profession  
in a Changing  
Health Care Environment"*

Current law simply says that a pharmacy cannot sell below their invoice cost for a particular drug. If a pharmacy pays \$25 for a drug, you would expect it would need to set the sales price to allow for their costs to be recovered, at a minimum. That is how business works. And, ultimately a profit must be made in order to stay in business. However, there are some businesses that could use the changes proposed by this bill to sell below their cost for a period of time, at the expense of other pharmacies in the area. Not only is this bad for the stability of the pharmacy business environment, by their nature loss leaders encourage consumers to shop around and, in this case, fractionate their treatment amongst multiple pharmacy providers.

A community pharmacy, whether it be an independent or a chain, is in business primarily to dispense prescription medications. These businesses provide a safe and usually convenient method for consumers to receive needed medications. Yes, some pharmacies also sell other items, but their primary business is the dispensing of medications; take the pharmacy professional out of the business and you have another Ben Franklin and how many of those stores do you see anymore? That's what this bill would cause to occur. We believe there would be fewer pharmacies, not more Ben Franklins.

The Pharmacy Society of Wisconsin conducted a survey about the cost of prescription drugs and options that pharmacy providers offer to patients that do not have any prescription drug coverage. I would like to reveal some of that information here:

- ✓ 61% of the Wisconsin pharmacies surveyed offer special discounts to seniors and other groups of patients. Others offered every day competitive pricing.
- ✓ 100% of the Wisconsin pharmacy survey respondents accept the State of Wisconsin sponsored Badger RX Gold card, a discount program that was advocated by the Coalition of Wisconsin Aging Groups and others.
- ✓ 74% of the pharmacies also accept other discount cards such as the card sanctioned by the Wisconsin Counties Association.
- ✓ 100% of the surveyed pharmacies offer to review patient's medication histories and make recommendations to provide less expensive therapies.
- ✓ Finally, nearly every pharmacy in Wisconsin participates in the Medicaid, BadgerCare and SeniorCare prescription drug programs (although some pharmacies may be changing that status due to recent Medicaid funding and payment policy changes).

To conclude, I know members of this committee have been briefed on Wisconsin's Unfair Sales Act. There are provisions of Wisconsin's Unfair Sales Act which regulate the price of a variety of consumer goods sold in this state. Most of the Act's provisions reference pricing of retail gas, cigarettes, beer and liquor. For the most part, the Act sets the minimum price for these items at a percentage above the invoice cost. (This is commonly referred to as the "Minimum Mark-up Law".) Prescription drug prices fall under a different section of the Act titled Illegality of

---

701 Heartland Trail  
Madison, WI 53717  
Tele 608.827.9200  
Fax 608.827.9292  
info@pswi.org  
www.pswi.org

Loss Leaders. This section requires that a product's price (in this case prescription drugs) cannot be set below the retailer's invoice price. Although prescription drugs are not specifically cited in the statutes, they are believed to be covered as any other product sold at a retail level in the state.

We believe it is vitally important to Wisconsin's consumers and the health care system infrastructure that prescription medications be dispensed and sold in a professional manner. Selling below cost, for any business, would only be temporary and likely supported through higher prices associated with the sale of other products. In either case, consumers would be hurt and Wisconsin's professional pharmacy practices, in place to serve the citizens of the state, would be jeopardized.

Thank you again for this opportunity; I will now be glad to answer any questions committee members may have.



*"Leading Our Profession  
in a Changing  
Health Care Environment"*

---

701 Heartland Trail  
Madison, WI 53717  
Tele 608.827.9200  
Fax 608.827.9292  
info@pswi.org  
www.pswi.org

2009 pharmacy claims data from Wisconsin SeniorCare program for the top 100 prescription medications dispensed by volume as reported by Wisconsin pharmacies.

	<b>Label Name</b>	<b>Number of Prescriptions</b>	<b>Amount Paid</b>
1	ALENDRONATE SODIUM 70 MG TAB	31,882.00	\$86,096
2	PLAVIX 75 MG TABLET	28,741.00	\$3,351,531
3	FUROSEMIDE 40 MG TABLET	26,654.00	\$42,460
4	HYDROCHLOROTHIAZIDE 25 MG TAB	23,178.00	\$18,822
5	AMLODIPINE BESYLATE 5 MG TAB	23,050.00	\$39,624
6	SIMVASTATIN 40 MG TABLET	22,850.00	\$55,623
7	FUROSEMIDE 20 MG TABLET	21,380.00	\$28,907
8	SIMVASTATIN 20 MG TABLET	20,969.00	\$42,841
9	AMLODIPINE BESYLATE 10 MG TAB	20,235.00	\$32,103
10	OMEPRAZOLE DR 20 MG CAPSULE	19,911.00	\$175,028
11	ATENOLOL 50 MG TABLET	16,671.00	\$30,854
12	PREVACID DR 30 MG CAPSULE	16,468.00	\$2,705,532
13	METOPROLOL TARTRATE 50 MG TAB	16,128.00	\$20,687
14	METOPROLOL TARTRATE 25 MG TAB	14,520.00	\$27,409
15	LISINAPRIL 20 MG TABLET	14,284.00	\$38,806
16	HYDROCODONE-APAP 5-500 TABLET	14,086.00	\$26,702
17	LISINAPRIL 10 MG TABLET	13,014.00	\$25,179
18	ATENOLOL 25 MG TABLET	12,028.00	\$20,491
19	POTASSIUM CL ER 20 MEQ TABLET	11,921.00	\$28,256
20	WARFARIN SODIUM 5 MG TABLET	10,972.00	\$47,935
21	LISINAPRIL 40 MG TABLET	10,822.00	\$43,331
22	METFORMIN HCL 500 MG TABLET	10,783.00	\$47,636
23	METOPROLOL SUCC ER 50 MG TAB	10,241.00	\$312,000
24	LEVOTHYROXINE 50 MCG TABLET	10,052.00	\$31,107
25	ARICEPT 10 MG TABLET	10,007.00	\$1,522,623
26	SIMVASTATIN 80 MG TABLET	9,996.00	\$29,396
27	DIGOXIN 125 MCG TABLET	9,523.00	\$41,893
28	LEVOTHYROXINE 75 MCG TABLET	9,332.00	\$36,663
29	ADVAIR 250-50 DISKUS	8,836.00	\$1,427,900
30	LEVOTHYROXINE 100 MCG TABLET	8,564.00	\$27,120
31	FLOMAX 0.4 MG CAPSULE	8,417.00	\$778,473
32	TRAMADOL HCL 50 MG TABLET	8,258.00	\$23,188
33	LOVASTATIN 40 MG TABLET	8,244.00	\$70,893
34	POTASSIUM CL ER 10 MEQ TABLET	8,116.00	\$44,572
35	LORAZEPAM 0.5 MG TABLET	7,988.00	\$14,963
36	METOPROLOL SUCC ER 100 MG TAB	7,894.00	\$376,735
37	KLOR-CON 10 MEQ TABLET	7,883.00	\$41,563
38	LISINAPRIL 5 MG TABLET	7,593.00	\$11,899
39	ALPRAZOLAM 0.25 MG TABLET	7,535.00	\$14,387

2009 pharmacy claims data from Wisconsin SeniorCare program for the top 100 prescription medications dispensed by volume as reported by Wisconsin pharmacies.

