Enrollment guide 2022

Medicare Advantage plan with prescription drugs

Take advantage of all your Medicare Advantage plan has to offer

UnitedHealthcare Dual Complete® Ally (HMO D-SNP)

H4514-016-000

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

UnitedHealthcare 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]

[1]Renew 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.

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.

No 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

NOTES

Plan information

Benefit highlights

UnitedHealthcare Dual Complete® Ally (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 (no referral needed)	Specialist: 20% coinsurance (no 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: $0 copay
	Individual therapy: $0 copay	Individual therapy: $0 copay
	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 for covered brands	$0 copay for covered brands
Diagnostic radiology services (such as MRIs, CT scans)	$0 copay	$0 copay
Diagnostic tests and procedures (non-radiological)	$0 copay	$0 copay
Lab services	$0 copay	$0 copay
Outpatient x-rays	$0 copay	$0 copay
Ambulance	$0 copay for ground or air	$50 copay 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)	$0 copay (worldwide)

†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 single, bifocal, trifocal, or progressive lenses are covered in full.

	Your Cost
	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	$3,000 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.
Routine Transportation	$0 copay for 60 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies
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	$110 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 $3000.00 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/ extensive oral exams. Does not cover periodontal exams separate from periodic, limited, or comprehensive exams. Only one exam code covered per appointment.	$0
D0140	Limited exam to evaluate a problem	One procedure per plan year		$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	

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 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
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		$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 for intravenous moderate (conscious) sedation/ analgesia, deep sedation/general anesthesia, and	$0
D9222, D9223	Deep Sedation/ General Anesthesia	Unlimited per plan year		$0
D9230	Nitrous Oxide	Unlimited per plan year		$0
D9239, D9243	IV sedation	Unlimited per plan year		$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.

NOTES

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.

Y0066_RVB_2022_M CSKS22PO5010059_000

NOTES

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 $110 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.

Y0066_OTC_2022_M H4514016000 CSTX22HM5011223_000

NOTES

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

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

United Healthcare
Dual Complete

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 CSIA22HM5006354_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.

Y0066_RHB_2022_M CSMO22HM5006501_000

NOTES

Medicare Advantage plan with prescription drugs

Summary of benefits 2022

UnitedHealthcare Dual Complete® Ally (HMO D-SNP)
H4514-016-000

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

Y0066_SB_H4514_016_000_2022_M

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® Ally (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: Fort Bend, Harris.

Use network providers and pharmacies.

UnitedHealthcare Dual Complete® Ally (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. 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® Ally (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)	$7,550 annually for Medicare-covered services you receive from in-network providers.
	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. Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.
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® Ally (HMO D-SNP)

Benefits

		In-Network
Inpatient Hospital[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)[2]	$0 copay for a diagnostic colonoscopy $0 copay - 20% coinsurance otherwise
	Outpatient Hospital, including surgery[2]	$0 copay for a diagnostic colonoscopy $0 copay - 20% coinsurance otherwise
	Outpatient Hospital Observation Services[2]	$0 copay - 20% coinsurance
Doctor Visits	Primary Care Provider	$0 copay
	Specialists[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 (worldwide) per visit
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)[2]	$0 copay
	Lab services[2]	$0 copay
	Diagnostic tests and procedures[2]	$0 copay
	Therapeutic Radiology[2]	$0 copay per service
	Outpatient X-rays[2]	$0 copay per service

Benefits

		In-Network
Hearing Services	Exam to diagnose and treat hearing and balance issues[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	$3,000 limit on all covered dental services
Vision Services	Exam to diagnose and treat diseases and conditions of the eye[2]	$0 copay
	Eyewear after cataract surgery	$0 copay
	Routine eye exam	$0 copay; 1 every year
	Routine eyewear	$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. Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).

Benefits

		In-Network
Mental Health	Inpatient visit[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[2]	$0 copay
	Outpatient individual therapy visit[2]	$0 copay
	Virtual Mental Health Visits	$0 copay; Speak to network telehealth providers using your computer or mobile device.
Skilled Nursing Facility (SNF)[2] (Stay must meet Medicare coverage criteria)		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. $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
		Our plan covers up to 100 days in a SNF.
Physical therapy and speech and language therapy visit[2]		$0 copay - 20% coinsurance
Ambulance[2] Your provider must obtain prior authorization for non-emergency transportation.		$0 copay - $50 copay for ground $0 copay - $50 copay for air
Routine Transportation		$0 copay for 60 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies

Benefits

		In-Network
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)[2]	$0 copay - 20% coinsurance
Diabetes Management	Diabetes monitoring supplies[2]	$0 copay We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch®Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan.
	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		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.

Additional Benefits

		In-Network
Foot Care (podiatry services)	Foot exams and treatment[2]	$0 copay - 20% coinsurance
	Routine foot care	$0 copay; for each visit up to 4 visits every year
Meal Benefit[2]		$0 copay; Meals provided up to 2 times per calendar year immediately after an inpatient hospital or skilled nursing facility stay.
Home Health Care[2]		$0 copay
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[2]		$0 copay - 20% coinsurance
Opioid Treatment Program Services[2]		$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit[2]	$0 copay
	Outpatient individual therapy visit[2]	$0 copay
Over-the-Counter (OTC) + Healthy Food Card		$110 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[2]		$0 copay - 20% coinsurance

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

- ☐ Outpatient individual therapy visit

Physical Therapy and Speech and Language Therapy Visit

Ambulance (All Non-emergency)

Medicare Part B Drugs
- ☐ Chemotherapy drugs
- ☐ Other Part B drugs

Chiropractic Care
- ☐ Manual manipulation of the spine to correct subluxation

Diabetes Management
- ☐ Diabetes monitoring supplies
- ☐ Therapeutic shoes or inserts

Durable Medical Equipment (DME) and Related Supplies
- ☐ Durable Medical Equipment (e.g. wheelchairs, oxygen)
- ☐ Prosthetics (e.g., braces, artificial limbs)

Foot Care (podiatry services)
- ☐ Foot exams and treatment

Occupational Therapy Visit

Opioid Treatment Program Services

Outpatient Substance Abuse
- ☐ Outpatient group therapy visit
- ☐ 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® Ally (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® Ally (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 1-866-480-1086 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 comunique 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 1-866-480-1086, 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., hora local, los 7 días de la semana.

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.

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.

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2021 Medicare star ratings

UnitedHealthcare - H4514

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.

★★★½ 3.5 stars

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

Health Plan Services:	★★★½	3.5 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 **866-944-4983** (toll-free) or **711** (TTY).

Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

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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 है, 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: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខសមាជិកឥតចេញថ្លៃ បានកត់នៅខាងមុខនៃកូនសៀវភៅនេះ។

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

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béésh bee hane'í biká'ígíí bee hodíilnih.

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

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

Bold type = Brand name drug Plain type = Generic drug

Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)

Anagrelide HCl (Oral Capsule)

Anastrozole (Oral Tablet)

Androderm (Transdermal Patch 24 Hour)

Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)

Apokyn (Subcutaneous Solution Cartridge)

Apraclonidine HCl (Ophthalmic Solution)

Aprepitant (Oral Therapy Pack, Oral Capsule)

Apri (Oral Tablet)

Apriso (Oral Capsule Extended Release 24 Hour)

Aptiom (Oral Tablet)

Aptivus (Oral Capsule)

Aralast NP (1000MG Intravenous Solution Reconstituted)

Aranelle (Oral Tablet)

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)

Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection 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)

Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution)

Arcalyst (Subcutaneous Solution Reconstituted)

Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)

Aripiprazole (1MG/ML Oral Solution)

Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)

Aristada (Intramuscular Prefilled Syringe)

Aristada Initio (Intramuscular Prefilled Syringe)

Armodafinil (Oral Tablet)

Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)

Asenapine Maleate (Tablet Sublingual)

Ashlyna (Oral Tablet)

Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)

Atazanavir Sulfate (Oral Capsule)

Atenolol (Oral Tablet)

Atenolol-Chlorthalidone (Oral Tablet)

Atomoxetine HCl (Oral Capsule)

Atorvastatin Calcium (Oral Tablet)

Atovaquone (Oral Suspension)

Atovaquone-Proguanil HCl (Oral Tablet)

Atropine Sulfate (1% Ophthalmic Solution)

Atrovent HFA (Inhalation Aerosol Solution)

Aubagio (Oral Tablet)

Aubra EQ (Oral Tablet)

Auryxia (Oral Tablet)

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)

Azithromycin (Oral Tablet)

Aztreonam (1GM Injection Solution Reconstituted)

B

BCG Vaccine (Injection)

BIVIGAM (Intravenous Solution)

BRIVIACT (Oral Solution)

BRIVIACT (Oral Tablet)

Bacitracin (Ophthalmic Ointment)

Bacitracin-Polymyxin B (Ophthalmic Ointment)

Baclofen (Oral Tablet)

Balsalazide Disodium (Oral Capsule)

Balversa (Oral Tablet)

