



Take advantage of all your Medicare Advantage plan has to offer

UnitedHealthcare Dual Complete® (HMO-POS D-SNP)

H4590-020-000

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



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. 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.





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

plan



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

Extras

Some plans may include extra benefits not included with Original Medicare

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



Medicare Supplement

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



Medicare Part D plan

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

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

Enroll in a Medicare Advantage Part C Health Maintenance Organization — Point of Service (HMO-POS) plan

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

Your plan does not cover medical care from providers outside our network. However, you have access to see dental providers inside and outside of the network. Check the Evidence of Coverage for information on which dental services the plan covers out-of-network.

If you need to see a network specialist, make sure you get a referral from your primary care provider (PCP) first.

Here's how this HMO-POS plan works



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



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



Select a primary care provider (PCP).

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



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



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

If you see a provider outside the network, you will have to pay the full cost for services yourself, except for covered dental care.



There's an out-of-pocket spending limit for network care 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)	Specified Low-Income Medicare Beneficiary Plus (SLMB Plus)
☐ Medicare deductibles, copays and	☐ Full Medicaid benefits
coinsurance	☐ Medicare deductibles, copays and
☐ Part A premium	coinsurance vary by state
□ Part B premium	☐ Part B premium
Qualified Medicare Beneficiary Plus	Qualified Individual (QI)
(QMB Plus)	☐ Part B premium
 Medicare deductibles, copays and coinsurance 	Qualified Disabled and Working
☐ Full Medicaid benefits	Individual (QDWI)
□ Part A premium	☐ Part A premium
□ Part B premium	Full Benefit Dual Eligible (FBDE)
Specified Low-Income Medicare	☐ Full Medicaid benefits
Beneficiary Only (SLMB Only) □ Part B premium	 Medicare deductibles, copays and coinsurance vary by state
_ : 5 p. 6	☐ Part B premium varies by state

QMBs, SLMBs, and QIs

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

Helpful Resources

You may qualify for Extra Help from Medicare

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

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



NOTES

Plan Information

Benefit Highlights

UnitedHealthcare Dual Complete® (HMO-POS 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.

Monthly plan premium	Up to \$24.60, depending on your
	level of "Extra Help"

Medical benefits

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

	With Medicaid Cost Share Assistance	Without Medicaid Cost Share Assistance	
Annual Medical Deductible	No deductible	\$233	
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	\$0	\$8,300	
Doctor's office visit			
Primary care provider (PCP)	\$0 copay	\$0 copay	
Specialist	\$0 copay (referral needed)	20% coinsurance (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	
Preventive services	\$0 copay	\$0 copay	
Inpatient hospital care	\$0 copay per stay for unlimited days	\$1,556 copay per stay for unlimited days	
Skilled nursing facility (SNF)	\$0 copay per day: days 1-100	\$0 copay per day: for days 1-20 \$194.50 [†] copay per day: days 21-100	

Medical benefits

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

	With Medicaid Cost Share	Without Medicaid Cost Share	
	Assistance	Assistance	
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	\$0 copay	20% coinsurance	
Outpatient mental health			
Group therapy	\$0 copay	20% coinsurance	
Individual therapy	\$0 copay	20% 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	
Diabetes monitoring supplies	\$0 copay	\$0 copay	
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay	20% coinsurance	
Diagnostic tests and procedures (non-radiological)	\$0 copay	20% coinsurance	
Lab services	\$0 copay	\$0 copay	
Outpatient x-rays	\$0 copay	20% coinsurance	
Ambulance	\$0 copay for ground or air	20% coinsurance for ground or air	
Emergency care	\$0 copay (worldwide)	\$90 copay (\$0 copay for emergency care outside the United States) per visit	
Urgently needed services	\$0 copay (worldwide)	\$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

	Your cost
Routine physical	\$0 copay, 1 per year
Routine eye exams	\$0 copay, 1 per year
Routine eyewear	\$0 copay

	Your cost
	Plan pays up to \$600 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).
Dental - preventive (covered in-network and out-of-network)	\$0 copay for exams, cleanings, X-rays, and fluoride*
Dental - comprehensive (covered in-network and out-of-network)	\$0 copay for comprehensive dental services*
Dental - 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
Hearing - routine exam	\$0 copay, 1 per year
Hearing aids	Plan pays up to \$3,600 every year for 2 hearing aids through UnitedHealthcare Hearing.
	Includes hearing aids delivered directly to you with virtual follow-up care (select models).
Fitness program	\$0 copay for Renew Active, which includes a free gym membership, plus online fitness classes, brain health challenges and 1 Fitbit® device.
Routine transportation	\$0 copay; 60 one-way trips per year to or from approved locations.
Personal Emergency Response System	\$0 copay for a personal emergency response system (PERS)
Foot care - routine	\$0 copay, 4 visits per year
Food, over-the-counter (OTC) and utility bill credit	\$150 credit every month to pay for covered groceries, OTC products and certain utility bills
Meal benefit	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.
NurseLine	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
Annual prescription (Part D) deductible	\$0

Prescription drugs

	Your cost
30-day or 100-day supply from retail network pharmacy	
All covered drugs	\$0 copay Some covered drugs limited to a 30-day supply



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

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Explore Your Additional Services

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.

NOTES

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

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 \$600 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 instore 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

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 \$150 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**



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

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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 PremiumTM



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



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



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

NOTES

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 \$3,600 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 **uhchearing.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.

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Summary of Benefits 2023

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

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



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



UHCCommunityPlan.com

United Healthcare **Dual Complete**

Y0066_SB_H4590_020_000_2023_M

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 myuhcadvantage.com 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® (HMO-POS D-SNP) is a Medicare Advantage HMOPOS plan with a Medicare contract.

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

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

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

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

□ Full Benefits Dual Eligible (FBDE): Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

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

Our service area includes these counties in:

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

Use network providers and pharmacies

UnitedHealthcare Dual Complete® (HMO-POS D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. For routine dental services you can use providers that are not in our network. This health plan requires you to select a primary care provider (PCP) from the network. Your PCP can handle most routine health care needs and will be responsible to coordinate your care. If you need to see a network specialist or other network provider, you may need to get a referral from your PCP. We encourage you to find out which specialists and hospitals your primary care provider would recommend for you and would refer you to for care, prior to selecting them as your plan's PCP. If you use 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 **UHCCommunityPlan.com** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

UnitedHealthcare Dual Complete® (HMO-POS D-SNP)

Premiums and Benefits

	In-Network
Monthly Plan Premium	\$24.60
Annual Medical Deductible	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.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	\$8,300 annually for Medicare-covered services you receive from in-network providers.
	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.
	Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.
Medicare Cost Sharing	If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services as noted by the cost sharing in this chart.

UnitedHealthcare Dual Complete® (HMO-POS D-SNP)

		In-Network
Inpatient Hospital Care ^{1,2}		\$0 copay - \$1,556 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient Hospital	Ambulatory Surgical Center (ASC) ^{1,2}	\$0 copay for a diagnostic colonoscopy \$0 copay - 20% coinsurance otherwise
Cost sharing for additional plan covered services will apply.	Outpatient Hospital, including surgery ^{1,2}	\$0 copay for a diagnostic colonoscopy \$0 copay - 20% coinsurance otherwise
	Outpatient Hospital Observation Services ^{1,2}	\$0 copay - 20% coinsurance
Doctor Visits	Primary Care Provider	\$0 copay
	Specialists ^{1,2}	\$0 copay - 20% coinsurance
	Virtual Medical Visits	\$0 copay to talk with a network telehealth provider online through live audio and video
Preventive	Medicare-covered	\$0 copay
Services		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual wellness visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening

		In-Network
		Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 "Welcome to Medicare" preventive visit (one-time)
		Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use innetwork providers.
	Routine physical	\$0 copay, 1 per year
Emergency Care		\$0 copay - \$90 copay (\$0 copay for emergency care outside the United States) per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the "Inpatient Hospital Care" section of this booklet for other costs.
Urgently Needed Services		\$0 copay - \$40 copay (\$0 copay for urgently needed services outside the United States) per visit

		In-Network
Diagnostic Tests, Lab and Radiology Services, and X-	Diagnostic radiology services (e.g. MRI, CT scan) ^{1,2}	\$0 copay for each diagnostic mammogram \$0 copay - 20% coinsurance otherwise
Rays	Lab services ^{1,2}	\$0 copay
	Diagnostic tests and procedures ^{1,2}	\$0 copay - 20% coinsurance
	Therapeutic Radiology ^{1,2}	\$0 copay - 20% coinsurance
	Outpatient x-rays ^{1,2}	\$0 copay - 20% coinsurance
Hearing Services	Exam to diagnose and treat hearing and balance issues ^{1,2}	\$0 copay
	Routine hearing exam	\$0 copay, 1 per year
	Hearing aids ²	Plan pays up to \$3,600 every year for 2 hearing aids through UnitedHealthcare Hearing.
		Includes hearing aids delivered directly to you with virtual follow-up care (select models).
Routine Dental	Preventive	\$0 copay for exams, cleanings, X-rays, and fluoride*
Benefits Covered innetwork and outof-network.	Comprehensive ²	\$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

		In-Network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ^{1,2}	\$0 copay
	Eyewear after cataract surgery ¹	\$0 copay
	Routine eye exam	\$0 copay, 1 per year
	Routine eyewear	\$0 copay Plan pays up to \$600 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).
Mental Health	Inpatient visit ^{1,2}	\$0 copay - \$1,556 copay per stay
		Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit ^{1,2}	\$0 copay - 20% coinsurance
	Outpatient individual therapy visit 1,2	\$0 copay - 20% coinsurance
	Virtual Mental Health Visits	\$0 copay to talk with a network telehealth provider online through live audio and video
Skilled Nursing Facility (SNF) ^{1,2} (Stay must meet Medicare coverage criteria)		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
		Our plan covers up to 100 days in a SNF.

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

Prescription Drugs

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

Additional Benefits

		In-Network
Chiropractic Care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ^{1,2}	\$0 copay - 20% coinsurance
Diabetes Management	Diabetes monitoring supplies ²	\$0 copay
	Diabetes self- management training	\$0 copay
	Therapeutic shoes or inserts ²	\$0 copay - 20% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ²	\$0 copay - 20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ²	\$0 copay - 20% coinsurance
Fitness program		\$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, brain health challenges and 1 Fitbit® device.
Foot Care (podiatry services)	Foot exams and treatment ^{1,2}	\$0 copay - 20% coinsurance
	Routine foot care	\$0 copay, 4 visits per year
Meal Benefit ²		\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.
Home Health Care ^{1,2}		\$0 copay

Additional Benefits

		In-Network
Hospice		You pay nothing for hospice care from any Medicare- approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week.
Opioid Treatment Program Services ²		\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ^{1,2}	\$0 copay - 20% coinsurance
	Outpatient individual therapy visit ^{1,2}	\$0 copay - 20% coinsurance
Food, over-the-counter (OTC) and utility bill credit		\$150 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.
Personal Emergency Response System		\$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.
Renal Dialysis ^{1,2}		\$0 copay - 20% coinsurance

¹ May require a referral from your doctor.

² 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-network to the following Medicare-covered benefit categories, unless otherwise specified:

In-Network
List of applicable services
Outpatient Hospital ☐ Ambulatory Surgical Center (ASC), excluding diagnostic colonoscopy ☐ Outpatient Hospital, including surgery, excluding diagnostic colonoscopy ☐ Outpatient Hospital Observation Services
Doctor Visits ☐ Primary ☐ Specialists
Diagnostic Tests, Lab and Radiology Services, and X-Rays □ Diagnostic radiology services (e.g. MRI), excluding diagnostic mammogram □ Lab services □ Diagnostic tests and procedures □ Therapeutic radiology □ Outpatient X-rays
Hearing Services ☐ Exam to diagnose and treat hearing and balance issues
Vision Services ☐ Exam to diagnose and treat diseases and conditions of the eye ☐ Eyewear after cataract surgery
Mental Health ☐ Outpatient group therapy visit

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

Medicaid Benefits

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

The benefits described below are covered by Medicaid. You can see what Texas Medicaid Health and Human Services Commission covers and what our plan covers.

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 Texas Medicaid Health and Human Services Commission, 1-512-424-6500.

Benefits

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

Benefits

	Medicaid	UnitedHealthcare Dual Complete® (HMO-POS D- SNP)
Diabetes Supplies and Services	Covered	Covered
Durable Medical Equipment	Covered	Covered
Foot Care	Covered	Covered
Home Health Care	Covered	Covered
Hospice	Covered with Limitations	Covered
Outpatient hospital services	Covered	Covered
Renal Dialysis	Covered	Covered
Prosthetic Devices	Covered	Covered

Required Information

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

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

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

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

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

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

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

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

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

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within 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.

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

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

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

NOTES

Important information: 2022 Medicare star ratings





UnitedHealthcare - H4590

For 2022, UnitedHealthcare - H4590 received the following Star Ratings from Medicare:

Overall Star Rating: $\star \star \star \star \star \star 5$ stars

Health Services Rating: $\star \star \star \star \star 5$ stars

Drug Services Rating: $\star \star \star \star \star 5$ 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.

Get More Information on Star Ratings Online

Compare Star ratings for this and other plans online at **medicare.gov/plan-compare**.



This plan got Medicare's highest rating (5 stars)

The number of stars shows how well a plan performs.

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

Questions about this plan?

Contact UnitedHealthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **888-834-3721** (toll-free) or **711** (TTY). Current members please call **866-480-2064** (toll-free) or **711** (TTY).

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

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

Online: UHC Civil Rights@uhc.com

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

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the member toll-free phone number listed in the front of this booklet.

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

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

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

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

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

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

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

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

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

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

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

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

تنبيه: إذا كنت تتحدث العربية (Arabic)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يرجى الاتصال على رقم الهاتف المجاني للعضو الموجود في مقدمة هذا الكتيب. ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo telefòn gratis pou manm yo ki sou kouvèti ti liv sa a.