	Label Name	Number of Prescriptions	Amount Paid
40	WARFARIN SODIUM 2 MG TABLET	7,441.00	\$40,431
41	SPIRIVA 18 MCG CP-HANDIHALER	7,234.00	\$1,007,577
42	CITALOPRAM HBR 20 MG TABLET	7,220.00	\$7,606
43	DIOVAN 160 MG TABLET	7,164.00	\$433,584
44	SPIRONOLACTONE 25 MG TABLET	7,129.00	\$30,176
45	ALLOPURINOL 100 MG TABLET	6,758.00	\$9,815
46	ZETIA 10 MG TABLET	6,575.00	\$499,692
47	METOPROLOL TARTRATE 100 MG TAB	6,567.00	\$21,010
48	METOPROLOL SUCC ER 25 MG TAB	6,561.00	\$185,783
49	LIPITOR 20 MG TABLET	6,560.00	\$557,941
50	COZAAR 100 MG TABLET	6,382.00	\$401,280
51	GABAPENTIN 300 MG CAPSULE	6,365.00	\$30,805
52	PROPOXYPHEN-APAP 100-650 MG TB	6,325.00	\$32,841
53	LOVASTATIN 20 MG TABLET	6,318.00	\$34,043
54	NAMENDA 10 MG TABLET	6,154.00	\$775,718
55	TRIAMTERENE-HCTZ 37.5-25 MG CP	6,134.00	\$9,649
56	SIMVASTATIN 10 MG TABLET	6,019.00	\$7,615
57	ATENOLOL 100 MG TABLET	6,014.00	\$17,652
58	COMBIVENT INHALER	5,832.00	\$581,111
59	VYTORIN 10-40 MG TABLET	5,729.00	\$458,471
60	ISOSORBIDE MN ER 30 MG TABLET	5,716.00	\$61,956
61	RANITIDINE 150 MG TABLET	5,714.00	\$6,586
62	SERTRALINE HCL 50 MG TABLET	5,656.00	\$12,298
63	VITAMIN D 50,000 UNITS SOFTGEL	5,649.00	\$17,078
64	METFORMIN HCL 1,000 MG TABLET	5,555.00	\$29,237
65	PREDNISONE 5 MG TABLET	5,335.00	\$515
66	COZAAR 50 MG TABLET	5,319.00	\$287,164
67	DIOVAN 320 MG TABLET	5,280.00	\$347,588
68	FUROSEMIDE 80 MG TABLET	5,202.00	\$13,193
69	GEMFIBROZIL 600 MG TABLET	5,180.00	\$29,500
70	LIPITOR 10 MG TABLET	5,163.00	\$301,844
71	POLYETHYLENE GLYCOL 3350 POWD	5,140.00	\$69,437
72	ZOLPIDEM TARTRATE 10 MG TABLET	5,125.00	\$4,178
73	LIPITOR 40 MG TABLET	5,056.00	\$416,879
74	OXYBUTYNIN 5 MG TABLET	5,054.00	\$8,400
75	SINGULAIR 10 MG TABLET	5,040.00	\$444,830
76	ALLOPURINOL 300 MG TABLET	5,020.00	\$12,426
77	TRAVATAN Z 0.004% EYE DROP	4,947.00	\$321,554
78	LORAZEPAM 1 MG TABLET	4,923.00	\$11,756
79	FLUTICASONE PROP 50 MCG SPRAY	4,891.00	\$24,979
80	ALPRAZOLAM 0.5 MG TABLET	4,852.00	\$9,882

2009 pharmacy claims data from Wisconsin SeniorCare program for the top 100 prescription medications dispensed by volume as reported by Wisconsin pharmacies.

	<b>Label Name</b>	<b>Number of Prescriptions</b>	<b>Amount Paid</b>
81	DETROL LA 4 MG CAPSULE	4,763.00	\$454,948
82	FOLIC ACID 1 MG TABLET	4,737.00	\$8,374
83	WARFARIN SODIUM 1 MG TABLET	4,732.00	\$28,019
84	HYDROCHLOROTHIAZIDE 12.5 MG CP	4,638.00	\$19,377
85	POTASSIUM CL ER 10 MEQ CAPSULE	4,638.00	\$146,065
86	DIOVAN 80 MG TABLET	4,566.00	\$238,428
87	FLUOXETINE HCL 20 MG CAPSULE	4,506.00	\$8,616
88	SERTRALINE HCL 100 MG TABLET	4,434.00	\$9,946
89	LANTUS 100 UNITS/ML VIAL	4,409.00	\$432,436
90	ENALAPRIL MALEATE 20 MG TAB	4,394.00	\$14,876
91	LEVOTHYROXINE 88 MCG TABLET	4,350.00	\$17,401
92	MIRTAZAPINE 15 MG TABLET	4,343.00	\$16,798
93	AMLODIPINE BESYLATE 2.5 MG TAB	4,187.00	\$7,090
94	VYTORIN 10-20 MG TABLET	4,180.00	\$331,918
95	KLOR-CON M20 TABLET	4,153.00	\$10,062
96	VENTOLIN HFA 90 MCG INHALER	4,099.00	\$75,879
97	LEVOTHYROXINE 25 MCG TABLET	4,098.00	\$11,731
98	GLYBURIDE 5 MG TABLET	4,033.00	\$33,268
99	LEVOTHYROXINE 125 MCG TABLET	3,993.00	\$16,936
100	CELEBREX 200 MG CAPSULE	3,954.00	\$410,941

# 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 3/3/10

### Allergies & Cold and Flu

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

### Arthritis & Pain

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

This 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. Some off-invoice drugs covered by the Prescription Program may be higher and may vary in some states. Restrictions apply. See Program Details or your Walmart or Sam's Club Pharmacist. Free language assistance services available for prescription drug information at Walmart and Sam's Club Pharmacies. ©2010 Walmart Stores, Inc. Contact your Walmart or Sam's Club pharmacy for details.

Not available in CA, HI, MN, MT, PA, TN and WI.  
 Off-invoice drug are covered only in unit prices specified on Drug List. See Program Details at 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

**\$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
---	---	---

**\$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

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 pharmacy 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.

Revised 3/3/10

Prices may be higher in CA, HI, MN, MT, PA, TN and WI  
Some covered drugs are covered only in unit sites specified on Drug List. See Program Details  
© 2010 Walmart Pharmacy. All rights reserved.

## 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		

\*This 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.

Revised 3/3/10

Prices may be higher in CA, HI, NH, MT, PA, TN and WI.  
Pre-packaged 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

The 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 brand-name drugs covered by the Prescription Program may be higher and may vary in some states. Restrictions apply. See Program Details or your Walmart pharmacy for details. Free language assistance services available for prescription drug information at Walmart and Sam's Club pharmacies. See [www.walmart.com/clubpharmacy](#) for details.

Revised 3/3/10

© 2010 Walmart Stores, Inc. HI, MN, MT, PA, TN and WI

Some items may not be covered only in unit sizes specified in Drug List. See Program Details for more information and restrictions for details.

© 2010 Walmart Stores, Inc. | Page 4 of 6



**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**

**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

**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

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

**Viruses**

Acyclovir 200mg cap	30	90
---------------------	----	----

**\$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
Estropiate 0.75mg tab	30	90
Estropiate 1.5mg tab*	30	90

The 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 Pharmacy 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.

Revised 3/3/10

Prices may be higher in CA, HI, MN, MT, PA, TN and WI. Some drugs are covered only in unit sizes specified on Drug List. See Program Details for more information. © 2010 Wal-Mart Stores, Inc.



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
<b>Women's Health</b>		
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 30-Day	\$10 90-Day
<b>Other Medical Conditions</b>		
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.

