

ANTI-HISTAMINES

Non-sedating

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Allegra	<i>fexofenadine</i>	\$36	Generic	\$0-5	\$0-5	\$5-10	need PA	see footnote	need PA
Claritin	<i>loratadine</i>	\$12/300 tabs (Walmart \$4)	OTC	\$0-5	\$0-5	not covered for any dx	\$0-5	see footnote	\$0-5
Zyrtec	<i>cetirizine</i>	\$75	OTC	\$0-5	\$0-5	not covered for any dx	\$0-5	see footnote	\$0-5

Medicaid FFS: Allegra and Zyrtec--No PA is needed if 1) patient has either allergic rhinitis or chronic urticaria, AND 2) write one of these ICD9s on the RX: 708.0 -708.9 (chronic urticaria) or 277.6 (hereditary angioedema) and/or 995.1 (angioneurotic edema - nonurticarial), AND 3) age >= 6 months for Zyrtec, age >= 6 years old for Allegra. **Claritin:** Age 21-60 needs PA. Age <21 or >60 no PA needed.

Non-sedating anti-histamines with 12 hr/24 hr decongestant

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Allegra-D 12hr	<i>fexofenadine/pseudoephedrine</i>	\$76 (#30)	Brand	need PA	need PA	\$15-20	need PA	see footnote	need PA
Allegra-D 24 hr	<i>fexofenadine/pseudoephedrine</i>	\$143 (#30)	Brand	need PA	need PA	\$15-20	need PA	see footnote	need PA
Claritin-D 12hr	<i>loratadine/pseudoephedrine</i>	\$19 (#30)	OTC	need PA	\$0-5	need PA	\$0-5	see footnote	need PA
Claritin-D 24 hr	<i>loratadine/pseudoephedrine</i>	\$14 (#15)	OTC	need PA	\$0-5	need PA	\$0-5	see footnote	\$0-5
Zyrtec-D 12hr	<i>cetirizine/pseudoephedrine</i>	\$12 (#24)	OTC	\$0-5	need PA	not covered for any dx	\$0-5	see footnote	\$0-5

Medicaid FFS: Allegra-D and Zyrtec-D--No PA is needed if 1) pt has either allergic rhinitis or chronic urticaria, AND 2) write one of these ICD9s on the Rx: 708.0 through 708.9 (chronic urticaria) or 277.6 (hereditary angioedema) and/or 995.1 (angioneurotic edema - nonurticarial), AND 3) age >= 12 years old. **Claritin-D OTC**--Age <12 and 21-60 needs PA. Age 12-20 or >60 no PA needed.

NASAL STEROIDS

BRAND	Generic	Costco \$ (30 days)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Beconase AQ	<i>beclomethasone</i>	\$135	Brand	need PA	need PA	\$30-55	need PA	need PA	need PA
Flonase	<i>fluticasone</i>	\$15	Generic	\$0-5	covered?	\$5-10	\$0-5	need PA	\$0-5
Nasacort AQ	<i>triamcinolone</i>	\$98	Brand	need PA	need PA	\$30-55	need PA	need PA	need PA
Nasarel	<i>flunisolide, nasal</i>	\$25	Generic	\$0-5	covered?	\$5-10	\$0-5	\$0-5	\$0-5
Nasonex	<i>mometasone</i>	\$103	Brand	need PA	need PA	\$15-20	\$0-5	\$0-5	need PA
Rhinocort AQ	<i>budesonide</i>	\$100	Brand	\$0-5	need PA	\$30-55	need PA	need PA	need PA

*Evercare: coverage for nasal steroids is based on website drug search - not listed in pdf of formulary.

Covered? - covered per website search engine but not on pdf of preferred drugs.

Highlighted drugs - covered by all 6 plans

ANTIBIOTICS

Penicillins and Cephalosporins

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Trimox	<i>amoxicillin</i>	\$6 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Augmentin	<i>amoxicillin / clavulanate</i>	\$52 (#20) Longs	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Pen-Vee K	<i>penicillin VK</i>	\$6 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Keflex (1st gen)	<i>cephalexin</i>	\$9 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Ceftin (2nd gen)	<i>cefuroxime</i>	\$22	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Vantin (3rd gen)	<i>cefpodoxime</i>	\$120 (Longs)	Generic	\$0-5	\$0-5	\$5-10	need PA	\$0-5	\$0-5
Suprax (3rd gen)	<i>cefixime</i>	\$134 (#10)	Brand	need PA	need PA	need PA	need PA	need PA	need PA
Omnicef (3rd gen)	<i>cefdinir</i>	\$23 (#10)	Generic	\$0-5	need PA	\$5-10	\$0-5	\$0-5	\$0-5

Quinolones

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Avelox	<i>moxifloxacin</i>	\$153 (#10)	Brand	\$0-5	\$0-5	\$15-20	need PA	\$0-5	need PA
Cipro	<i>ciprofloxacin</i>	\$7 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Levaquin	<i>levofloxacin</i>	\$135 (#10)	Brand	need PA	\$0-5	\$30-55	need PA	see footnote	\$0-5

Medicaid FFS: Levaquin--No PA needed if write on Rx either Cystitis (ICD-9 590.0-590.9) or pyleonephritis (595.0-595.9).

