



Enrollment guide 2022

Medicare Advantage plan
with prescription drugs

**Take advantage of all your Medicare
Advantage plan has to offer**

UnitedHealthcare Dual Complete® (HMO D-SNP)

H4590-020-000



Plan Year: January 1, 2022 through December 31, 2022

United
Healthcare
Dual Complete

Take advantage of the experience and expertise UnitedHealthcare® has to offer



More choice and more guidance

When it comes to Medicare, one size does not fit all. That's why we offer a broad range of Medicare products, so you have options to fit your health care needs. Our experienced advisors and licensed sales agents will guide you through choosing the plan that's right for you.



Get the care you need

Whether it's a virtual appointment with your doctor, a 3 a.m. call with a nurse or a wellness visit in the comfort of your own home, we make it easier to connect you with care — when, where and how you need it, so you can stay on top of your health.



1-on-1 help using your Medicare plan

It's not just customer service. It's 1-on-1 support to help answer your questions and take the extra steps to understand your needs. It's helping navigate your care during a health event. And it's helping you get the most out of your plan, so you can be at your best health.

Renew, our health and wellness program

Renew can help by inspiring you to take charge of your health and wellness every day. It provides a wide variety of useful resources and activities — including brain games, healthy recipes, learning courses, fitness activities and more. All at no additional cost.¹

¹Renew by UnitedHealthcare is not available in all plans. Resources may vary.
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Questions? We're here to help.



www.UHCCommunityPlan.com



Call toll-free **1-844-560-4944**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

Start with Medicare basics

Know how Medicare works, then choose what works for you

Original Medicare is provided by the federal government. It offers coverage for:



Hospital stays and inpatient care.
This is called Part A



Doctor visits. This is called Part B –
you pay a monthly premium for it.

Original Medicare does NOT include prescription drug coverage



Prescription drug coverage. This is called Part D and is not included with Original Medicare. You are not required to enroll in a Part D plan when you first become eligible for Medicare. If you enroll in a Part D plan in the future, then you will pay a penalty equal to about 1% of the average monthly premium for each month you delayed enrollment. This must be paid monthly as long as you are enrolled in Part D.

Depending on your needs, you may want to add more coverage to Original Medicare

Additional coverage is offered by private insurance companies, such as UnitedHealthcare. You have a couple of different options to choose from:

Option 1: Enroll in a Medicare Advantage plan



Also called Part C

They combine Part A and Part B. Most Medicare Advantage plans also include Part D, so your hospital, medical and prescription drug insurance is all in one plan



Extras

Some plans may include extra benefits not included with Original Medicare

Option 2: Add one or both of these to Original Medicare



Medicare Supplement

Helps pay for some of the costs not covered by Original Medicare



Medicare Part D plan

Helps pay for prescription drugs and helps you avoid that 1% penalty

Use this book to get familiar with and enroll in a Medicare Advantage plan. Speak with your agent if you are interested in a Medicare Supplement or stand-alone Part D plan.

Enroll in a Medicare Advantage Part C Health Maintenance Organization (HMO) plan

This plan has a network of quality doctors, hospitals and other care providers, designed to help you get the care you need.

To make sure your care is covered, always see providers in our network. If you need to see a specialist, make sure you get a referral from your primary care provider (PCP) first.

Here's how this HMO plan works



Always see network providers. The plan does not cover care from providers outside our network, except for emergency care, urgent care and renal dialysis services.



Emergency and urgently needed services are covered no matter where you go.



Select a primary care provider (PCP).

This plan requires you to select a PCP to oversee and help manage your care.



A referral is needed to see a network specialist or other provider.



You pay your plan copay or coinsurance when you visit a network provider*.

If you see a provider outside the network, you will have to pay the full cost for services yourself with a few exceptions.



There's an out-of-pocket spending limit each plan year.

If you reach your limit the plan will pay 100% of your costs for Medicare-covered services for the rest of the year.



This plan includes prescription drug coverage.

*If you have both Medicare and Medicaid, your services are paid first by Medicare and then by Medicaid. Your Medicaid coverage depends on your income, resources and other factors. Some get full Medicaid benefits. For an explanation of the categories of people who can enroll, please see the Medicaid section of the Summary of Benefits. You can find a complete listing of network providers and facilities within your plan on our website.

Are you eligible to enroll in this plan?

You are eligible for a Dual Special Needs Plan (DSNP) if you're enrolled in Original Medicare Parts A and B and receive state Medicaid benefits. Your state Medicaid benefits vary based on your level of Medicaid eligibility. DSNP enrollment is available all year, but enrollments could be limited to once a quarter per year based on your qualifications.

What are the levels of eligibility and benefits in most states?

Qualified Medicare Beneficiary Only (QMB Only)

- ☐ Medicare deductibles, copays and coinsurance
- ☐ Part A premium
- ☐ Part B premium

Qualified Medicare Beneficiary Plus (QMB Plus)

- ☐ Medicare deductibles, copays and coinsurance
- ☐ Full Medicaid benefits
- ☐ Part A premium
- ☐ Part B premium

Specified Low-Income Medicare Beneficiary Only (SLMB Only)

- ☐ Part B premium

Specified Low-Income Medicare Beneficiary Plus (SLMB Plus)

- ☐ Full Medicaid benefits
- ☐ Medicare deductibles, copays and coinsurance vary by state
- ☐ Part B premium

Qualified Individual (QI)

- ☐ Part B premium

Qualified Disabled and Working Individual (QDWI)

- ☐ Part A premium

Full Benefit Dual Eligible (FBDE)

- ☐ Full Medicaid benefits
- ☐ Medicare deductibles, copays and coinsurance vary by state
- ☐ Part B premium varies by state

QMBs, SLMBs, and QIs

QMBs, SLMBs, and QIs are automatically enrolled in the Low Income Subsidy program (Extra Help) to cover Part D premium costs and will not have Part D premium expenses. Low Income Subsidy may be available to help with Part D premium costs for all other levels of eligibility.

Helpful Resources

You may qualify for Extra Help from Medicare

Extra Help is a program for people with limited incomes who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- ☐ The Social Security Administration at **1-800-772-1213**, TTY **1-800-325-0778**
- ☐ Your state Medicaid office



This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Plan information

Benefit highlights

UnitedHealthcare Dual Complete® (HMO D-SNP)

This is a short description of your 2022 plan benefits. The values shown represent a range based upon the amount of the Medicare Parts A and B cost sharing covered by the state. For complete information and for costs for those without Medicare Parts A and B cost sharing covered by the state, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions and restrictions may apply.

Plan Costs

If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services. If your eligibility for Medicaid or “Extra Help” changes, your cost sharing and premium may change.

| | | |
|----------------------|----------------------------|--------------------------------------------------------|
| Monthly plan premium | \$0 with full “Extra Help” | Up to \$25.10, depending on your level of “Extra Help” |
|----------------------|----------------------------|--------------------------------------------------------|

Medical Benefits

Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.

| | With Medicaid Cost Share Assistance | Without Medicaid Cost Share Assistance |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Annual Medical Deductible | No deductible | \$203 |
| Annual out-of-pocket maximum (The most you may pay in a year for covered medical care) | \$0 | \$7,550 |
| Doctor’s office visit | Primary Care Provider: \$0 copay | Primary Care Provider: \$0 copay |
| | Specialist: \$0 copay (referral needed) | Specialist: 20% coinsurance (referral needed) |
| | Virtual visits: \$0 copay; Speak to network telehealth providers using your computer or mobile device. | Virtual visits: \$0 copay; Speak to network telehealth providers using your computer or mobile device. |
| Preventive services | \$0 copay | \$0 copay |
| Inpatient hospital care | \$0 copay per stay for unlimited days | \$1,480 copay per stay for unlimited days |
| Skilled nursing facility (SNF) | \$0 copay per day: days 1-100 | \$0 copay per day: for days 1-20 \$185.50 [†] copay per day: days 21-100 |

Medical Benefits

Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.

| | With Medicaid Cost Share Assistance | Without Medicaid Cost Share Assistance |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Outpatient hospital, including surgery (Cost sharing for additional plan services will apply) | \$0 copay | 20% coinsurance |
| Mental health (outpatient and virtual) | Group therapy: \$0 copay | Group therapy: 20% coinsurance |
| | Individual therapy: \$0 copay | Individual therapy: 20% coinsurance |
| | Virtual visits: \$0 copay; Speak to network telehealth providers using your computer or mobile device. | Virtual visits: \$0 copay; Speak to network telehealth providers using your computer or mobile device. |
| Diabetes monitoring supplies | \$0 copay | \$0 copay |
| Diagnostic radiology services (such as MRIs, CT scans) | \$0 copay | 20% coinsurance |
| Diagnostic tests and procedures (non-radiological) | \$0 copay | 20% coinsurance |
| Lab services | \$0 copay | \$0 copay |
| Outpatient x-rays | \$0 copay | 20% coinsurance |
| Ambulance | \$0 copay for ground or air | 20% coinsurance for ground or air |
| Emergency care | \$0 copay (worldwide) | \$90 copay (\$0 copay for emergency care outside the United States) per visit |
| Urgently needed services | \$0 copay (worldwide) | \$65 copay (\$0 copay for urgently needed services outside the United States) per visit |

†These are the 2021 Medicare-defined amounts and may change for 2022

Benefits and Services Beyond Original Medicare

| | Your Cost |
|--------------------------|----------------------------------------------------------------------------------------------------------|
| Routine physical | \$0 copay; 1 per year |
| Routine eye exams | \$0 copay; 1 every year |
| Routine eyewear | \$0 copay; up to \$400 every year for frames or contact lenses through UnitedHealthcare Vision. Standard |

| | Your Cost |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | single, bifocal, trifocal, or progressive lenses are covered in full. Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only). |
| Dental - preventive | \$0 copay for exams, cleanings, x-rays, and fluoride |
| Dental - comprehensive | \$0 copay for comprehensive dental services |
| Dental - benefit limit | \$2,500 limit on all covered dental services |
| Hearing - routine exam | \$0 copay; 1 per year |
| Hearing aids | \$3,600 allowance for hearing aids, up to 2 hearing aids every year through UnitedHealthcare Hearing. Includes hearing aids delivered directly to you with virtual follow-up care through Right2You (select models), through UnitedHealthcare Hearing. |
| Fitness program | Renew Active fitness membership, classes and online brain exercises at no cost to you. With your fitness benefit you also get a Fitbit device at no cost to you. |
| Routine Transportation | \$0 copay; 60 one-way trips per year to or from approved locations |
| Personal Emergency Response System | Emergency monitoring device at no cost. |
| Foot care - routine | \$0 copay; 4 visits per year |
| Over-the-Counter (OTC) + Healthy Food Card | \$105 credit on a prepaid card every month to purchase approved over-the-counter products or healthy groceries. |
| Meal Benefit | \$0 copay; Meals provided up to 2 times per calendar year immediately after an inpatient hospital or skilled nursing facility stay. |
| NurseLine | Speak with a registered nurse (RN) 24 hours a day, 7 days a week. |

Prescription Drugs

| | |
|--------------------------------------------------------------|------------------------------------------------------------|
| Annual prescription (Part D) deductible | \$0 |
| 30-day or 100-day supply from retail network pharmacy | |
| All covered drugs | \$0 copay Some covered drugs limited to a 30-day supply |



Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. This information is not a complete description of benefits. Contact the plan for more information.

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Explore your additional services

Get all the benefits of Original Medicare and more

With this plan, you get additional services designed to help you live a healthier life. Limitations, exclusions and restrictions may apply. For more detailed information, please contact Customer Service at the phone number on the back of this book.

Social and Government Referral Assistance Program

At UnitedHealthcare, we care about the people we serve. But it's how we care that makes us different. We know the health care system can be difficult to navigate — that's why we work to make it easier for you.

Get connected to the care and support you need

There's much more to good health than what happens in the doctor's office. Other factors — such as access to food, housing, transportation and financial stability — are just as important. We may be able to connect you to discounts and services that make your life easier — all at no cost to you. These services may help you:

- Save on utility bills, prescription drug expenses and even home repair costs
- Find low-cost, easy-to-use transportation
- Determine Medicaid eligibility, depending on your income
- Find local support groups
- Maintain coverage within your Dual Eligible Special Needs Plan
- Learn about Veterans' Services and Support

Questions? We are here to help.

If you are a veteran or Dual Special Needs Plan member, please call **1-866-427-1873**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Saturday to learn more about programs and eligibility. For all other Medicare Advantage members, call **1-866-865-3851**, TTY **1-855-368-9643**, 9 a.m.–6 p.m. local time, Monday–Friday.

Routine dental benefit basics

Additional coverage that may make you smile.

Routine dental care is important for your teeth and overall health, but it’s not covered by Original Medicare. Some UnitedHealthcare® plans include certain dental services. Below are the routine dental services included in the plan you selected.

| With Routine Dental, you get: | | | |
|-------------------------------|-------------------------------------------------------|---|----------------------------------------------------------------------------------------------------------------------------------|
| ✓ | No deductible. | ✓ | \$0 copay for exams, x-rays, cleanings, fillings, crowns, bridges, root canals, extractions, dentures and more from our network. |
| ✓ | Up to \$2500.00 per year for covered dental services. | ✓ | Freedom to see any In-Network dentist you choose. Access to Medicare Advantage’s largest dental network. |

To find a network dentist in your area, go to www.UHCMedicareSolutions.com and click on 'Search Dentists' located under the 'Shop For a Plan' tab. When prompted, select the National Medicare Advantage Network. For all other questions or more information, please call the Customer Service number on the back of your member ID card.

Covered Routine Dental Services – Level 4

| American Dental Association (ADA) Codes: | Description of Dental Procedure: | Frequency: | Criteria and Exclusions: | Copayment |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Covered dental procedures are listed by ADA code. These codes are used by dentists to submit dental claims. Categories provide easy reference. | Easy to interpret description of the dental procedure code | How often UnitedHealthcare will pay for the dental procedure | Conditions under which UnitedHealthcare would pay for this procedure and situations where UnitedHealthcare would NOT pay for the procedure | |

| American Dental Association (ADA) Codes: | Description of Dental Procedure: | Frequency: | Criteria and Exclusions: | Copayment |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Exams | | | | |
| D0120 | Routine periodic exam completed during check-up | Two procedures per plan year | Covers periodic, limited, comprehensive, and detailed/ | \$0 |
| D0140 | Limited exam to evaluate a problem | One procedure per plan year | extensive oral exams. Does not cover periodontal exams separate from periodic, limited, or comprehensive exams. Only one exam code covered per appointment. | \$0 |
| D0150 | Comprehensive exam (for a new patient, or an established patient after 3 or more years of inactivity from dental treatment) | One procedure every three plan years | | \$0 |
| D0160 | Detailed and extensive problem focused exam | One procedure per plan year | | \$0 |
| X-Rays | | | | |
| D0210 | Full-mouth/ Complete x-ray set for evaluation of the teeth and mouth | One procedure every three plan years | Covers intraoral complete series of radiographs. Does not cover CTs, cephalograms, or MRIs. | \$0 |
| D0220, D0230 | X-rays for closer evaluation around the roots of teeth | Unlimited per plan year | Covers periapical x-rays. Does not cover CTs, cephalograms, or MRIs. Not covered on the same day as intraoral complete series of radiographs (D0210). | \$0 |

| American Dental Association (ADA) Codes: | Description of Dental Procedure: | Frequency: | Criteria and Exclusions: | Copayment |
|------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------|
| D0270, D0272, D0273, D0274, D0277 | Bitewing x-rays for evaluation of the teeth and bone | One procedure per plan year | Not covered in the same year as a full mouth set of x-rays (D0210) | \$0 |
| D0330 | Panoramic x-ray for evaluation of the teeth and mouth | One procedure every three plan years | Covers panoramic radiographs. Does not cover CTs, cephalograms, or MRIs. | \$0 |
| Cleanings | | | | |
| D1110 | Standard adult dental cleaning | Two procedures per plan year | Covers adult prophylaxis. Not covered on the same day as D4910 or D4355. | \$0 |
| D4910 | Routine dental cleaning for an adult who has documented history of gum disease | Three procedures per plan year | Covers periodontal maintenance. Only covered with history of scaling and root planing (deep cleaning) or periodontal surgery. | \$0 |
| Other Preventive Services | | | | |
| D1206, D1208 | Fluoride | Two procedures per plan year | Covers topical application of fluoride (either varnish or excluding varnish) | \$0 |
| D1310 | Nutritional Counseling | One procedure per plan year | Covers counseling on dietary habits as a part of treatment and control of gum disease and/or cavities | \$0 |

| American Dental Association (ADA) Codes: | Description of Dental Procedure: | Frequency: | Criteria and Exclusions: | Copayment |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| D1354 | Application of medication to a tooth to stop or inhibit cavity formation | Unlimited per plan year | Covers application of interim caries arresting medicament-per tooth to a non-symptomatic carious tooth | \$0 |
| Fillings | | | | |
| D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2940 | Metal or tooth-colored fillings placed directly into the mouth on front, middle or back teeth. | Unlimited per plan year | Covers amalgam and resin-based composite fillings. Does not cover gold foil fillings, sealants, or preventive resin restorations. | \$0 |
| D3110, D3120 | Medicine placed under fillings to promote pulp healing | Unlimited per plan year | Covers pulp capping for an exposed or nearly exposed pulp. Does not cover bases and liners when all caries has been removed. | \$0 |
| Crowns, Inlays, and Onlays | | | | |
| D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794 | Cap (crown) or partial crown called an inlay or onlay - made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth. | One procedure per tooth every five plan years | Covered when there is extensive decay or destruction of the tooth where the tooth cannot be fixed with only a filling. Does not cover crowns for cosmetic reasons or for closing gaps. Veneers are not covered. | \$0 |

| American Dental Association (ADA) Codes: | Description of Dental Procedure: | Frequency: | Criteria and Exclusions: | Copayment |
|------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| | | | Implant crowns are not covered. Does not cover "3/4" crowns. | |
| Other Restorative Services | | | | |
| D2920 | Recementing a crown that has fallen off | Unlimited per plan year | Only covered for a tooth with an existing crown. Not covered for cementing a new crown the day of delivery. | \$0 |
| D2949 | Small filling needed prior to fitting a tooth with a crown | One procedure per tooth every five plan years | Has to be performed together with a crown | \$0 |
| D2950 | Filling or pins placed when preparing a tooth for a crown | One procedure per tooth every five plan years | | \$0 |
| D2952, D2953, D2954, D2957 | Buildup of filling around a post to prepare the tooth for a crown | One D2952 and D2953, or one D2954 and D2957 per tooth every five plan years | Has to be performed together with a crown. Tooth also has to have had root canal treatment. Covers both indirectly fabricated and prefabricated posts and cores. | \$0 |
| Root Canals (Endodontic Services) | | | | |
| D3310, D3320, D3330, D3346, D3347, D3348 | Root canal treatment for a front, middle, or back tooth | One initial root canal procedure (D3310, D3320, or D3330) and one | This is a root canal performed on a tooth for the first time or as | \$0 |

| American Dental Association (ADA) Codes: | Description of Dental Procedure: | Frequency: | Criteria and Exclusions: | Copayment |
|------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| | (excluding filling or crown needed after the root canal) | retreatment procedure (D3346, D3347, or D3348) per tooth per lifetime of the member | retreatment to a tooth that had a root canal completed previously. Does not include root canals performed from the root tip by access through the gums, incomplete root canal treatment, or internal root repair of perforation defects. | |
| Scaling and Root Planing | | | | |
| D4341 | Deep cleaning for 4 or more teeth in a mouth quadrant | One procedure per quadrant every two plan years, not to exceed four unique quadrants every two plan years | Covered when bone loss is shown on the x-rays in addition to recorded tartar buildup and pocketing of the gums sufficient to warrant deep cleaning. | \$0 |
| D4342 | Deep cleaning for 1-3 teeth in a mouth quadrant | One procedure per quadrant every two plan years, not to exceed four unique quadrants every two plan years | | \$0 |
| D4355 | Cleaning buildup off the teeth to allow for proper visibility of the teeth for examination | One procedure every three plan years | Used when there is extensive buildup that needs to be removed in order to perform an | \$0 |

| American Dental Association (ADA) Codes: | Description of Dental Procedure: | Frequency: | Criteria and Exclusions: | Copayment |
|------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------|
| | | | exam. Cannot be performed same day as a dental cleaning (D1110 or D4910) | |
| D4381 | Medicine applied to gum space around a tooth (per tooth) for management of gum disease | Unlimited per plan year | Cannot be used same day as scaling and root planing (D4341 or D4342) | \$0 |
| Complete Dentures | | | | |
| D5110 | Complete upper denture | One procedure every five plan years | Denture covered when there are no erupted teeth remaining in the mouth | \$0 |
| D5120 | Complete lower denture | One procedure every five plan years | | \$0 |
| D5130 | Complete upper denture delivered at the time of extracting remaining upper teeth | One procedure per lifetime of member | | \$0 |
| D5140 | Complete lower denture delivered at the time of extraction of remaining lower teeth | One procedure per lifetime of member | | \$0 |
| Partials (Removable Partial Dentures) | | | | |
| D5211 | Upper partial denture - resin base | One procedure every five plan years | Partial denture covered when remaining/ supporting teeth are free of cavities and have good bone to support the partial denture. | \$0 |
| D5212 | Lower partial denture - resin base | One procedure every five plan years | | \$0 |
| D5213 | Upper partial dentures - cast metal framework | One procedure every five plan years | | \$0 |

