



# Enrollment Guide 2023



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

**UnitedHealthcare Dual Complete® Choice (PPO D-SNP)**

H0271-044-000

**Service area:** Washington - Asotin, Benton, Clallam, Clark, Columbia, Cowlitz, Douglas, Franklin, Garfield, Island, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima counties

**United  
Healthcare  
Dual Complete**

# It's easier than ever to get more for your Medicare dollar



## Plans you can count on

When it comes to Medicare, one size doesn't fit all. That's why UnitedHealthcare offers a broad range of Medicare plans: so you have options to fit your health care needs and budget. Choose from plans with copays and premiums as low as \$0.



## Expertise to get you what you need

UnitedHealthcare's Medicare plan experts will help you find the right plan for you — in person, online or over the phone. Once you're a member, UnitedHealthcare's expert customer service team and your online account make it easier to get the care you need, when and how you need it. And our all-in-one UnitedHealthcare UCard™ makes it easier than ever to unlock more from your Medicare plan.



## Chosen by more people

More people choose a Medicare Advantage plan from UnitedHealthcare than from any other company.<sup>1</sup> UnitedHealthcare is proud to have served the health care needs of people just like you for over 50 years. You can count on us to be here when you need us.

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**Questions? We're here to help.**



[UHC.com/Medicare](https://UHC.com/Medicare)



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. This is called a Late Enrollment Penalty (LEP).

## 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



#### Called Part C

This type of plan combines Part A and Part B. Most Medicare Advantage plans also include Part D, so your hospital, medical and prescription drug coverage 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 Preferred Provider Organization (PPO) plan

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

You can also see out-of-network providers nationwide if they accept Medicare, but keep in mind your costs may be higher.

### Here's how this PPO plan works



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



**Select a primary care provider (PCP) from the network.**

It's important to select a PCP from the network when you enroll in the plan. However, you are not limited to this PCP. You can visit any PCP in or out of the network to oversee and help manage your care.



**No referral is needed to see an in or out-of-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, your cost may be higher.



**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



Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. 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.

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# Plan Information

# Benefit Highlights

## UnitedHealthcare Dual Complete® Choice (PPO D-SNP)

This is a short description of your 2023 plan benefits. The values shown in-network 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.

<b>Monthly plan premium</b>	\$0 with full “Extra Help”	Up to \$41, depending on your level of “Extra Help”
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### 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	
	In-network	Out-of-network	In-network	Out-of-network
<b>Annual Medical Deductible</b>	No deductible		\$233	
<b>Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)</b>	\$0 In-network	\$0 combined in and out-of-network	\$8,300 In-network	\$12,450 combined in and out-of-network
<b>Doctor’s office visit</b>				
Primary care provider (PCP)	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance
Specialist	\$0 copay (no referral needed)	\$0 copay (no referral needed)	20% coinsurance (no referral needed)	30% coinsurance (no referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video		\$0 copay to talk with a network telehealth provider online through live audio and video	

## 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	
	In-network	Out-of-network	In-network	Out-of-network
<b>Preventive services</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay - 30% coinsurance (depending on the service)
<b>Inpatient hospital care</b>	\$0 copay per stay for unlimited days	\$0 copay per stay for unlimited days	\$1,535 copay per stay for unlimited days	30% coinsurance per stay for unlimited days
<b>Skilled nursing facility (SNF)</b>	\$0 copay per day: days 1-100	\$0 copay per day: days 1-100	\$0 copay per day: for days 1-20 \$194.50 <sup>†</sup> copay per day: days 21-100	30% coinsurance per stay, up to 100 days
<b>Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)</b>	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance
<b>Outpatient mental health</b>				
Group therapy	\$0 copay	\$0 copay	\$0 copay	30% coinsurance
Individual therapy	\$0 copay	\$0 copay	\$0 copay	30% coinsurance
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video		\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Diabetes monitoring supplies</b>	\$0 copay for covered brands	\$0 copay	\$0 copay for covered brands	30% coinsurance
<b>Diagnostic radiology services (such as MRIs, CT scans)</b>	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance
<b>Diagnostic tests and procedures (non-radiological)</b>	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance
<b>Lab services</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Outpatient x-rays</b>	\$0 copay	\$0 copay	20% coinsurance	30% coinsurance

## 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	
	In-network	Out-of-network	In-network	Out-of-network
<b>Ambulance</b>	\$0 copay for ground or air	\$0 copay for ground or air	20% coinsurance for ground or air	20% coinsurance for ground or air
<b>Emergency care</b>	\$0 copay (worldwide)		\$90 copay (\$0 copay for emergency care outside the United States) per visit	
<b>Urgently needed services</b>	\$0 copay (worldwide)		\$40 copay (\$0 copay for urgently needed services outside the United States) per visit	

Medicaid coverage of out-of-network medical benefits may vary depending on your Medicaid eligibility category. For complete information please refer to your Evidence of Coverage.

†These are the 2022 Medicare-defined amounts and may change for 2023

## Benefits and services beyond Original Medicare

	In-network	Out-of-network
<b>Routine physical</b>	\$0 copay, 1 per year*	30% coinsurance, 1 per year*
<b>Routine eye exams</b>	\$0 copay, 1 per year*	30% coinsurance, 1 per year*
<b>Routine eyewear</b>	\$0 copay Plan pays 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).	
<b>Dental - preventive</b>	\$0 copay for exams, cleanings, X-rays, and fluoride*	\$0 copay for exams, cleanings, X-rays, and fluoride*
<b>Dental - comprehensive</b>	\$0 copay for comprehensive dental services*	\$0 copay for comprehensive dental services*
<b>Dental - benefit limit</b>	\$3,000 combined limit on all covered dental services* If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay	
<b>Hearing - routine exam</b>	\$0 copay, 1 per year*	30% coinsurance, 1 per year*
<b>Hearing aids</b>	Plan pays up to \$2,500 every year for 2 hearing aids through UnitedHealthcare Hearing.*  Includes hearing aids delivered directly to you with virtual follow-up care (select models).	

	In-network	Out-of-network
<b>Fitness program</b>	\$0 copay for Renew Active, which includes a free gym membership, plus online fitness classes and brain health challenges.	
<b>Routine transportation</b>	\$0 copay for 48 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies*	75% coinsurance*
<b>Personal Emergency Response System</b>	\$0 copay for a personal emergency response system (PERS)	
<b>Foot care - routine</b>	\$0 copay, 4 visits per year*	30% coinsurance, 4 visits per year*
<b>Routine chiropractic care</b>	\$0 copay, 12 visits per year*	30% coinsurance, 12 visits per year*
<b>Routine acupuncture</b>	\$0 copay, 12 visits per year*	30% coinsurance, 12 visits per year*
<b>Food, over-the-counter (OTC) and utility bill credit</b>	\$155 credit every month to pay for covered groceries, OTC products and certain utility bills	
<b>Meal benefit</b>	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.	
<b>NurseLine</b>	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	

\*Benefits combined in and out-of-network

## Prescription drugs

	Your cost
<b>Annual prescription (Part D) deductible</b>	\$0
<b>30-day or 100-day supply from retail network pharmacy</b>	
<b>All covered drugs</b>	\$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

## Unlock your benefits with UnitedHealthcare® UCard

UnitedHealthcare UCard is your member ID and much more. It makes it easier to access your benefits and programs, so it's simple to take advantage of what your plan has to offer. Reach for your UCard when you check in at your provider or pharmacy, go to the gym, spend your credits on healthy food and over-the-counter items, pay utility bills and spend your earned rewards.

## Social and Government Referral Assistance Program

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

Our best and most flexible dental coverage ever. Routine dental care is important to your teeth and overall health, but it's not covered by Original Medicare. A routine dental benefit can help protect your teeth and gums and provide coverage for dental care otherwise not included. It's just one of the many extra benefits you get with this plan.

## Dental benefits may include:



\$0 copay for covered dental with an annual maximum of \$3,000 for cleanings, exams, x-rays, fluoride, fillings, crowns, root canals, extractions, dentures, implants and all other covered comprehensive services when using network providers



No annual deductible



Access to Medicare Advantage's largest national dental network



Freedom to see any dentist who accepts Medicare, seeing an out-of-network dentist may cost more



To find a network dentist near you, visit [uhcdental.com](http://uhcdental.com)

## 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, sales tax, or duplicating/copying patient records.
14. Tooth bleaching and/or enamel microabrasion.
15. Veneers
16. Orthodontics
17. Sustained release of therapeutic drug (D9613)
18. COVID screening, testing, and vaccination
19. Charges aligned to dental case management, case presentation, consultation with other medical professionals or translation/sign language services.
20. Space Maintenance
21. Any unspecified procedure by report (Dental codes: D##99)



Treatment plans and recommended dental procedures may vary. Talk to your dentist about treatment options, risks, benefits, and fees. CDT code changes are issued annually by the American Dental Association. Procedure codes may be altered during the plan year in accordance with discontinuation of certain dental codes.

Benefits vary by plan/area. Limitations and exclusions apply. If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Network size varies by local market.

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. Network size varies by market and exclusions may apply.

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.

# Routine Vision Benefits

Help protect your eyesight and health. Routine vision coverage is just one of the many extra benefits you get with this plan. A routine eye exam can help catch problems like glaucoma or diabetes-related eye diseases.

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



\$0 copay for a yearly routine eye exam and a \$400 allowance for 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, including tinting, UV/anti-reflective coating and polycarbonate lenses



Access to one of Medicare Advantage's largest national vision networks, including in-store and online retailers



Eyewear available through online providers, including Warby Parker, GlassesUSA, UHCglasses.com and others



To find an UnitedHealthcare Vision provider, go to [medicare.myuhcvision.com](https://www.medicare.myuhcvision.com)

Vision benefits vary by plan and are not available with all plans. Limitations and exclusions apply. Additional charges may apply for out-of-network items and services. Annual routine eye exam and an 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. Lens savings based on comparison to retail. Other vision providers are available in our network. Network size varies by local market.

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# Food, Over-the-Counter (OTC) and Utility Bill Credit

Get more help with your everyday needs. Your plan comes with a credit of \$155 that will be loaded to your UnitedHealthcare UCard every month for covered groceries, OTC products, and utility bills.

## Use the credit on your UCard to:



Buy healthy foods like fruits and vegetables, meat, seafood, dairy products and water



Choose from brand name and generic OTC products, like vitamins, pain relievers, toothpaste, cough drops and more, in store or online at [myuhc.com/communityplan/OTC](https://myuhc.com/communityplan/OTC)



Pay eligible utility bills like electricity, gas, water and internet online, over the phone or at your local Walmart MoneyCenter



Shop at thousands of participating stores, including Walmart, Walgreens, CVS and Kroger, or at neighborhood stores near you



You can learn more at [myuhc.com/communityplan/OTC](https://myuhc.com/communityplan/OTC)

Benefits and features vary by plan/area. Limitations and exclusions apply. OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information.

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# Renew Active®

## Stay active. 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, at a fitness location you select from a national network, including many premium gyms. You get an annual personalized fitness plan plus access to group classes. If you prefer to exercise at home, you can view thousands of on-demand workout videos and live streaming fitness classes.

### Renew Active includes:



A free gym membership at a gym near you



Access to the largest national network of gyms and fitness locations, including many premium gyms



An annual personalized fitness plan



Allows members who need help to bring a workout assistant to the gym, 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. Access to the online Fitbit® Community for Renew Active – no Fitbit® device needed. Joining the community also provides access to Fitbit Premium™



An online program from AARP® Staying Sharp® offering content about brain health, including a brain health assessment and exclusive content including fun activities like interactive challenges, videos and games for Renew Active members



To learn more about all Renew Active has to offer, visit [UHCRenewActive.com](https://UHCRenewActive.com) or contact your sales representative



# Routine Hearing Benefits

Better hearing starts here. Take advantage of hearing benefits with help every step of the way, from arranging a hearing exam to finding the right custom-programmed hearing aid for your needs and budget.

## Get hearing benefits including:



\$0 copay for a routine hearing exam and an allowance of \$2,500 for a broad selection of hearing aids



Access to one of the largest national networks of hearing professionals with more than 7,000 locations



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



3-year manufacturer warranty on all hearing aids covers a trial period and damage or repair during warranty period



Take an online hearing test and learn about hearing aid options at [uhhearing.com/Medicare](https://uhhearing.com/Medicare)

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. Network size varies by local market. One-time professional fee may apply. Hearing aid savings 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 questions about a medical condition.







# Summary of Benefits 2023

**UnitedHealthcare Dual Complete® Choice (PPO D-SNP)**  
H0271-044-000

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



**[UHC.com/Medicare](https://UHC.com/Medicare)**

**United  
Healthcare  
Dual Complete**

# Summary of Benefits

## January 1st, 2023 - December 31st, 2023

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can see it online at [myuhc.com/communityplan](http://myuhc.com/communityplan) or you can call Customer Service for help. When you enroll in the plan, you will get more information on how to view your plan details online.

## About this plan

UnitedHealthcare Dual Complete® Choice (PPO D-SNP) is a Medicare Advantage PPO 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:

**Washington:** Asotin, Benton, Clallam, Clark, Columbia, Cowlitz, Douglas, Franklin, Garfield, Island, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima.

