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## PLANS

AlohaCare  
 CVS Caremark  
 HMSA  
 HMSA Quest  
 Ohana  
 United HealthCare

## CLASSES

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

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

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# ALLERGIES

## Non-sedating anti-histamines

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Zyrtec	<i>cetirizine</i>	\$16 for 365 tabs	OTC	\$0	\$5	not covered	\$0	\$0	\$0
Clarinet	<i>desloratadine</i>	\$204	OTC	\$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	trial loratadine and cetirizine 30 days
Xyzal	<i>levocetirizine</i>	\$8	generic	need PA	\$5	\$5-10	need PA	\$0	need PA
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	United Healthcare
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	covered?	\$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	United Healthcare
Beconase AQ	<i>beclomethasone</i>	\$187	OTC	need PA	not covered	trial fluticasone + flunisolide	need PA	need PA	need PA
Rhinocort AQ	<i>budesonide</i>	\$135	OTC	trial flunisolide, fluticasone	not covered	trial fluticasone + flunisolide	need PA	need PA	need PA
Nasarel	<i>flunisolide, nasal</i>	\$45	Generic	\$0	\$5	\$5-10	\$0	\$0	need PA
Flonase	<i>fluticasone propionate</i>	\$45 for 3	OTC	\$0	not covered	\$5-10	\$0	\$0	\$0
Nasonex	<i>mometasone</i>	\$195	Generic	need PA	\$25	\$5-10	need PA	need PA	need PA
Nasacort AQ	<i>triamcinolone</i>	\$100	Generic	\$0	not covered	\$5-10	\$0	need PA	need PA

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

Highlighted drugs - covered by all 6 plans

## Anticoagulants/Platelet Inhibitors

BRAND	Generic	Lowest maint. dose (mg qD)	Costco \$ (30 days)	Generic Brand	Aloha Care	CVS (State employees)	HMSA	HMSA Quest	Ohana	United Healthcare
Eliquis	<i>apixaban</i>	5mg	\$413 (#60)	Brand	need PA	\$25	\$20-25	\$0	need PA	\$0
<b>Plavix</b>	<b><i>clopidogrel</i></b>	<b>75mg</b>	<b>\$12</b>	<b>Generic</b>	\$0	\$5	\$5-10	\$0	\$0	\$0
Pradaxa	<i>dabigatran</i>	150mg	\$328(60 cap)	Brand	need PA	\$50	\$20-25	need PA	need PA	need PA
<b>Xarelto</b>	<i>rivaroxaban</i>		\$322 (30 tab)	Brand	need PA	\$25	\$20-25	\$0	35 pills/yr	need PA

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

**Highlighted drugs** - covered by all 6 plans

## ASTHMA (1 of 2)

### Beta Agonists

BRAND	Generic	Costco \$ (1 inhaler)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Proair	<i>albuterol inhaler</i>	\$56 (Walmart neb\$4)	Brand	\$0	\$25	\$20-25	need PA	need PA	need PA
Proventil	<i>albuterol inhaler</i>	\$66 Epocrates	Generic	\$0	\$50	non-preferred	need PA	need PA	need PA
Ventolin	<i>albuterol inhaler</i>	\$58 Epocrates	Generic	\$0	\$50	\$20-25	\$0	\$0	\$0
Maxair	<i>pirbuterol inhaler</i>	\$175 Epocrates	Brand	need PA	not covered	not covered	need PA	need PA	need PA
Arcapta	<i>indacaterol</i>	\$215	Brand	need PA	\$25	not covered	need PA	need PA	\$0
Striverdi	<i>olodaterol</i>	\$163	Brand	need PA	\$50	\$20-25	\$0	need PA	\$0
Xopenex HFA	<i>levalbuterol</i>	\$60	Brand	need PA	\$50	non-preferred	need PA	need PA	need PA
Foradil	<i>formoterol</i>	\$239 for 60 caps	Brand	need PA	\$50	\$20-25	need PA	\$0	need PA
Serevent	<i>salmeterol</i>	\$242	Brand	\$0	\$25	non-preferred	\$0	\$0	need PA

### Inhaled Steroids

BRAND	Generic	Costco \$ (1 inhaler)	Generic Brand	Aloha Care	CVS (State employees)	HMSA	HMSA Quest	Ohana	United Healthcare
QVAR	<i>beclomethasone</i>	\$190 (40mcg)	Brand	\$0	\$25	\$20-25	need PA	need PA	need PA
Pulmicort	<i>budesonide</i>	\$192	Brand	\$0 flexhaler	\$25	\$20-25	nebs only	neb only age ≤ 8y	need PA
Arnuity Ellipta	<i>fluticasone furoate</i>	\$195	Brand	need PA	\$50	\$20-25	need PA	need PA	\$0
Flovent Diskus/HFA	<i>fluticasone propionate</i>	\$193 (110mcg)	Brand	\$0 - HFA only	\$25 Diskus HFA	\$20-25	need PA	Diskus, HFA	HFA age ≤ 11
Asmanex	<i>mometasone</i>	\$204	Brand	need PA	\$25	\$20-25	\$0	\$0	\$0

