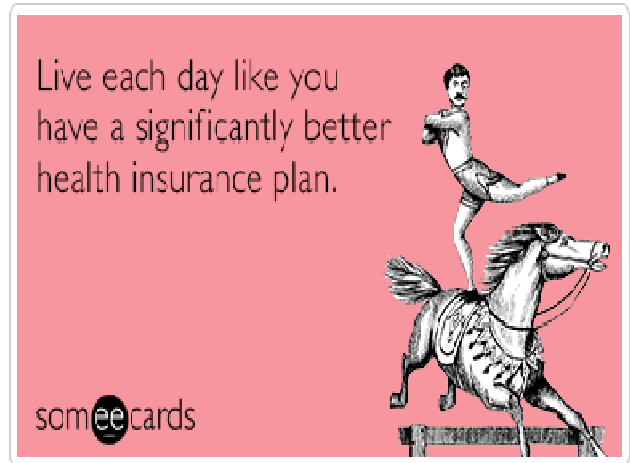


The Prescribing Guide



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PLANS

AlohaCare
CVS Caremark
HMSA
HMSA Quest
Ohana
United HealthCare

CLASSES

Allergy (antihistamine, nasal steroids).....
Antibiotics.....
Anticoagulants (&platelet Inhibitors).
Asthma/COPD.....
Birth Control.....
Cholesterol.....
Depression.....
Dermatology (steroid creams).....
Diabetes.....
Ear.....
Heartburn.....
Hypertension.....
Insomnia.....
Migraine.....
Psychotics (anti-psychotics).....
Smoking Cessation.....
Walmart \$4/\$10 list.....

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Univ. of Hawaii HMSA Chair for Health Care Services Quality Research
Pacific Health Research & Education Institute

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ASTHMA (1 of 2)

Beta Agonists

BRAND	Generic	Costco \$ (1 inhaler)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Proair	<i>albuterol inhaler</i>	\$56 (Walmart neb\$4)	Brand	\$0	\$25	\$20-25	\$0 (2 inh/month)	need PA	need PA
Proventil	<i>albuterol inhaler</i>	\$66 Epocrates	Generic	\$0	\$50	non-preferred	need PA	need PA	need PA
Ventolin	<i>albuterol inhaler</i>	\$58 Epocrates	Generic	\$0	\$50	\$20-25	\$0	\$0	\$0
Arcapta	<i>indacaterol</i>	\$215	Brand	need PA	\$25	not covered	need PA	need PA	\$0
Striverdi	<i>olodaterol</i>	\$163	Brand	need PA	\$50	\$20-25	\$0	\$0	\$0
Xopenex HFA	<i>levalbuterol</i>	\$60	Generic	need PA	\$50	non-preferred	need PA	\$0	need PA
Foradil	<i>formoterol</i>	\$239 for 60 caps	Brand	need PA	\$50	\$20-25	need PA	\$0	need PA
Serevent	<i>salmeterol</i>	\$242	Brand	\$0	\$25	non-preferred	need PA	need PA	need PA

Inhaled Steroids

BRAND	Generic	Costco \$ (1 inhaler)	Generic Brand	Aloha Care	CVS (State employees)	HMSA	HMSA Quest	Ohana	United Healthcare
QVAR	<i>beclomethasone</i>	\$190 (40mcg)	Brand	\$0 (not Redihaler)	\$25	\$20-25	need PA	\$0	Redihaler only
Pulmicort	<i>budesonide</i>	\$192	Brand	\$0 flexhaler	\$25	\$20-25	nebs only	neb only age ≤ 8y	if age ≥ 5 need PA
Arnuity Ellipta	<i>fluticasone furoate</i>	\$195	Brand	need PA	\$50	\$20-25	\$0	\$0	\$0
Flovent Diskus/HFA	<i>fluticasone propionate</i>	\$193 (110mcg)	Brand	\$0 - HFA only	\$25 Diskus HFA	\$20-25	Diskus, HFA	Diskus, HFA	HFA age ≤ 11
Asmanex	<i>mometasone</i>	\$204	Brand	need PA	\$25	\$20-25	need PA	\$0	\$0

Steroid/Long-acting Beta-Agonists

BRAND	Generic	Costco \$ (1 inhaler)	Generic Brand	Aloha Care	CVS (State employees)	HMSA	HMSA Quest	Ohana	United Healthcare
Advair Diskus/HFA	<i>fluticasone propionate/ salmeterol</i>	\$253 (45-21 HFA)	Brand	Diskus, HFA	\$25 Diskus, HFA	\$20-25	Diskus, HFA	Diskus	need PA
Breo Ellipta	<i>fluticasone furoate/ vilanterol</i>	\$288	Brand	need PA	\$25	\$20-25	need PA	need PA	step therapy*
Symbicort	<i>budesonide/ formoterol</i>	\$270 (160-4.5)	Brand	\$0	Breo, Dulera	\$20-25	need PA	\$0	need PA
Dulera	<i>mometasone/formoterol</i>	\$264	Brand	need PA	\$25	\$20-25	\$0	\$0	need PA

United HealthCare: Breo Ellipta - trial of 30 day inhaled steroids, long-acting beta2 agonist, or inhaled anticholinergic.

ASTHMA (2 of 2)

Anticholinergic (LAMA)

BRAND	Generic	Costco \$ (1 inhaler)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Atrovent	<i>Ipratropium bromide</i>	\$249 (neb \$4Walmart)	Generic	\$0	Spiriva	\$5-10	nebs	\$0	\$0 HFA
Spiriva	<i>tiotropium</i>	\$336	Brand	handihaler, not respimat	\$25	\$20-25	need PA	\$0	need PA
Incruse Ellipta	<i>umeclidinium</i>	\$245	Brand	need PA	Spiriva	non-preferred	\$0	\$0	\$0
Anoro Ellipta	<i>umeclidinium/vilanterol</i>	\$305	Brand	need PA	\$25	non-preferred	\$0	\$0	\$0

Other

BRAND	Generic	Costco \$ (1 inhaler)	Generic Brand	Aloha Care	CVS (State employees)	HMSA	HMSA Quest	Ohana	United Healthcare
Intal (neb)	<i>cromolyn sodium (neb)</i>	\$124	Generic	nebs	\$5	\$5-10	nebs	\$0	\$0
Combivent	<i>albuterol/ ipratropium</i>	\$307	Brand	\$0	\$25	\$20-25	\$0	\$0	\$0
Singulair	<i>montelukast</i>	\$22	Generic	step therapy	\$5	\$5-10	\$0	\$0	\$0
Accolate	<i>zafirlukast</i>	\$136 / 60 tabs	Generic	step therapy	\$5	\$5-10	needs PA	\$0	need PA

Spacers

E-Z Spacer, Vortex, Air Zone, Aerochamber	<i>spacers</i>	\$44 Easivent	Brand	Aerochamber, vortex, E-Z Spacer	pay out of pocket	Air Zone E-Z Spacer Vortex	Aerochamber Vortex	Aerochamber, E-Z spacer	Easivent, Vortex
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AlohaCare: Singulair and Accolate -- Needs trial of intranasal steroid or formulary asthma agent.