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍ៈ បើសិនអ្នកនិយាយ**ភាសាខ្មែរ** (Khmer) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខសមាជិកឥតចេញថ្លៃ បានកត់នៅខាងមុខនៃកូនសៀវភៅនេះ។

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

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

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

NOTES

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.

orm	nation. 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

Α	Actemra (Subcutaneous Solution Prefilled
Abacavir Sulfate (Oral Solution)	Syringe)
Abacavir Sulfate (Oral Tablet)	Actemra ACTPen (Subcutaneous Solution
Abacavir Sulfate-Lamivudine (Oral Tablet)	Auto-Injector)
Abelcet (Intravenous Suspension)	Actimmune (Subcutaneous Solution)
Abilify Maintena (Intramuscular Prefilled	Acyclovir (External Ointment)
Syringe)	Acyclovir (Oral Capsule)
Abilify Maintena (Intramuscular Suspension	Acyclovir (Oral Suspension)
Reconstituted ER)	Acyclovir (Oral Tablet)
Abiraterone Acetate (250MG Oral Tablet)	Acyclovir Sodium (Intravenous Solution)
Abiraterone Acetate (500MG Oral Tablet)	Adacel (Intramuscular Suspension)
Acamprosate Calcium (Oral Tablet Delayed	Adapalene (0.3% External Gel)
Release)	Adapalene (External Cream)
Acarbose (Oral Tablet)	Adefovir Dipivoxil (Oral Tablet)
Accutane (Oral Capsule)	Adempas (Oral Tablet)
Acebutolol HCI (Oral Capsule)	Advair Diskus (Inhalation Aerosol Powder
Acetaminophen-Caffeine-Dihydrocodeine (Oral	Breath Activated)
Capsule)	Advair HFA (Inhalation Aerosol)
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	Aimovig (Subcutaneous Solution Auto- Injector)
Acetaminophen-Codeine (300-15MG Oral Tablet,	Ala-Cort (External Cream)
300-30MG Oral Tablet, 300-60MG Oral Tablet)	Albendazole (Oral Tablet)
Acetazolamide (Oral Tablet)	Albuterol Sulfate (Inhalation Nebulization
Acetazolamide ER (Oral Capsule Extended	Solution)
Release 12 Hour)	Albuterol Sulfate (Oral Syrup)
Acetic Acid (Otic Solution)	Albuterol Sulfate (Oral Tablet Immediate
Acetylcysteine (Inhalation Solution)	Release)
Acitretin (Oral Capsule)	Albuterol Sulfate HFA (108 (90 Base)MCG/ACT
ActHIB (Intramuscular Solution Reconstituted)	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 HCI ER (Oral Tablet Extended Release	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)
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)	Ammonium Lactate (External Cream) Ammonium Lactate (External Lotion) Amnesteem (Oral Capsule) Amoxapine (Oral Tablet) Amoxicillin (Oral Capsule) Amoxicillin (Oral Suspension Reconstituted)
Alcohol Prep Pads Alcohol Prep Pads Alecensa (Oral Capsule) Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet) Alendronate Sodium (Oral Solution)	Ammonium Lactate (External Lotion) Amnesteem (Oral Capsule) Amoxapine (Oral Tablet) Amoxicillin (Oral Capsule) Amoxicillin (Oral Suspension Reconstituted)
Alcohol Prep Pads Alecensa (Oral Capsule) Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet) Alendronate Sodium (Oral Solution)	Amnesteem (Oral Capsule) Amoxapine (Oral Tablet) Amoxicillin (Oral Capsule) Amoxicillin (Oral Suspension Reconstituted)
Alecensa (Oral Capsule) Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet) Alendronate Sodium (Oral Solution)	Amoxapine (Oral Tablet) Amoxicillin (Oral Capsule) Amoxicillin (Oral Suspension Reconstituted)
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet) Alendronate Sodium (Oral Solution)	Amoxicillin (Oral Capsule) Amoxicillin (Oral Suspension Reconstituted)
Oral Tablet, 70MG Oral Tablet) Alendronate Sodium (Oral Solution)	Amoxicillin (Oral Suspension Reconstituted)
Alendronate Sodium (Oral Solution)	· · · · · · · · · · · · · · · · · · ·
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Alfuzosin HCI ER (Oral Tablet Extended Release	Amoxicillin (Oral Tablet Chewable)
24 Hour)	Amoxicillin (Oral Tablet Immediate Release)
Aliskiren Fumarate (Oral Tablet)	Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted)
Allopurinol (Oral Tablet)	Amoxicillin-Potassium Clavulanate (Oral Tablet
Alocril (Ophthalmic Solution)	Chewable)
Alomide (Ophthalmic Solution)	Amoxicillin-Potassium Clavulanate (Oral Tablet
Alosetron HCI (Oral Tablet)	Immediate Release)
Alphagan P (0.1% Ophthalmic Solution)	Amoxicillin-Potassium Clavulanate ER (Oral
Alprazolam (Oral Tablet Immediate Release)	Tablet Extended Release 12 Hour)
Altavera (Oral Tablet)	Amphetamine-Dextroamphetamine (Oral Tablet)
Alunbrig (Oral Tablet Therapy Pack)	Amphetamine-Dextroamphetamine ER (Oral
Alunbrig (Oral Tablet)	Capsule Extended Release 24 Hour)
Alyacen 1/35 (Oral Tablet)	Amphotericin B (Intravenous Solution Reconstituted)
Alyq (Oral Tablet)	Ampicillin (Oral Capsule)
AmBisome (Intravenous Suspension	Ampicillin Sodium (10GM Intravenous Solution
Reconstituted)	Reconstituted)
Amantadine HCI (Oral Capsule)	Ampicillin Sodium (125MG Injection Solution
Amantadine HCI (Oral Solution)	Reconstituted, 1GM Injection Solution
Amantadine HCI (Oral Tablet)	Reconstituted)
Ambrisentan (Oral Tablet)	Ampicillin-Sulbactam Sodium (15 (10-5)GM
Amethia (Oral Tablet)	Intravenous Solution Reconstituted)
Amikacin Sulfate (500MG/2ML Injection Solution)	Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)
Amiloride HCI (Oral Tablet)	Anagrelide HCI (Oral Capsule)
Amiloride-Hydrochlorothiazide (Oral Tablet)	Anastrozole (Oral Tablet)
Amiodarone HCI (200MG Oral Tablet)	Androderm (Transdermal Patch 24 Hour)
Amitriptyline HCI (Oral Tablet)	Anoro Ellipta (Inhalation Aerosol Powder
Amlodipine Besylate (Oral Tablet)	Breath Activated)
Amlodipine-Atorvastatin (Oral Tablet)	Anzemet (Oral Tablet)
Amlodipine-Benazepril (Oral Capsule)	Apomorphine HCl (Subcutaneous Solution Cartridge)

Apraclonidine HCI (Ophthalmic Solution)	Asenapine Maleate (Tablet Sublingual)
Aprepitant (Oral Therapy Pack, Oral Capsule)	Ashlyna (Oral Tablet)
Apri (Oral Tablet)	Aspirin-Dipyridamole ER (Oral Capsule Extended
Apriso (Oral Capsule Extended Release 24	Release 12 Hour)
Hour)	Atazanavir Sulfate (Oral Capsule)
Aptiom (Oral Tablet)	Atenolol (Oral Tablet)
Aptivus (Oral Capsule)	Atenolol-Chlorthalidone (Oral Tablet)
Aralast NP (1000MG Intravenous Solution	Atomoxetine HCI (Oral Capsule)
Reconstituted)	Atorvastatin Calcium (Oral Tablet)
Aranelle (Oral Tablet)	Atovaquone (Oral Suspension)
Aranesp (Albumin Free) (100MCG/0.5ML	Atovaquone-Proguanil HCI (Oral Tablet)
Injection Solution Prefilled Syringe, 150MCG/ 0.3ML Injection Solution Prefilled Syringe,	Atropine Sulfate (1% Ophthalmic Solution)
200MCG/0.4ML Injection Solution Prefilled	Atrovent HFA (Inhalation Aerosol Solution)
Syringe, 300MCG/0.6ML Injection Solution	Aubagio (Oral Tablet)
Prefilled Syringe, 500MCG/ML Injection	Aubra EQ (Oral Tablet)
Solution Prefilled Syringe, 60MCG/0.3ML	Auryxia (Oral Tablet)
Injection Solution Prefilled Syringe)	Austedo (Oral Tablet)
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection	Aviane (Oral Tablet)
Solution)	Avonex Pen (Intramuscular Auto-Injector Kit)
Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/	Avonex Prefilled (Intramuscular Prefilled
	Syringe Kit)
0.42ML Injection Solution Prefilled Syringe,	Ayvakit (Oral Tablet)
40MCG/0.4ML Injection Solution Prefilled Syringe)	Azathioprine (50MG Oral Tablet)
Aranesp (Albumin Free) (25MCG/ML Injection	Azelaic Acid (External Gel)
Solution, 40MCG/ML Injection Solution,	Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)
60MCG/ML Injection Solution)	
Arcalyst (Subcutaneous Solution	Azelastine HCI (Ophthalmic Solution)
Reconstituted)	Azelastine-Fluticasone (Nasal Suspension)
Aripiprazole (10MG Oral Tablet, 15MG Oral	Azithromycin (Intravenous Solution Reconstituted)
Tablet, 20MG Oral Tablet, 2MG Oral Tablet,	Azithromycin (Oral Suspension Reconstituted)
30MG Oral Tablet, 5MG Oral Tablet)	Azithromycin (Oral Tablet)
Aripiprazole (1MG/ML Oral Solution)	Aztreonam (Injection Solution Reconstituted)
Aripiprazole ODT (10MG Oral Tablet Dispersible,	B
15MG Oral Tablet Dispersible)	BCG Vaccine (Injection Solution
Aristada (Intramuscular Prefilled Syringe)	Reconstituted)
Aristada Initio (Intramuscular Prefilled	BIVIGAM (5GM/50ML Intravenous Solution)
Syringe) Armodafinil (Oral Tablet)	BRIVIACT (Oral Solution)
Arnuity Ellipta (Inhalation Aerosol Powder	BRIVIACT (Oral Tablet)
Breath Activated)	Bacitracin (Ophthalmic Ointment)
Dieam Activateu)	-activating optimization of the form

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Betaxolol HCl (Ophthalmic Solution) Brukinsa (Oral Capsule)	Besremi (Subcutaneous Solution Prefilled Syringe) Betaine (Oral Powder) Betamethasone Dipropionate (External Cream) Betamethasone Dipropionate (External Lotion) Betamethasone Dipropionate (External Ointment) Betamethasone Dipropionate Aug (External Cream) Betamethasone Dipropionate Aug (External Gel) Betamethasone Dipropionate Aug (External Lotion) Betamethasone Dipropionate Aug (External Cream) Betamethasone Dipropionate Aug (External Ointment) Betamethasone Valerate (External Cream) Betamethasone Valerate (External Lotion)	Boostrix (Intramuscular Suspension) Bosentan (Oral Tablet) Bosulif (Oral Tablet) Braftovi (Oral Capsule) Breo Ellipta (Inhalation Aerosol Powder Breath Activated) Breztri Aerosphere (Inhalation Aerosol) Briellyn (Oral Tablet) Brilinta (Oral Tablet) Brimonidine Tartrate (0.15% Ophthalmic Solution) Brimonidine Tartrate-Timolol (Ophthalmic Solution) Brinzolamide (Ophthalmic Suspension)
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Bold type = Brand name drug

Plain type = Generic drug

Duda - wide (Irlandation Occasion)	O-1-: A1-1- (007NAO O-1 T-1-1-1-)
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	Calquence (Oral Capsule)
24 Hour)	Camila (Oral Tablet)
Bumetanide (Injection Solution)	Camrese Lo (Oral Tablet)
Bumetanide (Oral Tablet)	Candesartan Cilexetil (Oral Tablet)
Buprenorphine (Transdermal Patch Weekly)	Candesartan Cilexetil-HCTZ (Oral Tablet)
Buprenorphine HCI (Tablet Sublingual)	Caplyta (42MG Oral Capsule)
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	Caprelsa (Oral Tablet)
Buprenorphine HCl-Naloxone HCl (Tablet	Captopril (Oral Tablet)
Sublingual)	Carbamazepine (Oral Suspension)
Bupropion HCI (Oral Tablet Immediate Release)	Carbamazepine (Oral Tablet Chewable)
Bupropion HCl SR (150MG Oral Tablet	Carbamazepine (Oral Tablet Immediate Release)
Extended Release 12 Hour Smoking-Deterrent)	Carbamazepine ER (Oral Capsule Extended Release 12 Hour)
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	Carbamazepine ER (Oral Tablet Extended Release 12 Hour)
Bupropion HCl XL (150MG Oral Tablet Extended	Carbidopa (Oral Tablet)
Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	Carbidopa-Levodopa (Oral Tablet Immediate
Buspirone HCI (Oral Tablet)	Release)
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	Carbidopa-Levodopa ER (Oral Tablet Extended Release)
Butalbital-Aspirin-Caffeine (Oral Capsule)	Carbidopa-Levodopa ODT (Oral Tablet
Butorphanol Tartrate (Nasal Solution)	Dispersible)
Bydureon BCise (Subcutaneous Auto-Injector)	Carbidopa-Levodopa-Entacapone (Oral Tablet)
Byetta 10MCG Pen (Subcutaneous Solution	Carglumic Acid (Oral Tablet Soluble)
Pen-Injector)	Carteolol HCI (Ophthalmic Solution)
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	Cartia XT (Oral Capsule Extended Release 24 Hour)
C	Carvedilol (Oral Tablet)
Cabergoline (Oral Tablet)	Cayston (Inhalation Solution Reconstituted)
Cablivi (Injection Kit)	Caziant (Oral Tablet)
Cabometyx (Oral Tablet)	Cefaclor (Oral Capsule)
Calcipotriene (External Cream)	Cefadroxil (Oral Capsule)
Calcipotriene (External Ointment)	Cefadroxil (Oral Suspension Reconstituted)
Calcipotriene (External Solution)	Cefazolin Sodium (10GM Injection Solution
Calcitonin Salmon (Nasal Solution)	Reconstituted, 1GM Injection Solution
Calcitriol (External Ointment)	Reconstituted, 500MG Injection Solution
Calcitriol (Oral Capsule)	Reconstituted)
Calcitriol (Oral Solution)	Cefdinir (Oral Capsule)

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

Clarithromycin ER (Oral Tablet Extended	Clopidogrel Bisulfate (75MG Oral Tablet)
Release 24 Hour)	Clorazepate Dipotassium (Oral Tablet)
Clenpiq (Oral Solution)	Clotrimazole (External Cream)
Climara Pro (Transdermal Patch Weekly)	Clotrimazole (External Solution)
Clindacin ETZ (External Swab)	Clotrimazole (Mouth/Throat Troche)
Clindamycin HCI (Oral Capsule)	Clotrimazole-Betamethasone (External Cream)
Clindamycin Palmitate HCI (Oral Solution	Clotrimazole-Betamethasone (External Lotion)
Reconstituted)	Clozapine (100MG Oral Tablet, 200MG Oral
Clindamycin Phosphate (300MG/2ML Injection	Tablet, 25MG Oral Tablet, 50MG Oral Tablet)
Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)	Clozapine ODT (100MG Oral Tablet Dispersible,
Clindamycin Phosphate (External Gel)	12.5MG Oral Tablet Dispersible, 150MG Oral
Clindamycin Phosphate (External Lotion)	Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)
Clindamycin Phosphate (External Solution)	Coartem (Oral Tablet)
Clindamycin Phosphate (External Swab)	Codeine Sulfate (15MG Oral Tablet, 60MG
Clindamycin Phosphate (Vaginal Cream)	Oral Tablet)
Clindamycin Phosphate in D5W (Intravenous	Codeine Sulfate (30MG Oral Tablet)
Solution)	Colchicine (0.6MG Oral Capsule) (Brand
Clindamycin Phosphate-Benzoyl Peroxide (1-5%	Equivalent Mitigare)
External Gel, 1.2-5% External Gel)	Colchicine (0.6MG Oral Tablet) (Generic
Clobazam (Oral Suspension)	Colcrys)
Clobazam (Oral Tablet)	Colesevelam HCI (Oral Packet)
Clobetasol Propionate (External Cream)	Colesevelam HCI (Oral Tablet)
Clobetasol Propionate (External Gel)	Colestipol HCI (Oral Packet)
Clobetasol Propionate (External Ointment)	Colestipol HCI (Oral Tablet)
Clobetasol Propionate (External Shampoo)	Colistimethate Sodium (CBA) (Injection Solution
Clobetasol Propionate (External Solution)	Reconstituted)
Clobetasol Propionate Emollient Base (External	Combigan (Ophthalmic Solution)
Cream)	Combivent Respimat (Inhalation Aerosol
Clodan (External Shampoo)	Solution) Compating (100MC Daily Base) (Oval Kit)
Clomipramine HCI (Oral Capsule)	Cometrig (140MG Daily Dose) (Oral Kit)
Clonazepam (0.5MG Oral Tablet, 1MG Oral	Cometrig (140MG Daily Dose) (Oral Kit)
Tablet, 2MG Oral Tablet)	Cometriq (60MG Daily Dose) (Oral Kit)
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible,	Complera (Oral Tablet)
0.5MG Oral Tablet Dispersible, 0.5MG Oral Tablet	Compro (Rectal Suppository)
Dispersible, 2MG Oral Tablet Dispersible)	Constulose (Oral Solution)
Clonidine (Transdermal Patch Weekly)	Cordran (External Tane)
Clonidine HCI (Oral Tablet Immediate Release)	Cordran (External Tape)
Clonidine HCI ER (Oral Tablet Extended Release	Corlanor (Oral Tablet)
12 Hour)	Corlanor (Oral Tablet)
	Cosentyx (300MG Dose) (Subcutaneous