Tetracyclines

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Doryx	<i>doxycycline</i>	\$6 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5

Macrolides

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Biaxin	<i>clarithromycin</i>	\$21	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Eryc	<i>erythromycin</i>	\$13 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Zithromax	<i>azithromycin</i>	\$10/ Z-pack	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5

Highlighted drugs - covered by all 6 plans

ANTIBIOTICS continued

Sulfonamides

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Bactrim DS	<i>trimethoprim / sulfamethoxazole</i>	\$7 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5

Other Antimicrobials

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Cleocin	<i>clindamycin</i>	\$13	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Cleocin Vaginal	<i>clindamycin vaginal</i>	\$38/40mg 2% cream	Brand	\$0-5	need PA	\$5-10	\$0-5	\$0-5	\$0-5
Macrobid	<i>nitrofurantoin BID</i>	\$17	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Zyvox	<i>linezolid</i>	\$2433 (#30)	Brand	need PA	see footnote	need PA	need PA	see footnote	need PA

Evercare: **Zyvox** solution is covered, but tablet and suspension need PA.

Medicaid FFS: **Zyvox**--needs one of the following dx code on Rx: vancomycin-resistant E. faecium, nosocomial pneumonia, complicated skin infection, uncomplicated skin infection, community acquired pneumonia. Limited to 14-day supply.

Antifungals

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Diflucan	<i>fluconazole</i>	\$8/1 pill Walmart\$4/pill	Generic	\$0-5	\$0-5	\$5-10	\$0-5	see footnote	\$0-5
Lamisil	<i>terbinafine</i>	\$15 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Mycostatin	<i>nystatin vaginal or cream</i>	\$6 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Nizoral	<i>ketconazole</i>	\$18	Generic	\$0-5	\$0-5	\$5-10	\$0-5	need PA	\$0-5
Nizoral Topical	<i>ketconazole cream or shampoo</i>	\$19 (120ml bottle)	Generic	\$0-5	covered?	\$5-10	\$0-5	\$0-5	\$0-5
Sporanox	<i>itraconazole</i>	\$194 (100mg)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	need PA	need PA
Flagyl	<i>metronidazole</i>	\$8 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Metrogel	<i>metronidazole vaginal gel</i>	\$31 (70g tube)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5

Medicaid FFS: **Fluconazole**--restricted to 60 tabs/month unless 150mg dose (restricted to 2 tabs/month).

"Covered?" - covered per website search engine but not on pdf of preferred drugs.

Anti-Virals

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Cytovene	<i>ganciclovir</i>	N/A at Costco or Longs	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Famvir	<i>famciclovir</i>	\$233	Generic	\$0-5	need PA	\$5-10	\$0-5	\$0-5	need PA
Valtrex	<i>valacyclovir</i>	\$226	Brand	need PA	need PA	\$15-20	\$0-5	\$0-5	\$0-5
Zovirax	<i>acyclovir</i>	\$6 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5

Highlighted drugs - covered by all 6 plans

ASTHMA/COPD

Beta Agonists

BRAND	Generic	Costco \$ (1 inhaler)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Maxair	<i>pirbuterol</i>	\$106	Brand	\$0-5	need PA	\$15-20	\$0-5	need PA	need PA
Proventil, Ventolin	<i>albuterol inhaler</i>	\$42(Walmart neb \$4)	Generic	\$0-5	\$0-5 (ventolin)	\$5-10	\$0-5	\$0-5	\$0-5
Serevent	<i>salmeterol</i>	\$157	Brand	\$0-5	need PA	\$15-20	\$0-5	\$0-5	\$0-5
Xopenex HFA	<i>levalbuterol</i>	\$50	Brand	need PA	need PA	\$5-10	\$0-5	see footnote	need PA

Albuterol 0.5% nebulizer solution is available at Walmart for \$4 (#25).

Medicaid FFS: Xopenex HFA--no PA needed if age 16 or younger.

Inhaled Steroids

BRAND	Generic	Costco \$ (1 inhaler)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Aerobid	<i>flunisolide</i>	\$91	Brand	\$0-5	need PA	\$30-55	need PA	need PA	need PA
Azmacort	<i>triamcinolone</i>	\$136	Brand	\$0-5	\$0-5	\$30-55	need PA	\$0-5	need PA
Flovent	<i>fluticasone</i>	\$97 (44mcg)	Brand	\$0-5	need PA	\$15-20	\$0-5	\$0-5	\$0-5
Foradil	<i>formoterol</i>	\$149	Brand	need PA	\$0-5	\$30-55	need PA	need PA	need PA
Pulmicort	<i>budesonide</i>	\$166	Brand	See footnote	\$0-5	\$15-20	\$0-5	need PA	\$0-5
QVAR	<i>beclomethasone</i>	\$73	Brand	\$0-5	\$0-5	\$15-20	\$0-5	\$0-5	\$0-5

AlohaCare: Pulmicort--no PA needed up to age 8. Over age 8 PA needed.

