



Check Drug Cost Search

- Members who would like to check drug pricing and coverage will click into Check Drug Cost (CDC) page.
- The CDC layout and navigation will not change.

New NDC Drug Search Option:
Members will have an ability to enter NDC number to search a drug.

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Check Drug Cost and Coverage

Search generic, brand-name, specialty and alternative medications for in-store and mail order options. Then, compare the options to get the best value, based on your medication's dosage.

Patient
Smith, John - 01/01/1971

Primary Pharmacy
CVS Pharmacy 09603
201 North Los Angeles Street
Los Angeles, CA 90012
(213) 620-1934
[Change my Pharmacy](#)

Drug Search

Search criteria
Search by drug name or National Drug Code (NDC) number

☐ Drug name

☒ NDC number

NDC number
Enter 10 or 11 digit number, no hyphens.
35046000340 [Search](#)

Check Drug Cost Search – TiC Updates – NDC Search Details

Drug search

Search criteria

Search by drug name or National Drug Code (NDC) number

- ☐ Drug name
- ☒ NDC number

NDC number

Enter 10 or 11 digit number, no hyphens.

❗ Enter valid NDC number

Search

Drug search

Search criteria

Search by drug name or National Drug Code (NDC) number

- ☐ Drug name
- ☒ NDC number

NDC number

Enter 11 digit number only, no hyphens

35046000340

Search

- If an NDC is not found, or entered incorrectly, the member will receive a notice asking them to search by drug name instead.
- If members search for drug by NDC number, they will be brought directly to the Results page, bypassing the step-search page below.

Lipitor (brand) Tablet 10mg

[New Search](#)

View pricing or customize dosage

Form (i.e. tablet) and strength (i.e. 30mg)

Tablet 10mg

View Pricing

Standard Dosage

Standard dosage is quantity and frequency of a drug.



Store Order:

90 tablets, 90 days



Mail Order:

90 tablets, 90 days

Customize Dosage

Check Drug Cost Results – TiC Updates – Cost Details


Search results for Lipitor (brand)

- ▶ Edit patient and pharmacy information
- ▶ Edit prescription information

Atorvastatin Calcium 10mg Tablet (generic for Lipitor) ⓘ


This is the generic for lipitor which may or may not be covered by your insurance.

Mail Order

**Atorvastatin Calcium 10mg Tablet** ⓘ
90-day supply 90 tablets
[Compare in-network pharmacy costs >](#)

You Pay \$14.96
For 3 months
(\$ 14.96 per month)
[Display cost details](#)
[Request New Prescription](#)
We'll contact your doctor for approval of a new 90-day supply of your medication, and mail it when it's ready.

In-Store

**Atorvastatin Calcium 10mg Tablet** ⓘ
30-day supply 30 tablets
[Compare in-network pharmacy costs >](#)
Telescript Pharmacy
687 Waukegan Rd
Deerfield, IL
630-299-3900
[Edit](#)

You Pay \$104.43
For 1 month
(\$ 104.43 per month)
[Display cost details](#)
[Talk to your doctor about requesting this prescription](#)
Online ordering unavailable

Members click through existing “Display cost details” link to the updated Cost Details window

Cost Details ✕ close

Drug: Atorvastatin Calcium 10mg Tablet
Day Supply: 90
Total Quantity: 90.0
NDC: 378995077
Channel: Mail Service Pharmacy

Your estimated cost	Your plan pays	Total cost
\$0.00 Annual: \$0.00	\$14.96 Annual: \$0.00	\$14.96 Annual: \$0.00

Co-pay or coinsurance: \$0.00
Amount applied to deductible: \$0.00
Additional charges: \$0.00 ⓘ
HRA: \$0.00

Total cost is the negotiated rate, reflected as a dollar amount, for an in-network provider for the requested item or service fee. The negotiated rate includes the dispensing fee and tax.

Your estimated cost-Annual represents the cost you may pay for a drug in a one-year period.

