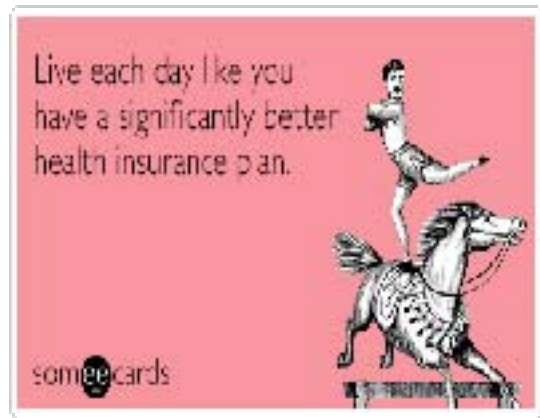


The Prescribing Guide



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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.....

www.PrescribingGuide.com

Dr. Camlyn Masuda, Pharm D, Tony Huynh, Dr. Chien-Wen Tseng, MD, MS, MPH

Contact: camlynm@hawaii.edu, cwtseng@hawaii.edu, (808) 692-0852
651 Ilalo St. Honolulu, HI 96813

Sponsored by:

Univ. of Hawaii JABSOM Family Medicine and Community Health
Univ of Hawaii Hilo Daniel K. Inouye College of Pharmacy
Univ. of Hawaii HMSA Chair for Health Care Services Quality Research

ALLERGIES

Non-sedating anti-histamines

BRAND	Generic	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Zyrtec	<i>cetirizine</i>	Goodrx.com	OTC	unclear if covered	\$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	unclear if covered	\$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	unclear if covered	\$5	not covered	\$0	\$0	\$0

Non-sedating anti-histamines with pseudoephedrine

BRAND	Generic	GoodRx.com	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	GoodRx.com	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	need PA	\$50	trial fluticasone + flunisolide	1 bottle/month	need PA	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

Highlighted drugs - covered by all 6 plans

ANTIBIOTICS (1 of 2)

Penicillins and Cephalosporins

BRAND	Generic	GoodRx.com	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 (caps only)
Augmentin	<i>amoxicillin / clavulanate</i>	\$15	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	GoodRx.com	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>	\$64/30 pill	Generic	\$0	\$5	\$5-10	need PA	need PA	need PA

Tetracyclines

Adoxa	<i>doxycycline monohydrate</i>	\$13	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>	\$33	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0 (cream)
Zyvox	<i>linezolid</i>	\$52	Generic	\$0	\$5	not covered	need PA	covered, needs PA	covered, need PA
Macrobid	<i>nitrofurantoin BID</i>	\$20	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0

Highlighted drugs - covered by all 6 plans

ANTIBIOTICS (2 of 2)

Antifungals

BRAND	Generic	GoodRx.com	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	covered, 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, pwrdr</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	GoodRx.com	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	GoodRx.com	Generic Brand	Aloha Care	CVS (State employees)	HMSA	HMSA Quest	Ohana	UHC Quest
Eliquis	apixaban	\$458	Brand	preferred but need PA*	\$25	\$25	\$0	need PA	\$0
Pradaxa	dabigatran	\$417 (60 cap)	Brand	need PA*	\$50	\$25	need PA	need PA	need PA
Savaysa	edoxaban	\$376	Brand	need PA*	\$50	not covered	need PA	need PA	\$0
Xarelto	rivaroxaban	\$466	Brand	preferred but need PA*	\$25	\$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	GoodRx.com	Generic Brand	Aloha Care	CVS (State employees)	HMSA	HMSA Quest	Ohana	UHC Quest
Plavix	clopidogrel	\$9	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Brilinta	ticagrelor	\$391 (60 tab)	Brand	need PA	\$25	\$25	\$0	need PA	Diagnosis required

Highlighted drugs - covered by all 6 plans

ASTHMA (1 of 2)

Beta Agonists

BRAND	Generic	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Proair Respiclick	<i>albuterol inhaler</i>	\$29	Brand	HFA only*	\$25	\$25** Respiclick	2 per month Respiclick	need PA	need PA
Proventil	<i>albuterol inhaler</i>	\$87	Generic	\$0	\$50	non-preferred	need PA	need PA	nebs only
Ventolin	<i>albuterol inhaler</i>	\$51	Generic	\$0	\$50	\$25	2 per month	2 per month	\$0
Arcapta	<i>indacaterol</i>	\$272	Brand	need PA	\$25	not covered	need PA	need PA	\$0
Striverdi	<i>olodaterol</i>	\$205	Brand	need PA	\$50	\$25	1 per month	1 per month	\$0
Xopenex HFA	<i>levalbuterol</i>	\$33	Generic	need PA	\$50	non-preferred	need PA	2 per month	nebs only*
Foradil	<i>formoterol</i>	\$256	Brand	need PA	\$50	\$25	need PA	need PA	need PA
Serevent	<i>salmeterol</i>	\$400	Brand	\$0	\$25	non-preferred	need PA	need PA	need PA

Inhaled Steroids

BRAND	Generic	GoodRx.com	Generic Brand	Aloha Care	CVS (State employees)	HMSA	HMSA Quest	Ohana	UHC Quest
QVAR Redihaler	<i>beclomethasone</i>	\$210	Brand	\$0	\$25	\$25	2 per month	\$0	\$0
Pulmicort	<i>budesonide</i>	\$192	Brand	\$0 flexhaler	\$25	\$25	nebs only	neb only age ≤ 8y	if age ≥ 5 need PA
Arnuity Ellipta	<i>fluticasone furoate</i>	\$177	Brand	need PA	\$25	\$25	1 per month	\$0	\$0
Flovent Diskus/HFA	<i>fluticasone propionate</i>	\$248	Brand	\$0 - HFA only	\$25 Diskus HFA	\$25	Diskus, HFA	HFA	HFA age ≤ 11
Asmanex	<i>mometasone</i>	\$238	Brand	need PA	\$25	\$25	need PA	\$0	if age ≥ 8 need PA