Combinations/Others

BRAND	Generic	Costco \$ (1 inhaler)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Atrovent	<i>ipratropium bromide</i>	\$115 (see footnote)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Combivent	<i>albuterol/ ipratropium</i>	\$126	Brand	\$0-5	\$0-5	\$15-20	\$0-5	\$0-5	\$0-5
Intal	<i>cromolyn sodium</i>	\$74	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Advair Diskus	<i>fluticasone/ salmeterol</i>	\$169	Brand	\$0-5	step therapy	\$15-20	\$0-5	\$0-5	\$0-5
Symbicort	<i>budesonide/ formoterol</i>	\$194	Brand	\$0-5	step therapy	\$15-20	\$0-5	need PA	\$0-5
Singulair	<i>montelukast</i>	\$122 (#30)	Brand	\$0-5	step therapy	\$15-20	\$0-5	\$0-5	\$0-5
Spiriva	<i>tiotropium</i>	\$192	Brand	need PA	\$0-5	\$15-20	\$0-5	\$0-5	need PA
E-Z Spacer, Vortex, Air Zone	<i>spacers</i>	\$20	Brand	\$0-5	covered?	\$15-20	\$0-5	\$0-5	\$0-5 E-Z Spacer

Ipratropium Nebulizer 0.02% -- is available at Walmart for \$4 (#25).

Evercare: Advair Diskus, Symbicort, and Singulair -- may require trial of inhaled steroid or long acting beta agonist.

"Covered?" -- means conflicting information on Evercare's website on whether a drug is covered.

Highlighted drugs - covered by all 6 plans

BIRTH CONTROL

Monophasic

BRAND	Ethinyl estradiol (mcg)	Costco \$ (30 days)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Alesse, Aviane	20	\$22*	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Loestrin 1/20	20	\$24*	Generic	\$0-5	need PA	need PA	need PA	\$0-5	\$0-5
Yaz	20	\$72*	Brand	need PA	need PA	\$15-20	\$0-5	need PA	need PA
Desogen, Apri	30	\$21*	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Yasmin, Ocella	30	\$57*	Generic	\$0-5	\$0-5	\$5-20	\$0-5	\$0-5	\$0-5
Lo/ovral, Low-Ogestrel	30	\$23*	Generic	\$0-5	\$0-5	need PA	need PA	\$0-5	\$0-5
Ortho-Cyclen, MonoNessa	35	\$28*	Generic	\$0-5	\$0-5	need PA	need PA	\$0-5	\$0-5

Biphasic and Triphasic

BRAND	Ethinyl estradiol (mcg)	Costco \$ (30 days)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Ortho-Novum 10/11, Necon 10/11	35	\$20*	Generic	\$0-5	\$0-5	need PA	need PA	\$0-5	need PA
Mircette	20, 10	\$61*	Generic	\$0-5	need PA	\$5-10	\$0-5	\$0-5	need PA
Cyclessa	25	\$49*	Brand	\$0-5	need PA	need PA	need PA	\$0-5	need PA
Tri-Levlen, Trivora	30, 40, 30	\$24*	Generic	\$0-5	\$0-5	\$5-20	\$0-5	\$0-5	\$0-5

Progestin only

BRAND	Progestin	Costco \$ (30 days)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Nor-QD, Micronor, Errin	norethindrone	\$25*	Generic	\$0-5	need PA	\$5-10	\$0-5	\$0-5	\$0-5

Others

BRAND	Ethinyl estradiol (mcg)	Costco \$ (30 days)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Plan B (emergency contraception)	20	\$45	Generic	\$0-5	\$0-5	\$5-20	\$0-5	\$0-5	\$0-5
OrthoEvra (patch/wk)	20	\$64	Brand	need PA	\$0-5	\$5-20	\$0-5	\$0-5	\$0-5
NuvaRing (vaginal ring)	0.12 etonogestrel / 0.015 ethinyl estradiol	\$63	Brand	need PA	\$0-5	\$5-20	\$0-5	\$0-5	\$0-5

*Retail Price: K-mart offers some but not all birth control pills for \$10-\$25 for a 28-day supply. To check which ones, go to <http://content.kmart.com/ue/home/Womens%20Health.pdf>

Covered by Department of Health (DOH) to be updated soon

BRAND	Ethinyl estradiol (mcg)	(mg) Progesterone
Lutera	20	0.1 levonorgestrel
Mircette	20/10	0.15/0 desogestrel
Trivora	30/40/30	0.05/0.075/0.125 levonorgestrel