Balziva (Oral Tablet)

Baqsimi One Pack (Nasal Powder)

Baraclude (Oral Solution)

Belsomra (Oral Tablet)

Benazepril HCl (Oral Tablet)

Benazepril-Hydrochlorothiazide (Oral Tablet)

Benlysta (Subcutaneous Solution Auto-Injector)

Benlysta (Subcutaneous Solution Prefilled Syringe)

Benznidazole (Oral Tablet)

Benzoyl Peroxide-Erythromycin (External Gel)

Benztropine Mesylate (Oral Tablet)

Bepotastine Besilate (Ophthalmic Solution)

Bepreve (Ophthalmic Solution)

Berinert (Intravenous Kit)

Besivance (Ophthalmic Suspension)

Betamethasone Dipropionate (External Cream)

Betamethasone Dipropionate (External Lotion)

Betamethasone Dipropionate (External Ointment)

Betamethasone Dipropionate Aug (External Cream)

Betamethasone Dipropionate Aug (External Gel)

Betamethasone Dipropionate Aug (External Lotion)

Betamethasone Dipropionate Aug (External Ointment)

Betamethasone Valerate (External Cream)

Betamethasone Valerate (External Lotion)

Betamethasone Valerate (External Ointment)

Betaseron (Subcutaneous Kit)

Betaxolol HCl (Ophthalmic Solution)

Betaxolol HCl (Oral Tablet)

Bethanechol Chloride (Oral Tablet)

Betimol (Ophthalmic Solution)

Bevespi Aerosphere (Inhalation Aerosol)

Bexarotene (Oral Capsule)

Bexsero (Intramuscular Suspension Prefilled Syringe)

BiDil (Oral Tablet)

Bicalutamide (Oral Tablet)

Bicillin C-R (Intramuscular Suspension)

Bicillin C-R 900/300 (Intramuscular Suspension)

Bicillin L-A (Intramuscular Suspension)

Biktarvy (Oral Tablet)

Bisoprolol Fumarate (Oral Tablet)

Bisoprolol-Hydrochlorothiazide (Oral Tablet)

Blisovi 24 Fe (Oral Tablet)

Blisovi Fe 1.5/30 (Oral Tablet)

Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension)

Bosentan (Oral Tablet)

Bosulif (Oral Tablet)

Braftovi (Oral Capsule)

Breo Ellipta (Inhalation Aerosol Powder Breath Activated)

Breztri Aerosphere (Inhalation Aerosol)

Briellyn (Oral Tablet)

Brilinta (Oral Tablet)

Brimonidine Tartrate (0.15% Ophthalmic Solution)

Brimonidine Tartrate (0.2% Ophthalmic Solution)

Brinzolamide (Ophthalmic Suspension)
Bromocriptine Mesylate (Oral Capsule)
Bromocriptine Mesylate (Oral Tablet)
Brukinsa (Oral Capsule)
Budesonide (Inhalation Suspension)
Budesonide (Oral Capsule Delayed Release Particles)
Budesonide ER (Oral Tablet Extended Release 24 Hour)
Bumetanide (Injection Solution)
Bumetanide (Oral Tablet)
Buprenorphine (Transdermal Patch Weekly)
Buprenorphine HCl (Tablet Sublingual)
Buprenorphine HCl-Naloxone HCl (Sublingual Film)
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)
Bupropion HCl (Oral Tablet Immediate Release)
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)
Buspirone HCl (Oral Tablet)
Butalbital-Acetaminophen-Caffeine (Oral Tablet)
Butalbital-Aspirin-Caffeine (Oral Capsule)
Butorphanol Tartrate (Nasal Solution)
Bydureon BCise (Subcutaneous Auto-Injector)
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)
Bystolic (Oral Tablet)

C

Cabergoline (Oral Tablet)
Cablivi (Injection Kit)
Cabometyx (Oral Tablet)
Calcipotriene (External Cream)
Calcipotriene (External Ointment)
Calcipotriene (External Solution)
Calcitonin Salmon (Nasal Solution)
Calcitriol (External Ointment)
Calcitriol (Oral Capsule)
Calcitriol (Oral Solution)
Calcium Acetate (667MG Oral Tablet)
Calcium Acetate (Phosphate Binder) (Oral Capsule)
Calquence (Oral Capsule)
Camila (Oral Tablet)
Camrese Lo (Oral Tablet)
Candesartan Cilexetil (Oral Tablet)
Candesartan Cilexetil-HCTZ (Oral Tablet)
Caplyta (Oral Capsule)
Caprelsa (Oral Tablet)
Captopril (Oral Tablet)
Carbaglu (Oral Tablet)
Carbamazepine (Oral Suspension)
Carbamazepine (Oral Tablet Chewable)
Carbamazepine (Oral Tablet Immediate Release)
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)
Carbidopa (Oral Tablet)
Carbidopa-Levodopa (Oral Tablet Immediate Release)
Carbidopa-Levodopa ER (Oral Tablet Extended Release)
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)
Carbidopa-Levodopa-Entacapone (Oral Tablet)
Carteolol HCl (Ophthalmic Solution)
Cartia XT (Oral Capsule Extended Release 24 Hour)
Carvedilol (Oral Tablet)
Cayston (Inhalation Solution Reconstituted)
Caziant (Oral Tablet)
Cefaclor (Oral Capsule)

Cefadroxil (Oral Capsule)

Cefadroxil (Oral Suspension Reconstituted)

Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)

Cefdinir (Oral Capsule)

Cefdinir (Oral Suspension Reconstituted)

Cefepime HCl (Injection Solution Reconstituted)

Cefixime (Oral Capsule)

Cefixime (Oral Suspension Reconstituted)

Cefotetan Disodium (Injection Solution Reconstituted)

Cefoxitin Sodium (Injection Solution Reconstituted)

Cefoxitin Sodium (Intravenous Solution Reconstituted)

Cefpodoxime Proxetil (Oral Suspension Reconstituted)

Cefpodoxime Proxetil (Oral Tablet)

Cefprozil (Oral Suspension Reconstituted)

Cefprozil (Oral Tablet)

Ceftazidime (Injection Solution Reconstituted)

Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)

Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)

Cefuroxime Axetil (Oral Tablet)

Cefuroxime Sodium (Injection Solution Reconstituted)

Cefuroxime Sodium (Intravenous Solution Reconstituted)

Celecoxib (Oral Capsule)

Celontin (Oral Capsule)

Cephalexin (250MG Oral Capsule, 500MG Oral Capsule)

Cephalexin (750MG Oral Capsule)

Cephalexin (Oral Suspension Reconstituted)

Cetirizine HCl (1MG/ML Oral Solution)

Chantix (Oral Tablet)

Chantix Continuing Month Pak (Oral Tablet)

Chantix Starting Month Pak (Oral Tablet)

Chemet (Oral Capsule)

Chenodal (Oral Tablet)

Chlordiazepoxide HCl (Oral Capsule)

Chlorhexidine Gluconate (Mouth Solution)

Chloroquine Phosphate (Oral Tablet)

Chlorpromazine HCl (Oral Tablet)

Chlorthalidone (Oral Tablet)

Chlorzoxazone (500MG Oral Tablet)

Cholbam (Oral Capsule)

Cholestyramine (Oral Packet)

Cholestyramine Light (Oral Packet)

Ciclopirox (External Gel)

Ciclopirox (External Shampoo)

Ciclopirox (External Solution)

Ciclopirox Olamine (External Cream)

Ciclopirox Olamine (External Suspension)

Cilostazol (Oral Tablet)

Ciloxan (Ophthalmic Ointment)

Cimduo (Oral Tablet)

Cimetidine (Oral Tablet)

Cimetidine HCl (300MG/5ML Oral Solution)

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)

Bold type = Brand name drug Plain type = Generic drug

Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)

Ciprofloxacin-Dexamethasone (Otic Suspension)

Citalopram Hydrobromide (Oral Solution)

Citalopram Hydrobromide (Oral Tablet)

Claravis (Oral Capsule)

Clarithromycin (Oral Suspension Reconstituted)

Clarithromycin (Oral Tablet Immediate Release)

Clarithromycin ER (Oral Tablet Extended Release 24 Hour)

Clenpiq (Oral Solution)

Climara Pro (Transdermal Patch Weekly)

Clindacin-P (External Swab)

Clindamycin HCl (Oral Capsule)

Clindamycin Palmitate HCl (Oral Solution Reconstituted)

Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)

Clindamycin Phosphate (External Gel)

Clindamycin Phosphate (External Lotion)

Clindamycin Phosphate (External Solution)

Clindamycin Phosphate (External Swab)

Clindamycin Phosphate (Vaginal Cream)

Clindamycin Phosphate in D5W (Intravenous Solution)

Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel)

Clobazam (Oral Suspension)

Clobazam (Oral Tablet)

Clobetasol Propionate (External Cream)

Clobetasol Propionate (External Gel)

Clobetasol Propionate (External Ointment)

Clobetasol Propionate (External Shampoo)