### Use network providers and pharmacies

UnitedHealthcare Dual Complete® Choice (PPO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. With this plan, you have the freedom to see any provider nationwide that accepts Medicare. Plus, you have the flexibility to access a network of local providers. You may pay a higher copay or coinsurance when you see an out-of-network provider. When looking at the following charts you'll see the cost differences for network vs. out-of-network care and services. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to [UHC.com/Medicare](https://www.uhc.com/Medicare) 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® Choice (PPO D-SNP)

## Premiums and Benefits

	In-Network	Out-of-Network
<b>Monthly Plan Premium</b>	\$41	
<b>Annual Medical Deductible</b>	Your deductible is \$233 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.	
<b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b>	\$8,300 annually for Medicare-covered services you receive from in-network providers.	\$12,450 annually for Medicare-covered services you receive from any provider.
	<p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.</p>	
<b>Medicare Cost Sharing</b>	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® Choice (PPO D-SNP)

## Benefits

		In-Network	Out-of-Network
<b>Inpatient Hospital Care<sup>2</sup></b>		\$0 copay - \$1,535 copay per stay	30% coinsurance per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
<b>Outpatient Hospital</b>  Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC) <sup>2</sup>	\$0 copay for a diagnostic colonoscopy \$0 copay - 20% coinsurance otherwise	30% coinsurance
	Outpatient Hospital, including surgery <sup>2</sup>	\$0 copay for a diagnostic colonoscopy \$0 copay - 20% coinsurance otherwise	30% coinsurance
	Outpatient Hospital Observation Services <sup>2</sup>	\$0 copay - 20% coinsurance	30% coinsurance
<b>Doctor Visits</b>	Primary Care Provider	\$0 copay - 20% coinsurance	30% coinsurance
	Specialists <sup>2</sup>	\$0 copay - 20% coinsurance	30% coinsurance
	Virtual Medical Visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
<b>Preventive Services</b>	Medicare-covered	\$0 copay	\$0 copay - 30% coinsurance (depending on the service)
		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)	

## Benefits

		In-Network	Out-of-Network
		<p>Depression screening            Diabetes screenings and monitoring            Hepatitis C screening            HIV screening            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)</p> <hr/> <p>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.</p>	
	Routine physical	\$0 copay, 1 per year*	30% coinsurance, 1 per year*
<b>Emergency Care</b>		<p>\$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 Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>	
<b>Urgently Needed Services</b>		<p>\$0 copay - \$40 copay            (\$0 copay for urgently needed services outside the United States) per visit</p>	

## Benefits

		In-Network	Out-of-Network
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Diagnostic radiology services (e.g. MRI, CT scan) <sup>2</sup>	\$0 copay for each diagnostic mammogram \$0 copay - 20% coinsurance otherwise	30% coinsurance
	Lab services <sup>2</sup>	\$0 copay	\$0 copay
	Diagnostic tests and procedures <sup>2</sup>	\$0 copay - 20% coinsurance	30% coinsurance
	Therapeutic Radiology <sup>2</sup>	\$0 copay - 20% coinsurance	30% coinsurance
	Outpatient X-rays <sup>2</sup>	\$0 copay - 20% coinsurance	30% coinsurance
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues <sup>2</sup>	\$0 copay	30% coinsurance
	Routine hearing exam	\$0 copay, 1 per year*	30% coinsurance, 1 per year*
	Hearing aids <sup>2</sup>	Plan pays up to \$2,500 every year for 2 hearing aids through UnitedHealthcare Hearing.*  Includes hearing aids delivered directly to you with virtual follow-up care (select models).	
<b>Routine Dental Benefits</b>	Preventive	\$0 copay for exams, cleanings, X-rays, and fluoride*	\$0 copay for exams, cleanings, X-rays, and fluoride*
	Comprehensive <sup>2</sup>	\$0 copay for comprehensive dental services*	\$0 copay for comprehensive dental services*
	Benefit limit	\$3,000 combined limit on all covered dental services* If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay	

## Benefits

		In-Network	Out-of-Network
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye <sup>2</sup>	\$0 copay	30% coinsurance
	Eyewear after cataract surgery	\$0 copay	30% coinsurance
	Routine eye exam	\$0 copay, 1 per year*	30% coinsurance, 1 per year*
	Routine eyewear	<p>\$0 copay Plan pays up to \$400 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.*</p> <p>Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).</p>	
<b>Mental Health</b>	Inpatient visit <sup>2</sup>	\$0 copay - \$1,535 copay per stay	30% coinsurance per stay
		Our plan covers 90 days for an inpatient hospital stay.	
	Outpatient group therapy visit <sup>2</sup>	\$0 copay	30% coinsurance
	Outpatient individual therapy visit <sup>2</sup>	\$0 copay	30% coinsurance
	Virtual Mental Health Visits	\$0 copay to talk with a network telehealth provider online through live audio and video	



## Benefits

		In-Network	Out-of-Network
<b>Skilled Nursing Facility (SNF)<sup>2</sup> (Stay must meet Medicare coverage criteria)</b>		You pay the Original Medicare cost sharing amount for 2023 which will be set by CMS in the fall of 2022. These are 2022 cost sharing amounts and may change for 2023. 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: days 1-20 and up to \$194.50 copay per day: days 21-100	30% coinsurance per stay, up to 100 days
		Our plan covers up to 100 days in a SNF.	
<b>Outpatient Rehabilitation Services</b>	Physical therapy and speech and language therapy visit <sup>2</sup>	\$0 copay - 20% coinsurance	30% coinsurance
	Occupational Therapy Visit <sup>2</sup>	\$0 copay - 20% coinsurance	30% coinsurance
	Virtual Visit	\$0 copay	30% coinsurance
<b>Ambulance<sup>2</sup></b>  Your provider must obtain prior authorization for non-emergency transportation.		\$0 copay - 20% coinsurance for ground \$0 copay - 20% coinsurance for air	20% coinsurance for ground 20% coinsurance for air
<b>Routine Transportation</b>		\$0 copay for 48 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies*	75% coinsurance*

## Benefits

		In-Network	Out-of-Network
<b>Medicare Part B Prescription Drugs</b>  Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs <sup>2</sup>	\$0 copay - 20% coinsurance	30% coinsurance
	Other Part B drugs <sup>2</sup>	\$0 copay - 20% coinsurance	30% coinsurance

## Prescription Drugs

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

## Additional Benefits

		In-Network	Out-of-Network
<b>Acupuncture</b>	Routine acupuncture	\$0 copay, 12 visits per year*	30% coinsurance, 12 visits per year*
<b>Chiropractic Care</b>	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) <sup>2</sup>	\$0 copay - 20% coinsurance	30% coinsurance
	Routine chiropractic care	\$0 copay, 12 visits per year*	30% coinsurance, 12 visits per year*
<b>Diabetes Management</b>	Diabetes monitoring supplies <sup>2</sup>	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>	30% coinsurance
	Diabetes self-management training	\$0 copay	30% coinsurance
	Therapeutic shoes or inserts <sup>2</sup>	\$0 copay	30% coinsurance

## Additional Benefits

		In-Network	Out-of-Network
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>2</sup>	\$0 copay - 20% coinsurance	30% coinsurance
	Prosthetics (e.g., braces, artificial limbs) <sup>2</sup>	\$0 copay - 20% coinsurance	30% coinsurance
<b>Fitness program</b>		\$0 copay for Renew Active, which includes a free gym membership at a location you select from our nationwide network, plus a personalized fitness plan, online fitness classes and brain health challenges.	
<b>Foot Care (podiatry services)</b>	Foot exams and treatment <sup>2</sup>	\$0 copay - 20% coinsurance	30% coinsurance
	Routine foot care	\$0 copay, 4 visits per year*	30% coinsurance, 4 visits per year*
<b>Meal Benefit<sup>2</sup></b>		\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.	
<b>Home Health Care<sup>2</sup></b>		\$0 copay	30% coinsurance
<b>Hospice</b>		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.	
<b>NurseLine</b>		Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	
<b>Opioid Treatment Program Services<sup>2</sup></b>		\$0 copay	\$0 copay
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit <sup>2</sup>	\$0 copay	30% coinsurance
	Outpatient individual therapy visit <sup>2</sup>	\$0 copay	30% coinsurance
<b>Food, over-the-counter (OTC) and utility bill credit</b>		\$155 credit every month to pay for covered groceries, OTC products and certain utility bills like electric. Shop at network retail locations or get home delivery by ordering online or by phone.	

## Additional Benefits

	In-Network	Out-of-Network
<b>Personal Emergency Response System</b>	\$0 copay for a personal emergency response system (PERS). Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation.	
<b>Renal Dialysis<sup>2</sup></b>	\$0 copay - 20% coinsurance	20% coinsurance

<sup>2</sup> May require your provider to get prior authorization from the plan for in-network benefits.

\* Benefits are combined in and out-of-network

## 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 \$233 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 and out-of-network to the following Medicare-covered benefit categories, unless otherwise specified:

In-Network	Out-of-Network
List of applicable services	List of applicable services
<b>Outpatient Hospital</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ambulatory Surgical Center (ASC), excluding diagnostic colonoscopy</li> <li><input type="checkbox"/> Outpatient Hospital, including surgery, excluding diagnostic colonoscopy</li> <li><input type="checkbox"/> Outpatient Hospital Observation Services</li> </ul>	<b>Outpatient Hospital</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ambulatory Surgical Center (ASC)</li> <li><input type="checkbox"/> Outpatient Hospital, including surgery</li> <li><input type="checkbox"/> Outpatient Hospital Observation Services</li> </ul>
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Primary</li> <li><input type="checkbox"/> Specialists</li> </ul>	<b>Doctor Visits</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Primary</li> <li><input type="checkbox"/> Specialists</li> </ul>
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Diagnostic radiology services (e.g. MRI), excluding diagnostic mammogram</li> <li><input type="checkbox"/> Lab services</li> <li><input type="checkbox"/> Diagnostic tests and procedures</li> <li><input type="checkbox"/> Therapeutic radiology</li> <li><input type="checkbox"/> Outpatient X-rays</li> </ul>	<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Diagnostic radiology services (e.g. MRI)</li> <li><input type="checkbox"/> Lab services</li> <li><input type="checkbox"/> Diagnostic tests and procedures</li> <li><input type="checkbox"/> Therapeutic radiology</li> <li><input type="checkbox"/> Outpatient X-rays</li> </ul>
<b>Hearing Services</b>	<b>Hearing Services</b>

<input type="checkbox"/> Exam to diagnose and treat hearing and balance issues	<input type="checkbox"/> Exam to diagnose and treat hearing and balance issues
<b>Vision Services</b> <input type="checkbox"/> Exam to diagnose and treat diseases and conditions of the eye <input type="checkbox"/> Eyewear after cataract surgery	<b>Vision Services</b> <input type="checkbox"/> Exam to diagnose and treat diseases and conditions of the eye <input type="checkbox"/> Eyewear after cataract surgery
<b>Mental Health</b> <input type="checkbox"/> Outpatient group therapy visit <input type="checkbox"/> Outpatient individual therapy visit	<b>Mental Health</b> <input type="checkbox"/> Outpatient group therapy visit <input type="checkbox"/> Outpatient individual therapy visit
<b>Physical Therapy and Speech and Language Therapy Visit</b>	<b>Physical Therapy and Speech and Language Therapy Visit</b>
<b>Ambulance</b>	<b>Ambulance</b>
<b>Medicare Part B Drugs</b> <input type="checkbox"/> Chemotherapy drugs <input type="checkbox"/> Other Part B drugs	<b>Medicare Part B Drugs</b> <input type="checkbox"/> Chemotherapy drugs <input type="checkbox"/> Other Part B drugs
<b>Chiropractic Care</b> <input type="checkbox"/> Manual manipulation of the spine to correct subluxation	<b>Chiropractic Care</b> <input type="checkbox"/> Manual manipulation of the spine to correct subluxation
<b>Diabetes Management</b> <input type="checkbox"/> Diabetes monitoring supplies <input type="checkbox"/> Therapeutic shoes or inserts	<b>Diabetes Management</b> <input type="checkbox"/> Diabetes monitoring supplies <input type="checkbox"/> Diabetes self-management training <input type="checkbox"/> Therapeutic shoes or inserts
<b>Durable Medical Equipment (DME) and Related Supplies</b> <input type="checkbox"/> Durable Medical Equipment (e.g. wheelchairs, oxygen) <input type="checkbox"/> Prosthetics (e.g., braces, artificial limbs)	<b>Durable Medical Equipment (DME) and Related Supplies</b> <input type="checkbox"/> Durable Medical Equipment (e.g. wheelchairs, oxygen) <input type="checkbox"/> Prosthetics (e.g., braces, artificial limbs)
<b>Foot Care</b> <input type="checkbox"/> Foot exams and treatment	<b>Foot Care</b> <input type="checkbox"/> Foot exams and treatment
<b>Occupational Therapy Visit</b>	<b>Occupational Therapy Visit</b>
<b>Opioid Treatment Program Services</b>	<b>Opioid Treatment Program Services</b>
<b>Outpatient Substance Abuse</b> <input type="checkbox"/> Outpatient group therapy visit <input type="checkbox"/> Outpatient individual therapy visit	<b>Outpatient Substance Abuse</b> <input type="checkbox"/> Outpatient group therapy visit <input type="checkbox"/> Outpatient individual therapy visit
<b>Renal Dialysis</b>	<b>Renal Dialysis</b>
	<b>Inpatient Services</b> <input type="checkbox"/> Inpatient hospital <input type="checkbox"/> Inpatient mental health
	<b>Skilled Nursing Facility (SNF)</b>
	<b>Home Health Care</b>



## 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 Washington State Health Care Authority covers and what our plan covers.

**Coverage of the benefits depends on your level of Medicaid eligibility.** 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. In some situations, Medicaid may pay your Medicare cost sharing amount. See your Medicaid Member Handbook for more details. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Washington State Health Care Authority, 1-800-562-3022.

### Benefits

	Medicaid	UnitedHealthcare Dual Complete® Choice (PPO D-SNP)
<b>Inpatient Hospital Care</b>	Covered	Covered
<b>Doctor Office Visits</b>	Covered	Covered
<b>Preventive Care</b>	Covered	Covered
<b>Emergency Care</b>	Covered	Covered
<b>Urgently Needed Services</b>	Covered	Covered
<b>Diagnostic Tests Lab and Radiology Services and X-Rays</b>	Covered	Covered
<b>Hearing Services Hearing aids covered FFS</b>	Not Covered	Covered
<b>Dental Services Child dental covered FFS</b>	Not Covered	Covered
<b>Vision Services Vision hardware covered FFS</b>	Not Covered	Covered
<b>Inpatient Mental Health Care</b>	Covered	Covered
<b>Mental Health Care</b>	Covered	Covered
<b>Skilled Nursing Facility (SNF)</b>	Covered	Covered
<b>Ambulance</b>	Covered	Covered

## Benefits

	Medicaid	UnitedHealthcare Dual Complete® Choice (PPO D-SNP)
<b>Transportation (Routine) Non-medical transport covered FFS</b>	Not Covered	Covered
<b>Prescription Drug Benefits</b>	Covered	Covered
<b>Chiropractic Care</b>	Covered	Covered
<b>Diabetes Supplies and Services</b>	Covered	Covered
<b>Durable Medical Equipment</b>	Covered	Covered
<b>Foot Care</b>	Covered	Covered
<b>Home Health Care</b>	Covered	Covered
<b>Hospice Hospice covered FFS through LTSS</b>	Not Covered	Covered
<b>Outpatient Hospital Services</b>	Covered	Covered
<b>Renal Dialysis</b>	Covered	Covered
<b>Prosthetic Devices</b>	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](http://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 1-866-944-4984 for additional information (TTY users should call 711). Hours are 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunice con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-944-4984, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

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

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. 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.

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 five 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.