ANTIBIOTICS (1 of 2)

Penicillins and Cephalosporins

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Trimox	<i>amoxicillin</i>	\$6 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Augmentin	<i>amoxicillin / clavulanate</i>	\$70	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Pen-Vee K	<i>penicillin VK</i>	\$15 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Keflex (1st gen)	<i>cephalexin</i>	\$10 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0 (caps)

Quinolones

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Cipro	<i>ciprofloxacin</i>	\$7 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Levaquin	<i>levofloxacin</i>	\$19	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0 (tabs)
Avelox, Moxeza	<i>moxifloxacin</i>	\$845/30 pill	Generic	\$0	\$5	\$5-10	need PA	need PA	need PA

Tetracyclines

Adoxa	<i>doxycycline</i>	\$85/50 caps	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
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Macrolides

Zithromax	<i>azithromycin</i>	\$10 250mg #6	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
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Sulfonamides

Bactrim DS	<i>trimethoprim / sulfamethoxazole</i>	\$7 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
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Other Antimicrobials

Cleocin	<i>clindamycin</i>	\$12	Generic	\$0	\$5	\$5-10	\$0	\$0	150mg, 300mg
Cleocin Vaginal	<i>clindamycin 2% vaginal cream</i>	\$88	Brand	\$0	\$5	\$5-10 cream & supp	\$0	\$0	\$0 (cream)
Zyvox	<i>linezolid</i>	\$240	Generic	max 14 tabs/week	\$15 - up to 30 tabs	not covered	need PA	need PA	need PA
Macrobid	<i>nitrofurantoin BID</i>	\$58	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Highlighted drugs	- covered by all 6 plans								

ANTIBIOTICS (2 of 2)

Antifungals

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Diflucan	<i>fluconazole</i>	Walmart \$4/tab	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Sporanox	<i>itraconazole</i>	\$208	Generic	\$0	\$5	\$5-10	need PA	need PA	need PA
Nizoral	<i>ketoconazole</i>	\$35	Generic	\$0	\$5	\$5-10	need PA	\$0	\$0
Nizoral Topical	<i>ketoconazole cream or shampoo</i>	\$17 (120ml)	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Flagyl	<i>metronidazole</i>	\$17	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0 (tabs)
Metrogel	<i>metronidazole vaginal gel 0.75%</i>	\$32 (70 g)	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Mycostatin	<i>nystatin topical cream, oint, pwdr</i>	\$18 (15g) walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Lamisil	<i>terbinafine</i>	\$16 Walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0

Anti-Virals

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Zovirax	<i>acyclovir</i>	\$7 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	caps, tabs, susp
Famvir	<i>famciclovir</i>	\$42	Generic	\$0	covered?*	\$5-10	\$0	need PA	need PA
Cytovene	<i>ganciclovir</i>	\$ not avail	Generic	500mg vial	covered?* 5 up to 7 days	\$5-10	need PA	need PA	\$0
Valtrex	<i>valacyclovir</i>	\$37	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0

*Conflicting information on CVS website.

Highlighted drugs - covered by all 6 plans

Anticoagulants/Platelet Inhibitors

BRAND	Generic	Costco \$ (30 days)	Generic Brand	Aloha Care	CVS (State employees)	HMSA	HMSA Quest	Ohana	United Healthcare
Eliquis	<i>apixaban</i>	\$413 (#60)	Brand	preferred but need PA*	\$25	\$20-25	\$0	need PA	\$0
Pradaxa	<i>dabigatran</i>	\$328(60 cap)	Brand	need PA	\$50	\$20-25	need PA	need PA	need PA
Savaysa	<i>edoxaban</i>	\$335	Brand	need PA	\$50	not covered	need PA	need PA	\$0
Xarelto	<i>rivaroxaban</i>	\$406	Brand	preferred but need PA*	\$25	\$20-25	\$0	10mg -\$0 15mg -\$0 20mg - must fail warfarin	need PA

*Aloha Care: **Eliquis, Xarelto** are preferred, but still need PA

HMSA Quest: **Xarelto** - 10mg - 35 per 35 days, 1 fill per 90d. 15mg - 42 per 21 days, 1 fill per 90d

Ohana: **Xarelto** -10mg - \$0, 15mg - 62 per 31 days. 20mg - must fail warfarin within past 90 days. Starter Pack - 51 per 30 days

BRAND	Generic	Costco \$ (30 days)	Generic Brand	Aloha Care	CVS (State employees)	HMSA	HMSA Quest	Ohana	United Healthcare
Plavix	<i>clopidogrel</i>	\$12	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Brilinta	<i>ticagrelor</i>	\$369 (60 tab)	Brand	need PA	\$25	\$20-25	\$0	need PA	Diagnosis required

Highlighted drugs - covered by all 6 plans

ASTHMA (1 of 2)

Beta Agonists

BRAND	Generic	Costco \$ (1 inhaler)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Proair	<i>albuterol inhaler</i>	\$56 (Walmart neb\$4)	Brand	\$0	\$25	\$20-25	\$0 (2 inh/month)	need PA	need PA
Proventil	<i>albuterol inhaler</i>	\$66 Epocrates	Generic	\$0	\$50	non-preferred	need PA	need PA	need PA
Ventolin	<i>albuterol inhaler</i>	\$58 Epocrates	Generic	\$0	\$50	\$20-25	\$0	\$0	\$0
Arcapta	<i>indacaterol</i>	\$215	Brand	need PA	\$25	not covered	need PA	need PA	\$0
Striverdi	<i>olodaterol</i>	\$163	Brand	need PA	\$50	\$20-25	\$0	\$0	\$0
Xopenex HFA	<i>levalbuterol</i>	\$60	Generic	need PA	\$50	non-preferred	need PA	\$0	need PA
Foradil	<i>formoterol</i>	\$239 for 60 caps	Brand	need PA	\$50	\$20-25	need PA	\$0	need PA
Serevent	<i>salmeterol</i>	\$242	Brand	\$0	\$25	non-preferred	need PA	need PA	need PA

Inhaled Steroids

BRAND	Generic	Costco \$ (1 inhaler)	Generic Brand	Aloha Care	CVS (State employees)	HMSA	HMSA Quest	Ohana	United Healthcare
QVAR	<i>beclomethasone</i>	\$190 (40mcg)	Brand	\$0 (not Redihaler)	\$25	\$20-25	need PA	\$0	Redihaler only
Pulmicort	<i>budesonide</i>	\$192	Brand	\$0 flexhaler	\$25	\$20-25	nebs only	neb only age ≤ 8y	if age ≥ 5 need PA
Arnuity Ellipta	<i>fluticasone furoate</i>	\$195	Brand	need PA	\$50	\$20-25	\$0	\$0	\$0
Flovent Diskus/HFA	<i>fluticasone propionate</i>	\$193 (110mcg)	Brand	\$0 - HFA only	\$25 Diskus HFA	\$20-25	Diskus, HFA	Diskus, HFA	HFA age ≤ 11
Asmanex	<i>mometasone</i>	\$204	Brand	need PA	\$25	\$20-25	need PA	\$0	\$0

Steroid/Long-acting Beta-Agonists

BRAND	Generic	Costco \$ (1 inhaler)	Generic Brand	Aloha Care	CVS (State employees)	HMSA	HMSA Quest	Ohana	United Healthcare
Advair Diskus/HFA	<i>fluticasone propionate/ salmeterol</i>	\$253 (45-21 HFA)	Brand	Diskus, HFA	\$25 Diskus, HFA	\$20-25	Diskus, HFA	Diskus	need PA
Breo Ellipta	<i>fluticasone furoate/ vilanterol</i>	\$288	Brand	need PA	\$25	\$20-25	need PA	need PA	step therapy*
Symbicort	<i>budesonide/ formoterol</i>	\$270 (160-4.5)	Brand	\$0	Breo, Dulera	\$20-25	need PA	\$0	need PA
Dulera	<i>mometasone/formoterol</i>	\$264	Brand	need PA	\$25	\$20-25	\$0	\$0	need PA

United HealthCare: Breo Ellipta - trial of 30 day inhaled steroids, long-acting beta2 agonist, or inhaled anticholinergic.

ASTHMA (2 of 2)

Anticholinergic (LAMA)

BRAND	Generic	Costco \$ (1 inhaler)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Atrovent	<i>Ipratropium bromide</i>	\$249 (neb \$4Walmart)	Generic	\$0	Spiriva	\$5-10	nebs	\$0	\$0 HFA
Spiriva	<i>tiotropium</i>	\$336	Brand	handihaler, not respimat	\$25	\$20-25	need PA	\$0	need PA
Incruse Ellipta	<i>umeclidinium</i>	\$245	Brand	need PA	Spiriva	non-preferred	\$0	\$0	\$0
Anoro Ellipta	<i>umeclidinium/vilanterol</i>	\$305	Brand	need PA	\$25	non-preferred	\$0	\$0	\$0

Other

BRAND	Generic	Costco \$ (1 inhaler)	Generic Brand	Aloha Care	CVS (State employees)	HMSA	HMSA Quest	Ohana	United Healthcare
Intal (neb)	<i>cromolyn sodium (neb)</i>	\$124	Generic	nebs	\$5	\$5-10	nebs	\$0	\$0
Combivent	<i>albuterol/ ipratropium</i>	\$307	Brand	\$0	\$25	\$20-25	\$0	\$0	\$0
Singulair	<i>montelukast</i>	\$22	Generic	step therapy	\$5	\$5-10	\$0	\$0	\$0
Accolate	<i>zafirlukast</i>	\$136 / 60 tabs	Generic	step therapy	\$5	\$5-10	needs PA	\$0	need PA

Spacers

E-Z Spacer, Vortex, Air Zone, Aerochamber	<i>spacers</i>	\$44 Easivent	Brand	Aerochamber, vortex, E-Z Spacer	pay out of pocket	Air Zone E-Z Spacer Vortex	Aerochamber Vortex	Aerochamber, E-Z spacer	Easivent, Vortex
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AlohaCare: Singulair and Accolate -- Needs trial of intranasal steroid or formulary asthma agent.