Clobetasol Propionate (External Solution)

Clobetasol Propionate Emollient Base (External Cream)

Clodan (External Shampoo)

Clomipramine HCl (Oral Capsule)

Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)

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)

Clonidine (Transdermal Patch Weekly)

Clonidine HCl (Oral Tablet Immediate Release)

Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)

Clopidogrel Bisulfate (75MG Oral Tablet)

Clorazepate Dipotassium (Oral Tablet)

Clotrimazole (External Cream)

Clotrimazole (External Solution)

Clotrimazole (Mouth/Throat Troche)

Clotrimazole-Betamethasone (External Cream)

Clotrimazole-Betamethasone (External Lotion)

Clovique (Oral Capsule)

Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)

Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)

Coartem (Oral Tablet)

Codeine Sulfate (15MG Oral Tablet, 60MG Oral Tablet)

Codeine Sulfate (30MG Oral Tablet)

Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)

Colchicine (0.6MG Oral Tablet) (Generic Colcrys)

Colesevelam HCl (Oral Packet)

Colesevelam HCl (Oral Tablet)

Colestipol HCl (Oral Packet)

Colestipol HCl (Oral Tablet)

Colistimethate Sodium (CBA) (Injection Solution Reconstituted)

Combigan (Ophthalmic Solution)

Combivent Respimat (Inhalation Aerosol Solution)

Cometriq (100MG Daily Dose) (Oral Kit)

Cometriq (140MG Daily Dose) (Oral Kit)

Cometriq (60MG Daily Dose) (Oral Kit)

Complera (Oral Tablet)

Compro (Rectal Suppository)

Constulose (Oral Solution)

Copiktra (Oral Capsule)

Cordran (External Tape)

Corlanor (Oral Solution)

Corlanor (Oral Tablet)

Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)

Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector)

Cotellic (Oral Tablet)

Creon (Oral Capsule Delayed Release Particles)

Crinone (Vaginal Gel)

Cromolyn Sodium (Inhalation Nebulization Solution)

Cromolyn Sodium (Ophthalmic Solution)

Cromolyn Sodium (Oral Concentrate)

Cryselle-28 (Oral Tablet)

Cuvposa (Oral Solution)

Cyclafem 1/35 (Oral Tablet)

Cyclafem 7/7/7 (Oral Tablet)

Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet)

Cyclobenzaprine HCl (7.5MG Oral Tablet)

Cyclophosphamide (25MG Oral Tablet)

Cyclophosphamide (50MG Oral Tablet)

Cyclophosphamide (Oral Capsule)

Cycloset (Oral Tablet)

Cyclosporine (Oral Capsule)

Cyclosporine Modified (Oral Capsule)

Cyclosporine Modified (Oral Solution)

Cyproheptadine HCl (Oral Syrup)

Cyproheptadine HCl (Oral Tablet)

Cyred EQ (Oral Tablet)

Cystadane (Oral Powder)

Cystagon (Oral Capsule)

Cystaran (Ophthalmic Solution)

D

Dalfampridine ER (Oral Tablet Extended Release 12 Hour)

Daliresp (Oral Tablet)

Dalvance (Intravenous Solution Reconstituted)

Danazol (Oral Capsule)

Dantrolene Sodium (Oral Capsule)

Dapsone (Oral Tablet)

Daptacel (Intramuscular Suspension)

Daptomycin (Intravenous Solution Reconstituted)

Daurismo (Oral Tablet)

Deblitane (Oral Tablet)

Deferasirox (125MG Oral Tablet Soluble) (Generic Exjade)

Deferasirox (250MG Oral Tablet Soluble, 500MG Oral Tablet Soluble) (Generic Exjade)

Deferasirox (Oral Tablet) (Generic Jadenu)

Deferasirox Granules (Oral Packet)

Deferiprone (Oral Tablet)

Delstrigo (Oral Tablet)

Demeclocycline HCl (Oral Tablet)

Demser (Oral Capsule)

Depo-Estradiol (Intramuscular Oil)

Descovy (Oral Tablet)

Desipramine HCl (Oral Tablet)

Desmopressin Acetate (Oral Tablet)

Desmopressin Acetate Spray (Nasal Solution)

Desogestrel-Ethinyl Estradiol (Oral Tablet)

Desonide (External Ointment)

Desoximetasone (External Cream)

Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)

Dexamethasone (Oral Elixir)

Dexamethasone (Oral Tablet)

Dexamethasone Sodium Phosphate (Ophthalmic Solution)

Dexilant (Oral Capsule Delayed Release)

Dexmethylphenidate HCl (Oral Tablet)

Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)

Dextroamphetamine Sulfate (Oral Tablet)

Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)

Dextrose (10% Intravenous Solution)

Dextrose (5% Intravenous Solution)

Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 5-0.2% Intravenous Solution)

Dextrose-NaCl (2.5-0.45% Intravenous Solution, 5-0.45% Intravenous Solution)

Dextrose-NaCl (5-0.9% Intravenous Solution)

Diacomit (Oral Capsule)

Diacomit (Oral Packet)

Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)

Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)

Diazepam (5MG/5ML Oral Solution)

Diazepam Intensol (5MG/ML Oral Concentrate)

Diazoxide (Oral Suspension)

Diclofenac Epolamine (External Patch)

Diclofenac Potassium (Oral Tablet)

Diclofenac Sodium (1% External Gel)

Diclofenac Sodium (3% External Gel)

Diclofenac Sodium (Ophthalmic Solution)

Diclofenac Sodium (Oral Tablet Delayed Release)

Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)

Dicloxacillin Sodium (Oral Capsule)

Dicyclomine HCl (Oral Capsule)

Dicyclomine HCl (Oral Solution)

Dicyclomine HCl (Oral Tablet)

Dificid (Oral Suspension Reconstituted)

Dificid (Oral Tablet)

Diflunisal (Oral Tablet)

Digitek (Oral Tablet)

Digox (Oral Tablet)

Digoxin (Oral Solution)

Digoxin (Oral Tablet)

Dihydroergotamine Mesylate (Nasal Solution)

Dilantin (Oral Capsule)

Dilantin INFATABS (Oral Tablet Chewable)

Dilt-XR (Oral Capsule Extended Release 24 Hour)

Diltiazem HCl (Oral Tablet Immediate Release)

Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)

Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)

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)

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)

Dimethyl Fumarate (120MG Oral Capsule Delayed Release, 240MG Oral Capsule Delayed Release)

Dimethyl Fumarate Starter Pack (Oral Capsule)

Dipentum (Oral Capsule)

Diphenoxylate-Atropine (Oral Liquid)

Diphenoxylate-Atropine (Oral Tablet)

Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)

Disulfiram (Oral Tablet)

Diuril (Oral Suspension)

Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)

Divalproex Sodium (Oral Tablet Delayed Release)

Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)

Dofetilide (Oral Capsule)

Dolishale (Oral Tablet)
Donepezil HCl (Oral Tablet)
Donepezil HCl ODT (Oral Tablet Dispersible)
Dorzolamide HCl (Ophthalmic Solution)
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)
Dovato (Oral Tablet)
Doxazosin Mesylate (Oral Tablet)
Doxepin HCl (External Cream)
Doxepin HCl (Oral Capsule)
Doxepin HCl (Oral Concentrate)
Doxercalciferol (Oral Capsule)
Doxy 100 (Intravenous Solution Reconstituted)
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)
Doxycycline Hyclate (Oral Capsule)
Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule)
Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)
Doxycycline Monohydrate (Oral Suspension Reconstituted)
Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle)
Dronabinol (Oral Capsule)
Drospirenone-Ethinyl Estradiol (Oral Tablet)
Droxia (Oral Capsule)
Droxidopa (Oral Capsule)
Duavee (Oral Tablet)
Dulera (Inhalation Aerosol)
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)
Dutasteride (Oral Capsule)
Dymista (Nasal Suspension)

E

Econazole Nitrate (External Cream)
Edarbi (Oral Tablet)
Edarbyclor (Oral Tablet)
Edurant (Oral Tablet)
Efavirenz (Oral Capsule)
Efavirenz (Oral Tablet)
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)
Egrifta SV (2MG Subcutaneous Solution Reconstituted)
Elestrin (Transdermal Gel)
Eliquis (Oral Tablet)
Eliquis Starter Pack (Oral Tablet)
Elmiron (Oral Capsule)
EluRyng (Vaginal Ring)
Emcyt (Oral Capsule)
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)
Emgality (Subcutaneous Solution Auto-Injector)
Emoquette (Oral Tablet)
Emsam (Transdermal Patch 24 Hour)
Emtricitabine (Oral Capsule)
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)
Emtriva (Oral Solution)
Enalapril Maleate (Oral Tablet)
Enalapril-Hydrochlorothiazide (Oral Tablet)
Enbrel (Subcutaneous Solution Prefilled Syringe)
Enbrel (Subcutaneous Solution Reconstituted)
Enbrel (Subcutaneous Solution)
Enbrel Mini (Subcutaneous Solution Cartridge)
Enbrel SureClick (Subcutaneous Solution Auto-Injector)

Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)

Engerix-B (Injection Suspension)

Enoxaparin Sodium (Subcutaneous Solution)

Enpresse-28 (Oral Tablet)

Enskyce (Oral Tablet)

Entacapone (Oral Tablet)

Entecavir (Oral Tablet)

Entresto (Oral Tablet)

Enulose (Oral Solution)

Envarsus XR (Oral Tablet Extended Release 24 Hour)

Epclusa (Oral Tablet)

Epidiolex (Oral Solution)

Epinastine HCl (Ophthalmic Solution)

Epinephrine (Injection Solution Auto-Injector)

Epitol (Oral Tablet)

Epivir HBV (Oral Solution)

Eplerenone (Oral Tablet)

Ergotamine-Caffeine (Oral Tablet)

Erivedge (Oral Capsule)

Erleada (Oral Tablet)

Erlotinib HCl (Oral Tablet)

Errin (Oral Tablet)

Ertapenem Sodium (Injection Solution Reconstituted)

Ery (External Pad)

Erythrocin Lactobionate (Intravenous Solution Reconstituted)

Erythromycin (External Gel)

Erythromycin (External Solution)

Erythromycin (Ophthalmic Ointment)

Erythromycin Base (Oral Capsule Delayed Release Particles)

Erythromycin Base (Oral Tablet Delayed Release)

Erythromycin Base (Oral Tablet Immediate Release)

Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)

Erythromycin Ethylsuccinate (Oral Tablet)

Esbriet (Oral Capsule)

Esbriet (Oral Tablet)

Escitalopram Oxalate (Oral Solution)

Escitalopram Oxalate (Oral Tablet)

Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)

Esomeprazole Magnesium (Oral Packet)

Estarylla (Oral Tablet)

Estradiol (Oral Tablet)

Estradiol (Transdermal Patch Weekly)

Estradiol (Vaginal Cream)

Estradiol (Vaginal Tablet)

Estradiol Valerate (Intramuscular Oil)

Estring (Vaginal Ring)

Eszopiclone (Oral Tablet)

Ethacrynic Acid (Oral Tablet)

Ethambutol HCl (Oral Tablet)

Ethosuximide (Oral Capsule)

Ethosuximide (Oral Solution)

Ethynodiol Diacetate-Ethinyl Estradiol (Oral Tablet)

Etodolac (Oral Capsule)

Etodolac (Oral Tablet Immediate Release)

Etodolac ER (Oral Tablet Extended Release 24 Hour)

Etonogestrel-Ethinyl Estradiol (Vaginal Ring)

Euthyrox (Oral Tablet)

Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet)

Everolimus (2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)

Evotaz (Oral Tablet)

Exemestane (Oral Tablet)

Ezetimibe (Oral Tablet)

Ezetimibe-Simvastatin (Oral Tablet)

F

FML (Ophthalmic Ointment)

FML Forte (Ophthalmic Suspension)

Falmina (Oral Tablet)

Famciclovir (Oral Tablet)

Famotidine (20MG Oral Tablet, 40MG Oral Tablet)

Famotidine (Oral Suspension Reconstituted)

Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)

Fanapt Titration Pack (Oral Tablet)

Farxiga (Oral Tablet)

Farydak (Oral Capsule)

Fasenra (Subcutaneous Solution Prefilled Syringe)

Fasenra Pen (Subcutaneous Solution Auto-Injector)

Fayosim (Oral Tablet)

Febuxostat (Oral Tablet)

Felbamate (Oral Suspension)

Felbamate (Oral Tablet)

Felodipine ER (Oral Tablet Extended Release 24 Hour)

Femring (Vaginal Ring)

Femynor (Oral Tablet)

Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet)

Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet)

Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 67MG Oral Capsule)

Fenofibric Acid (Oral Capsule Delayed Release)

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)

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)

Fentanyl Citrate (200MCG Buccal Lozenge On A Handle)

Ferriprox (Oral Solution)

Ferriprox (Oral Tablet)

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)

Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)

Finacea (External Foam)

Finasteride (5MG Oral Tablet) (Generic Proscar)

Fintepla (Oral Solution)

Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)

Firmagon (80MG Subcutaneous Solution Reconstituted)

Flac (Otic Oil)

Flarex (Ophthalmic Suspension)

Flebogamma DIF (5GM/50ML Intravenous Solution)

Flecainide Acetate (Oral Tablet)

Flovent Diskus (Inhalation Aerosol Powder Breath Activated)

Flovent HFA (Inhalation Aerosol)

Fluconazole (Oral Suspension Reconstituted)

Fluconazole (Oral Tablet)

Fluconazole in Sodium Chloride (Intravenous Solution)

Flucytosine (Oral Capsule)

Fludrocortisone Acetate (Oral Tablet)

Flunisolide (Nasal Solution)

Fluocinolone Acetonide (External Cream)

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)

Fluocinonide Emulsified Base (External Cream)
Fluorometholone (Ophthalmic Suspension)
Fluorouracil (5% External Cream)
Fluorouracil (External Solution)
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)
Fluoxetine HCl (20MG/5ML Oral Solution)
Fluoxetine HCl (90MG Oral Capsule Delayed Release)
Fluphenazine Decanoate (Injection Solution)
Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)
Fluphenazine HCl (2.5MG/5ML Oral Elixir)
Fluphenazine HCl (2.5MG/ML Injection Solution)
Fluphenazine HCl (5MG/ML Oral Concentrate)
Flurbiprofen (100MG Oral Tablet)
Flurbiprofen Sodium (Ophthalmic Solution)
Flutamide (Oral Capsule)
Fluticasone Propionate (External Cream)
Fluticasone Propionate (External Ointment)
Fluticasone Propionate (Nasal Suspension)
Fluticasone-Salmeterol (Inhalation Aerosol Powder Breath Activated)
Fluvastatin Sodium (Oral Capsule)
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)
Fluvoxamine Maleate (Oral Tablet)
Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution)
Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous Solution)
Forteo (Subcutaneous Solution Pen-Injector)
Fosamprenavir Calcium (Oral Tablet)
Fosinopril Sodium (Oral Tablet)
Fosinopril Sodium-HCTZ (Oral Tablet)
Fotivda (Oral Capsule)
Furosemide (Injection Solution)
Furosemide (Oral Solution)
Furosemide (Oral Tablet)
Fuzeon (Subcutaneous Solution Reconstituted)
Fyavolv (Oral Tablet)
Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)
Fycompa (2MG Oral Tablet)
Fycompa (Oral Suspension)

G

Gabapentin (250MG/5ML Oral Solution)
Gabapentin (Oral Capsule)
Gabapentin (Oral Tablet)
Galantamine Hydrobromide (Oral Solution)
Galantamine Hydrobromide (Oral Tablet)
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)
Gammagard (2.5GM/25ML Injection Solution)
Gammagard S/D Less IgA (Intravenous Solution Reconstituted)
Gammaked (1GM/10ML Injection Solution)
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)
Gamunex-C (1GM/10ML Injection Solution)
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)
Gardasil 9 (Intramuscular Suspension)
Gatifloxacin (Ophthalmic Solution)
Gattex (Subcutaneous Kit)
Gauze (Non-medicated 2X2 Pad)
GaviLyte-C (Oral Solution Reconstituted)
GaviLyte-G (Oral Solution Reconstituted)
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)
Gavreto (Oral Capsule)
Gemfibrozil (Oral Tablet)
Generlac (Oral Solution)

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 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

Bold type = Brand name drug Plain type = Generic drug

(Subcutaneous Pen-Injector Kit)

Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit)

Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit)

Humulin 70/30 (Subcutaneous Suspension)

Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)

Humulin N (Subcutaneous Suspension)

Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)

Humulin R (Injection Solution)

Humulin R U-500 (Concentrated) (Subcutaneous Solution)

Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)

Hydralazine HCl (Oral Tablet)

Hydrochlorothiazide (Oral Capsule)

Hydrochlorothiazide (Oral Tablet)

Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)

Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)

Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)

Hydrocortisone (1% External Cream)

Hydrocortisone (1% External Ointment, 2.5% External Ointment)

Hydrocortisone (2.5% External Lotion)

Hydrocortisone (Oral Tablet)

Hydrocortisone (Perianal) (2.5% External Cream)

Hydrocortisone (Rectal Enema)

Hydrocortisone Butyrate (External Ointment)

Hydrocortisone Valerate (External Cream)

Hydrocortisone Valerate (External Ointment)

Hydrocortisone-Acetic Acid (Otic Solution)

Hydromorphone HCl (1MG/ML Oral Liquid)

Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release)

Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour)

Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)

Hydroxychloroquine Sulfate (Oral Tablet)

Hydroxyurea (Oral Capsule)

Hydroxyzine HCl (Oral Syrup)

Hydroxyzine HCl (Oral Tablet)

Hydroxyzine Pamoate (Oral Capsule)

I

IDHIFA (Oral Tablet)