# Important information: 2022 Medicare star ratings



## UnitedHealthcare - H0271

For 2022, UnitedHealthcare - H0271 received the following Star Ratings from Medicare:

- Overall Star Rating: ★ ★ ★ ★ 4 stars
- Health Services Rating: ★ ★ ★ ★ 4 stars
- Drug Services Rating: ★ ★ ★ ★ ½ 4.5 stars

Every year, Medicare evaluates plans based on a 5-star rating system.

### Why Star Ratings are Important

Medicare rates plans on their health and drug services. This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars shows how well a plan performs.

- ★ ★ ★ ★ ★ EXCELLENT
- ★ ★ ★ ★ ABOVE AVERAGE
- ★ ★ ★ AVERAGE
- ★ ★ BELOW AVERAGE
- ★ POOR

### Get More Information on Star Ratings Online

Compare Star ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### Questions about this plan?

Contact UnitedHealthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **800-555-5757** (toll-free) or **711** (TTY). Current members please call **800-643-4845** (toll-free) or **711** (TTY).

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

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

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto: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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para 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 shqodí 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 buugaraha.





# Drug List

# Drug List

This is a complete alphabetical list of prescription drugs covered by the plan as of September 1, 2022. 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 call us or view the complete Drug List on our website

<b>A</b>	
Abacavir Sulfate (Oral Solution)	<b>Actemra (Subcutaneous Solution Prefilled Syringe)</b>
Abacavir Sulfate (Oral Tablet)	<b>Actemra ACTPen (Subcutaneous Solution Auto-Injector)</b>
Abacavir Sulfate-Lamivudine (Oral Tablet)	<b>Actimmune (Subcutaneous Solution)</b>
<b>Abelcet (Intravenous Suspension)</b>	Acyclovir (External Ointment)
<b>Abilify Maintena (Intramuscular Prefilled Syringe)</b>	Acyclovir (Oral Capsule)
<b>Abilify Maintena (Intramuscular Suspension Reconstituted ER)</b>	Acyclovir (Oral Suspension)
Abiraterone Acetate (250MG Oral Tablet)	Acyclovir (Oral Tablet)
Abiraterone Acetate (500MG Oral Tablet)	Acyclovir Sodium (Intravenous Solution)
Acamprosate Calcium (Oral Tablet Delayed Release)	<b>Adacel (Intramuscular Suspension)</b>
Acarbose (Oral Tablet)	Adapalene (0.3% External Gel)
Accutane (Oral Capsule)	Adapalene (External Cream)
Acebutolol HCl (Oral Capsule)	Adefovir Dipivoxil (Oral Tablet)
Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule)	<b>Adempas (Oral Tablet)</b>
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	<b>Advair Diskus (Inhalation Aerosol Powder Breath Activated)</b>
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	<b>Advair HFA (Inhalation Aerosol)</b>
Acetazolamide (Oral Tablet)	<b>Aimovig (Subcutaneous Solution Auto-Injector)</b>
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	Ala-Cort (External Cream)
Acetic Acid (Otic Solution)	Albendazole (Oral Tablet)
Acetylcysteine (Inhalation Solution)	Albuterol Sulfate (Inhalation Nebulization Solution)
Acitretin (Oral Capsule)	Albuterol Sulfate (Oral Syrup)
<b>ActHIB (Intramuscular Solution Reconstituted)</b>	Albuterol Sulfate (Oral Tablet Immediate Release)
	Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proair),

Albuterol Sulfate HFA (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 Solution)

Amantadine HCl (Oral Tablet)

Ambrisentan (Oral Tablet)

Amethia (Oral Tablet)

Amikacin Sulfate (500MG/2ML Injection Solution)

Amiloride HCl (Oral Tablet)

Amiloride-Hydrochlorothiazide (Oral Tablet)

Amiodarone HCl (200MG Oral Tablet)

Amitriptyline HCl (Oral Tablet)

Amlodipine Besylate (Oral Tablet)

Amlodipine-Atorvastatin (Oral Tablet)

Amlodipine-Benazepril (Oral Capsule)

**Bold type = Brand name drug**

Amlodipine-Olmesartan (Oral Tablet)

Amlodipine-Valsartan (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)

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)**

**Anzemet (Oral Tablet)**

Apomorphine HCl (Subcutaneous Solution Cartridge)

Plain type = Generic drug

Apraclonidine HCl (Ophthalmic Solution)	Asenapine Maleate (Tablet Sublingual)
Aprepitant (Oral Therapy Pack, Oral Capsule)	Ashlyna (Oral Tablet)
Apri (Oral Tablet)	Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)
<b>Apriso (Oral Capsule Extended Release 24 Hour)</b>	Atazanavir Sulfate (Oral Capsule)
<b>Aptiom (Oral Tablet)</b>	Atenolol (Oral Tablet)
<b>Aptivus (Oral Capsule)</b>	Atenolol-Chlorthalidone (Oral Tablet)
<b>Aralast NP (1000MG Intravenous Solution Reconstituted)</b>	Atomoxetine HCl (Oral Capsule)
Aranelle (Oral Tablet)	Atorvastatin Calcium (Oral Tablet)
<b>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, 60MCG/0.3ML Injection Solution Prefilled Syringe)</b>	Atovaquone (Oral Suspension)
<b>Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution)</b>	Atovaquone-Proguanil HCl (Oral Tablet)
<b>Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe)</b>	Atropine Sulfate (1% Ophthalmic Solution)
<b>Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution)</b>	<b>Atrovent HFA (Inhalation Aerosol Solution)</b>
<b>Arcalyst (Subcutaneous Solution Reconstituted)</b>	<b>Aubagio (Oral Tablet)</b>
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	Aubra EQ (Oral Tablet)
Aripiprazole (1MG/ML Oral Solution)	<b>Auryxia (Oral Tablet)</b>
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	<b>Austedo (Oral Tablet)</b>
<b>Aristada (Intramuscular Prefilled Syringe)</b>	Aviane (Oral Tablet)
<b>Aristada Initio (Intramuscular Prefilled Syringe)</b>	<b>Avonex Pen (Intramuscular Auto-Injector Kit)</b>
Armodafinil (Oral Tablet)	<b>Avonex Prefilled (Intramuscular Prefilled Syringe Kit)</b>
<b>Arnuty Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	<b>Ayvakit (Oral Tablet)</b>
	Azathioprine (50MG 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 (Injection Solution Reconstituted)
	<b>B</b>
	<b>BCG Vaccine (Injection Solution Reconstituted)</b>
	<b>BIVIGAM (5GM/50ML Intravenous Solution)</b>
	<b>BRIVIACT (Oral Solution)</b>
	<b>BRIVIACT (Oral Tablet)</b>
	Bacitracin (Ophthalmic Ointment)

Bacitracin-Polymyxin B (Ophthalmic Ointment)	Betaxolol HCl (Oral Tablet)
Baclofen (Oral Tablet)	Bethanechol Chloride (Oral Tablet)
Balsalazide Disodium (Oral Capsule)	<b>Betimol (Ophthalmic Solution)</b>
<b>Balversa (Oral Tablet)</b>	<b>Bevespi Aerosphere (Inhalation Aerosol)</b>
Balziva (Oral Tablet)	Bexarotene (External Gel)
<b>Baqsimi One Pack (Nasal Powder)</b>	Bexarotene (Oral Capsule)
<b>Baraclude (Oral Solution)</b>	<b>Bexsero (Intramuscular Suspension Prefilled Syringe)</b>
<b>Belsomra (Oral Tablet)</b>	Bicalutamide (Oral Tablet)
Benazepril HCl (Oral Tablet)	<b>Bicillin C-R (Intramuscular Suspension)</b>
Benazepril-Hydrochlorothiazide (Oral Tablet)	<b>Bicillin C-R 900/300 (Intramuscular Suspension)</b>
<b>Benlysta (Subcutaneous Solution Auto-Injector)</b>	<b>Bicillin L-A (Intramuscular Suspension Prefilled Syringe)</b>
<b>Benlysta (Subcutaneous Solution Prefilled Syringe)</b>	<b>Bicillin L-A (Intramuscular Suspension)</b>
<b>Benznidazole (Oral Tablet)</b>	<b>Biktarvy (Oral Tablet)</b>
Benzoyl Peroxide-Erythromycin (External Gel)	Bisoprolol Fumarate (Oral Tablet)
Benztropine Mesylate (Oral Tablet)	Bisoprolol-Hydrochlorothiazide (Oral Tablet)
Bepotastine Besilate (Ophthalmic Solution)	Blisovi 24 Fe (Oral Tablet)
<b>Bepreve (Ophthalmic Solution)</b>	Blisovi Fe 1.5/30 (Oral Tablet)
<b>Berinert (Intravenous Kit)</b>	<b>Boostrix (Intramuscular Suspension Prefilled Syringe)</b>
<b>Besivance (Ophthalmic Suspension)</b>	<b>Boostrix (Intramuscular Suspension)</b>
<b>Besremi (Subcutaneous Solution Prefilled Syringe)</b>	Bosentan (Oral Tablet)
Betaine (Oral Powder)	<b>Bosulif (Oral Tablet)</b>
Betamethasone Dipropionate (External Cream)	<b>Braftovi (Oral Capsule)</b>
Betamethasone Dipropionate (External Lotion)	<b>Breo Ellipta (Inhalation Aerosol Powder Breath Activated)</b>
Betamethasone Dipropionate (External Ointment)	<b>Breztri Aerosphere (Inhalation Aerosol)</b>
Betamethasone Dipropionate Aug (External Cream)	Briellyn (Oral Tablet)
Betamethasone Dipropionate Aug (External Gel)	<b>Brilinta (Oral Tablet)</b>
Betamethasone Dipropionate Aug (External Lotion)	Brimonidine Tartrate (0.15% Ophthalmic Solution)
Betamethasone Dipropionate Aug (External Ointment)	Brimonidine Tartrate (0.2% Ophthalmic Solution)
Betamethasone Valerate (External Cream)	Brimonidine Tartrate-Timolol (Ophthalmic Solution)
Betamethasone Valerate (External Lotion)	Brinzolamide (Ophthalmic Suspension)
Betamethasone Valerate (External Ointment)	Bromocriptine Mesylate (Oral Capsule)
<b>Betaseron (Subcutaneous Kit)</b>	Bromocriptine Mesylate (Oral Tablet)
Betaxolol HCl (Ophthalmic Solution)	<b>Brukinsa (Oral Capsule)</b>

**Bold type = Brand name drug**

Plain type = Generic drug

Budesonide (Inhalation Suspension)	Calcium Acetate (667MG Oral Tablet)
Budesonide (Oral Capsule Delayed Release Particles)	Calcium Acetate (Phosphate Binder) (Oral Capsule)
Budesonide ER (Oral Tablet Extended Release 24 Hour)	<b>Calquence (Oral Capsule)</b>
Bumetanide (Injection Solution)	Camila (Oral Tablet)
Bumetanide (Oral Tablet)	Camrese Lo (Oral Tablet)
Buprenorphine (Transdermal Patch Weekly)	Candesartan Cilexetil (Oral Tablet)
Buprenorphine HCl (Tablet Sublingual)	Candesartan Cilexetil-HCTZ (Oral Tablet)
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	<b>Caplyta (42MG Oral Capsule)</b>
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	<b>Caprelsa (Oral Tablet)</b>
Bupropion HCl (Oral Tablet Immediate Release)	Captopril (Oral Tablet)
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	Carbamazepine (Oral Suspension)
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	Carbamazepine (Oral Tablet Chewable)
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	Carbamazepine (Oral Tablet Immediate Release)
Buspironone HCl (Oral Tablet)	Carbamazepine ER (Oral Capsule Extended Release 12 Hour)
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	Carbamazepine ER (Oral Tablet Extended Release 12 Hour)
Butalbital-Aspirin-Caffeine (Oral Capsule)	Carbidopa (Oral Tablet)
Butorphanol Tartrate (Nasal Solution)	Carbidopa-Levodopa (Oral Tablet Immediate Release)
<b>Bydureon BCise (Subcutaneous Auto-Injector)</b>	Carbidopa-Levodopa ER (Oral Tablet Extended Release)
<b>Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)</b>	Carbidopa-Levodopa ODT (Oral Tablet Dispersible)
<b>Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)</b>	Carbidopa-Levodopa-Entacapone (Oral Tablet)
<b>C</b>	Carglumic Acid (Oral Tablet Soluble)
Cabergoline (Oral Tablet)	Carteolol HCl (Ophthalmic Solution)
<b>Cablivi (Injection Kit)</b>	Cartia XT (Oral Capsule Extended Release 24 Hour)
<b>Cabometyx (Oral Tablet)</b>	Carvedilol (Oral Tablet)
Calcipotriene (External Cream)	<b>Cayston (Inhalation Solution Reconstituted)</b>
Calcipotriene (External Ointment)	Caziant (Oral Tablet)
Calcipotriene (External Solution)	Cefaclor (Oral Capsule)
Calcitonin Salmon (Nasal Solution)	Cefadroxil (Oral Capsule)
<b>Calcitriol (External Ointment)</b>	Cefadroxil (Oral Suspension Reconstituted)
Calcitriol (Oral Capsule)	Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)
Calcitriol (Oral Solution)	Cefdinir (Oral Capsule)