Steroid/Long-acting Beta-Agonists

BRAND	Generic	GoodRx.com	Generic Brand	Aloha Care	CVS (State employees)	HMSA	HMSA Quest	Ohana	UHC Quest
Advair Diskus/HFA, Wixela, AirDuo	<i>fluticasone propionate/salmeterol</i>	\$396	Advair (B) Wixela (G) AirDuo (G)	Advair - HFA only	\$25 Advair Diskus, HFA	\$25 Advair Diskus, HFA	Advair HFA (1 per month)	Wixela	AirDuo
Breo Ellipta	<i>fluticasone furoate/vilanterol</i>	\$357	Brand	need PA	\$25	\$25	need PA	need PA	need PA
Symbicort	<i>budesonide/formoterol</i>	\$331	Brand	\$0	\$25 Breo, Dulera	\$25	need PA	need PA if > 12 yo	need PA
Dulera	<i>mometasone/formoterol</i>	\$326	Brand	need PA	\$25	\$25	1 per month	need PA	need PA

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

*HMSA: Proair - Both HFA and Respiclick are covered, However per CVS, Respiclick is preferred

*UHC Quest: Xopenex - must fail albuterol nebulizer within past 30 days

ASTHMA (2 of 2)

Anticholinergic (LAMA)

BRAND	Generic	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Atrovent HFA	<i>ipratropium bromide</i>	\$401 (neb) \$4Walmart)	Generic	\$0	\$25	\$5-10	nebs	\$0	\$0
Spiriva	<i>tiotropium</i>	\$447	Brand	handihaler only	\$25	\$25	need PA	need PA	need PA
Incruse Ellipta	<i>umeclidinium</i>	\$339	Brand	need PA	\$25	non-preferred	\$0	\$0	\$0
Anoro Ellipta	<i>umeclidinium/vilanterol</i>	\$424	Brand	need PA	\$25	\$25	need PA	\$0	need PA

Other

BRAND	Generic	GoodRx.com	Generic Brand	Aloha Care	CVS (State employees)	HMSA	HMSA Quest	Ohana	UHC Quest
Intal (neb)	<i>cromolyn sodium (neb)</i>	\$106	Generic	nebs	\$5	\$5-10	nebs	\$0	\$0
Combivent	<i>albuterol/ ipratropium</i>	\$419	Brand	\$0	\$25	\$25	\$0	\$0	\$0 Respimat
Singulair	<i>montelukast</i>	\$10	Generic	4mg gran pack only	\$5	\$5-10	\$0	\$0	\$0
Accolate	<i>zafirlukast</i>	\$43 / 60 tabs	Generic	20 mg tab only	\$5	\$5-10	need PA	\$0	need PA

Spacers

E-Z Spacer, Vortex, Air Zone, Aerochamber, Easivent, Pocket Spacer	<i>spacers</i>	\$38 Easivent	Brand	need PA	pay out of pocket	Air Zone E Z Spacer Vortex	Aerochamber Vortex	Aerochamber, E-Z spacer, Easivent, Pocket Spacer	E-Z Spacer, Easivent, Vortex
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BIRTH CONTROL / HPV VACCINE

Monophasic

BRAND	Ethinyl estradiol (EE mcg)	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Alesse, Aviane	20 EE 0.1 levonorgestrel	\$14 levonest-28 (Walmart \$9)	Generic	generic \$0	\$0-5 Aviane	\$0-\$10 Alesse	\$0	Aviane	Alesse, Aviane
Loestrin (Junel) 1/20	20 EE 1.0 norethindrone	\$13 Loestrin 21	Generic	generic \$0	\$0-5 Junel	not covered	\$0	Junel	Loestrin, Junel
Yaz, Gianvi	20 EE 3.0 drospirenone	\$25 Yaz	Generic	generic \$0	\$0-5 Gianvi	\$0-10 Yaz	\$0	Gianvi	need PA
Desogen, Apri, Enskyce	30 EE 0.15 desogestrel	\$18	Generic	generic \$0	\$0-5 Apri	\$0-10 Desogen	\$0	Apri	Apri, Enskyce
Yasmin, Ocella, Syeda, Zarah	30 EE 3.0 drospirenone	\$13	Generic	generic \$0	\$0-5 Ocella	\$0-10 Yasmin	\$0	Ocella, Syeda, Zarah	need PA
Nordette, Altavera, Kurvelo	30 EE 0.15 levonorgestrel	\$13	Generic	generic \$0	\$0-5 Altavera	not covered	\$0	Altavera	Nordette, Altavera, Kurvelo
Lo/ovral, Low-Ogestrel, Elinest	30 EE 0.3 norgestrel	\$16 Elinest	Generic	need PA	\$0-5 Low-Ogestrel	not covered	\$0	Low-Ogestrel	Lo/ovral, Low Ogestrel, Elinest
Ortho-Cyclen, Mononessa, Sprintec	35 EE 0.25 norgestimate	\$14 (Walmart \$9)	Generic	generic \$0	\$0-5 Mononessa	Ortho Tri-Cyclen Lo	\$0	Mononessa, Sprintec	Ortho-cyclen, Mononessa, Sprintec