| American Dental Association (ADA) Codes: | Description of Dental Procedure: | Frequency: | Criteria and Exclusions: | Copayment |
|------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| | with resin denture bases | | Includes retentive/clasping materials, rests and teeth. | |
| D5214 | Lower partial denture - cast metal framework with resin denture base | One procedure every five plan years | | \$0 |
| D5221 | Upper partial denture delivered at the time of extractions - resin base | One procedure every five plan years | | \$0 |
| D5222 | Lower partial denture delivered at the time of extractions - resin base | One procedure every five plan years | | \$0 |
| D5225 | Upper partial denture - flexible base | One procedure every five plan years | | \$0 |
| D5226 | Lower partial denture - flexible base | One procedure every five plan years | | \$0 |
| Adjustments and Repairs for Complete Dentures | | | | |
| D5410, D5411, D5850, D5851 | Denture adjustments or tissue conditioning for complete upper and/or lower denture | Two of each type of procedure per denture per plan year | Covers adjustments, relines, repairs, tissue conditioning, and replacing of missing or broken teeth for complete dentures. Cannot be billed within 6 months of delivery of the new denture | \$0 |
| D5511, D5512, D5520, D5730, D5731, D5750, D5751 | Repairs and relines for broken complete upper and/or lower dentures | One of each type of procedure per denture per plan year | | \$0 |
| Adjustments and Repairs for Partial Dentures | | | | |

| American Dental Association (ADA) Codes: | Description of Dental Procedure: | Frequency: | Criteria and Exclusions: | Copayment |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| D5421, D5422 | Adjustment of upper and/or lower partial denture | Two procedures per denture per plan year | Covers partial denture adjustments and relines. Covers | \$0 |
| D5611, D5612, D5621, D5622, D5630, D5640, D5650, D5660, D5740, D5741, D5760, D5761 | Repair or reline for upper and/or lower partial denture | One procedure of each procedure type per partial denture per plan year | repairs to framework of the partial denture, repair or replacement of missing or broken partial denture teeth, and addition of clasps or denture teeth to an existing partial denture. Cannot be billed within 6 months of delivery of the new partial denture. | \$0 |
| Bridges | | | | |
| D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245 | Part of the bridge that is the fake tooth replacing the missing tooth (the pontic) | One procedure per tooth every five plan years | Can only be used to replace a missing tooth. Covers bridges made of porcelain/ceramic; porcelain fused to high noble, predominantly base, or noble metal; full cast high noble, predominantly base, or noble metal; and titanium. Does not cover any part | \$0 |

| American Dental Association (ADA) Codes: | Description of Dental Procedure: | Frequency: | Criteria and Exclusions: | Copayment |
|---------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| | | | of an implant supported bridge. | |
| D6740, D6750, D6751, D6752, D6790, D6791, D6792, D6794, | Crowns that are placed on teeth supporting the bridge (retainer crowns) | One procedure per tooth every five plan years | Only covers crowns that are part of a bridge. Does not support any part of an implant supported bridge. | \$0 |
| D6930 | Re-cementing a bridge that has fallen off | Unlimited per plan year | Does not cover cementing a bridge on the day of initial bridge delivery | \$0 |
| Extractions and Oral Surgery Procedures | | | | |
| D7111, D7140, D7210, D7250 | Extractions | One procedure per tooth per lifetime of the member | Covers extraction of erupted permanent teeth, exposed tooth roots, and remnants of primary teeth. Covers surgical extraction of erupted teeth or exposed tooth roots. Does not cover extraction of impacted (unerupted) teeth. | \$0 |
| D7310, D7311, D7320, D7321 | Reshaping of the bone that surrounds the teeth or tooth spaces | One procedure per quadrant per plan year, up to four procedures on different/ | Covers alveoloplasty either in conjunction with or not in | \$0 |

| American Dental Association (ADA) Codes: | Description of Dental Procedure: | Frequency: | Criteria and Exclusions: | Copayment |
|----------------------------------------------|--------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| | | unique quadrants per plan year | conjunction with extractions. | |
| D7510, D7511 | Surgical drainage of an abscess | Unlimited per plan year | Covers incision and drainage of an abscess through soft tissue in the mouth (intraoral). Does not cover incision and drainage through the skin outside the mouth (extraoral). | \$0 |
| Emergency Treatment of Pain and Other | | | | |
| D9110 | Minor procedure for emergency treatment of dental pain | Unlimited per plan year | Covered for an urgent or emergent visit only | \$0 |
| D9910 | Application of desensitizing agent to a tooth or teeth | Unlimited per plan year | Covered once per visit. Does not cover bases, liners or adhesives used under restorations. | \$0 |
| Nitrous Oxide and Sedation | | | | |
| D9219 | Evaluation for sedation or general anesthesia | Unlimited per plan year | Covers administration of, evaluation for, and monitoring | \$0 |
| D9222, D9223 | Deep Sedation/ General Anesthesia | Unlimited per plan year | for intravenous moderate (conscious) | \$0 |
| D9230 | Nitrous Oxide | Unlimited per plan year | sedation/ analgesia, deep | \$0 |
| D9239, D9243 | IV sedation | Unlimited per plan year | sedation/general anesthesia, and | \$0 |

| American Dental Association (ADA) Codes: | Description of Dental Procedure: | Frequency: | Criteria and Exclusions: | Copayment |
|------------------------------------------|----------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| | | | nitrous oxide/analgesia - anxiolysis. Medications used for these procedures is considered included in the procedure code and cannot be billed for separately. | |
| Splints | | | | |
| D7880 | Splint used to treat the TMJ | One procedure every three plan years | Covers occlusal orthotic devices provided for treatment of TMJ dysfunction | \$0 |
| D9943 | Adjustment of occlusal guard | Two procedures per plan year | Not covered within 6 months of occlusal guard delivery | \$0 |
| D9944 | Top or bottom, full-arch hard occlusal guard | One procedure every three plan years | Only covered in association with documented tooth clenching or grinding. Does not cover any type of sleep apnea, snoring or TMD appliances. | \$0 |

Exclusions may apply:

1. Services performed by an out-of-network dentist if your plan does not have out-of-network coverage.
2. Dental services that are not necessary.
3. Hospitalization or other facility charges.
4. Any dental procedure performed solely for cosmetic and/or aesthetic reasons.
5. Any dental procedure not directly associated with a dental disease.

6. Any procedure not performed in a dental setting.
7. Reconstructive surgery of any type, including reconstructive surgery related to a dental disease, injury, or congenital anomaly.
8. Procedures that are considered experimental, investigational or unproven. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics. The fact that an experimental, investigational or unproven service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in coverage if the procedure is considered to be experimental, investigational or unproven in the treatment of that particular condition.
9. Service for injuries or conditions covered by workmen's compensation or employer liability laws, and services that are provided without cost to the covered persons by any municipality, county, or other political subdivision. This exclusion does NOT apply to any services covered by Medicaid or Medicare.
10. Expenses for dental procedures begun prior to the covered person's eligibility with the plan.
11. Dental services rendered (including otherwise covered dental services) after the date on which individual coverage under the policy terminates, including dental services for dental conditions arising prior to the date on which individual coverage under the policy terminates.
12. Services rendered by a provider with the same legal residence as a covered person or who is a member of a covered person's family, including a spouse, brother, sister, parent or child.
13. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.
14. Any services not listed above are not covered.



This information is not a complete description of benefits. Call the plan for more information.

The provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

[illegible]

Routine vision benefit

UnitedHealthcare Vision benefits provide services that help protect your eyesight and save you money on eyewear. From low-cost savings to high-end value, we give you the choices you want.

Some of the many ways to take advantage of our vision benefits:



\$0 copay for yearly comprehensive eye exam and a \$400 allowance toward frames or contacts every year



Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives—all with scratch-resistant coating



Savings on lens upgrades include tinting, UV/anti-reflective coating and polycarbonate lenses



Medicare Advantage's largest nationwide vision network, including in-store and online retailers



Home delivered eyewear available through online providers, including Warby Parker, GlassesUSA and others



To get started: To find an UnitedHealthcare Vision provider go to medicare.myuhcvision.com



Network size varies by market. Vision benefits vary by plan and are not available with all plans. Additional charges may apply for out-of-network items and services. Annual routine eye exam and allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Limitations and exclusions apply. Savings on lens compared to retail and eyewear allowance. Other vision providers are available in our network.

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[illegible]

Over-the-counter (OTC) + healthy food benefit

This benefit provides a boost to your budget. Get covered over-the-counter products and groceries at no cost. You get a single prepaid card, loaded with \$105 every month. Credit is loaded the first of each month and expires the last day of each month. Use it to shop at thousands of participating retailers.



Choose from thousands of OTC items, including toothpaste, first aid necessities, cough drops, bladder control pads and more



Choose from healthy groceries, including fruits and vegetables, fish, poultry, meat and seafood, dairy products, beans, bread, cereals, pasta, fresh salad kits, soups, nutritional shakes and bars and more



Spend your card balance on items most important to you, whether covered OTC products or healthy groceries



Shop in store, or order OTC products and covered groceries online at myuhcmedicare.com/HWP for home delivery



To get started: You can learn more at myuhcmedicare.com/HWP



Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply.

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CSTX22HM5011262_000

[illegible]

Renew Active®

Stay fit. Stay focused. Stay you.

Renew Active is the gold standard in Medicare fitness programs for body and mind – available at no additional cost. Stay active with a free gym membership, a personalized fitness plan, group fitness classes, an online brain health program and more. If you don't want to go to the gym, there are ways for you to stay active at home.

Renew Active includes:



A free gym membership with access to our nationwide network of gym and fitness locations. It's the largest of all Medicare fitness programs including many premium gyms



An annual personalized fitness plan



Allows you to bring a family member or friend to the gym to assist in your workout, at no additional cost



Access to thousands of on-demand workout videos and live streaming fitness classes



Social activities at local health and wellness classes and events and through the online Fitbit® Community for Renew Active — no Fitbit® device is needed. Joining the community also provides access to Fitbit Premium™



An online brain health program from AARP® Staying Sharp®, including a brain health assessment and exclusive content for Renew Active members



Get a Fitbit® device at no cost to help improve or maintain good health by tracking physical activity, stress and more. This 24/7 health and wellness companion will measure activity and habits to help you take steps toward a healthier life



To get started: To learn more about all Renew Active has to offer, visit **UHCRenewActive.com** or contact your sales representative



Participation in the Renew Active® program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, discounts, classes events, and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. AARP Staying Sharp is the registered trademark of AARP. The largest gym network of all Medicare fitness programs is based upon comparison of competitors' website data as of March, 2021. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan.

Y0066_RA_2022_M

CSMO22HM5006355_000

Routine hearing benefit

With UnitedHealthcare Hearing, you'll have personal help every step of the way, from arranging a hearing exam to finding the right hearing aid.

Hearing benefits that are music to your ears:



\$0 copay for routine hearing exam and \$3,600 allowance for broad selection of brand-name hearing aids



One of the largest nationwide networks of hearing professionals, with more than 7,000 locations



Access to top hearing aids including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™, and Widex®



Up to 80% off industry prices with UnitedHealthcare Hearing's brand, Relate™



Convenient home delivery on select hearing aids



One-on-one support, including on-demand video chats with hearing providers and hearing aid adjustments, plus online tutorials and more



To get started: Take an online hearing test and learn about hearing aid options at uhchearing.com/Medicare



Network size varies by market. Benefits, features, and/or devices vary by plan/area. Limitations and exclusions may apply. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Hearing aid savings calculated based on comparison to retail. The online hearing test is not intended to act as a substitute for professional medical advice, diagnosis, or treatment. Talk with your healthcare provider with any question about a medical condition.

[illegible]



Medicare Advantage plan
with prescription drugs

Summary of benefits 2022

UnitedHealthcare Dual Complete® (HMO D-SNP)
H4590-020-000

Look inside to take advantage of the health services and drug coverages the plan provides.
Call Customer Service or go online for more information about the plan.



Toll-free 1-844-560-4944, TTY 711
8 a.m. - 8 p.m. local time, 7 days a week



www.UHCCommunityPlan.com

**United
Healthcare
Dual Complete**

Summary of benefits

January 1st, 2022 - December 31st, 2022

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.UHCCommunityPlan.com or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan.

UnitedHealthcare Dual Complete® (HMO D-SNP) is a Medicare Advantage HMO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid. How much Medicaid covers depends on your income, resources and other factors. Some people get full Medicaid benefits. Some only get help to pay for certain Medicare costs, which may include premiums, deductibles, coinsurance, or copays.

You can enroll in this plan if you are in one of these Medicaid categories:

- ☐ **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayment amounts for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).
- ☐ **Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayment amounts only for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).
- ☐ **Qualified Disabled and Working Individual (QDWI):** Medicaid pays your Part A premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.
- ☐ **Qualifying Individual (QI):** Medicaid pays your part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. You pay the cost share amounts listed in the chart below. There may be some services that do not have a member cost share amount.
- ☐ **Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

Our service area includes these counties in:

Texas: Collin, Dallas, Denton, Ellis, Johnson, Kaufman, Rockwall, Tarrant.

Use network providers and pharmacies.

UnitedHealthcare Dual Complete® (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. This health plan requires you to select a primary care provider (PCP) from the network. Your PCP can handle most routine health care needs and will be responsible to coordinate your care. If you need to see a network specialist or other network provider, you may need to get a referral from your PCP. We encourage you to find out which specialists and hospitals your primary care provider would recommend for you and would refer you to for care, prior to selecting them as your plan's PCP. If you use providers or pharmacies that are not in our network, the plan may not pay for those services or drugs, or you may pay more than you pay at a network pharmacy.

You can go to www.UHCCommunityPlan.com to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered, and if there are any restrictions.

UnitedHealthcare Dual Complete® (HMO D-SNP)

Premiums and Benefits

| | In-Network |
|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly Plan Premium | \$25.10 |
| Annual Medical Deductible | Your deductible is \$203 per year for covered medical services you receive from providers as described in the Plan Deductible chart later in this document. Until you have paid the deductible amount, you must pay the full cost of your covered medical services. |
| Maximum Out-of-Pocket Amount (does not include prescription drugs) | <p>\$7,550 annually for Medicare-covered services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.</p> |
| Medicare Cost Sharing | If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services as noted by the cost sharing in this chart. |

UnitedHealthcare Dual Complete® (HMO D-SNP)

Benefits

| | | In-Network |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Inpatient Hospital ^{1,2} | | \$0 copay - \$1,480 copay per stay (or the 2022 Original Medicare amount, whichever is less). |
| | | Our plan covers an unlimited number of days for an inpatient hospital stay. |
| Outpatient Hospital Cost sharing for additional plan covered services will apply. | Ambulatory Surgical Center (ASC) ^{1,2} | \$0 copay for a diagnostic colonoscopy \$0 copay - 20% coinsurance otherwise |
| | Outpatient Hospital, including surgery ^{1,2} | \$0 copay for a diagnostic colonoscopy \$0 copay - 20% coinsurance otherwise |
| | Outpatient Hospital Observation Services ^{1,2} | \$0 copay - 20% coinsurance |
| Doctor Visits | Primary Care Provider | \$0 copay |
| | Specialists ^{1,2} | \$0 copay - 20% coinsurance |
| | Virtual Medical Visits | \$0 copay; Speak to network telehealth providers using your computer or mobile device. |
| Preventive Care | Medicare-covered | \$0 copay |
| | | Abdominal aortic aneurysm screening Alcohol misuse counseling Annual “Wellness” visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening |

Benefits

| | | In-Network |
|--------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 “Welcome to Medicare” preventive visit (one-time) |
| | | Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers. |
| | Routine physical | \$0 copay; 1 per year |
| Emergency Care | | \$0 copay - \$90 copay (\$0 copay for emergency care outside the United States) per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital” section of this booklet for other costs. |
| Urgently Needed Services | | \$0 copay - \$65 copay (\$0 copay for urgently needed services outside the United States) per visit |

Benefits

| | | In-Network |
|-----------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnostic Tests, Lab and Radiology Services, and X-Rays | Diagnostic radiology services (e.g. MRI) ^{1,2} | \$0 copay for each diagnostic mammogram \$0 copay - 20% coinsurance otherwise |
| | Lab services ^{1,2} | \$0 copay |
| | Diagnostic tests and procedures ^{1,2} | \$0 copay - 20% coinsurance |
| | Therapeutic Radiology ^{1,2} | \$0 copay - 20% coinsurance |
| | Outpatient X-rays ^{1,2} | \$0 copay - 20% coinsurance |
| Hearing Services | Exam to diagnose and treat hearing and balance issues ^{1,2} | \$0 copay |
| | Routine hearing exam | \$0 copay; 1 per year |
| | Hearing aid ² | \$3,600 allowance for hearing aids, up to 2 hearing aids every year through UnitedHealthcare Hearing. Includes hearing aids delivered directly to you with virtual follow-up care through Right2You (select models), through UnitedHealthcare Hearing. |
| Routine Dental Benefits | Preventive | \$0 copay for exams, cleanings, x-rays, and fluoride |
| | Comprehensive ² | \$0 copay for comprehensive dental services |
| | Benefit limit | \$2,500 limit on all covered dental services |

Benefits

| | | In-Network |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vision Services | Exam to diagnose and treat diseases and conditions of the eye ^{1,2} | \$0 copay - 20% coinsurance |
| | Eyewear after cataract surgery ¹ | \$0 copay |
| | Routine eye exam | \$0 copay; 1 every year |
| | Routine eyewear | <p>\$0 copay; up to \$400 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.</p> <p>Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).</p> |
| Mental Health | Inpatient visit ^{1,2} | \$0 copay - \$1,480 copay per stay (or the 2022 Original Medicare amount, whichever is less). |
| | | Our plan covers 90 days for an inpatient hospital stay. |
| | Outpatient group therapy visit ^{1,2} | \$0 copay - 20% coinsurance |
| | Outpatient individual therapy visit ^{1,2} | \$0 copay - 20% coinsurance |
| | Virtual Mental Health Visits | \$0 copay; Speak to network telehealth providers using your computer or mobile device. |
| Skilled Nursing Facility (SNF)^{1,2} (Stay must meet Medicare coverage criteria) | | <p>You pay the Original Medicare cost sharing amount for 2022 which will be set by CMS in the fall of 2021. These are 2021 cost sharing amounts and may change for 2022. Our plan will provide updated rates as soon as they are released.</p> <p>\$0 copay per day for days 1-100, or; \$0 copay per day: for days 1-20 and up to \$185.50 copay per day: for days 21-100</p> |
| | | Our plan covers up to 100 days in a SNF. |
| Physical therapy and speech and language therapy visit^{1,2} | | \$0 copay - 20% coinsurance |

Benefits

| | | In-Network |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------|
| Ambulance^{1,2} Your provider must obtain prior authorization for non-emergency transportation. Referral is required for non-emergency transportation. | | \$0 copay - 20% coinsurance for ground \$0 copay - 20% coinsurance for air |
| Routine Transportation | | \$0 copay; 60 one-way trips per year to or from approved locations |
| Medicare Part B Prescription Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details. | Chemotherapy drugs ² | \$0 copay - 20% coinsurance |
| | Other Part B drugs ² | \$0 copay for allergy antigens \$0 copay - 20% coinsurance for all others |

Prescription Drugs

| | |
|--------------------------------------------------------------|------------------------------------------------------------|
| Annual Prescription Deductible | \$0 |
| 30-day or 100-day supply from retail network pharmacy | |
| All Covered Drugs | \$0 copay Some covered drugs limited to a 30-day supply |

Additional Benefits

| | | In-Network |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Chiropractic Care | Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ^{1,2} | \$0 copay - 20% coinsurance |
| Diabetes Management | Diabetes monitoring supplies ² | \$0 copay |
| | Diabetes Self-management training | \$0 copay |
| | Therapeutic shoes or inserts ² | \$0 copay - 20% coinsurance |
| Durable Medical Equipment (DME) and Related Supplies | Durable Medical Equipment (e.g., wheelchairs, oxygen) ² | \$0 copay - 20% coinsurance |
| | Prosthetics (e.g., braces, artificial limbs) ² | \$0 copay - 20% coinsurance |
| Fitness program | | <p>Renew Active provides a standard gym membership to an extensive network of fitness locations nationwide, plus a personalized fitness plan, online fitness classes, and an online brain health program all at no cost to you.</p> <p>With your fitness benefit you also get a Fitbit device at no cost to you.</p> |
| Foot Care (podiatry services) | Foot exams and treatment ^{1,2} | \$0 copay - 20% coinsurance |
| | Routine foot care | \$0 copay; for each visit up to 4 visits every year |
| Meal Benefit² | | \$0 copay; Meals provided up to 2 times per calendar year immediately after an inpatient hospital or skilled nursing facility stay. |
| Home Health Care^{1,2} | | \$0 copay |

Additional Benefits

| | | In-Network |
|------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hospice | | You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan. |
| NurseLine | | Speak with a registered nurse (RN) 24 hours a day, 7 days a week. |
| Occupational Therapy Visit^{1,2} | | \$0 copay - 20% coinsurance |
| Opioid Treatment Program Services² | | \$0 copay |
| Outpatient Substance Abuse | Outpatient group therapy visit ^{1,2} | \$0 copay - 20% coinsurance |
| | Outpatient individual therapy visit ^{1,2} | \$0 copay - 20% coinsurance |
| Over-the-Counter (OTC) + Healthy Food Card | | \$105 credit every month on a prepaid card to purchase approved health products or healthy groceries from network retail locations. Get home delivery options when you order online, by phone or by mail. Credit is loaded the first of each month and expires the last day of each month. |
| Personal Emergency Response System | | Help is only a button press away. A PERS monitoring device that can help provide you with the confidence of knowing that in any emergency situation you can get help quickly, 24 hours a day at no additional cost. |
| Renal Dialysis^{1,2} | | \$0 copay - 20% coinsurance |

Services with a 1 may require a referral from your doctor.

