

# Financial Summary Jan 1, 2023-Dec 31, 2023

Sayani \$291.58

Your Total Rx Spend:

**\$291.58**

For January 1, 2023 - December 31, 2023)

**Sayani Dey DOB 08/06/1991**

**TOTAL \$291.58**

**LEVOTHYROXINE SODIUM 75MCG TAB**

RX# **0510344** QTY 90 SUPPLY 90 - day LAST FILLED 11/30/2023 YOUR COST \$0.00  
Last filled on November 30, 2023

TOTAL Rx COST \$2.51 YOUR PLAN(S) PAID \$2.51 YOU PAID \$0.00  
FULFILLED BY CVS/pharmacy® PRIMARY PLAN PAID \$2.51 AMOUNT APPLIED TO DEDUCTIBLE 0  
SECONDARY PLAN PAID \$0.00

**NIFEDIPINE ER 60MG ER TAB**

RX# **0505944** QTY 90 SUPPLY 90 - day LAST FILLED 11/10/2023 YOUR COST \$0.00  
Last filled on November 10, 2023

TOTAL Rx COST \$30.58 YOUR PLAN(S) PAID \$30.58 YOU PAID \$0.00  
FULFILLED BY CVS/pharmacy® PRIMARY PLAN PAID \$30.58 AMOUNT APPLIED TO DEDUCTIBLE 0  
SECONDARY PLAN PAID \$0.00

**SPIKEVAX COVID-19 VACCINE/2023-24 50/0.5ML INJ**

RX# **0218458** QTY 0.5 SUPPLY 1 - day LAST FILLED 11/02/2023 YOUR COST \$0.00  
Last filled on November 2, 2023

TOTAL Rx COST \$143.13 YOUR PLAN(S) PAID \$143.13 YOU PAID \$0.00  
FULFILLED BY CVS/pharmacy® PRIMARY PLAN PAID \$143.13 AMOUNT APPLIED TO DEDUCTIBLE 0  
SECONDARY PLAN PAID \$0.00

**FLUCELVAX QUADRIVALENT 2023-2024 2023-24 INJ**

RX# **0218459** QTY 0.5 SUPPLY 1 - day LAST FILLED 11/02/2023 YOUR COST \$0.00  
Last filled on November 2, 2023

TOTAL Rx COST \$49.67 YOUR PLAN(S) PAID \$49.67 YOU PAID \$0.00  
FULFILLED BY CVS/pharmacy® PRIMARY PLAN PAID \$49.67 AMOUNT APPLIED TO DEDUCTIBLE 0  
SECONDARY PLAN PAID \$0.00

**UNITHROID 75MCG TAB**

RX# **0502960** QTY 90 SUPPLY 90 - day LAST FILLED 09/11/2023 YOUR COST \$12.00  
Last filled on September 11, 2023

TOTAL Rx COST \$30.97 YOUR PLAN(S) PAID \$18.97 YOU PAID \$12.00  
FULFILLED BY CVS/pharmacy® PRIMARY PLAN PAID \$18.97 AMOUNT APPLIED TO DEDUCTIBLE 0  
SECONDARY PLAN PAID \$0.00

**LABETALOL HYDROCHLORIDE 100MG TAB**

RX# 0502542 QTY 180 SUPPLY 90 - day LAST FILLED 08/30/2023 YOUR COST \$12.00

Last filled on August 30, 2023

TOTAL Rx COST	\$18.81	YOUR PLAN(S) PAID	\$6.81	YOU PAID	\$12.00
FULFILLED BY	CVS/pharmacy®	PRIMARY PLAN PAID	\$6.81	AMOUNT APPLIED TO DEDUCTIBLE	0
		SECONDARY PLAN PAID	\$0.00		

**NIFEDIPINE ER 30MG ER TAB**

RX# 0496336 QTY 90 SUPPLY 90 - day LAST FILLED 08/19/2023 YOUR COST \$23.70

Last filled on August 19, 2023

TOTAL Rx COST	\$11.70	YOUR PLAN(S) PAID	\$0.00	YOU PAID	\$11.70
FULFILLED BY	CVS/pharmacy®	PRIMARY PLAN PAID	\$0.00	AMOUNT APPLIED TO DEDUCTIBLE	0

Last filled on May 21, 2023

TOTAL Rx COST	\$24.32	YOUR PLAN(S) PAID	\$12.32	YOU PAID	\$12.00
FULFILLED BY	CVS/pharmacy®	PRIMARY PLAN PAID	\$12.32	AMOUNT APPLIED TO DEDUCTIBLE	0
		SECONDARY PLAN PAID	\$0.00		