Cefdinir (Oral Suspension Reconstituted)	Chlorpromazine HCl (Oral Concentrate)
Cefepime HCl (Injection Solution Reconstituted)	Chlorpromazine HCl (Oral Tablet)
Cefixime (Oral Capsule)	Chlorthalidone (Oral Tablet)
Cefixime (Oral Suspension Reconstituted)	Chlorzoxazone (500MG Oral Tablet)
Cefotetan Disodium (Injection Solution Reconstituted)	<b>Cholbam (Oral Capsule)</b>
Cefoxitin Sodium (Intravenous Solution Reconstituted)	Cholestyramine (Oral Packet)
Cefpodoxime Proxetil (Oral Suspension Reconstituted)	Cholestyramine Light (Oral Packet)
Cefpodoxime Proxetil (Oral Tablet)	Ciclopirox (External Gel)
Cefprozil (Oral Suspension Reconstituted)	Ciclopirox (External Shampoo)
Cefprozil (Oral Tablet)	Ciclopirox (External Solution)
Ceftazidime (Injection Solution Reconstituted)	Ciclopirox Olamine (External Cream)
Ceftazidime (Intravenous Solution Reconstituted)	Ciclopirox Olamine (External Suspension)
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	Cilostazol (Oral Tablet)
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	<b>Ciloxan (Ophthalmic Ointment)</b>
Cefuroxime Axetil (Oral Tablet)	<b>Cimduo (Oral Tablet)</b>
Cefuroxime Sodium (Injection Solution Reconstituted)	Cimetidine (Oral Tablet)
Cefuroxime Sodium (Intravenous Solution Reconstituted)	Cimetidine HCl (Oral Solution)
Celecoxib (Oral Capsule)	<b>Cimzia (Subcutaneous Kit)</b>
<b>Celontin (Oral Capsule)</b>	<b>Cimzia Prefilled (2 X 200MG/ML Subcutaneous Prefilled Syringe Kit)</b>
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule)	Cinacalcet HCl (Oral Tablet)
Cephalexin (750MG Oral Capsule)	<b>Cinryze (Intravenous Solution Reconstituted)</b>
Cephalexin (Oral Suspension Reconstituted)	<b>Cipro HC (Otic Suspension)</b>
Cetirizine HCl (1MG/ML Oral Solution)	Ciprofloxacin HCl (100MG Oral Tablet Immediate Release)
<b>Chemet (Oral Capsule)</b>	Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)
Chenodal (Oral Tablet)	Ciprofloxacin HCl (Ophthalmic Solution)
Chlordiazepoxide HCl (Oral Capsule)	Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)
Chlorhexidine Gluconate (Mouth Solution)	Ciprofloxacin-Dexamethasone (Otic Suspension)
Chloroquine Phosphate (Oral Tablet)	<b>Citalopram Hydrobromide (Oral Capsule)</b>
	Citalopram Hydrobromide (Oral Solution)
	Citalopram Hydrobromide (Oral Tablet)
	Claravis (Oral Capsule)
	Clarithromycin (Oral Suspension Reconstituted)
	Clarithromycin (Oral Tablet Immediate Release)

**Bold type = Brand name drug**

Plain type = Generic drug

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Clarithromycin ER (Oral Tablet Extended Release 24 Hour)

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**Clenpiq (Oral Solution)**

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**Climara Pro (Transdermal Patch Weekly)**

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Clindacin ETZ (External Swab)

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Clindamycin HCl (Oral Capsule)

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Clindamycin Palmitate HCl (Oral Solution Reconstituted)

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

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Clindamycin Phosphate (External Gel)

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Clindamycin Phosphate (External Lotion)

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Clindamycin Phosphate (External Solution)

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Clindamycin Phosphate (External Swab)

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Clindamycin Phosphate (Vaginal Cream)

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Clindamycin Phosphate in D5W (Intravenous Solution)

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Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-5% External Gel)

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Clobazam (Oral Suspension)

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Clobazam (Oral Tablet)

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Clobetasol Propionate (External Cream)

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Clobetasol Propionate (External Gel)

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Clobetasol Propionate (External Ointment)

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Clobetasol Propionate (External Shampoo)

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Clobetasol Propionate (External Solution)

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Clobetasol Propionate Emollient Base (External Cream)

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Clodan (External Shampoo)

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Clomipramine HCl (Oral Capsule)

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

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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)

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Clonidine (Transdermal Patch Weekly)

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Clonidine HCl (Oral Tablet Immediate Release)

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Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)

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Clopidogrel Bisulfate (75MG Oral Tablet)

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Clorazepate Dipotassium (Oral Tablet)

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Clotrimazole (External Cream)

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Clotrimazole (External Solution)

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Clotrimazole (Mouth/Throat Troche)

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Clotrimazole-Betamethasone (External Cream)

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Clotrimazole-Betamethasone (External Lotion)

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

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

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**Coartem (Oral Tablet)**

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

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Codeine Sulfate (30MG Oral Tablet)

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

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Colchicine (0.6MG Oral Tablet) (Generic Colcrys)

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Colesevelam HCl (Oral Packet)

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Colesevelam HCl (Oral Tablet)

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Colestipol HCl (Oral Packet)

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Colestipol HCl (Oral Tablet)

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Colistimethate Sodium (CBA) (Injection Solution Reconstituted)

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**Combigan (Ophthalmic Solution)**

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**Combivent Respimat (Inhalation Aerosol Solution)**

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**Cometriq (100MG Daily Dose) (Oral Kit)**

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**Cometriq (140MG Daily Dose) (Oral Kit)**

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**Cometriq (60MG Daily Dose) (Oral Kit)**

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**Complera (Oral Tablet)**

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Compro (Rectal Suppository)

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Constulose (Oral Solution)

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**Copiktra (Oral Capsule)**

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**Cordran (External Tape)**

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**Corlanor (Oral Solution)**

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**Corlanor (Oral Tablet)**

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**Cosentyx (300MG Dose) (Subcutaneous**



**Solution Prefilled Syringe)****Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)****Cosentyx Sensoready (300MG) (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)

Crotan (External Lotion)

Cryselle-28 (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 (200-25MG Oral Tablet)**

Desipramine HCl (Oral Tablet)

Desloratadine (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 Solution)

Dexamethasone (Oral Tablet)

Dexamethasone Sodium Phosphate (Ophthalmic Solution)

**Dexilant (Oral Capsule Delayed Release)**

Dexlansoprazole (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)

**Bold type = Brand name drug**

Plain type = Generic drug

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Dextrose (5% Intravenous Solution)

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

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

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Dextrose-NaCl (5-0.9% Intravenous Solution)

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**Diacomit (Oral Capsule)**

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**Diacomit (Oral Packet)**

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

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

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Diazepam (5MG/5ML Oral Solution)

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Diazepam Intensol (Oral Concentrate)

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Diazoxide (Oral Suspension)

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Diclofenac Epolamine (External Patch)

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Diclofenac Potassium (50MG Oral Tablet)

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Diclofenac Sodium (1% External Gel)

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Diclofenac Sodium (3% External Gel)

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Diclofenac Sodium (Ophthalmic Solution)

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Diclofenac Sodium (Oral Tablet Delayed Release)

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Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)

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Dicloxacillin Sodium (Oral Capsule)

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Dicyclomine HCl (Oral Capsule)

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Dicyclomine HCl (Oral Solution)

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Dicyclomine HCl (Oral Tablet)

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**Dificid (Oral Suspension Reconstituted)**

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**Dificid (Oral Tablet)**

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Diflunisal (Oral Tablet)

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Digitek (Oral Tablet)

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Digox (Oral Tablet)

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Digoxin (125MCG Oral Tablet, 250MCG Oral Tablet)

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Digoxin (62.5MCG Oral Tablet)

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Digoxin (Oral Solution)

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Dihydroergotamine Mesylate (Nasal Solution)

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Dilantin (Oral Capsule)

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Dilantin INFATABS (Oral Tablet Chewable)

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Dilt-XR (Oral Capsule Extended Release 24 Hour)

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Diltiazem HCl (Oral Tablet Immediate Release)

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Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)

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

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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)

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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)

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Dimethyl Fumarate (Oral Capsule Delayed Release)

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Dimethyl Fumarate Starter Pack (Oral Capsule)

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**Dipentum (Oral Capsule)**

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Diphenoxylate-Atropine (Oral Liquid)

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Diphenoxylate-Atropine (Oral Tablet)

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**Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)**

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Disulfiram (Oral Tablet)

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**Diuril (Oral Suspension)**

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Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)

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Divalproex Sodium (Oral Tablet Delayed Release)

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Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)

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Dofetilide (Oral Capsule)

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Dolishale (Oral Tablet)

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Donepezil HCl (Oral Tablet)

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Donepezil HCl ODT (Oral Tablet Dispersible)

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Dorzolamide HCl (Ophthalmic Solution)

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Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)

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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 (100MG Oral Capsule, 200MG Oral Capsule)

Droxidopa (300MG 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)

**Dupixent (Subcutaneous Solution Pen-Injector)**

**Dupixent (Subcutaneous Solution Prefilled Syringe)**

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 (100-150MG Oral Tablet, 133-200MG Oral Tablet, 167-250MG Oral Tablet)

Emtricitabine-Tenofovir Disoproxil Fumarate (200-300MG Oral Tablet)

**Emtriva (Oral Solution)**

Enalapril Maleate (Oral Solution)

Enalapril Maleate (Oral Tablet)

Enalapril-Hydrochlorothiazide (Oral Tablet)

**Enbrel (25MG Subcutaneous Solution Reconstituted)**

**Enbrel (Subcutaneous Solution Prefilled Syringe)**

**Enbrel (Subcutaneous Solution)**

**Enbrel Mini (Subcutaneous Solution Cartridge)**

**Bold type = Brand name drug**

Plain type = Generic drug

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**Enbrel SureClick (Subcutaneous Solution Auto-Injector)**

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

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**Engerix-B (Injection Suspension)**

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Enoxaparin Sodium (Injection Solution Prefilled Syringe)

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Enpresse-28 (Oral Tablet)

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Enskyce (Oral Tablet)

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Entacapone (Oral Tablet)

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Entecavir (Oral Tablet)

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**Entresto (Oral Tablet)**

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Enulose (Oral Solution)

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**Envarsus XR (Oral Tablet Extended Release 24 Hour)**

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**Epclusa (Oral Packet)**

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**Epclusa (Oral Tablet)**

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**Epidiolex (Oral Solution)**

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Epinastine HCl (Ophthalmic Solution)

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Epinephrine (Injection Solution Auto-Injector)

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Epitol (Oral Tablet)

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**Epivir HBV (Oral Solution)**

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Eplerenone (Oral Tablet)

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**Eprontia (Oral Solution)**

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Ergotamine-Caffeine (Oral Tablet)

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**Erivedge (Oral Capsule)**

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**Erleada (Oral Tablet)**

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Erlotinib HCl (Oral Tablet)

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Errin (Oral Tablet)

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Ertapenem Sodium (Injection Solution Reconstituted)

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Ery (External Pad)

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Erythrocin Lactobionate (Intravenous Solution Reconstituted)

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Erythromycin (External Gel)

---

Erythromycin (External Solution)

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Erythromycin (Ophthalmic Ointment)

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Erythromycin (Oral Tablet Delayed Release)

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Erythromycin Base (Oral Capsule Delayed Release Particles)

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Erythromycin Base (Oral Tablet Immediate Release)

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

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Erythromycin Ethylsuccinate (Oral Tablet)

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**Esbriet (Oral Capsule)**

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**Esbriet (Oral Tablet)**

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Escitalopram Oxalate (Oral Solution)

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Escitalopram Oxalate (Oral Tablet)

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

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Esomeprazole Magnesium (Oral Packet)

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Estarylla (Oral Tablet)

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Estradiol (Oral Tablet)

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Estradiol (Transdermal Patch Weekly)

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Estradiol (Vaginal Cream)

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Estradiol (Vaginal Tablet)

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Estradiol Valerate (Intramuscular Oil)

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**Estring (Vaginal Ring)**

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Eszopiclone (Oral Tablet)

---

Ethacrynic Acid (Oral Tablet)

---

Ethambutol HCl (Oral Tablet)

---

Ethosuximide (Oral Capsule)

---

Ethosuximide (Oral Solution)

---

Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)

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Etodolac (Oral Capsule)

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Etodolac (Oral Tablet Immediate Release)

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Etodolac ER (Oral Tablet Extended Release 24 Hour)

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Etonogestrel-Ethinyl Estradiol (Vaginal Ring)

---

Etravirine (Oral Tablet)

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**Euthyrox (Oral Tablet)**

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Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet, 1MG Oral Tablet)

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Everolimus (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)

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Everolimus (2MG Oral Tablet Soluble, 3MG Oral Tablet Soluble, 5MG Oral Tablet Soluble)

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**Evotaz (Oral Tablet)**

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Exemestane (Oral Tablet)

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<b>Exkivity (Oral Capsule)</b>	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)
Ezetimibe (Oral Tablet)	
Ezetimibe-Simvastatin (Oral Tablet)	
<b>F</b>	
<b>FML (Ophthalmic Ointment)</b>	Fentanyl Citrate (200MCG Buccal Lozenge On A Handle)
<b>FML Forte (Ophthalmic Suspension)</b>	
Falmina (Oral Tablet)	
Famciclovir (Oral Tablet)	
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	
Famotidine (Oral Suspension Reconstituted)	
<b>Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)</b>	<b>Ferriprox (Oral Solution)</b>
<b>Fanapt Titration Pack (Oral Tablet)</b>	<b>Fetzima (Oral Capsule Extended Release 24 Hour)</b>
<b>Farxiga (Oral Tablet)</b>	<b>Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)</b>
<b>Fasenra (Subcutaneous Solution Prefilled Syringe)</b>	<b>Finacea (External Foam)</b>
<b>Fasenra Pen (Subcutaneous Solution Auto-Injector)</b>	Finasteride (5MG Oral Tablet) (Generic Proscar)
Febuxostat (Oral Tablet)	<b>Fintepla (Oral Solution)</b>
Felbamate (Oral Suspension)	<b>Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)</b>
Felbamate (Oral Tablet)	<b>Firmagon (80MG Subcutaneous Solution Reconstituted)</b>
Felodipine ER (Oral Tablet Extended Release 24 Hour)	Flac (Otic Oil)
<b>Femring (Vaginal Ring)</b>	<b>Flarex (Ophthalmic Suspension)</b>
Femynor (Oral Tablet)	<b>Flebogamma DIF (5GM/50ML Intravenous Solution)</b>
Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet)	Flecainide Acetate (Oral Tablet)
Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet)	<b>Flovent Diskus (Inhalation Aerosol Powder Breath Activated)</b>
Fenofibrate (50MG Oral Capsule)	<b>Flovent HFA (Inhalation Aerosol)</b>
Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 43MG Oral Capsule, 67MG Oral Capsule)	Fluconazole (Oral Suspension Reconstituted)
Fenofibric Acid (Oral Capsule Delayed Release)	Fluconazole (Oral Tablet)
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	Fluconazole in Sodium Chloride (200-0.9MG/100ML-% Intravenous Solution, 400-0.9MG/200ML-% 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)