BIRTH CONTROL

Monophasic

BRAND	Ethinyl estradiol (EE mcg)	Costco \$ (30 days)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Alesse, Aviane	20 EE 0.1 levonorgestrel	\$19 levonest-28 (Walmart \$9)	Generic	Aviane	\$0-5 Aviane	\$0-\$10 Alesse	\$0	Aviane	Alesse
Loestrin (Junel) 1/20	20 EE 1.0 norethindrone	\$97 Loestrin 21	Generic	Junel	\$0-5 Junel	not covered	\$0	Junel	loestrin
Yaz, Gianvi	20 EE 3.0 drospirenone	\$45 Loryna	Generic	Gianvi	\$0-5 Gianvi	\$0-10 Yaz	\$0	Gianvi	need PA
Desogen, Apri, Ortho-Cept, Enskyce	30 EE 0.15 desogestrel	\$22 CVS (Walmart \$9 Enskyce)	Generic	Apri, Enskyce	\$0-5 Apri	\$0-10 Desogen	\$0	Apri	Ortho-Cept
Yasmin, Ocella, Syeda	30 EE 3.0 drospirenone	\$57 Syeda	Generic	Ocella, Syeda	\$0-5 Ocella	\$0-10 Yasmin	\$0	Ocella, Syeda	need PA
Nordette, Altavera, Kurvelo	30 EE 0.15 levonorgestrel	\$29 Altavera Epocrates (Walmart \$4 Kurvelo)	Generic	Altavera, Kurvelo	\$0-5 Altavera	not covered	\$0	Altavera	Nordette
Lo/ovral, Low-Ogestrel, Elinest	30 EE 0.3 norgestrel	\$20 Elinest	Generic	Elinest, Low-ogestrel	\$0-5 Low-Ogestrel	not covered	\$0	Low-Ogestrel	Lo/ovral
Ortho-Cyclen, Mononessa, sprintec	35 EE 0.25 norgestimate	\$29 Sprintec Epocrates (Walmart \$9)	Generic	Sprintec, Mononessa	\$0-5 Mononessa	Ortho Tri-Cyclen Lo	\$0	Mononessa, Sprintec	Ortho-Cyclen

Progestin only

Nor-QD, Heather, Micronor, Errin, Camila, Aygestin	norethindrone	\$20 Heather walmart \$9	Generic	Heather, Camila, Errin	\$0-5 Heather	\$0-10 Norethindrone	\$0	Camila, Errin, Jolivette, Nora-Be	Ortho Micronor, Aygestin
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Others/HPV Vaccine

BRAND	Generic	Costco \$ (30 days)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Ella	ulipristal	\$43	Brand	need PA	\$0-20	not covered	Ella (2/year)	need PA	need PA
Plan B One step	levonorgestrel 1.5mg	Longs \$40 - OTC age > 18. N/a at Costco	OTC	levo-norgestrel 1.5mg	\$0-5 levo norgestrel	\$0-10	levonorgestrel (2/year)	Plan B one-step	levonorgestrel 1.5mg
OrthoEvra (patch/wk), Xulane	norelgestromin/ethinyl estradiol	\$113 (3 patch)	Generic	Xulane (Trial of OCP first)	\$0-20 Xulane	\$0-10	\$0	\$0 Xulane	\$0 Xulane
NuvaRing (vaginal ring)	0.12 etonogestrel / 0.015 ethinyl estradiol	\$111	Brand	Trial of OCP first	\$25	\$0-25	\$0	\$0	\$0
Gardasil	Human Papillomavirus Quadrivalent Vaccine	\$155/inj Epocrates	Brand	19-26 year old	\$25	F 19-26, M 19-21 yr	F 19-26 yr, M 19-21 yr	19-26 year old	\$0

CHOLESTEROL

Statins

BRAND	GENERIC	Costco \$ (30 days)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Lipitor	atorvastatin	\$15 (10mg)	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Mevacor	lovastatin	\$6 (walmart \$4 10.20mg)	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Pravachol	pravastatin	\$44	Generic	\$0	\$5	\$5-10	\$0	\$0	need PA
Crestor	rosuvastatin	\$200	Generic	\$0	\$5	\$5-10	need PA	\$0	need PA
Zocor	simvastatin	\$8	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0

Ohana: Lipitor -- Must fail simvastatin, pravastatin, lovastatin.

Walmart: Pravastatin -- 10mg \$4, 20mg-\$4, 40mg-\$10.

Ezetimibe

BRAND	GENERIC	Costco \$ (30 days)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Zetia	ezetimibe	\$210	Generic	\$0	\$25	\$5-10	\$0	need PA	need PA
Vytorin	ezetimibe/ simvastatin	\$217	Generic	\$0	need PA	non-preferred	need PA	need PA	need PA

Gemfibrozil

BRAND	GENERIC	Costco \$ (30 days)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Lopid	gemfibrozil	\$7	Generic	600 mg tab	\$5	\$5-10	\$0	\$0	\$0

Niacin

Niaspan	niacin SR (QD)	\$111	OTC	\$0	\$5	\$5-10	\$0	Niacor	\$0
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Fibrates

BRAND	GENERIC	Costco \$ (30 days)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Lofibra, Antara	fenofibrate, micronized	\$150 (antara 130mg #30)	Generic	\$0	need PA	not covered	67, 134, 200mg	\$0	step therapy*
Tricor	fenofibrate	\$19 (54mg)	Generic	\$0	\$5	\$5-10	\$0	\$0	need PA

Others

BRAND	GENERIC	Costco \$ (30 days)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Colestid	colestipol	\$46	Generic	\$0	\$5	\$5-10	\$0	need PA	need PA
Questran	cholestyramine	\$55	Generic	\$0	\$5	\$5-10	\$0	\$0	cans covered (not packets)
WelChol	colesevelam	\$494 (3.75g #30)	Brand	need PA	\$25	non-preferred	need PA	need PA	need PA

*Conflicting information on CVS website.

United HealthCare: fenofibrate, micronized -- must be on a statin or 90 day supply of gemfibrozil within 180 days

Highlighted drugs - covered by all 6 plans

DEPRESSION

SSRI

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Celexa	<i>citalopram</i>	\$6 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Lexapro	<i>escitalopram</i>	\$7	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0 tabs only
Prozac	<i>fluoxetine</i>	\$6	Generic	\$0	\$5	\$5-10	\$0	\$0	10mg & 20mg caps
Prozac weekly	<i>fluoxetine weekly</i>	\$173/ 4 tab Epocrates	Generic	\$0	covered?*	need PA	\$0	\$0	need PA
Luvox	<i>fluvoxamine</i>	\$20	Generic	\$0	covered?*	\$5-10	\$0	\$0	\$0
Luvox CR	<i>fluvoxamine ER</i>	\$220	Generic	\$0	covered?*	not covered	\$0	\$0	need PA
Paxil	<i>paroxetine</i>	\$6 (Walmart \$10)	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0 tabs only
Paxil CR	<i>paroxetine ER</i>	\$80	Generic	\$0	\$5	\$5-10	\$0	\$0	need PA
Zoloft	<i>sertraline</i>	\$12	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0 tabs only

SNRIs

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Pristiq	<i>desvenlafaxine</i>	\$114	Generic	Must fail 2 generics	\$25	\$5-10	\$0	fail 2 generics	need PA
Cymbalta	<i>duloxetine</i>	\$247	Generic	\$0	\$5	non- preferred	\$0	\$0	\$0
Effexor (bid)	<i>venlafaxine</i>	\$15	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Effexor XR (QD)	<i>venlafaxine ER</i>	\$90	Generic	\$0 cap only	\$5	\$5-10	\$0	\$0	\$0

Other

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Wellbutrin SR (BID)	<i>bupropion SR</i>	\$21	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Wellbutrin XL (QD)	<i>bupropion XL</i>	\$27	Generic	\$0 150,300mg only	\$5	\$5-10	\$0	\$0	150, 300mg
Remeron	<i>mirtazapine</i>	\$15	Generic	\$0	\$5	\$5-10	\$0	\$0	tabs only
Serzone	<i>nefazodone</i>	\$44	Generic	\$0	\$5	\$5-10	\$0	\$0	need PA

*Conflicting information on CVS website.