Highlighted drugs - covered by all 6 plans

CHOLESTEROL

Statins

BRAND	GENERIC	Costco \$ (30 days)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Crestor	<i>rosuvastatin</i>	\$117	Brand	need PA	\$0-5	\$30-55	need PA	\$0-5	need PA
Lipitor 10, 20, 40mg	<i>atorvastatin</i>	\$88 (10mg)	Brand	need PA	\$0-5	\$30-55	need PA	see footnote	need PA
Lipitor 80mg	<i>atorvastatin 80mg</i>	\$125	Brand	need PA	\$0-5	\$15-20	\$0-5	\$0-5	need PA
Mevacor	<i>lovastatin</i>	\$6 (see footnote)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Pravachol	<i>pravastatin</i>	\$8 (Walmart \$4)	Generic	\$0-5	covered?	\$5-10	\$0-5	need PA	\$0-5
Zocor	<i>simvastatin</i>	\$6	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5

Medicaid FFS: Lipitor 10mg, 20mg, 40mg--PA needed unless 1) patient has been on a different statin in the last 6 months OR 2) patient has previous claim for Lipitor therapy in the last six months.

Walmart: Lovastatin--10mg-\$4, 20mg-\$10. Lovastatin 40mg, 80mg-not on \$4/\$10 list.

Others

BRAND	Generic	Costco \$ (30 days)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Niaspan	<i>niacin SR (QD)</i>	\$134	OTC	\$0-5	\$0-5	\$15-20	\$0-5	\$0-5	see footnote
Lopid	<i>gemfibrozil</i>	\$12	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Lofibra	<i>fenofibrate, micronized</i>	\$28	Generic	\$0-5	need PA	\$5-10	\$0-5	\$0-5	\$0-5
Tricor	<i>fenofibrate</i>	\$45 (48mg), \$123 (145mg)	Brand	\$0-5	\$0-5	\$30-55	need PA	\$0-5	\$0-5
Questran	<i>cholestyramine</i>	\$52	Generic	\$0-5	\$0-5	\$5-10	need PA	\$0-5	\$0-5
Colestid	<i>colestipol</i>	\$28	Generic	\$0-5	covered?	\$5-10	\$0-5	\$0-5	need PA
Zetia	<i>ezetimibe</i>	\$107	Brand	need PA	see footnote	\$30-55	need PA	\$0-5	need PA
Vytorin	<i>ezetimibe/simvastatin</i>	\$110	Brand	need PA	need PA	\$30-55	need PA	\$0-5	need PA

Evercare: Zetia--covered if patient has tried a formulary statin.

Covered? - covered per website search engine but not on pdf of preferred drugs.

Ohana: Niacin covered. Niaspan needs a PA.

Highlighted drugs - covered by all 6 plans

ANTI-DEPRESSANTS

SSRI

BRAND	Generic	Costco \$ (30 days)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Celexa	<i>citalopram</i>	\$7 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Lexapro	<i>escitalopram</i>	\$92	Brand	\$0-5	\$0-5	\$15-20	\$0-5	\$0-5	\$0-5
Luvox	<i>fluvoxamine</i>	\$24	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Paxil	<i>paroxetine</i>	\$18 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Paxil CR	<i>paroxetine CR</i>	\$89	Generic	need PA	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Prozac	<i>fluoxetine</i>	\$6 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Zoloft	<i>sertraline</i>	\$13	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5

Other

BRAND	Generic	Costco \$ (30 days)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Cymbalta	<i>duloxetine</i>	\$242 (#60)	Brand	\$0-5	\$0-5	\$30-55	see footnote	\$0-5	\$0-5
Effexor (bid)	<i>venlafaxine</i>	\$32 (#60)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Effexor XR (QD)	<i>venlafaxine ER</i>	\$123	Brand	\$0-5	\$0-5	\$15-20	\$0-5	\$0-5	\$0-5
Remeron	<i>mirtazapine</i>	\$15	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Serzone	<i>nefazodone</i>	\$39 (#60)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Wellbutrin (TID)	<i>bupropion</i>	\$42 (#120)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Wellbutrin SR (BID)	<i>bupropion SR</i>	\$47 (#60)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Wellbutrin XL (QD)	<i>bupropion XL</i>	\$45	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5

HMSA Quest: **Cymbalta**--covered only for major depressive disorder, neurotic depression, acute reaction to major stress with depressive symptoms, brief depressive reaction, prolonged depressive adjustment reaction, mixed adjustment reaction with depressive symptoms, psychogenic depressive psychosis.

Highlighted drugs - covered by all 6 plans

Dermatology- topical steroids (1 of 2)

Very high potency

BRAND	Generic	Costco \$ (15gm)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Diprolene	<i>a. betamethasone d. 0.05% oint, gel</i>	\$7	Generic	\$0-5	need PA	\$5-10	need PA	\$0-5	need PA
Temovate, Cormax	<i>clobetazol 0.05%, cream, oint</i>	\$12 (30gm)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5 (gel also)
Temovate E	<i>clobetazol 0.05% emollient cream</i>	\$34 (30gm) (Longs)	Brand	\$0-5	need PA	\$30-55	need PA	need PA	\$0-5
Ultravate	<i>halobetazol p. cream, oint</i>	\$16	Generic	\$0-5	need PA	\$5-10	\$0-5	need PA	need PA

