

# 2010 New York State Medicare Part D Drug Profile



Cornell University  
College of Human Ecology  
Cornell Cooperative Extension

## Lunesta tab 2mg (# 30)

## Hypnotic

| Plan Name  | Monthly Plan Premium | Full Cost of Drug | Initial Coverage Cost of Drug | Cost of Drug During Gap | Catastrophic Cost of Drug | Tier                | Prior Authorization Necessary? | Limit on Quantity? | Step Therapy for Drug? |
|--|----------------------|-------------------|-------------------------------|-------------------------|---------------------------|---------------------|--------------------------------|--------------------|------------------------|
| AARP MedicareRx Enhanced (PDP)                   | \$80.10              | \$159.62          | \$42.00                       | \$159.62                | \$7.98                    | TIER 2              | No                             | Yes                | Yes                    |
| AARP MedicareRx Preferred (PDP)                  | \$37.40              | \$159.62          | \$42.00                       | \$159.62                | \$7.98                    | TIER 2              | No                             | Yes                | Yes                    |
| AARP MedicareRx Saver (PDP)                      | \$36.40              | \$159.62          | \$25.00                       | \$159.62                | \$7.98                    | TIER 2              | No                             | Yes                | Yes                    |
| Advantage Freedom Plan by RxAmerica (PDP)        | \$35.70              | \$166.09          | \$166.09                      | \$166.09                | \$166.09                  | NOT ON FORMULARY 15 | No                             | No                 | No                     |
| Advantage Star Plan by RxAmerica (PDP)           | \$28.80              | \$166.09          | \$166.09                      | \$166.09                | \$166.09                  | NOT ON FORMULARY 15 | No                             | No                 | No                     |
| AdvantraRx Premier (PDP)                         | \$57.40              | \$160.57          | \$80.28                       | \$160.57                | \$8.03                    | TIER 3              | No                             | Yes                | No                     |
| AdvantraRx Premier Plus (PDP)                    | \$67.20              | \$160.57          | \$120.43                      | \$160.57                | \$8.03                    | TIER 4              | No                             | Yes                | No                     |
| AdvantraRx Value (PDP)                           | \$47.10              | \$160.57          | \$104.37                      | \$160.57                | \$8.03                    | TIER 3              | No                             | Yes                | No                     |
| Aetna Medicare Rx Costco Plus Plan (PDP)         | \$42.00              | \$155.37          | \$155.37                      | \$155.37                | \$155.37                  | NOT ON FORMULARY 15 | No                             | No                 | No                     |
| Aetna Medicare Rx Essentials (PDP)               | \$50.00              | \$154.36          | \$154.36                      | \$154.36                | \$154.36                  | NOT ON FORMULARY 15 | No                             | No                 | No                     |
| Aetna Medicare Rx Premier (PDP)                  | \$117.50             | \$154.36          | \$154.36                      | \$154.36                | \$154.36                  | NOT ON FORMULARY 15 | No                             | No                 | No                     |
| BravoRx (PDP)                                    | \$30.60              | \$166.09          | \$166.09                      | \$166.09                | \$166.09                  | NOT ON FORMULARY 15 | No                             | No                 | No                     |
| CIGNA Medicare Rx Plan One (PDP)                 | \$27.70              | \$166.09          | \$166.09                      | \$166.09                | \$166.09                  | NOT ON FORMULARY 15 | No                             | No                 | No                     |
| CIGNA Medicare Rx Plan Three (PDP)               | \$71.00              | \$158.78          | \$35.00                       | \$158.78                | \$7.94                    | TIER 2              | No                             | Yes                | Yes                    |
| CIGNA Medicare Rx Plan Two (PDP)                 | \$40.80              | \$166.09          | \$166.09                      | \$166.09                | \$166.09                  | NOT ON FORMULARY 15 | No                             | No                 | No                     |
| CVS Caremark Complete (PDP)                      | \$76.70              | \$150.30          | \$98.00                       | \$150.30                | \$7.51                    | TIER 4              | No                             | Yes                | No                     |
| CVS Caremark Plus (PDP)                          | \$51.40              | \$150.30          | \$90.00                       | \$150.30                | \$7.51                    | TIER 5              | No                             | Yes                | No                     |
| Community CCRx Basic (PDP)                       | \$33.40              | \$164.93          | \$41.23                       | \$164.93                | \$8.25                    | TIER 2              | No                             | Yes                | No                     |
| Community CCRx Choice (PDP)                      | \$36.20              | \$164.93          | \$35.00                       | \$164.93                | \$8.25                    | TIER 2              | No                             | Yes                | No                     |
| Community CCRx Gold (PDP)                        | \$81.00              | \$164.93          | \$35.00                       | \$164.93                | \$8.25                    | TIER 2              | No                             | Yes                | No                     |
| EnvisionRxPlus Gold (PDP)                        | \$51.10              | \$164.18          | \$164.18                      | \$164.18                | \$164.18                  | NOT ON FORMULARY 15 | No                             | No                 | No                     |
| EnvisionRxPlus Silver (PDP)                      | \$31.20              | \$164.18          | \$164.18                      | \$164.18                | \$164.18                  | NOT ON FORMULARY 15 | No                             | No                 | No                     |
| First Health Part D-Premier (PDP)                | \$38.20              | \$160.57          | \$70.65                       | \$160.57                | \$8.03                    | TIER 3              | No                             | Yes                | No                     |
| First Health Part D-Secure (PDP)                 | \$19.50              | \$160.57          | \$78.68                       | \$160.57                | \$8.03                    | TIER 3              | No                             | Yes                | No                     |
| First UA Medicare Part D Prescription Drug (PDP) | \$46.00              | \$161.52          | \$39.00                       | \$161.52                | \$8.08                    | TIER 2              | No                             | No                 | No                     |
| First UA Medicare Part D Rx Covg - Silver (PDP)  | \$38.20              | \$166.09          | \$166.09                      | \$166.09                | \$166.09                  | NOT ON FORMULARY 15 | No                             | No                 | No                     |
| Fox Value Plan (PDP)                             | \$29.30              | \$161.67          | \$161.67                      | \$161.67                | \$161.67                  | NOT ON FORMULARY 15 | No                             | No                 | No                     |
| GHI Medicare Prescription Drug Plan (PDP)        | \$27.60              | \$161.77          | \$64.71                       | \$161.77                | \$8.09                    | TIER 3              | No                             | Yes                | Yes                    |
| HIP Enhanced Part D New York (PDP)               | \$68.60              | \$161.77          | \$64.71                       | \$161.77                | \$8.09                    | TIER 3              | No                             | Yes                | Yes                    |
| HIP Part D New York (PDP)                        | \$30.60              | \$161.77          | \$64.71                       | \$161.77                | \$8.09                    | TIER 3              | No                             | Yes                | Yes                    |

