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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.....

www.PrescribingGuide.com

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ALLERGIES

Non-sedating anti-histamines

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Zyrtec	<i>cetirizine</i>	\$16 for 365 tabs	OTC	\$0	\$5	not covered	\$0	fail loratadine	\$0
Clarinet	<i>desloratadine</i>	\$18	Generic	\$0	\$5	\$5-10	need PA	need PA	need PA
Allegra	<i>fexofenadine</i>	\$33 for 150 tab (Aller-Fex)	OTC	\$0	\$5	not covered	\$0	\$0	need PA
Xyzal	<i>levocetirizine</i>	\$8	Generic	need PA	\$5	\$5-10	need PA	\$0	\$0
Claritin	<i>loratadine</i>	\$13 for 365 tabs (Aller-Tec) walmart \$4	OTC	\$0	\$5	not covered	\$0	\$0	\$0

Non-sedating anti-histamines with pseudoephedrine

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Zyrtec-D 12hr	<i>cetirizine/pseudoephedrine</i>	\$15/ 12 tab (Epocrates)	OTC	need PA	\$5	not covered	\$0	\$0	\$0
Allegra-D 12hr	<i>fexofenadine/pseudoephedrine</i>	\$ not avail*	OTC	need PA	\$5	not covered	\$0	\$0	need PA
Allegra-D 24 hr	<i>fexofenadine/pseudoephedrine</i>	\$ not avail*	OTC	need PA	\$5	not covered	\$0	\$0	need PA
Claritin-D 12hr	<i>loratadine/pseudoephedrine</i>	\$14/ 10 tabs Epocrates	OTC	need PA	\$5	not covered	\$0	need PA	\$0
Claritin-D 24 hr	<i>loratadine/pseudoephedrine</i>	\$16/ 10 tabs Epocrates	OTC	need PA	\$5	not covered	\$0	need PA	\$0

*Could not find price at Costco website or Epocrates website

Nasal steroids

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Beconase AQ	<i>beclomethasone</i>	\$187	OTC	need PA	need PA	trial fluticasone + flunisolide	need PA	need PA	need PA
Rhinocort AQ	<i>budesonide</i>	\$135	OTC	may need trial flunisolide, fluticasone	\$50	trial fluticasone + flunisolide	1 bottle/month	≤8 years old	need PA
Nasarel	<i>flunisolide, nasal</i>	\$45	Generic	\$0	\$5	\$5-10	2 bottle/month	\$0	need PA
Flonase	<i>fluticasone propionate</i>	\$45 for 3	OTC	\$0	not covered	\$5-10	1 bottle/month	\$0	\$0
Nasonex	<i>mometasone</i>	\$195	Generic	\$0	\$5	\$5-10	need PA	need PA	need PA
Nasacort AQ	<i>triamcinolone</i>	\$100	Generic	\$0	not covered	\$5-10	1 bottle/month	need PA	\$0

AlohaCare: Rhinocort AQ -- age 4 or younger AND fail fluticasone or flunisolide in prior 6 months.

Highlighted drugs - covered by all 6 plans

ANTIBIOTICS (1 of 2)

Penicillins and Cephalosporins

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
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	UHC Quest
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 monohydrate</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	\$5	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	UHC Quest
Diflucan	<i>fluconazole</i>	Walmart \$4/tab	Generic	\$0**	\$5	\$5-10	\$0	\$0	\$0
Sporanox	<i>itraconazole</i>	\$146	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	90 days/year	\$0	\$0

Anti-Virals

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Zovirax	<i>acyclovir</i>	\$7 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	caps, tabs, susp
Famvir	<i>famciclovir</i>	\$42	Generic	\$0**	\$5	\$5-10	\$0	need PA	need PA
Cytovene	<i>ganciclovir</i>	\$317	Generic	500mg vial	\$5	\$5-10	need PA	need PA	\$0
Valtrex	<i>valacyclovir</i>	\$24	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0

*Conflicting information on CVS website.