High potency

BRAND	Generic	Costco \$ (15gm)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Betatrex (oint)	<i>betamethasone valerate 0.1% oint</i>	\$7 (45gm) (Walmart \$4)	Generic	\$0-5	need PA	\$5-10	\$0-5	need PA	\$0-5
Cyclocort	<i>amcinonide 0.1% cream, lotion</i>	\$22	Generic	\$0-5	need PA	\$5-10	need PA	\$0-5	\$0-5
Diprolene AF	<i>a. betamethasone d. 0.05% cream</i>	\$14	Generic	\$0-5	need PA	\$30-55	need PA	\$0-5	\$0-5
Diprosone, Maxivate (cream, oint)	<i>betamethasone d. 0.05% cream oint</i>	\$8 (45gm) (Walmart \$4)	Generic	\$0-5	need PA	\$5-10	need PA	need PA	\$0-5
Florone, Maxiflor, Psorcon B	<i>diflorasone 0.05% cream, oint</i>	\$34	Generic	\$0-5	need PA	\$5-10	need PA	\$0-5	\$0-5
Kenalog	<i>triamcinolone a. 0.5% cream, oint</i>	\$6	Generic	\$0-5	\$0-5 (oint only)	\$5-10	\$0-5	need PA	\$0-5
Lidex	<i>fluocinonide 0.05% cream, oint, gel</i>	\$5 cream, \$23 oint (Walmart \$4)	Generic	\$0-5	need PA	\$5-10	need PA	need PA	\$0-5
Lidex E	<i>fluocinonide 0.05% emollient cream</i>	\$9	Generic	\$0-5	need PA	need PA	need PA	need PA	\$0-5
Topicort	<i>desoximetasone 0.25% cream, oint</i>	\$36	Generic	\$0-5	need PA	\$5-10	need PA	need PA	need PA

Medium potency

BRAND	Generic	Costco \$ (15gm)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Betatrex	<i>betamethasone v. 0.1% cream, lotion</i>	\$7 (Walmart \$4)	Generic	\$0-5	need PA	\$5-10	\$0-5	need PA	\$0-5
Cutivate	<i>fluticasone p. 0.05% cream, oint</i>	\$24	Generic	\$0-5	need PA	\$30-55	need PA	need PA	\$0-5
Diprosone, Maxivate (lotion)	<i>betamethasone d. 0.05% lotion</i>	\$11 (60ml)	Generic	\$0-5	need PA	\$5-10	need PA	need PA	\$0-5
Elocon	<i>mometasone f. 0.1% cream, oint</i>	\$15	Generic	\$0-5	need PA	\$30-55	need PA	\$0-5	\$0-5
Kenalog	<i>triamcinolone a. 0.1% or 0.025% cream, oint</i>	\$22 (0.1%), \$6 (0.025%), (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	need PA	\$0-5
Locoid	<i>hydrocortisone butyrate 0.1%</i>	\$25	Generic	\$0-5	need PA	\$5-10	need PA	need PA	need PA
Synalar 0.025%	<i>fluocinolone a. 0.025% cream, oint</i>	\$13	Generic	\$0-5	need PA	\$5-10	\$0-5	need PA	\$0-5
Topicort LP	<i>desoximetasone 0.05% cream</i>	\$50	Generic	\$0-5	need PA	\$5-10	need PA	need PA	\$0-5
Westcort	<i>hydrocortisone v. 0.2% cream, oint</i>	\$11	Generic	\$0-5	need PA	\$5-10	\$0-5	\$0-5	\$0-5

Highlighted drugs - covered by all 6 plans

Dermatology- topical steroids (2 of 2)

Low potency

BRAND	Generic	Costco \$ (15gm)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Aclovate	<i>aclometasone d. 0.05% cream, oint</i>	\$13	Generic	\$0-5	need PA	\$30-55	need PA	\$0-5	\$0-5
Cetacort, Hytone	<i>hydrocortisone 1% or 2.5% cream, oint, lotion</i>	\$7 (30gm) (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Desowen	<i>desonide 0.05% cream, oint, lotion</i>	\$14 (60gm)	Generic	\$0-5	need PA	\$5-10	\$0-5	\$0-5	\$0-5
Synalar 0.01%	<i>fluocinolone a. 0.01% cream, oint</i>	\$24 (60ml soln) (Walmart \$4)	Generic	\$0-5	need PA	\$5-10	\$0-5	need PA	\$0-5

Highlighted drugs - covered by all 6 plans

DIABETES

Metformin and combination

BRAND	Generic	Costco \$ (30 days)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Glucophage	metformin	\$6 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Glucophage XR	metformin ER	\$5 (Walmart \$4)	Generic	need PA	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Glucovance	glyburide/ metformin	\$9	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5

Sulfonylurea

BRAND	Generic	Costco \$ (30 days)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Amaryl	glimepiride	\$7 (Walmart \$4)	Generic	\$0-5	need PA	\$5-10	need PA	\$0-5	\$0-5
Glucotrol	glipizide	\$6 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Glucotrol XL	glipizide ER	\$9	Generic	need PA	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Glynase	glyburide micronized	\$7 (Walmart \$4)	Generic	\$0-5	need PA	\$5-10	\$0-5	\$0-5	\$0-5
Micronase, Diabeta	glyburide	\$9 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5

