Bill Harder list 11/6/2020		True Drug Cost	Initial Coverage - UHC	Initial Coverage - Aetna (WalMart)	Coverage Gap UHC	Coverage Gap Aetna	Mail Order in 3 mo supply
famotidine 20 mg	Tier 2 UHC / Tier 1 Aetna	\$20.60	\$10.00	\$19.00	\$3.03	5.15	0
fenofibric acid dr (Trilipix) CAP 135mg	Tier 3 UHC / Tier 2 Aetna	\$127.76	\$45.00	\$20.00	\$11.40	31.94	
ibuprofin 600 mg 3x	Tier 2 UHC / Tier 1 Aetna	\$20.60	\$6.74	\$19.00	\$1.68	5.15	0
levothyroxine 50 mcg	tier 1	\$12.50	\$5.00	\$12.50	\$2.14	3.12	0
loratadine 10 mg	Not covered						
metformin 500 mg	tier 1	\$2.02	\$2.02	\$2.02	\$0.50	0.50	0
mirabegron (Myrbetriq) 25 mg	tier 3 UHC / Tier 4 Aetna	\$431.98	\$45.00	\$214.36	\$108.00	107.18	
simvastatin 40 mg	tier 1	\$20.60	\$5.00	\$19.00	\$0.91	5.15	0
tamsulosin .4 mg	tier 2 UHC / tier 2 aetna	\$30.20	\$10.00	\$20.00	\$1.97	7.55	0 UHC only
venlafaxine 75 mg	tier 3 UHC / tier 2 aetna	\$29.41	\$29.41	\$20.00	\$7.35	5.22	
		\$695.67	\$158.17	\$345.88	\$136.98	170.96	
			January - June	January - June	July-Dec	July - Dec	
United Healthcare Preferred PDP	\$88/ mo \$0 deductible			January for			
Sllverscript SmartRx PDP	\$7.30/mo. \$445 deductible			this plan will be \$604 to meet deductible.			