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

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ALLERGIES

Non-sedating anti-histamines

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Zyrtec	*cetirizine*	$4 (walmart)	OTC	need PA	$5	not covered	$0	$0	$0
Clarinex	*desloratadine*	$18	Generic	need PA	$5	not covered	need PA	need PA	need PA
Allegra	*fexofenadine*	$33 for 150 tab (Aller-Fex)	OTC	$0	$5	not covered	$0	$0	need PA
Xyzal	*levocetirizine*	$8	Generic	need PA	$5	not covered	need PA	$0	$0
Claritin	*loratadine*	$13 for 365 tabs (Aller-Tec) walmart $4	OTC	$0	$5	not covered	$0	$0	$0

Non-sedating anti-histamines with pseudoephedrine

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Zyrtec-D 12hr	*cetirizine/ pseudoephedrine*	$15/ 12 tab (Epocrates)	OTC	need PA	$5	not covered	$0	$0	$0
Allegra-D 12hr	*fexofenadine/ pseudoephedrine*	$ not avail*	OTC	need PA	$5	not covered	$0	$0	need PA
Allegra-D 24 hr	*fexofenadine/ pseudoephedrine*	$ not avail*	OTC	need PA	$5	not covered	$0	$0	need PA
Claritin-D 12hr	*loratadine/ pseudoephedrine*	$14/ 10 tabs Epocrates	OTC	need PA	$5	not covered	$0	need PA	$0
Claritin-D 24 hr	*loratadine/ pseudoephedrine*	$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 Comm.	HMSA Quest	Ohana	UHC Quest
Beconase AQ	*beclomethasone*	$187	OTC	need PA	need PA	Qnasl Step therapy*	need PA	need PA	need PA
Rhinocort AQ	*budesonide*	$135	OTC	$0	$50	not covered	1 bottle/ month	need PA	need PA
Nasarel	*flunisolide, nasal*	$45	Generic	need PA	$5	$5-10	2 bottle/ month	$0	need PA
Flonase	*fluticasone propionate*	$45 for 3	OTC	$0	not covered	$5-10	1 bottle/ month	$0	$0
Nasonex	*mometasone*	$195	Generic	need PA	$5	$5-10	need PA	need PA	need PA
Nasacort AQ	*triamcinolone*	$100	Generic	need PA	not covered	not covered	1 bottle/ month	need PA	$0

Nasal anti-histamines

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Astelin	*azelastine*	$20	Generic	$0	$5	$5-10	2 bottle/ month	$0	$0

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

HMSA Commerical: **Qnasl -** Must try flunisolide and fluticasone first.

ANTIBIOTICS (1 of 2)

Penicillins and Cephalosporins

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Trimox	***amoxicillin***	$6 walmart $4	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0 (caps)**
Augmentin	***amoxicillin / clavulanate***	**$15**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Pen-Vee K	***penicillin VK***	**$15 walmart $4**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Keflex (1st gen)	***cephalexin***	**$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 Comm.	HMSA Quest	Ohana	UHC Quest
Cipro	***ciprofloxacin***	**$7 walmart $4**	**Generic**	**$0**	$5	**$5-10**	**$0**	**$0**	**$0**
Levaquin	*levofloxacin*	**$19**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0 (tabs)**
Avelox, Moxeza	*moxifloxacin*	$64/30 pill	Generic	need PA	$5	$5-10	need PA	need PA	need PA

Tetracyclines

Adoxa	***doxycycline monohydrate***	**$13**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**

Macrolides

Zithromax	***azithromycin***	**$10 250mg #6**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0***	**$0**

Sulfonamides

Bactrim DS	***trimethoprim / sulfamethoxazole***	**$7 walmart $4**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**

Other Antimicrobials

Cleocin	***clindamycin***	**$12**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**150mg, 300mg**
Cleocin Vaginal	***clindamycin 2% vaginal cream***	**$33**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0 (cream)**
Zyvox	*linezolid*	$43	Generic	covered, needs PA	$5	$5-$10	need PA	covered, needs PA	covered, need PA
Macrobid	***nitrofurantoin BID***	**$8**	**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 Comm.	HMSA Quest	Ohana	UHC Quest
Diflucan	***fluconazole***	**Walmart $4/tab**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Sporanox	*itraconazole*	$146	Generic	preferred but need PA	$5	$5-10	need PA	need PA	covered, need PA
Nizoral	***ketoconazole***	**$35**	**Generic**	**$0**	$5	**$5-10**	need PA	**$0**	**$0**
Nizoral Topical	***ketoconazole cream or shampoo***	**$17 (120ml)**	**Generic**	**$0**	$5	**$5-10**	**$0**	**$0**	**$0**
Flagyl	***metronidazole***	**$17**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0 (tabs)**
Metrogel	***metronidazole vaginal gel 0.75%***	**$32 (70 g)**	**Generic**	**$0**	$5	**$5-10**	**$0**	**$0**	**$0**
Mycostatin	***nystatin topical cream, oint, pwdr***	**$18 (15g) walmart $4**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Lamisil	***terbinafine***	**$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 Comm.	HMSA Quest	Ohana	UHC Quest
Zovirax	***acyclovir***	**$7 walmart $4**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**caps, tabs, susp**
Famvir	*famciclovir*	$42	Generic	$0	$5	$5-10	$0	need PA	need PA
Cytovene	*ganciclovir*	$317	Generic	need PA	$5	not covered	need PA	need PA	need PA
Valtrex	***valacyclovir***	**$24**	**Generic**	**60 tabs/ 30d**	**$5**	**$5-10**	**$0**	**$0**	**$0**

*Conflicting information on CVS website.

Ohana: **Zithromax** - 250 mg strength - quantity limited to 12 tabs/31days

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

Anticoagulants/Platelet Inhibitors

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS (State employees)	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Eliquis	*apixaban*	**$458**	Brand	$0	$25	$25	$0	$0	$0
Pradaxa	*dabigatran*	$417 (60 cap)	Brand	$0	$50	Non-Preferred	need PA	need PA	need PA
Savaysa	*edoxaban*	$376	Brand	$0	$50	need PA	need PA	need PA	$0
Xarelto	*rivaroxaban*	$466	Brand	$0	$25	$25	$0	need PA	$0

Aloha Care:

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 Comm.	HMSA Quest	Ohana	UHC Quest
Plavix	***clopidogrel***	**$9**	**Generic**	$0	$5	$5-10	$0	$0	$0
Brilinta	ticagrelor	$391 (60 tab)	Brand	$0	$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 Comm.	HMSA Quest	Ohana	UHC Quest
Proair Respiclick	*albuterol inhaler*	$29	Brand	need PA	**$25**	**$25* Respiclick**	**must fail generic* 2 per mo**	need PA	need PA
Proventil	*albuterol inhaler*	$87	Generic	HFA only	$86	$5-10 generic	need PA	need PA	need PA
Albuterol HFA, Ventolin HFA	*albuterol inhaler*	$51	Generic	**generic HFA**	**$5 generic HFA**	$5-10 generic	**generic 2 per month**	**generic 2 per month**	$0 generic
Striverdi Respimat	*olodaterol*	$205	Brand	need PA	$25	$25	1 per month	1 per month	$0
Xopenex HFA	*levalbuterol*	$33	Generic	need PA	$50	non-preferred	need PA	2 per month	step therapy*
Foradil powder	*formoterol*	$256	Brand	need PA	$50	not covered	need PA	need PA	need PA
Serevent Diskus	*salmeterol*	$400	Brand	1 per month	$25	non-preferred	need PA	need PA	need PA

Inhaled Steroids

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS (State employees)	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
QVAR Redihaler	*beclomethasone*	$210	Brand	need PA	$25	$25	2 per month	$0	$0
Pulmicort	*budesonide*	$192	Brand	nebs only	$25	$25	nebs only	neb only age ≤ 8y	inh - PA, neb-<5yo
Alvesco	*ciclesonide*	$132	Brand	need PA	$27	non-preferred	80mcg 3/m 160 mcg 2/m	need PA	need PA
Arnuity Ellipta	*fluticasone furoate*	$177	Brand	**$0**	**$25**	**$25**	**1 per month**	**$0**	**$0**
Flovent Diskus/HFA	*fluticasone propionate*	$248	Brand	$0 Diskus, HFA	$25 Diskus HFA	$25 Diskus, HFA	Diskus, HFA	HFA age ≤ 12	HFA age ≤ 11
Asmanex	*mometasone*	$238	Brand	need PA	$25	$25	need PA	$0	only if age ≤ 7

Steroid/Long-acting Beta-Agonists

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS (State employees)	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Advair Diskus/HFA, Wixela Inhub, AirDuo HFA	*fluticasone propionate/ salmeterol*	$396	**Advair (B) Wixela (G) AirDuo (G)**	generic fluticasone/ salmeterol HFA and Diskus	**$25 Advair Diskus, HFA**	$5-$10* generic, Wixela	**Advair HFA (1 per month)**	**Wixela**	Wixela preferred but need PA
Breo Ellipta Diskus	*fluticasone furoate/ vilanterol*	$357	Brand	need PA	$25	$25	need PA	need PA	need PA
Symbicort	*budesonide/ formoterol*	$331	Generic	$0	$5 generic	$25	need PA	only if age ≤ 12	need PA
Dulera HFA	*mometasone/formoterol*	$326	Brand	need PA	$5	non-preferred	1 per month	need PA	need PA

*HMSA: **Proair** - Both HFA and Respiclick are covered, However per CVS, Respiclick is preferred
Advair, Diskus, Wixela, AirDuo - Authorized generic AirDuo and Advair Diskus, Wixela, and Advair HFA

*HMSA Quest : **Proair Respiclick** - Must try generic albuterol inhaler first.

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

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ASTHMA (2 of 2)

Anticholinergic (LAMA)

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Atrovent HFA	*Ipratropium bromide*	$401 (neb $4Walmart)	Generic	$0	$25	$5-10	nebs	$0	$0
Spiriva	*tiotropium*	$447	Brand	$0 respimat	$25	$25	need PA	need PA	need PA
Incruse Ellipta	*umeclidinium*	$339	Brand	need PA	$25	non-preferred	1 per month	$0	$0
Stiolto Respimat	*tiotropium/ olodaterol*	$440	Brand	$0	$25	$25	need PA	$0	$0
Anoro Ellipta	*umeclidinium/vilaterol*	$424	Brand	$0	$25	$25	need PA	need PA	$0

Other

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS (State employees)	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Intal (neb)	***cromolyn sodium (neb)***	**$106**	**Generic**	**nebs**	**$5**	**$5-10**	**nebs**	**$0**	**$0**
Combivent	***albuterol/ ipratropium***	**$419**	**Brand**	**$0**	**$50**	**$25**	**nebs**	**$0**	$0 Respimat
Singulair	***montelukast***	**$10**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Accolate	*zafirlukast*	$43 / 60 tabs	Generic	$0	$5	$5-10	need PA	$0	need PA

Spacers

E-Z Spacer, Vortex, Air Zone, Aerochamber, Easivent, Pocket Spacer	*spacers*	$38 Easivent	Brand	Aerochamber, Easivent, Vortex, Pocket	pay out of pocket	Air Zone Vortex	Aerochamber Vortex	Aerochamber, E-Z spacer, Easivent, Pocket Spacer	Easivent, Vortex

*Aloha Care:

BIRTH CONTROL / HPV VACCINE

Monophasic

BRAND	*Ethinyl estradiol (EE mcg)*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Alesse, Aviane	*20 EE 0.1 levonorgestrel*	$14 levonest-28 (Walmart $9)	Generic	generic $0	$0-5 Aviane	$0 Aviane	$0	Aviane	Aviane
Loestrin (Junel) 1/20	*20 EE 1.0 norethindrone*	$13 Loestrin 21	Generic	generic $0	$0-5 Junel	Junel	$0	Junel	Junel
Yaz, Gianvi	*20 EE 3.0 drospirenone*	$25 Yaz	Generic	generic $0	$0-5 Gianvi	$0 Gianvi	$0	Gianvi	need PA
Desogen, Apri, Enskyce	*30 EE 0.15 desogestrel*	$18	Generic	generic $0	$0-5 Apri	$0 Apri, Ensyce	$0	Apri	Apri, Enskyce
Yasmin, Ocella, Syeda, Zarah	*30 EE 3.0 drospirenone*	$13	Generic	generic $0	$0-5 Ocella	$0 Ocella, Syeda, Zarah	$0	Ocella, Syeda, Zarah	need PA
Nordette, Altavera, Kurvelo, Levora	*30 EE 0.15 levonorgestrel*	$13	Generic	generic (Levora) $0	$0-5 Altavera	$0 Altavera, Kurvelo, Levora	$0	Altavera	Altavera, Kurvelo, Levora
Lo/ovral, Low-Ogestrel, Elinest	*30 EE 0.3 norgestrel*	$16 Elinest	Generic	Cryselle, Low-Ogestrel, Elinest	$0-5 Low-Ogestrel	Low-Ogestrel, Elinest	$0	Cryselle	Low-Ogestrel, Elinest
Ortho-Cyclen, Mononessa, Sprintec	*35 EE 0.25 norgestimate*	$14 (Walmart $9)	Generic	generic $0	$0-5 Mononessa	$0 Sprintec	$0	Mononessa, Sprintec	Sprintec