Aloha Care : **Diflucan - 150 mg strength - quantity limited to 2 tabs/ 30 days
Famvir 500 mg strength quantity limited to 10 tabs/ 30 days

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	UHC Quest
Eliquis	apixaban	\$413 (#60)	Brand	preferred but need PA*	\$25	\$20-25	\$0	need PA	\$0
Pradaxa	dabigatran	\$328(60 cap)	Brand	need PA*	\$50	\$20-25	need PA	need PA	need PA
Savaysa	edoxaban	\$335	Brand	need PA*	\$50	not covered	need PA	need PA	\$0
Xarelto	rivaroxaban	\$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. **Pradaxa, Savaysa** - may need to justify not using Eliquis or Xarelto

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	UHC Quest
Plavix	clopidogrel	\$12	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Brilinta	ticagrelor	\$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	UHC Quest
Proair	<i>albuterol inhaler</i>	\$56 (Walmart neb\$4)	Brand	HFA only	\$25	\$20-25	2 per 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	2 per month	2 per month	\$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	1 per month	1 per month	\$0
Xopenex HFA	<i>levalbuterol</i>	\$60	Generic	need PA	\$50	non-preferred	need PA	2 per month	need PA
Foradil	<i>formoterol</i>	\$239 for 60 caps	Brand	need PA	\$50	\$20-25	need PA	need PA	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	UHC Quest
QVAR	<i>beclomethasone</i>	\$190 (40mcg)	Brand	\$0	\$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	\$25	\$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	if age ≥ 8 need PA

Steroid/Long-acting Beta-Agonists

BRAND	Generic	Costco \$ (1 inhaler)	Generic Brand	Aloha Care	CVS (State employees)	HMSA	HMSA Quest	Ohana	UHC Quest
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	\$25 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.

Aloha Care: Ventolin - 18g - 2 inhalers/month; 8g - 4 inhalers/month; 3.7g - 6 inhalers/month

ASTHMA (2 of 2)

Anticholinergic (LAMA)

BRAND	Generic	Costco \$ (1 inhaler)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Atrovent HFA	<i>ipratropium bromide</i>	\$249 (neb \$4Walmart)	Generic	\$0	\$25	\$5-10	nebs	\$0	\$0
Spiriva	<i>tiotropium</i>	\$336	Brand	handihaler only	\$25	\$25	need PA	\$0	need PA
Incruse Ellipta	<i>umeclidinium</i>	\$245	Brand	need PA	\$25	non-preferred	\$0	\$0	\$0
Anoro Ellipta	<i>umeclidinium/vilanterol</i>	\$305	Brand	need PA	\$25	\$20-25	\$0	\$0	need PA

Other

BRAND	Generic	Costco \$ (1 inhaler)	Generic Brand	Aloha Care	CVS (State employees)	HMSA	HMSA Quest	Ohana	UHC Quest
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	need PA	\$0	need PA

Spacers

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

BIRTH CONTROL / HPV VACCINE

Monophasic

BRAND	Ethinyl estradiol (EE mcg)	Costco \$ (30 days)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Alesse, Aviane	20 EE 0.1 levonorgestrel	\$19 levonest-28 (Walmart \$9)	Generic	Aviane	\$0-5 Aviane	\$0-\$10 Alesse	\$0	Aviane	Alesse, Aviane
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	Desogen, 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, Altavera, Kurvelo
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	All Covered	\$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, Micronor	\$0-5 Heather	\$5-10 NorQD, Aygestin	\$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	UHC Quest
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	levonorgestrel 1.5mg	\$0-5 levonorgestrel	\$0-10	levonorgestrel (2/year)	Plan B one-step	levonorgestrel 1.5mg
OrthoEvra (patch/wk), Xulane	norelgestromin/ethinyl estradiol	\$113 (3 patch)	Generic	\$0 Xulane	\$0-20 Xulane	\$0-10	\$0	\$0 Xulane	\$0 Xulane
NuvaRing (vaginal ring)	0.12 etonogestrel / 0.015 ethinyl estradiol	\$111	Brand	\$0	\$25	\$0-25	\$0	\$0	\$0
Gardasil 9	Human Papillomavirus 9-valent Vaccine	\$155/inj Epocrates	Brand	19-26 year old	\$25	F 19-26, M 19-21 yr	19-26 years old	19 - 26 year old	\$0