### Steroid/Long-acting Beta-Agonists

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

## ASTHMA (2 of 2)

### Anticholinergic (LAMA)

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

### Other

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

### Spacers

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

United HealthCare, Breo Ellipta, Dulera - trial of 30 day inhaled steroids or trial of 60 day long-acting beta2 agonist or anticholinergic. Singulair- 60d ICS or cetirizine/loratadine + nasal steroid

# BIRTH CONTROL

## Monophasic

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

## Progestin only

Nor-QD, Heather, Micronor, Errin, Camila, Aygestin	norethindrone	0.35	\$20 Heather walmart \$9	Generic	Heather, Camila, Errin	\$0-5 Heather	\$0-10 Norethindrone	\$0	\$0	Heather, Errin, Camila
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## Others/HPV Vaccine

BRAND	Generic	(mg) Progesterone	Costco \$ (30 days)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Ella	ulipristal	30mg	\$43	Brand	need PA	\$0-20	not covered	Ella (2/year)	need PA	need PA
Plan B One step (emergency contraception)	levonorgestrel 1.5mg	0.75 bid levonorgestrel	Longs \$40 - OTC age > 18. N/A at Costco	OTC	levonorgestrel 0.75mg, 1.5mg	\$0-5 levo norgestrel	\$0-10	levonorgestrel (2/year)	Plan B one-step	levonorgestrel 1.5mg
OrthoEvra (patch/wk)	norelgestromin/ethinyl estradiol	0.15 norelgestromin	\$113 (3 patch)	Generic	Trial of OCP first	\$0-20 Xulane	\$0-10	\$0	need PA	need PA
NuvaRing (vaginal ring)	0.12 etonogestrel / 0.015 ethinyl estradiol	\$120 Epocrates	\$111	Brand	Trial of OCP first	\$25	\$0-25	\$0	\$0	\$0
Gardasil	Human Papillomavirus Quadrivalent Vaccine	\$218 Epocrates	\$155/inj Epocrates	Brand	19-26 year old	\$25	covered	F 19-26 yr, M 19-21 yr	19-26 year old	\$0

# CHOLESTEROL

## Statins

BRAND	GENERIC	Costco \$ (30 days)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Lipitor	atorvastatin	\$15 (10mg)	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Mevacor	lovastatin	\$6 (walmart \$4 10 20mg)	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Pravachol	pravastatin	\$44	Generic	\$0	\$5	\$5-10	\$0	\$0	need PA
Crestor	rosuvastatin	\$200	Generic	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	Costco \$ (30 days)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Zetia	ezetimibe	\$210	Brand	need PA	\$25	non-preferred	trial 30d statin	need PA	need PA
Vytorin	ezetimibe/simvastatin	\$217	Brand	need PA	need PA	non-preferred	need PA	need PA	need PA

## Gemfibrozil

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

## Niacin

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

BRAND	GENERIC	Costco \$ (30 days)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Lofibra, Antara	fenofibrate, micronized	\$150 (antara 130mg #30)	Generic	\$0	need PA	not covered	67, 134, 200mg	\$0	need PA
Tricor	fenofibrate	\$19 (54mg)	Generic	\$0	\$5	\$5-10	\$0	\$0	trial statin OR 90d of gemfibrozil

## Others

BRAND	GENERIC	Costco \$ (30 days)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Colestid	colestipol	\$46	Generic	\$0	\$5	\$5-10	\$0	need PA	need PA
Questran	cholestyramine	\$55	Generic	\$0	\$5	\$5-10	\$0	\$0	cans only
WelChol	colesevelam	\$494 (3.75g #30)	Brand	need PA	\$25	non-preferred	need PA	need PA	need PA

\*Conflicting information on CVS website.

United HealthCare: Vytorin -- Must fail 90d simvastatin (40mg,80mg) or atorvastatin.

Highlighted drugs - covered by all 6 plans



# DEPRESSION

## SSRI

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

## SNRIs

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

## Other

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Wellbutrin SR (BID)	<i>bupropion SR</i>	\$21	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Wellbutrin XL (QD)	<i>bupropion XL</i>	\$27	Generic	\$0 150,300mg q 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.

United Health Care: Effexor XR – trial of any SSRIs, Fluvoxamine, Mirtazapine, Bupropion, or Venlafaxine

Highlighted drugs - covered by all 6 plans

## DERMATOLOGY (1 of 2)

### Very high potency

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

### High potency

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

## DERMATOLOGY (2 of 2)

### Medium potency

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

### Low potency

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Aclovate	<i>aclometasone d. 0.05% cream, oint</i>	\$26 Epocrates	Generic	\$0 cream, oint	\$5	non-preferred	cream, oint	cream, oint	cream, oint
Cetacort, Hytone	<i>hydrocortisone 1% or 2.5% crm, oint, lotion</i>	\$8 (30g) walmart \$4	Generic	\$0	\$5	\$5-10 oint, lot	crm, gel, lot, oint, soln	1% crm/lot/ointment, 2.5% lot/ointment	lotion, cream, oint
Desowen	<i>desonide 0.05% cream, oint, lotion</i>	\$89	Generic	\$0	\$5	\$5-10	cream, lot, oint	cream only	need PA
Synalar	<i>fluocinolone a. 0.01% soln</i>	\$36	Generic	\$0	\$5	\$5-10	soln	soln	solution

\*Conflicting information on UHC Evercare website.