Progestin only

Ortho Micronor, Nor-QD, Heather, Errin, Camila, Aygestin	norethindrone 0.35mg	\$15 Heather walmart \$9	Generic	generic \$0	\$0-5 Heather	\$5-10 NorQD	\$0	Camila, Errin, Jolivette, Nora-Be	Ortho Micronor, Heather, Errin, Camila
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Others/HPV Vaccine

BRAND	Generic	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Ella	ulipristal	\$40	Brand	need PA	\$0-20	not covered	Ella (2/year)	need PA	need PA
Plan B One step	levonorgestrel 1.5mg	\$33	OTC	levonorgestrel 1.5mg	\$0-5 levonorgestrel	\$0-10	levonorgestrel (2/year)	Plan B one-step	levonorgestrel 1.5mg
Xulane (patch/wk)	norelgestromin/ethinyl estradiol	\$108	Generic	need PA	\$0-20	\$0-25	\$0	\$0	\$0
NuvaRing (vaginal ring)	0.12 etonogestrel / 0.015 ethinyl estradiol	\$172	Brand	\$0	\$25	\$0-25	\$0	\$0	\$0
Gardasil 9	Human Papillomavirus 9-valent Vaccine	\$173/inj	Brand	\$0	\$25	F 19-26, M 19-21 yr	19-26 years old	19 - 45 years old	\$0

CHOLESTEROL

Statins

BRAND	GENERIC	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Lipitor	atorvastatin	\$10	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Mevacor	lovastatin	\$6 (walmart)	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Pravachol	pravastatin	\$22	Generic	\$0	\$5	\$5-10	\$0	\$0	need PA
Crestor	rosuvastatin	\$200	Generic	need PA	\$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	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Zetia	ezetimibe	\$13	Generic	\$0	\$5	\$5-10	\$0	Covered, need PA	need PA
Vytorin	ezetimibe/ simvastatin	\$66	Generic	\$0	not covered	\$5-10	need PA	need PA	need PA

Gemfibrozil

BRAND	GENERIC	GoodRx.com	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)	\$27	OTC	\$0	\$5	\$5-10	\$0	Niacor	\$0
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Fibrates

BRAND	GENERIC	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Lofibra, Antara	fenofibrate, micronized	\$19	Generic	\$0	need PA	not covered	67, 134, 200mg	\$0	step therapy*
Tricor	fenofibrate	\$16	Generic	\$0	\$5	\$5-10	\$0	\$0	need PA

Others

BRAND	GENERIC	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Colestid	colestipol	\$30	Generic	\$0	\$5	\$5-10	\$0	need PA	need PA
Questran	cholestyramine	\$40	Generic	\$0	\$5	\$5-10	\$0	\$0	cans covered (not packets)
WelChol	colesevelam	\$204	Generic	\$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	GoodRx.com	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	\$0
Prozac weekly	<i>fluoxetine weekly</i>	not on goodrx	Generic	\$0	\$5	not covered	\$0	\$0	\$0
Luvox	<i>fluvoxamine</i>	\$25	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Luvox CR	<i>fluvoxamine ER</i>	not on goodrx	Generic	\$0	\$5	not covered	\$0	\$0	\$0
Paxil	<i>paroxetine</i>	\$6 (Walmart \$10)	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0 tabs only
Paxil CR	<i>paroxetine ER</i>	\$55	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Zoloft	<i>sertraline</i>	\$12	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0

SNRIs

BRAND	Generic	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Pristiq	<i>desvenlafaxine</i>	\$34	Generic	\$0	\$5	\$5-10	\$0	fail 2 generics***	\$0
Cymbalta	<i>duloxetine</i>	\$14	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>	\$14	Generic	Step therapy	\$5	\$5-10	\$0	\$0	\$0

Other

BRAND	Generic	GoodRx.com	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>	\$22	Generic	\$0 150,300 mg only	\$5	\$5-10	\$0	\$0	150, 300mg
Remeron	<i>mirtazapine</i>	\$10	Generic	\$0	\$5	\$5-10	\$0	\$0	tabs only
Serzone	<i>nefazodone</i>	\$78	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0

*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.

***Ohana: **Pristiq** - desvenlafaxine succinate ER - must fail 2 PDL antidepressants.

Highlighted drugs - covered by all 6 plans

DERMATOLOGY (1 of 2)

Very high potency

BRAND	Generic	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Diprolene	<i>a. betamethasone d. 0.05% oint, gel</i>	\$24 (15g)	Generic	\$0 oint	\$5 oint	\$5-10 oint gel	ointment, gel	need PA	ointment, gel
Temovate, Cormax	<i>clobetazol 0.05%, cream, oint</i>	\$22 (15g)	Generic	\$0 cream oint	\$5	\$5-10	cream, gel, oint, soln, foam	soln only	soln
Temovate E	<i>clobetazol 0.05% emollient cream</i>	\$25 (15g)	Generic	\$0	\$5	non-preferred	need PA	need PA	\$0
Ultravate	<i>halobetazol p. 0.05% cream, oint</i>	\$25 (15g)	Generic	\$0 cream oint	\$5	\$5-10 cream oint	cream, oint	cream oint	cream