CHOLESTEROL

Statins

BRAND	GENERIC	Costco \$ (30 days)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Lipitor	atorvastatin	\$15 (10mg)	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Mevacor	lovastatin	\$6	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	UHC Quest
Zetia	ezetimibe	\$210	Generic	\$0	\$5	\$5-10	\$0	need PA	need PA
Vytorin	ezetimibe/simvastatin	\$217	Generic	\$0	not covered	\$5-10	need PA	need PA	need PA

Gemfibrozil

BRAND	GENERIC	Costco \$ (30 days)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
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	UHC Quest
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	UHC Quest
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)	Brand	\$0	\$5	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	UHC Quest
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 and 20mg caps, soln
Prozac weekly	<i>fluoxetine weekly</i>	\$173/ 4 tab Epocrates	Generic	\$0	\$5	not covered	\$0	\$0	need PA
Luvox	<i>fluvoxamine</i>	\$20	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Luvox CR	<i>fluvoxamine ER</i>	\$220	Generic	\$0	\$5	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	UHC Quest
Pristiq	<i>desvenlafaxine</i>	\$35 (coupon)	Generic	\$0	\$5	\$5-10	\$0	fail 2 generics	need PA
Cymbalta	<i>duloxetine</i>	\$15 (coupon)	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	Step therapy	\$5	\$5-10	\$0	\$0	\$0

Other

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
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	\$0 150,300 mg 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.

Aloha Care: Effexor XR -Step therapy -Need to have tried **one brand or **two** generics within last **720** days. Else needs Prior Auth.

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	UHC Quest
Diprolene	<i>a. betamethasone d. 0.05% oint</i>	\$67 (15g)	Generic	\$0 oint	\$5 oint	\$5-10 oint, gel	ointment	\$0	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
Temovate E	<i>clobetasol 0.05% emollient cream</i>	\$80	Generic	\$0	\$5	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	UHC Quest
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	\$5, cream	non-preferred	cream	cream	cream
Diprolene	<i>a. betamethasone d. 0.05% lotion, gel</i>	\$90	Generic	\$0 lotion, gel	\$5 gel, lotion	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 crm/ointment/lotion	cream, lotion, oint	cream, oint	cream, lotion, oint
Florone, Maxiflor, Psorcon B	<i>difflorasone 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	\$5	not covered	need PA	cream	\$0*
Topicort	<i>desoximetasone 0.25% cream/ointment, 0.05% gel</i>	\$70	Generic	\$0 cream, oint, gel	\$5	\$5-10 0.25% cream/ointment, 0.05% gel	cream, gel, oint	need PA	need PA

United Health Care: **Lidex E** - plan's alternative listed as "flucinonide emulsified base"

DERMATOLOGY (2 of 2)

Medium potency

BRAND	Generic	Costco \$ (15gm)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Betatrex	<i>betamethasone v. 0.1% cream, lotion</i>	\$15	Generic	\$0 cream lotion	\$5, cream, lotion	\$5-10 cream lot	cream, lotion	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, 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	UHC Quest
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% crm, oint, lotion</i>	\$8 (30g) walmart \$4	Generic	\$0	\$5	0.25% lotion	crm, gel, lot, oint, soln	cream, oint, lotion	cream, lotion
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 5)

Metformin

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Glucophage	metformin	\$7 (500mg) walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Glucophage XR	metformin ER	\$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	UHC Quest
Amaryl	glimepiride	\$6 walmart	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Glucotrol	glipizide	\$6 walmart	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Glucotrol XL	glipizide ER	\$17	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Micronase, Diabeta	glyburide	\$6 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Metaglip	glipizide/metformin	\$25 Epocrates	Generic	\$0	\$5	\$5-10	\$0	\$0	need PA
Glucovance	glyburide/metformin	\$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	UHC Quest
Actos	pioglitazone	\$15 (15mg)	Generic	step therapy	\$5	\$5-10	\$0	must fail metformin	\$0
Duetact	pioglitazone/ glimepiride	\$293	Generic	\$0	\$5	\$5-10	\$0	need PA	need PA
ACTOplus met	pioglitazone/ metformin	\$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 OR trial actos or actos/metformin in last 90 days

DIABETES (2 of 5)