Progestin only

Ortho Micronor, Nor-QD, Heather , Errin, Camila, Aygestin	*norethindrone 0.35mg*	$15 Heather walmart $9	Generic	generic $0	$0-5 Heather	$0 Heather, Errin, Camila	$0	Camila, Errin, Jolivette, Nora-Be	Heather, Errin, Camila, Aygestin

Others/HPV Vaccine

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Ella	*ulipristal*	$40	Brand	$0	$0-20	Ella	Ella (2/year)	need PA	need PA
Plan B One step	*levonorgestrel 1.5mg*	$33	OTC	levonorgestrel 1.5 mg	$0-5 levo norgestrel	Aftera, Econtra EZ, My Way, Opcion, Take Action	levonorgestrel (2/year)	Plan B one-step	$0
Xulane (patch/wk)	*norelgestromin/ethinyl estradiol*	$108	Generic	Xulane	$0-20	$0	$0	$0	$0
NuvaRing (vaginal ring)	*0.12 etonogstrel / 0.015 ethinyl estradiol*	$172	Generic	Eluryng	$25	$0 Eluryng	$0	$0	Eluryng
Gardasil 9	Human Papillomavirus 9-valent Vaccine	$173/inj	Brand	$0	$25	F 19-26, M 19-21 yr	19-45 years old	19 - 45 years old	$0

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CHOLESTEROL

Statins

BRAND	*GENERIC*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	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**	**step therapy***	**$5**	**$5-10**	**$0**	**$0**	**$0**
Zocor	***simvastatin***	**$8**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**

Aloha Care: **Crestor** -- Must fail atorvastatin.

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 Comm.	HMSA Quest	Ohana	UHC Quest
Zetia	*ezetimibe*	$13	Generic	need PA	$5	$5-10	$0	$0	$0
Vytorin	*ezetimibe/ simvastatin*	$66	Generic	need PA	$5	$5-10	need PA	need PA	need PA

Gemfibrozil

BRAND	*GENERIC*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Lopid	***gemfibrozil***	**$7**	**Generic**	**600 mg tab**	**$5**	**$5-10**	**$0**	**$0**	**$0**

Niacin

BRAND	*GENERIC*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Niaspan	*niacin SR (QD)*	$27	OTC	need PA	$5	$5-10	$0	Niacor	$0

Fibrates

BRAND	*GENERIC*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Lofibra, Antara	*fenofibrate, micronized*	$19	Generic	$0	$5	$5-10 Antara	67, 134, 200mg	$0	67, 134, 200mg*
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 Comm.	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 (not packets)
WelChol	*colesevelam*	$204	Generic	need PA	$5	$5-10	need PA	need PA	need PA

*Conflicting information on CVS website.

Aloha Care

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 Comm.	HMSA Quest	Ohana	UHC Quest
Celexa	***citalopram***	**$6 walmart $4**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Lexapro	***escitalopram***	**$7**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Prozac	***fluoxetine***	**$6**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Prozac weekly	*fluoxetine weekly*	not on goodrx	Generic	$0	$5	$5-10	$0	$0	need PA
Luvox	***fluvoxamine***	**$25**	**Generic**	**$0**	$5	**$5-10**	**$0**	**$0**	**$0**
Luvox CR	*fluvoxamine ER*	not on goodrx	Generic	$0	$5	$5-10	$0	$0	$0
Paxil	***paroxetine***	**$6 (Walmart $10)**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Paxil CR	***paroxetine ER***	**$55**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Zoloft	***sertraline***	**$12**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**

SNRIs

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Pristiq	***desvenlafaxine***	**$34**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Cymbalta	*duloxetine*	$14	Generic	$0	$5	$5-10	$0	$0	$0
Effexor (bid)	***venlafaxine***	**$15**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Effexor XR (QD)	***venlafaxine ER***	**$14**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**

Other

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Wellbutrin SR (BID)	***bupropion SR***	**$21**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Wellbutrin XL (QD)	***bupropion XL***	**$22**	**Generic**	**$0 150,300 mg only**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Remeron	***mirtazapine***	**$10**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**tabs only**
Serzone	***nefazodone***	**$78**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**

*Conflicting information on CVS website.

Aloha Care :

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 Comm.	HMSA Quest	Ohana	UHC Quest
Diprolene	*a. betamethasone d. 0.05% oint, gel*	$24 (15g)	Generic	need PA	$5 oint	$5-10 oint, gel	oint, gel	need PA	gel, oint
Temovate, Cormax	***clobetasol 0.05%, cream, oint, gel***	**$22 (15g)**	**Generic**	**cream, gel, oint, soln**	**$5**	**foam, gel**	**cream, gel, oint, soln, foam**	**soln only**	**cream, oint, soln**
Temovate E	*clobetasol 0.05% emollient cream*	$25 (15g)	Generic	$0	$5	non-preferred	need PA	need PA	$0
Ultravate	***halobetasol p. 0.05% cream, oint***	**$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 Comm.	HMSA Quest	Ohana	UHC Quest
Betatrex (oint)	*betamethasone valerate 0.1% oint*	$13 (15g)	Generic	$0	$5	$5-10	oint	cream, lotion, oint	$0
Cyclocort	*amcinonide 0.1% cream, lotion*	$8 (15g)	Generic	need PA	$5	$5-10	need PA	need PA	oint only
Diprolene AF	*a. betamethasone d. 0.05% cream*	$8 (15g)	Generic	$0 cream	$5, cream	$5-10	cream	cream	cream
Diprolene	*a. betamethasone d. 0.05% lotion*	$31 (30ml)	Generic	need PA	$5 lotion	$5-10	lotion	need PA	lotion
Diprosone, Maxivate (cream, oint)	***betamethasone d. 0.05% cream, oint, lotion***	**$19 (15g)**	**Generic**	$0 lotion	$5 cream, oint	$5-10 crm/oint/lot	cream, oint, lot	cream, oint, lot	oint, lot
Florone, Maxiflor, Psorcon B	*diflorasone 0.05% cream, oint*	$42 (15g)	Generic	need PA	$25 Apexicon E	$5-10 cream oint	need PA	need PA	need PA
Kenalog	***triamcinolone a. 0.5% cream, oint***	**$12 (15g) walmart $4**	**Generic**	**$0 cream, oint**	**$5**	**$5-10 cream oint**	**cream, oint**	**cream, oint**	**cream, oint**
Lidex	***fluocinonide 0.05% cream, oint, gel***	**$10 Epocrates**	**Generic**	**$0 cream, gel**	**$5**	**$5-10**	**crm,gel, oint,soln**	**cream,gel, oint,soln****	**solution only**
Lidex E	*fluocinonide 0.05% emollient cream*	$20 (15g)	Generic	$0 cream	$5	$5-10	need PA	cream	need PA
Topicort	*desoximetasone 0.25% cream/oint, 0.05% gel*	$19 (15g)	Generic	need PA	$5	$5-10 0.25% crm/oint, 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		GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Betatrex	*betamethasone v. 0.1% cream, lotion*	$19 (15g)	Generic	cream	$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	$5, cream, lotion	$5-10	cream, oint	cream, oint	cream, oint
Diprosone, Maxivate (lotion)	***betamethasone d. 0.05% lotion***	**$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	$5	non-preferred	cream, lot, oint	cream, oint, soln	cream, oint, soln
Kenalog	***triamcinolone a. 0.1% or 0.025% cream, oint, lotion***	**$19 (15g)**	**Generic**	**$0**	**$5**	**$5-10**	**cream, oint, lot**	**cream, oint**	**cream, oint, lot**
Locoid	*hydrocortisone butyrate 0.1% cream*	$24 (15g)	Generic	need PA	$5	$5-10	cream, oint, soln	need PA	oint, soln
Synalar 0.025%	*fluocinolone a. 0.025% cream, oint*	$36	Generic	need PA	$5	$5-10	cream, oint	oint, cream	cream, oint
Topicort LP	*desoximetasone 0.05% cream*	$19 (15g)	Generic	need PA	$5	$5-10	cream	need PA	need PA
Westcort	*hydrocortisone v. 0.2% cream, oint*	$27(15g)	Generic	need PA	$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	*alclometasone d. 0.05% cream, oint*	$20 (15g)	Generic	need PA	$5	$5-10	cream, oint	cream, oint	oint
Cetacort, Hytone	***hydrocortisone 1% or 2.5% crm, oint, lotion***	**$8 (30g) walmart $4**	**Generic**	**$0**	**$5**	**1% oint, lot 2.5% crm, oint, lot**	**crm,gel, lot,oint, soln**	**cream, oint, lotion**	**cream, oint, lotion****
Desowen	*desonide 0.05% cream, oint, lotion*	$21 (15g)	Generic	gel preferred but need PA	$5	$5-10	cream, lot, oint	cream, oint	need PA

