

# Drug Pricing Transparency

---

Senate Health & Welfare Committee

February 21, 2019

**We'll see you through.**



**BlueCross BlueShield  
of Vermont**

An Independent Licensee of the Blue Cross and Blue Shield Association.

# Express Scripts Price a Drug Tool



items in cart

Prescriptions Benefits Account Help

Español | Logout

Go to: [Home](#) | [Search](#)

## Price a medication

[Help](#)

### Search by drug name

Follow the steps below to obtain coverage and pricing for any medication available through your prescription benefit plan.

#### Select a patient

Brian (5/2/1968) ▼

#### Select one or more participating retail pharmacies:



[Select a specific participating retail pharmacy or up to three pharmacies to compare prices](#)

OR

A participating retail pharmacy will be randomly selected from your state of residence.

Enter a full or partial drug name

Search

Estimated pricing is based on your plan design and is not available for all medications. Medication prices, individual retail pricing and individual copayments may vary. Pharmacist's judgment, your doctor's instructions on how to take the medication, and applicable law may impact the actual dispensed quantity and/or days' supply you may receive. Medication costs outside of your prescription program, and sales tax, where applicable, are not included.

The coverage and pricing terms of the prescription benefit are subject to change.

This page was last updated on **02/19/2019**.

© 2019 Express Scripts Holding Company. All Rights Reserved.

We'll see you through.



BlueCross BlueShield  
of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

# Select a Pharmacy

## Locate a Pharmacy

Please select up to three pharmacies to compare prices. Click "Select & Continue" to save your choices. If you would like to cancel your choices, just close the window.

### Your selected Pharmacies:

You have no pharmacies selected.

Select & Continue

Enter ZIP Code or City, State (example: New York, NY):

05602

Locate a pharmacy

Below are the network pharmacies in , **MONTPELIER, VT 05602**

RITE AID #4581  
29 31 MAIN STREET  
MONTPELIER, VT 05602-2952  
802-223-4787

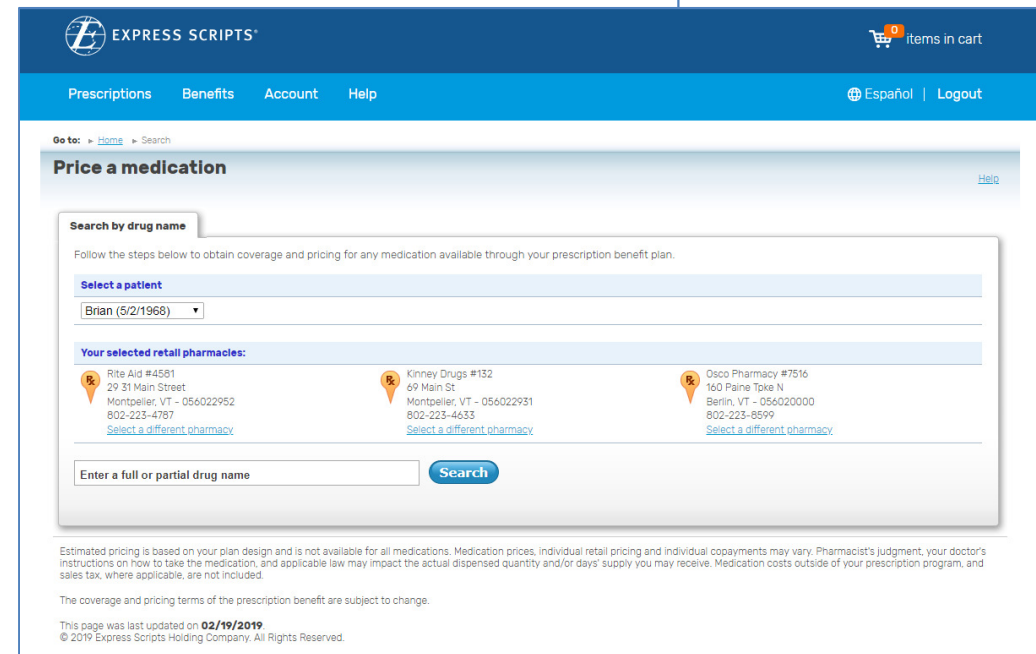
[Add Pharmacy](#)