DPP-4 Inhibitors/Combinations

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Januvia	<i>sitagliptin</i>	\$469	Brand	need PA	\$25	\$25	step therapy*	step therapy*	need PA
Tradjenta	<i>linagliptin</i>	\$338	Brand	need PA	\$25	\$25	need PA	need PA	need PA
Onglyza	<i>saxagliptin</i>	\$316	Brand	need PA	\$50	non-preferred	need PA	need PA	need PA
Nesina	<i>alogliptin</i>	\$172	Generic	\$0	\$5	\$5-\$10	need PA	step therapy*	step therapy*
Kazano	<i>alogliptin/metformin</i>	\$172	Generic	\$0	\$5	\$5-\$10	need PA	step therapy*	step therapy*
Janumet	<i>sitagliptin/metformin</i>	\$435	Brand	need PA	\$25	\$25	step therapy*	step therapy*	need PA
Janumet XR	<i>sitagliptin/metformin ER</i>	\$435	Brand	need PA	\$25	\$25	step therapy*	step therapy*	need PA
Kombiglyze XR	<i>saxagliptin/metformin ER</i>	\$394	Brand	need PA	\$50	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	UHC Quest
Byetta	<i>exenatide</i>	\$474 (3ml)	Brand	need PA	\$50	non-preferred	need PA	need PA	need PA
Bydureon	<i>exenatide ER</i>	\$514 (8ml)	Brand	need PA	\$50	\$25	need PA	preferred but need PA	need PA
Victoza	<i>liraglutide</i>	\$440 6ml	Brand	preferred but need PA	\$25	\$25	step therapy*	preferred but need PA	need PA
Trulicity	<i>dulaglutide</i>	\$699	Brand	need PA	\$25	not covered	step therapy*	need PA	step therapy*

Ohana: all GLP-1 mimetic drugs need a PA, even **Bydureon** and **Victoza** which are the preferred drugs. Non-preferred drugs may require explaining why Bydureon and Victoza are not a good choice.

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

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

DIABETES (3 of 5)

SGLT2 Inhibitors/Combinations

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Invokana	canagliflozin	\$453	Brand	need PA	\$25	metformin first	step therapy*	need PA	needs PA
Invokamet	canagliflozin/metformin	\$453	Brand	need PA	\$25	metformin first	step therapy*	need PA	needs PA
Invokamet XR	canagliflozin/metformin	\$453	Brand	need PA	\$25	metformin first	step therapy*	need PA	needs PA
Jardiance	empagliflozin	\$415	Brand	need PA	\$25	metformin first	need PA	need PA	needs PA
Synjardy	empagliflozin/metformin	\$415	Brand	need PA	\$25	metformin first	need PA	need PA	needs PA
Synjardy XR	empagliflozin/metformin	\$415	Brand	need PA	\$25	metformin first	need PA	need PA	needs PA
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
Steglatro	ertugliflozin	\$287	Brand	preferred need PA	\$50	not covered	needs PA	step therapy*	step therapy*
Segluromet	ertugliflozin/metformin	\$274	Brand	preferred need PA	\$50	not covered	needs PA	step therapy*	step therapy*

Aloha Care: - **Jardiance** - Only FDA approval use that is consistent with ADA or AACE guidelines for T2DM and A1C monitoring within the past 3 months.

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

Ohana: **Steglatro, Segluromet** - must try metformin, metformin er, or Riomet within past 100 days

United Health Care: **Steglatro, Segluromet** --90 day trial of 1500mg/day metformin

DIABETES (4 of 5)

Insulin (Rapid-Acting)

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Apidra	<i>glulisine</i>	\$210 10ml, \$430 15ml pen	Brand	need PA	\$15 vial, pen	need PA	\$0 vial, pen	vial, pen	need PA
Humalog	<i>lispro</i>	\$196 10 ml, \$423 15ml pen	Brand	need PA	\$15 vial, pen	need PA	\$0 vial, pen	vial, pen	need PA
Admelog	<i>lispro</i>	\$485	Brand	vial, pen	\$15 vial, pen	not covered	need PA	vial, pen	vial - covered (pen - need PA)
Novolog	<i>aspart</i>	\$197 10ml, \$375 15ml pen	Brand	need PA	\$5 vial, pen	\$5-10	\$0 vial, pen	vial, pen	need PA

Insulin (Short-Acting)