**ONETOUGH ULTRA ULTRA TES**

RX# 0499339 QTY 100 SUPPLY 25 - day LAST FILLED 07/31/2023 YOUR COST \$57.04

Last filled on July 31, 2023

TOTAL Rx COST	\$142.59	YOUR PLAN(S) PAID	\$114.07	YOU PAID	\$28.52
FULFILLED BY	CVS/pharmacy®	PRIMARY PLAN PAID	\$114.07	AMOUNT APPLIED TO DEDUCTIBLE	0
		SECONDARY PLAN PAID	\$0.00		

Last filled on June 29, 2023

TOTAL Rx COST	\$142.59	YOUR PLAN(S) PAID	\$114.07	YOU PAID	\$28.52
FULFILLED BY	CVS/pharmacy®	PRIMARY PLAN PAID	\$114.07	AMOUNT APPLIED TO DEDUCTIBLE	0
		SECONDARY PLAN PAID	\$0.00		

**BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM 32GX6MM PEN**

RX# 0500711 QTY 90 SUPPLY 90 - day LAST FILLED 07/27/2023 YOUR COST \$48.60

Last filled on July 27, 2023

TOTAL Rx COST	\$48.60	YOUR PLAN(S) PAID	\$0.00	YOU PAID	\$48.60
FULFILLED BY	CVS/pharmacy®	PRIMARY PLAN PAID	\$0.00	AMOUNT APPLIED TO DEDUCTIBLE	0

**LEVEMIR FLEXPEN 100U/ML PEN**

RX# 0500710 QTY 15 SUPPLY 30 - day LAST FILLED 07/27/2023 YOUR COST \$50.00

Last filled on July 27, 2023

TOTAL Rx COST	\$453.86	YOUR PLAN(S) PAID	\$403.86	YOU PAID	\$50.00
FULFILLED BY	CVS/pharmacy®	PRIMARY PLAN PAID	\$403.86	AMOUNT APPLIED TO DEDUCTIBLE	0
		SECONDARY PLAN PAID	\$0.00		

**CVS NEEDLE COLLECTION & DISPOSAL DISPOSAL MIS**

RX# 0499342	QTY 1	SUPPLY 30 - day	LAST FILLED 06/29/2023	YOUR COST \$9.68
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**Last filled on June 29, 2023**

TOTAL Rx COST	\$9.68	YOUR PLAN(S) PAID	\$0.00	YOU PAID	\$9.68
FULFILLED BY	CVS/pharmacy®	PRIMARY PLAN PAID	\$0.00	AMOUNT APPLIED TO DEDUCTIBLE	0

**ONETOUCH DELICA PLUS LANCETS FINE 30G DELICAPL LNC**

RX# 0499341	QTY 100	SUPPLY 25 - day	LAST FILLED 06/29/2023	YOUR COST \$0.00
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**Last filled on June 29, 2023**

TOTAL Rx COST	\$8.30	YOUR PLAN(S) PAID	\$8.30	YOU PAID	\$0.00
FULFILLED BY	CVS/pharmacy®	PRIMARY PLAN PAID	\$8.30	AMOUNT APPLIED TO DEDUCTIBLE	0
		SECONDARY PLAN PAID	\$0.00		

**ONETOUCH ULTRA 2 ULTRA 2 KIT**

RX# 0499340	QTY 1	SUPPLY 30 - day	LAST FILLED 06/29/2023	YOUR COST \$30.49
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**Last filled on June 29, 2023**

TOTAL Rx COST	\$30.49	YOUR PLAN(S) PAID	\$0.00	YOU PAID	\$30.49
FULFILLED BY	CVS/pharmacy®	PRIMARY PLAN PAID	\$0.00	AMOUNT APPLIED TO DEDUCTIBLE	0

**UNITHROID 88MCG TAB**

RX# 0498209	QTY 90	SUPPLY 90 - day	LAST FILLED 06/08/2023	YOUR COST \$12.00
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**Last filled on June 8, 2023**

TOTAL Rx COST	\$31.52	YOUR PLAN(S) PAID	\$19.52	YOU PAID	\$12.00
FULFILLED BY	CVS/pharmacy®	PRIMARY PLAN PAID	\$19.52	AMOUNT APPLIED TO DEDUCTIBLE	0
		SECONDARY PLAN PAID	\$0.00		