KINNEY DRUGS #132  
69 MAIN ST  
MONTPELIER, VT 05602-2931  
802-223-4633

[Add Pharmacy](#)

WAL-MART #2682  
282 BERLIN MALL RD STE 1  
BERLIN, VT 05602-8493  
802-229-8049

[Add Pharmacy](#)



We'll see you through.



BlueCross BlueShield  
of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

# Select a Drug



0 items in cart

Prescriptions Benefits Account Help

Español | Logout

Go to: [Home](#) | [Search](#)

## Price a medication

[Help](#)

### Search by drug name

Follow the steps below to obtain coverage and pricing for any medication available through your prescription benefit plan.

### Select a patient

Brian (5/2/1968)

## Drug strength

CLOSE X

Select the drug name below to choose the drug strength and form you want to price.

Name	Form	Strength	Brand/Generic/OTC	Generic Equivalent Available <span>i</span>
<input checked="" type="radio"/> Tamsulosin Hcl 0.4 Mg Capsule	Capsule	0.4 mg	Generic	No

[Continue](#) [Or search for another drug](#)

Estimated pricing is based on your plan design and is not available for all medications. Medication prices, individual retail pricing and individual copayments may vary. Pharmacist's judgment, your doctor's instructions on how to take the medication, and applicable law may impact the actual dispensed quantity and/or days' supply you may receive. Medication costs outside of your prescription program, and sales tax, where applicable, are not included.

The coverage and pricing terms of the prescription benefit are subject to change.

This page was last updated on **02/19/2019**.  
© 2019 Express Scripts Holding Company. All Rights Reserved.

We'll see you through.



BlueCross BlueShield  
of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

# Enter the Quantity



0 items in cart

Prescriptions Benefits Account Help

🌐 Español | Logout

Go to: [Home](#) [Search](#)

## Price a medication

[Help](#)

### Search by drug name

Follow the steps below to obtain coverage and pricing for any medication available through your prescription benefit plan.

#### Select a patient

Brian (5/2/1968) ▼

### Quantity and days' supply

CLOSE X

You've selected **Tamsulosin Hcl 0.4 Mg Capsule**. If you need prices for a different medicine or dose, [choose a different medicine](#). To get the most accurate information, please pay careful attention when you tell us the amount of medicine you take and how often you take it.

#### Tamsulosin Hcl 0.4 Mg Capsule

I take or use:  tablet(s) per

Calculate pricing for *home delivery*:  days' supply

Calculate pricing for *retail*:  days' supply

Continue

sales tax, where applicable, are not included.

The coverage and pricing terms of the prescription benefit are subject to change.

This page was last updated on **02/19/2019**.  
© 2019 Express Scripts Holding Company. All Rights Reserved.


We'll see you through.



BlueCross BlueShield  
of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

# Review the Pricing Options

EXPRESS SCRIPTS®0 items in cart

[Prescriptions](#) [Benefits](#) [Account](#) [Help](#) [Español](#) | [Logout](#)

Go to: [Home](#) [Search](#) Search results

## Price a medication

[Price another medication](#) | [Visit My Rx Choices® for potential savings](#) | [Help](#)

**PATIENT**  
Brian 5/2/1968

**IMPORTANT MESSAGE**  
After 2 fill(s) at a participating retail pharmacy, you will pay the full cost for this and certain other drugs you take on a long-term basis. You have 2 fill(s) until your retail copayment increases.