Highlighted - covered by all 6 plans

## DIABETES (1 of 3)

### Metformin

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

### Sulfonylurea/Combinations

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

### TZD/Combinations

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

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

## DIABETES (2 of 3)

### DPP-4 Inhibitors/Combinations

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	State employee	HMSA	HMSA Quest	Ohana	United Healthcare
Januvia	sitagliptin	\$408	Brand	need PA	\$25	\$25	step therapy*	must fail metformin	need PA
Tradjenta	linagliptin	\$338	Brand	\$0	\$25	non-preferred	step therapy*	must fail metformin	need PA
Onglyza	saxagliptin	\$316	Brand	need PA	\$30	non-preferred	need PA	need PA	need PA
Nesina	alogliptin		Brand	need PA	\$30	non-preferred	need PA	need PA	need PA
Janumet	sitagliptin/metformin	\$331	Brand	need PA	\$25	\$25	step therapy*	must fail metformin	need PA
Janumet XR	sitagliptin/metformin ER	\$190	Brand	need PA	\$25	\$25	step therapy*	must fail metformin	need PA
Kombiglyze XR	saxagliptin/metformin ER	\$343	Brand	need PA	\$30	\$25	need PA	need PA	need PA

### GLP-1 Mimetic

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

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

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

### SGLT2 Inhibitors/Combinations

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employee	HMSA	HMSA Quest	Ohana	United Healthcare
Invokana	canagliflozin	\$453	Brand	need PA	\$50	metformin first	step therapy*	step therapy*	step therapy*
Invokamet	canagliflozin/metformin	\$453	Brand	need PA	\$50	metformin first	step therapy*	need PA	step therapy*
Invokamet XR	canagliflozin/metformin	\$453	Brand	need PA	\$50	metformin first	need PA	need PA	need PA
Jardiance	empagliflozin	\$415	Brand	need PA	\$25	metformin first	need PA	step therapy*	step therapy*
Synjardy	empagliflozin/metformin	\$415	Brand	need PA	\$50	metformin first	need PA	need PA	step therapy*
Synjardy XR	empagliflozin/metformin	\$415	Brand	need PA	\$50	metformin first	need PA	need PA	need 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

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

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

Ohana: Invokana - must try metformin or riome withn past 100 days

United Health Care:Invokana, Invokamet, Jardiance, Synjardy --trial of Metformin 1500mg qd for 90

## DIABETES (3 of 3)

### Insulin (Rapid-Acting)

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Apidra	glulisine	\$210 10ml, \$430 15ml pen	Brand	vial, pen	\$15 vial, pen	non-preferred	\$0 vial, pen	vial, pen	need PA
Humalog	lispro	\$196 10 ml, \$423 15ml pen	Brand	vial, pen	\$15 vial, pen	\$20-25 vial, pen	\$0 vial, pen	vial, pen	vial
Novolog	aspart	\$197 10ml, \$375 15ml pen	Brand	vial, pen	\$5 pen	\$5-10	\$0 vial, pen	pen	vial

### Insulin (Short-Acting)

Humulin R	insulin	\$89 vial	OTC	vial	\$5 vial, pen	\$5-25 vial	\$0 vial, pen	vial, pen	vial
Novolin R	insulin	<b>\$28</b> Walmart	OTC	\$0	\$15 vial	\$5-10 vial, pen	\$0 vial, pen	vial	vial

### Insulin (Intermediate-Acting)

Humulin N	NPH	\$309 15ml pen	OTC	vial, pen	\$15 vial, pen	\$20-25 vial, pen	\$0 vial, pen	vial, pen	vial
Novolin N	NPH	<b>\$29</b> Walmart	OTC	\$0	\$15 vial	\$5-10 vial, pen	\$0 vial, pen	vial	vial

### Insulin (Long-Acting)

Lantus, Basaglar, Toujeo	glargine	\$240 10ml, \$371 15ml pen	Brand	Lantus vial, pen	\$15 Lantus vial, pen	\$5-10 Lantus vial, pen	\$0 Lantus vial, pen	Basaglar only (pen)	Basaglar, Toujeo pen
Levemir	detemir	\$189 10ml	Brand	need PA	vial, pen	\$20-25	\$0*	need PA	need PA

### Insulin (Ultra Long-Acting)

Tresiba	degludec		Brand	need PA	non-preferred	non-preferred	need PA	need PA	need PA
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### Insulin (Pre-Mixed)

Humalog Mix 50/50	lispro mix	\$131 10ml, \$841 15ml pen	Brand	vial, pen	\$15 vial, pen	\$20-25 vial, pen	\$0 vial, pen	vial, pen	vial
Humalog Mix 75/25	lispro mix	\$158 10ml, \$423 15ml pen	Brand	vial, pen	\$15 vial, pen	\$20-25 vial, pen	\$0 vial, pen	vial, pen	vial
Humulin 70/30	NPH/reg mix	\$90 10ml, \$385 15ml pen	OTC	vial, pen	\$15 vial, pen	\$20-25 vial, pen	\$0 vial, pen	vial, pen	vial
Novolin 70/30	NPH/reg mix	<b>\$25</b> Walmart	OTC	\$0	\$15 vial	\$5-10 vial, pen	\$0 vial, pen	vial	vial
Novolog 70/30	aspart mix	\$240 10ml, \$375 15 ml pen	Brand	vial, pen	\$5 pen	\$5-10	\$0 vial, pen	vial, pen	vial

### Glucometers

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

but pharmacists tell us onetouch glucometer/lancets covered (verio, ultra2, ultramini) although says need PA.