Solution Prefilled Syringe)	Daptacel (Intramuscular Suspension)
Cosentyx (75MG/0.5ML Subcutaneous	Daptomycin (Intravenous Solution
Solution Prefilled Syringe)	Reconstituted)
Cosentyx Sensoready (300MG)	Daurismo (Oral Tablet)
(Subcutaneous Solution Auto-Injector)	Deblitane (Oral Tablet)
Cotellic (Oral Tablet)	Deferasirox (125MG Oral Tablet Soluble)
Creon (Oral Capsule Delayed Release	(Generic Exjade)
Particles)	Deferasirox (250MG Oral Tablet Soluble, 500MG
Crinone (Vaginal Gel)	Oral Tablet Soluble) (Generic Exjade)
Cromolyn Sodium (Inhalation Nebulization	Deferasirox (Oral Tablet) (Generic Jadenu)
Solution)	Deferasirox Granules (Oral Packet)
Cromolyn Sodium (Ophthalmic Solution)	Deferiprone (Oral Tablet)
Cromolyn Sodium (Oral Concentrate)	Delstrigo (Oral Tablet)
Crotan (External Lotion)	Demeclocycline HCl (Oral Tablet)
Cryselle-28 (Oral Tablet)	Demser (Oral Capsule)
Cyclobenzaprine HCI (10MG Oral Tablet, 5MG	Depo-Estradiol (Intramuscular Oil)
Oral Tablet)	Descovy (200-25MG Oral Tablet)
Cyclobenzaprine HCI (7.5MG Oral Tablet)	Desipramine HCI (Oral Tablet)
Cyclophosphamide (25MG Oral Tablet)	Desloratadine (Oral Tablet)
Cyclophosphamide (50MG Oral Tablet)	Desmopressin Acetate (Oral Tablet)
Cyclophosphamide (Oral Capsule)	Desmopressin Acetate Spray (Nasal Solution)
Cycloset (Oral Tablet)	Desogestrel-Ethinyl Estradiol (Oral Tablet)
Cyclosporine (Oral Capsule)	Desonide (External Ointment)
Cyclosporine Modified (Oral Capsule)	Desoximetasone (External Cream)
Cyclosporine Modified (Oral Solution)	Desvenlafaxine Succinate ER (Oral Tablet
Cyproheptadine HCl (Oral Syrup)	Extended Release 24 Hour) (Generic Pristiq)
Cyproheptadine HCl (Oral Tablet)	Dexamethasone (Oral Solution)
Cyred EQ (Oral Tablet)	Dexamethasone (Oral Tablet)
Cystadane (Oral Powder)	Dexamethasone Sodium Phosphate (Ophthalmic
Cystagon (Oral Capsule)	Solution)
Cystaran (Ophthalmic Solution)	Dexilant (Oral Capsule Delayed Release)
D	Dexlansoprazole (Oral Capsule Delayed
Dalfampridine ER (Oral Tablet Extended Release	Release)
12 Hour)	Dexmethylphenidate HCl (Oral Tablet)
Daliresp (Oral Tablet)	Dexmethylphenidate HCl ER (Oral Capsule
Dalvance (Intravenous Solution Reconstituted)	Extended Release 24 Hour)
Danazol (Oral Capsule)	Dextroamphetamine Sulfate (Oral Tablet)
Dantrolene Sodium (Oral Capsule)	Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)
Dapsone (Oral Tablet)	·
	Dextrose (10% Intravenous Solution)

Dilt-XR (Oral Capsule Extended Release 24 Dextrose (5% Intravenous Solution) Hour) Dextrose-NaCl (10-0.2% Intravenous Solution, **10-0.45% Intravenous Solution, 5-0.2%** Diltiazem HCI (Oral Tablet Immediate Release) Intravenous Solution) Diltiazem HCI ER (Oral Capsule Extended Dextrose-NaCl (2.5-0.45% Intravenous Solution, Release 12 Hour) 5-0.45% Intravenous Solution) Diltiazem HCI ER Beads (360MG Oral Capsule Dextrose-NaCl (5-0.9% Intravenous Solution) Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour) Diacomit (Oral Capsule) Diltiazem HCI ER Coated Beads (120MG Oral **Diacomit (Oral Packet)** Capsule Extended Release 24 Hour, 180MG Diazepam (10MG Oral Tablet, 2MG Oral Tablet, Oral Capsule Extended Release 24 Hour, 5MG Oral Tablet) 240MG Oral Capsule Extended Release 24 Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, Hour, 300MG Oral Capsule Extended Release 20MG Rectal Gel) 24 Hour) Diazepam (5MG/5ML Oral Solution) Diltiazem HCI ER Coated Beads (180MG Oral Diazepam Intensol (Oral Concentrate) Tablet Extended Release 24 Hour, 240MG Oral Tablet Extended Release 24 Hour, 300MG Oral Diazoxide (Oral Suspension) Tablet Extended Release 24 Hour, 360MG Oral Diclofenac Epolamine (External Patch) Tablet Extended Release 24 Hour) Diclofenac Potassium (50MG Oral Tablet) Dimethyl Fumarate (Oral Capsule Delayed Diclofenac Sodium (1% External Gel) Release) Diclofenac Sodium (3% External Gel) Dimethyl Fumarate Starter Pack (Oral Capsule) Diclofenac Sodium (Ophthalmic Solution) **Dipentum (Oral Capsule)** Diclofenac Sodium (Oral Tablet Delayed Diphenoxylate-Atropine (Oral Liquid) Release) Diphenoxylate-Atropine (Oral Tablet) Diclofenac Sodium ER (Oral Tablet Extended Diphtheria-Tetanus Toxoids DT (Intramuscular Release 24 Hour) Suspension) Dicloxacillin Sodium (Oral Capsule) Disulfiram (Oral Tablet) Dicyclomine HCl (Oral Capsule) **Diuril (Oral Suspension)** Dicyclomine HCI (Oral Solution) Divalproex Sodium (Oral Capsule Delayed Dicyclomine HCI (Oral Tablet) Release Sprinkle) **Dificid (Oral Suspension Reconstituted)** Divalproex Sodium (Oral Tablet Delayed Dificid (Oral Tablet) Release) Diflunisal (Oral Tablet) Divalproex Sodium ER (Oral Tablet Extended Digitek (Oral Tablet) Release 24 Hour) Digox (Oral Tablet) Dofetilide (Oral Capsule) Digoxin (125MCG Oral Tablet, 250MCG Oral Dolishale (Oral Tablet) Tablet) Donepezil HCI (Oral Tablet) Digoxin (62.5MCG Oral Tablet) Donepezil HCl ODT (Oral Tablet Dispersible) Digoxin (Oral Solution) Dorzolamide HCI (Ophthalmic Solution) Dihydroergotamine Mesylate (Nasal Solution) Dorzolamide HCI-Timolol Maleate (Ophthalmic Dilantin (Oral Capsule) Solution)

Dilantin INFATABS (Oral Tablet Chewable)

Dorzolamide HCI-Timolol Maleate Preservative	Edarbi (Oral Tablet)
Free (Ophthalmic Solution)	Edarbyclor (Oral Tablet)
Dovato (Oral Tablet)	Edurant (Oral Tablet)
Doxazosin Mesylate (Oral Tablet)	Efavirenz (Oral Capsule)
Doxepin HCI (External Cream)	Efavirenz (Oral Tablet)
Doxepin HCl (Oral Capsule)	Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)
Doxepin HCI (Oral Concentrate)	Efavirenz-Lamivudine-Tenofovir (Oral Tablet)
Doxercalciferol (Oral Capsule)	Egrifta SV (2MG Subcutaneous Solution
Doxy 100 (Intravenous Solution Reconstituted)	Reconstituted)
Doxycycline Hyclate (100MG Oral Tablet	Elestrin (Transdermal Gel)
Immediate Release, 20MG Oral Tablet	Eliquis (Oral Tablet)
Immediate Release)	Eliquis Starter Pack (Oral Tablet)
Doxycycline Hyclate (Oral Capsule)	Elmiron (Oral Capsule)
Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule)	EluRyng (Vaginal Ring)
Doxycycline Monohydrate (100MG Oral Tablet,	Emcyt (Oral Capsule)
50MG Oral Tablet, 75MG Oral Tablet)	Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)
Doxycycline Monohydrate (Oral Suspension Reconstituted)	Emgality (300MG Dose) (100MG/ML
Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle)	Subcutaneous Solution Prefilled Syringe) Emgality (Subcutaneous Solution Auto-
Dronabinol (Oral Capsule)	Injector) Emaguette (Oral Tablet)
Drospirenone-Ethinyl Estradiol (Oral Tablet)	Emoquette (Oral Tablet) Emsam (Transdermal Patch 24 Hour)
Droxia (Oral Capsule)	Emtricitabine (Oral Capsule)
Droxidopa (100MG Oral Capsule, 200MG Oral Capsule)	Emtricitabine-Tenofovir Disoproxil Fumarate
Droxidopa (300MG Oral Capsule)	(100-150MG Oral Tablet, 133-200MG Oral
Duavee (Oral Tablet)	Tablet, 167-250MG Oral Tablet)
Dulera (Inhalation Aerosol)	Emtricitabine-Tenofovir Disoproxil Fumarate (200-300MG Oral Tablet)
Duloxetine HCI (20MG Oral Capsule Delayed	Emtriva (Oral Solution)
Dalama Dautialas COMO Oval Osmania Dalamai	E "NA ' (O O I)
Release Particles, 30MG Oral Capsule Delayed	Enalapril Maleate (Oral Solution)
Release Particles, 60MG Oral Capsule Delayed	Enalapril Maleate (Oral Solution) Enalapril Maleate (Oral Tablet)
Release Particles, 60MG Oral Capsule Delayed Release Particles)	
Release Particles, 60MG Oral Capsule Delayed Release Particles) Dupixent (Subcutaneous Solution Pen-Injector)	Enalapril Maleate (Oral Tablet) Enalapril-Hydrochlorothiazide (Oral Tablet) Enbrel (25MG Subcutaneous Solution
Release Particles, 60MG Oral Capsule Delayed Release Particles) Dupixent (Subcutaneous Solution Pen-Injector) Dupixent (Subcutaneous Solution Prefilled Syringe)	Enalapril Maleate (Oral Tablet) Enalapril-Hydrochlorothiazide (Oral Tablet) Enbrel (25MG Subcutaneous Solution Reconstituted) Enbrel (Subcutaneous Solution Prefilled
Release Particles, 60MG Oral Capsule Delayed Release Particles) Dupixent (Subcutaneous Solution Pen- Injector) Dupixent (Subcutaneous Solution Prefilled Syringe) Dutasteride (Oral Capsule)	Enalapril Maleate (Oral Tablet) Enalapril-Hydrochlorothiazide (Oral Tablet) Enbrel (25MG Subcutaneous Solution Reconstituted) Enbrel (Subcutaneous Solution Prefilled Syringe)
Release Particles, 60MG Oral Capsule Delayed Release Particles) Dupixent (Subcutaneous Solution Pen- Injector) Dupixent (Subcutaneous Solution Prefilled Syringe)	Enalapril Maleate (Oral Tablet) Enalapril-Hydrochlorothiazide (Oral Tablet) Enbrel (25MG Subcutaneous Solution Reconstituted) Enbrel (Subcutaneous Solution Prefilled

Bold type = Brand name drug

Plain type = Generic drug

Enbrel SureClick (Subcutaneous Solution Auto-Injector)	Erythromycin Base (Oral Tablet Immediate Release)
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)
Engerix-B (Injection Suspension)	Erythromycin Ethylsuccinate (Oral Tablet)
Enoxaparin Sodium (Injection Solution Prefilled	Esbriet (Oral Capsule)
Syringe)	Esbriet (Oral Tablet)
Enpresse-28 (Oral Tablet)	Escitalopram Oxalate (Oral Solution)
Enskyce (Oral Tablet)	Escitalopram Oxalate (Oral Tablet)
Entacapone (Oral Tablet)	Esomeprazole Magnesium (Oral Capsule
Entecavir (Oral Tablet)	Delayed Release) (Generic Nexium)
Entresto (Oral Tablet)	Esomeprazole Magnesium (Oral Packet)
Enulose (Oral Solution)	Estarylla (Oral Tablet)
Envarsus XR (Oral Tablet Extended Release	Estradiol (Oral Tablet)
24 Hour)	Estradiol (Transdermal Patch Weekly)
Epclusa (Oral Packet)	Estradiol (Vaginal Cream)
Epclusa (Oral Tablet)	Estradiol (Vaginal Tablet)
Epidiolex (Oral Solution)	Estradiol Valerate (Intramuscular Oil)
Epinastine HCI (Ophthalmic Solution)	Estring (Vaginal Ring)
Epinephrine (Injection Solution Auto-Injector)	Eszopiclone (Oral Tablet)
Epitol (Oral Tablet)	Ethacrynic Acid (Oral Tablet)
Epivir HBV (Oral Solution)	Ethambutol HCI (Oral Tablet)
Eplerenone (Oral Tablet)	Ethosuximide (Oral Capsule)
Eprontia (Oral Solution)	Ethosuximide (Oral Solution)
Ergotamine-Caffeine (Oral Tablet)	Ethynodiol Diacetate-Ethinyl Estradiol (Oral
Erivedge (Oral Capsule)	Tablet)
Erleada (Oral Tablet)	Etodolac (Oral Capsule)
Erlotinib HCI (Oral Tablet)	Etodolac (Oral Tablet Immediate Release)
Errin (Oral Tablet)	Etodolac ER (Oral Tablet Extended Release 24
Ertapenem Sodium (Injection Solution	Hour)
Reconstituted)	Etonogestrel-Ethinyl Estradiol (Vaginal Ring)
Ery (External Pad)	Etravirine (Oral Tablet)
Erythrocin Lactobionate (Intravenous Solution	Euthyrox (Oral Tablet)
Reconstituted)	Everolimus (0.25MG Oral Tablet, 0.5MG Oral
Erythromycin (External Gel)	Tablet, 0.75MG Oral Tablet, 1MG Oral Tablet)
Erythromycin (External Solution)	Everolimus (10MG Oral Tablet, 2.5MG Oral Tablet)
Erythromycin (Ophthalmic Ointment)	Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet) Fyorelimus (2MG Oral Tablet Soluble, 2MG Oral
Erythromycin (Oral Tablet Delayed Release)	Everolimus (2MG Oral Tablet Soluble, 3MG Oral Tablet Soluble, 5MG Oral Tablet Soluble)
Erythromycin Base (Oral Capsule Delayed	Evotaz (Oral Tablet)
Release Particles)	Exemestane (Oral Tablet)