Revised 3/3/10

Prices may be higher in CA, HI, IL, IN, MI, PA, TN and WI.  
Prepackaged drugs are covered only in unit sizes specified on Drug List. See Program Details or your Walmart Pharmacist for details.





# Public Affairs

Lisa B. Nelson, Senior Manager, Public Affairs & Government Relations

**Testimony of Lisa B. Nelson**  
**Wal-Mart Wisconsin, Senior Manager - Public Affairs and Government Relations**  
**Senate Public Health Committee**  
**AB 482, Relating to the Minimum Sale of Prescription Drugs**  
**March 31, 2010**

Senator Carpenter and Esteemed Committee Members: Good morning. My name is Lisa Nelson, I am the senior manager of public affairs for Walmart here in Wisconsin. I've had the chance to talk with some of you about the merits of this bill, and its impact. It's a good bill, a simple bill, to deliver a small health care reform that costs taxpayers nothing.

This morning I want to speak briefly from a bit broader perspective. "I want to ask you to think about this proposed legislation in three ways - equity, reform, and savings. Does this legislation create more equity for Wisconsin consumers seeking lower priced prescription drugs? Yes. Does this legislation provide a simple health care reform - removing a cost barrier to Wisconsin consumers? Yes. Will this legislation result in health care cost savings to Wisconsin consumers? Yes.

Yesterday morning, I heard part of an interview with President Obama on a morning news show regarding his federal health care plan. (Today show 3/30/2010, interview is online). He mentioned Walmart, referring to the benefits of leveraging purchasing power and economies of scale in driving down health care costs. Leveraging purchasing power is not something new - it's done by many sectors of our economy. Financial investments are leveraged to maximize returns; people, businesses and farmers join co-ops and membership clubs to leverage their purchasing and selling power; and communities right here in Wisconsin coordinate bidding for essential services, to get more competitive prices, to stretch our tax dollars.

The law today presents a barrier to this with regards to pharmaceuticals. The law today prevents Walmart and other pharmacies - big and small - from delivering the same low price drugs to Wisconsin consumers, that are available to consumers in other states. Why should Wisconsin consumers pay more? This is an issue of equity, with financial implications. Consider that since we rolled out the \$4 generic program in September of 2006 in 49 states where we have pharmacies, we've saved consumers more than \$2 billion. And that's just at Walmart. Other pharmacies also offer \$4 generic pricing, so that savings is much bigger when you factor this in. Your support of this bill will help Wisconsin consumers save more on their prescription drugs - many of them lifesaving medications.

I'd like to add a final question: Is there potential for this legislation to also provide cost-savings to Wisconsin taxpayers? Yes. When taxpayers are paying the bill, we should be looking for savings. We don't know what the future of health care will look like - but it's likely there will be an increase in our public investment.

Government's role will be to insure those public dollars are spent wisely, particularly in the area of pharmaceuticals. I thank you for the opportunity to address you this morning, and I hope you will quickly pass AB 482 out of committee. Thank you.  
Sent from my blackberry.

Lisa B. Nelson  
Sr Manager Public Affairs  
479-381-6485



## Public Affairs

Lisa B. Nelson, Senior Manager, Public Affairs & Government Relations

**A.B. 482 – Prescription Drug Sales Prices  
Testimony for Cheryl Block, Market Health and Wellness Director  
March 31, 2010**

Good morning Mister Chairman and committee members. My name is Cheryl Bock. I am a licensed pharmacist and the Market Health and Wellness Director for Wisconsin.

Thank you for the opportunity to talk to you today about Assembly Bill 482.

When Walmart founder Sam Walton opened the first Walmart almost 50 years ago people were sure the discount store would be a short lived phenomenon in retail. What no one accounted for in 1961 is the fact that a discount store could have such a dramatic effect on people's lives.

From the beginning Sam Walton instilled in the company the fundamental requirement that to stay relevant we must not only embrace change but sometimes be the change agent.

This is what Walmart did in 2006 when we introduced our \$4 generic prescription drug program.

What happened next not even Walmart could believe. Upon announcing Walmart would offer over 300 popular generic prescriptions for \$4, competitor after competitor, both large and small, began rolling out similar programs. We had succeeded in helping to improve the lives of our customers specifically and many Americans in general.



We have heard stories from our customers how they are no longer choosing between filling their prescriptions and paying their rent. Our pharmacists have noticed that their customers who need maintenance medications are getting their refills on time, instead of coming in when they have the money saved, which as we know is not only sad but dangerous.

Walmart could not be more proud of the professionals in our pharmacies who take care of our customers. Our team of dedicated pharmacists are trusted and accessible members of the health care community who focus first and foremost on Walmart's core value of providing service to the customer through, among other activities, offering counseling and answering customer questions about drug interactions and other important matters relating to their medications..

The success of this program cannot be underestimated. We know that people will travel to a Walmart to get their prescription filled. In states like Wisconsin where not all of our \$4 program prescriptions are available at the \$4 price, many customers will go across state lines to save money.

These lost sales affect more than just the pharmacy business. Walmart knows that most customers in a store picking up a prescription are usually also shopping for groceries and general merchandise. This represents significant lost sales tax revenue to Wisconsin, which is even more important in these tough economic times.

To the extent the Wisconsin Unfair Sales Act serves a legitimate purpose in curtailing anti-competitive pricing practices, federal antitrust laws already adequately address that goal.

Knowing that there are already business protections in place, restricting access to affordable prescription drugs places unnecessary burden on your constituents.

While Walmart was the first to roll out a \$4 generic prescription drug program, most of our competitors, large and small, have followed suit and now offer similar programs. This tells us that this issue is bigger than Walmart.

This is an issue about access to affordable care. I am a pharmacist and I care about our customers. When I was actively practicing and I hadn't seen some of my customers in a while I knew that they had been forced to make the hardest decision – do they fill their prescription or pay for food to put on the table.

No one should ever be forced to make that decision when companies like Walmart offer a safe, affordable alternative that helps people save money so they can live better.

We are hopeful that you will favorably report A.B. 482 from your esteemed committee. Thank you very much for your time.



# WISCONSIN PIPE TRADES ASSOCIATION

11175 West Parkland Avenue • Milwaukee, WI 53224-3135 • OFC: (414) 359-1310 • FAX (414) 359-1323



UA Affiliated  
Unions:

Fox Valley  
No. 400

Milwaukee-Madison  
No. 75  
No. 601

Milwaukee  
No. 183

Northwest  
No. 434

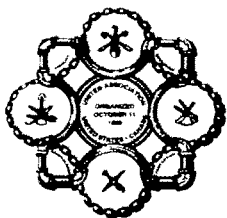
Racine-Kenosha  
No. 118

Superior-Duluth  
No. 11

Local 669  
District 15  
District 31

Toll Free  
888-248-3392

Website  
[www.wipipetrades.org](http://www.wipipetrades.org)



To: Senator Tim Carpenter, Chair  
Senator Spencer Coggs  
Senator Kathleen Vinehout  
Senator Dale Schultz  
Senator Dan Kapanke  
Senate Public Health Committee

Fr: Louie Pody, Wisconsin Pipe Trades Association

Da: March 31, 2010

Re: Support of AB 482

---

Good morning Chairman Carpenter and committee members. My name is Louie Pody and I am member of Plumbers Local 75 and the Wisconsin Pipe Trades Association.

With rising health care and insurance costs, it is important to the 8,500 members of the Wisconsin Pipe Trades Association (WPTA) that we support legislation that will help alleviate costs to our members. For this reason, we support AB 482, legislation that will repeal the minimum mark-up of prescription drugs.