*Conflicting information on UHC Evercare website.

UHC: **hydrocortisone lotion 2.5% is covered, 1.0% needs PA

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

DIABETES (1 of 6)

Metformin

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Glucophage	***metformin***	**$7 (500mg) walmart $4**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Glucophage XR	***metformin ER***	**$7 (500mg) walmart $4**	**Generic**	**$0**	**$5**	**$5-10**	**500mg, 750mg only**	**500mg, 750mg only**	**$0**

Sulfonylurea/Combinations

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Amaryl	***glimepiride***	**$6 walmart $4**	**Generic**	must fail metformin	**$5**	**$5-10**	**$0**	**$0**	**$0**
Glucotrol	***glipizide***	**$6 walmart $4**	**Generic**	must fail metformin	**$5**	**$5-10**	**$0**	**$0**	**$0**
Glucotrol XL	***glipizide ER***	$12	Generic	must fail metformin	$5	$5-10	$0	$0	$0
Micronase, Diabeta	*glyburide*	$6 walmart $4	Generic	must fail metformin	$5	$5-10	need PA	$0	$0
Metaglip	*glipizide/metformin*	$22	Generic	must fail metformin	**$5**	**$5-10**	**$0**	**$0**	need PA
Glucovance	*glyburide/metformin*	$15	Generic	must fail metformin	$5	$5-10	need PA	$0	$0

TZD/Combinations

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Actos	*pioglitazone*	$10	Generic	$0*	$5	$5-10	$0	step therapy*	$0
Duetact	*pioglitazone/ glimepiride*	$122	Generic	$0*	$5	$5-10	$0	need PA	need PA
ACTOplus met	*pioglitazone/metformin*	$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
*Aloha Care: **Sulfonylurea/Combinations** - must fail metformin alone first
TZD/Combinations - must fail metormin alone AND fail either a GLP-1 or DPP-4 or SGLT2 agent alone

DIABETES (2 of 6)

DPP-4 Inhibitors/Combinations

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Januvia	*sitagliptin*	$469	Brand	$0*	$25	$25	step therapy*	need PA	need PA
Tradjenta	*linagliptin*	$338	Brand	need PA	$25	not covered	need PA	need PA	need PA
Onglyza	*saxagliptin*	$316	Brand	need PA	$50	not covered	need PA	need PA	need PA
Nesina	*alogliptin*	$172	Generic	need PA	$5	not covered	need PA	$0	step therapy*
Oseni	*alogopitin/pioglitazone*	$95	Brand	need PA	$5	not covered	need PA	need PA	need PA
Kazano	*alogliptin/metformin*	$172	Generic	need PA	$5	not covered	need PA	$0	step therapy*
Jentadueto	*linagliptin/metformin*	$437	Brand	need PA	$25	not covered	need PA	need PA	need PA
Jentadueto XR	*linagliptin/metformin ER*	$437	Brand	need PA	$25	not covered	need PA	need PA	need PA
Janumet	*sitagliptin/metformin*	$435	Brand	$0*	$25	$25	step therapy*	fail Nesina*	need PA
Janumet XR	*sitagliptin/metformin ER*	$435	Brand	$0*	$25	$25	step therapy*	fail Kazano*	need PA
Kombiglyze XR	*saxagliptin/metformin ER*	$394	Brand	need PA	$50	not covered	need PA	need PA	need PA

GLP-1 Mimetic

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Adlyxin	*lixisenatide*	662 (6ml)	Brand	need PA	$50	need PA	need PA	need PA	step therapy*
Byetta	*exenatide*	$474 (3ml)	Brand	need PA	$50	need PA	need PA	need PA	need PA
Bydureon Bydureon BCise	*exenatide ER*	$514 (8ml)	Brand	need PA	$50	need PA	need PA	preferred but need PA	need PA
Victoza	*liraglutide*	$440 6ml	Brand	$0*	$25	$25	need PA	preferred but need PA	step therapy*
Trulicity	*dulaglutide*	$699	Brand	$0*	$25	$25	step therapy*	need PA	step therapy*
Ozempic	*semaglutide*	$773	Brand	$0*	$25	$25	step therapy*	need PA	need PA
Rybelsus	*semaglutide (oral)*	$813	Brand	need PA	$25	$25	step therapy*	need PA	need PA

*Aloha Care: **Januvia, Janumet, Janumet XR** - fail metformin. **Victoza, Trulicity, Ozempic** -fail metformin.
*HMSA Quest: **Trulicity, Victoza, Ozempic -**fail 30d metformin. **Januvia, Janumet, Janumet XR -** fail metf, sulfonyl, or insulin sensitizer
Ohana: GLP-1 need PA, even **Bydureon** and **Victoza** which are preferred. Non-preferred GLP-1 - explain why not preferred **Januvia, Janumet, Janumet XR** - fall metformin or alogliptin.
United Health Care: **Adlyxin**, **Nesina, Kazano, Trulicity, Tanzeum,** --trial of Metformin 1500mg qd for 90 days

DIABETES (3 of 6)