Humulin R	<i>insulin</i>	\$89 vial	OTC	vial only	\$5 vial, pen	need PA	\$0 vial, pen	vial, pen	vial
Novolin R	<i>insulin</i>	\$28 Walmart	OTC	vial, pen	\$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	vial, pen	\$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	Basaglar pen	\$5 Lantus, Basaglar vial, pen	\$5-10 Lantus	\$0 Lantus pen, Basaglar	Basaglar pen	Basaglar, Toujeo pen
Levemir	<i>detemir</i>	\$189 10ml	Brand	need PA	\$5 vial, pen	need PA	\$0	need PA	need PA

Insulin (Ultra Long-Acting)

Tresiba	<i>degludec</i>		Brand	need PA	\$5 pen	need PA	need PA	need PA	need PA
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DIABETES (5 of 5)

Insulin (Pre-Mixed)

Humalog Mix 50/50	<i>lispro mix</i>	\$131 10ml, \$841 15ml pen	Brand	need PA	\$5 pen	need PA	\$0 vial, pen	vial, pen	vial
Humalog Mix 75/25	<i>lispro mix</i>	\$158 10ml, \$423 15ml pen	Brand	need PA	\$5 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	\$5 pen	need PA	\$0 vial, pen	vial, pen	vial
Novolin 70/30	<i>NPH/reg mix</i>	\$25 Walmart	OTC	vial	\$5 vial, pen	\$5-10 vial, pen	\$0 vial, pen	vial	vial
Novolog 70/30	<i>aspart mix</i>	\$240 10ml, \$375 15 ml pen	Brand	need PA	\$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	unclear which is covered	not covered	need PA	footnote	need PA
Bayer Breeze 2/ Bayer Contour		free meter*	Brand	need PA	unclear which is covered	not covered	need PA	need PA	need PA
Freestyle Lite/ Freestyle Freedom Lite		free meter*	Brand	need PA	unclear which is covered	Freestyle, Freestyle Lite	Freestyle Freedom Lite (kit & strips)	footnote	need PA
Onetouch (Ultra2, UltraMini, or Verio)		free meter*	Brand	Ultra 2, UltraMini	unclear which is covered	Surestep, Fast Take, Verio, Ultra	need PA	Ultra 2, Ultra Mini, Verio	2 strips/day (no insulin) 6 strips/day (insulin)

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	UHC Quest
Cipro HC Otic	<i>ciprofloxacin/hydrocortisone</i>	\$104 (10ml) Encore	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	UHC Quest
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	"Ear drying agent" covered	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	UHC Quest
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	UHC Quest
Nexium	<i>esomeprazole</i>	\$256	Generic	Nexium 24HR 20mg capsule	\$5	\$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	Generic	\$0	\$5	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	UHC Quest
Lotensin	<i>benazepril</i>	\$15 walmart	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Vasotec	<i>enalapril</i>	\$10 walmart	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	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 inhibtors 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	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	UHC Quest
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- HCT</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 2 of 3 preferred ARBs -losartan, irbesartan, valsartan within 100 days

HTN - beta blockers

Cardioselective

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Tenormin	<i>atenolol</i>	\$6 walmart	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Zebeta	<i>bisoprolol</i>	\$12	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Lopressor	<i>metoprolol tartrate</i>	\$12 walmart	Generic	\$0	\$5	\$5-10	\$0	\$0	20mg,50mg,100
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	not 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	\$5	\$5-10	\$0	\$0	\$0
Coreg (bid)	<i>carvedilol</i>	\$6 walmart	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Coreg CR (qd)	<i>carvedilol ER</i>	\$52	Generic	\$0	\$5	\$25	need PA	need PA	need PA
Trandate	<i>labetalol</i>	\$26 (200mg 30 tab)	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Inderal (IR)	<i>propranolol</i>	\$6 walmart	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	not 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	UHC Quest
Norvasc	<i>amlodipine</i>	\$8	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Plendil	<i>felodipine ER</i>	\$19	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Dynacirc	<i>isradipine BID</i>	\$65	Generic	\$0	\$5	\$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	UHC Quest
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	UHC Quest
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	UHC Quest
Desyrel	<i>trazodone</i>	\$6 walmart \$4	Generic	age ≥ 18	\$5	\$5-10	\$0	\$0	50,100,150mg
Oleptro	<i>trazodone ER</i>	\$15	Brand	need PA	not covered	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