**UNITHROID 88MCG TAB**

RX# 0496734	QTY 14	SUPPLY 14 - day	LAST FILLED 05/12/2023	YOUR COST \$3.00
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**Last filled on May 12, 2023**

TOTAL Rx COST	\$3.32	YOUR PLAN(S) PAID	\$0.32	YOU PAID	\$3.00
FULFILLED BY	CVS/pharmacy®	PRIMARY PLAN PAID	\$0.32	AMOUNT APPLIED TO DEDUCTIBLE	0
		SECONDARY PLAN PAID	\$0.00		
		OTHER ADJUSTMENTS	\$2.00		

**UNITHROID 25MCG TAB**

RX# 0496627	QTY 30	SUPPLY 30 - day	LAST FILLED 05/10/2023	YOUR COST \$5.00
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**Last filled on May 10, 2023**

TOTAL Rx COST	\$8.52	YOUR PLAN(S) PAID	\$3.52	YOU PAID	\$5.00
FULFILLED BY	CVS/pharmacy®	PRIMARY PLAN PAID	\$3.52	AMOUNT APPLIED TO DEDUCTIBLE	0
		SECONDARY PLAN PAID	\$0.00		

**NIFEDIPINE ER 30MG ER TAB**

RX# 0491547	QTY 90	SUPPLY 90 - day	LAST FILLED 03/01/2023	YOUR COST \$17.00
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**Last filled on March 1, 2023**

TOTAL Rx COST	\$24.70	YOUR PLAN(S) PAID	\$12.70	YOU PAID	\$12.00
FULFILLED BY	CVS/pharmacy®	PRIMARY PLAN PAID	\$12.70	AMOUNT APPLIED TO DEDUCTIBLE	0
		SECONDARY PLAN PAID	\$0.00		

**Last filled on February 1, 2023**

TOTAL Rx COST	\$9.78	YOUR PLAN(S) PAID	\$4.78	YOU PAID	\$5.00
FULFILLED BY	CVS/pharmacy®	PRIMARY PLAN PAID	\$4.78	AMOUNT APPLIED TO DEDUCTIBLE	0
		SECONDARY PLAN PAID	\$0.00		

**UNITHROID 88 MCG TABLET TABLET**

RX# 0493066	QTY 60	SUPPLY 60 - day	LAST FILLED 03/01/2023	YOUR COST \$6.00
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**Last filled on March 1, 2023**

FULFILLED BY	CVS/pharmacy®	YOU PAID	\$6.00
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**ONDANSETRON HYDROCHLORIDE 4MG TAB**

RX# 0492985	QTY 18	SUPPLY 6 - day	LAST FILLED 02/28/2023	YOUR COST \$2.07
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**Last filled on February 28, 2023**

TOTAL Rx COST	\$2.07	YOUR PLAN(S) PAID	\$0.00	YOU PAID	\$2.07
FULFILLED BY	CVS/pharmacy®	PRIMARY PLAN PAID	\$0.00	AMOUNT APPLIED TO DEDUCTIBLE	0

**PFIZER-BIONTECH COVID-19 VACCINE/BIVALENT/BA.4/BA.5 BA4/BA5 INJ**

RX# 0492384	QTY 0.3	SUPPLY 1 - day	LAST FILLED 02/17/2023	YOUR COST \$0.00
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**Last filled on February 17, 2023**

TOTAL Rx COST	\$40.00	YOUR PLAN(S) PAID	\$40.00	YOU PAID	\$0.00
FULFILLED BY	CVS/pharmacy®	PRIMARY PLAN PAID	\$40.00	AMOUNT APPLIED TO DEDUCTIBLE	0
		SECONDARY PLAN PAID	\$0.00		

**UNITHROID 88MCG TAB**

RX# 0492125	QTY 30	SUPPLY 30 - day	LAST FILLED 02/15/2023	YOUR COST \$3.00
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**Last filled on February 15, 2023**

TOTAL Rx COST	\$10.26	YOUR PLAN(S) PAID	\$7.26	YOU PAID	\$3.00
FULFILLED BY	CVS/pharmacy®	PRIMARY PLAN PAID	\$7.26	AMOUNT APPLIED TO DEDUCTIBLE	0
		SECONDARY PLAN PAID	\$0.00		
		OTHER ADJUSTMENTS	\$2.00		

This report may not reflect all medicines dispensed during the specified period.

Costs displayed may not reflect coverage from any supplemental insurance plans.

Other Adjustments may include supplemental insurance coverage, manufacturer coupons or other discounts.