Total cost means the total amount of the prescription in accordance with the plan participant's applicable benefit plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, PLUS the balance, if any, paid by the benefit plan.

Your estimated cost is the amount the member is required to pay to obtain the prescription in accordance with the member's benefit plan.

Note: see Cost Detail TiC updates on next slide

Cost Details – TiC Updates – Cost Fields

- All Caremark Members can view the three fields with Drug Cost information.
- Titles of the cost fields are updated to provide clarity.

Cost Details

✕ close

Drug: Atorvastatin Calcium 10mg Tablet
Day Supply: 90
Total Quantity: 90.0
NDC: 378395077
Channel: Mail Service Pharmacy

Your estimated cost	Your plan pays	Total cost
\$0.00	\$14.96	\$14.96
Annual: \$0.00	Annual: \$0.00	Annual: \$0.00

Co-pay or coinsurance: \$0.00
Amount applied to deductible: \$0.00
Additional charges: \$0.00 ⓘ
HRA: \$0.00

Total cost is the negotiated rate, reflected as a dollar amount, for an in-network provider for the requested item or service fee. The negotiated rate includes the dispensing fee and tax.

Your estimated cost-Annual represents the cost you may pay for a drug in a one-year period.

Total cost means the total amount of the prescription in accordance with the plan participant's applicable benefit plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, PLUS the balance, if any, paid by the benefit plan.

Your estimated cost is the amount the member is required to pay to obtain the prescription in accordance with the member's benefit plan.

Check Drug Cost Results – TiC Updates – Pharmacy Comparison

- New “Compare in-network pharmacy costs” link clicks into Multiple Pharmacy Price Comparison window. Note: Medicare and Medicaid members will not see these links.
- Each Drug Cost Result card (Brand, Generic, Therapeutic Alternative) and fulfillment options will link to a comparative price option.

Note: see details of the Pharmacy Comparison page on the next slides.

Pharmacy comparison

Prescription and Pharmacy

Atorvastatin Calcium 10mg Tablet

90-day supply 90 tablets

in-store

Use your primary pharmacy or search to compare your estimated cost at other locations.

Walgreens 04355

Palmetto, SC 29557

Enter ZIP or City & State or County & State

Update search results

Estimated cost across pharmacies

Sort by

Distance

Pharmacy	Distance	Your estimated cost
<div>Walgreens 04355</div> <div>1214 Northwest Hwy</div> <div>Palmetto, SC 29557</div> <div>843-336-2626</div> <div>Display cost details</div>	0.3 miles	\$5.00
<div>CVS Pharmacy 05863</div> <div>200 N. Highway Hwy</div> <div>Palmetto, SC 29557</div> <div>843-336-2590</div> <div>Display cost details</div>	1.4 miles	\$5.00
<div>Walgreens Pharmacy #500</div> <div>645 N. Highway</div> <div>Palmetto, SC 29557</div> <div>843-336-2626</div> <div>Display cost details</div>	2.3 miles	\$10.00
<div>Oxxo Pharmacy 3448</div> <div>315 E. Main Street Rd</div> <div>Palmetto, SC 29557</div> <div>843-336-1320</div> <div>Display cost details</div>	4.4 miles	\$15.00
<div>Publix Super Market</div> <div>711 S. Garden Hwy</div> <div>Palmetto, SC 29557</div> <div>843-336-1320</div> <div>Display cost details</div>	4.6 miles	\$5.00

Search results for Lipitor (brand)

- ▶ Edit patient and pharmacy information
- ▶ Edit prescription information

Atorvastatin Calcium 10mg Tablet (generic for Lipitor) ⓘ

This is the generic for lipitor which may or may not be covered by your insurance.

Mail Order



Atorvastatin Calcium 10mg Tablet ⓘ

90-day supply 90 tablets

Be advised

Compare in-network pharmacy costs >

See less >

You Pay **\$5.00**
for 90 days
(\$0.00 per day)

Display cost details

Request New Prescription

We'll contact your doctor for approval of a new 90-day supply of your medication, and mail it when it's ready.