IPOL (Injection)

Ibandronate Sodium (Oral Tablet)

Ibrance (Oral Capsule)

Ibrance (Oral Tablet)

Ibu (600MG Oral Tablet, 800MG Oral Tablet)

Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)

Ibuprofen (Oral Suspension)

Icatibant Acetate (Subcutaneous Solution)

Iclevia (Oral Tablet)

Iclusig (Oral Tablet)

Icosapent Ethyl (Oral Capsule)

Ilevro (Ophthalmic Suspension)

Imatinib Mesylate (Oral Tablet)

Imbruvica (Oral Capsule)

Imbruvica (Oral Tablet)

Imipenem-Cilastatin (Intravenous Solution Reconstituted)

Imipramine HCl (Oral Tablet)

Imipramine Pamoate (Oral Capsule)

Imiquimod (3.75% External Cream)

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)

Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)

Indapamide (Oral Tablet)

Indomethacin (25MG Oral Capsule Immediate Release, 50MG Oral Capsule Immediate Release)

Infanrix (Intramuscular Suspension)

Ingrezza (40MG Oral Capsule, 80MG Oral Capsule)

Ingrezza (Oral Capsule Therapy Pack)

Inlyta (Oral Tablet)

Inqovi (Oral Tablet)

Inrebic (Oral Capsule)

Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)

Insulin Lispro (Subcutaneous Solution) (Brand Equivalent Humalog)

Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)

Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog)

Insulin Syringes, Needles

Intelence (100MG Oral Tablet, 200MG Oral Tablet)

Intelence (25MG Oral Tablet)

Intralipid (Intravenous Emulsion)

Intron A (Injection Solution Reconstituted)

Intron A (Injection Solution)

Introvale (Oral Tablet)

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)

Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)

Invega Trinza (Intramuscular Suspension Prefilled Syringe)

Invirase (Oral Tablet)

Ipratropium Bromide (Inhalation Solution)

Ipratropium Bromide (Nasal Solution)

Ipratropium-Albuterol (Inhalation Solution)

Irbesartan (Oral Tablet)

Irbesartan-Hydrochlorothiazide (Oral Tablet)

Iressa (Oral Tablet)

Isentress (100MG Oral Tablet Chewable)

Isentress (25MG Oral Tablet Chewable)

Isentress (Oral Packet)

Isentress (Oral Tablet)

Isentress HD (Oral Tablet)

Isibloom (Oral Tablet)

Isolyte-P in D5W (Intravenous Solution)

Isolyte-S pH 7.4 (Intravenous Solution)

Isoniazid (Oral Syrup)

Isoniazid (Oral Tablet)

Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)

Isosorbide Mononitrate (Oral Tablet Immediate Release)

Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)

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

Hour)

Januvia (Oral Tablet)

Jardiance (Oral Tablet)

Jasmiel (Oral Tablet)

Jentadueto (Oral Tablet Immediate Release)

Jentadueto XR (Oral Tablet Extended Release 24 Hour)

Jinteli (Oral Tablet)

Jublia (External Solution)

Juleber (Oral Tablet)

Juluca (Oral Tablet)

Junel 1.5/30 (Oral Tablet)

Junel 1/20 (Oral Tablet)

Junel Fe 1.5/30 (Oral Tablet)

Junel Fe 1/20 (Oral Tablet)

Junel Fe 24 (Oral Tablet)

Juxtapid (10MG Oral Capsule, 20MG Oral Capsule, 30MG Oral Capsule, 5MG Oral Capsule)

K

KCl in Dextrose-NaCl (Intravenous Solution)

KCl-Lactated Ringers-D5W (Intravenous Solution)

Kaitlib Fe (Oral Tablet Chewable)

Kaletra (100-25MG Oral Tablet)

Kaletra (200-50MG Oral Tablet)

Kalydeco (Oral Packet)

Kalydeco (Oral Tablet)

Kariva (Oral Tablet)

Kelnor 1/35 (Oral Tablet)

Kelnor 1/50 (Oral Tablet)

Ketoconazole (External Cream)

Ketoconazole (External Shampoo)

Ketoconazole (Oral Tablet)

Ketoprofen (50MG Oral Capsule Immediate Release, 75MG Oral Capsule Immediate Release)

Ketorolac Tromethamine (Ophthalmic Solution)

Kineret (Subcutaneous Solution Prefilled Syringe)

Kinrix (Intramuscular Suspension)

Kisqali (200MG Dose) (Oral Tablet)

Kisqali (400MG Dose) (Oral Tablet)

Kisqali (600MG Dose) (Oral Tablet)

Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)

Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)

Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)

Klor-Con (Oral Packet)

Klor-Con 10 (Oral Tablet Extended Release)

Klor-Con 8 (Oral Tablet Extended Release)

Klor-Con M10 (Oral Tablet Extended Release)

Klor-Con M15 (Oral Tablet Extended Release)

Klor-Con M20 (Oral Tablet Extended Release)

Korlym (Oral Tablet)

Koselugo (Oral Capsule)

Kurvelo (Oral Tablet)

Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film)

L

LARIN 1.5/30 (Oral Tablet)

LARIN 1/20 (Oral Tablet)

LARIN Fe 1.5/30 (Oral Tablet)

LARIN Fe 1/20 (Oral Tablet)

Labetalol HCl (Oral Tablet)

Lacrisert (Ophthalmic Insert)

Lactulose (10GM/15ML Oral Solution)

Lamivudine (100MG Oral Tablet)

Lamivudine (10MG/ML Oral Solution)

Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)

Lamivudine-Zidovudine (Oral Tablet)

Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)

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)

Lastacaft (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)

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)

Bold type = Brand name drug Plain type = Generic drug

Linezolid (Oral Suspension Reconstituted)
Linezolid (Oral Tablet)
Linzess (Oral Capsule)
Liothyronine Sodium (Oral Tablet)
Lisinopril (Oral Tablet)
Lisinopril-Hydrochlorothiazide (Oral Tablet)
Lithium (8MEQ/5ML Oral Solution)
Lithium Carbonate (Oral Capsule)
Lithium Carbonate (Oral Tablet Immediate Release)
Lithium Carbonate ER (Oral Tablet Extended Release)
Lithostat (Oral Tablet)
Livalo (Oral Tablet)
Lokelma (Oral Packet)
Lonhala Magnair (Inhalation Solution)
Lonsurf (Oral Tablet)
Loperamide HCl (Oral Capsule)
Lopinavir-Ritonavir (Oral Solution)
Lorazepam (Oral Tablet)
Lorazepam Intensol (Oral Concentrate)
Lorbrena (Oral Tablet)
Loryna (Oral Tablet)
Losartan Potassium (Oral Tablet)
Losartan Potassium-HCTZ (Oral Tablet)
Lotemax (Ophthalmic Gel)
Lotemax (Ophthalmic Ointment)
Lotemax (Ophthalmic Suspension)
Lotemax SM (Ophthalmic Gel)
Loteprednol Etabonate (Ophthalmic Gel)
Loteprednol Etabonate (Ophthalmic Suspension)
Lovastatin (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)
Lupron Depot (4-Month) (Intramuscular Kit)
Lupron Depot (6-Month) (Intramuscular Kit)
Lutera (Oral Tablet)
Lyleq (Oral Tablet)
Lynparza (Oral Tablet)
Lysodren (Oral Tablet)
Lyumjev (Injection Solution)
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector)
Lyza (Oral Tablet)

M

M-M-R II (Injection Solution Reconstituted)
Magnesium Sulfate (50% (10ML Syringe) Injection Solution)
Magnesium Sulfate (50% Injection Solution)
Malathion (External Lotion)
Marlissa (Oral Tablet)
Marplan (Oral Tablet)
Matulane (Oral Capsule)
Matzim LA (Oral Tablet Extended Release 24 Hour)
Mavyret (Oral Tablet)
Mayzent (0.25MG Oral Tablet, 2MG Oral Tablet)
Mayzent Starter Pack (Oral Tablet Therapy Pack)
Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet)
Medroxyprogesterone Acetate (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)
Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension Prefilled Syringe)
Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension)
Mefloquine HCl (Oral Tablet)
Megestrol Acetate (40MG/ML Oral Suspension)
Megestrol Acetate (625MG/5ML Oral Suspension)
Megestrol Acetate (Oral Tablet)
Mekinist (Oral Tablet)