In this economic climate, our Local Unions are experiencing an average of 20-25% of our members out of work. While we are self-sufficient in providing health care coverage for their families, we also believe legislation like AB 482 will help reduce out-of-pocket costs for the working men and women across Wisconsin that work in the plumbing, steamfitting, pipefitting and sprinkler fitting industries.

We appreciate your consideration and urge your support of AB 482. I'm happy to answer any questions you might have at this time. Thank you.





WISCONSIN'S BUSINESS VOICE SINCE 1911

To: Chairman Tim Carpenter  
Members, Senate Committee on Public Health, Senior Issues, Long-Term Care,  
and Job Creation

From: R.J. Pirlot, Director, Legislative Relations

Date: March 31, 2010

Subject: Support AB 482, Low-Cost Prescription Drugs

---

Under current Wisconsin law, sellers may not sell merchandise at a price below the cost of the merchandise to the seller. Unfortunately, this law prevents retailers which offer low-cost prescriptions from offering some of their discounts in Wisconsin. One retailer, for example, has a popular program whereby many prescription drugs are available for just \$4 per month, but some of these discounts are legally banned in Wisconsin.

Assembly Bill 482 (AB 482), authored by state Rep. Jon Richards (D-Milwaukee) and state Sen. Fred Risser (D-Madison), would exempt prescription drugs from this prohibition. Under AB 482, Wisconsin consumers would be able to save money and benefit from the low-cost prescriptions currently available in other states.

Though the bill has enjoyed broad, bi-partisan support, some lawmakers, in the Assembly, were understandably concerned allowing these low-cost prescription drugs to be sold in Wisconsin will hurt "mom and pop" pharmacies in their districts. That's an understandable concern and that's why, as passed by the state Assembly, AB 482 would not affect Wisconsin laws which ban pricing practices which destroy or hamper competition. Similar protections exist under federal antitrust laws. These laws would still be on the books to protect small retailers, but Wisconsin consumers could save money on prescription drugs, too.

Some have questioned whether enactment of AB 482 would be good for Wisconsin consumers, arguing they support the "minimum mark-up" provisions in state law which apply to the sale of motor vehicle fuels. Recognizing that the application of Wisconsin law to motor vehicle fuel sales is currently being litigated in federal court, AB 482 is narrowly crafted so that it only affects the sale of prescription drugs. Local gas stations and their supporters should rest assured enactment of AB 482 won't affect how they do business, but could save them some money when they fill a prescription.

AB 482 has already passed the Assembly. WMC is working with a broad coalition of businesses, labor unions, and senior-citizen advocates to ensure AB 482 is considered by the state Senate during the state legislature's floor period commencing April 13.

Healthcare cost reform is needed, and AB 482 is a piece of the puzzle to lower healthcare costs. WMC respectfully urges you to support AB 482.



**Coalition of Wisconsin Aging Groups**

**Testimony of CWAG in support of  
AB 482 repealing minimum markup on prescription drugs  
March 31, 2010**

Good morning Mr. Chairman and members of the committee. I am Nino Amato, the President and Executive Director of the Coalition of Wisconsin Aging Groups. I am testifying in favor of AB 482 in order to save Wisconsin consumers millions of dollars in prescription drug costs. CWAG works with local, county and state agencies that are providing services and advocacy for the over one million Wisconsin residents over the age of 60. And we have joined with an amazing variety of business, labor, public and non-profit groups to remove prescription drugs from the minimum markup law. I want to emphasize however that CWAG does not advocate repeal of the minimum markup law, we just want prescription drugs exempted.

We supported health care reform at the federal level although it certainly does not solve all the problems. Now that the federal reforms have passed, we in Wisconsin need to get to work and build on that foundation. Wisconsin has been a leader in prescription drugs for seniors with our unique SeniorCare program. We can be a leader again with future bold reforms but first we need to be competitive with other states like Illinois who provide low cost prescription drugs to their citizens.

We at CWAG have been concerned about the impact of this bill on small pharmacies and for that reason we support the amendment reaffirming antitrust protections against "anti-competitive pricing". We also realize this is just one step in Prescription Drug Reform and CWAG will be talking to you in the coming weeks about major initiatives that Wisconsin can take to once again be one of the leading states in prescription drug and health care reform but first we need AB 482. This should not be about small pharmacies or large retailers or the minimum markup law in general. This is about sorely needed relief for Wisconsin seniors from out-of-control drug prices.

Thank you for the opportunity to testify and I am happy to take any questions.

Nino Amato  
President/Executive Director  
Cell 608-514-3317





**TESTIMONY BEFORE THE SENATE COMMITTEE ON PUBLIC HEALTH,  
SENIOR ISSUES, LONG-TERM CARE, AND JOB CREATION**

**By  
TOM FRAZIER  
MARCH 31, 2010**

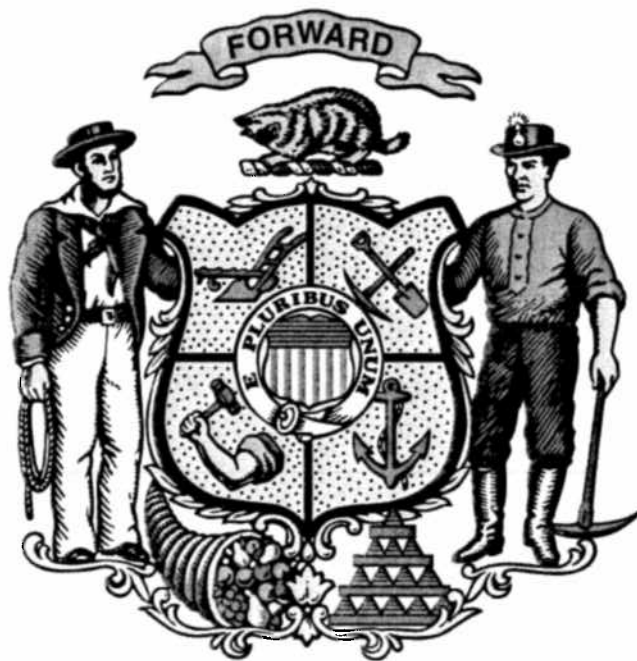
My name is Tom Frazier and as some you may know I served as executive director of the Coalition of Wisconsin Aging Groups for over 26 years before my retirement on 12/31/09. I would like you to know that I have never lobbied, either paid or unpaid, for a bill that I did not believe in. In fact I so strongly believe in AB 482 that I wanted to continue advocating for it as a volunteer.

I urge you to vote for AB 482 for the following reasons:

1. It will save consumers, especially lower income older persons, millions of dollars and result in an actual decrease in health care costs. Even with the passage of Medicare Part D, Rx costs have been going up at a rate of about 8% a year. Incidentally, it will also save money for Medicaid and for people with private insurance. And, more and more drugs will come off patent and be added to the generic list in the months and years ahead.
2. AB 482 was amended in the Assembly to make it clear that exempting Rx drugs from the minimum markup law "may not be construed to diminish any remedies available for violations" of state or federal law.
3. There is a broad and diverse coalition supporting the bill. In fact it is the first bill that I ever worked on which had the support of both the AFL-CIO and Wisconsin Manufacturers and Commerce.
4. It enjoys bipartisan support and I believe it will pass if it is scheduled for a vote in the Senate.
5. I respect the fact that some legislators have concerns that, if the bill passes, small independent pharmacies will be negatively impacted. I would ask those persons to ask two questions: 1. Is it very clear based on hard facts and evidence that AB 482 will have a significant impact on those businesses?, and 2. Is charging older persons more for Rx drugs the best way to protect small businesses? Does it have to be one or the other?