Highlighted drugs - covered by all 6 plans

DERMATOLOGY (1 of 2)

Very high potency

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Diprolene AF	<i>a. betamethasone d. 0.05% oint</i>	\$67 (15g)	Generic	\$0 oint	\$77 oint	\$5-10 oint, gel	ointment, gel	need PA	ointment, gel
Temovate, Cormax	<i>clobetasol 0.05%, cream, oint</i>	\$21 (30gm)	Generic	\$0 cream, oint	\$5	\$5-10	cream, gel, oint, soln, foam	soln only	soln only
Temovate E	<i>clobetasol 0.05% emollient cream</i>	\$80	Brand	\$0	not covered	non-preferred	need PA	need PA	need PA
Ultravate	<i>halobetasol p. 0.05% cream, oint</i>	\$82 (15gm)	Generic	\$0 cream, oint	\$5	\$5-10 cream oint	cream, oint	cream oint	cream

High potency

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Betatrex (ointment)	<i>betamethasone valerate 0.1% oint</i>	\$62	Generic	\$0 oint	\$5	\$5-10	ointment	cream, lotion, oint	\$0
Cyclocort	<i>amcinonide 0.1% cream, lotion</i>	\$244	Generic	\$0 cream, lotion, oint	\$5	\$5-10	need PA	need PA	ointment only
Diprolene AF	<i>a. betamethasone d. 0.05% cream</i>	\$90	Generic	\$0 cream	\$30	non-preferred	cream	cream	cream
Diprolene	<i>a. betamethasone d. 0.05% lotion, gel</i>	\$90	Generic	\$0 lotion	\$30	ointment, gel only	lotion	need PA	lotion, gel
Diprosone, Maxivate (cream, oint)	<i>betamethasone d. 0.05% cream, oint</i>	\$70	Generic	\$0 cream, oint	\$5 cream, oint	\$5-10 cream/ointment/lotion	cream, lotion, oint	cream, oint	cream, lotion, oint
Florone, Maxiflor, Psorcon B	<i>diflorasone 0.05% cream, oint</i>	\$75 (15gm)	Generic	\$0 cream, oint	\$25 Apexicon E	\$5-10 cream oint	cream	need PA	need PA
Kenalog	<i>triamcinolone a. 0.5% cream, oint</i>	\$12 (15g) walmart \$4	Generic	\$0 cream, oint	\$5	\$5-10 cream oint	cream, oint	cream, oint	cream
Lidex	<i>fluocinonide 0.05% cream, oint, gel</i>	\$10 Epocrates	Generic	\$0 cream, oint, sol, gel	\$5	\$5-10	cream, gel, oint, soln	cream, gel, oint, soln	cream, gel, oint, soln
Lidex E	<i>fluocinonide 0.05% emollient cream</i>	\$41	Generic	\$0 cream	covered?*	not covered	need PA	cream	need PA
Topicort	<i>desoximetasone 0.25% cream/ointment, 0.05% gel</i>	\$70	Generic	\$0 cream, oint, gel	\$5	\$5-10 0.25% cream/ointment	cream, gel, oint	need PA	need PA

DERMATOLOGY (2 of 2)

Medium potency

BRAND	Generic	Costco \$ (15gm)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Betatrex	<i>betamethasone v. 0.1% cream, lotion</i>	\$15	Generic	\$0 cream lotion	\$5, cream, lotion	\$5-10 cream lot	cream, lotion, oint	cream, lotion, oint	cream, lotion, oint
Cutivate	<i>fluticasone p. 0.05% cream, 0.005% oint</i>	\$18 Epocrates	Generic	\$0 cream, oint, lotion	\$5, cream, lotion	non-preferred	cream, oint	cream, oint	cream, oint
Diprosone, Maxivate (lotion)	<i>betamethasone d. 0.05% lotion</i>	\$51 Epocrates	Generic	\$0 lotion	\$5 lotion	\$5-10 lotion	lotion	lotion	lotion
Elocon	<i>mometasone f. 0.1% cream, soln, oint</i>	\$11 (15gm)	Generic	\$0 cream, soln, oint	\$5	non-preferred	cream, lot, oint	cream, oint, soln	cream, oint, soln
Kenalog	<i>triamcinolone a. 0.1% or 0.025% cream, oint</i>	\$10 walmart \$4	Generic	\$0	\$5	\$5-10	cream, lot, oint	cream, oint	cream, oint, lotion
Locoid	<i>hydrocortisone butyrate 0.1% cream</i>	\$35 Epocrates	Generic	\$0 cream, oint, soln	\$5	\$5-10	cream, oint, soln	need PA	cream, oint, soln
Synalar 0.025%	<i>fluocinolone a. 0.025% cream, oint</i>	\$36	Generic	\$0 cream, oint	\$5	\$5-10	cream, oint	ointment, cream	cream, oint
Topicort LP	<i>desoximetasone 0.05% cream</i>	\$43 (15g) Epocrates	Generic	cream, gel, oint	\$5	\$5-10	cream	need PA	need PA
Westcort	<i>hydrocortisone v. 0.2% cream, oint</i>	\$53 Epocrates	Generic	\$0 cream, oint	\$5	\$5-10 cream oint	cream, oint	cream, oint	cream

Low potency

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Aclovate	<i>aclometasone d. 0.05% cream, oint</i>	\$26 Epocrates	Generic	\$0 cream, oint	\$5	non-preferred	cream, oint	cream, oint	cream, oint
Cetacort, Hytone	<i>hydrocortisone 1% or 2.5% cream, oint, lotion</i>	\$8 (30g) walmart \$4	Generic	\$0	\$5	0.25% lotion	cream, gel, lot, oint, soln	cream, oint, lotion	lotion, cream, oint
Desowen	<i>desonide 0.05% cream, oint, lotion</i>	\$89	Generic	\$0	\$5	\$5-10	cream, lot, oint	cream, oint	need PA

*Conflicting information on UHC Evercare website.

Highlighted - covered by all 6 plans

DIABETES (1 of 4)

Metformin

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Glucophage	<i>metformin</i>	\$7 (500mg) walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Glucophage XR	<i>metformin ER</i>	\$7 (500mg) walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0

Sulfonylurea/Combinations

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Amaryl	<i>glimepiride</i>	\$6 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Glucotrol	<i>glipizide</i>	\$6 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Glucotrol XL	<i>glipizide ER</i>	\$17	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Micronase, Diabeta	<i>glyburide</i>	\$6 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Metaglip	<i>glipizide/metformin</i>	\$25 Epocrates	Generic	\$0	\$5	\$5-10	\$0	\$0	need PA
Glucovance	<i>glyburide/metformin</i>	\$7	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0

TZD/Combinations

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Actos	<i>pioglitazone</i>	\$15 (15mg)	Generic	step therapy	\$5	\$5-10	\$0	must fail metformin	\$0
Duetact	<i>pioglitazone/ glimepiride</i>	\$293	Generic	step therapy	\$5	\$5-10	\$0	need PA	need PA
ACTOplus met	<i>pioglitazone/metfor min</i>	\$255	Generic	step therapy	\$5	\$5-10	\$0	must fail metformin	need PA

AlohaCare: Actos, Duetact, ACTOplusmet - trial of metformin or metformin/combination drugs in last 60 days

DIABETES (2 of 4)