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

Bold type = Brand name drug Plain type = Generic drug

Miglustat (Oral Capsule)
Mili (Oral Tablet)
Minitran (Transdermal Patch 24 Hour)
Minocycline HCl (Oral Capsule)
Minocycline HCl (Oral Tablet Immediate Release)
Minoxidil (Oral Tablet)
Mirtazapine (Oral Tablet)
Mirtazapine ODT (Oral Tablet Dispersible)
Mirvaso (External Gel)
Misoprostol (Oral Tablet)
Modafinil (Oral Tablet)
Moexipril HCl (Oral Tablet)
Molindone HCl (Oral Tablet)
Mometasone Furoate (External Cream)
Mometasone Furoate (External Ointment)
Mometasone Furoate (External Solution)
Mometasone Furoate (Nasal Suspension)
Mondoxyne NL (100MG Oral Capsule)
Montelukast Sodium (Oral Packet)
Montelukast Sodium (Oral Tablet Chewable)
Montelukast Sodium (Oral Tablet)
Morphine Sulfate (10MG/5ML Oral Solution, 100MG/5ML Oral Solution, 20MG/5ML Oral Solution)
Morphine Sulfate (Oral Tablet Immediate Release)
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)
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)
Motegrity (Oral Tablet)
Movantik (Oral Tablet)
Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)
Moxifloxacin HCl (Oral Tablet)
Moxifloxacin HCl in NaCl (Intravenous Solution)
Multaq (Oral Tablet)
Mupirocin (External Ointment)
Mupirocin Calcium (External Cream)
Myalept (Subcutaneous Solution Reconstituted)
Mycophenolate Mofetil (Oral Capsule)
Mycophenolate Mofetil (Oral Suspension Reconstituted)
Mycophenolate Mofetil (Oral Tablet)
Mycophenolate Sodium (Oral Tablet Delayed Release)
Myorisan (Oral Capsule)
Myrbetriq (Oral Tablet Extended Release 24 Hour)

N

Nabumetone (Oral Tablet)
Nadolol (Oral Tablet)
Nafcillin Sodium (10GM Intravenous Solution Reconstituted)
Nafcillin Sodium (Injection Solution Reconstituted)
Naftifine HCl (External Cream)
Naftin (2% External Gel)
Naloxone HCl (0.4MG/ML Injection Solution)
Naloxone HCl (Injection Solution Cartridge)
Naloxone HCl (Injection Solution Prefilled Syringe)
Naltrexone HCl (Oral Tablet)
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)
Namzaric (Oral Capsule Extended Release 24 Hour)
Naproxen (Oral Suspension)
Naproxen (Oral Tablet Immediate Release)
Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)
Naratriptan HCl (Oral Tablet)
Narcan (Nasal Liquid)
Natacyn (Ophthalmic Suspension)
Nateglinide (Oral Tablet)
Natpara (Subcutaneous Cartridge)

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

Syringe)

Nucala (Subcutaneous Solution Reconstituted)

Nucynta ER (Oral Tablet Extended Release 12 Hour)

Nuedexta (Oral Capsule)

Nuplazid (Oral Capsule)

Nuplazid (Oral Tablet)

Nutrilipid (Intravenous Emulsion)

Nyamyc (External Powder)

Nylia 7/7/7 (Oral Tablet)

Nymalize (6MG/ML Oral Solution)

Nymyo (Oral Tablet)

Nystatin (External Cream)

Nystatin (External Ointment)

Nystatin (External Powder)

Nystatin (Mouth/Throat Suspension)

Nystatin (Oral Tablet)

Nystop (External Powder)

O

Ocaliva (Oral Tablet)

Ocella (Oral Tablet)

Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)

Octreotide Acetate (1000MCG/ML Injection Solution, 500MCG/ML Injection Solution)

Octreotide Acetate (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 50MCG/ML Injection Solution)

Odefsey (Oral Tablet)

Odomzo (Oral Capsule)

Ofev (Oral Capsule)

Ofloxacin (Ophthalmic Solution)

Ofloxacin (Oral Tablet)

Ofloxacin (Otic 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)

Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)

Olmesartan Medoxomil (Oral Tablet)

Olmesartan Medoxomil-HCTZ (Oral Tablet)

Olmesartan-Amlodipine-HCTZ (Oral Tablet)

Olopatadine HCl (Ophthalmic Solution)

Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)

Omeprazole (10MG Oral Capsule Delayed Release)

Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)

Ondansetron HCl (Oral Solution)

Ondansetron HCl (Oral Tablet)

Ondansetron ODT (Oral Tablet Dispersible)

Onureg (Oral Tablet)

Opsumit (Oral Tablet)

Orencia (Subcutaneous Solution Prefilled Syringe)

Orencia ClickJect (Subcutaneous Solution Auto-Injector)

Orenitram (0.125MG Oral Tablet Extended Release)

Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)

Orfadin (20MG Oral Capsule)

Orfadin (Oral Suspension)

Orgovyx (Oral Tablet)

Orkambi (Oral Packet)

Orkambi (Oral Tablet)

Orsythia (Oral Tablet)

Oseltamivir Phosphate (Oral Capsule)

Oseltamivir Phosphate (Oral Suspension Reconstituted)

Osphena (Oral Tablet)

Otezla (Oral Tablet Therapy Pack)

Otezla (Oral Tablet)

Oxacillin Sodium (Injection Solution

Reconstituted)

Oxacillin Sodium (Intravenous Solution Reconstituted)

Oxacillin Sodium in Dextrose (Intravenous Solution)

Oxandrolone (10MG Oral Tablet)

Oxandrolone (2.5MG Oral Tablet)

Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet)

Oxcarbazepine (300MG/5ML Oral Suspension)

Oxybutynin Chloride (Oral Syrup)

Oxybutynin Chloride (Oral Tablet Immediate Release)

Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)

Oxycodone HCl (100MG/5ML Oral Concentrate)

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)

Oxycodone HCl (5MG/5ML Oral Solution)

Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)

Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)

Ozempic (1MG/DOSE) (Subcutaneous Solution Pen-Injector)

P

PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)

PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)

Pacerone (200MG Oral Tablet)

Paliperidone ER (Oral Tablet Extended Release 24 Hour)

Pantoprazole Sodium (Oral Tablet Delayed Release)

Panzyga (Intravenous Solution)

Paricalcitol (Oral Capsule)

Paromomycin Sulfate (Oral Capsule)

Paroxetine HCl (Oral Tablet Immediate Release)

Paser (Oral Packet)

Paxil (Oral Suspension)

Pediarix (Intramuscular Suspension)

Pedvax HIB (Intramuscular Suspension)

Pegasys (Subcutaneous Solution)

Pemazyre (Oral Tablet)

Penicillamine (250MG Oral Capsule)

Penicillamine (250MG Oral Tablet)

Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)

Penicillin G Procaine (Intramuscular Suspension)

Penicillin G Sodium (Injection Solution Reconstituted)

Penicillin V Potassium (Oral Solution Reconstituted)

Penicillin V Potassium (Oral Tablet)

Pentamidine Isethionate (Inhalation Solution Reconstituted)

Pentamidine Isethionate (Injection Solution Reconstituted)

Pentasa (Oral Capsule Extended Release)

Pentoxifylline ER (Oral Tablet Extended Release)

Perforomist (Inhalation Nebulization Solution)

Perindopril Erbumine (Oral Tablet)

Periogard (Mouth Solution)

Permethrin (External Cream)

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)

Bold type = Brand name drug Plain type = Generic drug

Picato (0.015% External Gel, 0.05% External Gel)

Pifeltro (Oral Tablet)

Pilocarpine HCl (Ophthalmic Solution)

Pilocarpine HCl (Oral Tablet)

Pimecrolimus (External Cream)

Pimozide (Oral Tablet)

Pimtrea (Oral Tablet)

Pindolol (Oral Tablet)

Pioglitazone HCl (Oral Tablet)

Pioglitazone HCl-Glimepiride (Oral Tablet)

Pioglitazone HCl-Metformin HCl (Oral Tablet)

Piperacillin-Tazobactam (Intravenous Solution Reconstituted)

Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)

Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)

Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)

Pirmella 1/35 (Oral Tablet)

Piroxicam (Oral Capsule)

Plasma-Lyte 148 (Intravenous Solution)

Plasma-Lyte A (Intravenous Solution)

Plenamine (Intravenous Solution)

Podofilox (External Solution)

Polymyxin B Sulfate (Injection Solution Reconstituted)

Polymyxin B-Trimethoprim (Ophthalmic Solution)

Pomalyst (Oral Capsule)

Portia-28 (Oral Tablet)

Posaconazole (Oral Tablet Delayed Release)

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)

Potassium Chloride (Oral Packet)

Potassium Chloride CR (Oral Tablet Extended Release)

Potassium Chloride ER (Oral Capsule Extended Release)

Potassium Chloride in Dextrose (Intravenous Solution)

Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution)

Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)

Potassium Citrate ER (Oral Tablet Extended Release)

Praluent (Subcutaneous Solution Auto-Injector)

Pramipexole Dihydrochloride (Oral Tablet Immediate Release)

Prasugrel HCl (Oral Tablet)

Pravastatin Sodium (Oral Tablet)

Praziquantel (Oral Tablet)

Prazosin HCl (Oral Capsule)

Pred Mild (Ophthalmic Suspension)

Pred-G (Ophthalmic Suspension)

Pred-G S.O.P. (Ophthalmic Ointment)

Prednicarbate (External Ointment)

Prednisolone (Oral Solution)

Prednisolone Acetate (Ophthalmic Suspension)

Prednisolone Sodium Phosphate (1% Ophthalmic Solution)