Exkivity (Oral Capsule)	Fentanyl Citrate (1200MCG Buccal Lozenge On
Ezetimibe (Oral Tablet)	A Handle, 1600MCG Buccal Lozenge On A
Ezetimibe-Simvastatin (Oral Tablet)	Handle, 400MCG Buccal Lozenge On A Handle,
F	600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle)
FML (Ophthalmic Ointment)	Fentanyl Citrate (200MCG Buccal Lozenge On A
FML Forte (Ophthalmic Suspension)	Handle)
Falmina (Oral Tablet)	Ferriprox (Oral Solution)
Famciclovir (Oral Tablet)	Fetzima (Oral Capsule Extended Release 24
Famotidine (20MG Oral Tablet, 40MG Oral	Hour)
Tablet)	Fetzima Titration (Oral Capsule ER 24 Hour
Famotidine (Oral Suspension Reconstituted)	Therapy Pack)
Fanapt (10MG Oral Tablet, 12MG Oral Tablet,	Finacea (External Foam)
1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral	Finasteride (5MG Oral Tablet) (Generic Proscar)
Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	Fintepla (Oral Solution)
Fanapt Titration Pack (Oral Tablet)	Firmagon (240MG Dose) (120MG/Vial
Farxiga (Oral Tablet)	Subcutaneous Solution Reconstituted)
Fasenra (Subcutaneous Solution Prefilled Syringe)	Firmagon (80MG Subcutaneous Solution Reconstituted)
Fasenra Pen (Subcutaneous Solution Auto-	Flac (Otic Oil)
Injector)	Flarex (Ophthalmic Suspension)
Febuxostat (Oral Tablet)	Flebogamma DIF (5GM/50ML Intravenous
Felbamate (Oral Suspension)	Solution)
Felbamate (Oral Tablet)	Flecainide Acetate (Oral Tablet)
Felodipine ER (Oral Tablet Extended Release 24 Hour)	Flovent Diskus (Inhalation Aerosol Powder Breath Activated)
Femring (Vaginal Ring)	Flovent HFA (Inhalation Aerosol)
Femynor (Oral Tablet)	Fluconazole (Oral Suspension Reconstituted)
Fenofibrate (145MG Oral Tablet, 48MG Oral	Fluconazole (Oral Tablet)
Tablet) Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet)	Fluconazole in Sodium Chloride (200-0.9MG/ 100ML-% Intravenous Solution, 400-0.9MG/ 200ML-% Intravenous Solution)
Fenofibrate (50MG Oral Capsule)	Flucytosine (Oral Capsule)
Fenofibrate Micronized (134MG Oral Capsule,	Fludrocortisone Acetate (Oral Tablet)
200MG Oral Capsule, 43MG Oral Capsule,	Flunisolide (Nasal Solution)
67MG Oral Capsule)	Fluocinolone Acetonide (External Cream)
Fenofibric Acid (Oral Capsule Delayed Release)	Fluocinolone Acetonide (External Ointment)
Fentanyl (100MCG/HR Transdermal Patch 72	Fluocinolone Acetonide (External Solution)
Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour,	Fluocinolone Acetonide (Otic Oil)
50MCG/HR Transdermal Patch 72 Hour,	Fluocinolone Acetonide Scalp (External Oil)
75MCG/HR Transdermal Patch 72 Hour)	Fluocinonide (0.05% External Cream)
. ,	- Idosilionido (0.0070 Extornal orodin)

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

Prefilled Syringe)	Cuvposa)
Gardasil 9 (Intramuscular Suspension)	Glyxambi (Oral Tablet)
Gatifloxacin (Ophthalmic Solution)	Granisetron HCI (Oral Tablet)
Gattex (Subcutaneous Kit)	Griseofulvin Microsize (Oral Suspension)
Gauze (Non-medicated 2X2 Pad)	Griseofulvin Microsize (Oral Tablet)
GaviLyte-C (240GM Oral Solution Reconstituted)	Griseofulvin Ultramicrosize (Oral Tablet)
GaviLyte-G (Oral Solution Reconstituted)	Guanfacine HCI ER (Oral Tablet Extended
Gavreto (Oral Capsule)	Release 24 Hour)
Gemfibrozil (Oral Tablet)	Gvoke HypoPen 2-Pack (Subcutaneous
Generlac (Oral Solution)	Solution Auto-Injector)
Gengraf (Oral Capsule)	Gvoke Kit (Subcutaneous Solution)
Gengraf (Oral Solution)	Gvoke PFS (Subcutaneous Solution Prefilled
Genotropin (Subcutaneous Cartridge)	Syringe)
Genotropin MiniQuick (Subcutaneous	H
Prefilled Syringe)	Haegarda (Subcutaneous Solution Reconstituted)
Gentak (Ophthalmic Ointment)	Hailey 24 Fe (Oral Tablet)
Gentamicin Sulfate (40MG/ML Injection	Halobetasol Propionate (External Cream)
Solution)	Halobetasol Propionate (External Ointment)
Gentamicin Sulfate (External Cream)	Haloperidol (Oral Tablet)
Gentamicin Sulfate (External Ointment)	Haloperidol Decanoate (Intramuscular Solution)
Gentamicin Sulfate (Ophthalmic Solution)	Haloperidol Lactate (Injection Solution)
Gentamicin Sulfate-0.9% Sodium Chloride	Haloperidol Lactate (Oral Concentrate)
(Intravenous Solution)	Havrix (Intramuscular Suspension)
Genvoya (Oral Tablet)	Heparin Sodium (10000UNIT/ML Injection
Gilenya (0.5MG Oral Capsule)	Solution, 20000UNIT/ML Injection Solution,
Gilotrif (Oral Tablet)	5000UNIT/ML Injection Solution)
Glassia (Intravenous Solution)	Heparin Sodium (1000UNIT/ML Injection
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	Solution)
Glatopa (Subcutaneous Solution Prefilled	Hetlioz (Oral Capsule)
Syringe)	Hetlioz LQ (Oral Suspension)
Glimepiride (Oral Tablet)	Hiberix (Injection Solution Reconstituted)
Glipizide (Oral Tablet Immediate Release)	Humalog (Injection Solution)
Glipizide ER (Oral Tablet Extended Release 24	Humalog (Subcutaneous Solution Cartridge)
Hour)	Humalog Junior KwikPen (Subcutaneous
Glipizide-Metformin HCl (Oral Tablet)	Solution Pen-Injector)
GlucaGen HypoKit (Injection Solution	Humalog KwikPen (Subcutaneous Solution
Reconstituted)	Pen-Injector)
Glucagon (Injection Kit) (Lilly)	Humalog Mix 50/50 (Subcutaneous Suspension)
Glycopyrrolate (Oral Solution) (Generic	Suspension

Humalog Mix 50/50 KwikPen (Subcutaneous	Hydrocortisone (2.5% External Lotion)
Suspension Pen-Injector)	Hydrocortisone (Oral Tablet)
Humalog Mix 75/25 (Subcutaneous	Hydrocortisone (Perianal) (2.5% External Cream)
Suspension)	Hydrocortisone (Rectal Enema)
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	Hydrocortisone Butyrate (External Ointment)
Humira (Subcutaneous Prefilled Syringe Kit)	Hydrocortisone Valerate (External Cream)
Humira Pediatric Crohns Start (Subcutaneous	Hydrocortisone Valerate (External Ointment)
Prefilled Syringe Kit)	Hydrocortisone-Acetic Acid (Otic Solution)
Humira Pen (Subcutaneous Pen-Injector Kit)	Hydromorphone HCI (1MG/ML Oral Liquid)
Humira Pen Crohns Disease Starter	Hydromorphone HCI (2MG Oral Tablet
(Subcutaneous Pen-Injector Kit)	Immediate Release, 4MG Oral Tablet Immediate
Humira Pen Psoriasis Starter (40MG/0.8ML	Release, 8MG Oral Tablet Immediate Release)
Subcutaneous Pen-Injector Kit)	Hydromorphone HCI ER (Oral Tablet Extended Release 24 Hour)
Humira Pen Psoriasis Starter (80MG/0.8ML	
and 40MG/0.4ML Subcutaneous Pen-Injector	Hydromorphone HCI Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection
Kit)	Solution)
Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit)	Hydroxychloroquine Sulfate (200MG Oral Tablet)
Humulin 70/30 (Subcutaneous Suspension)	Hydroxyurea (Oral Capsule)
Humulin 70/30 KwikPen (Subcutaneous	Hydroxyzine HCl (Oral Syrup)
Suspension Pen-Injector)	Hydroxyzine HCl (Oral Tablet)
Humulin N (Subcutaneous Suspension)	Hydroxyzine Pamoate (Oral Capsule)
Humulin N KwikPen (Subcutaneous	T I
Suspension Pen-Injector)	IDHIFA (Oral Tablet)
Humulin R (Injection Solution)	IPOL (Injection)
Humulin R U-500 (Concentrated)	Ibandronate Sodium (Oral Tablet)
(Subcutaneous Solution)	Ibrance (Oral Capsule)
Humulin R U-500 KwikPen (Subcutaneous	Ibrance (Oral Tablet)
Solution Pen-Injector)	Ibu (600MG Oral Tablet, 800MG Oral Tablet)
Hydralazine HCI (Oral Tablet)	Ibuprofen (400MG Oral Tablet, 600MG Oral
Hydrochlorothiazide (Oral Capsule)	Tablet, 800MG Oral Tablet)
Hydrochlorothiazide (Oral Tablet)	Ibuprofen (Oral Suspension)
Hydrocodone-Acetaminophen (10-325MG Oral	Icatibant Acetate (Subcutaneous Solution)
Tablet F 20FMC Oral Tablet 7 F 20FMC Oral	
Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral	Iclevia (Oral Tablet)
Tablet)	
Tablet) Hydrocodone-Acetaminophen (7.5-325MG/	Iclevia (Oral Tablet)
Tablet) Hydrocodone-Acetaminophen (7.5-325MG/ 15ML Oral Solution)	Iclevia (Oral Tablet) Iclusig (Oral Tablet)
Tablet) Hydrocodone-Acetaminophen (7.5-325MG/ 15ML Oral Solution) Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	Iclevia (Oral Tablet) Iclusig (Oral Tablet) Icosapent Ethyl (Oral Capsule)
Tablet) Hydrocodone-Acetaminophen (7.5-325MG/ 15ML Oral Solution) Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet) Hydrocortisone (1% External Cream)	Iclevia (Oral Tablet) Iclusig (Oral Tablet) Icosapent Ethyl (Oral Capsule) Ilevro (Ophthalmic Suspension)
Tablet) Hydrocodone-Acetaminophen (7.5-325MG/ 15ML Oral Solution) Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	Iclevia (Oral Tablet) Iclusig (Oral Tablet) Icosapent Ethyl (Oral Capsule) Ilevro (Ophthalmic Suspension) Imatinib Mesylate (Oral Tablet)

Imipenem-Cilastatin (Intravenous Solution Reconstituted)	Invega Hafyera (Intramuscular Suspension Prefilled Syringe)
Imipramine HCI (Oral Tablet)	Invega Sustenna (117MG/0.75ML
Imipramine Pamoate (Oral Capsule)	Intramuscular Suspension Prefilled Syringe,
Imiquimod (5% External Cream)	156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML
Imiquimod Pump (3.75% External Cream)	Intramuscular Suspension Prefilled Syringe,
Imovax Rabies (Intramuscular Injectable)	78MG/0.5ML Intramuscular Suspension
Impavido (Oral Capsule)	Prefilled Syringe)
Imvexxy Maintenance Pack (Vaginal Insert)	Invega Sustenna (39MG/0.25ML
Imvexxy Starter Pack (Vaginal Insert)	Intramuscular Suspension Prefilled Syringe)
Incassia (Oral Tablet)	Invega Trinza (Intramuscular Suspension
Increlex (Subcutaneous Solution)	Prefilled Syringe)
Incruse Ellipta (Inhalation Aerosol Powder	Ipratropium Bromide (Inhalation Solution)
Breath Activated)	Ipratropium Bromide (Nasal Solution)
Indapamide (Oral Tablet)	Ipratropium-Albuterol (Inhalation Solution)
Indomethacin (25MG Oral Capsule Immediate	Irbesartan (Oral Tablet)
Release, 50MG Oral Capsule Immediate	Irbesartan-Hydrochlorothiazide (Oral Tablet)
Release)	Iressa (Oral Tablet)
Infanrix (Intramuscular Suspension)	Isentress (100MG Oral Tablet Chewable)
Ingrezza (Oral Capsule Therapy Pack)	Isentress (25MG Oral Tablet Chewable)
Ingrezza (Oral Capsule)	Isentress (Oral Packet)
Inlyta (Oral Tablet)	Isentress (Oral Tablet)
Inqovi (Oral Tablet)	Isentress HD (Oral Tablet)
Inrebic (Oral Capsule)	Isibloom (Oral Tablet)
Insulin Lispro (1 Unit Dial) (Subcutaneous	Isolyte-P in D5W (Intravenous Solution)
Solution Pen-Injector) (Brand Equivalent	Isolyte-S pH 7.4 (Intravenous Solution)
Humalog)	Isoniazid (Oral Syrup)
Insulin Lispro (Injection Solution) (Brand Equivalent Humalog)	Isoniazid (Oral Tablet)
Insulin Lispro Junior KwikPen (Subcutaneous	Isosorbide Dinitrate (10MG Oral Tablet
Solution Pen-Injector) (Brand Equivalent	Immediate Release, 20MG Oral Tablet
Humalog)	Immediate Release, 30MG Oral Tablet
Insulin Lispro Prot & Lispro (Subcutaneous	Immediate Release, 5MG Oral Tablet Immediate
Suspension Pen-Injector) (Brand Equivalent	Release)
Humalog)	Isosorbide Dinitrate-Hydralazine (Oral Tablet)
Insulin Syringes, Needles	Isosorbide Mononitrate (Oral Tablet Immediate Release)
Intelence (25MG Oral Tablet)	Isosorbide Mononitrate ER (Oral Tablet
Intralipid (Intravenous Emulsion)	Extended Release 24 Hour)
Intron A (Injection Solution Reconstituted)	Isotretinoin (Oral Capsule)
Introvale (Oral Tablet)	Isturisa (Oral Tablet)