TZD/Other

BRAND	Generic	Costco \$ (30 days)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Actos	pioglitazone	\$149	Brand	\$0-5	step therapy	\$15-20	\$0-5	\$0-5	\$0-5
Avandaryl	rosiglitazone/glimepiride	\$132	Brand	need PA	need PA	\$15-20	\$0-5	need PA	\$0-5
Avandamet	rosiglitazone/metformin	\$143 (#60)	Brand	need PA	need PA	\$15-20	\$0-5	need PA	\$0-5
ACTOplus met	metformin/pioglitazone	\$222 (#60)	Brand	\$0-5	need PA	\$15-20	\$0-5	\$0-5	\$0-5
Byetta	exenatide	\$198	Brand	need PA	step therapy	\$15-20	\$0-5	see footnote	need PA
Januvia	sitagliptin	\$189	Brand	need PA	step therapy	\$15-20	\$0-5	see footnote	\$0-5
Janumet	sitagliptin/metformin	\$97	Brand	need PA	step therapy	\$15-20	\$0-5	see footnote	need PA

Medicaid FFS: **Byetta, Januvia, Janumet**--must first fail metformin and sulfonylureas.

Evercare: **Actos**--covered if you have tried metformin OR a sulfonylurea. **Byetta, Januvia, Janumet**--covered if tried at least 2 of the 3: sulfonylurea, metformin, TZD.

Insulin

BRAND	Generic	Costco \$ (10 ml vial)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Humalog	lispro protamine/ lispro	\$94	Brand	need PA	\$0-5	\$5-10	\$0-5	need PA	\$0-5
Humulin	insulin NPH/ reg/ lente/ ultralente	\$43	Brand	need PA	\$0-5	\$5-10	\$0-5	need PA	\$0-5
Lantus	insulin glargine	\$88	Brand	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	need PA
Levemir	insulin detemir	\$88	Brand	\$0-5	need PA	\$5-10	\$0-5	\$0-5	\$0-5
Novolin	insulin NPH/reg	\$40	Brand	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	need PA

Highlighted drugs - covered by all 6 plans

H2-BLOCKERS

BRAND	Generic	Costco \$ (30 days)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Axid	<i>nizatidine</i>	\$34 (#60)	Generic	\$0-5	need PA	\$5-10	need PA	see footnote	need PA
Pepcid	<i>famotidine</i>	\$7 (Walmart \$4)	OTC	\$0-5	need PA	\$5-10	need PA	\$0-5	\$0-5
Tagamet	<i>cimetidine</i>	\$6 (Walmart \$4)	OTC	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Zantac	<i>ranitidine</i>	\$6 (Walmart \$4)	OTC	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5

Medicaid FFS: **Axid**--No PA needed if 1) Peptic ulcer dz (dyspepsia 536.8, ulcer NOS 533.0-533.9), GERD (530.81), gastritis/duodenitis (535) or ZE are written on Rx, AND 2) failed 14-day trial of generic H2-blocker in last 60 days.

PROTON PUMP INHIBITORS

BRAND	Generic	Costco \$ (30 days)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Aciphex	<i>rabeprazole</i>	\$185	Brand	need PA	need PA	\$15-20	\$0-5	see footnote	need PA
Nexium	<i>esomeprazole</i>	\$164	Brand	need PA	\$0-5	need PA	need PA	preferred see footnote	need PA
Prevacid	<i>lansoprazole</i>	\$183	Brand	\$0-5	need PA	\$30-55	need PA	preferred see footnote	need PA
Prilosec	<i>omeprazole</i>	\$15	OTC	\$0-5	\$0-5	\$5-10	\$0-5	see footnote	\$0-5
Protonix	<i>pantoprazole</i>	\$97	Generic	need PA	\$0-5	\$5-10	\$0-5	see footnote	\$0-5

HMSA: **Prilosec, Protonix, and Aciphex** are the preferred PPIs.

Medicaid FFS: **Nexium and Prevacid** are the preferred PPIs - but need ONE of the following: 1) write H.pylori, GERD, erosive esophagitis, or ZE on Rx. OR 2) write duodenal ulcer, gastric ulcer, or NSAID-induced ulcer AND failed 2-week trial of H2-blocker in last 60 days. **Prilosec** - need ONE of the following: 1) dx of heartburn in last 90 days AND 2-week trial of H2 blocker in last 90 days as documented by claims. OR 2) diagnosis of peptic ulcer disease, gastritis, duodenitis, GERD, or ZE written on Rx. **Aciphex and Protonix** - non-preferred and need to fail 2-week trial of Prevacid or Nexium.