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

# EAR

## Ear antibiotics

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Cipro HC Otic	<i>ciprofloxacin/hydrocortisone</i>	\$104 (10ml) Epocrates	Brand	need PA	\$25	non-preferred	need PA	need PA	need PA
Ciprodex	<i>ciprofloxacin/dexamethasone</i>	\$163	Brand	need PA	\$25	non-preferred	\$0	must fail ofloxacin	need PA
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>	<b>\$18</b>	<b>Generic</b>	<b>\$0</b>	<b>\$5</b>	<b>\$5-10</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
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	\$0	need PA	\$0
Floxin Otic	<i>Ofloxacin, otic</i>	<b>\$27</b>	<b>Generic</b>	<b>\$0</b>	<b>\$5</b>	<b>\$5-10</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Vosol HC Otic	<i>acetic acid/hydrocortisone</i>	\$95 Walmart	Generic	\$0	\$5	not covered	need PA	need PA	\$0
Vosol Otic	<i>acetic acid</i>	\$36	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0

## Others

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Americane	<i>benzethonium chloride/glycerine / benzocaine</i>	\$ not available	Brand	need PA	need PA	not covered	need PA	need PA	need PA
Auralgan, Benzotic	<i>antipyrine / benzocaine</i>	\$ 18 walmart \$4	Generic	\$0	\$5	\$5-10	need PA	\$0	\$0
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
Cortic ND	<i>hydrocortisone/pramoxine hcl/ chloroxylenol</i>	\$ not available	?	\$0	\$5	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	need PA	\$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

## HEARTBURN/ GERD

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

## Proton-pump Inhibitors (PPI)

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Nexium	<i>esomeprazole</i>	\$256	Generic	Nexium 24h 22.3mg cap	\$81	\$5-10	nexium packets 90/yr	OTC only	need PA
Prevacid	<i>lansoprazole</i>	\$21	Generic	\$0 capsule	\$5	\$5-10	\$0	\$0	need PA
Prilosec	<i>omeprazole</i>	\$11	OTC	\$0	\$5	\$5-10	\$0	\$0	\$0 caps
Protonix	<i>pantoprazole</i>	\$14	Generic	need PA	\$5	\$5-10	\$0	\$0	\$0
Aciphex	<i>rabeprazole</i>	\$55 Walmart	Brand	\$0	need PA	non-preferred fail 2 generic PPI	need PA	need PA	need PA

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

Highlighted - covered by all 6 plans



## HTN - Ace Inhibitors

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

### ACE inhibitors with HCT

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

## HTN - ARBs

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

### ARBs with HCT

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

## HTN - beta blockers

### Cardioselective

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

### Non-cardioselective

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

Highlighted - covered by all 6 plans

## HTN - calcium channel blockers

### Dihydropyridines

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Norvasc	<i>amlodipine</i>	\$8	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0
Plendil	<i>felodipine</i>	\$19	Generic	\$0 felodipine ER	covered?*	\$5-10	\$0	need PA	\$0
Dynacirc	<i>isradipine BID</i>	\$65	Generic	\$0	covered?*	\$5-10	need PA	need PA	need PA
Dynacirc CR	<i>isradipine CR</i>	\$73	Brand	need PA	covered?*	not covered	need PA	need PA	need PA
Procardia XL/ Adalat CC	<i>nifedipine ER (QD)</i>	\$27	Generic	\$0	\$5	\$5-10	\$0	\$0	\$0

### Non-dihydropyridines

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

### Chlorthalidone

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

## Benzodiazepine

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

## Benzodiazepine Receptor Agonist (non-benzo benzodiazepine)

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

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

## Others

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

\*Conflicting information on CVS website.

# MIGRAINE HEADACHES

## Triptan

BRAND	Generic	Costco \$ (6 tab)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Axert	almotriptan	\$49 (12 tab)	Generic	40	need PA	\$5-10 12tab/30d	need PA	need PA	need PA
Relpax	eletriptan	\$234 (6tab)	Brand	need PA	\$25	\$20-\$25 12tab/30d	need PA	need PA	need PA
Frova	frovatriptan	\$438 (9tab)	Generic	\$0	not covered	non-preferred 9tab/30d	need PA	need PA	need PA
Amerge	naratriptan	\$83 (9tab)	Generic	\$0	\$5	\$5-10 9tab/30d	12 tab/30d fail imitrex	must fail sumatriptan	trial sumatriptan 50mg
Maxalt	rizatriptan	\$119 (3tab)	Generic	\$0	\$5	\$5-10 12tab/30d	18 tab/30d fail imitrex	ages 6-17	tabs - trial sumatriptan
Imitrex Oral	sumatriptan	\$20 (9tab)	Generic	\$0	\$5 (9 per 30d)	\$5-10 9tab/30d	12 tab/30d	9 tab/31d	\$0 limit 9 per 23d
Imitrex Nasal	sumatriptan	\$313	Generic	\$0	\$5 (6 per 30d)	\$5-10 12spray/30d	24 spray/30d	12 spray/31d	covered? 6 per 23d
Imitrex Injection	sumatriptan	\$264 (2 ml)	Generic	\$0	\$5 (1.5 per 30d)	\$5-10 8inj/30d	6 inj/30d	4 inj/31d	\$0 4mg and 6mg
Zomig	zolmitriptan	\$235 (3tab)	Brand	\$0	\$5	non-preferred 12tab/30d	12 tab/30d fail imitrex	need PA	need PA
Zomig Nasal	zolmitriptan	\$ not avail	Brand	need PA	\$25	non-preferred 12spray/30d	need PA	need PA	need PA