The typical retail price for this drug is \$185.17 as obtained from drugstore.com October, 2009.

This chart was prepared with information gathered from the CMS PlanFinder for comparison of 2010 plan characteristics.

The information was collected in October, 2009. Price shown is price obtained at preferred network pharmacy for that plan.

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| Health Net Orange Option 1 (PDP)                 | \$37.10              | \$160.57          | \$35.00                       | \$160.57                | \$8.03                    | TIER 2              | No                             | Yes                | Yes                    |
| Health Net Orange Option 2 (PDP)                 | \$65.80              | \$160.57          | \$35.00                       | \$160.57                | \$8.03                    | TIER 2              | No                             | Yes                | Yes                    |
| HealthSpring Prescription Drug Plan -Reg 3 (PDP) | \$41.10              | \$161.77          | \$40.44                       | \$161.77                | \$8.09                    | TIER 2              | No                             | No                 | No                     |
| Humana Complete S5552-002 (PDP)                  | \$105.50             | \$166.59          | \$166.59                      | \$166.59                | \$166.59                  | NOT ON FORMULARY 15 | No                             | No                 | No                     |
| Humana Enhanced S5552-001 (PDP)                  | \$42.70              | \$166.59          | \$166.59                      | \$166.59                | \$166.59                  | NOT ON FORMULARY 15 | No                             | No                 | No                     |
| Humana Standard S5552-003 (PDP)                  | \$59.90              | \$166.59          | \$166.59                      | \$166.59                | \$166.59                  | NOT ON FORMULARY 15 | No                             | No                 | No                     |
| Medco Medicare Prescription Plan - Access (PDP)  | \$77.80              | \$166.09          | \$166.09                      | \$166.09                | \$166.09                  | NOT ON FORMULARY 15 | No                             | No                 | No                     |
| Medco Medicare Prescription Plan - Choice (PDP)  | \$47.20              | \$166.09          | \$166.09                      | \$166.09                | \$166.09                  | NOT ON FORMULARY 15 | No                             | No                 | No                     |
| Medco Medicare Prescription Plan - Value (PDP)   | \$28.00              | \$166.09          | \$166.09                      | \$166.09                | \$166.09                  | NOT ON FORMULARY 15 | No                             | No                 | No                     |
| MedicareRx Rewards Plus (PDP)                    | \$51.40              | \$157.20          | \$85.00                       | \$157.20                | \$7.86                    | TIER 3              | Yes                            | Yes                | No                     |
| MedicareRx Rewards Standard (PDP)                | \$38.70              | \$157.20          | \$157.20                      | \$157.20                | \$157.20                  | NOT ON FORMULARY 15 | No                             | No                 | No                     |
| PrescribaRx Bronze (PDP)                         | \$28.30              | \$162.02          | \$40.51                       | \$162.02                | \$8.10                    | TIER 2              | No                             | Yes                | No                     |
| PrescribaRx Gold (PDP)                           | \$37.60              | \$162.02          | \$43.00                       | \$162.02                | \$8.10                    | TIER 2              | No                             | Yes                | No                     |
| Rx 1 (PDP)                                       | \$43.70              | \$161.52          | \$40.38                       | \$161.52                | \$8.08                    | TIER 2              | No                             | Yes                | Yes                    |
| Rx 3 (PDP)                                       | \$57.00              | \$161.52          | \$75.00                       | \$161.52                | \$8.08                    | TIER 3              | No                             | Yes                | Yes                    |
| SilverScript Value (PDP)                         | \$31.60              | \$160.57          | \$160.57                      | \$160.57                | \$160.57                  | NOT ON FORMULARY 15 | No                             | No                 | No                     |
| SmartHealth RX PDP (PDP)                         | \$35.50              | \$166.09          | \$166.09                      | \$166.09                | \$166.09                  | NOT ON FORMULARY 15 | No                             | No                 | No                     |
| Sterling Rx (PDP)                                | \$64.90              | \$161.56          | \$161.56                      | \$161.56                | \$161.56                  | NOT ON FORMULARY 15 | No                             | No                 | No                     |

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