High potency

BRAND	Generic	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Betatrex (ointment)	<i>betamethasone valerate 0.1% oint</i>	\$13 (15g)	Generic	\$0 oint	\$5	\$5-10	ointment	cream, lotion, oint	\$0
Cyclocort	<i>amcinonide 0.1% cream, lotion</i>	\$8 (15g)	Generic	\$0 cream, lotion, oint	\$5	\$5-10	need PA	need PA	ointment only
Diprolene AF	<i>a. betamethasone d. 0.05% cream</i>	\$8 (15g)	Generic	\$0 cream	\$5, cream	non-preferred	cream	cream	cream
Diprolene	<i>a. betamethasone d. 0.05% lotion,</i>	\$31 (30ml)	Generic	\$0 lotion, gel	\$5 lotion	gel, oint only	lotion	need PA	lotion, gel
Diprosone, Maxivate (cream, oint)	<i>betamethasone d. 0.05% cream, oint, lotion</i>	\$19 (15g)	Generic	\$0 cream oint	\$5 cream, oint	\$5-10 cream/ointment/lotion	cream, oint, lotion	cream, oint, lotion	ointment, lotion
Florone, Maxiflor, Psorcon B	<i>diflorasone 0.05% cream, oint</i>	\$42 (15g)	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, oint
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**	soln
Lidex E	<i>fluocinonide 0.05% emollient cream</i>	\$20 (15g)	Generic	\$0 cream	\$5	not covered	need PA	cream	May need PA
Topicort	<i>desoximetasone 0.25% cream/ointment, 0.05% gel</i>	\$19 (15g)	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"

**Ohana: Lidex - Solution form quantity limits 60mL per 30 days

DERMATOLOGY (2 of 2)

Medium potency

BRAND	Generic	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Betatrex	<i>betamethasone v. 0.1% cream, lotion</i>	\$19 (15g)	Generic	\$0 cream lotion	\$5, cream, lotion	\$5-10 cream lot	cream, lotion	cream, lotion, oint	cream, lotion, oint
Cutivate	fluticasone p. 0.05% cream, 0.005% oint	\$9 (15g)	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>	\$19 (15g)	Generic	\$0 lotion	\$5 lotion	\$5-10 lotion	lotion	lotion	lotion
Elocon	mometasone f. 0.1% cream, soln, oint	\$9 (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, lotion</i>	\$19 (15g)	Generic	\$0	\$5	\$5-10	cream, oint, lot	cream, oint	cream, oint, lotion
Locoid	hydrocortisone butyrate 0.1% cream	\$24 (15g)	Generic	\$0 cream, oint, soln	\$5	\$5-10	cream, oint, soln	need PA	ointment, 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>	\$19 (15g)	Generic	cream, gel, oint	\$5	\$5-10	cream	need PA	need PA
Westcort	hydrocortisone v. 0.2% cream, oint	\$27(15g)	Generic	\$0 cream oint	\$5	\$5-10 cream oint	cream, oint	cream, oint	need PA

Low potency

BRAND	Generic	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Aclovate	<i>aclometasone d. 0.05% cream, oint</i>	\$20 (15g)	Generic	\$0 cream, oint	\$5	non-preferred	cream, oint	cream, oint	ointment
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	cream, oint, lotion
Desowen	desonide 0.05% cream, oint, lotion	\$21 (15g)	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	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
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	500mg, 750mg only	500mg, 750mg only	\$0

Sulfonylurea/Combinations

BRAND	Generic	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
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>	\$12	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>	\$22	Generic	\$0	\$5	\$5-10	\$0	\$0	need PA
Glucovance	<i>glyburide/metformin</i>	\$15	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0

TZD/Combinations

BRAND	Generic	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Actos	<i>pioglitazone</i>	\$10	Generic	\$0	\$5	\$5-10	\$0	step therapy*	\$0
Duetact	<i>pioglitazone/glimepiride</i>	\$122	Generic	\$0	\$5	\$5-10	\$0	need PA	need PA
ACTOplus met	<i>pioglitazone/metformin</i>	\$55	Generic	\$0	\$5	\$5-10	\$0	step therapy*	need PA

*Ohana: Actos, ACTOplus met - Must fail metformin, alogliptin or combination of the two within past 100 days

DIABETES (2 of 5)

DPP-4 Inhibitors/Combinations

BRAND	Generic	GoodRx.com	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	\$0	step therapy*
Kazano	<i>alogliptin/metformin</i>	\$172	Generic	\$0	\$5	\$5-\$10	need PA	\$0	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	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Byetta	<i>exenatide</i>	\$474 (3ml)	Brand	need PA	\$50	need PA	need PA	need PA	need PA
Bydureon Bydureon BCise	<i>exenatide ER</i>	\$514 (8ml)	Brand	need PA	\$50	need PA	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	\$25	step therapy*	need PA	step therapy*
Ozempic	<i>Semaglutide</i>	\$773	Brand	Preferred but need PA	\$25	\$25	step therapy*	need PA	need PA

*HMSA Quest: **Trulicity, Victoza, Ozempic** - trial of metformin 30 days

Januvia, Janumet, Janumet XR trial of metformin, sulfonylurea, or insulin sensitizer.