DPP-4 Inhibitors/Combinations

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Januvia	<i>sitagliptin</i>	\$408	Brand	need PA	\$25	\$25	step therapy*	must fail metformin	need PA
Tradjenta	<i>linagliptin</i>	\$338	Brand	\$0	\$25	\$25	need PA	need PA	need PA
Onglyza	<i>saxagliptin</i>	\$316	Brand	need PA	\$30	non-preferred	need PA	need PA	need PA
Nesina	<i>alogliptin</i>	\$172	Generic	need PA	\$30	\$5-\$10	need PA	need PA	step therapy*
Kazano	<i>alogliptin/metformin</i>	\$172	Generic	need PA		\$5-\$10	need PA	need PA	step therapy*
Janumet	<i>sitagliptin/metformin</i>	\$435	Brand	need PA	\$25	\$25	step therapy*	must fail metformin	need PA
Janumet XR	<i>sitagliptin/metformin ER</i>	\$435	Brand	need PA	\$25	\$25	step therapy*	must fail metformin	need PA
Kombiglyze XR	<i>saxagliptin/metformin ER</i>	\$394	Brand	need PA	\$30	non-preferred	need PA	need PA	need PA

GLP-1 Mimetic

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Byetta	<i>exenatide</i>	\$474 (3ml)	Brand	need PA	\$30	non-preferred	need PA	need PA	need PA
Bydureon	<i>exenatide ER</i>	\$514 (8ml)	Brand	need PA	\$25	\$25	need PA	need PA	need PA
Victoza	<i>liraglutide</i>	\$440 6ml	Brand	need PA	\$25	\$25	step therapy*	need PA	need PA
Trulicity	<i>dulaglutide</i>	\$699	Brand	need PA	\$25	not covered	step therapy*	need PA	step therapy*
Tanzeum	<i>albiglutide</i>	\$541	Brand	need PA	\$50	not covered	need PA	need PA	step therapy*

HMSA Quest: **Trulicity, Victoza, Januvia, Janumet, Janumet XR** -trial of metformin, sulfonylurea, or insulin sensitizer for 60 days

United Health Care: **Nesina, Trulicity, Tanzeum**, --trial of Metformin 1500mg qd for 90 days

DIABETES (3 of 4)

SGLT2 Inhibitors/Combinations

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Invokana	canagliflozin	\$453	Brand	need PA	\$50	metformin first	step therapy*	step therapy*	step therapy*
Invokamet	canagliflozin/metformin	\$453	Brand	need PA	\$50	metformin first	step therapy*	step therapy*	step therapy*
Invokamet XR	canagliflozin/metformin	\$453	Brand	need PA	\$50	metformin first	step therapy*	need PA	step therapy*
Jardiance	empagliflozin	\$415	Brand	need PA	\$25	metformin first	need PA	step therapy*	step therapy*
Synjardy	empagliflozin/metformin	\$415	Brand	need PA	\$50	metformin first	need PA	step therapy*	step therapy*
Synjardy XR	empagliflozin/metformin	\$415	Brand	need PA	\$50	metformin first	need PA	need PA	step therapy*
Farxiga	dapagliflozin	\$457	Brand	need PA	\$25	non-preferred	need PA	need PA	need PA
Xigduo XR	dapagliflozin/metformin ER	\$457	Brand	need PA	\$25	non-preferred	need PA	need PA	need PA

AlohaCare: Invokana, Jardiance, Farxiga - step 1: metformin AND one DPP-4 Inhibitor/combination product OR GLP-1

HMSA Quest: Invokana, Invokamet, Invokamet XR - must try metformin, sulfonylurea, or insulin sensitizer

Ohana: Invokana, Invokamet, Jardiance - must try metformin, metformin er, or Riomet within past 100 days

DIABETES (4 of 4)

Insulin (Rapid-Acting)

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Apidra	<i>glulisine</i>	\$210 10ml, \$430 15ml pen	Brand	vial, pen	\$15 vial, pen	need PA	\$0 vial, pen	vial, pen	need PA
Humalog	<i>lispro</i>	\$196 10 ml, \$423 15ml pen	Brand	vial, pen	\$15 vial, pen	need PA	\$0 vial, pen	vial, pen	vial
Novolog	<i>aspart</i>	\$197 10ml, \$375 15ml pen	Brand	vial, pen	\$5 pen	\$5-10	\$0 vial, pen	vial, pen	vial

Insulin (Short-Acting)

Humulin R	<i>insulin</i>	\$89 vial	OTC	vial	\$5 vial, pen	need PA	\$0 vial, pen	vial, pen	vial
Novolin R	<i>insulin</i>	\$28 Walmart	OTC	\$0	\$15 vial	\$5-10 vial, pen	\$0 vial, pen	vial	vial

Insulin (Intermediate-Acting)

Humulin N	<i>NPH</i>	\$309 15ml pen	OTC	vial, pen	\$15 vial, pen	need PA	\$0 vial, pen	vial, pen	vial
Novolin N	<i>NPH</i>	\$29 Walmart	OTC	\$0	\$15 vial	\$5-10 vial, pen	\$0 vial, pen	vial	vial

Insulin (Long-Acting)

Lantus, Basaglar, Toujeo	<i>glargine</i>	\$240 10ml, \$371 15ml pen	Brand	Lantus vial, pen	\$15 Lantus vial, pen	\$5-10 Lantus	\$0 Lantus pen, Basaglar	Basaglar only (pen)	Basaglar, Toujeo pen
Levemir	<i>detemir</i>	\$189 10ml	Brand	need PA	vial, pen	need PA	\$0*	need PA	need PA

Insulin (Ultra Long-Acting)

Tresiba	<i>degludec</i>		Brand	need PA	non-preferred	need PA	need PA	need PA	need PA
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Insulin (Pre-Mixed)

Humalog Mix 50/50	<i>lispro mix</i>	\$131 10ml, \$841 15ml pen	Brand	vial, pen	\$15 vial, pen	need PA	\$0 vial, pen	vial, pen	vial
Humalog Mix 75/25	<i>lispro mix</i>	\$158 10ml, \$423 15ml pen	Brand	vial, pen	\$15 vial, pen	need PA	\$0 vial, pen	vial, pen	vial
Humulin 70/30	<i>NPH/reg mix</i>	\$90 10ml, \$385 15ml pen	OTC	vial, pen	\$15 vial, pen	need PA	\$0 vial, pen	vial, pen	vial
Novolin 70/30	<i>NPH/reg mix</i>	\$25 Walmart	OTC	\$0	\$15 vial	\$5-10 vial, pen	\$0 vial, pen	vial	vial
Novolog 70/30	<i>aspart mix</i>	\$375 15 ml pen	Brand	vial, pen	\$5 pen	\$5-10	\$0 vial, pen	vial, pen	vial

Glucometers

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Accu-Chek Aviva Plus, Accu-Chek Compact Plus		free meter*	Brand	need PA	need PA	not covered	need PA	footnote	need PA
Bayer Breeze 2/ Bayer Contour		free meter*	Brand	need PA	need PA	not covered	need PA	need PA	need PA
Freestyle Lite/ Freestyle Freedom Lite		free meter*	Brand	need PA	need PA	Freestyle, Freestyle Lite	Freestyle Freedom Lite (kit & strips)	footnote	need PA
One touch (Ultra 2, Ultra mini, or Verio)		free meter*	Brand	Ultra 2	Ultra, Verio	Surestep, Fast Take	need PA	Ultra 2, Ultra Mini	1 strip/day (no insulin). 6

Ohana - glucometer. Website and customer service both say accu-chek (AvivaPlus, Compact, Nano 100 stp/30d) and freestyle (Lite, Freedom Lite) covered, but pharmacists tell us onetouch glucometer/lancets covered (verio, ultra2, ultramini) although says need PA.