I take one generic drug on the list of drugs that should cost \$4.00 a month or \$10.00 for three months. It is, however, one of the generic drugs that would violate the minimum markup law if sold for \$4.00 so instead of me buying it for \$4.00 or \$10.00, I pay a \$5.00 a month copayment and the balance is submitted to my insurance. In my case this is the state employees' plan that would not even be billed if I could buy the generic for a total of \$4.00 instead of my \$5.00 copayment.

Obviously you do not need to pass the bill for me, but for lower income people who do not have insurance or who are in the Medicare Part D "donut hole" and cannot afford their Rx medications. Thank you for considering a "yes" vote on AB 482.



Testimony of Pat Finder-Stone, R.N. in support of  
**AB 482** repealing minimum markup on prescription drugs  
March 31, 2010

Good morning Mr. Chairman and members of the committee. My name is Pat Finder-Stone. I am a registered nurse and I drove down from Brown County to say "Get this done". The Assembly has passed AB 482. I understand the Governor is prepared to sign it. I would like to see this committee and the State Senate come together and help us out. When it comes to seniors paying out of pocket for prescription drugs, we need help and we need it now.

In my professional life, I have been an oncology nurse, a nursing instructor and also worked in hospice. Since my retirement, I have continued to be active in the League of Women Voters and a variety of organizations dealing with health care policy and aging issues. When I look at the list of different organizations endorsing this bill from business and labor to senior and disability advocacy groups, I have never seen such broad support for a bill. It seems like it should be an easy decision.

Every day Wisconsin seniors are falling into the "doughnut hole" coverage gap in the Medicare Part D prescription drug program. When a senior suddenly has to pay the full cost of their prescriptions, the ability to buy generic drugs at an affordable monthly price becomes a vital part of health care reform. I know we are all reading about the recent national reforms. And those will cushion the fall into the doughnut hole somewhat. But there will be seniors paying out of pocket for prescriptions for years to come and we need the legislature to work with us by passing AB 482 to repeal these antiquated restrictions on prescription drug prices.

Thank you for your attention and I'll try to answer any questions.





22 EAST MIFFLIN STREET, SUITE 900  
MADISON, WI 53703  
TOLL FREE: 1.866.404.2700  
PHONE: 608.663.7188  
FAX: 608.663.7189  
[www.wicounties.org](http://www.wicounties.org)

TO: Honorable Members of the Senate Committee on Public Health, Senior Issues, Long-Term Care, and Job Creation

FROM: John Reinemann, Legislative Director

DATE: March 31, 2010

SUBJECT: Support for Assembly Bill 482

AB 482 is scheduled for a public hearing in your committee today. This bill was passed by the State Assembly on a voice vote on February 25; the Assembly Committee on Health and Healthcare Reform recommended the bill for passage on a vote of 10-2 in November 2009.

The Wisconsin Counties Association (WCA) supports AB 482. This proposal would exempt prescription drugs from the Unfair Sales Act, also known as the Minimum Markup Law. The Wisconsin Counties Association (WCA) has joined a growing coalition of groups in calling for a repeal of the minimum mark-up law on Wisconsin's pharmaceuticals.

WCA believes that the Unfair Sales Act prevents competitive pricing of pharmaceuticals, particularly generics, by retailers and pharmacists. The law, enforced by the Wisconsin Department of Agriculture, Trade and Consumer Protection, requires a mandatory price mark-up for drugs sold in Wisconsin. Following Walmart's \$4 generic prescription drug pricing plan, many major discount retailers around the country also began offering discounted drugs, saving millions for both consumers and their health plans. These plans are not fully available in Wisconsin because of the state's "minimum mark-up" rule.

Exempting prescription drugs from the Unfair Sales Act would save consumers money. Walmart alone says repeal of the Unfair Sales Act on drug pricing would save its customers in Wisconsin \$25 million yearly. Add the others offering a \$4 plan and the savings could be more than double that in an area where consumers need price relief the most: health care.

Exempting prescription drugs from the Unfair Sales Act would help those most in need. Nationally, nearly a third of all \$4 prescriptions filled by Walmart are for uninsured Americans. The Kaiser Family Foundation estimates there are 500,000 uninsured Wisconsin citizens who may be avoiding pharmaceutical treatment because they can't afford it.

Seniors would benefit. Many of Wisconsin's 850,000 senior citizens experience coverage gaps in the Medicare Part D drugs. A \$4 fee for their drugs would be an enormous cost savings for significant numbers of seniors.

LYNDA BRADSTREET  
DIRECTOR OF ADMINISTRATION & FINANCE

JON HOCHKAMMER  
DIRECTOR OF INSURANCE OPERATIONS

JOHN REINEMANN  
LEGISLATIVE DIRECTOR

J. MICHAEL BLASKA  
DIRECTOR OF PROGRAMS & SERVICES

MARK D. O'CONNELL, EXECUTIVE DIRECTOR

Page Two  
March 31, 2010  
WCA Memo AB 482

The \$4 price is for a wide range of drugs. The \$4 price is not a "loss leader" or a price for a few, rarely used drugs. The \$4 plans cover more than 350 generic drugs, including commonly prescribed medications such as amoxicillin, penicillin, and drugs to treat arthritis, diabetes, infections, high cholesterol, high blood pressure, mental health, skin conditions and thyroid conditions. Even some vitamins are part of the \$4 list.

This is health care cost containment. Rising drug costs have been a major contributor to the rapidly rising cost of health care. In 2006, American pharmacies filled 3 billion prescriptions at a cost of \$192 billion, according to the Kaiser Family Foundation. Nearly two-thirds of those prescriptions were for generic drugs. The freedom to sell \$4 generic drugs in Wisconsin is an attempt to provide at least one aspect of lower-cost health care at a time when Wisconsin consumers really need it.

The support for lower-cost drugs is wide and deep. Lawmakers from both parties and Gov. Jim Doyle support eliminating the Unfair Sales Act's restrictions on \$4 prescription drugs. Supporters includes labor unions (which have self-financed health plans which would save enormously), consumer groups, advocates for low-income families, advocacy groups for those with special needs, and business organizations.

Possible savings from AB 482: WCA has a relationship with Group Health Trust (GHT), a provider of health benefits to local governments in Wisconsin. GHT members are a significant sample of the state's public employees. GHT provides benefits to employees of 19 counties, and also serves 21 school districts, 4 larger municipalities and 3 CESA units.

In its analysis of AB 482, GHT looked at data from about 4800 employees of 18 counties. (Because of incomplete data, Marathon County was not included in the analysis.) The analysis showed that had this proposal been law and the sales been allowable over the last year (8/1/08 to 7/31/09), the affected entities could have saved \$107,982.71 over the year.

Statewide, regardless of which companies provide their healthcare benefits, Wisconsin has about 42,000 total county employees in the state. Taking the estimated savings for the GHT membership and extrapolating it for the entire state, the GHT analysis concluded that county government alone would have saved \$950,000 – nearly \$1 million – annually year had this proposal been law and the additionally-discounted drugs been available. This is an estimate. And of course, the law change would not just save money for the insured; it would allow more drugs to go more affordably to the uninsured - who arguably need help all the more.

Finally, regular access to prescription drugs is not just good treatment – it is part of good prevention, which is also a form of cost savings. Many conditions are manageable by use of drugs that will progress to more costly and more debilitating conditions if left untreated.