MIGRAINE HEADACHES

Triptan

BRAND	Generic	Costco \$ (6 tab)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Axert	<i>almotriptan</i>	\$49 (12 tab)	Generic	\$0	\$5	\$5-10 12tab/30d	need PA	need PA	need PA
Relpax	<i>eletriptan</i>	\$234 (6tab)	Generic	\$0	\$5	\$20-\$25 12tab/30d	need PA	need PA	need PA
Frova	<i>frovatriptan</i>	\$438 (9tab)	Generic	\$0	\$5	non-preferred 9tab/30d	need PA	need PA	need PA
Amerge	<i>naratriptan</i>	\$83 (9tab)	Generic	\$0	\$5	\$5-10 9tab/30d	12 tab/30d fail imitrex	Step Therapy*	trial sumatriptan 50mg
Maxalt	<i>rizatriptan</i>	\$20 (9 tab)	Generic	\$0	\$5	\$5-10 12tab/30d	18 tab/30d fail imitrex	\$0	\$0
Imitrex Oral	<i>sumatriptan</i>	\$20 (9tab)	Generic	\$0	\$5	\$5-10 9tab/30d	12 tab/30d	9 tab/31d	\$0 limit 9 per 23d
Imitrex Nasal	<i>sumatriptan</i>	\$313	Generic	\$0	\$5	non-preferred 12spray/30d	24 spray/30d	12 spray/31d	\$0
Imitrex Injection	<i>sumatriptan</i>	\$264 (2 ml)	Generic	\$0	\$5	\$5-10 8inj/30d	6 inj/30d	4 inj/31d	\$0 4mg and 6mg
Zomig	<i>zolmitriptan</i>	\$23 (coupon) 3 tab	Generic	\$0	\$5	non-preferred 12tab/30d	12 tab/30d fail imitrex	need PA	need PA
Zomig Nasal	<i>zolmitriptan</i>	\$ 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	UHC Quest
Cafergot	<i>caffeine/ ergotamine</i>	\$20	Generic	\$0	\$5	\$5-10	\$0	need PA	\$0
Migranal	<i>dihydroergotamine nasal</i>	\$2734 (8ml)	Generic	\$0	\$5	non-preferred	8 units (1 kit)/month	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	UHC Quest
Abilify	aripiprazole	\$53	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0 tab
Abilify Discmelt	<i>aripiprazole orally disintegrating</i>	\$350	Generic	\$0	\$5	not covered	\$0	\$0	\$0
Saphris (BID)	<i>asenapine</i>	\$600 (coupon)	Brand	\$0	\$50	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	\$5	non-preferred	\$0	\$0	\$0
Fanapt (BID)	<i>lloperidone</i>	n/a	Brand	\$0	\$50	non-preferred	\$0	\$0 - require ICD10	\$0
Latuda	<i>lurasidone</i>	\$1255 (coupon)	Brand	\$0	\$25	non-preferred	\$0	\$0 - require ICD10	\$0
Zyprexa	olanzapine	\$17	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Zyprexa Zydis (ODT)	<i>olanzapine orally disintegrating</i>	\$75	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Symbyax	<i>olanzapine/ fluoxetine</i>	\$155	Generic	\$0	\$5	\$5-10	\$0	\$0	need PA
Invega	paliperidone ER	\$265 (coupon)	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Seroquel (BID)	quetiapine	\$11	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Seroquel XR	quetiapine ER	\$39 (coupon)	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	\$5	\$5-10	\$0	\$0	need PA
Geodon (BID)	ziprasidone	\$23 (coupon)	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	UHC Quest
Zyban, Wellbutrin SR, Budeprion SR, Buproban	<i>bupropion HCL</i>	\$21	Generic	HCL (age ≥ 18), SR, XL	\$0-\$10	\$5-10	age 18+	\$0	see footnote
Chantix	<i>varenicline tartrate</i>	\$420	Brand	start month continuing month	\$0	\$25*	age 18+	\$0	covered, but PA required
Nicoderm CQ	<i>nicotine patches, nicotine transdermal</i>	\$16 Walmart	OTC	90/365 days	\$0	OTC - may be covered*	age 18+	\$0	\$0 patches
Nicorette Gum	<i>nicotine gum, debroxnicoine gum</i>	\$55 Walmart	OTC	90/365 days	\$0	OTC - may be covered*	age 18+	\$0	\$0
Nicorette Lozenge, Commit	<i>nicotine lozenge</i>	\$31 Walmart	OTC	90/365 days	\$0	OTC - may be covered*	need PA	\$0	\$0
Nicotrol NS (nasal spray)	<i>nicotine nasal spray</i>	\$73 Epocrates	Brand	need PA	not covered	non-preferred	need PA	need PA	need PA
Nicotrol Inhaler	<i>nicotine inhaled, cartridge</i>	\$265	Brand	need PA	not covered	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. QL of 180 day supply per year