**Recent searches:**  
Tamsulosin Hcl 0.4 MG

**You searched for:**

**Tamsulosin Hcl 0.4 Mg Capsule**  
0.4 Mg Capsule, [Generic](#)  
Zydus Pharmaceu  
[View drug information](#) | [Recalculate](#)

[View other drug options](#)

Pharmacy / day's supply <a href="#">Select other participating retail pharmacies</a>	When	Is this drug covered?	Qty	You pay
<b>Home delivery pharmacy</b> 90-day supply	each fill	<input checked="" type="checkbox"/> <b>YES</b> <a href="#">View coverage notes</a>	90	<b>\$18.08</b> <a href="#">Plan pays: \$0.00</a>
<b>Rite Aid #4581</b> <a href="#">View pharmacy details</a> 90-day supply	for today's fill	<input checked="" type="checkbox"/> <b>YES</b> <a href="#">View coverage notes</a>	90	<b>\$18.37</b> <a href="#">Plan pays: \$0.00</a> <a href="#">Explain my costs</a>
<b>Kinney Drugs #132</b> <a href="#">View pharmacy details</a> 90-day supply	for today's fill	<a href="#">View coverage notes</a>	90	<b>\$18.37</b> <a href="#">Plan pays: \$0.00</a> <a href="#">Explain my costs</a>
<b>Osco Pharmacy #7516</b> <a href="#">View pharmacy details</a> 90-day supply	for today's fill	<a href="#">View coverage notes</a>	90	<b>\$18.37</b> <a href="#">Plan pays: \$0.00</a> <a href="#">Explain my costs</a>

We'll see you through.



**BlueCross BlueShield of Vermont**  
An Independent Licensee of the Blue Cross and Blue Shield Association.

# When a Generic is Available



0 items in cart

Prescriptions Benefits Account Help

Español | Logout

Go to: [Home](#) | Search

## Price a medication

[Help](#)

Search by drug name

Follow the steps below to obtain coverage and pricing for any medication available through your prescription benefit plan.

### Quantity and days' supply

CLOSE X

You've selected **Lipitor 20 Mg Tablet**. If you need prices for a different medicine or dose, [choose a different medicine](#). To get the most accurate information, please pay careful attention when you tell us the amount of medicine you take and how often you take it.

**Lipitor 20 Mg Tablet**

I take or use:  tablet(s) per **Select one** ▼

You've chosen to price a medication for which there is a generic equivalent. Please select a reason:

Calculate pricing for *home delivery*:  90 days' supply

Calculate pricing for *retail*:  90 days' supply

- Select one
- Select one
- My doctor prefers this medication
- I prefer this medication
- I have No Preference

Continue

Copaxone

20 MG/ML

Remove this item

We'll see you through.



BlueCross BlueShield of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

# When a Prior Authorization is Required



0 items in cart

Prescriptions Benefits Account Help

🌐 Español | Logout

Go to: [Home](#) [Search](#)

## Price a medication [Help](#)

Search by drug name

Follow the steps below to obtain coverage and pricing for any medication available through your prescription benefit plan.

Select a patient

### Coverage alert

Coverage Review is required for **Copaxone 20 Mg/ml Syringe**.

**For Participating Retail Pharmacy:** This drug requires Coverage Review before you can receive it.

**For Home Delivery Pharmacy:** This drug requires Coverage Review before you can receive it.

#### More about coverage reviews:

To receive coverage for this medication, you must obtain approval through a coverage review. If you do not do this, you may be responsible for the entire cost of the medication.

[Continue pricing](#)

CLOSE X

Recent searches

Strength

Remove from list?

We'll see you through.