For all these reasons, WCA asks your support of AB 482. Thank you.





**FRED A. RISSER**  
President  
Wisconsin State Senate

March 31, 2010



Senator Tim Carpenter, Chair  
Committee on Public Health, Senior Issues, Long-Term Care, and Job Creation  
306 South, State Capitol  
Madison, WI 53702

Dear Senator <sup>Tim</sup>~~Carpenter~~,

Thank you Chairman Carpenter for holding a hearing on Assembly Bill 482, which is authored by Rep. Jon Richards. I am the lead Senate sponsor of this legislation.

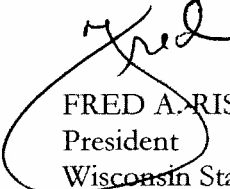
Assembly Bill 482 will exempt prescription drug sales from Wisconsin's Unfair Sales Act. The cost of prescription medication, like other health care costs, continues to rise faster than the rate of inflation. In many states, large retailers like Target offer low-cost supplies of many medications that provide customers with substantial savings when spread out over a year and multiple prescriptions. However they are not allowed to do so in Wisconsin in many cases.

Every year, seniors living on fixed incomes and individuals and families with little or no prescription drug coverage, and find it more and more difficult to pay for prescription medications that are vital to their well-being and independence. Many of these medications are life-saving and may help keep an individual out of a nursing home or from having to undergo more invasive and costly care.

We've all taken these calls or received letters from senior's perhaps taking arthritis or high blood pressure medication, or a family or single parent whose child has asthma or diabetes. I believe that by passing this legislation and providing access to prescription medication at an affordable price, we as legislators can significantly and positively impact the lives of our constituents.

I appreciate your willingness to schedule this measure for a public hearing and I encourage the committee to look favorably upon this important legislation.

Most sincerely,

  
FRED A. RISSER  
President  
Wisconsin State Senate

FAR:tet

Cc: Committee on Public Health, Senior Issues, Long-Term Care, and Job Creation





STATE REPRESENTATIVE

JON RICHARDS

WISCONSIN STATE ASSEMBLY

Representative Jon Richards

Assembly Bill 482

Senate Committee on Public Health, Senior Issues, Long-Term Care and Job Creation

March 31, 2010

Good morning Senator Carpenter and members of the Senate Committee on Public Health, Senior Issues, Long-Term Care and Job Creation and thank you for your attention and interest in finding ways to lower the cost of prescription drugs.

As all of you know, I have listed on a white board in my office my four guiding principles of health care reform: lower costs, improve quality, increase access and promote prevention. Assembly Bill 482 will lower the cost of select prescription drugs by exempting prescription drug sales from Wisconsin's Unfair Sales Act. This law prevents retailers from offering products for sale below wholesale cost. While this is not a silver bullet to solve our health care crisis, it is small step toward advancing all four goals.

Currently, large retailers like Target and Wal-Mart offer an extensive list of generic drugs for \$4.00 for a 30 day supply or \$10 for a 90 day supply. This is a tremendous value, but not all of the pharmaceuticals included in these programs are available to Wisconsin residents due to the Unfair Sales Act.

Will this have a meaningful impact on the lives of our constituents? Imagine being a patient with arthritis and high cholesterol – not an uncommon combination. A patient with these two conditions who is prescribed Naproxen and Lovastatin would have to pay approximately \$9.00 per month per prescription under current law compared to the \$4.00 rate offered under some discount programs. This represents a \$10.00 per month savings, or \$120.00 per year – a significant savings, especially for those getting by on a fixed income or those who do not have prescription drug coverage. Drugs covered under these discount programs include drugs to control diabetes, cholesterol, pain, asthma and high blood pressure, thyroid medications, drugs for mental health problems and even smoking cessation therapies.

This proposal is different from past discussions about repealing the entire Unfair Sales Act, especially as it relates to gasoline sales. This is different because it has profound impact on peoples' well-being. It is one thing to debate a few pennies on a gallon of gas and another thing entirely to discuss ways for people to afford their diabetes or glaucoma medications. This bill's very narrow focus will help those in need.

During debate on this proposal in the Assembly concerns were raised that the provisions in this bill could have a detrimental impact on small, independent pharmacies. To address this concern, I offered Assembly Amendment 1 which would make clear that federal antitrust provisions relating to monopolies are incorporated into state statutes.

Testimony of Jon Richards, Page 2

The vast majority of U.S. citizens have access to these steep discounts including our neighbors in Illinois, Michigan and Iowa. Only the states of California, Hawaii, Montana, Minnesota, Pennsylvania and Tennessee have restrictions on these low cost drug sales. We can't in good conscience continue a policy that denies people access to affordable prescription drugs. With prescription drug and other health care related costs rising faster than the rate of inflation it is imperative that we help our seniors and those on fixed incomes find affordable ways to maintain their health and prevent serious complications that can result from not taking preventative measures.

Assembly Bill 482 was approved by the Assembly Committee on Health and Health Care Reform on a vote of 10 to 2 and was passed by the full Assembly on a voice vote.

Thank you for your attention to this important issue.





Date ?

To: Members of the Wisconsin Senate Committee on Public Health, Senior Issues, Long Term Care, and Job Creation

Senator Tim Carpenter  
Senator Spencer Coggs  
Senator Kathleen Vinehout  
Senator Dale Kapanke  
Senator Dan Schultz

From: Leon Burzynski  
President, Wisconsin Alliance for Retired Americans

RE: Support of **Assembly Bill 482**

The Board of Directors of the Wisconsin Alliance for Retired Americans (WIARA), representing 89,000 Wisconsin retirees and seniors, has voted unanimously to support legislation that would exempt prescription drugs from the minimum mark-up law in Wisconsin. While the law served a purpose when enacted many years ago, conditions relating to prescriptions have changed drastically in recent years.

It is a well-established fact that many seniors are living on a fixed income that severely restricts their ability to purchase the prescriptions they need. The situation has become more critical with the disappearance of a significant portion of their retirement nest eggs when the market crashed and the economy went into the tank.

The Medicare Part D prescription drug benefit, with its coverage gap known as the "donut hole," leaves many Wisconsin seniors in dire straits. Since a great number of the so-called \$4 drugs are generics, exempting prescription drugs from the minimum mark-up requirement will provide substantial cost relief that benefits not only retirees, but consumers of all ages throughout the state.

During the debate about the recently passed federal health care legislation, there was much discussion about "cutting the cost of healthcare" as a necessary component of any reform. The WIARA firmly believes that AB 482 will be an important step in the effort to contain costs.

It has come to my attention that *"Some have concerns because it would drive more business to Wal-Mart or similar large chain entities."* The WIARA does not believe this to be true. The conditions presently surrounding the delivery of prescription drugs do not give a significant advantage to the large chains.

A major change in recent years has been the introduction of the so-called "generic drug plans," better known as the \$4.00 prescription plans. Every major pharmacy and most small group pharmacies have some version of this cost-saving plan for purchasing generic drugs.