SGLT2 Inhibitors/Combinations

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Invokana	*canagliflozin*	$453	Brand	need PA	$25	not covered	need PA	need PA	needs PA
Invokamet	*canagliflozin/metformin*	$453	Brand	need PA	$25	not covered	need PA	need PA	needs PA
Invokamet XR	*canagliflozin/metformin*	$453	Brand	need PA	$25	not covered	need PA	need PA	needs PA
Jardiance	*empagliflozin*	$415	Brand	$0*	$25	$25	need PA	need PA	needs PA
Synjardy	*empagliflozin/metformin*	$415	Brand	$0*	$25	$25	need PA	need PA	needs PA
Synjardy XR	*empagliflozin/metformin ER*	$415	Brand	$0*	$25	$25	need PA	need PA	needs PA
Farxiga	*dapagliflozin*	$457	Brand	need PA	$25	$25	need PA	need PA	preferred, need PA
Xigduo XR	*dapagliflozin/metformin ER*	$457	Brand	need PA	$25	$25	need PA	need PA	need PA
Steglatro	*ertugliflozin*	$287	Brand	need PA	$50	not covered	step therapy*	step therapy*	step therapy*
Segluromet	*ertugliflozin/metformin*	$274	Brand	need PA	$50	not covered	step therapy*	step therapy*	step therapy*
Qtern	*dapagliflozin/saxagliptin*	$555	Brand	need PA	$25	not covered	need PA	need PA	need PA
Glyxambi	*empagliflozin/linagliptin*	$582	Brand	need PA	$25	$25	need PA	need PA	need PA
Steglujan	*ertugliflozin/sitagliptin*	$531	Brand	need PA	$50	not covered	need PA	need PA	need PA
Trijardy XR	*empagliflozin/linagliptin/metformin ER*	$568	Brand	need PA	$25	non preferred	need PA	need PA	need PA

*Aloha Care: - **Jardiance, Synjardy, Synjardy XR** - Must try metformin first
HMSA Quest: **Invokana, Invokamet, Invokamet XR** - must try metformin, sulfonylurea, or insulin sensitizer
Ohana: **Steglatro, Segluromet** - must fail metformin (ER), riomet, alogliptin, alogiptin/metformin within past 100 days.
United Health Care: **Steglatro, Segluromet** --90 day trial of 1500mg/day metformin

DIABETES (4 of 6)

Insulin (Rapid-Acting)

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Apidra	*glulisine*	$210 10ml, $430 15ml pen	Brand	need PA	$25 vial, pen	not covered	vial, pen	vial, pen	need PA
Humalog	*lispro*	$196 10 ml, $423 15ml pen	Generic	generic vial, pen	$5 vial, pen	not covered	vial, pen	need PA	need PA
Admelog	*lispro*	196 15ml $105 vial	Brand	vial, pen	$25 vial, pen	not covered	need PA	vial, pen	vial - covered (pen - need PA)
Fiasp	*aspart*	$341 15 ml pen $296 vial	Brand	need PA	$5 vial, pen	not covered	vial, pen	need PA	need PA
Novolog	*aspart*	$197 10ml, $375 15ml pen	Brand	need PA	$5 vial, pen	$5-10	vial, pen	need PA	need PA

Insulin (Short-Acting)

Humulin R	*insulin*	$89 vial	OTC	vial only	$5 vial, pen	not covered	vial, pen	vial, pen	vial
Humulin R-500	*insulin*	$100 vial	Brand	need PA	$5 vial, pen	not covered	vial	vial, pen	need PA
Novolin R	*insulin*	$28 Walmart	OTC	vial, pen	$5 vial, pen	$5-10 vial	vial, pen	vial	vial

Insulin (Intermediate-Acting)

Humulin N	*NPH*	$309 15ml pen	OTC	vial, pen	$5 vial, pen	need PA	vial, pen	vial, pen	vial
Novolin N	*NPH*	$29 Walmart	OTC	vial, pen	$5 vial, pen	$5-10 vial	vial, pen	vial	vial

Insulin (Long-Acting)

Lantus	*glargine*	$240 10ml, $371 15ml pen	Brand	need PA	**$5 vial, pen**	not covered	need PA	need PA	need PA
Basaglar	*glargine*	$248	Brand	need PA	$5 pen	not covered	pen	$0 pen	$0 pen
Semglee	*glargine*	$112 10ml $164 15ml	Brand	$0	$25 vial, pen	not covered	need PA	$0	$0
Toujeo	*glargine*	$308	Brand	need PA	$5 vial, pen	$25	need PA	need PA	need PA
Levemir	*detemir*	$189 10ml	Brand	need PA	$5 vial, pen	not covered	need PA	need PA	need PA

Insulin (Ultra Long-Acting)

Tresiba	*degludec*	$356 10ml $530 15ml pen	Brand	need PA	$5 vial, pen	$25 vial, pen	need PA	need PA	need PA

DIABETES (5 of 6)

Insulin (Pre-Mixed)

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Humalog Mix 50/50	*lispro mix*	**$131 10ml, $841 15ml pen**	Brand	vial, pen	$5 pen	not covered	vial, pen	vial, pen	vial
Humalog Mix 75/25	*lispro mix*	**$158 10ml, $423 15ml pen**	Brand	vial, pen	$5 pen	not covered	pen	vial, pen	vial
Humulin 70/30	*NPH/reg mix*	$90 10ml, $385 15ml pen	OTC	vial, pen	$5 pen	not covered	vial,pen	vial, pen	vial
Novolin 70/30	*NPH/reg mix*	$25 Walmart	OTC	vial, pen	$5 vial, pen	$5-10 vial, pen	vial, pen	vial	vial
Novolog 70/30	*aspart mix*	$240 10ml, $375 15 ml pen	Brand	vial, pen	$5 pen	$5-10 vial, pen	vial	need PA	need PA

Glucometers

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Accu-Chek Aviva Plus, Accu-Chek Compact Plus, Accu-Chek Instant		free meter*	Brand	need PA	not covered	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/ Freestyle Libre/ Freestyle Libre 2		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	Need PA	not covered	One Touch (ultra, verio), Surestep	need PA	Ultra 2, Ultra Mini, Verio	Ultra, ultra2, ultra mini, verio. 2 strips/day (no insulin) 6 strips/day (insulin)
Other meters, e.g. True Metrix		free meter*	Brand	True Metrix (see footnote)	--	---	---	---	---

Aloha Care - Diabetes glucose meters are covered by the drug manufacturer. It is not covered by AlohaCare. To have a meter delivered to the patient's home, have the patient call 1-866-788-9618. Or, the clinician can send a prescription for a TRUE METRIX glucose meter to the pharmacy. The pharmacy can bill the drug manufacturer for the meter. To have a pharmacy give the patient a free meter, the pharmacist needs these numbers: **BIN:** 015251 | **PCN:** PRX2000 | **Group:** TRUEPORT22 |**ID:** HB224289455.