Services with a 2 may require your provider to obtain prior authorization from the plan.

Plan Deductible

Your plan has a deductible for certain services. The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover.

The deductible applies to the following Medicare-covered benefit categories, unless otherwise specified.

Annual Medical Deductible

Your deductible is \$203 per year for covered medical services you receive from providers as described below. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.

Here's how it works:

1. You pay your plan's deductible in full; then,
2. You pay your copay or coinsurance; finally,
3. Your plan pays the rest.

The deductible applies in-network to the following Medicare-covered benefit categories, unless otherwise specified:

In-Network

List of applicable services

Outpatient Hospital

- ☐ Ambulatory Surgical Center (ASC), excluding diagnostic colonoscopy
- ☐ Outpatient Hospital, including surgery, excluding diagnostic colonoscopy
- ☐ Outpatient Hospital Observation Services

Doctor Visits

- ☐ Primary
- ☐ Specialists

Diagnostic Tests, Lab and Radiology Services, and X-Rays

- ☐ Diagnostic radiology services (e.g. MRI), excluding diagnostic mammogram
- ☐ Lab services
- ☐ Diagnostic tests and procedures
- ☐ Therapeutic radiology
- ☐ Outpatient X-rays

Hearing Services

- ☐ Exam to diagnose and treat hearing and balance issues

Vision Services

- ☐ Exam to diagnose and treat diseases and conditions of the eye
- ☐ Eyewear after cataract surgery

Mental Health

- ☐ Outpatient group therapy visit

| |
|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Outpatient individual therapy visit |
| Physical Therapy and Speech and Language Therapy Visit |
| Ambulance (All Non-emergency) |
| Medicare Part B Drugs |
| <input type="checkbox"/> Chemotherapy drugs |
| <input type="checkbox"/> Other Part B drugs |
| Chiropractic Care |
| <input type="checkbox"/> Manual manipulation of the spine to correct subluxation |
| Diabetes Management |
| <input type="checkbox"/> Diabetes monitoring supplies |
| <input type="checkbox"/> Therapeutic shoes or inserts |
| Durable Medical Equipment (DME) and Related Supplies |
| <input type="checkbox"/> Durable Medical Equipment (e.g. wheelchairs, oxygen) |
| <input type="checkbox"/> Prosthetics (e.g., braces, artificial limbs) |
| Foot Care (podiatry services) |
| <input type="checkbox"/> Foot exams and treatment |
| Occupational Therapy Visit |
| Opioid Treatment Program Services |
| Outpatient Substance Abuse |
| <input type="checkbox"/> Outpatient group therapy visit |
| <input type="checkbox"/> Outpatient individual therapy visit |
| Renal Dialysis |

Medicaid Benefits

Information for people with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid.

The benefits described below are covered by Medicaid. You can see what Texas Medicaid Health and Human Services Commission covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage.

Coverage of the benefits described below depends upon your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Texas Medicaid Health and Human Services Commission, 1-512-424-6500.

Medicaid may pay your Medicare cost sharing amount, but it will depend on your Medicaid eligibility level. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. Please see your Medicaid Member Handbook for details on the cost sharing and additional benefits covered.

Benefits

| | Medicaid | UnitedHealthcare Dual Complete® (HMO D-SNP) |
|--------------------------------------------------------|----------|---------------------------------------------|
| Inpatient Hospital Care | Covered | Covered |
| Doctor Office Visits | Covered | Covered |
| Preventive Care | Covered | Covered |
| Emergency Care | Covered | Covered |
| Urgently Needed Services | Covered | Covered |
| Diagnostic Tests Lab and Radiology Services and X-Rays | Covered | Covered |
| Hearing Services | Covered | Covered |
| Dental Services | Covered | Covered |
| Vision Services | Covered | Covered |
| Inpatient Mental Health Care | Covered | Covered |
| Mental Health Care | Covered | Covered |
| Skilled Nursing Facility (SNF) | Covered | Covered |
| Ambulance | Covered | Covered |
| Transportation (Routine) | Covered | Covered |

Benefits

| | Medicaid | UnitedHealthcare Dual Complete® (HMO D-SNP) |
|--------------------------------|--------------------------|---------------------------------------------|
| Prescription Drug Benefits | Covered | Covered |
| Chiropractic Care | Covered | Covered |
| Diabetes Supplies and Services | Covered | Covered |
| Durable Medical Equipment | Covered | Covered |
| Foot Care | Covered | Covered |
| Home Health Care | Covered | Covered |
| Hospice | Covered with Limitations | Covered |
| Outpatient Hospital Services | Covered | Covered |
| Renal Dialysis | Covered | Covered |
| Prosthetic Devices | Covered | Covered |

Required Information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-866-480-2064 for additional information (TTY users should call 711). Hours are 8 a.m. - 8 p.m. local time, 7 days a week.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunice con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-480-2064, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m., los 7 días de la semana, hora local.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions may apply.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 100 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

Choose one device from approved select models every 2 years. Devices may vary by plan/area. Limitations and exclusions apply. Fitbit, the Fitbit logo, and related marks and logos are trademarks of Google LLC and/or its affiliates.

Participation in the Renew Active® program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership, equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, classes, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. AARP® Staying Sharp is the registered trademark of AARP. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan.

The Nurseline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

2021 Medicare star ratings

UnitedHealthcare - H4590

Every year, Medicare evaluates plans based on a 5-star rating system. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan’s performance to other plans. The two main types of Star Ratings are:

- 1. An Overall Star Rating that combines all of our plan’s scores.
- 2. Summary Star Rating that focus on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- ☐ How our members rate our plan’s services and care;
- ☐ How well our doctors detect illnesses and keep members healthy;
- ☐ How well our plan helps our members use recommended and safe prescription medications.

For 2021, UnitedHealthcare received the following Overall Star Rating from Medicare.

★★★★☆ 4.5 stars

We received the following Summary Star Rating for UnitedHealthcare’s health/drug plan services:

Health Plan Services: ★★★★★ 4.5 stars

Drug Plan Services: ★★★★★ 4 stars

The number of stars shows how well our plan performs.

- ★★★★★ 5 stars – Excellent
- ★★★★ 4 stars – Above Average
- ★★★ 3 stars – Average
- ★★ 2 stars – Below Average
- ★ 1 star – Poor

Learn more about our plan and how we are different from other plans at www.medicare.gov. You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **888-834-3721** (toll-free) or **711** (TTY). Current members please call **866-480-2064** (toll-free) or **711** (TTY).

The company does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the member toll-free phone number listed in the front of this booklet.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed in the front of this booklet.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en la portada de esta guía.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打本手冊封面所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Xin vui lòng gọi số điện thoại miễn phí dành cho hội viên trên trang bìa của tập sách này.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 이 책자 앞 페이지에 기재된 무료 회원 전화번호로 문의하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nakalista sa harapan ng booklet na ito.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русским (Russian)**. Позвоните по бесплатному номеру телефона, указанному на лицевой стороне данной брошюры.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يرجى الاتصال على رقم الهاتف المجاني للعضو الموجود في مقدمة هذا الكتيب.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo telefòn gratis pou manm yo ki sou kouvèti ti liv sa a.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone sans frais pour les affiliés figurant au début de ce guide.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny członkowski numer telefonu podany na okładce tej broszury.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número do membro encontrado na frente deste folheto.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero verde per i membri indicato all'inizio di questo libretto.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer für Mitglieder auf der Vorderseite dieser Broschüre an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。本冊子の表紙に記載されているメンバー用フリーダイヤルにお電話ください。

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگان اعضا که بر روی جلد این کتابچه قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेबाएं, नि:शुल्क उपलब्ध हैं। कृपया इस पुस्तिका के सामने के पृष्ठ पर सूचीबद्ध सदस्य टोल-फ्री फ़ोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu tus tswv cuab xov tooj hu dawb teev nyob ntawm sab xub ntiag ntawm phau ntawv no.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (**Khmer**) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខសមាជិកឥតចេញថ្លៃ បានកត់នៅខាងមុខនៃកូនសៀវភៅនេះ។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Pakitawagan iti miyembro toll-free nga number nga nakasurat iti sango ti libro.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániłti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shqódi díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béesh bee hane'í biká'ígíí bee hodiilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka xubinta ee telefonka bilaashka ah ee ku qoran xagga hore ee buugyaraha.

Drug list

Drug list

This is a complete alphabetical list of prescription drugs covered by the plan as of October 1, 2021. This list can change throughout the year. Call us or go online for the most up-to-date information. Our phone number and website are listed on the back cover of this book.

- ☐ **Brand name** drugs are in **bold** type. Generic drugs are in plain type
- ☐ Your plan may have an annual prescription deductible
- ☐ See the Summary of Benefits in this book to find out what you'll pay for these drugs
- ☐ Some drugs have coverage requirements, such as Prior Authorization or Step Therapy. For more information, please contact us or view the complete drug list on our website

| A | |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Abacavir Sulfate (Oral Solution) | Acetylcysteine (Inhalation Solution) |
| Abacavir Sulfate (Oral Tablet) | Acitretin (Oral Capsule) |
| Abacavir Sulfate-Lamivudine (Oral Tablet) | ActHIB (Intramuscular Solution Reconstituted) |
| Abacavir-Lamivudine-Zidovudine (Oral Tablet) | Actemra (Subcutaneous Solution Prefilled Syringe) |
| Abelcet (Intravenous Suspension) | Actemra ACTPen (Subcutaneous Solution Auto-Injector) |
| Abilify Maintena (Intramuscular Prefilled Syringe) | Actimmune (Subcutaneous Solution) |
| Abilify Maintena (Intramuscular Suspension Reconstituted ER) | Acyclovir (External Ointment) |
| Abiraterone Acetate (250MG Oral Tablet) | Acyclovir (Oral Capsule) |
| Abiraterone Acetate (500MG Oral Tablet) | Acyclovir (Oral Suspension) |
| Acamprosate Calcium (Oral Tablet Delayed Release) | Acyclovir (Oral Tablet) |
| Acarbose (Oral Tablet) | Acyclovir Sodium (Intravenous Solution) |
| Accutane (20MG Oral Capsule, 30MG Oral Capsule, 40MG Oral Capsule) | Adacel (Intramuscular Suspension) |
| Acebutolol HCl (Oral Capsule) | Adapalene (0.1% External Gel) |
| Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule) | Adapalene (External Cream) |
| Acetaminophen-Codeine (120-12MG/5ML Oral Solution) | Adefovir Dipivoxil (Oral Tablet) |
| Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet) | Adempas (Oral Tablet) |
| Acetazolamide (Oral Tablet) | Advair Diskus (Inhalation Aerosol Powder Breath Activated) |
| Acetazolamide ER (Oral Capsule Extended Release 12 Hour) | Advair HFA (Inhalation Aerosol) |
| Acetic Acid (Otic Solution) | Afinitor (10MG Oral Tablet) |
| | Afinitor Disperz (Oral Tablet Soluble) |
| | Aimovig (Subcutaneous Solution Auto-Injector) |
| | Ala-Cort (External Cream) |
| | Albendazole (Oral Tablet) |
| | Albuterol Sulfate (Inhalation Nebulization) |

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| Solution) | Amiloride-Hydrochlorothiazide (Oral Tablet) |
| Albuterol Sulfate (Oral Syrup) | Aminosyn II (15% Intravenous Solution) |
| Albuterol Sulfate (Oral Tablet Immediate Release) | Aminosyn-PF (7% Intravenous Solution) |
| Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution (Generic Proair), 108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil) | Amiodarone HCl (200MG Oral Tablet) |
| Alclometasone Dipropionate (External Cream) | Amitriptyline HCl (Oral Tablet) |
| Alclometasone Dipropionate (External Ointment) | Amlodipine Besylate (Oral Tablet) |
| Alcohol Prep Pads | Amlodipine-Atorvastatin (Oral Tablet) |
| Alecensa (Oral Capsule) | Amlodipine-Benazepril (Oral Capsule) |
| Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet) | Amlodipine-Olmesartan (Oral Tablet) |
| Alendronate Sodium (Oral Solution) | Amlodipine-Valsartan (Oral Tablet) |
| Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour) | Amlodipine-Valsartan-HCTZ (Oral Tablet) |
| Aliskiren Fumarate (Oral Tablet) | Ammonium Lactate (External Cream) |
| Allopurinol (Oral Tablet) | Ammonium Lactate (External Lotion) |
| Alocril (Ophthalmic Solution) | Amnesteem (Oral Capsule) |
| Alomide (Ophthalmic Solution) | Amoxapine (Oral Tablet) |
| Alosetron HCl (Oral Tablet) | Amoxicillin (Oral Capsule) |
| Alphagan P (0.1% Ophthalmic Solution) | Amoxicillin (Oral Suspension Reconstituted) |
| Alprazolam (Oral Tablet Immediate Release) | Amoxicillin (Oral Tablet Chewable) |
| Altavera (Oral Tablet) | Amoxicillin (Oral Tablet Immediate Release) |
| Alunbrig (Oral Tablet Therapy Pack) | Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted) |
| Alunbrig (Oral Tablet) | Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable) |
| Alyacen 1/35 (Oral Tablet) | Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release) |
| Alyq (Oral Tablet) | Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour) |
| AmBisome (Intravenous Suspension Reconstituted) | Amphetamine-Dextroamphetamine (Oral Tablet) |
| Amantadine HCl (Oral Capsule) | Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour) |
| Amantadine HCl (Oral Syrup) | Amphotericin B (Intravenous Solution Reconstituted) |
| Amantadine HCl (Oral Tablet) | Ampicillin (Oral Capsule) |
| Ambrisentan (Oral Tablet) | Ampicillin Sodium (10GM Intravenous Solution Reconstituted) |
| Amethia (Oral Tablet) | Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted) |
| Amikacin Sulfate (500MG/2ML Injection Solution) | Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted) |
| Amiloride HCl (Oral Tablet) | |

Bold type = Brand name drug

Plain type = Generic drug

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| Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted) | Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible) |
| Anagrelide HCl (Oral Capsule) | Aristada (Intramuscular Prefilled Syringe) |
| Anastrozole (Oral Tablet) | Aristada Initio (Intramuscular Prefilled Syringe) |
| Androderm (Transdermal Patch 24 Hour) | Armodafinil (Oral Tablet) |
| Anoro Ellipta (Inhalation Aerosol Powder Breath Activated) | Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated) |
| Apokyn (Subcutaneous Solution Cartridge) | Asenapine Maleate (Tablet Sublingual) |
| Apraclonidine HCl (Ophthalmic Solution) | Ashlyna (Oral Tablet) |
| Aprepitant (Oral Therapy Pack, Oral Capsule) | Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour) |
| Apri (Oral Tablet) | Atazanavir Sulfate (Oral Capsule) |
| Apriso (Oral Capsule Extended Release 24 Hour) | Atenolol (Oral Tablet) |
| Optiom (Oral Tablet) | Atenolol-Chlorthalidone (Oral Tablet) |
| Aptivus (Oral Capsule) | Atomoxetine HCl (Oral Capsule) |
| Aralast NP (1000MG Intravenous Solution Reconstituted) | Atorvastatin Calcium (Oral Tablet) |
| Aranelle (Oral Tablet) | Atovaquone (Oral Suspension) |
| Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe) | Atovaquone-Proguanil HCl (Oral Tablet) |
| Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution) | Atropine Sulfate (1% Ophthalmic Solution) |
| Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe) | Atrovent HFA (Inhalation Aerosol Solution) |
| Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution) | Aubagio (Oral Tablet) |
| Arcalyst (Subcutaneous Solution Reconstituted) | Aubra EQ (Oral Tablet) |
| Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet) | Auryxia (Oral Tablet) |
| Aripiprazole (1MG/ML Oral Solution) | Austedo (Oral Tablet) |
| | Aviane (Oral Tablet) |
| | Avonex Pen (Intramuscular Auto-Injector Kit) |
| | Avonex Prefilled (Intramuscular Prefilled Syringe Kit) |
| | Ayvakit (100MG Oral Tablet, 200MG Oral Tablet, 300MG Oral Tablet) |
| | Azathioprine (Oral Tablet) |
| | Azelaic Acid (External Gel) |
| | Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution) |
| | Azelastine HCl (Ophthalmic Solution) |
| | Azelastine-Fluticasone (Nasal Suspension) |
| | Azithromycin (Intravenous Solution Reconstituted) |
| | Azithromycin (Oral Suspension Reconstituted) |

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| Azithromycin (Oral Tablet) | Betamethasone Dipropionate Aug (External Ointment) |
| Aztreonam (1GM Injection Solution Reconstituted) | Betamethasone Valerate (External Cream) |
| B | Betamethasone Valerate (External Lotion) |
| BCG Vaccine (Injection) | Betamethasone Valerate (External Ointment) |
| BIVIGAM (Intravenous Solution) | Betaseron (Subcutaneous Kit) |
| BRIVIACT (Oral Solution) | Betaxolol HCl (Ophthalmic Solution) |
| BRIVIACT (Oral Tablet) | Betaxolol HCl (Oral Tablet) |
| Bacitracin (Ophthalmic Ointment) | Bethanechol Chloride (Oral Tablet) |
| Bacitracin-Polymyxin B (Ophthalmic Ointment) | Betimol (Ophthalmic Solution) |
| Baclofen (Oral Tablet) | Bevespi Aerosphere (Inhalation Aerosol) |
| Balsalazide Disodium (Oral Capsule) | Bexarotene (Oral Capsule) |
| Balversa (Oral Tablet) | Bexsero (Intramuscular Suspension Prefilled Syringe) |
| Balziva (Oral Tablet) | BiDil (Oral Tablet) |
| Baqsimi One Pack (Nasal Powder) | Bicalutamide (Oral Tablet) |
| Baraclude (Oral Solution) | Bicillin C-R (Intramuscular Suspension) |
| Belsomra (Oral Tablet) | Bicillin C-R 900/300 (Intramuscular Suspension) |
| Benazepril HCl (Oral Tablet) | Bicillin L-A (Intramuscular Suspension) |
| Benazepril-Hydrochlorothiazide (Oral Tablet) | Biktarvy (Oral Tablet) |
| Benlysta (Subcutaneous Solution Auto-Injector) | Bisoprolol Fumarate (Oral Tablet) |
| Benlysta (Subcutaneous Solution Prefilled Syringe) | Bisoprolol-Hydrochlorothiazide (Oral Tablet) |
| Benznidazole (Oral Tablet) | Blisovi 24 Fe (Oral Tablet) |
| Benzoyl Peroxide-Erythromycin (External Gel) | Blisovi Fe 1.5/30 (Oral Tablet) |
| Benztropine Mesylate (Oral Tablet) | Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension) |
| Bepotastine Besilate (Ophthalmic Solution) | Bosentan (Oral Tablet) |
| Bepreve (Ophthalmic Solution) | Bosulif (Oral Tablet) |
| Berinert (Intravenous Kit) | Braftovi (Oral Capsule) |
| Besivance (Ophthalmic Suspension) | Breo Ellipta (Inhalation Aerosol Powder Breath Activated) |
| Betamethasone Dipropionate (External Cream) | Breztri Aerosphere (Inhalation Aerosol) |
| Betamethasone Dipropionate (External Lotion) | Briellyn (Oral Tablet) |
| Betamethasone Dipropionate (External Ointment) | Brilinta (Oral Tablet) |
| Betamethasone Dipropionate Aug (External Cream) | Brimonidine Tartrate (0.15% Ophthalmic Solution) |
| Betamethasone Dipropionate Aug (External Gel) | Brimonidine Tartrate (0.2% Ophthalmic Solution) |
| Betamethasone Dipropionate Aug (External Lotion) | |