## Ergotamine

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

## Acetaminophen/dichloralphenazone/isometheptene

Duradrin	acetaminophen/dichloralphenazone/isometheptene	\$52	Generic	Migragesic IDA	need PA	not covered	need PA	need PA	need PA
Midrin	acetaminophen/dichloralphenazone/isometheptene	\$52	Generic	Migragesic IDA	need PA	\$5-10	need PA	need PA	need PA

Highlighted - covered by all 6 plans

## PSYCHOTIC (anti-psychotics)

### Atypical

BRAND	Generic	Costco \$ (30 pills)	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
<b>Abilify</b>	<b>aripiprazole</b>	<b>\$872</b>	<b>Generic</b>	<b>\$0</b>	<b>\$5</b>	<b>\$5-10</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0 tab</b>
Abilify Discmelt	aripiprazole orally disintegrating	\$825 Epocrates	Generic	\$0	covered \$15?*	not covered	\$0	\$0	age > 6
Saphris (BID)	asenapine	\$390	Brand	\$0	covered \$30?*	<b>non- preferred</b>	<b>\$0</b>	\$0 - require ICD10	age > 18
<b>Clozaril (BID)</b>	<b>clozapine</b>	<b>\$33</b>	<b>Generic</b>	<b>\$0</b>	<b>\$5</b>	<b>\$5-10</b>	<b>\$0</b>	<b>\$0</b>	age > 18
FazaClo ODT	clozapine orally disintegrating	\$620	Generic	\$0	covered \$5?*	non- preferred	\$0	\$0	\$0
Fanapt (BID)	lloperidone	\$790	Brand	\$0	\$30	non- preferred	\$0	\$0 - require ICD10	age > 18
Latuda	lurasidone	\$730	Brand	\$0	\$25	non- preferred	\$0	\$0 - require ICD10	age > 18
<b>Zyprexa</b>	<b>olanzapine</b>	<b>\$17</b>	<b>Generic</b>	<b>\$0</b>	<b>\$5</b>	<b>\$5-10</b>	<b>\$0</b>	<b>\$0</b>	age > 13
Zyprexa Zydis (ODT)	olanzapine orally disintegrating	\$75	Generic	\$0	covered \$5?*	\$5-10	need PA	\$0	age > 13
Symbyax	olanzapine/ fluoxetine	\$155	Generic	\$0	covered \$5?*	non- preferred	\$0	\$0	age > 18
Invega	paliperidone	\$755	Generic	\$0	covered \$30?*	\$5-10	\$0	\$0 - require ICD10	age > 12
<b>Seroquel (BID)</b>	<b>quetiapine</b>	<b>\$11</b>	<b>Generic</b>	<b>\$0</b>	<b>\$5</b>	<b>\$5-10</b>	<b>\$0</b>	<b>\$0</b>	age > 10
Seroquel XR	quetiapine ER	\$1,130	Generic	\$0	\$25	\$20-25	\$0	\$0	\$0
<b>Risperdal</b>	<b>risperidone</b>	<b>\$16</b>	<b>Generic</b>	<b>\$0</b>	<b>\$5</b>	<b>\$5-10</b>	<b>\$0</b>	<b>\$0</b>	age > 5
Risperdal M-tab	risperidone orally disintegrating	\$10	Generic	\$0	covered \$5?*	\$5-10	need PA	\$0	\$0
<b>Geodon (BID)</b>	<b>ziprasidone</b>	<b>\$146</b>	<b>Generic</b>	<b>\$0</b>	<b>\$5</b>	<b>\$5-10</b>	<b>\$0</b>	<b>\$0 (capsule)</b>	age > 18

Highlighted - covered by all 6 plans

## SMOKING CESSATION

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

\*Conflicting information on CVS website.