Prednisolone Sodium Phosphate (25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)

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)

Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet)

Prednisone (5MG/5ML Oral Solution)

Prednisone Intensol (Oral Concentrate)

Pregabalin (Oral Capsule)

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

Q

Qinlock (Oral Tablet)
Quadracel (Intramuscular Suspension)
Quetiapine Fumarate (Oral Tablet Immediate Release)

Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)

Quinapril HCl (Oral Tablet)

Quinapril-Hydrochlorothiazide (Oral Tablet)

Quinidine Gluconate ER (Oral Tablet Extended Release)

Quinidine Sulfate (Oral Tablet)

Quinine Sulfate (Oral Capsule)

R

RAVICTI (Oral Liquid)

RabAvert (Intramuscular Suspension Reconstituted)

Rabeprazole Sodium (Oral Tablet Delayed Release)

Raloxifene HCl (Oral Tablet)

Ramelteon (Oral Tablet)

Ramipril (Oral Capsule)

Ranolazine ER (Oral Tablet Extended Release 12 Hour)

Rasagiline Mesylate (Oral Tablet)

Rasuvo (Subcutaneous Solution Auto-Injector)

Rayaldee (Oral Capsule Extended Release)

Rebif (Subcutaneous Solution Prefilled Syringe)

Rebif Rebidose (Subcutaneous Solution Auto-Injector)

Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)

Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)

Reclipsen (Oral Tablet)

Recombivax HB (Injection Suspension)

Rectiv (Rectal Ointment)

Regranex (External Gel)

Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)

Relistor (Oral Tablet)

Relistor (Subcutaneous Solution)

Repaglinide (Oral Tablet)

Repatha (Subcutaneous Solution Prefilled Syringe)

Repatha Pushtronex System (Subcutaneous Solution Cartridge)

Repatha SureClick (Subcutaneous Solution Auto-Injector)

Restasis Single-Use Vials (Ophthalmic Emulsion)

Retacrit (Injection Solution)

Retevmo (Oral Capsule)

Revlimid (Oral Capsule)

Rexulti (Oral Tablet)

Reyataz (Oral Packet)

Rhopressa (Ophthalmic Solution)

Ribavirin (Oral Tablet)

Ridaura (Oral Capsule)

Rifabutin (Oral Capsule)

Rifampin (150MG Oral Capsule, 300MG Oral Capsule)

Rifampin (600MG Intravenous Solution Reconstituted)

Riluzole (Oral Tablet)

Rimantadine HCl (Oral Tablet)

Rinvoq (Oral Tablet Extended Release 24 Hour)

Risedronate Sodium (Oral Tablet Immediate Release)

Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER)

Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER)

Risperidone (0.25MG Oral Tablet, 0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet)

Risperidone (1MG/ML Oral Solution)

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)

Ritonavir (Oral Tablet)

Rivastigmine (Transdermal Patch 24 Hour)

Rivastigmine Tartrate (Oral Capsule)
Rivelsa (Oral Tablet)
Rizatriptan Benzoate (Oral Tablet)
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)
Rocklatan (Ophthalmic Solution)
Ropinirole HCl (Oral Tablet Immediate Release)
Rosuvastatin Calcium (Oral Tablet)
RotaTeq (Oral Solution)
Rotarix (Oral Suspension Reconstituted)
Roweepra (Oral Tablet Immediate Release)
Rozlytrek (Oral Capsule)
Rubraca (Oral Tablet)
Ruconest (Intravenous Solution Reconstituted)
Rufinamide (Oral Suspension)
Rufinamide (Oral Tablet)
Rukobia (Oral Tablet Extended Release 12 Hour)
Rybelsus (Oral Tablet)
Rydapt (Oral Capsule)
Rytary (Oral Capsule Extended Release)

S

SPS (Oral Suspension)
SSD (External Cream)
Sancuso (Transdermal Patch)
Sandimmune (Oral Solution)
Santyl (External Ointment)
Sapropterin Dihydrochloride (Oral Packet)
Sapropterin Dihydrochloride (Oral Tablet)
Savella (Oral Tablet)
Savella Titration Pack (Oral Tablet)
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)
Selzentry (25MG Oral Tablet)
Selzentry (Oral Solution)
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)
Serostim (Subcutaneous Solution Reconstituted)
Sertraline HCl (Oral Concentrate)
Sertraline HCl (Oral Tablet)
Setlakin (Oral Tablet)
Sevelamer Carbonate (Oral Packet)
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)
Sharobel (Oral Tablet)
Shingrix (Intramuscular Suspension Reconstituted)
Signifor (Subcutaneous Solution)
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)
Silodosin (Oral Capsule)
Silver Sulfadiazine (External Cream)
Simbrinza (Ophthalmic Suspension)
Simponi (Subcutaneous Solution Auto-Injector)
Simponi (Subcutaneous Solution Prefilled Syringe)
Simvastatin (Oral Tablet)
Sirolimus (Oral Solution)
Sirolimus (Oral Tablet)
Sirturo (Oral Tablet)
Skyrizi (150 MG Dose) (Subcutaneous Prefilled Syringe Kit)
Skyrizi (Subcutaneous Solution Prefilled Syringe)
Skyrizi Pen (Subcutaneous Solution Auto-Injector)
Sodium Chloride (0.45% Intravenous Solution)
Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution)
Sodium Chloride (5% Intravenous Solution)
Sodium Chloride (Irrigation Solution)

Bold type = Brand name drug Plain type = Generic drug

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

T

TDVAX (Intramuscular Suspension)

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

Bold type = Brand name drug Plain type = Generic drug

Tobramycin (Ophthalmic Solution)

Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)

Tobramycin-Dexamethasone (Ophthalmic Suspension)

Tobrex (Ophthalmic Ointment)

Tolcapone (Oral Tablet)

Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)

Topiramate (Oral Capsule Sprinkle Immediate Release)

Topiramate (Oral Tablet)

Toremifene Citrate (Oral Tablet)

Torsemide (Oral Tablet)

Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)

Toujeo SoloStar (Subcutaneous Solution Pen-Injector)

Tracleer (Oral Tablet Soluble)

Tradjenta (Oral Tablet)

Tramadol HCl (50MG Oral Tablet Immediate Release)

Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)

Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)

Tramadol-Acetaminophen (Oral Tablet)

Trandolapril (Oral Tablet)

Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)

Tranexamic Acid (Oral Tablet)

Tranylcypromine Sulfate (Oral Tablet)

Travasol (Intravenous Solution)

Travoprost (BAK Free) (Ophthalmic Solution)

Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)

Trazodone HCl (300MG Oral Tablet)

Trecator (Oral Tablet)

Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)

Trelstar Mixject (Intramuscular Suspension Reconstituted)

Tremfya (Subcutaneous Solution Pen-Injector)

Tremfya (Subcutaneous Solution Prefilled Syringe)

Tresiba (Subcutaneous Solution)

Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)

Tretinoin (0.01% External Gel, 0.025% External Gel)

Tretinoin (External Cream)

Tretinoin (Oral Capsule)

Tretinoin Microsphere (External Gel)

Trexall (Oral Tablet)

Tri-Estarylla (Oral Tablet)

Tri-Legest Fe (Oral Tablet)

Tri-Lo-Estarylla (Oral Tablet)

Tri-Lo-Sprintec (Oral Tablet)

Tri-Mili (Oral Tablet)

Tri-Nymyo (Oral Tablet)

Tri-Previfem (Oral Tablet)

Tri-Sprintec (Oral Tablet)

Tri-VyLibra (Oral Tablet)

Tri-VyLibra Lo (Oral Tablet)

TriLyte (420GM Oral Solution Reconstituted)

Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment)

Triamcinolone Acetonide (Dental Paste)

Triamcinolone Acetonide (External Cream)

Triamcinolone Acetonide (External Lotion)

Triamterene (Oral Capsule)

Triamterene-HCTZ (Oral Capsule)

Triamterene-HCTZ (Oral Tablet)

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)

Trimethoprim (Oral Tablet)

Trimipramine Maleate (Oral Capsule)

Trintellix (Oral Tablet)

Triumeq (Oral Tablet)

Trivora (28) (Oral Tablet)

TrophAmine (10% Intravenous Solution)

Trulance (Oral Tablet)

Trulicity (Subcutaneous Solution Pen-Injector)

Trumenba (Intramuscular Suspension Prefilled Syringe)

Tukysa (Oral Tablet)

Turalio (Oral Capsule)

Twinrix (Intramuscular Suspension Prefilled Syringe)

Tybost (Oral Tablet)

Tymlos (Subcutaneous Solution Pen-Injector)

Typhim Vi (Intramuscular Solution)

U

Ukoniq (Oral Tablet)

Unithroid (Oral Tablet)

Ursodiol (Oral Capsule)

Ursodiol (Oral Tablet)

V

VAQTA (Intramuscular Suspension)

Valacyclovir HCl (Oral Tablet)

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 Pack)