**Bold type = Brand name drug**

Plain type = Generic drug



Fluocinonide (External Gel)	Subcutaneous Solution, 7.5MG/0.6ML
Fluocinonide (External Ointment)	Subcutaneous Solution)
Fluocinonide (External Solution)	Fondaparinux Sodium (2.5MG/0.5ML
Fluocinonide Emulsified Base (External Cream)	Subcutaneous Solution)
Fluorometholone (Ophthalmic Suspension)	Formoterol Fumarate (Inhalation Nebulization
Fluorouracil (5% External Cream)	Solution)
Fluorouracil (External Solution)	<b>Forteo (Subcutaneous Solution Pen-Injector)</b>
Fluoxetine HCl (10MG Oral Capsule Immediate	Fosamprenavir Calcium (Oral Tablet)
Release, 20MG Oral Capsule Immediate	Fosinopril Sodium (Oral Tablet)
Release, 40MG Oral Capsule Immediate	Fosinopril Sodium-HCTZ (Oral Tablet)
Release)	<b>Fotivda (Oral Capsule)</b>
Fluoxetine HCl (20MG/5ML Oral Solution)	Furosemide (Injection Solution)
Fluoxetine HCl (90MG Oral Capsule Delayed	Furosemide (Oral Solution)
Release)	Furosemide (Oral Tablet)
Fluphenazine Decanoate (Injection Solution)	<b>Fuzeon (Subcutaneous Solution</b>
Fluphenazine HCl (10MG Oral Tablet, 1MG Oral	<b>Reconstituted)</b>
Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	Fyavolv (Oral Tablet)
Fluphenazine HCl (2.5MG/5ML Oral Elixir)	<b>Fycompa (10MG Oral Tablet, 12MG Oral</b>
Fluphenazine HCl (2.5MG/ML Injection Solution)	<b>Tablet, 4MG Oral Tablet, 6MG Oral Tablet,</b>
Fluphenazine HCl (5MG/ML Oral Concentrate)	<b>8MG Oral Tablet)</b>
Flurbiprofen (100MG Oral Tablet)	<b>Fycompa (2MG Oral Tablet)</b>
Flurbiprofen Sodium (Ophthalmic Solution)	<b>Fycompa (Oral Suspension)</b>
Fluticasone Propionate (External Cream)	<b>G</b>
Fluticasone Propionate (External Ointment)	Gabapentin (250MG/5ML Oral Solution)
Fluticasone Propionate (Nasal Suspension)	Gabapentin (600MG Oral Tablet, 800MG Oral
Fluticasone-Salmeterol (100-50MCG/DOSE	Tablet)
Inhalation Aerosol Powder Breath Activated,	Gabapentin (Oral Capsule)
250-50MCG/DOSE Inhalation Aerosol Powder	Galantamine Hydrobromide (Oral Solution)
Breath Activated, 500-50MCG/DOSE Inhalation	Galantamine Hydrobromide (Oral Tablet)
Aerosol Powder Breath Activated) (Generic	Galantamine Hydrobromide ER (Oral Capsule
Advair), Fluticasone-Salmeterol (113-14MCG/	Extended Release 24 Hour)
ACT Inhalation Aerosol Powder Breath	<b>Gammagard (2.5GM/25ML Injection Solution)</b>
Activated, 232-14MCG/ACT Inhalation Aerosol	<b>Gammagard S/D Less IgA (Intravenous</b>
Powder Breath Activated, 55-14MCG/ACT	<b>Solution Reconstituted)</b>
Inhalation Aerosol Powder Breath Activated)	<b>Gammaked (1GM/10ML Injection Solution)</b>
(Brand Equivalent AirDuo RespiClick)	<b>Gammaplex (10GM/100ML Intravenous</b>
Fluvastatin Sodium (Oral Capsule)	<b>Solution, 10GM/200ML Intravenous Solution,</b>
Fluvastatin Sodium ER (Oral Tablet Extended	<b>20GM/200ML Intravenous Solution, 5GM/</b>
Release 24 Hour)	<b>50ML Intravenous Solution)</b>
Fluvoxamine Maleate (Oral Tablet)	<b>Gamunex-C (1GM/10ML Injection Solution)</b>
Fondaparinux Sodium (10MG/0.8ML	<b>Gardasil 9 (Intramuscular Suspension)</b>
Subcutaneous Solution, 5MG/0.4ML	

**Prefilled Syringe)**

**Gardasil 9 (Intramuscular Suspension)**

Gatifloxacin (Ophthalmic Solution)

**Gattex (Subcutaneous Kit)**

Gauze (Non-medicated 2X2 Pad)

GaviLyte-C (240GM Oral Solution Reconstituted)

GaviLyte-G (Oral Solution Reconstituted)

**Gavreto (Oral Capsule)**

Gemfibrozil (Oral Tablet)

Generlac (Oral Solution)

Gengraf (Oral Capsule)

Gengraf (Oral Solution)

**Genotropin (Subcutaneous Cartridge)**

**Genotropin MiniQuick (Subcutaneous Prefilled Syringe)**

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)

Glycopyrrolate (Oral Solution) (Generic

**Bold type = Brand name drug**

Cuvposa)

**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 Kit (Subcutaneous Solution)**

**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)

**Hetlioz (Oral Capsule)**

**Hetlioz LQ (Oral Suspension)**

**Hiberix (Injection Solution Reconstituted)**

**Humalog (Injection Solution)**

**Humalog (Subcutaneous Solution Cartridge)**

**Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)**

**Humalog KwikPen (Subcutaneous Solution Pen-Injector)**

**Humalog Mix 50/50 (Subcutaneous Suspension)**

Plain type = Generic drug

<b>Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)</b>	Hydrocortisone (2.5% External Lotion)
<b>Humalog Mix 75/25 (Subcutaneous Suspension)</b>	Hydrocortisone (Oral Tablet)
<b>Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)</b>	Hydrocortisone (Perianal) (2.5% External Cream)
<b>Humira (Subcutaneous Prefilled Syringe Kit)</b>	Hydrocortisone (Rectal Enema)
<b>Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)</b>	Hydrocortisone Butyrate (External Ointment)
<b>Humira Pen (Subcutaneous Pen-Injector Kit)</b>	Hydrocortisone Valerate (External Cream)
<b>Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)</b>	Hydrocortisone Valerate (External Ointment)
<b>Humira Pen Psoriasis Starter (40MG/0.8ML Subcutaneous Pen-Injector Kit)</b>	Hydrocortisone-Acetic Acid (Otic Solution)
<b>Humira Pen Psoriasis Starter (80MG/0.8ML and 40MG/0.4ML Subcutaneous Pen-Injector Kit)</b>	Hydromorphone HCl (1MG/ML Oral Liquid)
<b>Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit)</b>	Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release)
<b>Humulin 70/30 (Subcutaneous Suspension)</b>	Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour)
<b>Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)</b>	Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)
<b>Humulin N (Subcutaneous Suspension)</b>	Hydroxychloroquine Sulfate (200MG Oral Tablet)
<b>Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)</b>	Hydroxyurea (Oral Capsule)
<b>Humulin R (Injection Solution)</b>	Hydroxyzine HCl (Oral Syrup)
<b>Humulin R U-500 (Concentrated) (Subcutaneous Solution)</b>	Hydroxyzine HCl (Oral Tablet)
<b>Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)</b>	Hydroxyzine Pamoate (Oral Capsule)
Hydralazine HCl (Oral Tablet)	<b>I</b>
Hydrochlorothiazide (Oral Capsule)	<b>IDHIFA (Oral Tablet)</b>
Hydrochlorothiazide (Oral Tablet)	<b>IPOL (Injection)</b>
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	Ibandronate Sodium (Oral Tablet)
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	<b>Ibrance (Oral Capsule)</b>
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	<b>Ibrance (Oral Tablet)</b>
Hydrocortisone (1% External Cream)	Ibu (600MG Oral Tablet, 800MG Oral Tablet)
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)
	Ibuprofen (Oral Suspension)
	Icatibant Acetate (Subcutaneous Solution)
	Iclevia (Oral Tablet)
	<b>Iclusig (Oral Tablet)</b>
	Icosapent Ethyl (Oral Capsule)
	<b>Ilevro (Ophthalmic Suspension)</b>
	Imatinib Mesylate (Oral Tablet)
	<b>Imbruvica (Oral Capsule)</b>
	<b>Imbruvica (Oral Tablet)</b>



Imipenem-Cilastatin (Intravenous Solution Reconstituted)

Imipramine HCl (Oral Tablet)

Imipramine Pamoate (Oral Capsule)

Imiquimod (5% External Cream)

Imiquimod Pump (3.75% 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 (Oral Capsule Therapy Pack)**

**Ingrezza (Oral Capsule)**

**Inlyta (Oral Tablet)**

**Inqovi (Oral Tablet)**

**Inrebic (Oral Capsule)**

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

**Insulin Lispro (Injection 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 (25MG Oral Tablet)**

**Intralipid (Intravenous Emulsion)**

**Intron A (Injection Solution Reconstituted)**

Introvale (Oral Tablet)

**Bold type = Brand name drug**

**Invega Hafyera (Intramuscular Suspension Prefilled Syringe)**

**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)**

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 Dinitrate-Hydralazine (Oral Tablet)

Isosorbide Mononitrate (Oral Tablet Immediate Release)

Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)

Isotretinoin (Oral Capsule)

**Isturisa (Oral Tablet)**

Plain type = Generic drug

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 (Oral Capsule)**

**K**

**KCI in Dextrose-NaCl (Intravenous Solution)**

**KCI-Lactated Ringers-D5W (Intravenous Solution)**

Kaitlib Fe (Oral Tablet Chewable)

**Kalydeco (Oral Packet)**

**Kalydeco (Oral Tablet)**

Kariva (Oral Tablet)

Kelnor 1/35 (Oral Tablet)

Kelnor 1/50 (Oral Tablet)

**Kerendia (Oral Tablet)**

Ketoconazole (External Cream)

Ketoconazole (External Shampoo)

Ketoconazole (Oral Tablet)

Ketorolac Tromethamine (Ophthalmic Solution)

**Kineret (Subcutaneous Solution Prefilled Syringe)**

**Kinrix (Intramuscular Suspension Prefilled Syringe)**

**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)

Lacosamide (Oral Solution)

Lacosamide (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)

Latanoprost (Ophthalmic Solution)

**Latuda (Oral Tablet)**

**Layolis Fe (Oral Tablet Chewable)**

Leena (Oral Tablet)

Leflunomide (Oral Tablet)

Lenalidomide (Oral Capsule)

**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)

Levalbuterol Tartrate (Inhalation Aerosol)

**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)

**Bold type = Brand name drug**

Plain type = Generic drug

Lidocaine Viscous (2% Mouth/Throat Solution)	<b>Lumigan (Ophthalmic Solution)</b>
Lidocaine-Prilocaine (External Cream)	<b>Lupron Depot (1-Month) (Intramuscular Kit)</b>
Linezolid (Intravenous Solution)	<b>Lupron Depot (3-Month) (Intramuscular Kit)</b>
Linezolid (Oral Suspension Reconstituted)	<b>Lupron Depot (4-Month) (Intramuscular Kit)</b>
Linezolid (Oral Tablet)	<b>Lupron Depot (6-Month) (Intramuscular Kit)</b>
<b>Linzess (Oral Capsule)</b>	Lutera (Oral Tablet)
Liothyronine Sodium (Oral Tablet)	<b>Lybalvi (Oral Tablet)</b>
Lisinopril (Oral Tablet)	Lyleq (Oral Tablet)
Lisinopril-Hydrochlorothiazide (Oral Tablet)	<b>Lynparza (Oral Tablet)</b>
Lithium Carbonate (Oral Capsule)	<b>Lysodren (Oral Tablet)</b>
Lithium Carbonate (Oral Tablet Immediate Release)	<b>Lyumjev (Injection Solution)</b>
Lithium Carbonate ER (Oral Tablet Extended Release)	<b>Lyumjev KwikPen (Subcutaneous Solution Pen-Injector)</b>
<b>Lithostat (Oral Tablet)</b>	Lyza (Oral Tablet)
<b>Livalo (Oral Tablet)</b>	<b>M</b>
<b>Lokelma (Oral Packet)</b>	<b>M-M-R II (Injection Solution Reconstituted)</b>
<b>Lonhala Magnair (Inhalation Solution)</b>	Magnesium Sulfate (50% (10ML Syringe) Injection Solution)
<b>Lonsurf (Oral Tablet)</b>	<b>Magnesium Sulfate (50% Injection Solution)</b>
Loperamide HCl (Oral Capsule)	Malathion (External Lotion)
Lopinavir-Ritonavir (Oral Solution)	Maraviroc (Oral Tablet)
Lopinavir-Ritonavir (Oral Tablet)	Marlissa (Oral Tablet)
Lorazepam (Oral Tablet)	<b>Marplan (Oral Tablet)</b>
Lorazepam Intensol (Oral Concentrate)	<b>Matulane (Oral Capsule)</b>
<b>Lorbrena (Oral Tablet)</b>	Matzim LA (Oral Tablet Extended Release 24 Hour)
Loryna (Oral Tablet)	<b>Mavyret (Oral Packet)</b>
Losartan Potassium (Oral Tablet)	<b>Mavyret (Oral Tablet)</b>
Losartan Potassium-HCTZ (Oral Tablet)	<b>Mayzent (Oral Tablet)</b>
<b>Lotemax (Ophthalmic Gel)</b>	<b>Mayzent Starter Pack (12 x 0.25MG Oral Tablet Therapy Pack)</b>
<b>Lotemax (Ophthalmic Ointment)</b>	<b>Mayzent Starter Pack (7 x 0.25MG Oral Tablet Therapy Pack)</b>
<b>Lotemax (Ophthalmic Suspension)</b>	Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet)
<b>Lotemax SM (Ophthalmic Gel)</b>	Medroxyprogesterone Acetate (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)
Loteprednol Etabonate (Ophthalmic Gel)	Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension Prefilled Syringe)
Loteprednol Etabonate (Ophthalmic Suspension)	Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension)
Lovastatin (Oral Tablet)	
Low-Ogestrel (Oral Tablet)	
Loxapine Succinate (Oral Capsule)	
Lubiprostone (Oral Capsule)	
<b>Lumakras (Oral Tablet)</b>	

