# MED D - Aetna/Med D EGWP Clients Using the Drug Cost Estimator Tool

[Overview](#_Toc54005521)

[Drug Cost Estimator Tool Websites](#_Toc54005522)

[How to Navigate the Drug Cost Estimator Tool](#_Toc54005523)

[Related Documents](#_Toc54005524)

**Description:** This document provides the CCR information on the Drug Cost Estimator Tool.

|  |
| --- |
| Drug Cost Estimator Tool Websites |

This tool allows the CCRs and prospective members to look up the cost of drugs for the upcoming plan year prior to January 1.

**Note:** Non-Part D Supplemental Benefit (formerly called rider) coverage is not available on the tool; if a group has Non-Part D Supplemental Benefit (formerly called rider)coverage, those drugs will not appear in the tool. A note will display stating that rider drugs are not available in the tool.

**2024 Client Websites:**

|  |  |  |
| --- | --- | --- |
| **Client Name** | **PROD URL** | **PDP/MAPD** |
| DC37 | <https://dc37.destinationrx.com/compare/MDC/2024> | PDP |

**2023 Client Websites:**

|  |  |  |
| --- | --- | --- |
| **Client Name** | **PROD URL** | **PDP/MAPD** |
| DC37 | <https://dc37.destinationrx.com/compare/MDC/2023> | PDP |

[Top of the Document](#_top)

|  |
| --- |
| How to Navigate the Drug Cost Estimator Tool |

Perform the steps below:

|  |  |  |
| --- | --- | --- |
| **Step** | **Action** | |
| **1** | Access the applicable [client link](#_Drug_Cost_Estimator). | |
| **2** | Enter Zip Code and select **Get started**. | |
| **3** | Click **Select Plan** on appropriate plan and then select **Continue to prescriptions**. | |
| **4** | Enter the name or first few letters of the medication and select the appropriate medication from the drop down list. | |
| **5** | Select/Enter dosage, form, quantity and frequency and select **Continue**.    **Results:** Drug Search Results screen displays. | |
| **6** | If applicable, select **Add a prescription** to add additional medications and repeat Steps 4-5. | |
| **7** | Determine if the drug cost estimate is for Retail or Mail. | |
| **If...** | **Then...** |
| Retail | * Select Retail Costs at the top of the screen.   **Note:** To see costs at a specific retail pharmacy:   * Select **Select your pharmacy (optional)**. * Select **Set as current pharmacy** for specific pharmacy * Select **Prescriptions** at top of screen to return to Drug Search Results screen.   Proceed to next step. |
| Mail | Select **Mail Order Costs** at the top of the screen.  Proceed to next step. |
| **8** | Review the following information with the beneficiary:   * Drug tier and any restrictions * Costs by coverage phase * Covered alternatives | |
| **9** | Review the **Coverage Tab** to provide the beneficiary with the copay or coinsurance for each coverage tier. | |
| **10** | Review the **Annual Cost Tab** to provide the beneficiary with the estimated annual drug cost with monthly breakdown.    **Note:** Estimated annual drug cost is display as a chart and graph. | |

[Top of the Document](#_top)

|  |
| --- |
| Related Documents |

**Parent SOP:** CALL-0048: [Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/SecureDocRenderer?documentId=CALL-0048&uid=pnpdev1)

**Abbreviations/Definitions:** [Abbreviations / Definitions](file:///C:\Users\QCPV885\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\MD6S68ZD\CMS-2-017428)

[Top of the Document](#_top)

Not to Be Reproduced or Disclosed to Others without Prior Written Approval

**ELECTRONIC DATA = OFFICIAL VERSION / PAPER COPY = INFORMATIONAL ONLY**