***CVS State employees: Accu-Chek or One Touch glucometers- call 1-800-588-4456.

EAR

Ear antibiotics

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Cipro HC Otic	<i>ciprofloxacin/hydrocortisone</i>	\$104 (10ml) Epocrates	Brand	need PA	\$25	non-preferred	need PA	need PA	need PA
Ciprodex	<i>ciprofloxacin/dexamethasone</i>	\$163	Brand	need PA	\$25	non-preferred	\$0	must fail ofloxacin	diagnosis required
Coly-Mycin S Otic	<i>neomycin/hydrocortisone</i>	\$85	Brand	need PA	\$50	non-preferred	need PA	need PA	need PA
Cortisporin Otic	<i>neomycin/polymyxin B/hydrocortisone (susp. soln)</i>	\$18	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Cortisporin TC Otic	<i>neomycin/colistin/hydrocortisone</i>	\$78	Brand	need PA	\$50	non-preferred	need PA	need PA	need PA
Domeboro Otic, Star-Otic	<i>acetic acid/ aluminum acetate</i>	\$ not avail	Generic	\$0	\$5	\$5-10	need PA	need PA	\$0
Floxin Otic	<i>Ofloxacin, otic</i>	\$27	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Vosol HC Otic	<i>acetic acid/ hydrocortisone</i>	\$95 Walmart	Generic	need PA	\$5	not covered	need PA	need PA	\$0
Vosol Otic	<i>acetic acid</i>	\$36	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0

Others

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Americane	<i>benzethonium chloride/glycerine / benzocaine</i>	\$ not available	Brand	need PA	need PA	not covered	need PA	need PA	need PA
Benzocaine	<i>benzocaine</i>	\$ not available	OTC	need PA	need PA	not covered	need PA	need PA	need PA
Cerumenex	<i>triethanolamine</i>	\$ not available	Brand	need PA	need PA	not covered	need PA	need PA	need PA
Debrox	<i>carbamide peroxide 6.5%</i>	\$6	OTC	carbamide 6.5%	need PA	not covered	need PA	\$0	\$0
Ear-Dry	<i>boric acid/ isopropyl alcohol</i>	\$ not available	OTC	need PA	need PA	not covered	need PA	need PA	need PA
Swim-Ear	<i>glycerin / isopropyl alcohol</i>	\$ not available	OTC	need PA	need PA	not covered	need PA	need PA	need PA

Highlighted - covered by all 6 plans

Ohana: - Debrox - plan listed as "carbamide ear drops otic solution 6.5%"

HEARTBURN/ GERD

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Tagamet	<i>cimetidine</i>	\$23 (180tab) (Walmart \$10)	OTC	\$0	\$5	\$5-10	\$0	\$0	\$0
Pepcid	<i>famotidine</i>	\$16 walmart \$4	OTC	\$0	\$5	\$5-10	\$0	\$0	Pepcid AC OTC covered
Axid	<i>nizatidine</i>	\$46 (60 tabs)	Generic	\$0	\$5	\$5-10	\$0	need PA	need PA
Zantac	<i>ranitidine</i>	\$12 walmart \$4	OTC	\$0	\$5	\$5-10	\$0	\$0	\$0 150mg

Proton-pump Inhibitors (PPI)

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Nexium	<i>esomeprazole</i>	\$256	Generic	Nexium 24HR 20mg capsule	\$81	\$5-10	Nexium 24HR 20mg capsule	OTC only	need PA
Prevacid	<i>lansoprazole</i>	\$21	Generic	\$0 15mg capsule	\$5	\$5-10	\$0	\$0	\$0
Prilosec	<i>omeprazole</i>	\$11	OTC	\$0	\$5	\$5-10	\$0	\$0	\$0 caps
Protonix	<i>pantoprazole</i>	\$14	Generic	need PA	\$5	\$5-10	\$0	\$0	\$0
Aciphex	<i>rabeprazole</i>	\$55 Walmart	Brand	\$0	need PA	non- preferred fail 2 generic PPI	need PA	need PA	need PA

*United Healthcare: Prevacid -- must fail 30 day omeprazole 40mg AND pantoprazole 40mg within prior 180 days.

Highlighted - covered by all 6 plans

HTN - Ace Inhibitors

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Lotensin	<i>benazepril</i>	\$15 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Vasotec	<i>enalapril</i>	\$10 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Monopril	<i>fosinopril</i>	\$11 Walmart	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Prinivil, Zestril	<i>lisinopril</i>	\$7 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Accupril	<i>quinapril</i>	\$16	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Altace	<i>ramipril</i>	\$11	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0

ACE inhibitors with HCT

Lotensin HCT	<i>benazepril/HCT</i>	\$12 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Vaseretic	<i>enalapril/HCT</i>	\$21 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Monopril HCT	<i>fosinopril/HCT</i>	\$38	Generic	\$0	\$5	\$5-10	\$0	need PA	\$0
Zestoretic	<i>lisinopril/HCT</i>	\$6 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Accuretic	<i>quinapril/HCT</i>	\$21	Generic	\$0	\$5	\$5-10	\$0	need PA	\$0

HTN - ARBs

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Atacand	<i>candesartan</i>	\$97	Generic	\$0	\$5	\$5-10	need PA	need PA	need PA
Avapro	<i>irbesartan</i>	\$10	Generic	\$0	\$5	\$5-10	\$0	\$0	need PA
Cozaar	<i>losartan</i>	\$10	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Benicar	<i>olmesartan medoxomil</i>	\$137	Generic	\$0	\$25	\$5-10	need PA	Step Therapy*	need PA
Micardis	<i>telmisartan</i>	\$32	Generic	\$0	\$5	\$5-10	need PA	need PA	need PA
Diovan	<i>valsartan</i>	\$137	Generic	\$0	\$5	\$5-10	\$0	\$0	need PA

ARBs with HCT

Atacand HCT	<i>candesartan/HCT</i>	\$128	Generic	\$0	\$5	non-preferred	need PA	need PA	need PA
Avalide	<i>irbesartan/HCT</i>	\$167	Generic	\$0	\$5	\$5-10	\$0	need PA	need PA
Hyzaar	<i>losartan/HCT</i>	\$13	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Benicar HCT	<i>olmesartan medoxomil-hydrochlorothiazide</i>	\$180	Generic	\$0	\$25	\$5-10	need PA	need PA	need PA
Micardis HCT	<i>telmisartan/HCT</i>	\$106	Generic	\$0	\$5	\$5-10	need PA	need PA	need PA
Diovan HCT	<i>valsartan/HCT</i>	\$15	Generic	\$0	\$5	\$5-10	\$0	\$0	need PA

Highlighted - covered by all 6 plans

Ohana; Benicar - Must fail preferred ARB -losartan, irbesartan, valsartan

HTN - beta blockers

Cardioselective

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Tenormin	<i>atenolol</i>	\$6 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Zebeta	<i>bisoprolol</i>	\$12	Generic	\$0	not covered	\$5-10	\$0	\$0	\$0
Lopressor	<i>metoprolol tartrate</i>	\$12 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	20mg, 50mg, 100mg
Toprol XL	<i>metoprolol succinate ER</i>	\$19	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Lopressor HCT	<i>metoprolol HCT</i>	\$37	Generic	\$0	covered?*	\$5-10	\$0	need PA	need PA
Bystolic	<i>nebivolol</i>	\$97	Brand	need PA	\$25	not covered	need PA	need PA	need PA

Non-cardioselective

Ziac	<i>bisoprolol/HCT</i>	\$12 walmart \$10	Generic	\$0	covered?*	\$5-10	\$0	\$0	\$0
Coreg (bid)	<i>carvedilol</i>	\$6 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Coreg CR (qd)	<i>carvedilol ER</i>	\$52	Brand	need PA	\$25	\$25	need PA	need PA	need PA
Trandate	<i>labetalol</i>	\$26 (200mg 30 tab)	Generic	\$0	covered?*	\$5-10	\$0	\$0	\$0
Inderal (IR)	<i>propranolol</i>	\$6 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	IR only
Inderal LA	<i>propranolol ER</i>	\$73	Generic	\$0	\$5	\$5-10	\$0	\$0	need diagnosis
Inderide (HCT)	<i>propranolol/ HCT</i>	\$31	Generic	\$0	covered?*	\$5-10	need PA	need PA	\$0

Highlighted - - covered by all 6 plans

HTN - calcium channel blockers

Dihydropyridines

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Norvasc	<i>amlodipine</i>	\$8	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Plendil	<i>felodipine ER</i>	\$19	Generic	\$0	covered?*	\$5-10	\$0	\$0	\$0
Dynacirc	<i>isradipine BID</i>	\$65	Generic	\$0	covered?*	\$5-10	need PA	need PA	need PA
Procardia XL/ Adalat CC	<i>nifedipine ER (QD)</i>	\$27	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0