Itraconazole (Oral Capsule)	Ketorolac Tromethamine (Ophthalmic Solution)
Itraconazole (Oral Solution)	Kineret (Subcutaneous Solution Prefilled
Ivermectin (Oral Tablet)	Syringe)
Ixiaro (Intramuscular Suspension)	Kinrix (Intramuscular Suspension Prefilled
J	Syringe)
Jakafi (Oral Tablet)	Kisqali (200MG Dose) (Oral Tablet)
Jantoven (Oral Tablet)	Kisqali (400MG Dose) (Oral Tablet)
Janumet (Oral Tablet Immediate Release)	Kisqali (600MG Dose) (Oral Tablet)
Janumet XR (Oral Tablet Extended Release 24 Hour)	Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)
Januvia (Oral Tablet)	Kisqali Femara (400MG Dose) (Oral Tablet
Jardiance (Oral Tablet)	Therapy Pack)
Jasmiel (Oral Tablet)	Kisqali Femara (600MG Dose) (Oral Tablet
Jentadueto (Oral Tablet Immediate Release)	Therapy Pack)
Jentadueto XR (Oral Tablet Extended Release	Klor-Con (Oral Packet)
24 Hour)	Klor-Con 10 (Oral Tablet Extended Release)
Jinteli (Oral Tablet)	Klor-Con 8 (Oral Tablet Extended Release)
Jublia (External Solution)	Klor-Con M10 (Oral Tablet Extended Release)
Juleber (Oral Tablet)	Klor-Con M15 (Oral Tablet Extended Release)
Juluca (Oral Tablet)	Klor-Con M20 (Oral Tablet Extended Release)
Junel 1.5/30 (Oral Tablet)	Korlym (Oral Tablet)
Junel 1/20 (Oral Tablet)	Koselugo (Oral Capsule)
Junel Fe 1.5/30 (Oral Tablet)	Kurvelo (Oral Tablet)
Junel Fe 1/20 (Oral Tablet)	Kynmobi (10MG Sublingual Film, 15MG
Junel Fe 24 (Oral Tablet)	Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film)
Juxtapid (Oral Capsule)	L
K	LARIN 1.5/30 (Oral Tablet)
KCI in Dextrose-NaCl (Intravenous Solution)	LARIN 1/20 (Oral Tablet)
KCI-Lactated Ringers-D5W (Intravenous	LARIN Fe 1.5/30 (Oral Tablet)
Solution)	LARIN Fe 1/20 (Oral Tablet)
Kaitlib Fe (Oral Tablet Chewable)	Labetalol HCI (Oral Tablet)
Kalydeco (Oral Packet)	Lacosamide (Oral Solution)
Kalydeco (Oral Tablet)	Lacosamide (Oral Tablet)
Kariva (Oral Tablet)	Lacrisert (Ophthalmic Insert)
Kelnor 1/35 (Oral Tablet)	Lactulose (10GM/15ML Oral Solution)
Kelnor 1/50 (Oral Tablet)	Lamivudine (100MG Oral Tablet)
Kerendia (Oral Tablet)	Lamivudine (10MG/ML Oral Solution)
Ketoconazole (External Cream)	Lamivudine (150MG Oral Tablet, 300MG Oral
Ketoconazole (External Shampoo)	Tablet)
Ketoconazole (Oral Tablet)	Lamivudine-Zidovudine (Oral Tablet)
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Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable) Lanoxin (Oral Tablet) Lansoprazole (Oral Capsule Delayed Release) Lantus (Subcutaneous Solution) Lantus SoloStar (Subcutaneous Solution) Lantus SoloStar (Subcutaneous Solution Penlijector) Lapatinib Ditosylate (Oral Tablet) Latrissia (Oral Tablet) Latrissia (Oral Tablet) Latrissia (Oral Tablet) Latrissia (Oral Tablet) Latuda (Oral Tablet) Latuda (Oral Tablet) Leena (Oral Tablet) Leena (Oral Tablet) Leena (Oral Tablet) Lenalidomide (Oral Tablet) Lenalidomide (Oral Capsule) Therapy Pack) Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack) Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack) Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack) Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack) Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack) Lenvima 2MG Daily Dose (Oral Capsule Therapy Pack) Lenvima 2MG Daily Dose (Oral Capsule Therapy Pack) Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack) Lenvima 6MG Daily Dose (Oral Capsule Therapy Pack) Levima 6		·
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Levorphanol Tartrate (Oral Tablet) Levothyroxine Sodium (Oral Tablet) Letrozole (Oral Tablet) Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet) Levothyroxine Sodium (Oral Tablet) Levoxyl (Oral Tablet) Lexiva (Oral Suspension) Lidocaine (5% External Ointment) Lidocaine (5% External Patch)		Levora 0.15/30 (28) (Oral Tablet)
Therapy Pack) Lessina (Oral Tablet) Letrozole (Oral Tablet) Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet) Levoxyl (Oral Tablet) Lexiva (Oral Suspension) Lidocaine (5% External Ointment) Lidocaine (5% External Patch)		Levorphanol Tartrate (Oral Tablet)
Letrozole (Oral Tablet) Letrozole (Oral Tablet) Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet) Leucovorin Calcium (10MG Oral Tablet, 15MG Lidocaine (5% External Ointment) Lidocaine (5% External Patch)		Levothyroxine Sodium (Oral Tablet)
Letrozole (Oral Tablet) Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet) Lexiva (Oral Suspension) Lidocaine (5% External Ointment) Lidocaine (5% External Patch)		Levoxyl (Oral Tablet)
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet) Lidocaine (5% External Ointment) Lidocaine (5% External Patch)		Lexiva (Oral Suspension)
Oral Tablet, 5MG Oral Tablet) Lidocaine (5% External Patch)	·	Lidocaine (5% External Ointment)
	Oral Tablet, 5MG Oral Tablet)	Lidocaine (5% External Patch)
	Leucovorin Calcium (25MG Oral Tablet)	Lidocaine HCI (4% External Solution)

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

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Mefloquine HCI (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
Mekinist (Oral Tablet)	Solution)
Mektovi (Oral Tablet)	Methotrexate Sodium (Oral Tablet)
Meloxicam (Oral Tablet)	Methoxsalen Rapid (Oral Capsule)
Memantine HCl (10MG Oral Tablet, 5MG Oral	Methscopolamine Bromide (Oral Tablet)
Tablet)	Methylphenidate HCI (Oral Solution)
Memantine HCI (2MG/ML Oral Solution)	Methylphenidate HCI (Oral Tablet Immediate
Memantine HCI ER (Oral Capsule Extended	Release) (Generic Ritalin)
Release 24 Hour)	Methylphenidate HCl ER (10MG Oral Tablet
Memantine HCI Titration Pak (Oral Tablet)	Extended Release, 20MG Oral Tablet Extended
MenQuadfi (Intramuscular Solution)	Release)
Menactra (Intramuscular Solution)	Methylprednisolone (Oral Tablet Therapy Pack)
Menest (Oral Tablet)	Methylprednisolone (Oral Tablet)
Mentax (External Cream)	Metoclopramide HCI (5MG/5ML Oral Solution)
Menveo (Intramuscular Solution	Metoclopramide HCl (Oral Tablet)
Reconstituted)	Metolazone (Oral Tablet)
Mercaptopurine (Oral Tablet)	Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)
Meropenem (Intravenous Solution	Metoprolol Tartrate (Oral Tablet)
Reconstituted)	Metoprolol-Hydrochlorothiazide (Oral Tablet)
Mesalamine (1.2GM Oral Tablet Delayed	
Release) (Generic Lialda)	Metronidazole (0.75% External Cream)
Mesalamine (Rectal Enema)	Metronidazole (0.75% External Gel, 1% External Gel)
Mesalamine (Rectal Suppository)	Metronidazole (0.75% External Lotion)
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	Metronidazole (0.75% Vaginal Gel)
Mesnex (Oral Tablet)	Metronidazole (250MG Oral Tablet, 500MG Oral
Metformin HCI (1000MG Oral Tablet Immediate	Tablet)
Release, 500MG Oral Tablet Immediate Release,	Metronidazole (500MG/100ML Intravenous
850MG Oral Tablet Immediate Release)	Solution)
Metformin HCl (Oral Solution)	Metyrosine (Oral Capsule)
Metformin HCI ER (Oral Tablet Extended	Mexiletine HCl (Oral Capsule)
Release 24 Hour) (Generic Glucophage XR)	Micafungin Sodium (Intravenous Solution
Methadone HCI (Oral Solution)	Reconstituted)
Methadone HCI (Oral Tablet)	Miconazole 3 (Vaginal Suppository)
Methazolamide (Oral Tablet)	Microgestin 1.5/30 (Oral Tablet)
Methenamine Hippurate (Oral Tablet)	Microgestin 1/20 (Oral Tablet)
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Microgestin 24 Fe (Oral Tablet)	Moxifloxacin HCl (Ophthalmic Solution) (Generic
Microgestin Fe 1.5/30 (Oral Tablet)	Vigamox)
Microgestin Fe 1/20 (Oral Tablet)	Moxifloxacin HCl (Oral Tablet)
Midodrine HCI (Oral Tablet)	Moxifloxacin HCl in NaCl (Intravenous Solution)
Migergot (Rectal Suppository)	Multaq (Oral Tablet)
Miglitol (Oral Tablet)	Mupirocin (External Ointment)
Miglustat (Oral Capsule)	Mupirocin Calcium (External Cream)
Mili (Oral Tablet)	Myalept (Subcutaneous Solution
Minocycline HCl (Oral Capsule)	Reconstituted)
Minocycline HCI (Oral Tablet Immediate	Mycophenolate Mofetil (Oral Capsule)
Release)	Mycophenolate Mofetil (Oral Suspension
Minoxidil (Oral Tablet)	Reconstituted)
Mirtazapine (Oral Tablet)	Mycophenolate Mofetil (Oral Tablet)
Mirtazapine ODT (Oral Tablet Dispersible)	Mycophenolate Sodium (Oral Tablet Delayed Release)
Mirvaso (External Gel)	Myorisan (Oral Capsule)
Misoprostol (Oral Tablet)	Myrbetriq (Oral Suspension Reconstituted ER)
Modafinil (Oral Tablet)	Myrbetriq (Oral Tablet Extended Release 24
Moexipril HCI (Oral Tablet)	Hour)
Molindone HCI (Oral Tablet)	N
Mometasone Furoate (External Cream)	Nabumetone (Oral Tablet)
Mometasone Furoate (External Ointment)	Nadolol (Oral Tablet)
Mometasone Furoate (External Solution)	Nafcillin Sodium (10GM Intravenous Solution
Mometasone Furoate (Nasal Suspension)	Reconstituted)
Montelukast Sodium (Oral Packet)	Nafcillin Sodium (Injection Solution
Montelukast Sodium (Oral Tablet Chewable)	Reconstituted)
Montelukast Sodium (Oral Tablet)	Naftifine HCI (External Cream)
Morphine Sulfate (10MG/5ML Oral Solution)	Naftin (2% External Gel)
Morphine Sulfate (20MG/5ML Oral Solution)	Naloxone HCI (0.4MG/ML Injection Solution)
Morphine Sulfate (Concentrate) (20MG/ML Oral	Naloxone HCI (Injection Solution Cartridge)
Solution)	Naloxone HCI (Injection Solution Prefilled
Morphine Sulfate (Oral Tablet Immediate	Syringe)
Release)	Naloxone HCl (Nasal Liquid)
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended	Naltrexone HCI (Oral Tablet)
Release, 30MG Oral Tablet Extended Release,	Namzaric (Oral Capsule ER 24 Hour Therapy
60MG Oral Tablet Extended Release) (Generic	Pack)
MS Contin)	Namzaric (Oral Capsule Extended Release 24
Marrabina Cultata ED (000MO O LT LL)	Hour)
Morphine Sulfate ER (200MG Oral Tablet	
Extended Release) (Generic MS Contin)	Naproxen (Oral Suspension)
	Naproxen (Oral Suspension) Naproxen (Oral Tablet Immediate Release)
Extended Release) (Generic MS Contin)	Naproxen (Oral Suspension)

(Generic EC-Naprosyn)	Nicotrol (Inhalation Inhaler)
Naratriptan HCI (Oral Tablet)	Nicotrol NS (Nasal Solution)
Narcan (Nasal Liquid)	Nifedipine ER (Oral Tablet Extended Release 24
Natacyn (Ophthalmic Suspension)	Hour)
Nateglinide (Oral Tablet)	Nifedipine ER Osmotic Release (Oral Tablet
Natpara (Subcutaneous Cartridge)	Extended Release 24 Hour)
Nayzilam (Nasal Solution)	Nikki (Oral Tablet)
Nebivolol HCl (Oral Tablet)	Nilutamide (Oral Tablet)
Necon 0.5/35 (28) (Oral Tablet)	Nimodipine (Oral Capsule)
Nefazodone HCI (Oral Tablet)	Ninlaro (Oral Capsule)
Neomycin Sulfate (Oral Tablet)	Nitazoxanide (Oral Tablet)
Neomycin-Bacitracin-Polymyxin (5-400-10000	Nitisinone (Oral Capsule)
Ophthalmic Ointment)	Nitro-Bid (Transdermal Ointment)
Neomycin-Polymyxin-Bacitracin-Hydrocortisone	Nitrofurantoin (Oral Suspension)
(Ophthalmic Ointment)	Nitrofurantoin Macrocrystal (100MG Oral
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	Capsule, 50MG Oral Capsule) (Generic Macrodantin)
Neomycin-Polymyxin-Dexamethasone	Nitrofurantoin Monohydrate (Generic Macrobid)
(Ophthalmic Ointment)	Nitroglycerin (Tablet Sublingual)
Neomycin-Polymyxin-Gramicidin (Ophthalmic	Nitroglycerin (Transdermal Patch 24 Hour)
Solution)	Nitroglycerin (Translingual Solution)
Neomycin-Polymyxin-HC (1% Otic Solution)	Nitrostat (Tablet Sublingual)
Neomycin-Polymyxin-HC (Ophthalmic	Nizatidine (Oral Capsule)
Suspension)	Nora-BE (Oral Tablet)
Neomycin-Polymyxin-HC (Otic Suspension)	Norethindrone (0.35MG Oral Tablet)
Nerlynx (Oral Tablet)	Norethindrone Acetate (5MG Oral Tablet)
Neuac (External Gel)	Norethindrone Acetate-Ethinyl Estradiol
Neulasta (Subcutaneous Solution Prefilled Syringe)	(0.5-2.5MG-MCG Oral Tablet, 1-20MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)
Neupro (Transdermal Patch 24 Hour)	Norethindrone Acetate-Ethinyl Estradiol-Fe
Nevirapine (Oral Suspension)	(0.4-35MG-MCG Oral Tablet Chewable,
Nevirapine (Oral Tablet Immediate Release)	0.8-25MG-MCG Oral Tablet Chewable, 1-20MG-
Nevirapine ER (Oral Tablet Extended Release 24	MCG(24) Oral Tablet Chewable) Norethindrone Acetate-Ethinyl Estradiol-Fe
Hour) Niggin (Antibyparlinidamia) (Oral Tablet	(1-20MG-MCG Oral Tablet)
Niacin (Antihyperlipidemic) (Oral Tablet Immediate Release)	Norgestimate-Ethinyl Estradiol (Oral Tablet)
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)
Niacor (Oral Tablet)	Nortrel 0.5/35 (28) (Oral Tablet)
Nicardipine HCI (Oral Capsule)	Nortrel 1/35 (21) (Oral Tablet)
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Nortrel 1/35 (28) (Oral Tablet)	Ofloxacin (Otic Solution)
Nortrel 7/7/7 (Oral Tablet)	Olanzapine (10MG Intramuscular Solution
Nortriptyline HCl (Oral Capsule)	Reconstituted)
Nortriptyline HCl (Oral Solution)	Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet,
Norvir (Oral Packet)	5MG Oral Tablet, 7.5MG Oral Tablet)
Norvir (Oral Solution)	Olanzapine ODT (10MG Oral Tablet Dispersible,
Noxafil (Oral Suspension)	15MG Oral Tablet Dispersible, 20MG Oral Tablet
Nubeqa (Oral Tablet)	Dispersible, 5MG Oral Tablet Dispersible)
Nucala (100MG/ML Subcutaneous Solution	Olmesartan Medoxomil (Oral Tablet)
Prefilled Syringe)	Olmesartan Medoxomil-HCTZ (Oral Tablet)
Nucala (Subcutaneous Solution Auto-Injector)	Olmesartan-Amlodipine-HCTZ (Oral Tablet)
Nucala (Subcutaneous Solution Reconstituted)	Olopatadine HCl (Ophthalmic Solution)
Nuedexta (Oral Capsule)	Omega-3-Acid Ethyl Esters (Oral Capsule)
Nuplazid (Oral Capsule)	(Generic Lovaza)
Nuplazid (Oral Tablet)	Omeprazole (10MG Oral Capsule Delayed
Nurtec ODT (Oral Tablet Dispersible)	Release)
Nutrilipid (Intravenous Emulsion)	Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)
Nyamyc (External Powder)	Ondansetron HCI (4MG Oral Tablet, 8MG Oral
Nylia 1/35 (Oral Tablet)	Tablet)
Nylia 7/7/7 (Oral Tablet)	Ondansetron HCI (Oral Solution)
Nymalize (Oral Solution)	Ondansetron ODT (Oral Tablet Dispersible)
Nymyo (Oral Tablet)	Onureg (Oral Tablet)
Nystatin (External Cream)	Opsumit (Oral Tablet)
Nystatin (External Ointment)	Orencia (Subcutaneous Solution Prefilled
Nystatin (External Powder)	Syringe)
Nystatin (Mouth/Throat Suspension)	Orencia ClickJect (Subcutaneous Solution
Nystatin (Oral Tablet)	Auto-Injector)
Nystop (External Powder)	Orenitram (0.125MG Oral Tablet Extended Release)
0	Orenitram (0.25MG Oral Tablet Extended
Ocaliva (Oral Tablet)	Release, 1MG Oral Tablet Extended Release,
Ocella (Oral Tablet)	2.5MG Oral Tablet Extended Release, 5MG
Octagam (1GM/20ML Intravenous Solution,	Oral Tablet Extended Release)
2GM/20ML Intravenous Solution)	Orfadin (20MG Oral Capsule)
Octreotide Acetate (Injection Solution)	Orfadin (Oral Suspension)
Odefsey (Oral Tablet)	Orgovyx (Oral Tablet)
Odomzo (Oral Capsule)	Orkambi (Oral Packet)
Ofev (Oral Capsule)	Orkambi (Oral Tablet)
Ofloxacin (Ophthalmic Solution)	Oseltamivir Phosphate (Oral Capsule)
Ofloxacin (Oral Tablet)	Oseltamivir Phosphate (Oral Suspension

