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## 2015 Medicare Part D Plan's Negotiated Retail Drug Price

Below you will find the average negotiated retail prescription drug price for your chosen Medicare Part D or Medicare Advantage plan, along with, [tier cost-sharing details](#), [your estimated cost for purchases during each coverage phase](#), [tier cost-sharing details and your costs with explanations](#), and [plan's retail drug price history](#).





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2015 Medicare Part D Prescription Drug Price Information	
<b>Alliance Medicare PPO (PPO) (H2322-008-0)</b>	
<a href="#">Enroll Options</a>   	
Monthly Plan Premium: <b>\$48.70</b> Deductible: <b>\$0</b> ICL: <b>\$2,960</b>	
<b>KERYDIN 5% TOPICAL SOLUTION</b> 	
Plan's average negotiated retail drug price for a 30-Day supply in MONROE, MI: CMS MA Region 11, includes: MI	
	<b>\$509.54*</b> 30-Day Supply
	<b>\$1,477.81*</b> 90-Day Supply
Formulary (Drug List) Drug Tier:	Tier #4: Non-Preferred Brand
Gap Coverage:	No Gap Coverage
Drug Usage Management Restrictions:	Prior Authorization

	30-Day Supply Cost-Sharing			90-Day Supply Cost-Sharing		
	Prfrd. Pharm.	Non- Prfrd.	Mail- Order	Prfrd. Pharm.	Non- Prfrd.	Mail- Order
This plan does not have an Initial Deductible:	N/A	N/A	N/A	N/A	N/A	N/A
Initial Coverage Phase Cost-Sharing:	33%	33%	33%	33%	33%	33%
Coverage Gap Phase Cost-Sharing Including Donut Hole Discount (Brand 55%):	45%	45%	45%	45%	45%	45%
Catastrophic Coverage Phase Cost-Sharing for Other Drugs (Brand-Name or Non-Preferred Multi-Source Drugs):	The greater of 5% or \$6.60			The greater of 5% or \$6.60		
<b>Your Estimated Cost for Purchases During Each Coverage Phase (brands)</b>						
	30-Day Supply Cost-Sharing			90-Day Supply Cost-Sharing		
	Prfrd. Pharm.	Non- Prfrd.	Mail- Order	Prfrd. Pharm.	Non- Prfrd.	Mail- Order
Est. Cost Initial Coverage	\$168.15	\$168.15	\$168.15	\$487.68	\$487.68	\$487.68

Your Est. Cost in Coverage Gap Using the Brand-Name Drug Discount (55%):	\$229.29	\$229.29	\$229.29	\$665.01	\$665.01	\$665.01
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Your Estimated Cost in Catastrophic Coverage (Brand-Name or Non-Preferred Multi-Source Drugs):	\$25.48	\$25.48	\$25.48	\$73.89	\$73.89	\$73.89
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**Tier Cost-Sharing Details and Your Costs with Explanations**

	30-Day Supply Cost-Sharing			90-Day Supply Cost-Sharing		
	Prfrd. Pharm.	Non- Prfrd.	Mail- Order	Prfrd. Pharm.	Non- Prfrd.	Mail- Order

**--- If you purchase during the Initial Deductible Phase ---**

This plan does not have an Initial Deductible:	N/A	N/A	N/A	N/A	N/A	N/A
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**--- If you purchase during the Initial Coverage Phase ---**

Initial Coverage Phase Cost-Sharing:	33%	33%	33%	33%	33%	33%
Est. Cost Initial Coverage Phase:	\$168.15	\$168.15	\$168.15	\$487.68	\$487.68	\$487.68

for 30-Day Preferred Pharmacy purchase:	The cost-sharing for purchases made during the initial coverage phase (ICP) would be <b>\$168.15</b> or (\$509.54 x 33%).					
<b>--- If you purchase during the Coverage Gap Phase (Donut Hole) ---</b>						
Your Est. Cost in Coverage Gap Using the Brand-Name Drug Discount (55%):	\$229.29	\$229.29	\$229.29	\$665.01	\$665.01	\$665.01
Explanation for 30-Day Preferred Pharmacy purchase:	Your costs is the negotiated retail price of \$509.54 x 45%.					
<b>--- If you purchase during the Catastrophic Coverage Phase ---</b>						
Catastrophic Coverage Phase Cost-Sharing for Other Drugs (Brand-Name or Non-Preferred Multi-Source Drugs):	The greater of 5% or \$6.60			The greater of 5% or \$6.60		
Your Estimated Cost in Catastrophic Coverage (Brand-Name or Non-Preferred Multi-Source Drugs):	\$25.48	\$25.48	\$25.48	\$73.89	\$73.89	\$73.89

Multi-Source Drugs):						
Explanation for 30-Day Preferred Pharmacy purchase:	In the catastrophic coverage phase, you will pay the greater of 5% of the retail drug price or the minimum cost-share of \$6.60. Calculating 5% of \$509.54 = \$25.48. Since \$25.48 is more than \$6.60, you would pay \$25.48 for this drug at any pharmacy, because it is <b>not</b> a generic or preferred multi-source drug.					

Alliance Medicare PPO (PPO) Average Negotiated Retail Drug Price History		
	30-Day Supply	90 Day Supply
June, 2015:	\$509.54	\$1,477.81
April, 2015:	N/A	N/A
January, 2015:	N/A	N/A
September, 2014:	N/A	N/A
June, 2014:	N/A	N/A
March, 2014:	N/A	N/A
January, 2014:	N/A	N/A
October, 2013:	N/A	N/A
January, 2013:	N/A	
April, 2012:	N/A	
September, 2010:	N/A	

\*The plan's Average Retail Drug Price is based on three things: (1) the medication, (2) the specific Medicare Part D plan, and (3) the pharmacies in the plan's service area. In this case, the average of the KERYDIN 5% TOPICAL SOLUTION prices that the Alliance Medicare PPO (PPO) has negotiated with each of the retail pharmacies in the plan's service area (in MONROE, MI: CMS MA Region 11, includes: MI). In other words, when you use the Alliance Medicare PPO (PPO) to purchase KERYDIN 5% TOPICAL SOLUTION, you may pay slightly more or slightly less than the figures shown in the table above depending on the pharmacy where you fill your prescription.

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