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

Januvia, Janumet, Janumet XR - must fail metformin, alogliptin, or combination of the two within 100 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	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Invokana	<i>canagliflozin</i>	\$453	Brand	need PA	\$25	metformin first	step therapy*	need PA	needs PA
Invokamet	<i>canagliflozin/metformin</i>	\$453	Brand	need PA	\$25	metformin first	step therapy*	need PA	needs PA
Invokamet XR	<i>canagliflozin/metformin</i>	\$453	Brand	need PA	\$25	metformin first	step therapy*	need PA	needs PA
Jardiance	<i>empagliflozin</i>	\$415	Brand	need PA	\$25	metformin first	need PA	need PA	needs PA
Synjardy	<i>empagliflozin/metformin</i>	\$415	Brand	need PA	\$25	metformin first	need PA	need PA	needs PA
Synjardy XR	<i>empagliflozin/metformin</i>	\$415	Brand	need PA	\$25	metformin first	need PA	need PA	needs PA
Farxiga	<i>dapagliflozin</i>	\$457	Brand	need PA	\$25	non-preferred	need PA	need PA	need PA
Xigduo XR	<i>dapagliflozin/metformin ER</i>	\$457	Brand	need PA	\$25	non-preferred	need PA	need PA	need PA
Steglatro	<i>ertugliflozin</i>	\$287	Brand	preferred need PA	\$50	not covered	needs PA	step therapy*	step therapy*
Segluromet	<i>ertugliflozin/metformin</i>	\$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	GoodRx.com	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	vial, pen	\$15 vial, pen	need PA	\$0 vial, pen	need PA	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	needs PA	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	\$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	<i>glargine</i>	\$240 10ml, \$371 15ml pen	Brand	Pen	\$5 vial, pen	\$5-10 Vial, Pen	need PA	need PA	need PA
Basaglar	<i>glargine</i>	\$248	Brand	Pen	\$5 pen	non-preferred	\$0 pen	\$0 pen	\$0 pen
Toujeo	<i>glargine</i>	\$308	Brand	need PA	not covered	non-preferred	need PA	need PA	need PA
Levemir	<i>detemir</i>	\$189 10ml	Brand	need PA	\$5 vial, pen	Preferred but need PA	need PA	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, pen	\$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	GoodRx.com	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	Accu-check compact plus	not covered	need PA	footnote	need PA
Bayer Breeze 2/ Bayer Contour		free meter*	Brand	need PA	not covered	not covered	need PA	need PA	need PA
Freestyle Lite/ Freestyle Freedom Lite/ Freestyle InsulinX		free meter*	Brand	need PA	not covered	Freestyle, Freestyle Lite	Freestyle, Freestyle Lite, Insulin X	footnote	need PA
Onetouch (Ultra2, Ultramini, or Verio)		free meter*	Brand	may need PA	One Touch Verio	One Touch (ultra, verio), Surestep	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	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Cipro HC Otic	<i>ciprofloxacin/hydrocortisone</i>	\$331 (10ml)	Brand	need PA	\$25	non-preferred	need PA	need PA	need PA
Ciprodex	<i>ciprofloxacin/dexamethasone</i>	\$249 (7.5ml)	Brand	need PA	\$25	non-preferred	\$0	step therapy*	diagnosis required
Coly-Mycin S Otic	<i>neomycin/hydrocortisone</i>	\$245 (10ml)	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>	\$181	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>	\$15	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Vosol HC Otic	<i>acetic acid/ hydrocortisone</i>	\$57	Generic	\$0	\$5	not covered	need PA	need PA	\$0
Vosol Otic	<i>acetic acid</i>	\$18	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0

Others

BRAND	Generic	GoodRx.com	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>	\$ not available	OTC	need PA	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%"

Ciprodex - Age limit of 6 years and older; If 7 years or older, must fail ofloxacin within 100 days

HEARTBURN/ GERD

BRAND	Generic	GoodRx.com	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>	\$10 walmart \$4	OTC	\$0	\$5	\$5-10	\$0	\$0	Pepcid AC OTC covered
Axid	<i>nizatidine</i>	\$10	Generic	\$0	\$5	\$5-10	\$0	need PA	need PA
Zantac	<i>ranitidine</i>	\$10 walmart \$4	OTC	\$0	\$5	\$5-10	\$0	\$0	\$0 150mg

Proton-pump Inhibitors (PPI)

BRAND	Generic	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Nexium	<i>esomeprazole</i>	\$22	Generic	20mg caps only	\$5	\$5-10	\$0 generic preferred	OTC only	covered, need PA
Prevacid	<i>lansoprazole</i>	\$13	Generic	\$0 15mg capsule	\$5	\$5-10	\$0	\$0	\$0
Prilosec	<i>omeprazole</i>	\$9	OTC	\$0	\$5	\$5-10	\$0	\$0	\$0 caps
Protonix	<i>pantoprazole</i>	\$8	Generic	need PA	\$5	\$5-10	\$0	\$0	\$0
Aciphex	<i>rabeprazole</i>	\$20	Generic	20mg tabs only	\$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	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Lotensin	<i>benazepril</i>	\$13 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>	\$13 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>	\$18	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Altace	<i>ramipril</i>	\$9	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0

ACE inhibtors with HCT

Lotensin HCT	<i>benazepril/HCT</i>	\$22 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Vaseretic	<i>enalapril/HCT</i>	\$9 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Monopril HCT	<i>fosinopril/HCT</i>	\$40	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>	\$38	Generic	\$0	\$5	\$5-10	\$0	need PA	\$0

HTN - ARBs

BRAND	Generic	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Atacand	<i>candesartan</i>	\$49	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>	\$7	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Benicar	<i>olmesartan medoxomil</i>	\$13	Generic	\$0	\$25	\$5-10	need PA	Step Therapy*	need PA
Micardis	<i>telmisartan</i>	\$22	Generic	\$0	\$5	\$5-10	need PA	need PA	need PA
Diovan	<i>valsartan</i>	\$15	Generic	\$0	\$5	\$5-10	\$0	\$0	need PA