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

DIABETES (6 of 6)

Glucagon Emergency Kit and Supplies

BRAND (administration)	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Baqsimi (intranasal)	Glucagon	$288	Brand	need PA	$25	non-preferred	2 inh/ month	need PA	2 inh/ month
GlucaGen HypoKit (IM, IV, Sub Q)	Glucagon	$300	Brand	2 inj/ month	$25	$25	need PA	need PA	2 inj/ month
Gvoke HypoPen (Sub Q)	Glucagon	$296	Brand	need PA	$25	non-preferred	2 inj/ month	need PA	2 inj/ month
Gvoke PFS (Sub Q)	Glucagon	$296	Brand	need PA	$25	non-preferred	2 inj/ month	need PA	2 inj/ month
Glucagon Emergency Kit (IM, IV, Sub Q)	--	Varies of Manufacturer	Generic	2 kits/ month	$5	$5-10	2 inj/ month*	2 inj/ month	2 kits/ month

*Aloha Care:
HMSA Quest: **Glucagon Emergency Kit** - Amphastar drug manufactrer only (NDC:00548-5850-00)
Ohana:
United Health Care:

EAR

Ear antibiotics

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Cipro HC Otic	*ciprofloxacin/ hydrocortisone*	$331 (10ml)	Brand	need PA	$25	non-preferred	need PA	need PA	need PA
Ciprodex	*ciprofloxacin/ dexamethasone*	$249 (7.5ml)	Brand	need PA	$5 generic	$5-10	$0	step therapy*	diagnosis required
Coly-Mycin S Otic	*neomycin/ hydrocortisone*	$245 (10ml)	Brand	need PA	$50	not covered	need PA	need PA	need PA
Cortisporin Otic	*neomycin/polymyxin B/hydrocortisone (susp, soln)*	$18	Generic	$0	$3	$5-10	$0	$0	$0
Cortisporin TC Otic	*neomycin/colistin/hydrocortisone*	$181	Brand	need PA	$50	not covered	need PA	need PA	need PA
Domeboro Otic, Star-Otic	*acetic acid/ aluminum acetate*	$ not avail	Generic	need PA	$5	$5-10	need PA	need PA	need PA
Floxin Otic	***Ofloxacin, otic***	**$15**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Vosol HC Otic	*acetic acid/ hydrocortisone*	$57	Generic	$0	$5	$5-10	need PA	need PA	$0
Vosol Otic	***acetic acid***	**$18**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**

Others

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Americane	*benzethonium chloride/ glycerine / benzocaine*	$ not available	Brand	need PA	need PA	not covered	need PA	need PA	need PA
Benzocaine	*benzocaine*	$ not available	OTC	need PA	need PA	not covered	need PA	need PA	need PA
Cerumenex	*triethanolamine*	$ not available	Brand	need PA	need PA	not covered	need PA	need PA	need PA
Debrox	*carbamide peroxide 6.5%*	$ not available	OTC	need PA	need PA	not covered	need PA	$0*	need PA
Ear-Dry	*boric acid/ isopropyl alcohol*	$ not available	OTC	need PA	need PA	not covered	need PA	need PA	need PA
Swim-Ear	*glycerin / isopropyl alcohol*	$ 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 "carbamoxide ear drops otic solution 6.5%"
Ciprodex - Age limit of 6 years and younger; If 7 years or older, must fail ofloxacin within 100 days

HEARTBURN/ GERD

H-2 Antagonists

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Tagamet	*cimetidine*	$23 (180tab) (Walmart $10)	OTC	need PA	$5	$5-10	$0	$0	$0
Pepcid	***famotidine***	**$10 walmart $4**	**OTC**	**$0**	**$5**	**$5-10**	**$0**	**$0**	$0
Axid	*nizatidine*	$10	Generic	$0	$5	$5-10	$0	need PA	need PA
Zantac	*ranitidine*	$10 walmart $4	OTC	need PA	$5	not covered	need PA	$0	need PA

Proton-pump Inhibitors (PPI)

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Nexium	*esomeprazole*	$22	Generic	$0	$5	$5-10	$0 generic preferred	OTC only	covered, need PA
Prevacid	***lansoprazole***	**$13**	**Generic**	**$0 15mg capsule**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Prilosec	***omeprazole***	**$9**	**OTC**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0 caps**
Protonix	*pantoprazole*	$8	Generic	need PA	$5	$5-10	$0	$0	$0
Aciphex	*rabeprazole*	$20	Generic	need PA	$5	$5-10	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

HYPERTENSION AND CONGESTIVE HEART FAILURE

Ace Inibitor

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Lotensin	***benazepril***	**$13 walmart $4**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Vasotec	***enalapril***	**$10 walmart $4**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Monopril	***fosinopril***	**$13 Walmart**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Prinivil, Zestril	***lisinopril***	**$7 walmart $4**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Accupril	***quinapril***	**$18**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Altace	***ramipril***	**$9**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**

ACE inhibtors with HCT

Lotensin HCT	***benazepril/HCT***	$22 walmart $4	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Vaseretic	***enalapril/HCT***	**$9 walmart $4**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Monopril HCT	*fosinopril/HCT*	$40	Generic	$0	$5	$5-10	$0	need PA	$0
Zestoretic	*lisinopril/HCT*	$6 walmart $4	Generic	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Accuretic	*quinapril/HCT*	$38	Generic	$0	$5	$5-10	$0	need PA	$0

Angiotensin Receptor Blocker

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Atacand	*candesartan*	$49	Generic	**$0**	$5	$5-10	need PA	need PA	need PA
Avapro	*irbesartan*	$10	Generic	$0	$5	$5-10	$0	$0	need PA
Cozaar	***losartan***	**$7**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Benicar	*olmesartan medoxomil*	$13	Generic	$0	$5	$5-10	need PA	$0	need PA
Micardis	*telmisartan*	$22	Generic	need PA	$5	$5-10	need PA	need PA	need PA
Diovan	*valsartan*	$15	Generic	$0	$5	$5-10	$0	$0	need PA

ARBs with HCT

Atacand HCT	*candesartan/HCT*	$49	Generic	$0	$5	non-preferred	need PA	need PA	need PA
Avalide	*irbesartan/HCT*	$19	Generic	$0	$5	$5-10	$0	need PA	need PA
Hyzaar	***losartan/HCT***	**$11**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Benicar HCT	*olmesartan medoxomil- HCT*	$14	Generic	$0	$5	$5-10	need PA	need PA	need PA
Micardis HCT	*telmisartan/HCT*	$47	Generic	need PA	$5	$5-10	need PA	need PA	need PA
Diovan HCT	*valsartan/HCT*	$15	Generic	$0	$5	$5-10	$0	$0	need PA