Reconstituted)	Solution) (Generic NuLYTELY)
Osphena (Oral Tablet)	Pacerone (200MG Oral Tablet)
Otezla (Oral Tablet Therapy Pack)	Paliperidone ER (Oral Tablet Extended Release
Otezla (Oral Tablet)	24 Hour)
Oxacillin Sodium (Injection Solution	Panretin (External Gel)
Reconstituted)	Pantoprazole Sodium (Oral Tablet Delayed
Oxacillin Sodium (Intravenous Solution	Release)
Reconstituted)	Panzyga (Intravenous Solution)
Oxacillin Sodium in Dextrose (Intravenous Solution)	Paricalcitol (Oral Capsule)
Oxandrolone (10MG Oral Tablet)	Paromomycin Sulfate (Oral Capsule) Paroxetine HCl (10MG Oral Tablet Immediate
Oxandrolone (2.5MG Oral Tablet)	Release, 20MG Oral Tablet Immediate Release,
Oxcarbazepine (150MG Oral Tablet, 300MG Oral	30MG Oral Tablet Immediate Release, 40MG
Tablet, 600MG Oral Tablet)	Oral Tablet Immediate Release)
Oxcarbazepine (300MG/5ML Oral Suspension)	Paroxetine HCI (10MG/5ML Oral Suspension)
Oxybutynin Chloride (Oral Syrup)	Paser (Oral Packet)
Oxybutynin Chloride (Oral Tablet Immediate Release)	Pediarix (Intramuscular Suspension Prefilled Syringe)
Oxybutynin Chloride ER (Oral Tablet Extended	Pedvax HIB (Intramuscular Suspension)
Release 24 Hour)	Pegasys (Subcutaneous Solution Prefilled
Oxycodone HCI (100MG/5ML Oral Concentrate)	Syringe)
Oxycodone HCI (10MG Oral Tablet Immediate	Pegasys (Subcutaneous Solution)
Release, 15MG Oral Tablet Immediate Release,	Pemazyre (Oral Tablet)
20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet	Penicillamine (250MG Oral Capsule)
Immediate Release)	Penicillamine (250MG Oral Tablet)
Oxycodone HCI (5MG/5ML Oral Solution)	Penicillin G Potassium (2000000UNIT Injection
Oxycodone-Acetaminophen (10-325MG Oral	Solution Reconstituted)
Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral	Penicillin G Procaine (Intramuscular Suspension
Tablet, 7.5-325MG Oral Tablet)	Penicillin G Sodium (Injection Solution
Ozempic (0.25MG/DOSE or 0.5MG/DOSE)	Reconstituted)
(2MG/1.5ML Subcutaneous Solution Pen-	Penicillin V Potassium (Oral Solution Reconstituted)
Injector)	Penicillin V Potassium (Oral Tablet)
Ozempic (1MG/DOSE) (4MG/3ML	Pentacel (Intramuscular Suspension
Subcutaneous Solution Pen-Injector)	Reconstituted)
Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)	Pentamidine Isethionate (Inhalation Solution
P	Reconstituted)
PEG-3350-Electrolytes (Oral Solution) (Generic	Pentamidine Isethionate (Injection Solution Reconstituted)
GoLYTELY) PEG-3350-NaCl-Na Bicarbonate-KCl (Oral	Pentasa (250MG Oral Capsule Extended Release)

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

Due dusie authorie (Fertoure al Ointere aut)	Duele are asid (Ovel Tablet)
Prednicarbate (External Ointment)	Probenecid (Oral Tablet)
Prednisolone (Oral Solution)	Probenecid-Colchicine (Oral Tablet)
Prednisolone Acetate (Ophthalmic Suspension)	Procalamine (3% Intravenous Solution)
Prednisolone Sodium Phosphate (1%	Prochlorperazine (Rectal Suppository)
Ophthalmic Solution)	Prochlorperazine Maleate (Oral Tablet)
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,	Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)
5MG (21) Oral Tablet Therapy Pack, 5MG (48) Oral Tablet Therapy Pack)	Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)
Prednisone (10MG Oral Tablet, 1MG Oral Tablet,	Procto-Med HC (External Cream)
2.5MG Oral Tablet, 20MG Oral Tablet, 50MG	Procto-Pak (External Cream)
Oral Tablet, 5MG Oral Tablet)	Proctosol HC (External Cream)
Prednisone (5MG/5ML Oral Solution)	Proctozone-HC (External Cream)
Prednisone Intensol (Oral Concentrate)	Procysbi (Oral Packet)
Pregabalin (Oral Capsule)	Progesterone (Oral Capsule)
Pregabalin (Oral Solution)	Prograf (Oral Packet)
Premarin (Oral Tablet)	Prolastin-C (Intravenous Solution
Premarin (Vaginal Cream)	Reconstituted)
Premasol (Intravenous Solution)	Prolensa (Ophthalmic Solution)
Premphase (Oral Tablet)	Prolia (Subcutaneous Solution Prefilled
Premphase (Oral Tablet) Prempro (Oral Tablet)	Prolia (Subcutaneous Solution Prefilled Syringe)
Premphase (Oral Tablet) Prempro (Oral Tablet) Prenatal (27-1MG Oral Tablet)	Prolia (Subcutaneous Solution Prefilled Syringe) Promacta (Oral Packet)
Premphase (Oral Tablet) Prempro (Oral Tablet) Prenatal (27-1MG Oral Tablet) Prevalite (Oral Packet)	Prolia (Subcutaneous Solution Prefilled Syringe)
Premphase (Oral Tablet) Prempro (Oral Tablet) Prenatal (27-1MG Oral Tablet) Prevalite (Oral Packet) Prevymis (Oral Tablet)	Prolia (Subcutaneous Solution Prefilled Syringe) Promacta (Oral Packet) Promacta (Oral Tablet) Promethazine HCI (Oral Syrup)
Premphase (Oral Tablet) Prempro (Oral Tablet) Prenatal (27-1MG Oral Tablet) Prevalite (Oral Packet) Prevymis (Oral Tablet) Prezcobix (Oral Tablet)	Prolia (Subcutaneous Solution Prefilled Syringe) Promacta (Oral Packet) Promacta (Oral Tablet)
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	Prolia (Subcutaneous Solution Prefilled Syringe) Promacta (Oral Packet) Promacta (Oral Tablet) Promethazine HCI (Oral Syrup)
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)	Prolia (Subcutaneous Solution Prefilled Syringe) Promacta (Oral Packet) Promacta (Oral Tablet) Promethazine HCI (Oral Syrup) Promethazine HCI (Oral Tablet)
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)	Prolia (Subcutaneous Solution Prefilled Syringe) Promacta (Oral Packet) Promacta (Oral Tablet) Promethazine HCI (Oral Syrup) Promethazine HCI (Oral Tablet) Promethazine HCI (Rectal Suppository)
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)	Prolia (Subcutaneous Solution Prefilled Syringe) Promacta (Oral Packet) Promacta (Oral Tablet) Promethazine HCI (Oral Syrup) Promethazine HCI (Oral Tablet) Promethazine HCI (Rectal Suppository) Promethegan (25MG Rectal Suppository) Propafenone HCI (Oral Tablet) Propafenone HCI (Oral Tablet)
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)	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 (Oral Tablet) Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)
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)	Prolia (Subcutaneous Solution Prefilled Syringe) Promacta (Oral Packet) Promacta (Oral Tablet) Promethazine HCI (Oral Syrup) Promethazine HCI (Oral Tablet) Promethazine HCI (Rectal Suppository) Promethegan (25MG Rectal Suppository) Propafenone HCI (Oral Tablet) Propafenone HCI (Oral Tablet)
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)	Prolia (Subcutaneous Solution Prefilled Syringe) Promacta (Oral Packet) Promacta (Oral Tablet) Promethazine HCI (Oral Syrup) Promethazine HCI (Oral Tablet) Promethazine HCI (Rectal Suppository) Promethegan (25MG Rectal Suppository) Propafenone HCI (Oral Tablet) Propafenone HCI (Oral Tablet) Propafenone HCI ER (Oral Capsule Extended Release 12 Hour) Propranolol HCI (Oral Solution) Propranolol HCI (Oral Tablet)
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)	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 (Oral Tablet) Propafenone HCl ER (Oral Capsule Extended Release 12 Hour) Propranolol HCl (Oral Solution) Propranolol HCl (Oral Tablet) Propranolol HCl (Oral Tablet)
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)	Prolia (Subcutaneous Solution Prefilled Syringe) Promacta (Oral Packet) Promacta (Oral Tablet) Promethazine HCI (Oral Syrup) Promethazine HCI (Oral Tablet) Promethazine HCI (Rectal Suppository) Promethegan (25MG Rectal Suppository) Propafenone HCI (Oral Tablet) Propafenone HCI (Oral Tablet) Propafenone HCI ER (Oral Capsule Extended Release 12 Hour) Propranolol HCI (Oral Solution) Propranolol HCI (Oral Tablet) Propranolol HCI (Oral Tablet) Propranolol HCI (Oral Capsule Extended Release 24 Hour)
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	Prolia (Subcutaneous Solution Prefilled Syringe) Promacta (Oral Packet) Promacta (Oral Tablet) Promethazine HCI (Oral Syrup) Promethazine HCI (Oral Tablet) Promethazine HCI (Rectal Suppository) Promethegan (25MG Rectal Suppository) Propafenone HCI (Oral Tablet) Propafenone HCI ER (Oral Capsule Extended Release 12 Hour) Propranolol HCI (Oral Solution) Propranolol HCI (Oral Tablet) Propranolol HCI (Oral Capsule Extended Release 24 Hour) Propylthiouracil (Oral Tablet)
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)	Prolia (Subcutaneous Solution Prefilled Syringe) Promacta (Oral Packet) Promacta (Oral Tablet) Promethazine HCI (Oral Syrup) Promethazine HCI (Oral Tablet) Promethazine HCI (Rectal Suppository) Promethegan (25MG Rectal Suppository) Propafenone HCI (Oral Tablet) Propafenone HCI (Oral Tablet) Propafenone HCI (Oral Solution) Propranolol HCI (Oral Solution) Propranolol HCI (Oral Tablet) Propranolol HCI (Oral Tablet) Propranolol HCI (Oral Tablet) Propranolol HCI ER (Oral Capsule Extended Release 24 Hour) Propylthiouracil (Oral Tablet) Prosol (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	Prolia (Subcutaneous Solution Prefilled Syringe) Promacta (Oral Packet) Promacta (Oral Tablet) Promethazine HCI (Oral Syrup) Promethazine HCI (Oral Tablet) Promethazine HCI (Rectal Suppository) Promethegan (25MG Rectal Suppository) Propafenone HCI (Oral Tablet) Propafenone HCI ER (Oral Capsule Extended Release 12 Hour) Propranolol HCI (Oral Solution) Propranolol HCI (Oral Tablet) Propranolol HCI (Oral Capsule Extended Release 24 Hour) Propylthiouracil (Oral Tablet)