Highlighted drugs - covered by all 6 plans

ACE INHIBITORS

BRAND	Generic	Costco \$ (30 days)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Altace	ramipril	\$10	Generic	\$0-5	\$0-5	\$5-10	\$0-5	see footnote	need PA
Capoten	captopril	\$6 (#100) (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Lotensin	benazepril	\$6 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	need PA	\$0-5	\$0-5
Monopril	fosinopril	\$10	Generic	\$0-5	need PA	\$5-10	need PA	\$0-5	need PA
Prinivil, Zestril	lisinopril	\$6 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Vasotec	enalapril	\$7 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5

Medicaid FFS: **Altace**--no PA needed if ICD9 402.9 hypertensive heart disease, 436.0 acute cerebrovascular disease, 250.0-250.93 diabetes, 272.0-272.9 hyperlipidemia.

ACE inhibitors with HCT

BRAND	Generic	Costco \$ (30 days)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Accuretic	quinapril/HCT	\$28	Generic	\$0-5	need PA	\$5-10	need PA	\$0-5	need PA
Lotensin HCT	benazepril/HCT	\$12	Generic	\$0-5	\$0-5	\$5-10	need PA	\$0-5	\$0-5
Monopril HCT	fosinopril/HCT	\$39	Generic	\$0-5	need PA	\$5-10	need PA	\$0-5	need PA
Vaseretic	enalapril/HCT	\$6 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Zestoretic	lisinopril/HCT	\$6 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5

ANGIOTENSIN-2 RECEPTOR BLOCKERS

BRAND	Generic	Costco \$ (30 days)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Atacand	candesartan	\$68	Brand	need PA	need PA	\$30-55	need PA	see footnote	need PA
Avapro	irbesartan	\$73	Brand	need PA	need PA	\$15-20	\$0-5	need PA	need PA
Benicar	olmesartan medoxomil	\$67	Brand	need PA	step therapy	\$30-55	need PA	\$0-5	see footnote
Cozaar	losartan	\$58	Brand	need PA	need PA	\$15-20	\$0-5	\$0-5	see footnote
Diovan	valsartan	\$73	Brand	\$0-5	step therapy	\$30-55	need PA	\$0-5	need PA
Micardis	telmisartan	\$85	Brand	\$0-5	need PA	\$30-55	need PA	need PA	see footnote

Medicaid FFS: **Atacand**--no PA if ICD9 428.0-428.9 (heart failure) AND pt concurrently on ACEI within the last 6 months.

Ohana: **Benicar**, **Cozaar**, and **Micardis** - must first fail preferred ACE Inhibitor

ARB-2 with HCT

BRAND	Generic	Costco \$ (30 days)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Avalide	irbesartan/HCT	\$93	Brand	need PA	need PA	\$15-20	\$0-5	need PA	need PA
Atacand HCT	candesartan/HCT	\$91	Brand	need PA	need PA	\$30-55	need PA	need PA	need PA
Benicar HCT	olmesartan medoxomil-hydrochlorothiazide	\$79	Brand	need PA	step therapy	need PA	need PA	need PA	see footnote
Diovan HCT	valsartan/HCT	\$80	Brand	\$0-5	step therapy	\$30-55	need PA	\$0-5	need PA
Hyzaar	losartan/HCT	\$73	Brand	need PA	need PA	\$15-20	\$0-5	\$0-5	see footnote
Micardis HCT	telmisartan/HCT	\$88	Brand	need PA	need PA	\$30-55	need PA	need PA	see footnote

Ohana: **Benicar HCT**, **Hyzaar**, and **Micardis HCT** - must first fail preferred ACE Inhibitor.

Highlighted drugs - covered by all 6 plans

BETA BLOCKERS

Cardioselective

BRAND	Generic	Costco \$ (30 days)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Lopressor	<i>metoprolol</i>	\$6 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Toprol XL	<i>metoprolol succinate ER</i>	\$28	Generic	need PA	\$0-5	\$5-10	\$0-5	need PA	\$0-5
Tenormin	<i>atenolol</i>	\$6 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5

Non-cardioselective

BRAND	Generic	Costco \$ (30 days)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Coreg (bid)	<i>carvedilol</i>	\$6 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Coreg CR (qd)	<i>carvedilol ER</i>	\$123	Brand	need PA	need PA	\$15-20	\$0-5	need PA	need PA
Inderal	<i>propranolol</i>	\$5 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Inderal LA	<i>propranolol ER</i>	\$39	Generic	need PA	\$0-5	\$5-10	\$0-5	need PA	\$0-5
Inderide (w/HCT)	<i>propranolol/ HCT</i>	\$16	Generic	\$0-5	\$0-5	\$5-10	\$0-5	need PA	\$0-5
Trandate	<i>labetalol</i>	\$12	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5