In-Store



Atorvastatin Calcium 10mg Tablet ⓘ

90-day supply 90 tablets

Be advised

Compare in-network pharmacy costs >

See less >

You Pay **\$5.00**
for 90 days
(\$0.00 per day)

Display cost details

Talk to your doctor about requesting this prescription

Online ordering unavailable

Walgreens 04355

1214 Northwest Hwy

Palmetto, SC

843-336-2626

Edit

Pharmacy Comparison – New Window

Pharmacy comparison

Prescription and Pharmacy

Atorvastatin Calcium 10mg Tablet
30-day supply, 30 tablets
In-Store

Use your primary pharmacy or search to compare your estimated cost at other locations.

Walgreens 04355
Palatine, IL 60067

Enter ZIP, or City & State, or County & State

[Update search results](#)

Estimated cost across pharmacies

Sort by
Distance

Pharmacy	Distance	Your estimated cost
Walgreens 04355 10 N Northwest Hwy Palatine, IL 60067 (847) 358-3624 Display cost details	0.3 miles	\$5.00
CVS Pharmacy 05893 200 W Northwest Hwy Palatine, IL 60067 (847) 354-2530 Display cost details	1.4 miles	\$5.00
Marlano's Pharmacy 8506 545 N Rock Rd (847) 363-0170 Display cost details	2.3 miles	\$10.00
Osco Pharmacy 3440 33 S Plum Grove Rd Palatine, IL 60067 (847) 358-1200 Display cost details	4.4 miles	\$15.00
ProHealth Drugs 777 N Queen Road Palatine, IL 60067 (224) 393-3727 Display cost details	4.6 miles	\$5.00

[Display more pharmacies](#)

Member can click to expand Cost Detail information.

Member can click to view 5 more pharmacies, incrementally, up to 20 pharmacies total.

Members can search another location for price comparison.

Members will have a new option to search by Address Line 1 and/or 2, City, & State.

The results will be sorted by distance as a default. Members can choose to sort by estimated cost.

Pharmacy comparison

Prescription and Pharmacy

Humira 40/60-4ml inj (brand)
30-day supply Quantity 2
Specialty Pharmacy

Use your primary pharmacy or search to compare pricing at other locations.

CVS Pharmacy
Simsbury, CT 06070

Enter ZIP, or City & State, or County & State

[Update search results](#)

Estimated costs between pharmacies

Sort by
Distance

Pharmacy	Distance	Your estimated cost
CVS Specialty Pharmacy Mall 28-day supply Quantity 2 Display cost details	0.0 miles	\$4,695.00
Walgreens 15276 11 Albany Turnpike Langer from name, CT 06070 (860) 407-7140 Display cost details	0.5 miles	\$7,152.00
CVS Pharmacy 288 Rt. Main St. Ansonia, CT 06021 (203) 555-6555 Display cost details	1.0 miles	\$7,110.00
Rite Aid Pharmacy 124 Park Ave. Shorefield, CT 06062 (203) 555-6555 Display cost details	1.5 miles	\$6,758.00
CVS Pharmacy 124 Park Ave. Shorefield, CT 06062 (203) 555-6555 Display cost details	2.0 miles	\$7,110.00

[Display more pharmacies](#)

Specialty Medications will be priced across participating Retail Pharmacies.

Check Drug Cost Search – TiC Updates - Plan Summary Link for COS Representatives only

For Client Online Services (COS) representatives only – a link to COS Plan Summary was added to Check Drug Cost Page to address the “Accumulated Amounts” requirements.

Visit Plan Summary to review your deductible and out-of-pocket maximum.