ARBs with HCT

Atacand HCT	<i>candesartan/HCT</i>	\$49	Generic	\$0	\$5	non-preferred	need PA	need PA	need PA
Avalide	<i>irbesartan/HCT</i>	\$19	Generic	\$0	\$5	\$5-10	\$0	need PA	need PA
Hyzaar	<i>losartan/HCT</i>	\$11	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Benicar HCT	<i>olmesartan medoxomil- HCT</i>	\$14	Generic	\$0	\$25	\$5-10	need PA	need PA	need PA
Micardis HCT	<i>telmisartan/HCT</i>	\$47	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	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Tenormin	<i>atenolol</i>	\$6 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Zebeta	<i>bisoprolol</i>	\$10	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Lopressor	<i>metoprolol tartrate</i>	\$8 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	20mg,50mg,100
Toprol XL	<i>metoprolol succinate ER</i>	\$12	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Lopressor HCT	<i>metoprolol HCT</i>	\$22	Generic	\$0	not covered	\$5-10	\$0	need PA	need PA
Bystolic	<i>nebivolol</i>	\$153	Brand	need PA	\$25	not covered	need PA	need PA	need PA

Non-cardioselective

Ziac	<i>bisoprolol/HCT</i>	\$29 walmart \$10	Generic	\$0	\$5	\$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>	\$95	Generic	\$0	\$5	\$25	need PA	need PA	need PA
Trandate	<i>labetalol</i>	\$21	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Inderal (IR)	<i>propranolol</i>	\$14 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	IR only
Inderal LA	<i>propranolol ER</i>	\$22	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0 needs diagnosis
Inderide (HCT)	<i>propranolol/ HCT</i>	\$27	Generic	\$0	not covered	\$5-10	need PA	need PA	\$0
Highlighted -	- covered by all 6 plans								

HTN - calcium channel blockers

Dihydropyridines

BRAND	Generic	GoodRx.com	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>	\$16	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Dynacirc	<i>isradipine BID</i>	\$37	Generic	\$0	\$5	\$5-10	need PA	need PA	need PA
Procardia XL/ Adalat CC	<i>nifedipine ER (QD)</i>	\$14	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0

Non-dihydropyridines

Cardizem CD	<i>diltiazem ER</i>	\$14	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Calan SR	<i>verapamil SR</i>	\$10	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0

Chlorthalidone

Hygroton	<i>chlorthalidone</i>	\$17	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
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INSOMNIA

Benzodiazepine

BRAND	Generic	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Xanax	<i>alprazolam</i>	\$10	Generic	\$0	\$5	\$5-10	\$0	\$0	IR only
Xanax XR	<i>alprazolam ER</i>	\$16	Generic	\$0	\$5	\$5-10	\$0	\$0	need PA
Librium	<i>chlordiazepoxide</i>	\$6	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Klonopin	<i>clonazepam</i>	\$9	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0 tabs only
Valium	<i>diazepam</i>	\$12	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Prosom	<i>estazolam</i>	\$20	Generic	\$0	\$5	\$5-10	need PA	\$0	need PA
Dalmane	<i>flurazepam</i>	\$15	Generic	\$0	\$5	\$5-10	need PA	need PA	\$0
Ativan	<i>lorazepam</i>	\$10	Generic	\$0	\$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	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Lunesta	<i>eszopiclone</i>	\$15	Generic	\$0	\$5	non-preferred	need PA	need PA	need PA
Sonata	<i>zaleplon</i>	\$16	Generic	\$0	\$5	\$5-10	need PA	need PA	\$0
Ambien	<i>zolpidem</i>	\$8	Generic	\$0	\$5	\$5-10	30 tabs/month	age > 18, 31 pills/m	\$0
Ambien CR	<i>zolpidem ER</i>	\$24	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	GoodRx.com	Generic Brand	Aloha Care	CVS (State employees)	HMSA	HMSA Quest	Ohana	UHC Quest
Desyrel	<i>trazodone</i>	\$6 walmart \$4	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
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>	\$406	Brand	need PA	\$50	not covered	need PA	need PA	need PA

MIGRAINE HEADACHES

Triptan

BRAND	Generic	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Axert	<i>almotriptan</i>	\$129 (12 tab)	Generic	\$0	\$5	\$5-10 12tab/30d	need PA	need PA	need PA
Relpax	<i>eletriptan</i>	\$55 (6tab)	Generic	\$0	\$5	\$5-10 12tab/30d	need PA	need PA	need PA
Frova	<i>frovatriptan</i>	\$165 (9tab)	Generic	\$0	\$5	non-preferred 9tab/30d	need PA	need PA	need PA
Amerge	<i>naratriptan</i>	\$33 (9tab)	Generic	\$0	\$5	\$5-10 9tab/30d	12 tab/30d fail imitrex	Step Therapy*	trial sumatriptan 50mg
Maxalt	<i>rizatriptan</i>	\$33 (9 tab)	Generic	\$0	\$5	\$5-10 12tab/30d	18 tab/30d fail imitrex	\$0	9 tab/23d
Imitrex Oral	<i>sumatriptan</i>	\$13 (9tab)	Generic	\$0	\$5	\$5-10 9tab/30d	12 tab/30d	9 tab/31d	\$0 limit 9 per 23d
Imitrex Nasal	<i>sumatriptan</i>	\$97 (6 doses)	Generic	\$0	\$5	non-preferred 12s pray/30d	24 spray/30d	12 spray/31d	\$0
Imitrex Injection	<i>sumatriptan</i>	\$43 (5 vials)	Generic	\$0	\$5	\$5-10 8inj/30d	6 inj/30d	4 inj/31d	\$0 4mg and 6mg*
Zomig	<i>zolmitriptan</i>	\$47 (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 12 spray/30d	need PA	need PA	need PA

