



Pharmacy Comparison Worksheet

Compare Pharmacies Before Choosing a Part D Plan



Use this worksheet to compare local, preferred network, standard network, and mail-order pharmacies to find the best value for your prescriptions.

Pharmacy Comparison

Category	Pharmacy #1	Pharmacy #2	Mail Order
Pharmacy Name	_____	_____	_____
Preferred Network?	_____	_____	_____
Distance from Home	_____	_____	_____
Hours	_____	_____	_____
Home Delivery	_____	_____	_____
Estimated Monthly Cost	_____	_____	_____
Estimated Annual Cost	_____	_____	_____
Customer Service Rating	_____	_____	_____
Notes	_____	_____	_____

Questions to Consider

- Does this pharmacy participate in my Medicare Part D plan's preferred network?
- Can I save money by using mail order?
- Are my medications consistently in stock?
- Is the pharmacy conveniently located?
- Are vaccinations and medication counseling available?
- Have I compared annual prescription costs at multiple pharmacies?

Advisor Notes

Recommended Pharmacy: _____

Reason: _____

Need Help Comparing Pharmacies?

William Gray

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