Purixan (Oral Suspension)	Rebif Titration Pack (Subcutaneous Solution
Pyrazinamide (Oral Tablet)	Prefilled Syringe)
Pyridostigmine Bromide (60MG Oral Tablet	Reclipsen (Oral Tablet)
Immediate Release)	Recombivax HB (Injection Suspension)
Pyridostigmine Bromide (Oral Solution)	Rectiv (Rectal Ointment)
Pyridostigmine Bromide ER (Oral Tablet	Regranex (External Gel)
Extended Release)	Relenza Diskhaler (Inhalation Aerosol Powder
Pyrimethamine (Oral Tablet)	Breath Activated)
Q	Relistor (Oral Tablet)
Qinlock (Oral Tablet)	Relistor (Subcutaneous Solution)
Quadracel (Intramuscular Suspension)	Repaglinide (Oral Tablet)
Quetiapine Fumarate (Oral Tablet Immediate Release)	Repatha (Subcutaneous Solution Prefilled Syringe)
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	Repatha Pushtronex System (Subcutaneous Solution Cartridge)
Quinapril HCI (Oral Tablet)	Repatha SureClick (Subcutaneous Solution
Quinapril-Hydrochlorothiazide (Oral Tablet)	Auto-Injector)
Quinidine Gluconate ER (Oral Tablet Extended	Restasis MultiDose (Ophthalmic Emulsion)
Release)	Restasis Single-Use Vials (Ophthalmic
Quinidine Sulfate (Oral Tablet)	Emulsion)
Quinine Sulfate (Oral Capsule)	Retacrit (Injection Solution)
R	Retevmo (Oral Capsule)
RAVICTI (Oral Liquid)	Revcovi (Intramuscular Solution)
RAVICTI (Oral Liquid) RabAvert (Intramuscular Suspension	Revcovi (Intramuscular Solution) Revlimid (Oral Capsule)
RAVICTI (Oral Liquid) RabAvert (Intramuscular Suspension Reconstituted)	Revcovi (Intramuscular Solution) Revlimid (Oral Capsule) Rexulti (Oral Tablet)
RAVICTI (Oral Liquid) RabAvert (Intramuscular Suspension Reconstituted) Rabeprazole Sodium (Oral Tablet Delayed	Revcovi (Intramuscular Solution) Revlimid (Oral Capsule) Rexulti (Oral Tablet) Reyataz (Oral Packet)
RAVICTI (Oral Liquid) RabAvert (Intramuscular Suspension Reconstituted) Rabeprazole Sodium (Oral Tablet Delayed Release)	Revcovi (Intramuscular Solution) Revlimid (Oral Capsule) Rexulti (Oral Tablet) Reyataz (Oral Packet) Rhopressa (Ophthalmic Solution)
RAVICTI (Oral Liquid) RabAvert (Intramuscular Suspension Reconstituted) Rabeprazole Sodium (Oral Tablet Delayed Release) Raloxifene HCI (Oral Tablet)	Revcovi (Intramuscular Solution) Revlimid (Oral Capsule) Rexulti (Oral Tablet) Reyataz (Oral Packet) Rhopressa (Ophthalmic Solution) Ribavirin (Oral Tablet)
RAVICTI (Oral Liquid) RabAvert (Intramuscular Suspension Reconstituted) Rabeprazole Sodium (Oral Tablet Delayed Release) Raloxifene HCI (Oral Tablet) Ramelteon (Oral Tablet)	Revcovi (Intramuscular Solution) Revlimid (Oral Capsule) Rexulti (Oral Tablet) Reyataz (Oral Packet) Rhopressa (Ophthalmic Solution) Ribavirin (Oral Tablet) Ridaura (Oral Capsule)
RAVICTI (Oral Liquid) RabAvert (Intramuscular Suspension Reconstituted) Rabeprazole Sodium (Oral Tablet Delayed Release) Raloxifene HCI (Oral Tablet) Ramelteon (Oral Tablet) Ramipril (Oral Capsule)	Revcovi (Intramuscular Solution) Revlimid (Oral Capsule) Rexulti (Oral Tablet) Reyataz (Oral Packet) Rhopressa (Ophthalmic Solution) Ribavirin (Oral Tablet) Ridaura (Oral Capsule) Rifabutin (Oral Capsule)
RAVICTI (Oral Liquid) RabAvert (Intramuscular Suspension Reconstituted) Rabeprazole Sodium (Oral Tablet Delayed Release) Raloxifene HCI (Oral Tablet) Ramelteon (Oral Tablet) Ramipril (Oral Capsule) Ranolazine ER (Oral Tablet Extended Release 12 Hour)	Revcovi (Intramuscular Solution) Revlimid (Oral Capsule) Rexulti (Oral Tablet) Reyataz (Oral Packet) Rhopressa (Ophthalmic Solution) Ribavirin (Oral Tablet) Ridaura (Oral Capsule)
RAVICTI (Oral Liquid) RabAvert (Intramuscular Suspension Reconstituted) Rabeprazole Sodium (Oral Tablet Delayed Release) Raloxifene HCI (Oral Tablet) Ramelteon (Oral Tablet) Ramipril (Oral Capsule) Ranolazine ER (Oral Tablet Extended Release 12	Revcovi (Intramuscular Solution) Revlimid (Oral Capsule) Rexulti (Oral Tablet) Reyataz (Oral Packet) Rhopressa (Ophthalmic Solution) Ribavirin (Oral Tablet) Ridaura (Oral Capsule) Rifabutin (Oral Capsule) Rifampin (150MG Oral Capsule, 300MG Oral Capsule) Rifampin (600MG Intravenous Solution
RAVICTI (Oral Liquid) RabAvert (Intramuscular Suspension Reconstituted) Rabeprazole Sodium (Oral Tablet Delayed Release) Raloxifene HCI (Oral Tablet) Ramelteon (Oral Tablet) Ramipril (Oral Capsule) Ranolazine ER (Oral Tablet Extended Release 12 Hour)	Revcovi (Intramuscular Solution) Revlimid (Oral Capsule) Rexulti (Oral Tablet) Reyataz (Oral Packet) Rhopressa (Ophthalmic Solution) Ribavirin (Oral Tablet) Ridaura (Oral Capsule) Rifabutin (Oral Capsule) Rifampin (150MG Oral Capsule, 300MG Oral Capsule)
RAVICTI (Oral Liquid) RabAvert (Intramuscular Suspension Reconstituted) Rabeprazole Sodium (Oral Tablet Delayed Release) Raloxifene HCI (Oral Tablet) Ramelteon (Oral Tablet) Ramipril (Oral Capsule) Ranolazine ER (Oral Tablet Extended Release 12 Hour) Rasagiline Mesylate (Oral Tablet) Rasuvo (Subcutaneous Solution Auto-Injector) Rayaldee (Oral Capsule Extended Release)	Revcovi (Intramuscular Solution) Revlimid (Oral Capsule) Rexulti (Oral Tablet) Reyataz (Oral Packet) Rhopressa (Ophthalmic Solution) Ribavirin (Oral Tablet) Ridaura (Oral Capsule) Rifabutin (Oral Capsule) Rifampin (150MG Oral Capsule, 300MG Oral Capsule) Rifampin (600MG Intravenous Solution Reconstituted) Riluzole (Oral Tablet)
RAVICTI (Oral Liquid) RabAvert (Intramuscular Suspension Reconstituted) Rabeprazole Sodium (Oral Tablet Delayed Release) Raloxifene HCI (Oral Tablet) Ramelteon (Oral Tablet) Ramipril (Oral Capsule) Ranolazine ER (Oral Tablet Extended Release 12 Hour) Rasagiline Mesylate (Oral Tablet) Rasuvo (Subcutaneous Solution Auto-Injector) Rayaldee (Oral Capsule Extended Release) Rebif (Subcutaneous Solution Prefilled	Revcovi (Intramuscular Solution) Revlimid (Oral Capsule) Rexulti (Oral Tablet) Reyataz (Oral Packet) Rhopressa (Ophthalmic Solution) Ribavirin (Oral Tablet) Ridaura (Oral Capsule) Rifabutin (Oral Capsule) Rifampin (150MG Oral Capsule, 300MG Oral Capsule) Rifampin (600MG Intravenous Solution Reconstituted) Riluzole (Oral Tablet) Rimantadine HCI (Oral Tablet)
RAVICTI (Oral Liquid) RabAvert (Intramuscular Suspension Reconstituted) Rabeprazole Sodium (Oral Tablet Delayed Release) Raloxifene HCl (Oral Tablet) Ramelteon (Oral Tablet) Ramipril (Oral Capsule) Ranolazine ER (Oral Tablet Extended Release 12 Hour) Rasagiline Mesylate (Oral Tablet) Rasuvo (Subcutaneous Solution Auto-Injector) Rayaldee (Oral Capsule Extended Release) Rebif (Subcutaneous Solution Prefilled Syringe)	Revcovi (Intramuscular Solution) Revlimid (Oral Capsule) Rexulti (Oral Tablet) Reyataz (Oral Packet) Rhopressa (Ophthalmic Solution) Ribavirin (Oral Tablet) Ridaura (Oral Capsule) Rifabutin (Oral Capsule) Rifampin (150MG Oral Capsule, 300MG Oral Capsule) Rifampin (600MG Intravenous Solution Reconstituted) Riluzole (Oral Tablet) Rimantadine HCI (Oral Tablet) Rinvoq (Oral Tablet Extended Release 24
RAVICTI (Oral Liquid) RabAvert (Intramuscular Suspension Reconstituted) Rabeprazole Sodium (Oral Tablet Delayed Release) Raloxifene HCI (Oral Tablet) Ramelteon (Oral Tablet) Ramipril (Oral Capsule) Ranolazine ER (Oral Tablet Extended Release 12 Hour) Rasagiline Mesylate (Oral Tablet) Rasuvo (Subcutaneous Solution Auto-Injector) Rayaldee (Oral Capsule Extended Release) Rebif (Subcutaneous Solution Prefilled Syringe) Rebif Rebidose (Subcutaneous Solution Auto-	Revcovi (Intramuscular Solution) Revlimid (Oral Capsule) Rexulti (Oral Tablet) Reyataz (Oral Packet) Rhopressa (Ophthalmic Solution) Ribavirin (Oral Tablet) Ridaura (Oral Capsule) Rifabutin (Oral Capsule) Rifampin (150MG Oral Capsule, 300MG Oral Capsule) Rifampin (600MG Intravenous Solution Reconstituted) Riluzole (Oral Tablet) Rimantadine HCI (Oral Tablet) Rinvoq (Oral Tablet Extended Release 24 Hour)
RAVICTI (Oral Liquid) RabAvert (Intramuscular Suspension Reconstituted) Rabeprazole Sodium (Oral Tablet Delayed Release) Raloxifene HCl (Oral Tablet) Ramelteon (Oral Tablet) Ramipril (Oral Capsule) Ranolazine ER (Oral Tablet Extended Release 12 Hour) Rasagiline Mesylate (Oral Tablet) Rasuvo (Subcutaneous Solution Auto-Injector) Rayaldee (Oral Capsule Extended Release) Rebif (Subcutaneous Solution Prefilled Syringe) Rebif Rebidose (Subcutaneous Solution Auto-Injector)	Revcovi (Intramuscular Solution) Revlimid (Oral Capsule) Rexulti (Oral Tablet) Reyataz (Oral Packet) Rhopressa (Ophthalmic Solution) Ribavirin (Oral Tablet) Ridaura (Oral Capsule) Rifabutin (Oral Capsule) Rifampin (150MG Oral Capsule, 300MG Oral Capsule) Rifampin (600MG Intravenous Solution Reconstituted) Riluzole (Oral Tablet) Rimantadine HCI (Oral Tablet) Rinvoq (Oral Tablet Extended Release 24 Hour) Risedronate Sodium (Oral Tablet Immediate
RAVICTI (Oral Liquid) RabAvert (Intramuscular Suspension Reconstituted) Rabeprazole Sodium (Oral Tablet Delayed Release) Raloxifene HCI (Oral Tablet) Ramelteon (Oral Tablet) Ramipril (Oral Capsule) Ranolazine ER (Oral Tablet Extended Release 12 Hour) Rasagiline Mesylate (Oral Tablet) Rasuvo (Subcutaneous Solution Auto-Injector) Rayaldee (Oral Capsule Extended Release) Rebif (Subcutaneous Solution Prefilled Syringe) Rebif Rebidose (Subcutaneous Solution Auto-	Revcovi (Intramuscular Solution) Revlimid (Oral Capsule) Rexulti (Oral Tablet) Reyataz (Oral Packet) Rhopressa (Ophthalmic Solution) Ribavirin (Oral Tablet) Ridaura (Oral Capsule) Rifabutin (Oral Capsule) Rifampin (150MG Oral Capsule, 300MG Oral Capsule) Rifampin (600MG Intravenous Solution Reconstituted) Riluzole (Oral Tablet) Rimantadine HCI (Oral Tablet) Rinvoq (Oral Tablet Extended Release 24 Hour)

Suspension Reconstituted ER, 25MG	S
Intramuscular Suspension Reconstituted ER)	SPS (Oral Suspension)
Risperdal Consta (37.5MG Intramuscular	SSD (External Cream)
Suspension Reconstituted ER, 50MG	Sajazir (Subcutaneous Solution)
Intramuscular Suspension Reconstituted ER)	Sancuso (Transdermal Patch)
Risperidone (0.25MG Oral Tablet, 0.5MG Oral	Sandimmune (Oral Solution)
Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet)	Santyl (External Ointment)
Risperidone (1MG/ML Oral Solution)	Sapropterin Dihydrochloride (Oral Packet)
Risperidone ODT (0.25MG Oral Tablet	Sapropterin Dihydrochloride (Oral Tablet)
Dispersible, 0.5MG Oral Tablet Dispersible, 1MG	Savella (Oral Tablet)
Oral Tablet Dispersible, 2MG Oral Tablet	Savella Titration Pack (Oral Tablet)
Dispersible, 3MG Oral Tablet Dispersible, 4MG	Scemblix (Oral Tablet)
Oral Tablet Dispersible)	Scopolamine (Transdermal Patch 72 Hour)
Ritonavir (Oral Tablet)	Secuado (Transdermal Patch 24 Hour)
Rivastigmine (Transdermal Patch 24 Hour)	Selegiline HCI (Oral Capsule)
Rivastigmine Tartrate (Oral Capsule)	Selegiline HCI (Oral Tablet)
Rivelsa (Oral Tablet)	Selenium Sulfide (External Lotion)
Rizatriptan Benzoate (Oral Tablet)	Selzentry (25MG Oral Tablet)
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	Selzentry (75MG Oral Tablet)
Rocklatan (Ophthalmic Solution)	Selzentry (Oral Solution)
Ropinirole HCI (Oral Tablet Immediate Release)	Serevent Diskus (Inhalation Aerosol Powder
Rosuvastatin Calcium (Oral Tablet)	Breath Activated)
RotaTeq (Oral Solution)	Serostim (Subcutaneous Solution Reconstituted)
Rotarix (Oral Suspension Reconstituted)	Sertraline HCI (Oral Concentrate)
Roweepra (Oral Tablet Immediate Release)	Sertraline HCI (Oral Tablet)
Rozlytrek (Oral Capsule)	Setlakin (Oral Tablet)
Rubraca (Oral Tablet)	Sevelamer Carbonate (Oral Packet)
Ruconest (Intravenous Solution Reconstituted)	Sevelamer Carbonate (Oral Tablet) (Generic Renvela)
Rufinamide (200MG Oral Tablet)	Sharobel (Oral Tablet)
Rufinamide (400MG Oral Tablet)	Shingrix (Intramuscular Suspension
Rufinamide (Oral Suspension)	Reconstituted)
Rukobia (Oral Tablet Extended Release 12	Signifor (Subcutaneous Solution)
Hour)	Sildenafil Citrate (20MG Oral Tablet) (Generic
Rybelsus (Oral Tablet)	Revatio)
Rydapt (Oral Capsule)	Silodosin (Oral Capsule)
Determine (Order Order of Determine)	Cilver Culfediation (External Creens)
Rytary (Oral Capsule Extended Release)	Silver Sulfadiazine (External Cream)

Simponi (Subcutaneous Solution Auto- Injector)	Spritam ODT (Oral Tablet Disintegrating Soluble)
Simponi (Subcutaneous Solution Prefilled	Sprycel (Oral Tablet)
Syringe)	Sronyx (Oral Tablet)
Simvastatin (Oral Tablet)	Stelara (Subcutaneous Solution Prefilled
Sirolimus (Oral Solution)	Syringe)
Sirolimus (Oral Tablet)	Stelara (Subcutaneous Solution)
Sirturo (Oral Tablet)	Stiolto Respimat (Inhalation Aerosol Solution)
Skyrizi (150MG Dose) (Subcutaneous Prefilled	Stivarga (Oral Tablet)
Syringe Kit)	Streptomycin Sulfate (Intramuscular Solution
Skyrizi (Subcutaneous Solution Prefilled	Reconstituted)
Syringe)	Stribild (Oral Tablet)
Skyrizi Pen (Subcutaneous Solution Auto- Injector)	Suboxone (Sublingual Film)
Sodium Chloride (0.45% Intravenous Solution)	Sucraid (Oral Solution)
Sodium Chloride (0.9% Intravenous Solution, 3%	Sucralfate (Oral Suspension)
Intravenous Solution)	Sucralfate (Oral Tablet)
Sodium Chloride (5% Intravenous Solution)	Sulfacetamide Sodium (Ophthalmic Ointment)
Sodium Chloride (Irrigation Solution)	Sulfacetamide Sodium (Ophthalmic Solution)
Sodium Fluoride (Oral Tablet)	Sulfacetamide-Prednisolone (Ophthalmic
Sodium Phenylbutyrate (Oral Powder)	Solution)
Sodium Phenylbutyrate (Oral Tablet)	Sulfadiazine (Oral Tablet)
Sodium Polystyrene Sulfonate (Oral Powder)	Sulfamethoxazole-Trimethoprim (Oral
Sofosbuvir-Velpatasvir (Oral Tablet)	Suspension) Sulfamethovezele Trimethoprim (Oral Tablet)
Solifenacin Succinate (Oral Tablet)	Sulfamethoxazole-Trimethoprim (Oral Tablet)
Soliqua (Subcutaneous Solution Pen-Injector)	Sulfamylon (External Cream) Sulfamylon (Oral Tablet Deleved Polesco)
Soltamox (Oral Solution)	Sulfasalazine (Oral Tablet Delayed Release)
Somavert (Subcutaneous Solution	Sulfasalazine (Oral Tablet Immediate Release)
Reconstituted)	Sulindac (Oral Tablet) Sumatriptan (Nasal Solution)
Sorafenib Tosylate (Oral Tablet)	Sumatriptan Succinate (100MG Oral Tablet,
Sorine (Oral Tablet)	25MG Oral Tablet, 50MG Oral Tablet)
Sotalol HCI (Oral Tablet)	Sumatriptan Succinate (4MG/0.5ML
Sotalol HCl AF (Oral Tablet)	Subcutaneous Solution Auto-Injector, 6MG/
Sovaldi (400MG Oral Tablet)	0.5ML Subcutaneous Solution Auto-Injector)
Sovaldi (Oral Packet)	Sumatriptan Succinate (6MG/0.5ML
Spiriva HandiHaler (Inhalation Capsule)	Subcutaneous Solution)
Spiriva Respimat (Inhalation Aerosol Solution)	Sunitinib Malate (Oral Capsule)
Spironolactone (Oral Tablet)	Suprax (500MG/5ML Oral Suspension
Spironolactone-HCTZ (Oral Tablet)	Reconstituted)
Sprintec 28 (Oral Tablet)	Suprax (Oral Tablet Chewable)
· · · · · · · · · · · · · · · · · · ·	Suprep Bowel Prep Kit (Oral Solution)