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

UHC Quest: **Imitrex Inj** - 4mg - 2 inj per 26 days
6mg - 2 inj per 23 days

Ergotamine

BRAND	Generic	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Cafergot	<i>caffeine/ ergotamine</i>	\$137 (10tab)	Generic	\$0	\$5	\$5-10	\$0	need PA	\$0
Migranal	<i>dihydroergotamine nasal</i>	\$1531 (8 vial)	Generic	\$0	\$5	non-preferred	need PA	need PA	need PA

Highlighted - covered by all 6 plans

PSYCHOTIC (anti-psychotics)

Atypical

BRAND	Generic	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Abilify	<i>aripiprazole</i>	\$21	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0 tab
Abilify Discmelt	<i>aripiprazole orally disintegrating</i>	\$159 (#15)	Generic	\$0	\$5	not covered	\$0	\$0	\$0
Saphris (BID)	<i>asenapine</i>	\$212 (#10)	Brand	\$0	\$50	non-preferred	\$0	\$0 - require ICD10	\$0
Clozaril (BID)	<i>clozapine</i>	\$33	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
FazaClo ODT	<i>clozapine orally disintegrating</i>	\$50 (#21)	Generic	\$0	\$5	non-preferred	\$0	\$0	\$0
Fanapt (BID)	<i>lisperidone</i>	\$1056 (#60)	Brand	\$0	\$50	non-preferred	\$0	\$0 - require ICD10	\$0
Latuda	<i>lurasidone</i>	\$1,257	Brand	\$0	\$25	non-preferred	\$0	\$0 - require ICD10	\$0
Zyprexa	<i>olanzapine</i>	\$10	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0 (tabs only)
Zyprexa Zydis (ODT)	<i>olanzapine orally disintegrating</i>	\$27	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Symbyax	<i>olanzapine/ fluoxetine</i>	\$85	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Invega	<i>paliperidone ER</i>	\$265	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Seroquel (BID)	<i>quetiapine</i>	\$7	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Seroquel XR	<i>quetiapine ER</i>	#33	Generic	\$0	\$25	\$5-10	\$0	\$0	\$0
Risperdal	<i>risperidone</i>	\$8	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Risperdal M-tab	<i>risperidone orally disintegrating</i>	\$29	Generic	\$0	\$5	\$5-10	\$0	\$0	need PA
Geodon (BID)	<i>ziprasidone</i>	\$31	Generic	\$0	\$5	\$5-10	\$0	\$0 (capsule)	\$0

*Conflicting information on CVS website.

Highlighted - covered by all 6 plans

SMOKING CESSATION

BRAND	Generic	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	UHC Quest
Zyban, Wellbutrin SR, Budeprion SR, Buproban	bupropion HCL	\$19	Generic	\$0	\$0-\$10	\$5-10	age 18+ (180d/yr)	\$0	see footnote
Chantix	varenicline tartrate	\$425	Brand	need PA	\$0	\$25*	age 18+ (180d/yr)	\$0	covered, but PA required
Nicoderm CQ	nicotine patches, nicotine transdermal	\$30	OTC	90/365 days	\$0	OTC - may be covered*	age 18+ (180d/yr)	\$0	\$0 patches
Nicorette Gum	nicotine gum, debroxnicoine gum	\$46 (#100)	OTC	90/365 days	\$0	OTC - may be covered*	age 18+ (180d/yr)	\$0	\$0
Nicorette Lozenge, Commit	nicotine lozenge	\$55 (#100)	OTC	90/365 days	\$0	OTC - may be covered*	need PA	\$0	\$0
Nicotrol NS (nasal spray)	nicotine nasal spray	\$116 (1 spral)	Brand	need PA	not covered	non-preferred	need PA	need PA	need PA
Nicotrol Inhaler	nicotine inhaled, cartridge	\$434 (1 inhaler)	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:

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 11/28/2018

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
METFORMIN 500MG, 850MG, 1000MG	60	180
METFORMIN ER 500MG TAB	120	360
METFORMIN ER 750MG TAB	60	180
	\$9 30 Day Qty	\$24 90 Day Qty
GLIPIZIDE ER 2.5MG, 5MG, 10MG	30	90
GLYBURIDE/METFORMIN 2.5/500MG, 5/500MG	60	180
PIOGLITAZONE 15MG, 30MG, 45MG	30	90



Heart

	\$4 30 Day Qty	\$10 90 Day Qty
Cholesterol		
SIMVASTATIN 10MG, 20MG, 40MG	30	90
	\$9 30 Day Qty	\$24 90 Day Qty
Cholesterol		
ATORVASTATIN 10MG, 20MG, 40MG	30	90
FENOFIBRATE 145MG	30	90
GEMFIBROZIL 600MG	60	180
	\$4 30 Day Qty	\$10 90 Day Qty
Heart Health & Blood Pressure		
AMLODIPINE 2.5MG, 5MG, 10MG	30	90
ATENOLOL 25MG, 50MG, 100MG	30	90
BENAZEPRIL 20MG, 40MG	30	90
CARVEDILOL 3.125MG, 6.25MG, 12.5MG, 25MG	60	180
CLONIDINE 0.1MG, 0.2MG, 0.3MG	60	180
FUROSEMIDE 20MG, 40MG, 80MG	30	90