Valtoco 5 MG Dose (Nasal Liquid)

Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)

Vancomycin HCl (250MG Intravenous Solution Reconstituted)

Vancomycin HCl (Oral Capsule)

Vandazole (Vaginal Gel)

Varivax (Subcutaneous Injectable)

Varizig (Intramuscular Solution)

Vascepa (Oral Capsule)

Velivet (Oral Tablet)

Velphoro (Oral Tablet Chewable)

Veltassa (Oral Packet)

Vemlidy (Oral Tablet)

Venclexta (100MG Oral Tablet, 50MG Oral Tablet)

Venclexta (10MG Oral Tablet)

Venclexta Starting Pack (Oral Tablet Therapy Pack)

Venlafaxine HCl (Oral Tablet Immediate Release)

Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)

Ventavis (Inhalation Solution)

Verapamil HCl (Oral Tablet Immediate Release)

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)

Verapamil HCl ER (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour)

Verapamil HCl ER (Oral Tablet Extended Release)

Versacloz (Oral Suspension)

Verzenio (Oral Tablet)

Vestura (Oral Tablet)

Vibramycin (50MG/5ML Oral Syrup)

Victoza (Subcutaneous Solution Pen-Injector)

Vienva (Oral Tablet)

Vigabatrin (Oral Packet)

Vigabatrin (Oral Tablet)

Vigadrone (Oral Packet)

Viibryd (Oral Tablet)

Viibryd Starter Pack (Oral Kit)

Vimpat (Oral Solution)

Vimpat (Oral Tablet)

Viracept (Oral Tablet)

Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)

Viread (Oral Powder)

Vitrakvi (Oral Capsule)

Vitrakvi (Oral Solution)

Vivitrol (Intramuscular Suspension Reconstituted)

Vizimpro (Oral Tablet)

Voriconazole (Intravenous Solution Reconstituted)

Voriconazole (Oral Suspension Reconstituted)

Voriconazole (Oral Tablet)

Vosevi (Oral Tablet)

Votrient (Oral Tablet)

Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)

Vraylar (Oral Capsule Therapy Pack)

VyLibra (Oral Tablet)

Vyfemla (Oral Tablet)

Vyndamax (Oral Capsule)

Vyndaqel (Oral Capsule)

Vyvanse (Oral Capsule)

Vyvanse (Oral Tablet Chewable)

Vyzulta (Ophthalmic Solution)

W

WYMZYA Fe (Oral Tablet Chewable)

Warfarin Sodium (Oral Tablet)

Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)

X

Xalkori (Oral Capsule)

Xarelto (Oral Tablet)

Xarelto Starter Pack (Oral Tablet Therapy Pack)

Xatmep (Oral Solution)

Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack)

Xcopri (14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack)

Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)

Xcopri (350MG Daily Dose) (Oral Tablet Therapy Pack)

Xcopri (Oral Tablet)

Xeljanz (Oral Solution)

Xeljanz (Oral Tablet Immediate Release)

Xeljanz XR (Oral Tablet Extended Release 24 Hour)

Xermelo (Oral Tablet)

Xgeva (Subcutaneous Solution)

Xifaxan (Oral Tablet)

Xigduo XR (Oral Tablet Extended Release 24 Hour)

Xiidra (Ophthalmic Solution)

Xofluza (40MG Dose) (2 x 20MG Oral Tablet Therapy Pack)

Xofluza (80MG Dose) (2 x 40MG Oral Tablet Therapy Pack)

Xolair (Subcutaneous Solution Prefilled Syringe)

Xolair (Subcutaneous Solution Reconstituted)

Xospata (Oral Tablet)

Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)

Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)

Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)

Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)

Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)

Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)

Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)

Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)

Xtandi (Oral Capsule)

Xtandi (Oral Tablet)

Xulane (Transdermal Patch Weekly)

Xyrem (Oral Solution)

Y

YF-Vax (Subcutaneous Injectable)

Yuvafem (Vaginal Tablet)

Z

Zafemy (Transdermal Patch Weekly)

Zafirlukast (Oral Tablet)

Zaleplon (Oral Capsule)

Zarah (Oral Tablet)

Zarxio (Injection Solution Prefilled Syringe)

Zejula (Oral Capsule)

Zelapar ODT (Oral Tablet Dispersible)

Zelboraf (Oral Tablet)

Zemaira (Intravenous Solution Reconstituted)

Zenatane (Oral Capsule)

Zenpep (Oral Capsule Delayed Release Particles)

Zerbaxa (Intravenous Solution Reconstituted)

Zidovudine (Oral Capsule)

Zidovudine (Oral Syrup)

Zidovudine (Oral Tablet)

Ziextenzo (Subcutaneous Solution Prefilled Syringe)

Zileuton ER (Oral Tablet Extended Release 12 Hour)

Ziprasidone HCl (Oral Capsule)

Ziprasidone Mesylate (Intramuscular Solution Reconstituted)

Zirgan (Ophthalmic Gel)

Zolinza (Oral Capsule)

Zolpidem Tartrate (Oral Tablet Immediate Release)

Zonisamide (Oral Capsule)

Zorbtive (Subcutaneous Solution Reconstituted)

Zortress (1MG Oral Tablet)

Zovia 1/35 (28) (Oral Tablet)

Zyclara (External Cream)

Zyclara Pump (2.5% External Cream)

Zydelig (Oral Tablet)

Zyflo (Oral Tablet Immediate Release)

Zykadia (Oral Tablet)

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** **Tradjenta**
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 _____.

TEAR HERE

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.

TEAR HERE

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.

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
- ✔ Make sure you have chosen the plan type that works best for you
- ✔ Make sure your permanent address is correct
- ✔ Sign and date where indicated
- ✔ Verify your Date of Birth
- ✔ 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
- ☐ Stand-alone Medicare Prescription Drug (Part D) Plan
- ☐ Medicare Supplement (Medigap) Products
- ☐ Dental-Vision-Hearing Products
- ☐ Hospital Indemnity Products

TEAR HERE

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**
	MM-DD-YYYY

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

Name (First_Last)	Relationship to beneficiary

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

Licensed sales representative name (First_Last)	Licensed sales representative phone	Licensed sales representative ID
	___ – ___ – ____	
Beneficiary name (First_Last)	**Beneficiary phone**	**Date appointment will be completed**
	___ – ___ – ____	MM-DD-YYYY

Beneficiary address

Initial method of contact	Plan(s) the licensed sales representative will represent during the meeting

Licensed sales representative signature

TEAR HERE

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.

United Healthcare® Dual Complete

2022 Enrollment Request Form

☐ **UnitedHealthcare Dual Complete® Ally (HMO D-SNP) H4514-016-000 - UDB**

TEAR HERE

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

Last Name	First Name	Middle Initial

Birth Date	Sex ☐ Male ☐ 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)

TEAR HERE

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. _____

Ready to enroll

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TEAR HERE

TEAR HERE

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.)

TEAR HERE

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.

TEAR HERE

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

This page intentionally left blank.

- **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.

TEAR HERE

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	

Enrollee Name _____

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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

☐ IEP (MA-PD enrollees)	☐ ICEP (MA enrollees)	☐ IEP (MA-PD enrollees eligible for 2nd IEP)	☐ OEP (Jan1 – Mar 31)
☐ OEP (newly eligible)	☐ SEP (Dual LIS change of status)	☐ SEP (change in residence)	☐ SEP (loss of EGHP coverage)
☐ SEP (Chronic)	☐ SEP (Dual LIS maintaining)	☐ AEP (October 15-December 7)	☐ OEPI

☐ 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

TEAR HERE

TEAR HERE

Ready to enroll

Enrollee Name _____

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TEAR HERE

TEAR HERE

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.

TEAR HERE

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.

TEAR HERE

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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TEAR HERE

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:	**Applicant 2 (if applicable):**
Name	Name
Application Date - -	Application Date - -
Proposed Effective Date - -	Proposed Effective Date - -
Plan Name	Plan Name
Plan Type	Plan Type
Health Plan/PBP No.	Health Plan/PBP No.
Enrollment Tracking No. (if applicable)	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: COS

TEAR HERE

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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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® Ally (HMO D-SNP)

Take advantage of your additional plan benefits, once you're enrolled, by using the providers below or contacting Customer Service: 1-866-480-1086, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.

TEAR HERE

TEAR HERE

Benefit Type	Vendor Name	Contact Information
Hearing Aids	UnitedHealthcare Hearing	1-877-704-3384 www.UHCHearing.com/SNP
Routine Vision Services	UnitedHealthcare Vision	1-866-480-1086 www.medicare.myuhcvision.com
Routine Dental Benefits	UnitedHealthcare Dental	1-866-480-1086 www.myuhcadvantage.com
NurseLine	Nurseline	1-877-440-9407 www.myuhc.com/CommunityPlan
Transportation	ModivCare®	1-866-418-9812 www.modivcare.com
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 Program	Renew Active®	1-866-480-1086 www.UHCRenewActive.com

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 - Fort Bend, Harris counties