ARB with Angiotensin Receptor Neprilysin Inhibtor

Entresto	*sacubitril/valsartan*	$282	Brand	need PA	$25	$25	$0	covered, need PA	need PA

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

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Beta-blocker

Cardioselective

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Tenormin	***atenolol***	**$6 walmart $4**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Zebeta	***bisoprolol***	**$10**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Ziac	***bisoprolol/HCT***	**$29 walmart $10**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Lopressor	***metoprolol tartrate***	**$8 walmart $4**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**25 ,50, 100mg**
Toprol XL	***metoprolol succinate ER***	**$12**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Lopressor HCT	*metoprolol HCT*	$22	Generic	$0	$5	$5-10	$0	need PA	need PA
Bystolic	*nebivolol*	$153	Brand	need PA	$5	non-preferred	need PA	need PA	need PA

Non-cardioselective

Coreg (bid)	***carvedilol***	**$6 walmart $4**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Coreg CR (qd)	*carvedilol ER*	$95	Generic	$0	$5	$5-10	need PA	need PA	need PA
Trandate	***labetalol***	**$21**	**Generic**	$0	$5	$5-10	$0	$0	$0
Inderal (IR)	***propranolol***	**$14 walmart $4**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Inderal LA	*propranolol ER*	$22	Generic	$0	$5	$5-10	$0	$0	$0 needs diagnosis
Inderide (HCT)	*propranolol/ HCT*	$27	Generic	$0	not covered	$5-10	need PA	need PA	$0

Calcium channel blocker

Dihydropyridines

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Norvasc	***amlodipine***	**$8**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Plendil	***felodipine ER***	**$16**	**Generic**	$0	$5	$5-10	$0	$0	$0
Dynacirc	*isradipine BID*	$37	Generic	$0	$5	$5-10	need PA	need PA	need PA
Procardia XL/ Adalat CC	***nifedipine ER (QD)***	**$14**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**

Non-dihydropyridines

Cardizem CD	***diltiazem ER***	**$14**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Calan SR	***verapamil SR***	**$10**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**

Chlorthalidone

Hygroton	***chlorthalidone***	**$17**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**

Potassium Sparing Diuretic

Aldactone	***spironolactone***	**$17**	**Generic**	**$0**	**$2**	**$0**	**$0**	**$0**	**$0**

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

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INSOMNIA

Benzodiazepine

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Xanax	***alprazolam***	**$10**	**Generic**	**$0 age<65**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Xanax XR	***alprazolam ER***	**$16**	**Generic**	**$0***	**$5**	**$5-10**	**$0**	**$0**	**$0**
Librium	***chlordiazepoxide***	**$6**	**Generic**	**$0***	**$5**	**$5-10**	**$0**	**$0**	**$0**
Klonopin	*clonazepam*	$9	Generic	$0	$5	$5-10	$0	$0	$0 tabs only
Valium	***diazepam***	**$12**	**Generic**	**$0***	**$5**	**$5-10**	**$0**	**$0**	**$0**
Prosom	*estazolam*	$20	Generic	$0	$5	$5-10	need PA	$0	need PA
Dalmane	*flurazepam*	$15	Generic	$0	$5	$5-10	need PA	need PA	need PA
Ativan	***lorazepam***	**$10**	**Generic**	age 12y-64y	**$5**	**$5-10**	**$0**	**$0**	**$0**
Restoril	***temazepam***	**$11**	**Generic**	**0***	**$5**	**$5-10**	**15 per 30 days**	**$0**	**$0**
Halcion	*triazolam*	$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 Comm.	HMSA Quest	Ohana	UHC Quest
Lunesta	*eszopiclone*	$15	Generic	need PA	$5	$5-10	need PA	need PA	need PA
Sonata	*zaleplon*	$16	Generic	$0	$5	$5-10	need PA	need PA	$0
Ambien	***zolpidem***	**$8**	**Generic**	**$0**	**$5**	**$5-10**	30 tabs/ month	age > 18, 31 pills/m	**$0**
Ambien CR	*zolpidem ER*	$24	Generic	need PA	$5	$5-10	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 Comm.	HMSA Quest	Ohana	UHC Quest
Desyrel	***trazodone***	**$6 walmart $4**	**Generic**	$0	**$5**	**$5-10**	**$0**	**$0**	$0
Oleptro	*trazodone ER*	$15	Brand	need PA	not covered	not covered	need PA	must fail 2 generic	need PA
Rozerem	*ramelteon*	$406	Generic	need PA	$5 generic	$5-10	15 tabs/ month	need PA	need PA

*Aloha Care - Age limit: up to age 65. Also new therapy limited to 7 days (excluding people who are in Long-Term Care/Hospice or diagnose with cancer)

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MIGRAINE HEADACHES

Triptan

BRAND	*Generic*	GoodRx.com	Generic Brand	Aloha Care	CVS State employees	HMSA Comm.	HMSA Quest	Ohana	UHC Quest
Axert	*almotriptan*	$129 (12 tab)	Generic	need PA	$5	$5-10 12tab/30d	need PA	need PA	need PA
Relpax	*eletriptan*	$55 (6tab)	Generic	need PA	$5	$5-10 12tab/30d	need PA	need PA	need PA
Frova	*frovatriptan*	$165 (9tab)	Generic	need PA	$5	$5-10 9tab/30d	need PA	need PA	need PA
Amerge	*naratriptan*	$33 (9tab)	Generic	9tab/30d	$5	$5-10 9tab/30d	12 tab/30d*	Step Therapy*	trial sumatriptan 50mg
Maxalt	*rizatriptan*	$33 (9 tab)	Generic	need PA	$5	$5-10 12tab/30d	18 tab/30d*	$0	9 tab/23d
Imitrex Oral	***sumatriptan***	**$13 (9tab)**	**Generic**	**9tab/30d**	**$5**	**$5-10 9tab/30d**	**12 tab/30d**	**9 tab/31d**	**$0 9tab/23d**
Imitrex Nasal	*sumatriptan*	$97 (6 doses)	Generic	$0	$5	non-preferred12s pray/30d	24 spray/30d	12 spray/31d	6 spray/23d
Imitrex Injection	***sumatriptan***	**$43 (5 vials)**	**Generic**	**$0**	**$5**	**6mg 5inj/30d, 4mg 4inj/30d**	**6 inj/30d**	**4 inj/31d**	**$0 4mg and 6mg***
Zomig	*zolmitriptan*	$47 (3 tab)	Generic	need PA	$5	$5-10 12tab/30d	12 tab/30d*	need PA	need PA
Zomig Nasal	*zolmitriptan*	$ not avail	Brand	need PA	$25	$5-10 12spray/30 d	need PA	need PA	need PA

HMSA Quest: **Amerge, Maxalt, Zomig** - must have recently been on 9 days of sumatriptan