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

Walmart Rx Program Guide to low-cost prescriptions

Effective 10/1/2018

Low-cost
drugs available
starting at:

\$4 | **\$10**
30 day | 90 day
prescriptions

Check pharmacy counter for details. †*



Diabetes

	\$4 30 Day Qty	\$10 90 Day Qty
GLIMEPIRIDE 1MG, 2MG, 4MG	30	90
GLIPIZIDE 5MG, 10MG	60	180
GLYBURIDE MCR 3MG, 6MG	30	90
GLYBURIDE 2.5MG, 5MG	30	90
METFORMIN 500MG, 850MG, 1000MG	60	180
METFORMIN ER 500MG	60	180
METFORMIN ER 750MG	30	90
	\$9 30 Day Qty	\$24 90 Day Qty
GLIPIZIDE ER 2.5MG, 5MG, 10MG	30	90



Heart

	\$4 30 Day Qty	\$10 90 Day Qty
Cholesterol		
LOVASTATIN 10MG, 20MG	30	90
SIMVASTATIN 10MG, 20MG, 40MG	30	90
	\$9 30 Day Qty	\$24 90 Day Qty
Cholesterol		
ATORVASTATIN 10MG, 20MG, 40MG	30	90
	\$4 30 Day Qty	\$10 90 Day Qty
Heart Health & Blood Pressure		
ATENOLOL 25MG, 50MG, 100MG	30	90
BENAZEPRIL 5MG, 10MG, 20MG, 40MG	30	90
CARVEDILOL 3.125MG, 6.25MG, 12.5MG, 25MG	60	180
CLONIDINE 0.1MG, 0.2MG, 0.3MG	60	180
ENALAPRIL/HCTZ 5/12.5MG	30	90

Heart Health & Blood Pressure	\$4 30 Day Qty	\$10 90 Day Qty
FUROSEMIDE 20MG, 40MG, 80MG	30	90
HYDRALAZINE 10MG, 25MG	30	90
HYDROCHLOROTHIAZIDE 12.5MG CAP	30	90
HYDROCHLOROTHIAZIDE TAB 12.5MG, 25MG, 50MG	30	90
INDAPAMIDE 1.25MG, 2.5MG	30	90
ISOSORBIDE MONO ER 30MG, 60MG	30	90
LISINOPRIL 2.5MG, 5MG, 10MG, 20MG, 30MG	30	90
LISINOPRIL/HCTZ 10/12.5MG, 20/12.5MG, 20/25MG	30	90
METHYLDOPA 250MG	60	180
METOPROLOL TARTRATE 25MG, 50MG, 100MG	60	180
RAMIPRIL 2.5 MG, 5 MG, 10 MG CAPS	30	90
SOTALOL HCL 80MG	30	90
SPIRONOLACTONE 25MG	30	90
TRIAMTERENE/HCTZ 37.5/25MG TAB, 75/50MG TAB	30	90
VERAPAMIL 80MG, 120MG	30	90
WARFARIN 1MG, 2MG, 2.5MG, 3MG, 4MG, 5MG, 6MG, 7.5MG, 10MG	30	90

Heart Health & Blood Pressure	\$9 30 Day Qty	\$24 90 Day Qty
AMIODARONE 200MG	30	90
BISOPROLOL FUMARATE 5MG	30	90
DILTIAZEM 120MG TAB	60	180
DILTIAZEM 30MG, 60MG TAB	60	180
DILTIAZEM XR 120MG CAP	30	90
DOXAZOSIN 1MG, 2MG, 4MG, 8MG	30	90
TRIAM/HCTZ 37.5-25MG CAP	30	90
VERAPAMIL ER TAB 120MG, 180MG, 240MG	30	90

Continued >>

*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 or vary in some states, including, but not limited to, CA, HI, MN, MT, PA and WI. 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.

