

Aetna Medicare

SilverScript SmartRx (PDP)

Plan type: Drug plan (Part D)

Plan ID:S5601-207-0

Overview

PREMIUM

Total monthly premium

\$7.20

DEDUCTIBLE

Drug plan deductible

\$445.00

Drug coverage & costs

[See if there's help to lower costs for drugs you take.](#)

Plans group their drug lists into tiers. The table below shows your portion of the drug cost in certain tiers based on which coverage phase you're in for this plan

[Learn more about drug tiers](#)

TIER DRUG COST FOR

Preferred retail pharmacy drug cost for 1-month



Tiers	Initial coverage phase	Gap coverage phase	Catastrophic coverage phase
Preferred Generic	\$0.00 copay		
Generic	\$19.00 copay	Generic drugs: 25%	Generic drugs: \$3.70 copay or 5% (whichever costs more)
Preferred Brand	\$46.00 copay		
Non-Preferred Drug	48%	Brand-name drugs: 25%	Brand-name drugs: \$9.20 copay or 5% (whichever costs more)
Specialty Tier	25%		

Pharmacies

[Change Pharmacies](#)

See the cost level to fill your drugs at the pharmacies you chose. You can also change pharmacies to see the cost level of other pharmacies in your area to find the lowest cost pharmacy.

[More about pharmacy cost levels](#)

RITE AID PHARMACY 05452



Standard in-network pharmacy

ESTIMATED DRUG COSTS DURING COVERAGE PHASES

The drug prices shown may vary based on the plan and pharmacy you've selected. Contact the plan if you have specific questions about drug costs.

[Learn more about coverage phases.](#)

RITE AID PHARMACY 05452 - Drug costs during coverage phases

Standard in-network pharmacy

Selected drugs	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Alendronic acid 70mg tablet	\$150.45	\$19.00	\$19.00	\$37.61	\$7.52
Alprazolam 0.25mg tablet	\$17.13	\$17.13	\$17.13	\$4.28	\$3.70
Bupropion hydrochloride 300mg tablet extended release 24 hour	\$39.88	\$39.88	\$20.00	\$9.97	\$3.70
Dalfampridine 10mg tablet extended release 12 hour	\$127.54	\$127.54	\$31.89	\$31.89	\$6.38
Eletriptan 40mg tablet	\$158.37	\$158.37	\$47.00	\$39.59	\$7.92
Estradiol 10mcg tablet	\$194.43	\$194.43	\$95.27	\$48.61	\$9.72
Modafinil 200mg tablet	\$482.45	\$482.45	\$47.00	\$120.61	\$24.12
Myrbetriq 50mg tablet extended release 24 hour	\$428.17	\$428.17	\$209.80	\$107.04	\$21.41
Triamcinolone acetonide 0.1% cream	\$17.04	\$17.04	\$17.04	\$4.26	\$3.70
Monthly totals	\$1,615.47	\$1,484.01	\$504.13	\$403.86	\$88.17

Estimated total drug + premium cost

You will pay **\$4,747.44** per year on drug + premium costs.

Based on current drug costs, it's estimated that:

- You'll meet your **\$445.00 deductible** in January
- You'll enter the **coverage gap** in March
- You'll exit the **coverage gap** in October

Estimated monthly drug costs

This doesn't include your monthly plan premium of \$7.20.

View the costs of your drugs every month 

Time period	Estimated monthly drug costs
January	\$774.40

Time period	Estimated monthly drug costs
February	\$504.13
March	\$521.60
April	\$403.86
May	\$403.86
June	\$403.86
July	\$403.86
August	\$403.86
September	\$403.86
October	\$261.41
November	\$88.17
December	\$88.17

OTHER DRUG INFORMATION

Selected drugs	Tier	Prior authorization	Quantity limits	Step therapy
Alendronic acid 70mg tablet	Tier 1		<u>Yes</u>	
Alprazolam 0.25mg tablet	Tier 2		<u>Yes</u>	
Bupropion hydrochloride 300mg tablet extended release 24 hour	Tier 2		<u>Yes</u>	

Selected drugs	Tier	Prior authorization	Quantity limits	Step therapy
Dalfampridine 10mg tablet extended release 12 hour	Tier 5	Yes		
Eletriptan 40mg tablet	Tier 3		<u>Yes</u>	
Estradiol 10mcg tablet	Tier 4			
Modafinil 200mg tablet	Tier 3	Yes	<u>Yes</u>	
Myrbetriq 50mg tablet extended release 24 hour	Tier 4		<u>Yes</u>	
Triamcinolone acetonide 0.1% cream	Tier 2		<u>Yes</u>	

MY DRUG LIST

Selected drugs	Package	Quantity	Frequency	Brand/Generic
Alendronic acid 70mg tablet		30	Every month	Generic

[Edit/Remove drugs](#)

Selected drugs	Package	Quantity	Frequency	Brand/Generic
Alprazolam 0.25mg tablet		30	Every month	Generic
Bupropion hydrochloride 300mg tablet extended release 24 hour		30	Every month	Generic
Dalfampridine 10mg tablet extended release 12 hour		60	Every month	Generic
Eletriptan 40mg tablet		10	Every month	Generic
Estradiol 10mcg tablet		10	Every month	Generic
Modafinil 200mg tablet		30	Every month	Generic
Myrbetriq 50mg tablet extended release 24 hour		30	Every month	Brand
Triamcinolone acetonide 0.1% cream	80gm tube	1	Every month	Generic

[Edit/Remove drugs](#)

PART B DRUGS 

Chemotherapy drugs

Not covered

Other Part B drugs

Not covered

Star ratings

OVERALL STAR RATING 



 DRUG PLAN (PART D) STAR RATING

Contact information

CONTACT INFORMATION

[View plan website](#)

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Members

[1-833-526-2445](tel:1-833-526-2445)

Non-members