Non-dihydropyridines

Cardizem CD	<i>diltiazem ER</i>	\$85	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Calan SR	<i>verapamil SR</i>	\$13	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0

Chlorthalidone

Hygroton	<i>chlorthalidone</i>	\$30	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
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INSOMNIA

Benzodiazepine

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Xanax	<i>alprazolam</i>	\$12	Generic	age ≥ 18	\$5	\$5-10	\$0	\$0	IR only
Xanax XR	<i>alprazolam ER</i>	\$29	Generic	age ≥ 18	\$5	\$5-10	\$0	\$0	need PA
Librium	<i>chlordiazepoxide</i>	\$12	Generic	age ≥ 6	\$5	\$5-10	\$0	\$0	\$0
Klonopin	<i>clonazepam</i>	\$9	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Valium	<i>diazepam</i>	\$12	Generic	age ≥ 1	\$5	\$5-10	\$0	\$0	\$0
Prozom	<i>estazolam</i>	\$18	Generic	\$0	\$5	\$5-10	need PA	\$0	need PA
Dalmane	<i>flurazepam</i>	\$18	Generic	\$0	\$5	\$5-10	need PA	need PA	\$0
Ativan	<i>lorazepam</i>	\$11	Generic	age ≥ 12	\$5	\$5-10	\$0	\$0	\$0
Restoril	<i>temazepam</i>	\$11	Generic	\$0	\$5	\$5-10	15 per 30 days	\$0	\$0
Halcion	<i>triazolam</i>	\$14	Generic	\$0	\$5	\$5-10	need PA	\$0 age > 18y	\$0

Benzodiazepine Receptor Agonist (non-benzo benzodiazepine)

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Lunesta	<i>eszopiclone</i>	\$34 w/ coupon	Generic	\$0	\$5	non-preferred	need PA	need PA	need PA
Sonata	<i>zaleplon</i>	\$22	Generic	\$0	\$5	\$5-10	need PA	need PA	\$0
Ambien	<i>zolpidem</i>	\$12	Generic	\$0	\$5	\$5-10	30 tabs/month	age > 18, 31 pills/m	\$0
Ambien CR	<i>zolpidem ER</i>	\$85	Generic	\$0	\$5	non-preferred	30 tabs/month	need PA	need PA

Note: -- Benadryl, Unisom (doxylamine), etc., are over the counter and not included here.

Others

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS (State employees)	HMSA	HMSA Quest	Ohana	United Healthcare
Desyrel	<i>trazodone</i>	\$6 walmart \$4	Generic	age ≥ 18	\$5	\$5-10	\$0	\$0	50,100,150 mg
Oleptro	<i>trazodone ER</i>	\$15	Brand	step therapy	\$50	not covered	need PA	must fail 2 generics	need PA
Rozerem	<i>ramelteon</i>	\$290	Brand	need PA	\$50	not covered	need PA	need PA	need PA

*Conflicting information on CVS website.

MIGRAINE HEADACHES

Triptan

BRAND	Generic	Costco \$ (6 tab)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Axert	almotriptan	\$49 (12 tab)	Generic	\$0	need PA	\$5-10 12tab/30d	need PA	need PA	need PA
Relpax	eletriptan	\$234 (6tab)	Brand	need PA	\$25	\$20-\$25 12tab/30d	need PA	need PA	need PA
Frova	frovatriptan	\$438 (9tab)	Generic	\$0	not covered	non-preferred 9tab/30d	need PA	need PA	need PA
Amerge	naratriptan	\$83 (9tab)	Generic	\$0	\$5	\$5-10 9tab/30d	12 tab/30d fail imitrex	Step Therapy*	trial sumatriptan 50mg
Maxalt	rizatriptan	\$119 (3tab)	Generic	\$0	\$5	\$5-10 12tab/30d	18 tab/30d fail imitrex	\$0	\$0
Imitrex Oral	sumatriptan	\$20 (9tab)	Generic	\$0	\$5 (9 per 30d)	\$5-10 9tab/30d	12 tab/30d	9 tab/31d	\$0 limit 9 per 23d
Imitrex Nasal	sumatriptan	\$313	Generic	\$0	\$5 (6 per 30d)	non-preferred 12s pray/30d	24 spray/30d	12 spray/31d	covered? 6 per 23d
Imitrex Injection	sumatriptan	\$264 (2 ml)	Generic	\$0	\$5 (1.5 per 30d)	\$5-10 8inj/30d	6 inj/30d	4 inj/31d	\$0 4mg and 6mg
Zomig	zolmitriptan	\$235 (3tab)	Brand	\$0	\$5	non-preferred 12tab/30d	12 tab/30d fail imitrex	need PA	need PA
Zomig Nasal	zolmitriptan	\$ not avail	Brand	need PA	\$25	non-preferred 12spray/ 30d	need PA	need PA	need PA

Ohana: **Amerge** - must fail preferred sumatriptan, rizatriptan, or rizatriptan odt with 100 days

Ergotamine

BRAND	Generic	Costco \$ (6 tab)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Cafergot	caffeine/ ergotamine	\$20	Generic	need PA	\$5	\$5-10	\$0	need PA	\$0
Migranal	dihydroergotamine nasal	\$2734 (8ml)	Generic	need PA	\$25	non-preferred	8 units (1 kit)/month	need PA	\$0

Acetaminophen/dichloralphenazone/isometheptene

Duradrin	acetaminophen/dichloralphenazone/isometheptene	\$52	Generic	Migragesic IDA	need PA	not covered	need PA	need PA	need PA
Midrin	acetaminophen/dichloralphenazone/isometheptene	\$52	Generic	Migragesic IDA	need PA	not covered	need PA	need PA	need PA

Highlighted - covered by all 6 plans

PSYCHOTIC (anti-psychotics)

Atypical

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Abilify	aripiprazole	\$872	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0 tab
Abilify Discmelt	<i>aripiprazole orally disintegrating</i>	\$825 Epocrates	Generic	\$0	covered \$15?*	not covered	\$0	\$0	\$0
Saphris (BID)	<i>asenapine</i>	\$390	Brand	\$0	covered \$30?*	non-preferred	\$0	\$0 - require ICD10	\$0
Clozaril (BID)	clozapine	\$33	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
FazaClo ODT	<i>clozapine orally disintegrating</i>	\$620	Generic	\$0	covered \$5?*	non-preferred	\$0	\$0	\$0
Fanapt (BID)	<i>lloperidone</i>	\$790	Brand	\$0	\$30	non-preferred	\$0	\$0 - require ICD10	\$0
Latuda	<i>lurasidone</i>	\$730	Brand	\$0	\$25	non-preferred	\$0	\$0 - require ICD10	\$0
Zyprexa	olanzapine	\$17	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Zyprexa Zydys (ODT)	<i>olanzapine orally disintegrating</i>	\$75	Generic	\$0	covered \$5?*	\$5-10	\$0	\$0	\$0
Symbyax	<i>olanzapine/ fluoxetine</i>	\$155	Generic	\$0	covered \$5?*	\$5-10	\$0	\$0	need PA
Invega	paliperidone ER	\$755	Generic	\$0	covered \$30?*	\$5-10	\$0	\$0	\$0
Seroquel (BID)	quetiapine	\$11	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Seroquel XR	quetiapine ER	\$1,130	Generic	\$0	\$25	\$5-10	\$0	\$0	\$0
Risperdal	risperidone	\$16	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Risperdal M-tab	<i>risperidone orally disintegrating</i>	\$10	Generic	\$0	covered \$5?*	\$5-10	\$0	\$0	need PA
Geodon (BID)	ziprasidone	\$146	Generic	\$0	\$5	\$5-10	\$0	\$0 (capsule)	\$0

*Conflicting information on CVS website.