Bold type = Brand name drug

Plain type = Generic drug

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| Brinzolamide (Ophthalmic Suspension) | Calcipotriene (External Ointment) |
| Bromocriptine Mesylate (Oral Capsule) | Calcipotriene (External Solution) |
| Bromocriptine Mesylate (Oral Tablet) | Calcitonin Salmon (Nasal Solution) |
| Brukinsa (Oral Capsule) | Calcitriol (External Ointment) |
| Budesonide (Inhalation Suspension) | Calcitriol (Oral Capsule) |
| Budesonide (Oral Capsule Delayed Release Particles) | Calcitriol (Oral Solution) |
| Budesonide ER (Oral Tablet Extended Release 24 Hour) | Calcium Acetate (667MG Oral Tablet) |
| Bumetanide (Injection Solution) | Calcium Acetate (Phosphate Binder) (Oral Capsule) |
| Bumetanide (Oral Tablet) | Calquence (Oral Capsule) |
| Buprenorphine (Transdermal Patch Weekly) | Camila (Oral Tablet) |
| Buprenorphine HCl (Tablet Sublingual) | Camrese Lo (Oral Tablet) |
| Buprenorphine HCl-Naloxone HCl (Sublingual Film) | Candesartan Cilexetil (Oral Tablet) |
| Buprenorphine HCl-Naloxone HCl (Tablet Sublingual) | Candesartan Cilexetil-HCTZ (Oral Tablet) |
| Bupropion HCl (Oral Tablet Immediate Release) | Caplyta (Oral Capsule) |
| Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent) | Caprelsa (Oral Tablet) |
| Bupropion HCl SR (Oral Tablet Extended Release 12 Hour) | Captopril (Oral Tablet) |
| Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour) | Carbaglu (Oral Tablet) |
| Buspiron HCl (Oral Tablet) | Carbamazepine (Oral Suspension) |
| Butalbital-Acetaminophen-Caffeine (Oral Tablet) | Carbamazepine (Oral Tablet Chewable) |
| Butalbital-Aspirin-Caffeine (Oral Capsule) | Carbamazepine (Oral Tablet Immediate Release) |
| Butorphanol Tartrate (Nasal Solution) | Carbamazepine ER (Oral Capsule Extended Release 12 Hour) |
| Bydureon BCise (Subcutaneous Auto-Injector) | Carbamazepine ER (Oral Tablet Extended Release 12 Hour) |
| Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector) | Carbidopa (Oral Tablet) |
| Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector) | Carbidopa-Levodopa (Oral Tablet Immediate Release) |
| Bystolic (Oral Tablet) | Carbidopa-Levodopa ER (Oral Tablet Extended Release) |
| C | Carbidopa-Levodopa ODT (Oral Tablet Dispersible) |
| Cabergoline (Oral Tablet) | Carbidopa-Levodopa-Entacapone (Oral Tablet) |
| Cablivi (Injection Kit) | Carteolol HCl (Ophthalmic Solution) |
| Cabometyx (Oral Tablet) | Cartia XT (Oral Capsule Extended Release 24 Hour) |
| Calcipotriene (External Cream) | Carvedilol (Oral Tablet) |
| | Cayston (Inhalation Solution Reconstituted) |
| | Caziant (Oral Tablet) |
| | Cefaclor (Oral Capsule) |

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| Cefadroxil (Oral Capsule) | Cetirizine HCl (1MG/ML Oral Solution) |
| Cefadroxil (Oral Suspension Reconstituted) | Chantix (Oral Tablet) |
| Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted) | Chantix Continuing Month Pak (Oral Tablet) |
| Cefdinir (Oral Capsule) | Chantix Starting Month Pak (Oral Tablet) |
| Cefdinir (Oral Suspension Reconstituted) | Chemet (Oral Capsule) |
| Cefepime HCl (Injection Solution Reconstituted) | Chenodal (Oral Tablet) |
| Cefixime (Oral Capsule) | Chlordiazepoxide HCl (Oral Capsule) |
| Cefixime (Oral Suspension Reconstituted) | Chlorhexidine Gluconate (Mouth Solution) |
| Cefotetan Disodium (Injection Solution Reconstituted) | Chloroquine Phosphate (Oral Tablet) |
| Cefoxitin Sodium (Injection Solution Reconstituted) | Chlorpromazine HCl (Oral Tablet) |
| Cefoxitin Sodium (Intravenous Solution Reconstituted) | Chlorthalidone (Oral Tablet) |
| Cefpodoxime Proxetil (Oral Suspension Reconstituted) | Chlorzoxazone (500MG Oral Tablet) |
| Cefpodoxime Proxetil (Oral Tablet) | Cholbam (Oral Capsule) |
| Cefprozil (Oral Suspension Reconstituted) | Cholestyramine (Oral Packet) |
| Cefprozil (Oral Tablet) | Cholestyramine Light (Oral Packet) |
| Ceftazidime (Injection Solution Reconstituted) | Ciclopirox (External Gel) |
| Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted) | Ciclopirox (External Shampoo) |
| Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted) | Ciclopirox (External Solution) |
| Cefuroxime Axetil (Oral Tablet) | Ciclopirox Olamine (External Cream) |
| Cefuroxime Sodium (Injection Solution Reconstituted) | Ciclopirox Olamine (External Suspension) |
| Cefuroxime Sodium (Intravenous Solution Reconstituted) | Cilostazol (Oral Tablet) |
| Celecoxib (Oral Capsule) | Ciloxan (Ophthalmic Ointment) |
| Celontin (Oral Capsule) | Cimduo (Oral Tablet) |
| Cephalexin (250MG Oral Capsule, 500MG Oral Capsule) | Cimetidine (Oral Tablet) |
| Cephalexin (750MG Oral Capsule) | Cimetidine HCl (300MG/5ML Oral Solution) |
| Cephalexin (Oral Suspension Reconstituted) | Cimzia (Subcutaneous Kit) |
| | Cimzia Prefilled (Subcutaneous Kit) |
| | Cinacalcet HCl (30MG Oral Tablet) |
| | Cinacalcet HCl (60MG Oral Tablet, 90MG Oral Tablet) |
| | Cinryze (Intravenous Solution Reconstituted) |
| | Cipro HC (Otic Suspension) |
| | Ciprofloxacin HCl (100MG Oral Tablet Immediate Release) |
| | Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release) |
| | Ciprofloxacin HCl (Ophthalmic Solution) |

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| Ciprofloxacin in D5W (200MG/100ML Intravenous Solution) | Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible) |
| Ciprofloxacin-Dexamethasone (Otic Suspension) | Clonidine (Transdermal Patch Weekly) |
| Citalopram Hydrobromide (Oral Solution) | Clonidine HCl (Oral Tablet Immediate Release) |
| Citalopram Hydrobromide (Oral Tablet) | Clonidine HCl ER (Oral Tablet Extended Release 12 Hour) |
| Claravis (Oral Capsule) | Clopidogrel Bisulfate (75MG Oral Tablet) |
| Clarithromycin (Oral Suspension Reconstituted) | Clorazepate Dipotassium (Oral Tablet) |
| Clarithromycin (Oral Tablet Immediate Release) | Clotrimazole (External Cream) |
| Clarithromycin ER (Oral Tablet Extended Release 24 Hour) | Clotrimazole (External Solution) |
| Clenpiq (Oral Solution) | Clotrimazole (Mouth/Throat Troche) |
| Climara Pro (Transdermal Patch Weekly) | Clotrimazole-Betamethasone (External Cream) |
| Clindacin-P (External Swab) | Clotrimazole-Betamethasone (External Lotion) |
| Clindamycin HCl (Oral Capsule) | Clovique (Oral Capsule) |
| Clindamycin Palmitate HCl (Oral Solution Reconstituted) | Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet) |
| Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution) | Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible) |
| Clindamycin Phosphate (External Gel) | Coartem (Oral Tablet) |
| Clindamycin Phosphate (External Lotion) | Codeine Sulfate (15MG Oral Tablet, 60MG Oral Tablet) |
| Clindamycin Phosphate (External Solution) | Codeine Sulfate (30MG Oral Tablet) |
| Clindamycin Phosphate (External Swab) | Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare) |
| Clindamycin Phosphate (Vaginal Cream) | Colchicine (0.6MG Oral Tablet) (Generic Colcrys) |
| Clindamycin Phosphate in D5W (Intravenous Solution) | Colesevelam HCl (Oral Packet) |
| Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel) | Colesevelam HCl (Oral Tablet) |
| Clobazam (Oral Suspension) | Colestipol HCl (Oral Packet) |
| Clobazam (Oral Tablet) | Colestipol HCl (Oral Tablet) |
| Clobetasol Propionate (External Cream) | Colistimethate Sodium (CBA) (Injection Solution Reconstituted) |
| Clobetasol Propionate (External Gel) | Combigan (Ophthalmic Solution) |
| Clobetasol Propionate (External Ointment) | Combivent Respimat (Inhalation Aerosol Solution) |
| Clobetasol Propionate (External Shampoo) | Cometriq (100MG Daily Dose) (Oral Kit) |
| Clobetasol Propionate (External Solution) | Cometriq (140MG Daily Dose) (Oral Kit) |
| Clobetasol Propionate Emollient Base (External Cream) | |
| Clodan (External Shampoo) | |
| Clomipramine HCl (Oral Capsule) | |
| Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet) | |

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| Cometriq (60MG Daily Dose) (Oral Kit) | Cystaran (Ophthalmic Solution) |
| Complera (Oral Tablet) | D |
| Compro (Rectal Suppository) | Dalfampridine ER (Oral Tablet Extended Release 12 Hour) |
| Constulose (Oral Solution) | Daliresp (Oral Tablet) |
| Copiktra (Oral Capsule) | Dalvance (Intravenous Solution Reconstituted) |
| Cordran (External Tape) | Danazol (Oral Capsule) |
| Corlanor (Oral Solution) | Dantrolene Sodium (Oral Capsule) |
| Corlanor (Oral Tablet) | Dapsone (Oral Tablet) |
| Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe) | Daptacel (Intramuscular Suspension) |
| Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector) | Daptomycin (Intravenous Solution Reconstituted) |
| Cotellic (Oral Tablet) | Daurismo (Oral Tablet) |
| Creon (Oral Capsule Delayed Release Particles) | Deblitane (Oral Tablet) |
| Crinone (Vaginal Gel) | Deferasirox (125MG Oral Tablet Soluble) (Generic Exjade) |
| Cromolyn Sodium (Inhalation Nebulization Solution) | Deferasirox (250MG Oral Tablet Soluble, 500MG Oral Tablet Soluble) (Generic Exjade) |
| Cromolyn Sodium (Ophthalmic Solution) | Deferasirox (Oral Tablet) (Generic Jadenu) |
| Cromolyn Sodium (Oral Concentrate) | Deferasirox Granules (Oral Packet) |
| Cryselle-28 (Oral Tablet) | Deferiprone (Oral Tablet) |
| Cuvposa (Oral Solution) | Delstrigo (Oral Tablet) |
| Cyclafem 1/35 (Oral Tablet) | Demeclocycline HCl (Oral Tablet) |
| Cyclafem 7/7/7 (Oral Tablet) | Demser (Oral Capsule) |
| Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet) | Depo-Estradiol (Intramuscular Oil) |
| Cyclobenzaprine HCl (7.5MG Oral Tablet) | Descovy (Oral Tablet) |
| Cyclophosphamide (25MG Oral Tablet) | Desipramine HCl (Oral Tablet) |
| Cyclophosphamide (50MG Oral Tablet) | Desmopressin Acetate (Oral Tablet) |
| Cyclophosphamide (Oral Capsule) | Desmopressin Acetate Spray (Nasal Solution) |
| Cycloset (Oral Tablet) | Desogestrel-Ethinyl Estradiol (Oral Tablet) |
| Cyclosporine (Oral Capsule) | Desonide (External Ointment) |
| Cyclosporine Modified (Oral Capsule) | Desoximetasone (External Cream) |
| Cyclosporine Modified (Oral Solution) | Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq) |
| Cyproheptadine HCl (Oral Syrup) | Dexamethasone (Oral Elixir) |
| Cyproheptadine HCl (Oral Tablet) | Dexamethasone (Oral Tablet) |
| Cyred EQ (Oral Tablet) | Dexamethasone Sodium Phosphate (Ophthalmic Solution) |
| Cystadane (Oral Powder) | Dexilant (Oral Capsule Delayed Release) |
| Cystagon (Oral Capsule) | |

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| Dexmethylphenidate HCl (Oral Tablet) | Digoxin (Oral Solution) |
| Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour) | Digoxin (Oral Tablet) |
| Dextroamphetamine Sulfate (Oral Tablet) | Dihydroergotamine Mesylate (Nasal Solution) |
| Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour) | Dilantin (Oral Capsule) |
| Dextrose (10% Intravenous Solution) | Dilantin INFATABS (Oral Tablet Chewable) |
| Dextrose (5% Intravenous Solution) | Dilt-XR (Oral Capsule Extended Release 24 Hour) |
| Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 5-0.2% Intravenous Solution) | Diltiazem HCl (Oral Tablet Immediate Release) |
| Dextrose-NaCl (2.5-0.45% Intravenous Solution, 5-0.45% Intravenous Solution) | Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour) |
| Dextrose-NaCl (5-0.9% Intravenous Solution) | Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour) |
| Diacomit (Oral Capsule) | Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour) |
| Diacomit (Oral Packet) | Diltiazem HCl ER Coated Beads (180MG Oral Tablet Extended Release 24 Hour, 240MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 360MG Oral Tablet Extended Release 24 Hour) |
| Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet) | Dimethyl Fumarate (120MG Oral Capsule Delayed Release, 240MG Oral Capsule Delayed Release) |
| Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel) | Dimethyl Fumarate Starter Pack (Oral Capsule) |
| Diazepam (5MG/5ML Oral Solution) | Dipentum (Oral Capsule) |
| Diazepam Intensol (5MG/ML Oral Concentrate) | Diphenoxylate-Atropine (Oral Liquid) |
| Diazoxide (Oral Suspension) | Diphenoxylate-Atropine (Oral Tablet) |
| Diclofenac Epolamine (External Patch) | Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension) |
| Diclofenac Potassium (Oral Tablet) | Disulfiram (Oral Tablet) |
| Diclofenac Sodium (1% External Gel) | Diuril (Oral Suspension) |
| Diclofenac Sodium (3% External Gel) | Divalproex Sodium (Oral Capsule Delayed Release Sprinkle) |
| Diclofenac Sodium (Ophthalmic Solution) | Divalproex Sodium (Oral Tablet Delayed Release) |
| Diclofenac Sodium (Oral Tablet Delayed Release) | Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour) |
| Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour) | Dofetilide (Oral Capsule) |
| Dicloxacillin Sodium (Oral Capsule) | |
| Dicyclomine HCl (Oral Capsule) | |
| Dicyclomine HCl (Oral Solution) | |
| Dicyclomine HCl (Oral Tablet) | |
| Difcid (Oral Suspension Reconstituted) | |
| Difcid (Oral Tablet) | |
| Diflunisal (Oral Tablet) | |
| Digitek (Oral Tablet) | |
| Digox (Oral Tablet) | |

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| Dolishale (Oral Tablet) | E |
| Donepezil HCl (Oral Tablet) | Econazole Nitrate (External Cream) |
| Donepezil HCl ODT (Oral Tablet Dispersible) | Edarbi (Oral Tablet) |
| Dorzolamide HCl (Ophthalmic Solution) | Edarbyclor (Oral Tablet) |
| Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution) | Edurant (Oral Tablet) |
| Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution) | Efavirenz (Oral Capsule) |
| Dovato (Oral Tablet) | Efavirenz (Oral Tablet) |
| Doxazosin Mesylate (Oral Tablet) | Efavirenz-Emtricitabine-Tenofovir (Oral Tablet) |
| Doxepin HCl (External Cream) | Efavirenz-Lamivudine-Tenofovir (Oral Tablet) |
| Doxepin HCl (Oral Capsule) | Egrifta SV (2MG Subcutaneous Solution Reconstituted) |
| Doxepin HCl (Oral Concentrate) | Elestrin (Transdermal Gel) |
| Doxercalciferol (Oral Capsule) | Eliquis (Oral Tablet) |
| Doxy 100 (Intravenous Solution Reconstituted) | Eliquis Starter Pack (Oral Tablet) |
| Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release) | Elmiron (Oral Capsule) |
| Doxycycline Hyclate (Oral Capsule) | EluRyng (Vaginal Ring) |
| Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule) | Emcyt (Oral Capsule) |
| Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet) | Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe) |
| Doxycycline Monohydrate (Oral Suspension Reconstituted) | Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe) |
| Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle) | Emgality (Subcutaneous Solution Auto-Injector) |
| Dronabinol (Oral Capsule) | Emoquette (Oral Tablet) |
| Drospirenone-Ethinyl Estradiol (Oral Tablet) | Emsam (Transdermal Patch 24 Hour) |
| Droxia (Oral Capsule) | Emtricitabine (Oral Capsule) |
| Droxidopa (Oral Capsule) | Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet) |
| Duavee (Oral Tablet) | Emtriva (Oral Solution) |
| Dulera (Inhalation Aerosol) | Enalapril Maleate (Oral Tablet) |
| Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles) | Enalapril-Hydrochlorothiazide (Oral Tablet) |
| Dutasteride (Oral Capsule) | Enbrel (Subcutaneous Solution Prefilled Syringe) |
| Dymista (Nasal Suspension) | Enbrel (Subcutaneous Solution Reconstituted) |
| | Enbrel (Subcutaneous Solution) |
| | Enbrel Mini (Subcutaneous Solution Cartridge) |
| | Enbrel SureClick (Subcutaneous Solution Auto-Injector) |

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| Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet) | Erythromycin Ethylsuccinate (Oral Tablet) |
| Engerix-B (Injection Suspension) | Esbriet (Oral Capsule) |
| Enoxaparin Sodium (Subcutaneous Solution) | Esbriet (Oral Tablet) |
| Enpresse-28 (Oral Tablet) | Escitalopram Oxalate (Oral Solution) |
| Enskyce (Oral Tablet) | Escitalopram Oxalate (Oral Tablet) |
| Entacapone (Oral Tablet) | Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium) |
| Entecavir (Oral Tablet) | Esomeprazole Magnesium (Oral Packet) |
| Entresto (Oral Tablet) | Estarylla (Oral Tablet) |
| Enulose (Oral Solution) | Estradiol (Oral Tablet) |
| Envarsus XR (Oral Tablet Extended Release 24 Hour) | Estradiol (Transdermal Patch Weekly) |
| Epclusa (Oral Tablet) | Estradiol (Vaginal Cream) |
| Epidiolex (Oral Solution) | Estradiol (Vaginal Tablet) |
| Epinastine HCl (Ophthalmic Solution) | Estradiol Valerate (Intramuscular Oil) |
| Epinephrine (Injection Solution Auto-Injector) | Estring (Vaginal Ring) |
| Epitol (Oral Tablet) | Eszopiclone (Oral Tablet) |
| Epivir HBV (Oral Solution) | Ethacrynic Acid (Oral Tablet) |
| Eplerenone (Oral Tablet) | Ethambutol HCl (Oral Tablet) |
| Ergotamine-Caffeine (Oral Tablet) | Ethosuximide (Oral Capsule) |
| Erivedge (Oral Capsule) | Ethosuximide (Oral Solution) |
| Erleada (Oral Tablet) | Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet) |
| Erlotinib HCl (Oral Tablet) | Etodolac (Oral Capsule) |
| Errin (Oral Tablet) | Etodolac (Oral Tablet Immediate Release) |
| Ertapenem Sodium (Injection Solution Reconstituted) | Etodolac ER (Oral Tablet Extended Release 24 Hour) |
| Ery (External Pad) | Etonogestrel-Ethinyl Estradiol (Vaginal Ring) |
| Erythrocin Lactobionate (Intravenous Solution Reconstituted) | Euthyrox (Oral Tablet) |
| Erythromycin (External Gel) | Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet) |
| Erythromycin (External Solution) | Everolimus (2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet) |
| Erythromycin (Ophthalmic Ointment) | Evotaz (Oral Tablet) |
| Erythromycin Base (Oral Capsule Delayed Release Particles) | Exemestane (Oral Tablet) |
| Erythromycin Base (Oral Tablet Delayed Release) | Ezetimibe (Oral Tablet) |
| Erythromycin Base (Oral Tablet Immediate Release) | Ezetimibe-Simvastatin (Oral Tablet) |
| Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted) | F |
| | FML (Ophthalmic Ointment) |
| | FML Forte (Ophthalmic Suspension) |
| | Falmina (Oral Tablet) |

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| Famciclovir (Oral Tablet) | Ferriprox (Oral Solution) |
| Famotidine (20MG Oral Tablet, 40MG Oral Tablet) | Ferriprox (Oral Tablet) |
| Famotidine (Oral Suspension Reconstituted) | Fetzima (120MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 40MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour) |
| Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet) | Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack) |
| Fanapt Titration Pack (Oral Tablet) | Finacea (External Foam) |
| Farxiga (Oral Tablet) | Finasteride (5MG Oral Tablet) (Generic Proscar) |
| Farydak (Oral Capsule) | Fintepla (Oral Solution) |
| Fasenra (Subcutaneous Solution Prefilled Syringe) | Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted) |
| Fasenra Pen (Subcutaneous Solution Auto-Injector) | Firmagon (80MG Subcutaneous Solution Reconstituted) |
| Fayosim (Oral Tablet) | Flac (Otic Oil) |
| Febuxostat (Oral Tablet) | Flarex (Ophthalmic Suspension) |
| Felbamate (Oral Suspension) | Flebogamma DIF (5GM/50ML Intravenous Solution) |
| Felbamate (Oral Tablet) | Flecainide Acetate (Oral Tablet) |
| Felodipine ER (Oral Tablet Extended Release 24 Hour) | Flovent Diskus (Inhalation Aerosol Powder Breath Activated) |
| Femring (Vaginal Ring) | Flovent HFA (Inhalation Aerosol) |
| Femynor (Oral Tablet) | Fluconazole (Oral Suspension Reconstituted) |
| Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet) | Fluconazole (Oral Tablet) |
| Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet) | Fluconazole in Sodium Chloride (Intravenous Solution) |
| Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 67MG Oral Capsule) | Flucytosine (Oral Capsule) |
| Fenofibric Acid (Oral Capsule Delayed Release) | Fludrocortisone Acetate (Oral Tablet) |
| Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour) | Flunisolide (Nasal Solution) |
| Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle) | Fluocinolone Acetonide (External Cream) |
| Fentanyl Citrate (200MCG Buccal Lozenge On A Handle) | Fluocinolone Acetonide (External Ointment) |
| | Fluocinolone Acetonide (External Solution) |
| | Fluocinolone Acetonide (Otic Oil) |
| | Fluocinolone Acetonide Scalp (External Oil) |
| | Fluocinonide (0.05% External Cream) |
| | Fluocinonide (External Gel) |
| | Fluocinonide (External Ointment) |
| | Fluocinonide (External Solution) |