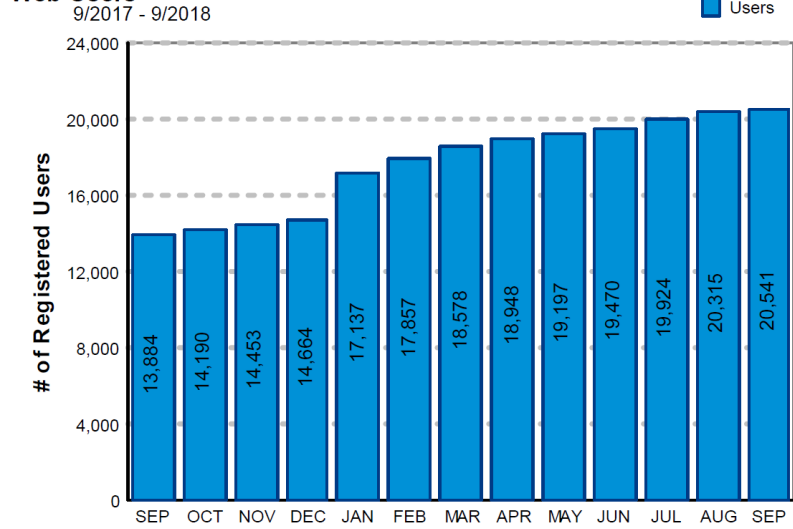
BlueCross BlueShield  
of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

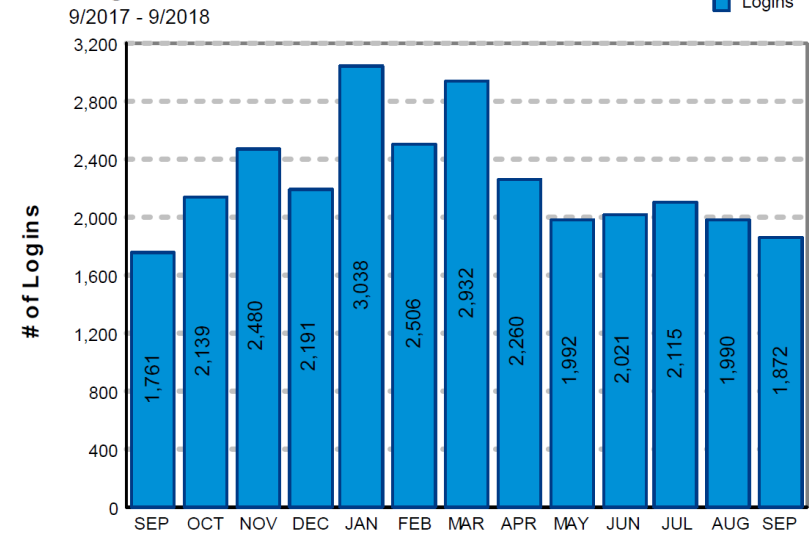


# Web Activity

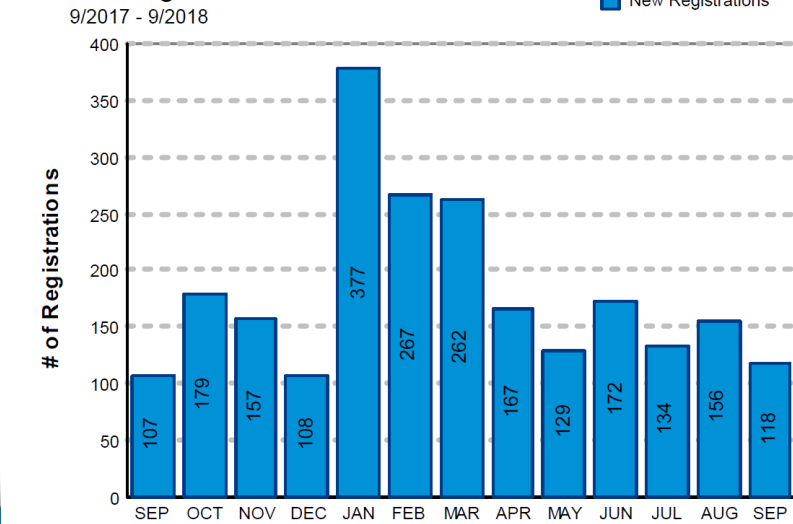
## Web Users



## Web Logins



## Web New Registrations



We'll see you through.



**BlueCross BlueShield  
of Vermont**

*An Independent Licensee of the Blue Cross and Blue Shield Association.*