During a quick review of prescription drug programs, I found the following:

- Target was the first Wisconsin retailer to offer the \$4.00 generic program at all its pharmacies.
- Walgreen's, with its hundreds of stores throughout Wisconsin, has a similar program called "Generics for less than a \$1 a week."
- The 38 Pick'n'Save pharmacies in SE Wisconsin, and the 13 Aurora pharmacies located in the Pick'n'Save stores have a similar generic drug purchase program.
- The other 112 Aurora pharmacies throughout the state have the "Aurora Prescription Savings Plan" that dispenses generic prescriptions for \$4.99 each.
- Kmart has a \$5 list, \$10-90 day list, and a \$15-90 day list on their web site that, overall, cover 450 generic drugs that are commonly prescribed. Thousands more are available.
- Copps stores advertise a prescription drug savings plan for generics.
- Even small pharmacies like the Madison Pharmacy (in the Madison and suburbs) advertises its Good Neighbor Savings Club offering access to over 5,000 generics with a \$5.95 (30 day supply) or \$12.95 (90 day supply) pricing schedule.

The Wisconsin Alliance for Retired Americans believes that enacting an exemption in the minimum mark-up law for prescription drugs will not "drive more business to the large chains." The competition has long been established and I submit that most people will continue to get their prescriptions filled where they get them at the present.

The net benefit for everyone in Wisconsin, including retirees and seniors, will be that many more generic drugs will be able to come under the savings plans that are already in existence.

The Assembly has already passed AB 482 with a voice vote. The Legislative Reference Bureau determined there would be no State Fiscal Effect. However, there will a favorable fiscal effect on not only the seniors and retirees that the WIARA represents, but also on families throughout the state. I urge the members of this Committee and the full Wisconsin Senate to support AB 482, as it will benefit retirees, workers, and their families. This change will benefit every family that fills a prescription.

Respectfully Submitted,

A handwritten signature in black ink that reads "Tom Burzynski". The signature is written in a cursive, flowing style.

President, Wisconsin Alliance for Retired Americans





**Tony R. Huppert**  
W2555 State Road 29  
Spring Valley, WI 54767  
tonyhuppert@gmail.com

Date?

What part of Walmart wanting to sell below cost makes you a taxpayer ask the question WHY, and at whose expense? I've been in business for 40 years. There are only two reasons to sell below cost. One is to go broke. The Second one is to eliminate competition. This bill is a no brainer. Companies like Walmart are not asking to sell below cost to go broke. That leaves the elimination of competition as their only reason. At who's expense?

You are actually considering allowing the elimination of Brick and Mortar businesses, property tax paying local town pharmacies to be eliminated. These Businesses are part of the financial survival of communities through out Wisconsin.

I find it hard to believe this bill is actually being heard. This truly shows we live in a democracy. Only in a Democracy would a Bill supported by an Arkansas based retailer, come before a Wisconsin State Senate Committee seeking to change a law to sell below cost, be heard. Only question is, why and at whose expense? Trust your instincts; businesses do not sell below cost out of the goodness of their heart.

Humans have a heart, corporation do not. As one politician once said, "Say it loud enough and long enough, eventually people will start to believe you, even if it is wrong".

If you believe the argument, it's an old law. Consider your predecessors in the 1930's. They were up against the Mega Corporation of their day. They understood what predatory pricing was because they went through the Great Financial Crash. Now you are being asked to eliminate one of the fundamental building blocks that helped build Wisconsin.

Anyone that suggests because something is old, it serves no purpose, should come to this building or read the Bill of Rights.

Millions have been spent lobbying to repeal Wisconsin's Unfair Sales Act to allow big corporations to sell below cost. Why?

Government agencies are being asked to be self sufficient. Now we have a private business asking to be able to sell at a loss and below cost. Once again, Why and at whose expense?

Vote No on AB 482

*If a Politician ran for Office on the Basis He will do it with no wages or pay to work the job, would anybody question that?*





## WISCONSIN LEGISLATIVE COUNCIL

*Terry C. Anderson, Director*  
*Laura D. Rose, Deputy Director*

TO: REPRESENTATIVE JON RICHARDS  
FROM: Richard Sweet, Senior Staff Attorney  
RE: LRBa1474/1, an Amendment to 2009 Assembly Bill 482 (Prescription Drugs)  
DATE: February 12, 2010

*Current law* prohibits sales of merchandise either by retailer or wholesaler at less than cost, as defined in the law. The law also contains a number of exceptions to that requirement.

*Assembly Bill 482* adds another exception to the prohibition on sale of merchandise below cost. The exception is for sale of prescription drugs. LRBa1474/1, the *proposed assembly amendment*, provides that this exception may not be construed to diminish any remedies available for violations of ch. 133, Stats., or 15 U.S.C. s. 2. Chapter 33, Stats., is the chapter of the Wisconsin statutes that relates to trusts and monopolies. 15 U.S.C. s. 2 is the federal statute that prohibits monopolizing or attempting to monopolize any part of trade or commerce among the several states or with foreign nations.

Feel free to contact me if I can be of further assistance.

RNS:jal



AB 482?

# When does the Privacy Rule allow covered entities to disclose protected health information to law enforcement officials?

## Answer:

The Privacy Rule is balanced to protect an individual's privacy while allowing important law enforcement functions to continue. The Rule permits covered entities to disclose protected health information (PHI) to law enforcement officials, without the individual's written authorization, under specific circumstances summarized below. For a complete understanding of the conditions and requirements for these disclosures, please review the exact regulatory text at the citations provided. Disclosures for law enforcement purposes are permitted as follows:

**To respond to a request for PHI by a correctional institution or a law enforcement official having lawful custody** of an inmate or others if they represent such PHI is needed to provide health care to the individual; for the health and safety of the individual, other inmates, officers or employees of or others at a correctional institution or responsible for the transporting or transferring inmates; or for the administration and maintenance of the safety, security, and good order of the correctional facility, including law enforcement on the premises of the facility (45 CFR 164.512(k)(5)).

**\*\*SOURCE\*\*** <http://www.hhs.gov/hipaafaq/permitted/law/505.html>

## Permitted PHI Disclosures Without Authorization

The Privacy Rule permits a covered entity to use and disclose PHI, with certain limits and protections, for TPO activities [45 CFR § 164.506]. Certain other permitted uses and disclosures for which authorization is not required follow. Additional requirements and conditions apply to these disclosures. The Privacy Rule text and OCR guidance should be consulted for a full understanding of the following:

- Required by law. Disclosures of PHI are permitted when required by other laws, whether federal, tribal, state, or local.

**\*\*Source\*\*** <http://cdc.gov/mmwr/preview/mmwrhtml/m2e411a1.htm>



**WREA LEGISLATIVE PRIORITIES  
2009|2010 BIENNIUM**

*WREA Supports AB482*



**Wisconsin  
Retired  
Educators'  
Association**

*YOUR VOICE. YOUR CHOICE.*

**Clara Welch, WREA President  
May 1, 2007 - April 30, 2009**

**Berland Meyer, WREA President  
May 1, 2009 - April 30, 2011**

**Jane Elmer, WREA Executive Director**

**WREA**

**2564 Branch Street  
Middleton, WI 53562  
Phone: 608-831-5115  
Fax: 608-831-1694  
[www.wrea.net](http://www.wrea.net)**



*Affiliated with NRTA,  
AARP's Educator Community*

**WREA STATE LEGISLATIVE  
COMMITTEE**

**Chair Arnold Chandler  
Vice Chair Leigh Roberts**

**District I**

Joseph Baye, Thomas Henning, Erik Larsen,  
Robert Opsahl

**District II**

John Berg, Gaylord Unbehaun, Linda Wilkins

**District III**

Glen Jenkins, Joseph Kain, Warren Torgerson

**District IV**

Joseph Kiemen, Steve Macek, David Tojek,  
Susan and Wayne Weishaar

**District V**

John Eyster and Gloria Waity

**WREA RESEARCH AND MONITORING  
COMMITTEE**

**Chair Leigh Roberts  
Vice Chair Arnold Chandler**

Roger Brumm  
Wallace Lemon  
Bill Mercer  
Greg Mueller  
Hal Rebholz

Nancy Richter  
Dwayne Rohweder  
Mike Schwaegerl  
James Skiles  
Gloria Waity

**EMERITUS MEMBERS**

Truman F. Graf  
Elmer Homburg

Eugene Lehrmann  
Don McCloskey

**EX OFFICIO MEMBERS**

Clara Welch  
Berland Meyer  
Shirley Sweet  
June Platz  
Gene Thieleke  
Jane Elmer