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| Fluocinonide Emulsified Base (External Cream) | Furosemide (Oral Solution) |
| Fluorometholone (Ophthalmic Suspension) | Furosemide (Oral Tablet) |
| Fluorouracil (5% External Cream) | Fuzeon (Subcutaneous Solution Reconstituted) |
| Fluorouracil (External Solution) | Fyavolv (Oral Tablet) |
| Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release) | Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet) |
| Fluoxetine HCl (20MG/5ML Oral Solution) | Fycompa (2MG Oral Tablet) |
| Fluoxetine HCl (90MG Oral Capsule Delayed Release) | Fycompa (Oral Suspension) |
| Fluphenazine Decanoate (Injection Solution) | G |
| Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet) | Gabapentin (250MG/5ML Oral Solution) |
| Fluphenazine HCl (2.5MG/5ML Oral Elixir) | Gabapentin (Oral Capsule) |
| Fluphenazine HCl (2.5MG/ML Injection Solution) | Gabapentin (Oral Tablet) |
| Fluphenazine HCl (5MG/ML Oral Concentrate) | Galantamine Hydrobromide (Oral Solution) |
| Flurbiprofen (100MG Oral Tablet) | Galantamine Hydrobromide (Oral Tablet) |
| Flurbiprofen Sodium (Ophthalmic Solution) | Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour) |
| Flutamide (Oral Capsule) | Gammagard (2.5GM/25ML Injection Solution) |
| Fluticasone Propionate (External Cream) | Gammagard S/D Less IgA (Intravenous Solution Reconstituted) |
| Fluticasone Propionate (External Ointment) | Gammaked (1GM/10ML Injection Solution) |
| Fluticasone Propionate (Nasal Suspension) | Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution) |
| Fluticasone-Salmeterol (Inhalation Aerosol Powder Breath Activated) | Gamunex-C (1GM/10ML Injection Solution) |
| Fluvastatin Sodium (Oral Capsule) | Gardasil 9 (Intramuscular Suspension Prefilled Syringe) |
| Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour) | Gardasil 9 (Intramuscular Suspension) |
| Fluvoxamine Maleate (Oral Tablet) | Gatifloxacin (Ophthalmic Solution) |
| Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution) | Gattex (Subcutaneous Kit) |
| Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous Solution) | Gauze (Non-medicated 2X2 Pad) |
| Forteo (Subcutaneous Solution Pen-Injector) | GaviLyte-C (Oral Solution Reconstituted) |
| Fosamprenavir Calcium (Oral Tablet) | GaviLyte-G (Oral Solution Reconstituted) |
| Fosinopril Sodium (Oral Tablet) | GaviLyte-N with Flavor Pack (Oral Solution Reconstituted) |
| Fosinopril Sodium-HCTZ (Oral Tablet) | Gavreto (Oral Capsule) |
| Fotivda (Oral Capsule) | Gemfibrozil (Oral Tablet) |
| Furosemide (Injection Solution) | Generlac (Oral Solution) |

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| Gengraf (Oral Capsule) |
| Gengraf (Oral Solution) |
| Genotropin (Subcutaneous Solution Reconstituted) |
| Genotropin MiniQuick (Subcutaneous Solution Reconstituted) |
| Gentak (Ophthalmic Ointment) |
| Gentamicin Sulfate (40MG/ML Injection Solution) |
| Gentamicin Sulfate (External Cream) |
| Gentamicin Sulfate (External Ointment) |
| Gentamicin Sulfate (Ophthalmic Solution) |
| Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution) |
| Genvoya (Oral Tablet) |
| Gilenya (0.5MG Oral Capsule) |
| Gilotrif (Oral Tablet) |
| Glassia (Intravenous Solution) |
| Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe) |
| Glatopa (Subcutaneous Solution Prefilled Syringe) |
| Glimepiride (Oral Tablet) |
| Glipizide (Oral Tablet Immediate Release) |
| Glipizide ER (Oral Tablet Extended Release 24 Hour) |
| Glipizide-Metformin HCl (Oral Tablet) |
| GlucaGen HypoKit (Injection Solution Reconstituted) |
| Glucagon (Injection Kit) (Lilly) |
| Glyxambi (Oral Tablet) |
| Granisetron HCl (Oral Tablet) |
| Griseofulvin Microsize (Oral Suspension) |
| Griseofulvin Microsize (Oral Tablet) |
| Griseofulvin Ultramicrosize (Oral Tablet) |
| Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour) |
| Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector) |
| Gvoke PFS (Subcutaneous Solution Prefilled |

Bold type = Brand name drug

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| Syringe) |
| H |
| Haegarda (Subcutaneous Solution Reconstituted) |
| Hailey 24 Fe (Oral Tablet) |
| Halobetasol Propionate (External Cream) |
| Halobetasol Propionate (External Ointment) |
| Haloperidol (Oral Tablet) |
| Haloperidol Decanoate (Intramuscular Solution) |
| Haloperidol Lactate (Injection Solution) |
| Haloperidol Lactate (Oral Concentrate) |
| Havrix (Intramuscular Suspension) |
| Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution) |
| Heparin Sodium (1000UNIT/ML Injection Solution) |
| HepatAmine (8% Intravenous Solution) |
| Hetlioz (Oral Capsule) |
| Hetlioz LQ (Oral Suspension) |
| Hiberix (Injection Solution Reconstituted) |
| Humalog (Subcutaneous Solution Cartridge) |
| Humalog (Subcutaneous Solution) |
| Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector) |
| Humalog KwikPen (Subcutaneous Solution Pen-Injector) |
| Humalog Mix 50/50 (Subcutaneous Suspension) |
| Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector) |
| Humalog Mix 75/25 (Subcutaneous Suspension) |
| Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector) |
| Humira (Subcutaneous Prefilled Syringe Kit) |
| Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit) |
| Humira Pen (Subcutaneous Pen-Injector Kit) |
| Humira Pen Crohns Disease Starter |

Plain type = Generic drug

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| (Subcutaneous Pen-Injector Kit) | Release 24 Hour) |
| Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit) | Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution) |
| Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit) | Hydroxychloroquine Sulfate (Oral Tablet) |
| Humulin 70/30 (Subcutaneous Suspension) | Hydroxyurea (Oral Capsule) |
| Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector) | Hydroxyzine HCl (Oral Syrup) |
| Humulin N (Subcutaneous Suspension) | Hydroxyzine HCl (Oral Tablet) |
| Humulin N KwikPen (Subcutaneous Suspension Pen-Injector) | Hydroxyzine Pamoate (Oral Capsule) |
| Humulin R (Injection Solution) | I |
| Humulin R U-500 (Concentrated) (Subcutaneous Solution) | IDHIFA (Oral Tablet) |
| Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector) | IPOL (Injection) |
| Hydralazine HCl (Oral Tablet) | Ibandronate Sodium (Oral Tablet) |
| Hydrochlorothiazide (Oral Capsule) | Ibrance (Oral Capsule) |
| Hydrochlorothiazide (Oral Tablet) | Ibrance (Oral Tablet) |
| Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet) | Ibu (600MG Oral Tablet, 800MG Oral Tablet) |
| Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution) | Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet) |
| Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet) | Ibuprofen (Oral Suspension) |
| Hydrocortisone (1% External Cream) | Icatibant Acetate (Subcutaneous Solution) |
| Hydrocortisone (1% External Ointment, 2.5% External Ointment) | Iclevia (Oral Tablet) |
| Hydrocortisone (2.5% External Lotion) | Iclusig (Oral Tablet) |
| Hydrocortisone (Oral Tablet) | Icosapent Ethyl (Oral Capsule) |
| Hydrocortisone (Perianal) (2.5% External Cream) | Ilevro (Ophthalmic Suspension) |
| Hydrocortisone (Rectal Enema) | Imatinib Mesylate (Oral Tablet) |
| Hydrocortisone Butyrate (External Ointment) | Imbruvica (Oral Capsule) |
| Hydrocortisone Valerate (External Cream) | Imbruvica (Oral Tablet) |
| Hydrocortisone Valerate (External Ointment) | Imipenem-Cilastatin (Intravenous Solution Reconstituted) |
| Hydrocortisone-Acetic Acid (Otic Solution) | Imipramine HCl (Oral Tablet) |
| Hydromorphone HCl (1MG/ML Oral Liquid) | Imipramine Pamoate (Oral Capsule) |
| Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release) | Imiquimod (3.75% External Cream) |
| Hydromorphone HCl ER (Oral Tablet Extended | Imiquimod (5% External Cream) |
| | Imovax Rabies (Intramuscular Injectable) |
| | Impavido (Oral Capsule) |
| | Imvexxy Maintenance Pack (Vaginal Insert) |
| | Imvexxy Starter Pack (Vaginal Insert) |
| | Incassia (Oral Tablet) |
| | Increlex (Subcutaneous Solution) |

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| Incruse Ellipta (Inhalation Aerosol Powder Breath Activated) | Invega Trinza (Intramuscular Suspension Prefilled Syringe) |
| Indapamide (Oral Tablet) | Invirase (Oral Tablet) |
| Indomethacin (25MG Oral Capsule Immediate Release, 50MG Oral Capsule Immediate Release) | Ipratropium Bromide (Inhalation Solution) |
| Infanrix (Intramuscular Suspension) | Ipratropium Bromide (Nasal Solution) |
| Ingrezza (40MG Oral Capsule, 80MG Oral Capsule) | Ipratropium-Albuterol (Inhalation Solution) |
| Ingrezza (Oral Capsule Therapy Pack) | Irbesartan (Oral Tablet) |
| Inlyta (Oral Tablet) | Irbesartan-Hydrochlorothiazide (Oral Tablet) |
| Inqovi (Oral Tablet) | Iressa (Oral Tablet) |
| Inrebic (Oral Capsule) | Isentress (100MG Oral Tablet Chewable) |
| Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog) | Isentress (25MG Oral Tablet Chewable) |
| Insulin Lispro (Subcutaneous Solution) (Brand Equivalent Humalog) | Isentress (Oral Packet) |
| Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog) | Isentress (Oral Tablet) |
| Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog) | Isentress HD (Oral Tablet) |
| Insulin Syringes, Needles | Isibloom (Oral Tablet) |
| Intelence (100MG Oral Tablet, 200MG Oral Tablet) | Isolyte-P in D5W (Intravenous Solution) |
| Intelence (25MG Oral Tablet) | Isolyte-S pH 7.4 (Intravenous Solution) |
| Intralipid (Intravenous Emulsion) | Isoniazid (Oral Syrup) |
| Intron A (Injection Solution Reconstituted) | Isoniazid (Oral Tablet) |
| Intron A (Injection Solution) | Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release) |
| Introvale (Oral Tablet) | Isosorbide Mononitrate (Oral Tablet Immediate Release) |
| Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe) | Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour) |
| Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe) | Isotretinoin (Oral Capsule) |
| | Isturisa (Oral Tablet) |
| | Itraconazole (Oral Capsule) |
| | Itraconazole (Oral Solution) |
| | Ivermectin (Oral Tablet) |
| | Ixiaro (Intramuscular Suspension) |
| | J |
| | Jakafi (Oral Tablet) |
| | Jantoven (Oral Tablet) |
| | Janumet (Oral Tablet Immediate Release) |
| | Janumet XR (Oral Tablet Extended Release 24 |

Bold type = Brand name drug

Plain type = Generic drug

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| Hour) | Kinrix (Intramuscular Suspension) |
| Januvia (Oral Tablet) | Kisqali (200MG Dose) (Oral Tablet) |
| Jardiance (Oral Tablet) | Kisqali (400MG Dose) (Oral Tablet) |
| Jasmiel (Oral Tablet) | Kisqali (600MG Dose) (Oral Tablet) |
| Jentaduetto (Oral Tablet Immediate Release) | Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack) |
| Jentaduetto XR (Oral Tablet Extended Release 24 Hour) | Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack) |
| Jinteli (Oral Tablet) | Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack) |
| Jublia (External Solution) | Klor-Con (Oral Packet) |
| Juleber (Oral Tablet) | Klor-Con 10 (Oral Tablet Extended Release) |
| Juluca (Oral Tablet) | Klor-Con 8 (Oral Tablet Extended Release) |
| Junel 1.5/30 (Oral Tablet) | Klor-Con M10 (Oral Tablet Extended Release) |
| Junel 1/20 (Oral Tablet) | Klor-Con M15 (Oral Tablet Extended Release) |
| Junel Fe 1.5/30 (Oral Tablet) | Klor-Con M20 (Oral Tablet Extended Release) |
| Junel Fe 1/20 (Oral Tablet) | Korlym (Oral Tablet) |
| Junel Fe 24 (Oral Tablet) | Koselugo (Oral Capsule) |
| Juxtapid (10MG Oral Capsule, 20MG Oral Capsule, 30MG Oral Capsule, 5MG Oral Capsule) | Kurvelo (Oral Tablet) |
| K | Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film) |
| KCl in Dextrose-NaCl (Intravenous Solution) | L |
| KCl-Lactated Ringers-D5W (Intravenous Solution) | LARIN 1.5/30 (Oral Tablet) |
| Kaitlib Fe (Oral Tablet Chewable) | LARIN 1/20 (Oral Tablet) |
| Kaletra (100-25MG Oral Tablet) | LARIN Fe 1.5/30 (Oral Tablet) |
| Kaletra (200-50MG Oral Tablet) | LARIN Fe 1/20 (Oral Tablet) |
| Kalydeco (Oral Packet) | Labetalol HCl (Oral Tablet) |
| Kalydeco (Oral Tablet) | Lacrisert (Ophthalmic Insert) |
| Kariva (Oral Tablet) | Lactulose (10GM/15ML Oral Solution) |
| Kelnor 1/35 (Oral Tablet) | Lamivudine (100MG Oral Tablet) |
| Kelnor 1/50 (Oral Tablet) | Lamivudine (10MG/ML Oral Solution) |
| Ketoconazole (External Cream) | Lamivudine (150MG Oral Tablet, 300MG Oral Tablet) |
| Ketoconazole (External Shampoo) | Lamivudine-Zidovudine (Oral Tablet) |
| Ketoconazole (Oral Tablet) | Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release) |
| Ketoprofen (50MG Oral Capsule Immediate Release, 75MG Oral Capsule Immediate Release) | |
| Ketorolac Tromethamine (Ophthalmic Solution) | |
| Kineret (Subcutaneous Solution Prefilled Syringe) | |

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| Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable) |
| Lanoxin (Oral Tablet) |
| Lansoprazole (Oral Capsule Delayed Release) |
| Lanthanum Carbonate (Oral Tablet Chewable) |
| Lantus (Subcutaneous Solution) |
| Lantus SoloStar (Subcutaneous Solution Pen-Injector) |
| Lapatinib Ditosylate (Oral Tablet) |
| Larissia (Oral Tablet) |
| Lastacraft (Ophthalmic Solution) |
| Latanoprost (Ophthalmic Solution) |
| Latuda (Oral Tablet) |
| Layolis Fe (Oral Tablet Chewable) |
| Leena (Oral Tablet) |
| Leflunomide (Oral Tablet) |
| Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack) |
| Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack) |
| Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack) |
| Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack) |
| Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack) |
| Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack) |
| Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack) |
| Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack) |
| Lessina (Oral Tablet) |
| Letrozole (Oral Tablet) |
| Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet) |
| Leucovorin Calcium (25MG Oral Tablet) |
| Leukeran (Oral Tablet) |
| Leukine (Injection Solution Reconstituted) |
| Leuprolide Acetate (Injection Kit) |

Bold type = Brand name drug

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| Levalbuterol HCl (Inhalation Nebulization Solution) |
| Levemir (Subcutaneous Solution) |
| Levemir FlexTouch (Subcutaneous Solution Pen-Injector) |
| Levetiracetam (Oral Solution) |
| Levetiracetam (Oral Tablet Immediate Release) |
| Levetiracetam ER (Oral Tablet Extended Release 24 Hour) |
| Levo-T (Oral Tablet) |
| Levobunolol HCl (Ophthalmic Solution) |
| Levocarnitine (1GM/10ML Oral Solution) |
| Levocarnitine (330MG Oral Tablet) |
| Levocetirizine Dihydrochloride (Oral Tablet) |
| Levofloxacin (0.5% Ophthalmic Solution) |
| Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet) |
| Levofloxacin (25MG/ML Intravenous Solution) |
| Levofloxacin (25MG/ML Oral Solution) |
| Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution) |
| Levonest (Oral Tablet) |
| Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet) |
| Levonorgestrel-Ethinyl Estradiol (Oral Tablet) |
| Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet) |
| Levora 0.15/30 (28) (Oral Tablet) |
| Levorphanol Tartrate (Oral Tablet) |
| Levothyroxine Sodium (Oral Tablet) |
| Levoxyl (Oral Tablet) |
| Lexiva (Oral Suspension) |
| Lidocaine (5% External Ointment) |
| Lidocaine (5% External Patch) |
| Lidocaine HCl (4% External Solution) |
| Lidocaine Viscous (2% Mouth/Throat Solution) |
| Lidocaine-Prilocaine (External Cream) |
| Linezolid (Intravenous Solution) |

Plain type = Generic drug

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| Linezolid (Oral Suspension Reconstituted) | Lupron Depot (4-Month) (Intramuscular Kit) |
| Linezolid (Oral Tablet) | Lupron Depot (6-Month) (Intramuscular Kit) |
| Linzess (Oral Capsule) | Lutera (Oral Tablet) |
| Liothyronine Sodium (Oral Tablet) | Lyleq (Oral Tablet) |
| Lisinopril (Oral Tablet) | Lynparza (Oral Tablet) |
| Lisinopril-Hydrochlorothiazide (Oral Tablet) | Lysodren (Oral Tablet) |
| Lithium (8MEQ/5ML Oral Solution) | Lyumjev (Injection Solution) |
| Lithium Carbonate (Oral Capsule) | Lyumjev KwikPen (Subcutaneous Solution Pen-Injector) |
| Lithium Carbonate (Oral Tablet Immediate Release) | Lyza (Oral Tablet) |
| Lithium Carbonate ER (Oral Tablet Extended Release) | M |
| Lithostat (Oral Tablet) | M-M-R II (Injection Solution Reconstituted) |
| Livalo (Oral Tablet) | Magnesium Sulfate (50% (10ML Syringe) Injection Solution) |
| Lokelma (Oral Packet) | Magnesium Sulfate (50% Injection Solution) |
| Lonhala Magnair (Inhalation Solution) | Malathion (External Lotion) |
| Lonsurf (Oral Tablet) | Marlissa (Oral Tablet) |
| Loperamide HCl (Oral Capsule) | Marplan (Oral Tablet) |
| Lopinavir-Ritonavir (Oral Solution) | Matulane (Oral Capsule) |
| Lorazepam (Oral Tablet) | Matzim LA (Oral Tablet Extended Release 24 Hour) |
| Lorazepam Intensol (Oral Concentrate) | Mavyret (Oral Tablet) |
| Lorbrena (Oral Tablet) | Mayzent (0.25MG Oral Tablet, 2MG Oral Tablet) |
| Loryna (Oral Tablet) | Mayzent Starter Pack (Oral Tablet Therapy Pack) |
| Losartan Potassium (Oral Tablet) | Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet) |
| Losartan Potassium-HCTZ (Oral Tablet) | Medroxyprogesterone Acetate (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet) |
| Lotemax (Ophthalmic Gel) | Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension Prefilled Syringe) |
| Lotemax (Ophthalmic Ointment) | Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension) |
| Lotemax (Ophthalmic Suspension) | Mefloquine HCl (Oral Tablet) |
| Lotemax SM (Ophthalmic Gel) | Megestrol Acetate (40MG/ML Oral Suspension) |
| Loteprednol Etabonate (Ophthalmic Gel) | Megestrol Acetate (625MG/5ML Oral Suspension) |
| Loteprednol Etabonate (Ophthalmic Suspension) | Megestrol Acetate (Oral Tablet) |
| Lovastatin (Oral Tablet) | Mekinist (Oral Tablet) |
| Low-Ogestrel (Oral Tablet) | |
| Loxapine Succinate (Oral Capsule) | |
| Lubiprostone (Oral Capsule) | |
| Lumigan (Ophthalmic Solution) | |
| Lupaneta Pack (Combination Kit) | |
| Lupron Depot (1-Month) (Intramuscular Kit) | |
| Lupron Depot (3-Month) (Intramuscular Kit) | |