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 Comm.	HMSA Quest	Ohana	UHC Quest
Cafergot	*caffeine/ ergotamine*	$137 (10tab)	Generic	$0	$5	$5-10	need PA	need PA	$0
Migranal	*dihydroergotamine nasal*	$1531 (8 vial)	Generic	need PA	$5	$5-10	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 Comm.	HMSA Quest	Ohana	UHC Quest
Abilify	*aripiprazole*	$21	Generic	$0	$5	$5-10	$0	$0	Abilify MyCite
Abilify Discmelt	*aripiprazole orally disintegrating*	$11	Generic	$0	$5	$5-10	$0	$0	need PA
Saphris (BID)	*asenapine*	$212 (#10)	Generic	$0	$50	$5-10	$0	$0	need PA
Clozaril (BID)	*clozapine*	$33	Generic	$0	$5	$5-10	$0	$0	need PA
FazaClo ODT	*clozapine orally disintegrating*	$50 (#21)	Generic	$0	$5	not covered	$0	$0	need PA
Fanapt (BID)	*Iloperidone*	$1,982	Brand	$0	$50	non-preferred	$0	$0 - require ICD10	need PA
Latuda	*lurasidone*	$1,416	Brand	$0	$25	non-preferred	$0	$0 - require ICD10	80 mg only
Zyprexa	*olanzapine*	$10	Generic	$0	$5	$5-10	$0	$0	need PA
Zyprexa Zydis (ODT)	*olanzapine orally disintegrating*	$27	Generic	$0	$5	$5-10	$0	$0	need PA
Symbyax	***olanzapine/ fluoxetine***	**$85**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Invega	***paliperidone ER***	**$137**	**Generic**	**$0**	**$5**	**$5-10**	**$0**	**$0**	**$0**
Seroquel (BID)	*quetiapine*	$7	Generic	$0	$5	$5-10	$0	$0	need PA
Seroquel XR	*quetiapine ER*	#33	Generic	$0	$25	$5-10	$0	$0	need PA
Risperdal	*risperidone*	$8	Generic	$0	$5	$5-10	$0	$0	4 mg only
Risperdal M-tab	*risperidone orally disintegrating*	$29	Generic	$0	$5	$5-10	$0	$0	need PA
Geodon (BID)	*ziprasidone*	$31	Generic	$0	$5	$5-10	$0	$0 (capsule)	need PA

*Conflicting information on CVS website.

Aloha Care -

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

SMOKING CESSATION

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

*Conflicting information on CVS website.

Highlighted drugs - covered by all 6 plans

Aloha Care:

HMSA: Under Health Care Reform, nicotine gum, lozenge, transdermal, nasal spray, inhaler, and Chantix are covered under non-grandfather plans. However HMSA formluary says Nicotrol and Nicotrol NS are non-preferred. QL of 180 day supply per year

Walmart Rx Program
Guide to low-cost prescriptions

Effective 6/22/2020

Low-cost drugs available starting at:

$4 30 day | **$10** 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

	$15 30 Day Qty	$38 90 Day Qty
PIOGLITAZONE 15MG, 30MG, 45MG	30	90

Heart

Cholesterol	$9 30 Day Qty	$24 90 Day Qty
FENOFIBRATE 145MG	30	90
GEMFIBROZIL 600MG	60	180
SIMVASTATIN 10MG, 20MG, 40MG	30	90

Cholesterol	$15 30 Day Qty	$38 90 Day Qty
ATORVASTATIN 10MG, 20MG, 40MG	30	90

Heart Health & Blood Pressure	$4 30 Day Qty	$10 90 Day Qty
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
LISINOPRIL 2.5MG, 5MG, 10MG, 20MG, 30MG	30	90
LISINOPRIL/HCTZ 20/25MG	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

Heart Health & Blood Pressure	$9 30 Day Qty	$24 90 Day Qty
AMIODARONE 200MG	30	90
AMLODIPINE 2.5MG, 5MG, 10MG	30	90
BISOPROLOL 5MG	30	90
CILOSTAZOL 50MG, 100MG	60	180
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
LOSARTAN 25MG, 50MG, 100MG	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

Heart Health & Blood Pressure	$15 30 Day Qty	$38 90 Day Qty
CLOPIDOGREL 75MG	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.

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Mental Health

	$4 30 Day Qty	$10 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
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 30 Day Qty	$24 90 Day Qty
AMANTADINE 100MG	60	180
CARB/LEVO 10/100MG, 25/100MG	90	270
DIVALPROEX DR 250MG TAB	60	180
DONEPEZIL 5MG, 10MG	30	90
LAMOTRIGINE 100MG, 200MG	30	90
LAMOTRIGINE 25MG, 150MG	60	180
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
ZONISAMIDE 50MG CAP	60	180

	$15 30 Day Qty	$38 90 Day Qty
BUPROPION 75MG, 100MG	60	180
BUPROPION ER/SR 100MG, 150MG, 200MG TAB	60	180
BUPROPION XL 150MG TAB	30	90
DULOXETINE 20MG, 30MG, 60MG	30	90
ESCITALOPRAM 5MG, 10MG, 20MG	30	90
VENLAFAXINE 37.5MG TAB	60	180
VENLAFAXINE 75MG, 100MG TAB	60	180
VENLAFAXINE ER 37.5MG, 75MG, 150MG CAP	30	90

Other Therapeutic Category

Digestion	$4 30 Day Qty	$10 90 Day Qty
METOCLOPRAMIDE 5MG, 10MG	90	270

Digestion	$9 30 Day Qty	$24 90 Day Qty
MECLIZINE 12.5MG, 25MG TAB	30	90

Digestion	$15 30 Day Qty	$38 90 Day Qty
OMEPRAZOLE 20MG CAP	30	90
OMEPRAZOLE DR 40MG	30	90
PROMETHAZINE 12.5MG, 25MG	30	90

Pain Managment	$15 30 Day Qty	$38 90 Day Qty
METHOCARBAMOL 750MG	30	90
LIDOCAINE 2% VISC SOL	100 ML	300 ML

Thyroid	$4 30 Day Qty	$10 90 Day Qty
LEVOTHYROXINE 25MCG, 50MCG, 75MCG, 88MCG 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG	30	90

Vitamin & Nutrition	$4 30 Day Qty	$10 90 Day Qty
FOLIC ACID 1MG	30	90

Vitamin & Nutrition	$9 30 Day Qty	$24 90 Day Qty
FOLBEE TAB	30	90

Family Planning	$9 30 Day Qty	$24 90 Day Qty
NORETHINDRONE TAB 0.35 MG	28	84
SPRINTEC 28 TAB 28 DAY	28	84
TRI-SPRINTEC TAB	28	84

Respiratory Health	$24 30 Day Qty
ALBUTEROL HFA Preferred version of Proventil HFA only	1 INHALER

*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.

The Prescribing Guide

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