**Highlighted drugs** - covered by all 6 plans

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

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

# Retail Prescription Program Drug List

Revised 7/14/2017



## Price Matters

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



## New Men's Health Category

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



## Convenience

- Easy Pay saves you time at the checkout counter
- Ready Reminders send you a free text message when your prescription is ready
- Auto Refill your prescriptions and save time



## Free Home Delivery

- Mailed right to your home, no matter where you live
- Free shipping
- Find out more at [Walmart.com/pharmacy](http://Walmart.com/pharmacy)

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

## Allergies & Cold and Flu

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

## Antibiotic Treatments

Amoxicillin 125mg/5ml susp (80ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Amoxicillin 125mg/5ml susp (100ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Amoxicillin 125mg/5ml susp (150ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Amoxicillin 200mg/5ml susp (50ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Amoxicillin 200mg/5ml susp* (75ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Amoxicillin 200mg/5ml susp* (100ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Amoxicillin 250mg/5ml susp (80ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Amoxicillin 250mg/5ml susp (100ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3

**\$9/30-day**

Amoxicillin 250mg/5ml susp (150ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Amoxicillin 400mg/5ml susp (50ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Amoxicillin 400mg/5ml susp* (75ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Amoxicillin 400mg/5ml susp* (100ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
Amoxicillin 250mg cap. . . . .	30. . . . .	90
Amoxicillin 500mg cap. . . . .	30. . . . .	90
Cephalexin 250mg cap. . . . .	28. . . . .	84
Cephalexin 500mg cap. . . . .	30. . . . .	90
Ciprofloxacin 250mg tab. . . . .	14. . . . .	42
Ciprofloxacin 500mg tab* . . . . .	20. . . . .	60
Penicillin VK 250mg tab . . . . .	28. . . . .	84
Penicillin VK 125mg/5ml susp (100ml bottle) <sup>†</sup> . . . . .	.1. . . . .	3
SMZ-TMP 400mg-80mg tab . . . . .	28. . . . .	84
SMZ-TMP DS 800mg-160mg tab. . . . .	20. . . . .	60

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

## Arthritis & Pain

Allopurinol 100mg tab . . . . .	30. . . . .	90
Allopurinol 300mg tab . . . . .	30. . . . .	90
Baclofen 10mg tab* . . . . .	30. . . . .	90
Cyclobenzaprine 5mg tab . . . . .	30. . . . .	90
Cyclobenzaprine 10mg tab . . . . .	30. . . . .	90
Dexamethasone 0.5mg tab . . . . .	30. . . . .	90
Dexamethasone 0.75mg tab. . . . .	12. . . . .	36
Dexamethasone 4mg tab . . . . .	.6. . . . .	18
Diclofenac DR 75mg tab* . . . . .	60. . . . .	180
Ibuprofen 100mg/5ml susp* . . . . .	120ml. . . . .	360ml
Ibuprofen 400mg tab . . . . .	90. . . . .	270
Ibuprofen 600mg tab* . . . . .	60. . . . .	180
Ibuprofen 800mg tab . . . . .	30. . . . .	90
Indomethacin 25mg cap* . . . . .	60. . . . .	180
Meloxicam 7.5mg tab . . . . .	30. . . . .	90
Meloxicam 15mg tab. . . . .	30. . . . .	90
Naproxen 375mg tab* . . . . .	60. . . . .	180
Naproxen 500mg tab* . . . . .	60. . . . .	180

## Asthma

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

## Cholesterol

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

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\* Prices may be higher in CA, HI, MN, MT, PA, TN and WI.

<sup>†</sup> Prepackaged drugs are covered only in unit sizes specified on Drug List. See Program Details or your Walmart Pharmacist for details.

Revised 7/14/2017



**Diabetes**

Glimepiride 1mg tab . . . . .	30. . . . .	90
Glimepiride 2mg tab . . . . .	30. . . . .	90
Glimepiride 4mg tab . . . . .	30. . . . .	90
Glipizide 5mg tab . . . . .	30. . . . .	90
Glipizide 10mg tab* . . . . .	60. . . . .	180
Glyburide 2.5mg tab . . . . .	30. . . . .	90
Glyburide 5mg tab (blue) . . . . .	30. . . . .	90
Glyburide 5mg tab (green). . . . .	30. . . . .	90
Glyburide, micronized 3mg tab . . . . .	30. . . . .	90
Glyburide, micronized 6mg tab . . . . .	30. . . . .	90
Metformin 500mg tab . . . . .	60. . . . .	180
Metformin 850mg tab . . . . .	60. . . . .	180
Metformin 1000mg tab* . . . . .	60. . . . .	180
Metformin 500mg ER tab* . . . . .	60. . . . .	180

**Fungal Infections**

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

**Gastrointestinal Health**

Dicyclomine 10mg cap. . . . .	90. . . . .	270
Dicyclomine 20mg tab* . . . . .	60. . . . .	180
Famotidine 20mg tab . . . . .	60. . . . .	180
Lactulose syrup* . . . . .	236ml. . . . .	708ml
Metoclopramide 10mg tab . . . . .	60. . . . .	180
Metoclopramide syrup. . . . .	60ml. . . . .	180ml
Promethazine 25mg tab* . . . . .	12. . . . .	36
Promethazine plain syrup*. . . . .	180ml. . . . .	540ml
Ranitidine 150mg tab*. . . . .	60. . . . .	180
Ranitidine 300mg tab . . . . .	30. . . . .	90

**Glaucoma & Eye Care**

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

**\$9/30-day**

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

Pilocarpine 1% op. soln* (15ml bottle) <sup>†*</sup> . . . . .	1. . . . .	3
Pilocarpine 2% op. soln* (15ml bottle) <sup>†*</sup> . . . . .	1. . . . .	3
Polymyxin Sulfate/TMP op. soln* (10ml bottle) <sup>†</sup> . . . . .	1. . . . .	3
Sulfacet Sodium 10% op. soln* (15ml bottle) <sup>†</sup> . . . . .	1. . . . .	3
Timolol Maleate 0.25% op. soln (5ml bottle) <sup>†</sup> . . . . .	1. . . . .	3
Timolol Maleate 0.5% op soln (5ml bottle) <sup>†</sup> . . . . .	1. . . . .	3
Tobramycin 0.3% op. soln (5ml bottle) <sup>†</sup> . . . . .	1. . . . .	3