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| Mektovi (Oral Tablet) | Methscopolamine Bromide (Oral Tablet) |
| Meloxicam (Oral Tablet) | Methyldopa (Oral Tablet) |
| Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet) | Methylphenidate HCl (Oral Solution) |
| Memantine HCl (2MG/ML Oral Solution) | Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin) |
| Memantine HCl ER (Oral Capsule Extended Release 24 Hour) | Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release) |
| Memantine HCl Titration Pak (Oral Tablet) | Methylprednisolone (Oral Tablet Therapy Pack) |
| MenQuadfi (Intramuscular Injectable) | Methylprednisolone (Oral Tablet) |
| Menactra (Intramuscular Injectable) | Metoclopramide HCl (5MG/5ML Oral Solution) |
| Menest (Oral Tablet) | Metoclopramide HCl (Oral Tablet) |
| Mentax (External Cream) | Metolazone (Oral Tablet) |
| Menveo (Intramuscular Solution Reconstituted) | Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour) |
| Mercaptopurine (Oral Tablet) | Metoprolol Tartrate (Oral Tablet) |
| Meropenem (Intravenous Solution Reconstituted) | Metoprolol-Hydrochlorothiazide (Oral Tablet) |
| Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda) | Metronidazole (0.75% External Cream) |
| Mesalamine (Rectal Enema) | Metronidazole (0.75% External Gel, 1% External Gel) |
| Mesalamine (Rectal Suppository) | Metronidazole (0.75% External Lotion) |
| Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso) | Metronidazole (0.75% Vaginal Gel) |
| Mesnex (Oral Tablet) | Metronidazole (250MG Oral Tablet, 500MG Oral Tablet) |
| Metformin HCl (Oral Solution) | Metronidazole in NaCl 0.79% (Intravenous Solution) |
| Metformin HCl (Oral Tablet Immediate Release) | Metyrosine (Oral Capsule) |
| Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR) | Mexiletine HCl (Oral Capsule) |
| Methadone HCl (Oral Solution) | Mibelas 24 Fe (Oral Tablet Chewable) |
| Methadone HCl (Oral Tablet) | Micafungin Sodium (Intravenous Solution Reconstituted) |
| Methazolamide (Oral Tablet) | Miconazole 3 (Vaginal Suppository) |
| Methenamine Hippurate (Oral Tablet) | Microgestin 1.5/30 (Oral Tablet) |
| Methimazole (Oral Tablet) | Microgestin 1/20 (Oral Tablet) |
| Methocarbamol (Oral Tablet) | Microgestin Fe 1.5/30 (Oral Tablet) |
| Methotrexate (Oral Tablet) | Microgestin Fe 1/20 (Oral Tablet) |
| Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe) | Midodrine HCl (Oral Tablet) |
| Methotrexate Sodium (50MG/2ML Injection Solution) | Migergot (Rectal Suppository) |
| Methoxsalen Rapid (Oral Capsule) | Miglitol (Oral Tablet) |

Bold type = Brand name drug

Plain type = Generic drug

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| Miglustat (Oral Capsule) | Mupirocin (External Ointment) |
| Mili (Oral Tablet) | Mupirocin Calcium (External Cream) |
| Minitran (Transdermal Patch 24 Hour) | Myalept (Subcutaneous Solution Reconstituted) |
| Minocycline HCl (Oral Capsule) | Mycophenolate Mofetil (Oral Capsule) |
| Minocycline HCl (Oral Tablet Immediate Release) | Mycophenolate Mofetil (Oral Suspension Reconstituted) |
| Minoxidil (Oral Tablet) | Mycophenolate Mofetil (Oral Tablet) |
| Mirtazapine (Oral Tablet) | Mycophenolate Sodium (Oral Tablet Delayed Release) |
| Mirtazapine ODT (Oral Tablet Dispersible) | Myorisan (Oral Capsule) |
| Mirvaso (External Gel) | Myrbetriq (Oral Tablet Extended Release 24 Hour) |
| Misoprostol (Oral Tablet) | N |
| Modafinil (Oral Tablet) | Nabumetone (Oral Tablet) |
| Moexipril HCl (Oral Tablet) | Nadolol (Oral Tablet) |
| Molindone HCl (Oral Tablet) | Nafcillin Sodium (10GM Intravenous Solution Reconstituted) |
| Mometasone Furoate (External Cream) | Nafcillin Sodium (Injection Solution Reconstituted) |
| Mometasone Furoate (External Ointment) | Naftifine HCl (External Cream) |
| Mometasone Furoate (External Solution) | Naftin (2% External Gel) |
| Mometasone Furoate (Nasal Suspension) | Naloxone HCl (0.4MG/ML Injection Solution) |
| Mondoxyne NL (100MG Oral Capsule) | Naloxone HCl (Injection Solution Cartridge) |
| Montelukast Sodium (Oral Packet) | Naloxone HCl (Injection Solution Prefilled Syringe) |
| Montelukast Sodium (Oral Tablet Chewable) | Naltrexone HCl (Oral Tablet) |
| Montelukast Sodium (Oral Tablet) | Namzaric (Oral Capsule ER 24 Hour Therapy Pack) |
| Morphine Sulfate (10MG/5ML Oral Solution, 100MG/5ML Oral Solution, 20MG/5ML Oral Solution) | Namzaric (Oral Capsule Extended Release 24 Hour) |
| Morphine Sulfate (Oral Tablet Immediate Release) | Naproxen (Oral Suspension) |
| Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin) | Naproxen (Oral Tablet Immediate Release) |
| Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin) | Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn) |
| Motegrity (Oral Tablet) | Naratriptan HCl (Oral Tablet) |
| Movantik (Oral Tablet) | Narcan (Nasal Liquid) |
| Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox) | Natacyn (Ophthalmic Suspension) |
| Moxifloxacin HCl (Oral Tablet) | Nateglinide (Oral Tablet) |
| Moxifloxacin HCl in NaCl (Intravenous Solution) | Natpara (Subcutaneous Cartridge) |
| Multaq (Oral Tablet) | |

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| Nayzilam (Nasal Solution) | Ninlaro (Oral Capsule) |
| Necon 0.5/35 (28) (Oral Tablet) | Nitazoxanide (Oral Tablet) |
| Nefazodone HCl (Oral Tablet) | Nitisinone (Oral Capsule) |
| Neomycin Sulfate (Oral Tablet) | Nitro-Bid (Transdermal Ointment) |
| Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment) | Nitrofurantoin (Oral Suspension) |
| Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment) | Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin) |
| Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension) | Nitrofurantoin Monohydrate (Generic Macrobid) |
| Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment) | Nitroglycerin (Tablet Sublingual) |
| Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution) | Nitroglycerin (Transdermal Patch 24 Hour) |
| Neomycin-Polymyxin-HC (1% Otic Solution) | Nitroglycerin (Translingual Solution) |
| Neomycin-Polymyxin-HC (Ophthalmic Suspension) | Nitrostat (Tablet Sublingual) |
| Neomycin-Polymyxin-HC (Otic Suspension) | Nizatidine (Oral Capsule) |
| Nerlynx (Oral Tablet) | Nora-BE (Oral Tablet) |
| Neulasta (Subcutaneous Solution Prefilled Syringe) | Norethindrone (0.35MG Oral Tablet) |
| Neupro (Transdermal Patch 24 Hour) | Norethindrone Acetate (5MG Oral Tablet) |
| Nevirapine (Oral Suspension) | Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-20MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet) |
| Nevirapine (Oral Tablet Immediate Release) | Norethindrone Acetate-Ethinyl Estradiol-Fe (0.4-35MG-MCG Oral Tablet Chewable, 0.8-25MG-MCG Oral Tablet Chewable, 1-20MG-MCG(24) Oral Tablet Chewable) |
| Nevirapine ER (Oral Tablet Extended Release 24 Hour) | Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet) |
| Nexavar (Oral Tablet) | Norgestimate-Ethinyl Estradiol (Oral Tablet) |
| Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release) | Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet) |
| Niacor (Oral Tablet) | Nortrel 0.5/35 (28) (Oral Tablet) |
| Nicardipine HCl (Oral Capsule) | Nortrel 1/35 (21) (Oral Tablet) |
| Nicotrol (Inhalation Inhaler) | Nortrel 1/35 (28) (Oral Tablet) |
| Nicotrol NS (Nasal Solution) | Nortrel 7/7/7 (Oral Tablet) |
| Nifedipine ER (Oral Tablet Extended Release 24 Hour) | Nortriptyline HCl (Oral Capsule) |
| Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour) | Nortriptyline HCl (Oral Solution) |
| Nikki (Oral Tablet) | Norvir (Oral Packet) |
| Nilutamide (Oral Tablet) | Norvir (Oral Solution) |
| Nimodipine (Oral Capsule) | Nubeqa (Oral Tablet) |
| | Nucala (Subcutaneous Solution Auto-Injector) |
| | Nucala (Subcutaneous Solution Prefilled |

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| Syringe) | Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible) |
| Nucala (Subcutaneous Solution Reconstituted) | Olmesartan Medoxomil (Oral Tablet) |
| Nucynta ER (Oral Tablet Extended Release 12 Hour) | Olmesartan Medoxomil-HCTZ (Oral Tablet) |
| Nuedexta (Oral Capsule) | Olmesartan-Amlodipine-HCTZ (Oral Tablet) |
| Nuplazid (Oral Capsule) | Olopatadine HCl (Ophthalmic Solution) |
| Nuplazid (Oral Tablet) | Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza) |
| Nutrilipid (Intravenous Emulsion) | Omeprazole (10MG Oral Capsule Delayed Release) |
| Nyamyc (External Powder) | Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release) |
| Nylia 7/7/7 (Oral Tablet) | Ondansetron HCl (Oral Solution) |
| Nymalize (6MG/ML Oral Solution) | Ondansetron HCl (Oral Tablet) |
| Nymyo (Oral Tablet) | Ondansetron ODT (Oral Tablet Dispersible) |
| Nystatin (External Cream) | Onureg (Oral Tablet) |
| Nystatin (External Ointment) | Opsumit (Oral Tablet) |
| Nystatin (External Powder) | Orencia (Subcutaneous Solution Prefilled Syringe) |
| Nystatin (Mouth/Throat Suspension) | Orencia ClickJect (Subcutaneous Solution Auto-Injector) |
| Nystatin (Oral Tablet) | Orenitram (0.125MG Oral Tablet Extended Release) |
| Nystop (External Powder) | Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release) |
| O | Orfadin (20MG Oral Capsule) |
| Ocaliva (Oral Tablet) | Orfadin (Oral Suspension) |
| Ocella (Oral Tablet) | Orgovyx (Oral Tablet) |
| Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution) | Orkambi (Oral Packet) |
| Octreotide Acetate (1000MCG/ML Injection Solution, 500MCG/ML Injection Solution) | Orkambi (Oral Tablet) |
| Octreotide Acetate (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 50MCG/ML Injection Solution) | Orsythia (Oral Tablet) |
| Odefsey (Oral Tablet) | Oseltamivir Phosphate (Oral Capsule) |
| Odomzo (Oral Capsule) | Oseltamivir Phosphate (Oral Suspension Reconstituted) |
| Ofev (Oral Capsule) | Osphena (Oral Tablet) |
| Ofloxacin (Ophthalmic Solution) | Otezla (Oral Tablet Therapy Pack) |
| Ofloxacin (Oral Tablet) | Otezla (Oral Tablet) |
| Ofloxacin (Otic Solution) | Oxacillin Sodium (Injection Solution) |
| Olanzapine (10MG Intramuscular Solution Reconstituted) | |
| Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet) | |

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| Reconstituted) | Paromomycin Sulfate (Oral Capsule) |
| Oxacillin Sodium (Intravenous Solution Reconstituted) | Paroxetine HCl (Oral Tablet Immediate Release) |
| Oxacillin Sodium in Dextrose (Intravenous Solution) | Paser (Oral Packet) |
| Oxandrolone (10MG Oral Tablet) | Paxil (Oral Suspension) |
| Oxandrolone (2.5MG Oral Tablet) | Pediarix (Intramuscular Suspension) |
| Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet) | Pedvax HIB (Intramuscular Suspension) |
| Oxcarbazepine (300MG/5ML Oral Suspension) | Pegasys (Subcutaneous Solution) |
| Oxybutynin Chloride (Oral Syrup) | Pemazyre (Oral Tablet) |
| Oxybutynin Chloride (Oral Tablet Immediate Release) | Penicillamine (250MG Oral Capsule) |
| Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour) | Penicillamine (250MG Oral Tablet) |
| Oxycodone HCl (100MG/5ML Oral Concentrate) | Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted) |
| Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release) | Penicillin G Procaine (Intramuscular Suspension) |
| Oxycodone HCl (5MG/5ML Oral Solution) | Penicillin G Sodium (Injection Solution Reconstituted) |
| Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet) | Penicillin V Potassium (Oral Solution Reconstituted) |
| Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector) | Penicillin V Potassium (Oral Tablet) |
| Ozempic (1MG/DOSE) (Subcutaneous Solution Pen-Injector) | Pentamidine Isethionate (Inhalation Solution Reconstituted) |
| P | Pentamidine Isethionate (Injection Solution Reconstituted) |
| PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY) | Pentasa (Oral Capsule Extended Release) |
| PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY) | Pentoxifylline ER (Oral Tablet Extended Release) |
| Pacerone (200MG Oral Tablet) | Perforomist (Inhalation Nebulization Solution) |
| Paliperidone ER (Oral Tablet Extended Release 24 Hour) | Perindopril Erbumine (Oral Tablet) |
| Pantoprazole Sodium (Oral Tablet Delayed Release) | Periogard (Mouth Solution) |
| Panzyga (Intravenous Solution) | Permethrin (External Cream) |
| Paricalcitol (Oral Capsule) | Perphenazine (Oral Tablet) |
| | Perseris (Subcutaneous Prefilled Syringe) |
| | Phenelzine Sulfate (Oral Tablet) |
| | Phenobarbital (Oral Elixir) |
| | Phenobarbital (Oral Tablet) |
| | Phenoxybenzamine HCl (Oral Capsule) |
| | Phenytek (Oral Capsule) |
| | Phenytoin (125MG/5ML Oral Suspension) |
| | Phenytoin (Oral Tablet Chewable) |
| | Phenytoin Sodium Extended (Oral Capsule) |
| | Phoslyra (Oral Solution) |

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| Picato (0.015% External Gel, 0.05% External Gel) | Potassium Chloride (Oral Packet) |
| Pifeltro (Oral Tablet) | Potassium Chloride CR (Oral Tablet Extended Release) |
| Pilocarpine HCl (Ophthalmic Solution) | Potassium Chloride ER (Oral Capsule Extended Release) |
| Pilocarpine HCl (Oral Tablet) | Potassium Chloride in Dextrose (Intravenous Solution) |
| Pimecrolimus (External Cream) | Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution) |
| Pimozide (Oral Tablet) | Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution) |
| Pimtreea (Oral Tablet) | Potassium Citrate ER (Oral Tablet Extended Release) |
| Pindolol (Oral Tablet) | Praluent (Subcutaneous Solution Auto-Injector) |
| Pioglitazone HCl (Oral Tablet) | Pramipexole Dihydrochloride (Oral Tablet Immediate Release) |
| Pioglitazone HCl-Glimepiride (Oral Tablet) | Prasugrel HCl (Oral Tablet) |
| Pioglitazone HCl-Metformin HCl (Oral Tablet) | Pravastatin Sodium (Oral Tablet) |
| Piperacillin-Tazobactam (Intravenous Solution Reconstituted) | Praziquantel (Oral Tablet) |
| Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack) | Prazosin HCl (Oral Capsule) |
| Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack) | Pred Mild (Ophthalmic Suspension) |
| Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack) | Pred-G (Ophthalmic Suspension) |
| Pirmella 1/35 (Oral Tablet) | Pred-G S.O.P. (Ophthalmic Ointment) |
| Piroxicam (Oral Capsule) | Prednicarbate (External Ointment) |
| Plasma-Lyte 148 (Intravenous Solution) | Prednisolone (Oral Solution) |
| Plasma-Lyte A (Intravenous Solution) | Prednisolone Acetate (Ophthalmic Suspension) |
| Plenamine (Intravenous Solution) | Prednisolone Sodium Phosphate (1% Ophthalmic Solution) |
| Podofilox (External Solution) | Prednisolone Sodium Phosphate (25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution) |
| Polymyxin B Sulfate (Injection Solution Reconstituted) | Prednisone (10MG (21) Oral Tablet Therapy Pack, 10MG (48) Oral Tablet Therapy Pack, 5MG (21) Oral Tablet Therapy Pack, 5MG (48) Oral Tablet Therapy Pack) |
| Polymyxin B-Trimethoprim (Ophthalmic Solution) | Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet) |
| Pomalyst (Oral Capsule) | Prednisone (5MG/5ML Oral Solution) |
| Portia-28 (Oral Tablet) | Prednisone Intensol (Oral Concentrate) |
| Posaconazole (Oral Tablet Delayed Release) | Pregabalin (Oral Capsule) |
| Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 40MEQ/100ML Intravenous Solution) | |
| Potassium Chloride (20 MEQ/15ML(10%) Oral Solution, 40 MEQ/15ML(20%) Oral Solution) | |
| Potassium Chloride (2MEQ/ML Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution) | |

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| Pregabalin (Oral Solution) | Procysbi (Oral Packet) |
| Premarin (Oral Tablet) | Progesterone (Oral Capsule) |
| Premarin (Vaginal Cream) | Prograf (Oral Packet) |
| Premasol (Intravenous Solution) | Prolastin-C (Intravenous Solution Reconstituted) |
| Premphase (Oral Tablet) | Prolensa (Ophthalmic Solution) |
| Prempro (Oral Tablet) | Prolia (Subcutaneous Solution Prefilled Syringe) |
| Prenatal (27-1MG Oral Tablet) | Promacta (Oral Packet) |
| Prevalite (Oral Packet) | Promacta (Oral Tablet) |
| Previfem (Oral Tablet) | Promethazine HCl (Oral Syrup) |
| Prevymis (Oral Tablet) | Promethazine HCl (Oral Tablet) |
| Prezcobix (Oral Tablet) | Promethazine HCl (Rectal Suppository) |
| Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet) | Promethegan (25MG Rectal Suppository) |
| Prezista (75MG Oral Tablet) | Propafenone HCl (Oral Tablet) |
| Prezista (Oral Suspension) | Propafenone HCl ER (Oral Capsule Extended Release 12 Hour) |
| Priftin (Oral Tablet) | Proparacaine HCl (Ophthalmic Solution) |
| Primaquine Phosphate (Oral Tablet) | Propranolol HCl (Oral Solution) |
| Primidone (Oral Tablet) | Propranolol HCl (Oral Tablet) |
| Privigen (20GM/200ML Intravenous Solution) | Propranolol HCl ER (Oral Capsule Extended Release 24 Hour) |
| ProAir HFA (Inhalation Aerosol Solution) | Propylthiouracil (Oral Tablet) |
| ProAir RespiClick (Inhalation Aerosol Powder Breath Activated) | Prosol (Intravenous Solution) |
| ProQuad (Subcutaneous Suspension Reconstituted) | Protriptyline HCl (Oral Tablet) |
| Probenecid (Oral Tablet) | Pulmozyme (Inhalation Solution) |
| Probenecid-Colchicine (Oral Tablet) | Purixan (Oral Suspension) |
| Procalamine (Intravenous Solution) | Pyrazinamide (Oral Tablet) |
| Prochlorperazine (Rectal Suppository) | Pyridostigmine Bromide (60MG Oral Tablet Immediate Release) |
| Prochlorperazine Maleate (Oral Tablet) | Pyridostigmine Bromide (Oral Solution) |
| Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution) | Pyridostigmine Bromide ER (Oral Tablet Extended Release) |
| Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution) | Pyrimethamine (Oral Tablet) |
| Procto-Med HC (External Cream) | |
| Procto-Pak (External Cream) | Q |
| Proctosol HC (2.5% External Cream) | Qinlock (Oral Tablet) |
| Proctozone-HC (External Cream) | Quadracel (Intramuscular Suspension) |
| | Quetiapine Fumarate (Oral Tablet Immediate Release) |

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| Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour) | Repatha Pushtronex System (Subcutaneous Solution Cartridge) |
| Quinapril HCl (Oral Tablet) | Repatha SureClick (Subcutaneous Solution Auto-Injector) |
| Quinapril-Hydrochlorothiazide (Oral Tablet) | Restasis Single-Use Vials (Ophthalmic Emulsion) |
| Quinidine Gluconate ER (Oral Tablet Extended Release) | Retacrit (Injection Solution) |
| Quinidine Sulfate (Oral Tablet) | Retevmo (Oral Capsule) |
| Quinine Sulfate (Oral Capsule) | Revlimid (Oral Capsule) |
| R | Rexulti (Oral Tablet) |
| RAVICTI (Oral Liquid) | Reyataz (Oral Packet) |
| RabAvert (Intramuscular Suspension Reconstituted) | Rhopressa (Ophthalmic Solution) |
| Rabeprazole Sodium (Oral Tablet Delayed Release) | Ribavirin (Oral Tablet) |
| Raloxifene HCl (Oral Tablet) | Ridaura (Oral Capsule) |
| Ramelteon (Oral Tablet) | Rifabutin (Oral Capsule) |
| Ramipril (Oral Capsule) | Rifampin (150MG Oral Capsule, 300MG Oral Capsule) |
| Ranolazine ER (Oral Tablet Extended Release 12 Hour) | Rifampin (600MG Intravenous Solution Reconstituted) |
| Rasagiline Mesylate (Oral Tablet) | Riluzole (Oral Tablet) |
| Rasuvo (Subcutaneous Solution Auto-Injector) | Rimantadine HCl (Oral Tablet) |
| Rayaldee (Oral Capsule Extended Release) | Rinvoq (Oral Tablet Extended Release 24 Hour) |
| Rebif (Subcutaneous Solution Prefilled Syringe) | Risedronate Sodium (Oral Tablet Immediate Release) |
| Rebif Rebidosé (Subcutaneous Solution Auto-Injector) | Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER) |
| Rebif Rebidosé Titration Pack (Subcutaneous Solution Auto-Injector) | Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER) |
| Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe) | Risperidone (0.25MG Oral Tablet, 0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet) |
| Reclipsen (Oral Tablet) | Risperidone (1MG/ML Oral Solution) |
| Recombivax HB (Injection Suspension) | Risperidone ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible, 3MG Oral Tablet Dispersible, 4MG Oral Tablet Dispersible) |
| Rectiv (Rectal Ointment) | Ritonavir (Oral Tablet) |
| Regranex (External Gel) | Rivastigmine (Transdermal Patch 24 Hour) |
| Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated) | |
| Relistor (Oral Tablet) | |
| Relistor (Subcutaneous Solution) | |
| Repaglinide (Oral Tablet) | |
| Repatha (Subcutaneous Solution Prefilled Syringe) | |