Highlighted - covered by all 6 plans

SMOKING CESSATION

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Zyban, Wellbutrin SR, Budeprion SR, Buproban	bupropion HCL	\$21	Generic	HCL (age ≥ 18), SR, XL	\$0-\$10	\$5-10	age 18+	\$0	see footnote
Chantix	<i>varenicline tartrate</i>	\$244 start, \$125 continue pack	Brand	start month continuing month	covered \$0?	\$25*	age 18+	\$0	\$0
Nicoderm CQ	<i>nicotine patches, nicotine transdermal</i>	\$16 Walmart	OTC	90/365 days	\$0	OTC not covered	age 18+	\$0	\$0 patches
Nicorette Gum	<i>nicotine gum, debroxnicotine gum</i>	\$55 Walmart	OTC	90/365 days	\$0	OTC not covered	age 18+	\$0	\$0
Nicorette Lozenge, Commit	<i>nicotine lozenge</i>	\$31 Walmart	OTC	90/365 days	\$0	OTC not covered	need PA	\$0	\$0
Nicotrol NS (nasal spray)	<i>nicotine nasal spray</i>	\$73 Epocrates	Brand	need PA	\$30	non-preferred	need PA	need PA	need PA
Nicotrol Inhaler	<i>nicotine inhaled, cartridge</i>	\$265	Brand	need PA	\$30	non-preferred	need PA	need PA	need PA

*Conflicting information on CVS website.

Highlighted drugs - covered by all 6 plans

Aloha Care: **bupropion hcl** - PA required for 150mg if patient is on it for more than 90 days

HMSA: Under Health Care Reform, nicotine gum, lozenge, transdermal and Chantix are covered under non-grandfather plans

United Health Care: PA required if indication is smoking cessation. PA not required if indication is depression

Retail Prescription Program Drug List



Price Matters

- Our \$4 prescriptions have saved our customers over \$3 billion
- The program is available to everyone, no membership required



New Men's Health Category

- More affordable options for men
- \$9 Finasteride for 30 tablets



Convenience

- The Walmart App is the easiest way to transfer and refill your prescriptions
- Get text messages to keep track of your prescription (Text ENROLL to 45500)
- Walmart Pay saves you time at the checkout counter

\$4, 30-day \$10, 90-day

Allergies & Cold and Flu

Benzonatate 100mg cap.	14	42
Loratadine 10mg tab	30	90
Promethazine DM syrup	120ml	360ml

Antibiotic Treatments

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

\$9/30-day

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
Penicillin VK 250mg tab.	28	84
Penicillin VK 125mg/5ml susp (100ml bottle) [†]	1	3
SMZ-TMP 400mg-80mg tab	28	84
SMZ-TMP DS 800mg-160mg tab	20	60

\$4, 30-day \$10, 90-day

Arthritis & Pain

Allopurinol 100mg tab.	30	90
Allopurinol 300mg tab	30	90
Baclofen 10mg 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
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

Asthma

Albuterol 2mg tab*	90	270
Albuterol 4mg tab*	60	180
Albuterol 2mg/5ml syrup	120ml	360ml
Ipratropium 0.02% nebulizer soln* (25x2.5ml vials) [†] 1	1	3

Cholesterol

Lovastatin 10mg tab.	30	90
Lovastatin 20mg tab*	30	90

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

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

\$4, 30-day \$10, 90-day

Diabetes

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

Fungal Infections

Fluconazole 150mg tab	1	3
Nystatin cream* (15gm tube)†.	1	3
Nystatin cream* (30gm tube)†	1	3
Terbinafine 250mg tab*	30	90

Gastrointestinal Health

Famotidine 20mg tab	60	180
Lactulose syrup*.	236ml	708ml
Metoclopramide 10mg tab*	60	180
Metoclopramide syrup	60ml	180ml
Promethazine 25mg tab*	12	36
Promethazine plain syrup*	180ml	540ml
Ranitidine 150mg tab*.	60	180
Ranitidine 300mg tab*	30	90

Glaucoma & Eye Care

Erythromycin op. ointment (3.5gm tube)†*.	1	3
Gentak 0.3% op. soln	5	15
Gentamicin 0.3% op. soln (5ml bottle)†	1	3
Levobunolol 0.5% op soln (5ml bottle)†*	1	3

\$9/30-day

Neomycin/Polymyxin/Dexamethasone 0.1% op. ointment (3.5gm tube)†	1	3
Neomycin/Polymyxin/Dexamethasone 0.1% op. susp (5ml bottle)†	1	3

\$4, 30-day \$10, 90-day

Polymyxin Sulfate/TMP op. soln* (10ml 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

Heart Health & Blood Pressure

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
Carvedilol 3.125mg tab	60	180
Carvedilol 6.25mg tab.	60	180
Carvedilol 12.5mg tab	60	180
Carvedilol 25mg tab.	60	180
Clonidine 0.1mg tab	30	90
Clonidine 0.2mg tab.	30	90
Enalapril-HCTZ 5mg-12.5mg tab*	30	90
Furosemide 20mg tab.	30	90
Furosemide 40mg tab.	30	90
Furosemide 80mg 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
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

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

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Revised 12/15/2017



	\$4, 30-day	\$10, 90-day
Lisinopril 10mg tab30	.90
Lisinopril 20mg tab30	.90
Methyldopa 250mg tab* . . . . .	.60	.180
Metoprolol Tartrate 25mg tab. . . . .	.60	.180
Metoprolol Tartrate 50mg tab . . . . .	.60	.180
Metoprolol Tartrate 100mg tab* . . . . .	.60	.180
Sotalol HCL 80mg tab* . . . . .	.30	.90
Spirolonactone 25mg tab* . . . . .	.30	.90
Triamterene-HCTZ 75mg-50mg tab . . . . .	.30	.90
Triamterene-HCTZ 37.5mg-25mg 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

Men's Health

	\$9/30-day
Finasteride 5mg	30

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
Citalopram 20mg tab . . . . .	.30	.90
Citalopram 40mg tab . . . . .	.30	.90
Fluoxetine 10mg cap* . . . . .	.30	.90
Fluoxetine 10mg tab* . . . . .	.30	.90
Fluoxetine 20mg cap* . . . . .	.30	.90
Fluoxetine 40mg cap* . . . . .	.30	.90

	\$4, 30-day	\$10, 90-day
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
Nortriptyline 25mg cap* . . . . .	.30	.90
Paroxetine 10mg tab* . . . . .	.30	.90
Paroxetine 20mg tab* . . . . .	.30	.90
Prochlorperazine 10mg tab . . . . .	.30	.90
Trazodone 50mg tab . . . . .	.30	.90
Trazodone 100mg tab . . . . .	.30	.90
Trazodone 150mg tab*. . . . .	.30	.90
Trihexyphenidyl 2mg tab . . . . .	.60	.180

Skin Conditions

Hydrocortisone 1% cream (28.35-30g tube)†.	1	3
Hydrocortisone 2.5% cream (30gm tube)†.	1	3
Silver Sulfadiazine 1% cream* (50gm 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

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

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

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



Viruses

Acyclovir 200mg cap*	30	90
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Vitamins & Nutritional Health

Folic Acid 1mg tab.	30	90
Mag 64 64mg tab*	.60	.180
Magnesium Oxide 400mg tab	.30	90
Prenatal Plus qty 30*	.30	90

Women's Health

Estradiol 0.5mg tab.	30	90
Estradiol 1mg tab	.30	90
Estradiol 2mg tab*	.30	90
Medroxyprogesterone Acetate 2.5mg tab*	.30	90
Medroxyprogesterone Acetate 5mg tab*	.30	90
Medroxyprogesterone Acetate 10mg tab*	.10	30

Oral Contraceptives	\$9, 28-day
Levonorgestrel/Ethinyl Estradiol	28
Kurvelo	28
Norethindrone USP 0.35mg.	28
Enskyce	28
Jencycla	28
Pirmella 1/35	28
Pirmella 7/7/7	28
Sprintec	28
Tri-Sprintec	28

	\$9, 30-day	\$24, 90-day
Alendronate SOD 35mg tab.	.4	.12
Alendronate SOD 70mg tab	4	.12
Clomiphene 50mg tab	5	.15

Other Medical Conditions

Chlorhexidine Gluconate 0.12% soln (473ml bottle)†	1	3
Megestrol 20mg tab*	.30	90
Prednisone 2.5mg tab*	.30	90
Prednisone 5mg tab*	.30	90

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