Mefloquine HCl (Oral Tablet)	Methimazole (Oral Tablet)
Megestrol Acetate (40MG/ML Oral Suspension)	Methocarbamol (Oral Tablet)
Megestrol Acetate (625MG/5ML Oral Suspension)	Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)
Megestrol Acetate (Oral Tablet)	Methotrexate Sodium (50MG/2ML Injection Solution)
<b>Mekinist (Oral Tablet)</b>	Methotrexate Sodium (Oral Tablet)
<b>Mektovi (Oral Tablet)</b>	Methoxsalen Rapid (Oral Capsule)
Meloxicam (Oral Tablet)	Methscopolamine Bromide (Oral Tablet)
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	Methylphenidate HCl (Oral Solution)
Memantine HCl (2MG/ML Oral Solution)	Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)
<b>Memantine HCl Titration Pak (Oral Tablet)</b>	Methylprednisolone (Oral Tablet Therapy Pack)
<b>MenQuadfi (Intramuscular Solution)</b>	Methylprednisolone (Oral Tablet)
<b>Menactra (Intramuscular Solution)</b>	Metoclopramide HCl (5MG/5ML Oral Solution)
Menest (Oral Tablet)	Metoclopramide HCl (Oral Tablet)
<b>Mentax (External Cream)</b>	Metolazone (Oral Tablet)
<b>Menveo (Intramuscular Solution Reconstituted)</b>	Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)
Mercaptopurine (Oral Tablet)	Metoprolol Tartrate (Oral Tablet)
Meropenem (Intravenous Solution Reconstituted)	Metoprolol-Hydrochlorothiazide (Oral Tablet)
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	Metronidazole (0.75% External Cream)
Mesalamine (Rectal Enema)	Metronidazole (0.75% External Gel, 1% External Gel)
Mesalamine (Rectal Suppository)	Metronidazole (0.75% External Lotion)
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	Metronidazole (0.75% Vaginal Gel)
<b>Mesnex (Oral Tablet)</b>	Metronidazole (250MG Oral Tablet, 500MG Oral Tablet)
Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release)	Metronidazole (500MG/100ML Intravenous Solution)
Metformin HCl (Oral Solution)	Metyrosine (Oral Capsule)
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	Mexiletine HCl (Oral Capsule)
Methadone HCl (Oral Solution)	Micafungin Sodium (Intravenous Solution Reconstituted)
Methadone HCl (Oral Tablet)	Miconazole 3 (Vaginal Suppository)
Methazolamide (Oral Tablet)	Microgestin 1.5/30 (Oral Tablet)
Methenamine Hippurate (Oral Tablet)	Microgestin 1/20 (Oral Tablet)

**Bold type = Brand name drug**

Plain type = Generic drug



Microgestin 24 Fe (Oral Tablet)	Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)
Microgestin Fe 1.5/30 (Oral Tablet)	Moxifloxacin HCl (Oral Tablet)
Microgestin Fe 1/20 (Oral Tablet)	Moxifloxacin HCl in NaCl (Intravenous Solution)
Midodrine HCl (Oral Tablet)	<b>Multaq (Oral Tablet)</b>
Migergot (Rectal Suppository)	Mupirocin (External Ointment)
Miglitol (Oral Tablet)	Mupirocin Calcium (External Cream)
Miglustat (Oral Capsule)	<b>Myalept (Subcutaneous Solution Reconstituted)</b>
Mili (Oral Tablet)	Mycophenolate Mofetil (Oral Capsule)
Minocycline HCl (Oral Capsule)	Mycophenolate Mofetil (Oral Suspension Reconstituted)
Minocycline HCl (Oral Tablet Immediate Release)	Mycophenolate Mofetil (Oral Tablet)
Minoxidil (Oral Tablet)	Mycophenolate Sodium (Oral Tablet Delayed Release)
Mirtazapine (Oral Tablet)	Myorisan (Oral Capsule)
Mirtazapine ODT (Oral Tablet Dispersible)	<b>Myrbetriq (Oral Suspension Reconstituted ER)</b>
<b>Mirvaso (External Gel)</b>	<b>Myrbetriq (Oral Tablet Extended Release 24 Hour)</b>
Misoprostol (Oral Tablet)	
Modafinil (Oral Tablet)	<b>N</b>
Moexipril HCl (Oral Tablet)	Nabumetone (Oral Tablet)
Molindone HCl (Oral Tablet)	Nadolol (Oral Tablet)
Mometasone Furoate (External Cream)	Nafcillin Sodium (10GM Intravenous Solution Reconstituted)
Mometasone Furoate (External Ointment)	Nafcillin Sodium (Injection Solution Reconstituted)
Mometasone Furoate (External Solution)	Naftifine HCl (External Cream)
Mometasone Furoate (Nasal Suspension)	<b>Naftin (2% External Gel)</b>
Montelukast Sodium (Oral Packet)	Naloxone HCl (0.4MG/ML Injection Solution)
Montelukast Sodium (Oral Tablet Chewable)	Naloxone HCl (Injection Solution Cartridge)
Montelukast Sodium (Oral Tablet)	Naloxone HCl (Injection Solution Prefilled Syringe)
Morphine Sulfate (10MG/5ML Oral Solution)	Naloxone HCl (Nasal Liquid)
<b>Morphine Sulfate (20MG/5ML Oral Solution)</b>	Naltrexone HCl (Oral Tablet)
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	<b>Namzaric (Oral Capsule ER 24 Hour Therapy Pack)</b>
Morphine Sulfate (Oral Tablet Immediate Release)	<b>Namzaric (Oral Capsule Extended Release 24 Hour)</b>
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	Naproxen (Oral Suspension)
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	Naproxen (Oral Tablet Immediate Release)
<b>Motegrity (Oral Tablet)</b>	Naproxen DR (Oral Tablet Delayed Release)
<b>Movantik (Oral Tablet)</b>	

(Generic EC-Naprosyn)

Naratriptan HCl (Oral Tablet)

**Narcan (Nasal Liquid)**

**Natacyn (Ophthalmic Suspension)**

Nateglinide (Oral Tablet)

**Natpara (Subcutaneous Cartridge)**

**Nayzilam (Nasal Solution)**

Nebivolol HCl (Oral Tablet)

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)**

Neuac (External Gel)

**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)

Niacin (Antihyperlipidemic) (Oral Tablet Immediate Release)

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 Macrochantin)

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)

**Bold type = Brand name drug**

Plain type = Generic drug

Nortrel 1/35 (28) (Oral Tablet)	Ofloxacin (Otic Solution)
Nortrel 7/7/7 (Oral Tablet)	Olanzapine (10MG Intramuscular Solution Reconstituted)
Nortriptyline HCl (Oral Capsule)	Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)
Nortriptyline HCl (Oral Solution)	Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)
<b>Norvir (Oral Packet)</b>	Olmesartan Medoxomil (Oral Tablet)
<b>Norvir (Oral Solution)</b>	Olmesartan Medoxomil-HCTZ (Oral Tablet)
<b>Noxafil (Oral Suspension)</b>	Olmesartan-Amlodipine-HCTZ (Oral Tablet)
<b>Nubeqa (Oral Tablet)</b>	Olopatadine HCl (Ophthalmic Solution)
<b>Nucala (100MG/ML Subcutaneous Solution Prefilled Syringe)</b>	Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)
<b>Nucala (Subcutaneous Solution Auto-Injector)</b>	Omeprazole (10MG Oral Capsule Delayed Release)
<b>Nucala (Subcutaneous Solution Reconstituted)</b>	Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)
<b>Nuedexta (Oral Capsule)</b>	Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet)
<b>Nuplazid (Oral Capsule)</b>	Ondansetron HCl (Oral Solution)
<b>Nuplazid (Oral Tablet)</b>	Ondansetron ODT (Oral Tablet Dispersible)
<b>Nurtec ODT (Oral Tablet Dispersible)</b>	<b>Onureg (Oral Tablet)</b>
<b>Nutrilipid (Intravenous Emulsion)</b>	<b>Opsumit (Oral Tablet)</b>
Nyamyc (External Powder)	<b>Orencia (Subcutaneous Solution Prefilled Syringe)</b>
Nylia 1/35 (Oral Tablet)	<b>Orencia ClickJect (Subcutaneous Solution Auto-Injector)</b>
Nylia 7/7/7 (Oral Tablet)	<b>Orenitram (0.125MG Oral Tablet Extended Release)</b>
<b>Nymalize (Oral Solution)</b>	<b>Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)</b>
Nymyo (Oral Tablet)	<b>Orfadin (20MG Oral Capsule)</b>
Nystatin (External Cream)	<b>Orfadin (Oral Suspension)</b>
Nystatin (External Ointment)	<b>Orgovyx (Oral Tablet)</b>
Nystatin (External Powder)	<b>Orkambi (Oral Packet)</b>
Nystatin (Mouth/Throat Suspension)	<b>Orkambi (Oral Tablet)</b>
Nystatin (Oral Tablet)	Oseltamivir Phosphate (Oral Capsule)
Nystop (External Powder)	Oseltamivir Phosphate (Oral Suspension)
<b>O</b>	
<b>Ocaliva (Oral Tablet)</b>	
Ocella (Oral Tablet)	
<b>Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)</b>	
Octreotide Acetate (Injection Solution)	
<b>Odefsey (Oral Tablet)</b>	
<b>Odomzo (Oral Capsule)</b>	
<b>Ofev (Oral Capsule)</b>	
Ofloxacin (Ophthalmic Solution)	
Ofloxacin (Oral Tablet)	



Reconstituted)	Solution) (Generic NuLYTELY)
<b>Osphena (Oral Tablet)</b>	Pacerone (200MG Oral Tablet)
<b>Otezla (Oral Tablet Therapy Pack)</b>	Paliperidone ER (Oral Tablet Extended Release 24 Hour)
<b>Otezla (Oral Tablet)</b>	<b>Panretin (External Gel)</b>
Oxacillin Sodium (Injection Solution Reconstituted)	Pantoprazole Sodium (Oral Tablet Delayed Release)
Oxacillin Sodium (Intravenous Solution Reconstituted)	<b>Panzyla (Intravenous Solution)</b>
<b>Oxacillin Sodium in Dextrose (Intravenous Solution)</b>	Paricalcitol (Oral Capsule)
Oxandrolone (10MG Oral Tablet)	Paromomycin Sulfate (Oral Capsule)
Oxandrolone (2.5MG Oral Tablet)	Paroxetine HCl (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 40MG Oral Tablet Immediate Release)
Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet)	Paroxetine HCl (10MG/5ML Oral Suspension)
Oxcarbazepine (300MG/5ML Oral Suspension)	Paser (Oral Packet)
Oxybutynin Chloride (Oral Syrup)	<b>Pediarix (Intramuscular Suspension Prefilled Syringe)</b>
Oxybutynin Chloride (Oral Tablet Immediate Release)	<b>Pedvax HIB (Intramuscular Suspension)</b>
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	<b>Pegasys (Subcutaneous Solution Prefilled Syringe)</b>
Oxycodone HCl (100MG/5ML Oral Concentrate)	<b>Pegasys (Subcutaneous Solution)</b>
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)	<b>Pemazyre (Oral Tablet)</b>
Oxycodone HCl (5MG/5ML Oral Solution)	Penicillamine (250MG Oral Capsule)
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	Penicillamine (250MG Oral Tablet)
<b>Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (2MG/1.5ML Subcutaneous Solution Pen-Injector)</b>	Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)
<b>Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)</b>	Penicillin G Procaine (Intramuscular Suspension)
<b>Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)</b>	Penicillin G Sodium (Injection Solution Reconstituted)
<b>P</b>	Penicillin V Potassium (Oral Solution Reconstituted)
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	Penicillin V Potassium (Oral Tablet)
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral	<b>Pentacel (Intramuscular Suspension Reconstituted)</b>
	Pentamidine Isethionate (Inhalation Solution Reconstituted)
	Pentamidine Isethionate (Injection Solution Reconstituted)
	<b>Pentasa (250MG Oral Capsule Extended Release)</b>

**Bold type = Brand name drug**

Plain type = Generic drug

Pentoxifylline ER (Oral Tablet Extended Release)	Podofilox (External Solution)
<b>Perforomist (Inhalation Nebulization Solution)</b>	Polymyxin B Sulfate (Injection Solution Reconstituted)
Perindopril Erbumine (Oral Tablet)	Polymyxin B-Trimethoprim (Ophthalmic Solution)
Periogard (Mouth Solution)	<b>Pomalyst (Oral Capsule)</b>
Permethrin (External Cream)	Portia-28 (Oral Tablet)
Perphenazine (Oral Tablet)	Posaconazole (Oral Tablet Delayed Release)
<b>Perseris (Subcutaneous Prefilled Syringe)</b>	Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 2MEQ/ML (30ML) Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution, 40MEQ/100ML Intravenous Solution)
Phenelzine Sulfate (Oral Tablet)	Potassium Chloride (20MEQ/15ML(10%) Oral Solution, 40MEQ/15ML(20%) Oral Solution)
Phenobarbital (Oral Elixir)	Potassium Chloride (Oral Packet)
Phenobarbital (Oral Tablet)	Potassium Chloride CR (Oral Tablet Extended Release)
Phenoxybenzamine HCl (Oral Capsule)	Potassium Chloride ER (Oral Capsule Extended Release)
Phenytek (Oral Capsule)	Potassium Chloride ER (Oral Tablet Extended Release)
Phenytoin (125MG/5ML Oral Suspension)	<b>Potassium Chloride in Dextrose (Intravenous Solution)</b>
Phenytoin (Oral Tablet Chewable)	Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution)
Phenytoin Sodium Extended (Oral Capsule)	<b>Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)</b>
<b>Phoslyra (Oral Solution)</b>	Potassium Citrate ER (Oral Tablet Extended Release)
<b>Pifeltro (Oral Tablet)</b>	<b>Praluent (Subcutaneous Solution Auto-Injector)</b>
Pilocarpine HCl (Ophthalmic Solution)	Pramipexole Dihydrochloride (Oral Tablet Immediate Release)
Pilocarpine HCl (Oral Tablet)	Prasugrel HCl (Oral Tablet)
Pimecrolimus (External Cream)	Pravastatin Sodium (Oral Tablet)
Pimozide (Oral Tablet)	Praziquantel (Oral Tablet)
Pimtrea (Oral Tablet)	Prazosin HCl (Oral Capsule)
Pindolol (Oral Tablet)	<b>PreHevbrio (Intramuscular Suspension)</b>
Pioglitazone HCl (Oral Tablet)	<b>Pred Mild (Ophthalmic Suspension)</b>
Pioglitazone HCl-Glimepiride (Oral Tablet)	<b>Pred-G (Ophthalmic Suspension)</b>
Pioglitazone HCl-Metformin HCl (Oral Tablet)	<b>Pred-G S.O.P. (Ophthalmic Ointment)</b>
Piperacillin-Tazobactam (Intravenous Solution Reconstituted)	
<b>Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)</b>	
<b>Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)</b>	
<b>Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)</b>	
Pirfenidone (Oral Tablet)	
Pirmella 1/35 (Oral Tablet)	
Piroxicam (Oral Capsule)	
<b>Plasma-Lyte 148 (Intravenous Solution)</b>	
<b>Plasma-Lyte A (Intravenous Solution)</b>	
Plenamine (Intravenous Solution)	

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)

**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)**

**Bold type = Brand name drug**

Probenecid (Oral Tablet)

Probenecid-Colchicine (Oral Tablet)

**Procalamine (3% 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 (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)