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| Rivastigmine Tartrate (Oral Capsule) | Selzentry (25MG Oral Tablet) |
| Rivelsa (Oral Tablet) | Selzentry (Oral Solution) |
| Rizatriptan Benzoate (Oral Tablet) | Serevent Diskus (Inhalation Aerosol Powder Breath Activated) |
| Rizatriptan Benzoate ODT (Oral Tablet Dispersible) | Serostim (Subcutaneous Solution Reconstituted) |
| Rocklatan (Ophthalmic Solution) | Sertraline HCl (Oral Concentrate) |
| Ropinirole HCl (Oral Tablet Immediate Release) | Sertraline HCl (Oral Tablet) |
| Rosuvastatin Calcium (Oral Tablet) | Setlakin (Oral Tablet) |
| RotaTeq (Oral Solution) | Sevelamer Carbonate (Oral Packet) |
| Rotarix (Oral Suspension Reconstituted) | Sevelamer Carbonate (Oral Tablet) (Generic Renvela) |
| Roweepra (Oral Tablet Immediate Release) | Sharobel (Oral Tablet) |
| Rozlytrek (Oral Capsule) | Shingrix (Intramuscular Suspension Reconstituted) |
| Rubraca (Oral Tablet) | Signifor (Subcutaneous Solution) |
| Ruconest (Intravenous Solution Reconstituted) | Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio) |
| Rufinamide (Oral Suspension) | Silodosin (Oral Capsule) |
| Rufinamide (Oral Tablet) | Silver Sulfadiazine (External Cream) |
| Rukobia (Oral Tablet Extended Release 12 Hour) | Simbrinza (Ophthalmic Suspension) |
| Rybelsus (Oral Tablet) | Simponi (Subcutaneous Solution Auto-Injector) |
| Rydapt (Oral Capsule) | Simponi (Subcutaneous Solution Prefilled Syringe) |
| Rytary (Oral Capsule Extended Release) | Simvastatin (Oral Tablet) |
| S | Sirolimus (Oral Solution) |
| SPS (Oral Suspension) | Sirolimus (Oral Tablet) |
| SSD (External Cream) | Sirturo (Oral Tablet) |
| Sancuso (Transdermal Patch) | Skyrizi (150 MG Dose) (Subcutaneous Prefilled Syringe Kit) |
| Sandimmune (Oral Solution) | Skyrizi (Subcutaneous Solution Prefilled Syringe) |
| Santyl (External Ointment) | Skyrizi Pen (Subcutaneous Solution Auto-Injector) |
| Sapropterin Dihydrochloride (Oral Packet) | Sodium Chloride (0.45% Intravenous Solution) |
| Sapropterin Dihydrochloride (Oral Tablet) | Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution) |
| Savella (Oral Tablet) | Sodium Chloride (5% Intravenous Solution) |
| Savella Titration Pack (Oral Tablet) | Sodium Chloride (Irrigation Solution) |
| Scopolamine (Transdermal Patch 72 Hour) | |
| Secuado (Transdermal Patch 24 Hour) | |
| Selegiline HCl (Oral Capsule) | |
| Selegiline HCl (Oral Tablet) | |
| Selenium Sulfide (External Lotion) | |
| Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet) | |

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| Sodium Fluoride (Oral Tablet) | Sulfadiazine (Oral Tablet) |
| Sodium Phenylbutyrate (Oral Powder) | Sulfamethoxazole-Trimethoprim (Oral Suspension) |
| Sodium Phenylbutyrate (Oral Tablet) | Sulfamethoxazole-Trimethoprim (Oral Tablet) |
| Sodium Polystyrene Sulfonate (Oral Powder) | Sulfamylon (External Cream) |
| Sofosbuvir-Velpatasvir (Oral Tablet) | Sulfasalazine (Oral Tablet Delayed Release) |
| Solifenacin Succinate (Oral Tablet) | Sulfasalazine (Oral Tablet Immediate Release) |
| Soliqua (Subcutaneous Solution Pen-Injector) | Sulindac (Oral Tablet) |
| Soltamox (Oral Solution) | Sumatriptan (Nasal Solution) |
| Somavert (Subcutaneous Solution Reconstituted) | Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet) |
| Sorine (Oral Tablet) | Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector) |
| Sotalol HCl (Oral Tablet) | Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution) |
| Sotalol HCl AF (Oral Tablet) | Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge) |
| Sovaldi (400MG Oral Tablet) | Suprax (500MG/5ML Oral Suspension Reconstituted) |
| Sovaldi (Oral Packet) | Suprax (Oral Tablet Chewable) |
| Spiriva HandiHaler (Inhalation Capsule) | Suprep Bowel Prep Kit (Oral Solution) |
| Spiriva Respimat (Inhalation Aerosol Solution) | Sutent (Oral Capsule) |
| Spironolactone (Oral Tablet) | Syeda (Oral Tablet) |
| Spironolactone-HCTZ (Oral Tablet) | Symbicort (Inhalation Aerosol) |
| Sprintec 28 (Oral Tablet) | SymlinPen 120 (Subcutaneous Solution Pen-Injector) |
| Spritam ODT (Oral Tablet Disintegrating Soluble) | SymlinPen 60 (Subcutaneous Solution Pen-Injector) |
| Sprycel (Oral Tablet) | Sympazan (10MG Oral Film, 20MG Oral Film) |
| Sronyx (Oral Tablet) | Sympazan (5MG Oral Film) |
| Stelara (Subcutaneous Solution Prefilled Syringe) | Symtuza (Oral Tablet) |
| Stelara (Subcutaneous Solution) | Synarel (Nasal Solution) |
| Stiolto Respimat (Inhalation Aerosol Solution) | Synjardy (Oral Tablet Immediate Release) |
| Stivarga (Oral Tablet) | Synjardy XR (Oral Tablet Extended Release 24 Hour) |
| Streptomycin Sulfate (Intramuscular Solution Reconstituted) | Synribo (Subcutaneous Solution Reconstituted) |
| Stribild (Oral Tablet) | Synthroid (Oral Tablet) |
| Suboxone (Sublingual Film) | |
| Sucraid (Oral Solution) | |
| Sucralfate (Oral Suspension) | |
| Sucralfate (Oral Tablet) | |
| Sulfacetamide Sodium (Ophthalmic Ointment) | |
| Sulfacetamide Sodium (Ophthalmic Solution) | |
| Sulfacetamide-Prednisolone (Ophthalmic Solution) | |
| | T |
| | TDVAX (Intramuscular Suspension) |

| | |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| TOBI Podhaler (Inhalation Capsule) | Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector) |
| TPN Electrolytes (Intravenous Concentrate) | Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel), Testosterone Pump (1.62% Transdermal Gel) |
| Tabloid (Oral Tablet) | Testosterone (25MG/2.5GM 1% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel) |
| Tabrecta (Oral Tablet) | Testosterone Cypionate (Intramuscular Solution) |
| Tacrolimus (External Ointment) | Testosterone Enanthate (Intramuscular Solution) |
| Tacrolimus (Oral Capsule) | Tetrabenazine (Oral Tablet) |
| Tadalafil (PAH) (20MG Oral Tablet) | Tetracycline HCl (Oral Capsule) |
| Tafinlar (Oral Capsule) | Thalomid (Oral Capsule) |
| Tagrisso (Oral Tablet) | Theophylline (Oral Solution) |
| Talzenna (Oral Capsule) | Theophylline ER (300MG Oral Tablet Extended Release 12 Hour) |
| Tamoxifen Citrate (Oral Tablet) | Theophylline ER (Oral Tablet Extended Release 24 Hour) |
| Tamsulosin HCl (Oral Capsule) | Thioridazine HCl (Oral Tablet) |
| Targretin (External Gel) | Thiothixene (Oral Capsule) |
| Tarina 24 Fe (Oral Tablet) | Tiadylt ER (Oral Capsule Extended Release 24 Hour) |
| Tarina Fe 1/20 EQ (Oral Tablet) | Tiagabine HCl (Oral Tablet) |
| Tasigna (Oral Capsule) | Tibsovo (Oral Tablet) |
| Tazarotene (External Cream) | Tigecycline (Intravenous Solution Reconstituted) |
| Tazicef (Injection Solution Reconstituted) | Tilia Fe (Oral Tablet) |
| Taztia XT (Oral Capsule Extended Release 24 Hour) | Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic) |
| Tazverik (Oral Tablet) | Timolol Maleate (Oral Tablet) |
| Tecfidera (Oral Capsule Delayed Release) | Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE) |
| Tecfidera Starter Pack (Oral) | Tinidazole (Oral Tablet) |
| Teflaro (Intravenous Solution Reconstituted) | Tivicay (10MG Oral Tablet, 25MG Oral Tablet) |
| Tegsedi (Subcutaneous Solution Prefilled Syringe) | Tivicay (50MG Oral Tablet) |
| Telmisartan (Oral Tablet) | Tivicay PD (Oral Tablet Soluble) |
| Telmisartan-Amlodipine (Oral Tablet) | Tizanidine HCl (Oral Tablet) |
| Telmisartan-HCTZ (Oral Tablet) | TobraDex (Ophthalmic Ointment) |
| Temazepam (15MG Oral Capsule, 30MG Oral Capsule) | TobraDex ST (Ophthalmic Suspension) |
| Temixys (Oral Tablet) | Tobramycin (Inhalation Nebulization Solution) |
| Tenivac (Intramuscular Injectable) | |
| Tenofovir Disoproxil Fumarate (Oral Tablet) | |
| Tepmetko (Oral Tablet) | |
| Terazosin HCl (Oral Capsule) | |
| Terbinafine HCl (Oral Tablet) | |
| Terconazole (Vaginal Cream) | |
| Terconazole (Vaginal Suppository) | |

Bold type = Brand name drug

Plain type = Generic drug

| | |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Tobramycin (Ophthalmic Solution) | Reconstituted) |
| Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution) | Tremfya (Subcutaneous Solution Pen-Injector) |
| Tobramycin-Dexamethasone (Ophthalmic Suspension) | Tremfya (Subcutaneous Solution Prefilled Syringe) |
| Tobrex (Ophthalmic Ointment) | Tresiba (Subcutaneous Solution) |
| Tolcapone (Oral Tablet) | Tresiba FlexTouch (Subcutaneous Solution Pen-Injector) |
| Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour) | Tretinoin (0.01% External Gel, 0.025% External Gel) |
| Topiramate (Oral Capsule Sprinkle Immediate Release) | Tretinoin (External Cream) |
| Topiramate (Oral Tablet) | Tretinoin (Oral Capsule) |
| Toremifene Citrate (Oral Tablet) | Tretinoin Microsphere (External Gel) |
| Torseamide (Oral Tablet) | Trexall (Oral Tablet) |
| Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector) | Tri-Estarylla (Oral Tablet) |
| Toujeo SoloStar (Subcutaneous Solution Pen-Injector) | Tri-Legest Fe (Oral Tablet) |
| Tracleer (Oral Tablet Soluble) | Tri-Lo-Estarylla (Oral Tablet) |
| Tradjenta (Oral Tablet) | Tri-Lo-Sprintec (Oral Tablet) |
| Tramadol HCl (50MG Oral Tablet Immediate Release) | Tri-Mili (Oral Tablet) |
| Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour) | Tri-Nymyo (Oral Tablet) |
| Tramadol HCl ER (Oral Tablet Extended Release 24 Hour) | Tri-Previfem (Oral Tablet) |
| Tramadol-Acetaminophen (Oral Tablet) | Tri-Sprintec (Oral Tablet) |
| Trandolapril (Oral Tablet) | Tri-VyLibra (Oral Tablet) |
| Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release) | Tri-VyLibra Lo (Oral Tablet) |
| Tranexamic Acid (Oral Tablet) | TriLyte (420GM Oral Solution Reconstituted) |
| Tranylcypromine Sulfate (Oral Tablet) | Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment) |
| Travasol (Intravenous Solution) | Triamcinolone Acetonide (Dental Paste) |
| Travoprost (BAK Free) (Ophthalmic Solution) | Triamcinolone Acetonide (External Cream) |
| Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet) | Triamcinolone Acetonide (External Lotion) |
| Trazodone HCl (300MG Oral Tablet) | Triamterene (Oral Capsule) |
| Trecator (Oral Tablet) | Triamterene-HCTZ (Oral Capsule) |
| Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated) | Triamterene-HCTZ (Oral Tablet) |
| Trelstar Mixject (Intramuscular Suspension | Triderm (External Cream) |
| | Trientine HCl (Oral Capsule) |
| | Trifluoperazine HCl (Oral Tablet) |
| | Trifluridine (Ophthalmic Solution) |
| | Trihexyphenidyl HCl (Oral Solution) |
| | Trihexyphenidyl HCl (Oral Tablet) |
| | Trijardy XR (Oral Tablet Extended Release 24 |

| Hour) | Pack) |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Trimethoprim (Oral Tablet) | Valtoco 5 MG Dose (Nasal Liquid) |
| Trimipramine Maleate (Oral Capsule) | Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted) |
| Trintellix (Oral Tablet) | Vancomycin HCl (250MG Intravenous Solution Reconstituted) |
| Triumeq (Oral Tablet) | Vancomycin HCl (Oral Capsule) |
| Trivora (28) (Oral Tablet) | Vandazole (Vaginal Gel) |
| TrophAmine (10% Intravenous Solution) | Varivax (Subcutaneous Injectable) |
| Trulance (Oral Tablet) | Varizig (Intramuscular Solution) |
| Trulicity (Subcutaneous Solution Pen-Injector) | Vascepa (Oral Capsule) |
| Trumenba (Intramuscular Suspension Prefilled Syringe) | Velivet (Oral Tablet) |
| Tukysa (Oral Tablet) | Velphoro (Oral Tablet Chewable) |
| Turalio (Oral Capsule) | Veltassa (Oral Packet) |
| Twinrix (Intramuscular Suspension Prefilled Syringe) | Vemlidy (Oral Tablet) |
| Tybost (Oral Tablet) | Venclexta (100MG Oral Tablet, 50MG Oral Tablet) |
| Tymlos (Subcutaneous Solution Pen-Injector) | Venclexta (10MG Oral Tablet) |
| Typhim Vi (Intramuscular Solution) | Venclexta Starting Pack (Oral Tablet Therapy Pack) |
| U | Venlafaxine HCl (Oral Tablet Immediate Release) |
| Ukoniq (Oral Tablet) | Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour) |
| Unithroid (Oral Tablet) | Ventavis (Inhalation Solution) |
| Ursodiol (Oral Capsule) | Verapamil HCl (Oral Tablet Immediate Release) |
| Ursodiol (Oral Tablet) | Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour) |
| V | Verapamil HCl ER (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour) |
| VAQTA (Intramuscular Suspension) | Verapamil HCl ER (Oral Tablet Extended Release) |
| Valacyclovir HCl (Oral Tablet) | Versacloz (Oral Suspension) |
| Valchlor (External Gel) | |
| Valganciclovir HCl (450MG Oral Tablet) | |
| Valganciclovir HCl (50MG/ML Oral Solution Reconstituted) | |
| Valproic Acid (Oral Capsule) | |
| Valproic Acid (Oral Solution) | |
| Valsartan (Oral Tablet) | |
| Valsartan-Hydrochlorothiazide (Oral Tablet) | |
| Valtoco 10 MG Dose (Nasal Liquid) | |
| Valtoco 15 MG Dose (Nasal Liquid Therapy Pack) | |
| Valtoco 20 MG Dose (Nasal Liquid Therapy | |

Bold type = Brand name drug

Plain type = Generic drug

| | |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Verzenio (Oral Tablet) | Warfarin Sodium (Oral Tablet) |
| Vestura (Oral Tablet) | Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair) |
| Vibramycin (50MG/5ML Oral Syrup) | X |
| Victoza (Subcutaneous Solution Pen-Injector) | |
| Vienna (Oral Tablet) | Xalkori (Oral Capsule) |
| Vigabatrin (Oral Packet) | Xarelto (Oral Tablet) |
| Vigabatrin (Oral Tablet) | Xarelto Starter Pack (Oral Tablet Therapy Pack) |
| Vigadrone (Oral Packet) | Xatmep (Oral Solution) |
| Viibryd (Oral Tablet) | Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack) |
| Viibryd Starter Pack (Oral Kit) | Xcopri (14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack) |
| Vimpat (Oral Solution) | Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack) |
| Vimpat (Oral Tablet) | Xcopri (350MG Daily Dose) (Oral Tablet Therapy Pack) |
| Viracept (Oral Tablet) | Xcopri (Oral Tablet) |
| Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet) | Xeljanz (Oral Solution) |
| Viread (Oral Powder) | Xeljanz (Oral Tablet Immediate Release) |
| Vitrakvi (Oral Capsule) | Xeljanz XR (Oral Tablet Extended Release 24 Hour) |
| Vitrakvi (Oral Solution) | Xermelo (Oral Tablet) |
| Vivitrol (Intramuscular Suspension Reconstituted) | Xgeva (Subcutaneous Solution) |
| Vizimpro (Oral Tablet) | Xifaxan (Oral Tablet) |
| Voriconazole (Intravenous Solution Reconstituted) | Xigduo XR (Oral Tablet Extended Release 24 Hour) |
| Voriconazole (Oral Suspension Reconstituted) | Xiidra (Ophthalmic Solution) |
| Voriconazole (Oral Tablet) | Xofluza (40MG Dose) (2 x 20MG Oral Tablet Therapy Pack) |
| Vosevi (Oral Tablet) | Xofluza (80MG Dose) (2 x 40MG Oral Tablet Therapy Pack) |
| Votrient (Oral Tablet) | Xolair (Subcutaneous Solution Prefilled Syringe) |
| Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule) | Xolair (Subcutaneous Solution Reconstituted) |
| Vraylar (Oral Capsule Therapy Pack) | Xospata (Oral Tablet) |
| VyLibra (Oral Tablet) | Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack) |
| Vyfemla (Oral Tablet) | Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack) |
| Vyndamax (Oral Capsule) | |
| Vyndaqel (Oral Capsule) | |
| Vyvanse (Oral Capsule) | |
| Vyvanse (Oral Tablet Chewable) | |
| Vyzulta (Ophthalmic Solution) | |
| W | |
| WYMZYA Fe (Oral Tablet Chewable) | |

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|--------------------------------------------------------------|------------------------------------------------------------------------|
| Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack) | Zenatane (Oral Capsule) |
| Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack) | Zenpep (Oral Capsule Delayed Release Particles) |
| Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack) | Zerbaxa (Intravenous Solution Reconstituted) |
| Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack) | Zidovudine (Oral Capsule) |
| Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack) | Zidovudine (Oral Syrup) |
| Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent) | Zidovudine (Oral Tablet) |
| Xtandi (Oral Capsule) | Ziextenzo (Subcutaneous Solution Prefilled Syringe) |
| Xtandi (Oral Tablet) | Zileuton ER (Oral Tablet Extended Release 12 Hour) |
| Xulane (Transdermal Patch Weekly) | Ziprasidone HCl (Oral Capsule) |
| Xyrem (Oral Solution) | Ziprasidone Mesylate (Intramuscular Solution Reconstituted) |
| Y | Zirgan (Ophthalmic Gel) |
| YF-Vax (Subcutaneous Injectable) | Zolinza (Oral Capsule) |
| Yuvaferm (Vaginal Tablet) | Zolpidem Tartrate (Oral Tablet Immediate Release) |
| Z | Zonisamide (Oral Capsule) |
| Zafemy (Transdermal Patch Weekly) | Zorbtive (Subcutaneous Solution Reconstituted) |
| Zafirlukast (Oral Tablet) | Zortress (1MG Oral Tablet) |
| Zaleplon (Oral Capsule) | Zovia 1/35 (28) (Oral Tablet) |
| Zarah (Oral Tablet) | Zyclara (External Cream) |
| Zarxio (Injection Solution Prefilled Syringe) | Zyclara Pump (2.5% External Cream) |
| Zejula (Oral Capsule) | Zydelig (Oral Tablet) |
| Zelapar ODT (Oral Tablet Dispersible) | Zyflo (Oral Tablet Immediate Release) |
| Zelboraf (Oral Tablet) | Zykadia (Oral Tablet) |
| Zemaira (Intravenous Solution Reconstituted) | Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted) |

Bold type = Brand name drug

Plain type = Generic drug

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Alternative covered drugs

Your plan’s Drug list includes many different types of drugs, but it doesn’t include all drugs. Drugs not covered by your plan typically have alternative drugs that can be used instead. This is a **partial** list of alternative drugs that you can use in place of some drugs that are not covered by your plan. Talk with your provider or pharmacist to see if the alternative drugs listed here are appropriate for you.

| Drugs not covered by the plan | Alternative covered drugs |
|-----------------------------------------------|---------------------------------------------------------------------------------|
| Amitiza | Linzess Lubiprostone Movantik Motegrity Relistor Trulance |
| Basaglar | Lantus Levemir Toujeo Tresiba |
| Cialis and Tadalafil 2.5mg and 5mg (BPH Only) | Alfuzosin Extended Release Doxazosin Tamsulosin |
| Fluoxetine HCL Tablet | Fluoxetine Immediate Release Capsule |
| Invokana | Farxiga Jardiance |
| Invokamet and Invokamet XR | Synjardy and Synjardy XR Xigduo XR |
| Kombiglyze XR | Janumet and Janumet XR Jentadueto and Jentadueto XR |
| Metformin HCL Extended Release (Osmotic) | Metformin Extended Release (Generic Glucophage XR) |
| Novolin | Humulin |
| Novolog | Humalog Insulin Lispro Lyumjev |
| Onglyza | Januvia Tadjenta |
| OxyContin | Xtampza XR |
| Pradaxa | Eliquis Xarelto |
| Proventil HFA | Albuterol HFA (Generic Proair/Proventil HFA) Proair HFA Proair Respiclick |

| Drugs not covered by the plan | Alternative covered drugs |
|-----------------------------------------|-----------------------------------------------------------------------------------------------|
| Qvar Redihaler | Arnuity Flovent |
| Temazepam 7.5mg and 22.5mg | Temazepam 15mg and 30mg |
| Venlafaxine HCL Extended Release Tablet | Venlafaxine HCL Extended Release Capsule |
| Ventolin HFA | Albuterol HFA (Generic Proair/Proventil HFA) Proair HFA Proair Respiclick |
| Zolpidem Tartrate Extended Release | Trazodone 50mg, 100mg, 150mg Tablet Zolpidem Immediate Release Belsomra |

Bold type = Brand name drug Plain type = Generic drug



Note: Alternatives are suggestions only and may or may not be appropriate depending on the specific illness being treated. Information is accurate as of August 1, 2021 and may be subject to change. Please refer to the drug list for details on drug coverage.