WREA President  
WREA President Elect  
WREA Past President  
WREA Secretary  
WREA Treasurer  
WREA Executive Director/Lobbyist

*Helpful Websites:*

[www.wrea.net](http://www.wrea.net)

*(includes hotlinks to the WI Legislature  
and many agency and organization websites)*

[www.thewheelerreport.com](http://www.thewheelerreport.com) (state legislature)

[www.thomas.loc.gov](http://www.thomas.loc.gov) (national congress)



## LEGISLATIVE STATEMENT

The Wisconsin Retired Educators' Association (WREA) was organized in 1951 to represent the interests of retired educators. Today, the Association has 72 local units and 13,500 members.

WREA's top legislative priority is to monitor the Wisconsin Retirement System (WRS) and analyze legislation affecting annuitants and the long term stability of the WRS. In addition, WREA promotes and supports public education at all levels including the University and Technical College Systems.

On a broader scale, WREA actively participates with other groups to address issues that affect the general welfare of the citizens of the state.

WREA DETERMINES ITS BIENNIAL PRIORITIES BASED ON INPUT FROM ITS LEADERS, UNITS AND THE RESULTS OF A FULL MEMBER LEGISLATIVE SURVEY.

POSITION PAPERS ARE AVAILABLE ON MANY LEGISLATIVE ISSUES. CONTACT WREA.

## RETIREMENT ISSUES

- Support the use of trust funds and investment income only for participant benefits and the management of the Wisconsin Retirement System (WRS).
- Oppose legislation that would have an adverse impact on annuitants and the long term stability of the Wisconsin Retirement System (WRS).
- Support the statutory requirement that retirement legislation be reviewed by the Joint Survey Committee on Retirement Systems (JSCRS), the legislative committee that includes legislators and other individuals knowledgeable about pension and retirement issues.
- Support greater management independence and staffing flexibility for the Department of Employee Trust Funds (ETF) and the State of Wisconsin Investment Board (SWIB) while maintaining appropriate accountability requirements.
- Support legislation that promotes an effective, equitable and financially sound Social Security program.
- Oppose the privatization of Social Security.

## WREA LEGISLATIVE ACTIVITY

- The WREA State Legislative Committee develops and recommends legislative policy proposals to the WREA Board of Directors, monitors state government activities and promotes WREA positions. The Committee has statewide representation.
- The WREA Executive Director serves as a registered lobbyist for the Association.
- The Research and Monitoring Committee, a Madison-area based group representing WREA's statewide membership, is a subcommittee of the WREA Legislative Committee. It researches relevant legislative concerns, provides information on legislative issues and recommends action. The group makes legislative visits, lobbies on legislative bills and testifies at legislative hearings.
- A statewide Legislative Alert Network with over 1,000 members facilitates communication between WREA members and legislators.
- WREA participates with other organizations regarding Retirement, Health, Education and other Issues.
- For information concerning legislative matters, individuals may contact a local unit legislative chair, one of the WREA Legislative Committee members listed in this brochure or the WREA Office.

## IMPORTANT WREA CONTACTS

■ WREA  
Legislative Chair  
Arnold Chandler  
608-238-5582  
[achandler@charter.net](mailto:achandler@charter.net)

■ WREA Research and  
Monitoring Chair  
Leigh Roberts  
608-238-0882  
[lmroberts21@tds.net](mailto:lmroberts21@tds.net)

■ WREA  
Registered Lobbyist  
Jane Elmer  
608-824-1721 (direct line)  
[jelmer@wrea.net](mailto:jelmer@wrea.net)



## HEALTH ISSUES

- Support legislation that makes prescription drugs available at a more affordable cost.
- Support health care system reform to include access to health care, cost controls and health insurance coverage for all.
- Support legislation that promotes the future effectiveness and financial soundness of the existing Medicaid and Medicare programs.
- Support legislation that maintains and expands Wisconsin's long term care programs with an emphasis on community care.

## EDUCATION ISSUES

- Support using Wisconsin public elementary and secondary school education funds only for public schools.
- Oppose the current revenue and spending caps on public school districts.
- Oppose the Qualified Economic Offer (QEO) which restricts compensation increases to 3.8% for school personnel but no other public employees.
- Support restructuring the funding system for K-12 public education to provide quality educational opportunities for all students.
- Support state and federal funding for mandated services including special education.
- Support legislation to provide adequate funding for the University of Wisconsin and the Wisconsin Technical College Systems.
- Monitor the accountability of charter schools and home schools.

## OTHER ISSUES

- Support legislation that offers protection from consumer fraud and identity theft.
- Support programs for older persons including employment opportunities, abuse prevention, ombudsman, nutrition and transportation.
- Support election campaign finance reform with increased public financing of campaigns and limits on campaign expenses.
- Support utility regulation to assure reliability and low cost to residential consumers.
- Support reforming the current state tax system to reduce dependence on residential property taxes.

■ Monitor legislation and administrative rules that deal with clean air, water and other environmental health concerns.

■ Oppose *The Taxpayer Bill of Rights (TABOR)* and other TABOR-like proposals which insert tax freezes and spending limits into the Wisconsin Constitution.

## RETIREMENT LAW

- WREA promotes the use of trust funds and investment practices consistent with the Wisconsin Constitution and Chapter 40.01 (2) of the Wisconsin Statutes which states, "the public trust fund shall be managed, administered, invested, and otherwise dealt with solely for the purpose of ensuring the fulfillment at the lowest possible cost of the benefit commitments to participants and for no other purpose."
- WREA promotes the use of trust funds and investment practices consistent with the unanimous January 17, 1997 Wisconsin Supreme Court decision in *WRTA (now WREA) et al. vs. ETF Board et al.* which concludes, *WRS* "annuitants have a property right in the investment earnings of the annuity reserve account."

## IMPORTANT LEGISLATIVE CONTACTS

### Contact them at:

- Governor Jim Doyle 608-266-1212  
P.O. Box 7863, 115 East State Capitol  
Madison, WI 53707  
Email: [governor@wisconsin.gov](mailto:governor@wisconsin.gov)
- Senators  
P.O. Box 7882, Madison, WI 53707  
Email: [Sen.\(insertlastname\)@legis.wisconsin.gov](mailto:Sen.(insertlastname)@legis.wisconsin.gov)
- Assembly Representatives A-L  
P.O. Box 8952, Madison, WI 53708  
Email: [Rep.\(insertlastname\)@legis.wisconsin.gov](mailto:Rep.(insertlastname)@legis.wisconsin.gov)
- Assembly Representatives M-Z  
P.O. Box 8953, Madison, WI 53708  
Email: [Rep.\(insertlastname\)@legis.wisconsin.gov](mailto:Rep.(insertlastname)@legis.wisconsin.gov)

### Call them at:

- Legislative Hotline 1-800-362-9472  
Madison 608-266-9960  
State TDD 1-800-228-2115

*The Legislative Hotline will provide toll-free numbers for legislators.*