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)**

Plain type = Generic drug

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**Purixan (Oral Suspension)**

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Pyrazinamide (Oral Tablet)

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Pyridostigmine Bromide (60MG Oral Tablet Immediate Release)

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Pyridostigmine Bromide (Oral Solution)

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Pyridostigmine Bromide ER (Oral Tablet Extended Release)

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Pyrimethamine (Oral Tablet)

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**Q**

**Qinlock (Oral Tablet)**

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**Quadracel (Intramuscular Suspension)**

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Quetiapine Fumarate (Oral Tablet Immediate Release)

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Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)

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Quinapril HCl (Oral Tablet)

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Quinapril-Hydrochlorothiazide (Oral Tablet)

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Quinidine Gluconate ER (Oral Tablet Extended Release)

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Quinidine Sulfate (Oral Tablet)

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Quinine Sulfate (Oral Capsule)

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**R**

**RAVICTI (Oral Liquid)**

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**RabAvert (Intramuscular Suspension Reconstituted)**

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Rabeprazole Sodium (Oral Tablet Delayed Release)

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Raloxifene HCl (Oral Tablet)

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Ramelteon (Oral Tablet)

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Ramipril (Oral Capsule)

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Ranolazine ER (Oral Tablet Extended Release 12 Hour)

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Rasagiline Mesylate (Oral Tablet)

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**Rasuvo (Subcutaneous Solution Auto-Injector)**

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**Rayaldee (Oral Capsule Extended Release)**

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**Rebif (Subcutaneous Solution Prefilled Syringe)**

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**Rebif Rebidose (Subcutaneous Solution Auto-Injector)**

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**Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)**

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**Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)**

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Reclipsen (Oral Tablet)

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**Recombivax HB (Injection Suspension)**

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**Rectiv (Rectal Ointment)**

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**Regranex (External Gel)**

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**Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)**

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**Relistor (Oral Tablet)**

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**Relistor (Subcutaneous Solution)**

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Repaglinide (Oral Tablet)

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**Repatha (Subcutaneous Solution Prefilled Syringe)**

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**Repatha Pushtronex System (Subcutaneous Solution Cartridge)**

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**Repatha SureClick (Subcutaneous Solution Auto-Injector)**

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**Restasis MultiDose (Ophthalmic Emulsion)**

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**Restasis Single-Use Vials (Ophthalmic Emulsion)**

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**Retacrit (Injection Solution)**

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**Retevmo (Oral Capsule)**

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**Revcovi (Intramuscular Solution)**

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**Revlimid (Oral Capsule)**

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**Rexulti (Oral Tablet)**

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**Reyataz (Oral Packet)**

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**Rhopressa (Ophthalmic Solution)**

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Ribavirin (Oral Tablet)

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**Ridaura (Oral Capsule)**

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Rifabutin (Oral Capsule)

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

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Rifampin (600MG Intravenous Solution Reconstituted)

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Riluzole (Oral Tablet)

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Rimantadine HCl (Oral Tablet)

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**Rinvoq (Oral Tablet Extended Release 24 Hour)**

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Risedronate Sodium (Oral Tablet Immediate Release)

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**Risperdal Consta (12.5MG Intramuscular**

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**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 (200MG Oral Tablet)

Rufinamide (400MG Oral Tablet)

Rufinamide (Oral Suspension)

**Rukobia (Oral Tablet Extended Release 12 Hour)**

**Rybelsus (Oral Tablet)**

**Rydapt (Oral Capsule)**

**Rytary (Oral Capsule Extended Release)**

**Bold type = Brand name drug**

**S**

SPS (Oral Suspension)

**SSD (External Cream)**

Sajazir (Subcutaneous Solution)

**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)**

**Scemblix (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 (25MG Oral Tablet)**

**Selzentry (75MG 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)**

Plain type = Generic drug



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**Simponi (Subcutaneous Solution Auto-Injector)**

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**Simponi (Subcutaneous Solution Prefilled Syringe)**

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Simvastatin (Oral Tablet)

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Sirolimus (Oral Solution)

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Sirolimus (Oral Tablet)

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**Sirturo (Oral Tablet)**

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**Skyrizi (150MG Dose) (Subcutaneous Prefilled Syringe Kit)**

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**Skyrizi (Subcutaneous Solution Prefilled Syringe)**

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**Skyrizi Pen (Subcutaneous Solution Auto-Injector)**

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Sodium Chloride (0.45% Intravenous Solution)

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Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution)

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**Sodium Chloride (5% Intravenous Solution)**

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**Sodium Chloride (Irrigation Solution)**

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Sodium Fluoride (Oral Tablet)

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Sodium Phenylbutyrate (Oral Powder)

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Sodium Phenylbutyrate (Oral Tablet)

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Sodium Polystyrene Sulfonate (Oral Powder)

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Sofosbuvir-Velpatasvir (Oral Tablet)

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Solifenacin Succinate (Oral Tablet)

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**Soliqua (Subcutaneous Solution Pen-Injector)**

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**Soltamox (Oral Solution)**

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**Somavert (Subcutaneous Solution Reconstituted)**

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Sorafenib Tosylate (Oral Tablet)

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Sorine (Oral Tablet)

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Sotalol HCl (Oral Tablet)

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Sotalol HCl AF (Oral Tablet)

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**Sovaldi (400MG Oral Tablet)**

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**Sovaldi (Oral Packet)**

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**Spiriva HandiHaler (Inhalation Capsule)**

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**Spiriva Respimat (Inhalation Aerosol Solution)**

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Spironolactone (Oral Tablet)

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Spironolactone-HCTZ (Oral Tablet)

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Sprintec 28 (Oral Tablet)

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**Spritam ODT (Oral Tablet Disintegrating Soluble)**

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**Sprycel (Oral Tablet)**

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Sronyx (Oral Tablet)

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**Stelara (Subcutaneous Solution Prefilled Syringe)**

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**Stelara (Subcutaneous Solution)**

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**Stiolto Respimat (Inhalation Aerosol Solution)**

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**Stivarga (Oral Tablet)**

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Streptomycin Sulfate (Intramuscular Solution Reconstituted)

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**Stribild (Oral Tablet)**

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**Suboxone (Sublingual Film)**

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**Sucraid (Oral Solution)**

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Sucrafate (Oral Suspension)

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Sucrafate (Oral Tablet)

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Sulfacetamide Sodium (Ophthalmic Ointment)

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Sulfacetamide Sodium (Ophthalmic Solution)

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Sulfacetamide-Prednisolone (Ophthalmic Solution)

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Sulfadiazine (Oral Tablet)

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Sulfamethoxazole-Trimethoprim (Oral Suspension)

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Sulfamethoxazole-Trimethoprim (Oral Tablet)

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**Sulfamylon (External Cream)**

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Sulfasalazine (Oral Tablet Delayed Release)

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Sulfasalazine (Oral Tablet Immediate Release)

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Sulindac (Oral Tablet)

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Sumatriptan (Nasal Solution)

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Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)

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Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector)

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Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)

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Sunitinib Malate (Oral Capsule)

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**Suprax (500MG/5ML Oral Suspension Reconstituted)**

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Suprax (Oral Tablet Chewable)

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**Suprep Bowel Prep Kit (Oral Solution)**

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Syeda (Oral Tablet)

**Symbicort (Inhalation Aerosol)**

**SymlinPen 120 (Subcutaneous Solution Pen-Injector)**

**SymlinPen 60 (Subcutaneous Solution Pen-Injector)**

**Sympazan (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) (Generic Adcirca)

**Tafinlar (Oral Capsule)**

**Tagrisso (Oral Tablet)**

**Talzenna (Oral Capsule)**

Tamoxifen Citrate (Oral Tablet)

Tamsulosin HCl (Oral Capsule)

Tarina 24 Fe (Oral Tablet)

Tarina Fe 1/20 EQ (Oral Tablet)

**Tasigna (Oral Capsule)**

Tazarotene (External Cream)

Tazicef (2GM Intravenous Solution Reconstituted, 6GM Intravenous Solution Reconstituted)

Tazicef (Injection Solution Reconstituted)

Taztia XT (Oral Capsule Extended Release 24 Hour)

**Tazverik (Oral Tablet)**

**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)

**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 (12.5MG Oral Tablet)

Tetrabenazine (25MG Oral Tablet)

Tetracycline HCl (Oral Capsule)

**Thalomid (Oral Capsule)**

Theophylline (Oral Solution)

Theophylline ER (Oral Tablet Extended Release 12 Hour)

Theophylline ER (Oral Tablet Extended Release 24 Hour)

Thioridazine HCl (Oral Tablet)

Thiothixene (Oral Capsule)

Tiadyt ER (Oral Capsule Extended Release 24 Hour)

**Bold type = Brand name drug**

Plain type = Generic drug

Tiagabine HCl (Oral Tablet)	Release)
<b>Tibsovo (Oral Tablet)</b>	Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)
<b>Ticovac (2.4MCG/0.5ML Intramuscular Suspension Prefilled Syringe)</b>	Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)
Tigecycline (Intravenous Solution Reconstituted)	Tramadol-Acetaminophen (Oral Tablet)
Tilia Fe (Oral Tablet)	Trandolapril (Oral Tablet)
Timolol Maleate (Ophthalmic Solution) (Generic Timoptic)	Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)
Timolol Maleate (Oral Tablet)	Tranexamic Acid (Oral Tablet)
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	Tranylcypromine Sulfate (Oral Tablet)
Tinidazole (Oral Tablet)	<b>Travasol (Intravenous Solution)</b>
<b>Tivicay (10MG Oral Tablet, 25MG Oral Tablet)</b>	Travoprost (BAK Free) (Ophthalmic Solution)
<b>Tivicay (50MG Oral Tablet)</b>	Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)
<b>Tivicay PD (Oral Tablet Soluble)</b>	Trazodone HCl (300MG Oral Tablet)
Tizanidine HCl (Oral Tablet)	<b>Trecator (Oral Tablet)</b>
<b>TobraDex (Ophthalmic Ointment)</b>	<b>Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)</b>
<b>TobraDex ST (Ophthalmic Suspension)</b>	<b>Trelstar Mixject (Intramuscular Suspension Reconstituted)</b>
Tobramycin (Inhalation Nebulization Solution)	<b>Tresiba (Subcutaneous Solution)</b>
Tobramycin (Ophthalmic Solution)	<b>Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)</b>
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	Tretinoin (0.01% External Gel, 0.025% External Gel)
Tobramycin-Dexamethasone (Ophthalmic Suspension)	Tretinoin (External Cream)
<b>Tobrex (Ophthalmic Ointment)</b>	Tretinoin (Oral Capsule)
Tolcapone (Oral Tablet)	Tretinoin Microsphere (External Gel)
Tolterodine Tartrate (Oral Tablet)	Trexall (Oral Tablet)
Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	Tri-Estarylla (Oral Tablet)
Topiramate (Oral Capsule Sprinkle Immediate Release)	Tri-Legest Fe (Oral Tablet)
Topiramate (Oral Tablet)	Tri-Lo-Estarylla (Oral Tablet)
Toremifene Citrate (Oral Tablet)	Tri-Lo-Sprintec (Oral Tablet)
Torseamide (Oral Tablet)	Tri-Mili (Oral Tablet)
<b>Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)</b>	Tri-Nymyo (Oral Tablet)
<b>Toujeo SoloStar (Subcutaneous Solution Pen-Injector)</b>	Tri-Sprintec (Oral Tablet)
<b>Tracleer (Oral Tablet Soluble)</b>	Tri-VyLibra (Oral Tablet)
<b>Tradjenta (Oral Tablet)</b>	Tri-VyLibra Lo (Oral Tablet)
Tramadol HCl (50MG Oral Tablet Immediate	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)**

**Triumeq PD (Oral Tablet Soluble)**

Trivora (28) (Oral Tablet)

**Trizivir (Oral Tablet)**

**TrophAmine (Intravenous Solution)**

Trospium Chloride (Oral Tablet)

**Trulance (Oral Tablet)**

**Trulicity (Subcutaneous Solution Pen-Injector)**

**Trumenba (Intramuscular Suspension Prefilled Syringe)**

**Truseltiq (100MG Daily Dose) (Oral Capsule Therapy Pack)**

**Truseltiq (125MG Daily Dose) (Oral Capsule Therapy Pack)**

**Truseltiq (50MG Daily Dose) (Oral Capsule Therapy Pack)**

**Truseltiq (75MG Daily Dose) (Oral Capsule Therapy Pack)**

Tukysa (Oral Tablet)

Turalio (Oral Capsule)

**Twinrix (Intramuscular Suspension Prefilled Syringe)**

**Bold type = Brand name drug**

**Tybost (Oral Tablet)**

**Tymlos (Subcutaneous Solution Pen-Injector)**

**Typhim Vi (Intramuscular Solution Prefilled Syringe)**

**Typhim Vi (Intramuscular Solution)**

**U**

**Unithroid (Oral Tablet)**

Ursodiol (300MG 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 10MG Dose (Nasal Liquid)**

**Valtoco 15MG Dose (Nasal Liquid Therapy Pack)**

**Valtoco 20MG Dose (Nasal Liquid Therapy Pack)**

**Valtoco 5MG Dose (Nasal Liquid)**

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

Vancomycin HCl (Oral Capsule)

**Vandazole (Vaginal Gel)**

Varenicline Tartrate (Oral Tablet Pack)

Varenicline Tartrate (Oral Tablet)

**Varivax (Subcutaneous Injectable)**

**Vascepa (Oral Capsule)**

Velivet (Oral Tablet)