The drug list may change at any time. You will receive notice when necessary.

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**Ready
to enroll**

Plan recap

We want to make sure you know what to expect with the new plan you've chosen.

✓ Please fill out this plan recap with your Licensed Sales Representative (if applicable).

Plan Information

Here are some details about your new plan.

My new plan is a: ☐ Medicare Advantage plan ☐ Medicare Advantage Special Needs plan
☐ Medicare Supplement Insurance (Medigap) plan ☐ Medicare Part D plan

The name of my new plan is: _____

My plan type is a (circle one): HMO HMO-POS LPPO RPPO PFFS

My plan type: ☐ Requires referrals ☐ Does not require referrals

☐ Includes a medical deductible unless the state or another third party pays it for me

☐ Does not include a medical deductible

My plan will provide: ☐ All Medicare health coverage ☐ All Medicare prescription drug coverage

I have purchased rider(s) as part of my plan: ☐ **Yes** ☐ **No** ☐ N/A

Proposed effective date: - - -

I can cancel my enrollment in this plan before my coverage starts. Once my coverage starts, I may have to wait until I have a valid election period to make a plan change.

I must live in the plan's service area, which is _____. If I move out of the plan's service area for more than 6 months in a row, I will need to choose a new plan.

I must (circle one) **have Medicaid / have a qualifying chronic condition / live in an institution or assisted living facility** to enroll in and/or remain enrolled in this plan. If the plan cannot verify my status, I understand that I may not be enrolled in or may be disenrolled from the plan.

Circle the correct answer: I should / should not have a Medicare Advantage plan and a stand-alone Medicare Part D plan at the same time.


Premium Information

What you need to know about paying your monthly plan premium.

My plan has a \$ _____ monthly premium that I must pay to stay in this plan. If I qualify for Extra Help, my premium may be less.* In addition, I must remain enrolled in Medicare Part A and Part B and must continue to pay my Medicare Part B premium, unless the state or another third party pays it for me. If I owe a Late Enrollment Penalty (LEP), it is not included in my premium. I will need to add it to my premium each month.

* Extra Help is a program for people with limited incomes who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- The Social Security Administration at 1-800-772-1213, TTY 1-800-325-0778
- Your state Medicaid office

 **Contact your Licensed Sales Representative.** If I have questions about my plan, I will call my Licensed Sales Representative, _____ at _____ or Customer Service at _____.

Network Information

Understanding your network is important.

With my plan, I need to get my care and services from network providers. I may have to pay the full cost for any care I get from out-of-network providers. Emergency care, urgent care, and out-of-area dialysis is covered wherever I need it. ☐ **Yes** ☐ **No**

List the doctors and hospitals you use in this table. Be sure to note whether they are part of the provider network and if they require referrals.

| Provider Name | Provider Type (PCP/Specialist/Hospital) | Network (Yes/No) | Referral (Yes/No) |
|---------------|--------------------------------------------|---------------------|----------------------|
|---------------|--------------------------------------------|---------------------|----------------------|

Prescription Drug Coverage

Know how prescription drugs are covered on your plan.

My plan (circle one): **does / does not** have a prescription drug deductible.

If I have a deductible, the amount is \$ _____ and it applies to drugs in (check the answer(s)):

☐ Tier 1 ☐ Tier 2 ☐ Tier 3 ☐ Tier 4 ☐ Tier 5 or ☐ ALL tiers

List the medications you use in this table. Be sure to note their tier level, whether there are any limits on the drug, and if the prescription drug deductible applies.

| Medication | Tier Level ¹ | Has Limits ² (Yes/No) | Deductible (Yes/No) |
|------------|-------------------------|----------------------------------|---------------------|
|------------|-------------------------|----------------------------------|---------------------|

¹ My actual out of pocket costs may vary based on: the drug stage I am in, my drug tier level, the pharmacy I use (retail/mail-order), if I have Extra Help. ² For medications that have limitations, I may need to contact the plan before I can fill my prescription. I can discuss alternatives by calling customer service to learn what other drugs might be on the drug list and by talking with my doctor or pharmacist.

I have **opted / not opted** to access some plan documents electronically. I can update or change this anytime. I have **provided / not provided** my email address as another way for the plan to contact me with important information. I can update or change this anytime.



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How to enroll

You can enroll by phone, online, by mail or fax. Simply choose the way that is easiest for you and follow the directions below.



By phone

Call one of our Licensed Sales Representatives toll-free at **1-844-560-4944, TTY 711** during 8 a.m. - 8 p.m. local time, 7 days a week to enroll over the phone or to schedule a face-to-face appointment with a licensed sales representative in your area.



Online

Go to **www.UHCCommunityPlan.com** and follow the step-by-step instructions to enroll.



By mail

Fill out the Enrollment Request Form and mail it to:
UnitedHealthcare
P.O. Box 30769
Salt Lake City, UT 84130-0769



By fax

Fill out the Enrollment Request Form and fax it to:
Fax: 1-888-950-1169

Enrollment Request Form Checkpoints

- | | |
|-----------------------------------------------------------------------------------|----------------------------------------------------------|
| ✓ Print your name exactly as it appears on your red, white and blue Medicare card | ✓ Sign and date where indicated |
| ✓ Make sure you have chosen the plan type that works best for you | ✓ Verify your Date of Birth |
| ✓ Make sure your permanent address is correct | ✓ Verify your providers accept the plan you are choosing |
| | ✓ Provide the name of your primary care provider (PCP) |

Scope of appointment confirmation form

Before meeting with a Medicare beneficiary (or their authorized representative), Medicare requires that Licensed Sales Representatives use this form to ensure your appointment focuses only on the type of plan and products you are interested in. A separate form should be used for each Medicare beneficiary. **Please check what you want to discuss with the Licensed Sales Representative (See the back of this page for definitions.):**

- ☐ Medicare Advantage Plans (Part C) and Cost Plans
- ☐ Dental-Vision-Hearing Products
- ☐ Stand-alone Medicare Prescription Drug (Part D) Plan
- ☐ Hospital Indemnity Products
- ☐ Medicare Supplement (Medigap) Products

By signing this form, you agree to meet with a Licensed Sales Representative to discuss the products checked above. The Licensed Sales Representative is either employed or contracted by a Medicare plan and may be paid based on your enrollment in a plan. They do NOT work directly for the federal government.

Signing this form does NOT affect your current or future enrollment in a Medicare plan, enroll you in a Medicare plan or obligate you to enroll in a Medicare plan. All information provided on this form is confidential.

Beneficiary or authorized representative signature and signature date:

| | |
|----------------------------------------------------------------|-----------------------|
| Signature of applicant/member/authorized representative | Today's date |
| <div></div> | <div>MM-DD-YYYY</div> |

If you are the authorized representative, please sign above and print clearly and legibly below:

| | |
|-------------------|-----------------------------|
| Name (First_Last) | Relationship to beneficiary |
| <div></div> | <div></div> |

To be completed by licensed sales representative (please print clearly and legibly)

| | | |
|-------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------|
| Licensed sales representative name (First_Last) | Licensed sales representative phone <div></div> | Licensed sales representative ID |
| Beneficiary name (First_Last) | Beneficiary phone <div></div> | Date appointment will be completed <div>MM-DD-YYYY</div> |

Beneficiary address

| | |
|---------------------------|-----------------------------------------------------------------------------|
| Initial method of contact | Plan(s) the licensed sales representative will represent during the meeting |
| <div></div> | <div></div> |

Licensed sales representative signature

TEAR HERE

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Ready to enroll

Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare HMO Point-of-Service (HMO-POS) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. HMO-POS plans may allow you to get some services out of network for a higher copayment or coinsurance.

Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors, providers and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Private Fee-For-Service (PFFS) Plan — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plan — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

Stand-alone Medicare Prescription Drug (Part D) Plan

Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-For-Service Plans, and Medicare Medical Savings Account Plans.

Other related products

Medicare Supplement (Medigap) Products — Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare (Parts A and B) such as deductibles and coinsurance amounts for Medicare approved services.

Dental/Vision/Hearing Products — Plans offering additional benefits for consumers who are looking to cover needs for dental, vision, or hearing. These plans are not affiliated or connected to Medicare.

Hospital Indemnity Products — Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.



2022 Enrollment Request Form

☐ UnitedHealthcare Dual Complete® (HMO D-SNP) H4590-020-000 - UD2

Information about you. (Please type or print in black or blue ink)

| | | |
|--------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------|
| Last Name | First Name | Middle Initial |
| Birth Date | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Phone Number () - | | Mobile Phone Number () - |
| Social Security Number (Required for people who are enrolling in D-SNP plans): - - - | | |
| Medicare Number | | |

Permanent Residence Street Address (**P.O. Box is not allowed**)

| | | | |
|------|--------|-------|----------|
| City | County | State | ZIP Code |
|------|--------|-------|----------|

Mailing Address (**Only if it's different from above. You can give a P.O. Box.**)

| | | |
|------|-------|----------|
| City | State | ZIP Code |
|------|-------|----------|

Email Address (optional)

Do you have other insurance that will cover your prescription drugs? ☐ Yes ☐ No

(Examples: Other private insurance, TRICARE, Federal employee coverage, VA benefits, or state programs.)

If yes, what is it?

Name of Other Insurance

| | | | |
|---------------|--------------|-------|------------------|
| Member Number | Group Number | RxBin | RxPCN (optional) |
|---------------|--------------|-------|------------------|

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Enrollee Name _____

Agent Name / ID No. _____

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How do you want to pay?

If you have a monthly plan premium (including any late enrollment penalty you may owe) you can pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. You can also pay from a bank account through Electronic Funds Transfer (EFT).

If you don't choose an option below, we'll send a bill each month to your mailing address.

If you must pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA) Social Security (SS) will send you a letter and ask you how you want to pay it:

- ☐ You can pay it from your SS check
- ☐ Medicare can bill you
- ☐ The Railroad Retirement Board (RRB) can bill you
- ☐ I want to pay from my Social Security
- ☐ I want to pay from my Railroad Retirement Board (RRB) check
- ☐ I want to pay directly from a bank account

Account Type ☐ Checking ☐ Savings

Account Holder Name: _____

Bank Routing Number ____/____/____/____/____/____/____/____/____/____

Bank Account Number ____/____/____/____/____/____/____/____/____/____

A few questions to help us manage your plan.

1. Would you prefer plan information in another language or an accessible format? ☐ Yes ☐ No

Please check what you'd like: ☐ Spanish ☐ Braille ☐ Other _____

If you don't see the language or format you want, please call us toll-free at 1-844-560-4944, TTY 711 during 8 a.m. - 8 p.m. local time, 7 days a week. Or visit www.UHCCommunityPlan.com for online help.

2. Are you enrolled in your State Medicaid program? ☐ Yes ☐ No

If yes, please give us your Medicaid number: _____

3. Do you or your spouse work? ☐ Yes ☐ No

Do you or your spouse have other health insurance that will cover medical services?

(Examples: Other employer group coverage, LTD coverage, Workman's Compensation, Auto Liability, or Veterans benefits)

☐ Yes ☐ No

Enrollee Name _____
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If yes, please complete the following:

Name of Health Insurance Company

Member Number

4. Please give us the name of your primary care provider (PCP), clinic or health center.

You can find a list on the plan website or in the Provider Directory.

Provider or PCP Full Name

Provider/PCP Number: (Please enter the number exactly as it appears on the website or in the Provider Directory. It will be 10 to 12 digits. Don't include dashes.)

Providing your email address above automatically enrolls you in paperless delivery for some of your plan communications.

You will get many of your required plan communications delivered electronically. We will send you an email when new communications (For example: Explanation of Benefits or the Annual Notice of Changes) are available online. You can access these communications through any device such as a computer, tablet, or mobile phone.

If you would rather have hard copies of required materials mailed to you, please check here

☐ Instead of paperless delivery, we will mail you hard copies of required materials. Please note that some communications are very large and may not fit in all mailboxes. You can change your preference for delivery at any time.

Please read and sign.

By completing this form, I agree to the following:

- ☐ I must keep both Part A and Part B to stay in UnitedHealthcare. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- ☐ I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border. This plan covers emergency and urgent care outside of the U.S. See the Summary of Benefits for more information.
- ☐ I understand that when my UnitedHealthcare coverage begins, I must get all of my medical and prescription drug benefits from UnitedHealthcare. Benefits and services authorized by UnitedHealthcare and contained in my UnitedHealthcare "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. **Without authorization, neither Medicare nor UnitedHealthcare will pay for benefits or services.**
- ☐ If I currently have Medicare Supplement Insurance (Medigap), I will cancel it in writing. I, not my agent, must cancel. I will cancel after my new plan tells me I've been accepted into the plan.

Enrollee Name Y0066_ERFMA_2022_C CSTX22HM4988763_000

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- ☐ **Release of Information:** By joining this Medicare Advantage Plan or Medicare Prescription Drug Plan, I acknowledge that the plan will release my information to Medicare and other plans as is necessary for treatment, payment, and health care operations. I also acknowledge that UnitedHealthcare will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes applicable to Federal law that authorize the collection of this information (see Privacy Act Statement below).
- ☐ I give UnitedHealthcare permission to share my protected health information with organizations or person(s) for permissible purposes under applicable law as required to administer my health plan.
- ☐ I give consent for all entities under UnitedHealthcare and any outside vendor used by UnitedHealthcare to call the phone number(s) I have provided.
- ☐ The information on this form is correct, to the best of my knowledge. I understand that if I intentionally provide false information on this form I will be disenrolled from the plan.
- ☐ My response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

When I sign below, it means that I have read and understand the information on this form.

If I sign as an authorized representative, it means I have the legal right under state law to sign. I can show written proof (Power of attorney, guardianship, etc.) of this right if Medicare asks for it. I understand that I will need to submit written proof of this right, to the plan, if I wish to take action on behalf of the member beyond this application. After this application has been approved and I have received my member ID card, I can call Customer Service at the number on my member ID card to update my authorization information on file.

Signature of Applicant/Member/Authorized Representative Today's Date

TEAR HERE

If you are the authorized representative, please sign above and complete the information below.

***NOT A SALES AGENT**

| | | |
|--------------------------------|-------|---------------------------|
| Last Name | | First Name |
| Address | | |
| City | State | ZIP Code |
| Phone Number () - | | Relationship to Applicant |

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For licensed sales representative/agency use only.

Employer Group Name

| | | | |
|------------------------------------------|--|-------------------------|--|
| Employer Group ID | | Branch ID | |
| Licensed Sales Representative/Writing ID | | Initial Receipt Date | |
| Licensed Sales Representative/Agent Name | | Proposed Effective Date | |

Agent must complete

| | | | |
|-------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> IEP (MA-PD enrollees) | <input type="checkbox"/> ICEP (MA enrollees) | <input type="checkbox"/> IEP (MA-PD enrollees eligible for 2nd IEP) | <input type="checkbox"/> OEP (Jan1 – Mar 31) |
| <input type="checkbox"/> OEP (newly eligible) | <input type="checkbox"/> SEP (Dual LIS change of status) | <input type="checkbox"/> SEP (change in residence) | <input type="checkbox"/> SEP (loss of EGHP coverage) |
| <input type="checkbox"/> SEP (Chronic) | <input type="checkbox"/> SEP (Dual LIS maintaining) | <input type="checkbox"/> AEP (October 15-December 7) | <input type="checkbox"/> OEPI |
| <input type="checkbox"/> SEP (SEP Reason) _____ | | | |

| | |
|-----------------------------------------------------------|--------------|
| Licensed Sales Representative Signature (optional) | Date: |
|-----------------------------------------------------------|--------------|

Please mail or fax this completed form to:

UnitedHealthcare
P.O. Box 30769
Salt Lake City, UT 84130-0769

Fax: 1-888-950-1169

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PRIVACY ACT STATEMENT: The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) “Medicare Advantage Prescription Drug (MARx)”, System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

This information is available for free in other languages. Please call our customer service number located on the back cover of this book.

Esta información está disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la contraportada de este libro.

OMB No. 0938-1378

Expires: 7/31/2023

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Enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service Representative at the number listed on the back cover of this book.

Understanding the Benefits

- ✓ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Call us or go online to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.
- ✓ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ✓ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ✓ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party. This premium is normally taken out of your Social Security check each month.
- ✓ Benefits may change on January 1 of each year.
- ✓ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ✓ This plan is a Dual Eligible Special Needs Plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

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2022 Enrollment receipt

To be completed if enrolling with a Licensed Sales Representative.

Please use this as your Temporary Proof of Coverage until Medicare has confirmed your enrollment and you receive your member ID card. This receipt is not a guarantee of enrollment.

This copy is for your records only. Please do not resubmit enrollment.

Applicant 1:

Name

Application Date

- -

Proposed Effective Date

- -

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

Applicant 2 (if applicable):

Name

Application Date

- -

Proposed Effective Date

- -

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

Call your Licensed Sales Representative if you have any questions:

Licensed Sales Representative Name and ID Number

Licensed Sales Representative Phone No.

□ □ □ - □ □ □ - □ □ □ □

RxBIN: 610097

Rx PCN: 9999

RxGRP: SHTX

We're here to help. If you have additional questions you can call Customer Service toll-free at 1-844-560-4944, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

Important Reminder - You don't need a Medigap or supplement insurance plan with a Medicare Advantage plan. If you currently have a Medigap plan, contact the insurer to cancel your plan once your Medicare Advantage plan begins.



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Ready to enroll

Take advantage of what's next

Your enrollment application has been submitted. Use this page to track upcoming communications and actions you can take to get the most from your new plan. We're here to help every step of the way.



You are here
Enrollment submitted



**Quick Start Guide and
member ID card**



Manage your plan online



**We'll check in to review
your plan**



**Your plan coverage
begins. You can start
using your plan.**



Manage your plan online

Once you receive your member ID card, you can use it to create your online account at **www.myuhcadvantage.com** to:

- Find providers and pharmacies in your area
- Review your Drug List
- Complete your health assessment
- View plan documents



Once your coverage begins

- Schedule your annual physical and wellness visit
- Get a 3-month supply of your prescriptions using a home delivery pharmacy service
- Add an Authorized Representative. You can name someone you trust to speak with us about your account.



Thank you for choosing UnitedHealthcare

If you have any questions, you can call the Customer Service number on your member ID card.

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Vendor information

UnitedHealthcare Dual Complete® (HMO D-SNP)

Take advantage of your additional plan benefits, once you're enrolled, by using the providers below or contacting Customer Service: 1-866-480-2064, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

| Benefit Type | Vendor Name | Contact Information |
|--------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hearing Aids | UnitedHealthcare Hearing | 1-877-704-3384 www.UHChearing.com/SNP |
| Routine Vision Services | Plan network providers in your service area | 1-866-480-2064 www.myuhcadvantage.com If you belong to a medical group or IPA, refer to the Provider Directory. |
| Routine Dental Benefits | UnitedHealthcare Dental | 1-866-480-2064 www.myuhcadvantage.com |
| NurseLine | Nurseline | 1-877-440-9407 www.myuhc.com/CommunityPlan |
| Transportation | Plan network providers | Call Customer Service for more information. |
| Over-the-Counter (OTC) + Healthy Food Card | Solutran | 1-833-853-8587 myuhcmedicare.com/HWP |
| Personal Emergency Response System | Philips Lifeline | 1-855-596-7612 www.lifeline.philips.com/UHCMedicare |
| Fitness | Renew Active® | 1-866-480-2064 www.UHCRenewActive.com |
| Fitness Benefit | Fitbit® | 1-844-534-8248 https://www.fitbit.com/global/us/store/UHC |



For 1-on-1 support, please contact the plan or your Licensed Sales Representative.



Call toll-free **1-844-560-4944**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.UHCCommunityPlan.com

Service area: Texas - Collin, Dallas, Denton, Ellis, Johnson, Kaufman, Rockwall, Tarrant counties