**Heart Health & Blood Pressure**

Atenolol 25mg tab . . . . .	30. . . . .	90
Atenolol 50mg tab . . . . .	30. . . . .	90
Atenolol 100mg tab . . . . .	30. . . . .	90
Benazepril 5mg tab. . . . .	30. . . . .	90
Benazepril 10mg tab . . . . .	30. . . . .	90
Benazepril 20mg tab . . . . .	30. . . . .	90
Benazepril 40mg tab . . . . .	30. . . . .	90
Bisoprolol-HCTZ 2.5mg-6.25mg tab . . . . .	30. . . . .	90
Bisoprolol-HCTZ 5mg-6.25mg tab . . . . .	30. . . . .	90
Bisoprolol-HCTZ 10mg-6.25mg tab . . . . .	30. . . . .	90
Carvedilol 3.125mg tab . . . . .	60. . . . .	180
Carvedilol 6.25mg tab . . . . .	60. . . . .	180
Carvedilol 12.5mg tab . . . . .	60. . . . .	180
Carvedilol 25mg tab . . . . .	60. . . . .	180
Clonidine 0.1mg tab . . . . .	30. . . . .	90
Clonidine 0.2mg tab . . . . .	30. . . . .	90
Enalapril-HCTZ 5mg-12.5mg tab* . . . . .	30. . . . .	90
Furosemide 20mg tab . . . . .	30. . . . .	90
Furosemide 40mg tab . . . . .	30. . . . .	90
Furosemide 80mg tab . . . . .	30. . . . .	90
Guanfacine 1mg tab . . . . .	30. . . . .	90
Hydralazine 10mg tab . . . . .	30. . . . .	90
Hydralazine 25mg tab . . . . .	30. . . . .	90
Hydrochlorothiazide(HCTZ)12.5mg cap. . . . .	30. . . . .	90
Hydrochlorothiazide (HCTZ) 25mg tab . . . . .	30. . . . .	90
Hydrochlorothiazide (HCTZ) 50mg tab . . . . .	30. . . . .	90
Indapamide 1.25mg tab . . . . .	30. . . . .	90

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	\$4, 30-day	\$10, 90-day
Indapamide 2.5mg tab. . . . .	30.	90
Isosorbide Mononitrate 30mg ER tab*. . . . .	30.	90
Isosorbide Mononitrate 60mg ER tab*. . . . .	30.	90
Lisinopril-HCTZ 10mg-12.5mg tab. . . . .	30.	90
Lisinopril-HCTZ 20mg-12.5mg tab* . . . . .	30.	90
Lisinopril-HCTZ 20mg-25mg tab* . . . . .	30.	90
Lisinopril 2.5mg tab . . . . .	30.	90
Lisinopril 5mg tab . . . . .	30.	90
Lisinopril 10mg tab. . . . .	30.	90
Lisinopril 20mg tab. . . . .	30.	90
Methyldopa 250mg tab*. . . . .	60.	180
Metoprolol Tartrate 25mg tab . . . . .	60.	180
Metoprolol Tartrate 50mg tab . . . . .	60.	180
Metoprolol Tartrate 100mg tab*. . . . .	60.	180
Sotalol HCL 80mg tab*. . . . .	30.	90
Spirolactone 25mg tab*. . . . .	30.	90
Terazosin 1mg cap . . . . .	30.	90
Terazosin 2mg cap . . . . .	30.	90
Terazosin 5mg cap . . . . .	30.	90
Terazosin 10mg cap . . . . .	30.	90
Triamterene-HCTZ 75mg-50mg tab . . . . .	30.	90
Triamterene-HCTZ 37.5mg-25mg tab . . . . .	30.	90
Verapamil 80mg tab . . . . .	30.	90
Verapamil 120mg tab . . . . .	30.	90
Warfarin 1mg tab. . . . .	30.	90
Warfarin 2mg tab. . . . .	30.	90
Warfarin 2.5mg tab. . . . .	30.	90
Warfarin 3mg tab. . . . .	30.	90
Warfarin 4mg tab. . . . .	30.	90
Warfarin 5mg tab*. . . . .	30.	90
Warfarin 6mg tab. . . . .	30.	90
Warfarin 7.5mg tab. . . . .	30.	90
Warfarin 10mg tab . . . . .	30.	90

### Men's Health

	\$9/30-day
Finasteride 5mg. . . . .	30

### Mental Health

Amitriptyline 10mg tab. . . . .	30.	90
Amitriptyline 25mg tab*. . . . .	30.	90
Amitriptyline 50mg tab*. . . . .	30.	90