CALCIUM CHANNEL BLOCKERS

Dihydropyridines

BRAND	Generic	Costco \$ (30 days)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Cardene	<i>nicardipine TID</i>	\$13	Brand	\$0-5	need PA	\$5-10	need PA	\$0-5	need PA
Cardene SR	<i>nicardipine SR (BID)</i>	\$81	Brand	need PA	need PA	\$30-55	need PA	\$0-5	need PA
Dynacirc	<i>isradipine BID</i>	\$97 (Longs)	Generic	\$0-5	need PA	\$5-10	need PA	\$0-5	need PA
Dynacirc CR	<i>isradipine CR</i>	\$57	Brand	need PA	need PA	need PA	need PA	\$0-5	need PA
Norvasc	<i>amlodipine</i>	\$6	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Plendil	<i>felodipine</i>	\$24	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	need PA
Procardia	<i>nifedipine TID</i>	\$68 (#90)	Generic	\$0-5	need PA	\$5-10	need PA	\$0-5	\$0-5
Procardia XL/ Adalat CC	<i>nifedipine ER (QD)</i>	\$25	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5

Non-dihydropyridines

BRAND	Generic	Costco \$ (30 days)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Calan	<i>verapamil TID</i>	\$6 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Calan SR	<i>verapamil SR</i>	\$21	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Cardizem	<i>diltiazem QID</i>	\$6 (Walmart \$4)	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5
Cardizem CD*	<i>diltiazem ER</i>	\$23	Generic	\$0-5	\$0-5	\$5-10	\$0-5	\$0-5	\$0-5

*Cardizem CD, Cardizem LA, Cardizem SR, Cartia XL, Dilacor, Tiazac--all brand-names for diltiazem ER (QD) but Cardizem CD seems to be the most widely covered. Others (e.g. Cardizem SR) may not be covered or have higher copays.

Highlighted drugs - covered by all 6 plans

MIGRAINE HEADACHES

Triptan

BRAND	Generic	Costco \$ (6 tab)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Amerge	<i>naratriptan</i>	\$268 (9)	Brand	need PA	need PA	\$30-55 limit 9 tab per 30d	need PA	need PA	need PA
Axert	<i>almotriptan</i>	\$257 (12)	Brand	\$0-5 limit 8 tab per 30d	need PA	\$30-55 limit 6 tab per 30d	need PA	need PA	need PA
Frova	<i>frovatriptan</i>	\$212 (9)	Brand	need PA	need PA	\$30-55 limit 9 tab per 30d	need PA	need PA	need PA
Imitrex Oral	<i>sumatriptan</i>	\$20 (9)	Generic	\$0-5	\$0-5 limit 18 per 31 days	\$5-10 limit 9 tab per 30d	\$0-5 limit 9 tab per 30d	\$0-5 limit 9 tab per 30d	\$0-5 limit 9 tab per 31d
Imitrex Nasal	<i>sumatriptan</i>	\$212 (6)	Generic	\$0-5	need PA	\$5-10 limit 6 spray per 30d	\$0-5 limit 6 spray per 30d	\$0-5 limit 6 spray per 30d	\$0-5 limit 12 spray per 31d
Imitrex Injection	<i>sumatriptan</i>	\$237 (Longs)	Generic	\$0-5	need PA	\$0-5 limit 4 injections per 30d	\$0-5 limit 4 injections per 30d	\$0-5 limit 8 injections per 30d	\$0-5 limit 9 injections per 31d
Maxalt	<i>rizatriptan</i>	\$210 (9)	Brand	need PA	\$0-5 limit 18 per 31 days	\$15-20 limit 9 tab per 30d	\$0-5 limit 9 tab per 30d	\$0-5 limit 6 tab per 30d	need PA
Relpax	<i>eletriptan</i>	\$140 (6)	Brand	need PA	need PA	\$15-20 limit 6 tab per 30d	\$0-5 limit 6 tab per 30d	need PA	need PA
Zomig	<i>zolmitriptan</i>	\$139 (6)	Brand	need PA	need PA	\$30-55 limit 6 tab per 30d	need PA	need PA	need PA
Zomig Nasal	<i>zolmitriptan</i>	\$215/6 spray (Longs)	Brand	need PA	need PA	\$30-55 limit 6 spray per 30d	need PA	need PA	need PA

Ergotamine

BRAND	Generic	Costco \$ (30 days)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Cafergot	<i>caffeine/ ergotamine</i>	\$47 (Longs)	Generic	\$0-5	need PA	\$5-10	\$0-5	\$0-5	\$0-5
Migranal	<i>dihydroergotamine nasal</i>	\$452 (Longs)	Brand	need PA	need PA	\$30-55	need PA	\$0-5	\$0-5

Acetaminophen/dichloralphenazone/isometheptene

BRAND	Generic	Costco \$ (30 days)	Generic Brand	Aloha Care	Evercare	HMSA	HMSA Quest	Medicaid FFS	Ohana
Duradrin	<i>acetaminophen/dichloralphenazone/isometheptene</i>	\$28 (Longs)	Generic	\$0-5	need PA	\$5-10	need PA	\$0-5	\$0-5 (Epidrin)
Midrin	<i>acetaminophen/dichloralphenazone/isometheptene</i>	\$28 (Longs)	Generic	\$0-5	need PA	\$5-10	need PA	\$0-5	\$0-5 (Epidrin)

Highlighted drugs - covered by all 6 plans