



(.html)



[< View drug costs for all plans in your area](#)

## AARP Medicare Advantage Plan 2 (HMO-POS)

Pharmacy: DILLON PHARMACY

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### Drug Cost Details

Average Monthly Drug Cost

**\$166.47**

Monthly Premium

**\$29**

Annual Estimated Total

**\$1,997.68**

Need Help? Call 888-381-8581 (TTY 711)


×

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[Your Drugs \(6 of 6 Covered\)](#)   [Edit Your Drug List](#)

**oxycodone hcl TAB 10MG**

120 per Month, refill Every 1 Month

Tier 2\*, \$10 Copay

Quantity Limit of 360 TABS every 30 days\*

Dispensing Limits\*

Seven Day Supply\*

**\$10.00 You Pay**

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**morphine sulfate TAB 15MG**

180 per Month, refill Every 1 Month  
 Tier 3\*, \$45 Copay  
 Quantity Limit of 240 TABS every 30 days\*

**\$45.00 You Pay**

**megestrol acetate TAB 40MG**

120 per Month, refill Every 1 Month  
 Tier 3\*, \$45 Copay

**\$45.00 You Pay**

**tamsulosin hcl CAP 0.4MG**

30 per Month, refill Every 1 Month  
 Tier 1\*, \$3 Copay

**\$2.69 You Pay**

**prednisone TAB 10MG**

30 per Month, refill Every 1 Month  
 Tier 1\*, \$3 Copay

**\$3.00 You Pay**

**abiraterone acetate TAB 250MG**

120 per Month, refill Every 1 Month  
 Tier 5\*, 33% of the cost  
 Quantity Limit of 120 TABS every 30 days\*  
 Prior Authorization\*

**\$79.03 You Pay**



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**Monthly Drug Costs By Stage**

As you pay for prescription drugs throughout the year, the amount of coverage you receive will vary based on the drug payment stage you're in. These stages may change mid-month depending on your drug costs.

**oxycodone hcl TAB 10MG**

**Initial Coverage Stage**

[What is Initial Coverage?](#)

\$53.02 Total Drug Price

\$43.02 Plan Pay

\$10.00 Total Member Cost

**Coverage Gap Stage**

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**What is Coverage Gap?**

\$53.02 Total Drug Price  
\$39.76 Plan Pay  
\$13.26 Total Member Cost

**Catastrophic Coverage Stage**

**What is Catastrophic Coverage?**

\$53.02 Total Drug Price  
\$49.42 Plan Pay  
\$3.60 Total Member Cost

**morphine sulfate TAB 15MG**

**Initial Coverage Stage**

\$62.60 Total Drug Price  
\$17.60 Plan Pay  
\$45.00 Total Member Cost

**Coverage Gap Stage**

\$62.60 Total Drug Price  
\$46.95 Plan Pay  
\$15.65 Total Member Cost

**Catastrophic Coverage Stage**

\$62.60 Total Drug Price  
\$59.00 Plan Pay  
\$3.60 Total Member Cost

A floating chat window with the Jarvis logo in orange. The text inside reads "Live Chat with a Producer Help Desk Representative". At the bottom, there are two buttons: "Exit" and "Chat". A close button (X) is in the top right corner.

**megestrol acetate TAB 40MG**

**Initial Coverage Stage**

\$91.06 Total Drug Price  
\$46.06 Plan Pay  
\$45.00 Total Member Cost

**Coverage Gap Stage**

\$91.06 Total Drug Price  
\$68.30 Plan Pay  
\$22.76 Total Member Cost

**Catastrophic Coverage Stage**

\$91.06 Total Drug Price  
\$86.51 Plan Pay  
\$4.55 Total Member Cost

**tamsulosin hcl CAP 0.4MG**

**Initial Coverage Stage**

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DCE

\$2.69 Total Drug Price  
\$0 Plan Pay  
\$2.69 Total Member Cost

**Coverage Gap Stage**

\$2.69 Total Drug Price  
\$2.02 Plan Pay  
\$0.67 Total Member Cost

**Catastrophic Coverage Stage**

\$2.69 Total Drug Price  
\$0 Plan Pay  
\$2.69 Total Member Cost

**prednisone TAB 10MG**

**Initial Coverage Stage**

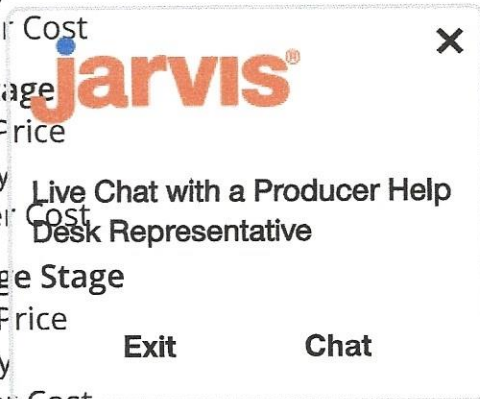
\$4.51 Total Drug Price  
\$1.51 Plan Pay  
\$3.00 Total Member Cost

**Coverage Gap Stage**

\$4.51 Total Drug Price  
\$3.38 Plan Pay  
\$1.13 Total Member Cost

**Catastrophic Coverage Stage**

\$4.51 Total Drug Price  
\$0.91 Plan Pay  
\$3.60 Total Member Cost



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**abiraterone acetate TAB 250MG**

**Initial Coverage Stage**

\$239.48 Total Drug Price  
\$160.45 Plan Pay  
\$79.03 Total Member Cost

**Coverage Gap Stage**

\$239.48 Total Drug Price  
\$179.61 Plan Pay  
\$59.87 Total Member Cost

**Catastrophic Coverage Stage**

\$239.48 Total Drug Price  
\$227.51 Plan Pay  
\$11.97 Total Member Cost

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## Important Information

### Plan Formulary

A list of drugs covered by your Medicare Part D plan benefit. A drug list may also be referred to as a covered medications list (CML), a preferred drug list (PDL), a select drug list or a formulary. These drugs are dispensed through participating pharmacies to covered members. Drug lists may differ between Medicare prescription drug plans. Carefully weigh the differences in drug lists against the plan costs and other features when choosing a plan that best meets your needs.

#### \*What is a Quantity Limit?

The plan will cover only a certain amount of this drug for one copay or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you and your doctor can ask the plan to cover the additional quantity.

#### \*What is Prior Authorization?

The plan requires you or your doctor to get prior authorization for certain drugs. This means the plan needs more information from your doctor to make sure the drug is being used correctly for a medical condition covered by Medicare. If you don't get approval, the plan may not cover the drug.

#### \*What is Seven Days Supply?

An opioid drug used for the treatment of acute pain may be limited to a 7 day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan, and have a recent history of using opioids, the limit may be overridden by having the pharmacy contact the plan.

#### \*What is Dispensing Limit?

Dispensing limits apply to this drug. This drug is limited to a 1 month supply per prescription.

#### \*What is Tier 2?

Generic. Low Copay. This tier includes most generic drugs. Use Tier 2 drugs, instead of Tier 3 or 4, to help reduce your out-of-pocket costs.

#### \*What is Tier 3?



Preferred Brand. Medium Copay. This Tier includes many common brand name drugs, called preferred brands, and some higher-cost generic drugs. Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.

#### \*What is Tier 1?

Preferred Generic. Lowest Copay. This Tier includes lower-cost commonly used generic drugs. Use Tier 1 drugs for the lowest out-of-pocket costs.

#### \*What is Tier 5?

Specialty Tier. Coinsurance. This tier includes unique and/or very high-cost drugs. You pay a percentage of the total drug cost, called coinsurance.

### Disclaimer Information



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