	\$4, 30-day	\$10, 90-day
Amitriptyline 75mg tab*. . . . .	30.	90
Amitriptyline 100mg tab*. . . . .	30.	90
Benzotropine 2mg tab. . . . .	30.	90
Bupirone 5mg tab. . . . .	60.	180
Bupirone 10mg tab* . . . . .	60.	180
Citalopram 20mg tab. . . . .	30.	90
Citalopram 40mg tab. . . . .	30.	90
Fluoxetine 10mg cap* . . . . .	30.	90
Fluoxetine 10mg tab* . . . . .	30.	90
Fluoxetine 20mg cap* . . . . .	30.	90
Fluoxetine 40mg cap* . . . . .	30.	90
Haloperidol 0.5mg tab . . . . .	30.	90
Haloperidol 1mg tab . . . . .	30.	90
Haloperidol 2mg tab . . . . .	30.	90
Haloperidol 5mg tab . . . . .	30.	90
Lithium Carbonate 300mg cap* . . . . .	90.	270
Nortriptyline 10mg cap*. . . . .	30.	90
Nortriptyline 25mg cap*. . . . .	30.	90
Paroxetine 10mg tab* . . . . .	30.	90
Paroxetine 20mg tab* . . . . .	30.	90
Prochlorperazine 10mg tab . . . . .	30.	90
Trazodone 50mg tab . . . . .	30.	90
Trazodone 100mg tab . . . . .	30.	90
Trazodone 150mg tab*. . . . .	30.	90
Trihexyphenidyl 2mg tab . . . . .	60.	180

### Skin Conditions

Hydrocortisone 1% cream (28.35-30g tube) <sup>†</sup> . . . . .	1.	3
Hydrocortisone 2.5% cream (30gm tube) <sup>†</sup> . . . . .	1.	3
Silver Sulfadiazine 1% cream* (50gm tube) <sup>†</sup> . . . . .	1.	3
Triamcinolone 0.025% cream (15gm tube) <sup>†</sup> . . . . .	1.	3
Triamcinolone 0.025% cream (80gm tube) <sup>†</sup> . . . . .	1.	3
Triamcinolone 0.1% cream (15gm tube) <sup>†</sup> . . . . .	1.	3
Triamcinolone 0.1% cream (80gm tube) <sup>†</sup> . . . . .	1.	3
Triamcinolone 0.1% ointment (15gm tube) <sup>†</sup> . . . . .	1.	3
Triamcinolone 0.1% ointment (80gm tube) <sup>†</sup> . . . . .	1.	3
Triamcinolone 0.5% cream (15gm tube) <sup>†</sup> . . . . .	1.	3

Prescription Program includes up to a 30-day supply for \$4 and a 90-day supply for \$10 of some covered generic drugs at commonly prescribed dosages. Higher dosages cost more. Prices for some drugs covered by the Prescription Program may be higher and may vary in some states. Restrictions apply. See Program Details or your Walmart Pharmacist for details. Free language assistance services available for prescription drug information at Walmart pharmacies in New York. Contact your Walmart pharmacy for details.

\* Prices may be higher in CA, HI, MN, MT, PA, TN and WI.

<sup>†</sup> Prepackaged drugs are covered only in unit sizes specified on Drug List. See Program Details or your Walmart Pharmacist for details.

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**Thyroid Conditions**

Levothyroxine 25mcg tab . . . . .	.30.	. . . . .	90
Levothyroxine 50mcg tab . . . . .	.30.	. . . . .	90
Levothyroxine 75mcg tab . . . . .	.30.	. . . . .	90
Levothyroxine 88mcg tab . . . . .	.30.	. . . . .	90
Levothyroxine 100mcg tab. . . . .	.30.	. . . . .	90
Levothyroxine 112mcg tab. . . . .	.30.	. . . . .	90
Levothyroxine 125mcg tab. . . . .	.30.	. . . . .	90
Levothyroxine 137mcg tab. . . . .	.30.	. . . . .	90
Levothyroxine 150mcg tab. . . . .	.30.	. . . . .	90
Levothyroxine 175mcg tab* . . . . .	.30.	. . . . .	90
Levothyroxine 200mcg tab* . . . . .	.30.	. . . . .	90

**Viruses**

Acyclovir 200mg cap* . . . . .	.30.	. . . . .	90
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**Vitamins & Nutritional Health**

Folic Acid 1mg tab . . . . .	.30.	. . . . .	90
Mag 64 64mg tab* . . . . .	.60.	. . . . .	180
Magnesium Oxide 400mg tab . . . . .	.30.	. . . . .	90
Prenatal Plus qty 30* . . . . .	.30.	. . . . .	90
Sodium Fluoride .25mg chewable* (120ct bottle)† . . . . .	1.	. . . . .	N/A

**Women’s Health**

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

**Oral Contraceptives** \$9, 28-day

Levonorgestrel/Ethinyl Estradiol . . . . .	.28
Kurvelo . . . . .	.28
Norethindrone USP 0.35mg . . . . .	.28
Enskyce . . . . .	.28
Jencycla. . . . .	.28
Pirmella 1/35 . . . . .	.28
Pirmella 7/7/7. . . . .	.28
Sprintec. . . . .	.28
Tri-Sprintec . . . . .	.28

**\$9, 30-day \$24, 90-day**

Alendronate SOD 35mg tab . . . . .	4.	. . . . .	12
Alendronate SOD 70mg tab . . . . .	.4.	. . . . .	12
Clomiphene 50mg tab . . . . .	.5.	. . . . .	15

**Other Medical Conditions**

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

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