HYDRALAZINE 10MG, 25MG, 50MG	90	270
HYDROCHLOROTHIAZIDE 12.5MG, 25MG, 50MG TAB	30	90
HYDROCHLOROTHIAZIDE 12.5MG CAP	30	90
INDAPAMIDE 1.25MG, 2.5MG	30	90
ISOSORBIDE MONONITRATE ER 30MG, 60MG	30	90
LISINAPRIL 2.5MG, 5MG, 10MG, 20MG, 30MG	30	90
LISINAPRIL/HCTZ 20/25MG	30	90
LOSARTAN 25MG, 50MG, 100MG	30	90
LOSARTAN/HCT 50/12.5MG TAB	30	90
METOPROLOL TART 25MG, 50MG, 100MG	60	180
RAMIPRIL 2.5MG, 5MG, 10MG	30	90
TRIAMTERENE/HCTZ 37.5/25MG, 75/50MG TAB	30	90
WARFARIN 1MG, 2MG, 2.5MG, 3MG, 4MG, 5MG, 6MG, 7.5MG, 10MG	30	90

	\$9 30 Day Qty	\$24 90 Day Qty
Heart Health & Blood Pressure		
AMIODARONE 200MG	30	90
BISOPROLOL 5MG	30	90
CILOSTAZOL 50MG, 100MG	60	180
CLOPIDOGREL 75MG	30	90
DIGOXIN 0.125MG, 0.25MG	30	90
DILTIAZEM ER 120MG CAP (24 HOUR)	30	90
DILTIAZEM 30MG, 60MG, 120MG	60	180
DOXAZOSIN 1MG, 2MG, 4MG, 8MG	30	90
ENALAPRIL 2.5MG, 10MG, 20MG	30	90
IRBESARTAN 150MG, 300MG	30	90
METOPROLOL ER 25MG, ER 50MG	30	90
MINOXIDIL 10MG TAB	30	90
TORSEMIDE 20MG, 100MG	30	90
TRIAMTERENE/HCTZ 37.5/25MG CAP	30	90
VALSARTAN/HCTZ 160/12.5MG, 160/25MG	30	90
VERAPAMIL ER 120MG, 180MG, 240MG TAB	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 necessarily limited to, CA and MN. 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	\$10
	30 Day Qty	90 Day Qty
AMITRIPTYLINE 10MG, 25MG, 50MG, 75MG	30	90
BUSPIRONE 5MG, 10MG	60	180
CITALOPRAM 10MG, 20MG, 40MG	30	90
FLUOXETINE 10MG TAB	30	90
FLUOXETINE 20MG, 40MG CAP	30	90
LAMOTRIGINE 100MG, 200MG	30	90
LAMOTRIGINE 25MG, 150MG	60	180
LITHIUM CARB 300MG CAP	60	180
NORTRIPTYLINE 10MG, 25MG, 50MG	30	90
PAROXETINE 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	\$24
	30 Day Qty	90 Day Qty
AMANTADINE 100MG	60	180
BUPROPION 75MG, 100MG	60	180
BUPROPION ER/SR 100MG, 150MG, 200MG TAB	60	180
BUPROPION XL 150MG TAB	30	90
CARB/LEVO 10/100MG, 25/100MG	90	270
DIVALPROEX DR 250MG TAB	60	180
DONEPEZIL 5MG, 10MG	30	90
DULOXETINE 20MG, 30MG, 60MG	30	90
ESCITALOPRAM 5MG, 10MG, 20MG	30	90
LEVETIRACETAM 500MG	60	180
LITHIUM CARB ER 300MG, 450MG TAB	60	180
MIRTAZAPINE 15MG, 30MG, 45MG	30	90
OLANZAPINE 2.5MG, 5MG, 7.5MG, 10MG, 15MG, 20MG	30	90
OXCARBAZEPINE 300MG	60	180
PAROXETINE 40MG	30	90
PRAMIPEXOLE 0.125MG, 0.25MG, 0.5MG, 1MG, 1.5MG	30	90
PRIMIDONE 250MG TAB	60	180
PRIMIDONE 50MG TAB	30	90

QUETIAPINE 25MG, 50MG, 100MG, 200MG, 300MG	30	90
ROPINIROLE 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	30	90
SERTRALINE 25MG, 100MG	30	90
TOPIRAMATE 25MG, 50MG, 100MG, 200MG	60	180
TRIHEXYPHENIDYL 5MG TAB	60	180
VENLAFAXINE 37.5MG TAB	60	180
VENLAFAXINE 75MG, 100MG TAB	60	180
VENLAFAXINE ER 37.5MG, 75MG, 150MG CAP	30	90
ZONISAMIDE 50MG CAP	60	180



Other Therapeutic Category

	\$4	\$10
	30 Day Qty	90 Day Qty
Digestion		
METOCLOPRAMIDE 5MG, 10MG	90	270
	\$9	\$24
	30 Day Qty	90 Day Qty
Digestion		
OMEPRAZOLE 20MG CAP	30	90
OMEPRAZOLE DR 40MG	30	90
	\$4	\$10
	30 Day Qty	90 Day Qty
Thyroid		
LEVOTHYROXINE 25MCG, 50MCG, 75MCG, 88MCG 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG	30	90
	\$4	\$10
	30 Day Qty	90 Day Qty
Vitamin & Nutrition		
FOLIC ACID 1MG	30	90
	\$9	\$24
	30 Day Qty	90 Day Qty
Vitamin & Nutrition		
FOLBEE TAB	30	90
	\$9	\$24
	30 Day Qty	90 Day Qty
Family Planning		
NORETHINDRONE TAB 0.35 MG	28	84
SPRINTEC 28 TAB 28 DAY	28	84
TRI-SPRINTEC TAB	28	84

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The Prescribing Guide

Live each day like you
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