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.



Mental Health

	\$4 30 Day Qty	\$10 90 Day Qty
AMITRIPTYLINE 10MG, 25MG, 50MG 75MG, 100MG	30	90
BUSPIRONE 5MG, 10MG	60	180
CITALOPRAM 10MG, 20MG, 40MG	30	90
FLUOXETINE 10MG TAB	30	90
FLUOXETINE 10MG, 20MG, 40MG CAP	30	90
HALOPERIDOL 0.5MG, 1MG, 2MG	30	90
LITHIUM CARB 300MG CAP	90	270
NORTRIPTYLINE 10MG, 25MG, 50MG	30	90
PAROXETINE 10MG, 20MG, 30MG	30	90
RISPERIDONE 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	30	90
TRAZODONE 50MG, 100MG, 150MG	30	90
TRIHEXYPHENIDYL 2MG TAB	60	180
	\$9 30 Day Qty	\$24 90 Day Qty
BENZTROPINE 1MG TAB	60	180
BENZTROPINE 2MG TAB	30	90
OLANZAPINE 2.5MG, 5MG, 7.5MG, 10MG, 15MG, 20MG	30	90
PAROXETINE 40MG	30	90
QUETIAPINE 25MG, 50MG, 100MG, 200MG, 300MG	30	90
TRIHEXYPHENIDYL 5MG TAB	30	90



Other Therapeutic Category

	\$4 30 Day Qty	\$10 90 Day Qty
Asthma		
ALBUTEROL 2MG/5ML SYP	120	360
IPRATROPIUM INH SOL	75	225
	\$4 30 Day Qty	\$10 90 Day Qty
Digestion		
FAMOTIDINE 20MG TAB	60	180
METOCLOPRAMIDE 5MG/5ML SYP	60	180
METOCLOPRAMIDE 5MG, 10MG	60	180
RANITIDINE 150MG TAB	60	180
RANITIDINE 300MG TAB	30	90

	\$4 30 Day Qty	\$10 90 Day Qty
Other		
MEGESTROL 20MG	30	90
PREDNISONE 2.5MG, 5MG	30	90
	\$4 30 Day Qty	\$10 90 Day Qty
Skin Care		
HYDROCORTISONE 1%, 2.5% CRM	30	90
TRIAMCINOLONE 0.1% CRM, 0.1% OINT, 0.5% CRM	15	45
	\$4 30 Day Qty	\$10 90 Day Qty
Thyroid		
LEVOTHYROXINE 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG	30	90
	\$4 30 Day Qty	\$10 90 Day Qty
Vitamin & Nutrition		
FOLIC ACID 1MG TAB	30	90
MAG OXIDE 400MG TAB	30	90
M-NATAL PLUS 27/1	30	90
	\$4 30 Day Qty	\$10 90 Day Qty
Women's Health		
ESTRADIOL 0.5MG, 1MG, 2MG	30	90
MEDROXYPR AC 2.5MG, 5MG	30	90
MEDROXYPR AC 10MG	10	30
	\$9 30 Day Qty	\$24 90 Day Qty
Family Planning		
CLOMIPHENE 50 MG TAB	5	15
ENSKYCE™	28	N/A
JENCYCLA™	28	N/A
KURVELO™	28	N/A
LEVONORGESTREL AND ETHINYL ESTRADIOL 0.1 MG/20 MCG TAB	28	N/A
NORETHINDRONE 0.35 MG TAB USP	28	N/A
PIRMELLA™ 1/35	28	N/A
PIRMELLA™ 7/7/7	28	N/A
SPRINTEC 28 DAY TAB	28	N/A
TRI-SPRINTEC 28 DAY TAB	28	N/A
	\$9 30 Day Qty	\$24 90 Day Qty
Men's Health		
FINASTERIDE 5MG TAB	30	90

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The Prescribing Guide



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