**Velporo (Oral Tablet Chewable)**

**Veltassa (Oral Packet)**

Plain type = Generic drug

<b>Vemlidy (Oral Tablet)</b>	<b>Vitrakvi (Oral Capsule)</b>
<b>Venclexta (100MG Oral Tablet, 50MG Oral Tablet)</b>	<b>Vitrakvi (Oral Solution)</b>
<b>Venclexta (10MG Oral Tablet)</b>	<b>Vivitrol (Intramuscular Suspension Reconstituted)</b>
<b>Venclexta Starting Pack (Oral Tablet Therapy Pack)</b>	<b>Vizimpro (Oral Tablet)</b>
Venlafaxine HCl (Oral Tablet Immediate Release)	<b>Vonjo (Oral Capsule)</b>
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	Voriconazole (Intravenous Solution Reconstituted)
<b>Ventavis (Inhalation Solution)</b>	Voriconazole (Oral Suspension Reconstituted)
Verapamil HCl (Oral Tablet Immediate Release)	Voriconazole (Oral Tablet)
<b>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)</b>	<b>Vosevi (Oral Tablet)</b>
Verapamil HCl ER (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour)	<b>Votrient (Oral Tablet)</b>
Verapamil HCl ER (Oral Tablet Extended Release)	<b>Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)</b>
<b>Versacloz (Oral Suspension)</b>	<b>Vraylar (Oral Capsule Therapy Pack)</b>
<b>Verzenio (Oral Tablet)</b>	<b>Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)</b>
Vestura (Oral Tablet)	VyLibra (Oral Tablet)
<b>Vibramycin (50MG/5ML Oral Syrup)</b>	Vyfemla (Oral Tablet)
<b>Victoza (Subcutaneous Solution Pen-Injector)</b>	<b>Vyndamax (Oral Capsule)</b>
Vienna (Oral Tablet)	<b>Vyndaqel (Oral Capsule)</b>
Vigabatrin (Oral Packet)	<b>Vyvanse (Oral Capsule)</b>
Vigabatrin (Oral Tablet)	<b>Vyvanse (Oral Tablet Chewable)</b>
Vigadrone (Oral Packet)	<b>Vyzulta (Ophthalmic Solution)</b>
<b>Viibryd (Oral Tablet)</b>	<b>W</b>
<b>Viibryd Starter Pack (Oral Kit)</b>	WYMZYA Fe (Oral Tablet Chewable)
Vilazodone HCl (Oral Tablet)	Warfarin Sodium (Oral Tablet)
<b>Vimpat (Oral Solution)</b>	<b>Welireg (Oral Tablet)</b>
<b>Vimpat (Oral Tablet)</b>	Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)
<b>Viracept (Oral Tablet)</b>	<b>X</b>
<b>Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)</b>	<b>Xalkori (Oral Capsule)</b>
<b>Viread (Oral Powder)</b>	<b>Xarelto (Oral Tablet)</b>
	<b>Xarelto Starter Pack (Oral Tablet Therapy Pack)</b>
	<b>Xatmep (Oral Solution)</b>
	<b>Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet)</b>
	<b>Xcopri (14x12.5MG &amp; 14x25MG Oral Tablet Therapy Pack)</b>

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

**Xcopri (250MG Daily Dose) (100MG & 150MG Oral Tablet Therapy Pack)**

**Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)**

**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) (1 x 40MG Oral Tablet Therapy Pack)**

**Xofluza (80MG Dose) (1 x 80MG 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)**

Yuvaferm (Vaginal Tablet)

**Z**

Zafemy (Transdermal Patch Weekly)

Zafirlukast (Oral Tablet)

Zaleplon (Oral Capsule)

**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)**

Zovia 1/35 (28) (Oral Tablet)

**Zydelig (Oral Tablet)**

**Bold type = Brand name drug**

Plain type = Generic drug

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**Zyflo (Oral Tablet Immediate Release)**  
**Zykadia (Oral Tablet)**

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**Zyprexa Relprevv (210MG Intramuscular  
Suspension Reconstituted)**

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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
<b>Amitiza</b>	<b>Linzess</b> Lubiprostone <b>Movantik</b> <b>Motegrity</b> <b>Relistor</b> <b>Trulance</b>
<b>Basaglar</b>	<b>Lantus</b> <b>Levemir</b> <b>Toujeo</b> <b>Tresiba</b>
<b>Bystolic</b>	Atenolol Tablet Bisoprolol Fumarate Metoprolol Tablet Carvedilol Tablet
<b>Cialis &amp; Tadalafil 2.5mg and 5mg (BPH Only)</b>	Alfuzosin Extended Release Doxazosin Tamsulosin
<b>Cyclosporine Ophthalmic</b>	<b>Restasis</b>
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic <b>Glucophage XR</b> )
<b>Novolin</b>	<b>Humulin</b>
<b>Novolog</b>	<b>Humalog</b> <b>Insulin Lispro</b> <b>Lyumjev</b>
<b>Nucynta ER</b>	<b>Xtampza XR</b> Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets
<b>OxyContin</b>	<b>Xtampza XR</b> Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets
<b>Pradaxa</b>	<b>Eliquis</b> <b>Xarelto</b>

Drugs not covered by the plan	Alternative covered drugs
<b>Proventil HFA</b>	Albuterol HFA (Generic <b>Proair/Proventil HFA</b> ) <b>Proair HFA</b> <b>Proair Respiclick</b>
<b>Qvar Redihaler</b>	<b>Arnuity</b> <b>Flovent</b>
Venlafaxine HCL Extended Release Tablet	Venlafaxine HCL Extended Release Capsule
<b>Ventolin HFA</b>	Albuterol HFA (Generic <b>Proair/Proventil HFA</b> ) <b>Proair HFA</b> <b>Proair Respiclick</b>
Zolpidem Tartrate Extended Release	Trazodone 50mg, 100mg, 150mg Tablet Zolpidem Immediate Release <b>Belsomra</b>

**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, 2022, 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

The name of my new plan is: \_\_\_\_\_

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

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 by calling Customer Service.

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 senior community** to enroll in and/or remain enrolled in this plan. If the plan cannot verify my status, I understand that I may not be eligible for this 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.

I have **opted / not opted** to access some plan documents electronically. 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.

## Premium Information

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. I must remain enrolled in Medicare Part A and Part B and must continue to pay my Medicare Part B premium, unless it's paid by the state or a third party. If I owe a Late Enrollment Penalty (LEP), it is not included in my premium. I will need to pay the LEP in addition to my premium each month.

**Select the payment method you will use to pay your monthly premium:**

Direct bill each month  Deduction from my Railroad Retirement check  
 Deduction from my Social Security check  Automatic payment from my bank account



Deductions from your Social Security check may be denied by the Centers for Medicare & Medicaid Services (CMS). If approved, it may take a month or 2 for payments to begin. We'll send you a bill until your Social Security payment is accepted and set up.

## Network Information

With my plan, I can see any provider inside or outside the network nationwide that accepts Medicare. If I get my care from out-of-network providers, I may pay more of the cost.  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)
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## Prescription Drug Coverage

My plan (circle one) **does not have a deductible** / has a \$ \_\_\_\_\_ deductible that applies to drugs in (circle the tier(s)): **Tier 1 / Tier 2 / Tier 3 / Tier 4 / Tier 5 / ALL tiers**

List your medications and any applicable tier levels, drug limits or deductibles below:

Medication	Tier Level <sup>1</sup>	Has Limits <sup>2</sup> (Yes/No)	Deductible (Yes/No)
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### Contact your Licensed Sales Representative

If I have questions about my plan, I will call \_\_\_\_\_ at \_\_\_\_\_ or Customer Service at \_\_\_\_\_.



**United  
Healthcare  
Dual Complete**

<sup>1</sup> 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), and if I have Extra Help. <sup>2</sup> 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

TEAR HERE

Ready to Enroll

# How to Enroll

You can enroll by phone, online, by mail or by 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**, 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 **UHC.com/Medicare** 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 30770  
Salt Lake City, UT 84130-0770



## By fax

Fill out the Enrollment Request Form and fax it to:  
Fax: 1-888-950-1170

## 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

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

TEAR HERE

Ready to Enroll

## Medicare Advantage Plans (Part C) and Cost Plans

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

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

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

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

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

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

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

## Stand-alone Medicare Prescription Drug (Part D) Plan

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

## Other Related Products

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

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

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



## 2023 Enrollment Request Form

UnitedHealthcare Dual Complete® Choice (PPO D-SNP) H0271-044-000 - UO7

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

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

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

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

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

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

Email Address (Optional)

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

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

If yes, what is it?

Name of Other Insurance

Member Number	Group Number	RxBin	RxPCN (Optional)
---------------	--------------	-------	------------------

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

Enrollee Name \_\_\_\_\_  
 Agent Name / ID No. \_\_\_\_\_  
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### How do you want to pay?

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

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

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

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

Account Type  Checking  Savings

Account Holder Name: \_\_\_\_\_

Bank Routing Number \_/\_/\_/\_/\_/\_/\_/\_/\_/\_

Bank Account Number \_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_

### A few questions to help us manage your plan

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

Please check what you'd like:  Spanish  Braille  Other \_\_\_\_\_

If you don't see the language or format you want, please call us toll-free at **1-844-560-4944**, TTY **711** 8 a.m.-8 p.m. local time, 7 days a week. Or visit **UHC.com/Medicare** 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, Workers' 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 aren't limited to this list. You may go to any doctor who accepts Medicare and the plan's payment terms.

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

Provider or PCP Full Name

Provider/PCP Number:

12 empty boxes for entering the 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.)

Are you now seeing or have you recently seen this provider?  Yes  No

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

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

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

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

**Please read and sign**

**By completing this form, I agree to the following:**

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

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

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

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

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

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

**\*NOT A SALES AGENT**

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

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Enrollee Name \_\_\_\_\_  
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**For licensed sales representative/agency use only**

Employer Group Name

Employer Group ID <input type="text"/>	Branch ID <input type="text"/>
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 (Jan 1 - 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 30770  
Salt Lake City, UT 84130-0770  
Fax: 1-888-950-1170

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

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

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

OMB No. 0938-1378

Expires: 7/31/2023

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## Enrollment checklist

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

### Understanding the Benefits

- ✓ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit our plan website or call 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.
- ✓ 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.
- ✓ Review the formulary to make sure your drugs are covered.

### 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.
- ✓ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care.
- ✓ 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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# 2023 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 UCard. This receipt is not a guarantee of enrollment.

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

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### Applicant 1:

Name

Application Date

- -

Proposed Effective Date

- -

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

### Applicant 2 (if applicable):

Name

Application Date

- -

Proposed Effective Date

- -

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

### Call your Licensed Sales Representative if you have any questions:

Licensed Sales Representative Name and ID Number

Licensed Sales Representative Phone No.

□ □ □ - □ □ □ - □ □ □ □ □

RxBIN: 610097

Rx PCN: 9999

RxGRP: MPDCSP

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

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



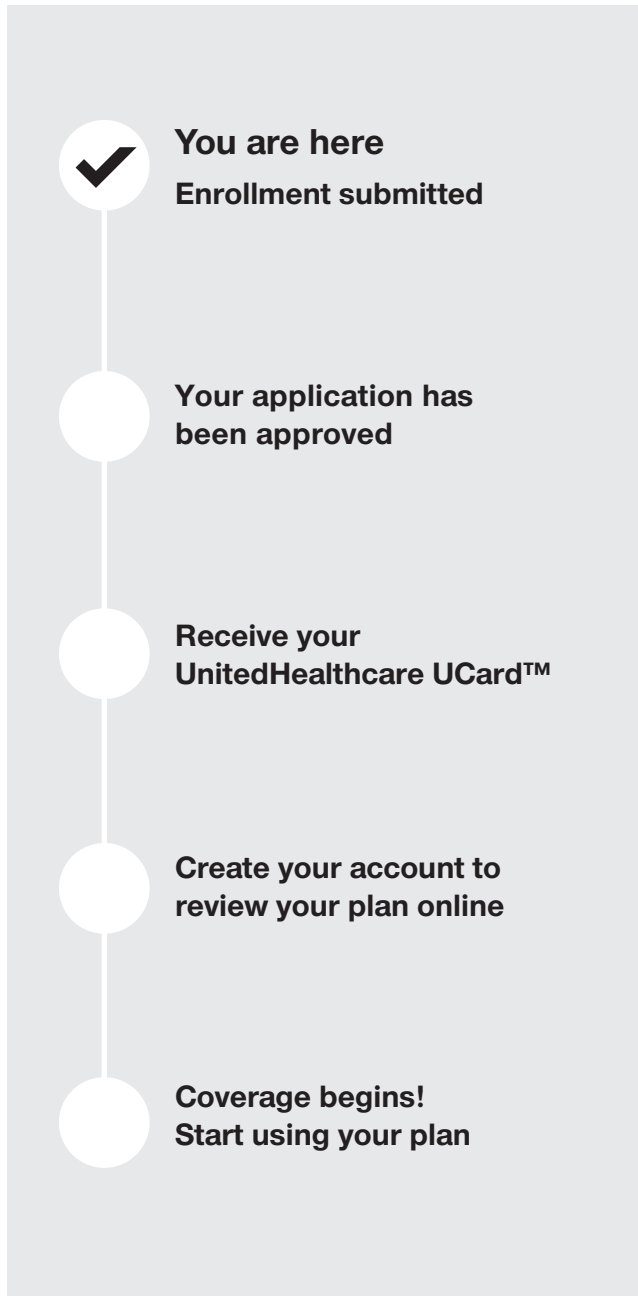
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Ready to Enroll

# Take Advantage of What's Next

Your enrollment application was submitted! We're here for you and will check in to make sure you're getting the most out of your plan. Learn more about what to expect next on this page.



## Manage your plan online

Once you receive your UnitedHealthcare UCard, you can create an account at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan). Online you can:

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



## Once your coverage begins

- Schedule your annual wellness visit
- Access face-to-face care at no additional cost through UnitedHealthcare® At Home
- Get a 3-month supply of your prescriptions using a home delivery pharmacy service



## Thank you for choosing UnitedHealthcare

If you have any questions, you can call the Customer Service number on your UCard.















# Vendor Information

## UnitedHealthcare Dual Complete® Choice (PPO D-SNP)

Take advantage of your additional plan benefits by using the providers below or contacting UnitedHealthcare Customer Service: 1-866-944-4984, 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept.

Benefit Type	Vendor Name	Contact Information
Hearing Aids	UnitedHealthcare Hearing	1-877-704-3384 UHCHearing.com/Medicare
Routine Vision Services	UnitedHealthcare Vision	1-866-944-4984 medicare.myuhcvision.com
Routine Dental Benefits	UnitedHealthcare Dental	1-866-944-4984 myuhc.com/CommunityPlan
Routine Acupuncture and Chiropractic Services	OptumHealth Care Solutions, LLC (Optum®)	1-866-785-1654
Prescription Drug Home Delivery	Optum Home Delivery, a service of OptumRx	1-877-889-6358 OptumRx.com
NurseLine	Nurseline	1-877-440-9407 myuhc.com/CommunityPlan
Transportation	SafeRide	1-866-944-4984 myuhc.com/CommunityPlan
Food, over-the-counter (OTC) and utility bill credit	Solutran	1-833-853-8587 myuhc.com/communityplan/OTC
Personal Emergency Response System	Lifeline	1-855-596-7612 lifeline.com/UHCMedicare
Fitness Program	Renew Active®	1-866-944-4984 UHCRenewActive.com

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**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



**[UHC.com/Medicare](https://UHC.com/Medicare)**