[View Plan summary](#)

Drug Search

Search criteria

Search by drug name or National Drug Code (NDC) number

☐ Drug name

☒ NDC number

NDC number

Enter a NDC number

35046000340

Search

COS member portal - Plan Summary view

CVSHealth

Client Care Access

Home Administration Client Online Services Request Center RxPipeline™ CCMS

COS Home View/Manage Plan Member Member Portal Details Check Drug Cost

Add New Plan Member Member Information

Accum. Rpt. Request
View Groups
Manage Accounts / Groups
Pharmacy Search
Manage Networks
Prescriber Search
Drug Search
Claim Search
View/Manage Plan Member

Manage Eligibility
Manage Member
Manage Medicare
Account/Eligibility
Adjustments
Provider Overrides
View Claims
Test Claim
Submit Claim
Order a Card
Manage Overrides
View Member Interactions
Member Portal Details
Check Drug Cost
Pharmacy Locator

< Back to Check Drug Cost and Coverage

Plan summary

Individual

Deductible

\$4,500 total

\$1,024.00

Spent

\$3,476.00

Remaining

The deductible applies toward your maximum out-of-pocket.

Out-of-pocket maximum

\$4,500 total

\$1,024.00

Spent

\$3,476.00

Remaining

The deductible applies toward your maximum out-of-pocket.

Family

Deductible

\$4,500 total

\$1,024.00

Spent

\$3,476.00

Remaining

The deductible applies toward your maximum out-of-pocket.

Out-of-pocket maximum

\$4,500 total

\$1,024.00

Spent

\$3,476.00

Remaining

The deductible applies toward your maximum out-of-pocket.

Lifetime infertility maximum allowable benefit (MAB)

Plan amount

\$25,000 total

\$1,024.00

Applied amount

\$23,976.00

Remaining

Once this amount has been reached, you are responsible for the full cost.

Existing Caremark functionalities in alignment with TiC requirements

Plan Summary page shows accumulated amounts and the amount of financial responsibility a member has incurred with respect to a deductible and out-of-pocket limit.

Plan Summary

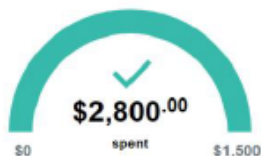
Find out the details of your prescription coverage, how much of your benefits you have used, your share of costs, and any limitations.

Your Current Usage Your Copay and Coinsurance Details



You've met your deductible!

Individual Deductible



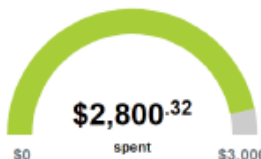
Congratulations! You have met your individual deductible.

Your plan started in March and resets annually. Mail, Retail, Paper Claims are applied to your deductible.*



You are paying toward your max out-of-pocket.

Individual Max-Out-of-pocket



The deductible applies toward your maximum out-of-pocket.

Your plan started in March and resets annually. Mail, Retail, Paper Claims are applied to your maximum out-of-pocket.*

The information on this page is based on information provided to Caremark from your benefits administrator and is subject to change. Please contact your benefits administrator if you have questions regarding your benefits.

Check Drug Cost and Coverage



[New Search](#)

[Print search results](#)

Your search results include in-network pharmacies only. If you use an out-of-network pharmacy, you will be responsible for the full cost of the item.

Search results for Phentermine Hcl Tablet 37.5mg (generic)

[Edit patient and pharmacy information](#)

[Edit prescription information](#)

Filter results

☐ Generic

☐ Therapeutic Alternatives

[Update results](#)

Phentermine Hcl 37.5mg Tablet (generic for Phentermine Hcl) ⓘ

This is the generic for phentermine hcl which may or may not be covered by your insurance.

Mail Order



Phentermine Hcl 37.5mg Tablet ⓘ

30-day supply 30 tablets

Be advised

Other Priority Messages

Prior Authorization Required

Contact your provider to submit a prior authorization request for this prescription. Based on your prior authorization status and plan deductible, your cost displayed may be adjusted or covered.

[See less >](#)

You Pay **\$0.91**

for 30 days
(\$0.03 per day)

[Display cost details](#)

Talk to your doctor about requesting this prescription

Online ordering unavailable

Member sees a message as part of their drug pricing result, if a specific item requires a prerequisite or an action.