Syeda (Oral Tablet)	Tazverik (Oral Tablet)
Symbicort (Inhalation Aerosol)	Teflaro (Intravenous Solution Reconstituted)
SymlinPen 120 (Subcutaneous Solution Pen- Injector)	Tegsedi (Subcutaneous Solution Prefilled Syringe)
SymlinPen 60 (Subcutaneous Solution Pen-	Telmisartan (Oral Tablet)
Injector)	Telmisartan-Amlodipine (Oral Tablet)
Sympazan (Oral Film)	Telmisartan-HCTZ (Oral Tablet)
Symtuza (Oral Tablet)	Temazepam (15MG Oral Capsule, 30MG Oral
Synarel (Nasal Solution)	Capsule)
Synjardy (Oral Tablet Immediate Release)	Tenivac (Intramuscular Injectable)
Synjardy XR (Oral Tablet Extended Release 24	Tenofovir Disoproxil Fumarate (Oral Tablet)
Hour)	Tepmetko (Oral Tablet)
Synribo (Subcutaneous Solution	Terazosin HCI (Oral Capsule)
Reconstituted)	Terbinafine HCI (Oral Tablet)
Synthroid (Oral Tablet)	Terconazole (Vaginal Cream)
T	Terconazole (Vaginal Suppository)
TDVAX (Intramuscular Suspension)	Teriparatide (Recombinant) (Subcutaneous
TOBI Podhaler (Inhalation Capsule)	Solution Pen-Injector)
TPN Electrolytes (Intravenous Concentrate)	Testosterone (20.25MG/1.25GM 1.62%
Tabloid (Oral Tablet)	Transdermal Gel, 40.5MG/2.5GM 1.62%
Tabrecta (Oral Tablet)	Transdermal Gel), Testosterone Pump (1.62% Transdermal Gel)
Tacrolimus (External Ointment)	Testosterone (25MG/2.5GM 1% Transdermal
Tacrolimus (Oral Capsule)	Gel, 50MG/5GM 1% Transdermal Gel),
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca)	Testosterone Pump (1% Transdermal Gel)
Tafinlar (Oral Capsule)	Testosterone Cypionate (Intramuscular Solution)
Tagrisso (Oral Tablet)	Testosterone Enanthate (Intramuscular Solution)
Talzenna (Oral Capsule)	Tetrabenazine (12.5MG Oral Tablet)
Tamoxifen Citrate (Oral Tablet)	Tetrabenazine (25MG Oral Tablet)
Tamsulosin HCl (Oral Capsule)	Tetracycline HCI (Oral Capsule)
Tarina 24 Fe (Oral Tablet)	Thalomid (Oral Capsule)
Tarina Fe 1/20 EQ (Oral Tablet)	Theophylline (Oral Solution)
Tasigna (Oral Capsule)	Theophylline ER (Oral Tablet Extended Release 12 Hour)
Tazarotene (External Cream)	Theophylline ER (Oral Tablet Extended Release
Tazicef (2GM Intravenous Solution	24 Hour)
Reconstituted, 6GM Intravenous Solution	Thioridazine HCI (Oral Tablet)
Reconstituted)	Thiothixene (Oral Capsule)
Tazicef (Injection Solution Reconstituted)	Tiadylt ER (Oral Capsule Extended Release 24
Taztia XT (Oral Capsule Extended Release 24 Hour)	Hour)

Tiagabine HCI (Oral Tablet)	Release)
Tibsovo (Oral Tablet)	Tramadol HCl ER (Biphasic) (Oral Tablet
Ticovac (2.4MCG/0.5ML Intramuscular	Extended Release 24 Hour)
Suspension Prefilled Syringe)	Tramadol HCI ER (Oral Tablet Extended Release
Tigecycline (Intravenous Solution Reconstituted)	24 Hour)
Tilia Fe (Oral Tablet)	Tramadol-Acetaminophen (Oral Tablet)
Timolol Maleate (Ophthalmic Solution) (Generic	Trandolapril (Oral Tablet)
Timoptic)	Trandolapril-Verapamil HCI ER (Oral Tablet Extended Release)
Timolol Maleate (Oral Tablet)	,
Timolol Maleate Ophthalmic Gel Forming	Tranexamic Acid (Oral Tablet)
(Ophthalmic Solution) (Generic Timoptic-XE)	Tranylcypromine Sulfate (Oral Tablet)
Tinidazole (Oral Tablet) Tinidazole (Oral Tablet)	Travasol (Intravenous Solution)
Tivicay (50MC Ovel Tablet)	Travoprost (BAK Free) (Ophthalmic Solution)
Tivicay (50MG Oral Tablet)	Trazodone HCI (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)
Tivicay PD (Oral Tablet Soluble)	Trazodone HCI (300MG Oral Tablet)
Tizanidine HCl (Oral Tablet) Tabus Pay (Onbtholmic Cintment)	Trecator (Oral Tablet)
TobraDex (Ophthalmic Ointment)	Trelegy Ellipta (Inhalation Aerosol Powder
TobraDex ST (Ophthalmic Suspension)	Breath Activated)
Tobramycin (Inhalation Nebulization Solution)	Trelstar Mixject (Intramuscular Suspension
Tobramycin (Ophthalmic Solution)	Reconstituted)
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	Tresiba (Subcutaneous Solution)
Tobramycin-Dexamethasone (Ophthalmic Suspension)	Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)
Tobrex (Ophthalmic Ointment)	Tretinoin (0.01% External Gel, 0.025% External
Tolcapone (Oral Tablet)	Gel)
Tolterodine Tartrate (Oral Tablet)	Tretinoin (External Cream)
Tolterodine Tartrate ER (Oral Capsule Extended	Tretinoin (Oral Capsule)
Release 24 Hour)	Tretinoin Microsphere (External Gel)
Topiramate (Oral Capsule Sprinkle Immediate	Trexall (Oral Tablet)
Release)	Tri-Estarylla (Oral Tablet)
Topiramate (Oral Tablet)	Tri-Legest Fe (Oral Tablet)
Toremifene Citrate (Oral Tablet)	Tri-Lo-Estarylla (Oral Tablet)
Torsemide (Oral Tablet)	Tri-Lo-Sprintec (Oral Tablet)
Toujeo Max SoloStar (Subcutaneous Solution	Tri-Mili (Oral Tablet)
Pen-Injector)	Tri-Nymyo (Oral Tablet)
Toujeo SoloStar (Subcutaneous Solution Pen-	Tri-Sprintec (Oral Tablet)
Injector)	Tri-VyLibra (Oral Tablet)
Tracleer (Oral Tablet Soluble)	Tri-VyLibra Lo (Oral Tablet)
Tradjenta (Oral Tablet)	Triamcinolone Acetonide (0.025% External
Tramadol HCI (50MG Oral Tablet Immediate	Ointment, 0.1% External Ointment, 0.5% External

Ointment)	Tybost (Oral Tablet)
Triamcinolone Acetonide (Dental Paste)	Tymlos (Subcutaneous Solution Pen-Injector)
Triamcinolone Acetonide (External Cream)	Typhim Vi (Intramuscular Solution Prefilled
Triamcinolone Acetonide (External Lotion)	Syringe)
Triamterene (Oral Capsule)	Typhim Vi (Intramuscular Solution)
Triamterene-HCTZ (Oral Capsule)	U
Triamterene-HCTZ (Oral Tablet)	Unithroid (Oral Tablet)
Triderm (External Cream)	Ursodiol (300MG Oral Capsule)
Trientine HCI (Oral Capsule)	Ursodiol (Oral Tablet)
Trifluoperazine HCI (Oral Tablet)	V
Trifluridine (Ophthalmic Solution)	VAQTA (Intramuscular Suspension)
Trihexyphenidyl HCl (Oral Solution)	Valacyclovir HCl (Oral Tablet)
Trihexyphenidyl HCl (Oral Tablet)	Valchlor (External Gel)
Trijardy XR (Oral Tablet Extended Release 24	Valganciclovir HCI (450MG Oral Tablet)
Hour)	Valganciclovir HCI (50MG/ML Oral Solution
Trimethoprim (Oral Tablet)	Reconstituted)
Trimipramine Maleate (Oral Capsule)	Valproic Acid (Oral Capsule)
Trintellix (Oral Tablet)	Valproic Acid (Oral Solution)
Triumeq (Oral Tablet)	Valsartan (Oral Tablet)
Triumeq PD (Oral Tablet Soluble)	Valsartan-Hydrochlorothiazide (Oral Tablet)
Trivora (28) (Oral Tablet)	Valtoco 10MG Dose (Nasal Liquid)
Trizivir (Oral Tablet)	Valtoco 15MG Dose (Nasal Liquid Therapy
TrophAmine (Intravenous Solution)	Pack)
Trospium Chloride (Oral Tablet)	Valtoco 20MG Dose (Nasal Liquid Therapy Pack)
Trulance (Oral Tablet)	Valtoco 5MG Dose (Nasal Liquid)
Trulicity (Subcutaneous Solution Pen-Injector)	Vancomycin HCI (10GM Intravenous Solution
Trumenba (Intramuscular Suspension	Reconstituted, 1GM Intravenous Solution
Prefilled Syringe)	Reconstituted, 500MG Intravenous Solution
Truseltiq (100MG Daily Dose) (Oral Capsule Therapy Pack)	Reconstituted, 750MG Intravenous Solution Reconstituted)
Truseltiq (125MG Daily Dose) (Oral Capsule	Vancomycin HCI (Oral Capsule)
Therapy Pack)	Vandazole (Vaginal Gel)
Truseltiq (50MG Daily Dose) (Oral Capsule	Varenicline Tartrate (Oral Tablet Pack)
Therapy Pack)	Varenicline Tartrate (Oral Tablet)
Truseltiq (75MG Daily Dose) (Oral Capsule Therapy Pack)	Varivax (Subcutaneous Injectable)
Tukysa (Oral Tablet)	Vascepa (Oral Capsule)
Turalio (Oral Capsule)	Velivet (Oral Tablet)
Twinrix (Intramuscular Suspension Prefilled	Velphoro (Oral Tablet Chewable)
Syringe)	Veltassa (Oral Packet)

Vemlidy (Oral Tablet)	Vitrakvi (Oral Capsule)
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	Vitrakvi (Oral Solution)
Venclexta (10MG Oral Tablet)	Vivitrol (Intramuscular Suspension Reconstituted)
Venclexta Starting Pack (Oral Tablet Therapy	Vizimpro (Oral Tablet)
Pack)	Vonjo (Oral Capsule)
Venlafaxine HCI (Oral Tablet Immediate Release)	Voriconazole (Intravenous Solution
Venlafaxine HCI ER (Oral Capsule Extended	Reconstituted)
Release 24 Hour)	Voriconazole (Oral Suspension Reconstituted)
Ventavis (Inhalation Solution)	Voriconazole (Oral Tablet)
Verapamil HCI (Oral Tablet Immediate Release)	Vosevi (Oral Tablet)
Verapamil HCI ER (100MG Oral Capsule	Votrient (Oral Tablet)
Extended Release 24 Hour, 200MG Oral	Vraylar (1.5MG Oral Capsule, 3MG Oral
Capsule Extended Release 24 Hour, 300MG	Capsule, 4.5MG Oral Capsule, 6MG Oral
Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24	Capsule)
Hour)	Vraylar (Oral Capsule Therapy Pack)
Verapamil HCI ER (120MG Oral Capsule	Vumerity (Oral Capsule Delayed Release)
Extended Release 24 Hour, 180MG Oral	(Maintenance Dose Bottle)
Capsule Extended Release 24 Hour, 240MG	VyLibra (Oral Tablet)
Oral Capsule Extended Release 24 Hour)	Vyfemla (Oral Tablet)
Verapamil HCl ER (Oral Tablet Extended	Vyndamax (Oral Capsule)
Release)	Vyndaqel (Oral Capsule)
Versacioz (Oral Suspension)	Vyvanse (Oral Capsule)
Verzenio (Oral Tablet)	Vyvanse (Oral Tablet Chewable)
Vestura (Oral Tablet)	Vyzulta (Ophthalmic Solution)
Vibramycin (50MG/5ML Oral Syrup)	W
Victoza (Subcutaneous Solution Pen-Injector)	WYMZYA Fe (Oral Tablet Chewable)
Vienva (Oral Tablet)	Warfarin Sodium (Oral Tablet)
Vigabatrin (Oral Packet)	Welireg (Oral Tablet)
Vigabatrin (Oral Tablet)	Wixela Inhub (Inhalation Aerosol Powder Breath
Vigadrone (Oral Packet)	Activated) (Generic Advair)
Viibryd (Oral Tablet)	X
Viibryd Starter Pack (Oral Kit)	Xalkori (Oral Capsule)
Vilazodone HCI (Oral Tablet)	Xarelto (Oral Tablet)
Vimpat (Oral Solution)	Xarelto Starter Pack (Oral Tablet Therapy
Vimpat (Oral Tablet)	Pack)
Viracept (Oral Tablet)	Xatmep (Oral Solution)
Viread (150MG Oral Tablet, 200MG Oral	Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet)
Tablet, 250MG Oral Tablet)	Xcopri (14x12.5MG & 14x25MG Oral Tablet)
Viread (Oral Powder)	Therapy Pack)
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Xcopri (14x150MG & 14x200MG Oral Tablet	Xtandi (Oral Capsule)
Therapy Pack, 14x50MG & 14x100MG Oral	Xtandi (Oral Tablet)
Tablet Therapy Pack)	Xulane (Transdermal Patch Weekly)
Xcopri (250MG Daily Dose) (100MG & 150MG Oral Tablet Therapy Pack)	Xyrem (Oral Solution)
Xcopri (350MG Daily Dose) (150MG & 200MG	Υ
Oral Tablet Therapy Pack)	YF-Vax (Subcutaneous Injectable)
Xeljanz (Oral Solution)	Yuvafem (Vaginal Tablet)
Xeljanz (Oral Tablet Immediate Release)	Z
Xeljanz XR (Oral Tablet Extended Release 24	Zafemy (Transdermal Patch Weekly) Zafirlukast (Oral Tablet)
Hour)	Zaleplon (Oral Capsule)
Xermelo (Oral Tablet)	Zarxio (Injection Solution Prefilled Syringe)
Xgeva (Subcutaneous Solution)	Zejula (Oral Capsule)
Xifaxan (Oral Tablet)	Zelapar ODT (Oral Tablet Dispersible)
Xigduo XR (Oral Tablet Extended Release 24 Hour)	Zelboraf (Oral Tablet)
Xiidra (Ophthalmic Solution)	Zemaira (Intravenous Solution Reconstituted)
Xofluza (40MG Dose) (1 x 40MG Oral Tablet	Zenatane (Oral Capsule)
Therapy Pack)	Zenpep (Oral Capsule Delayed Release
Xofluza (80MG Dose) (1 x 80MG Oral Tablet	Particles)
Therapy Pack)	Zerbaxa (Intravenous Solution Reconstituted)
Xolair (Subcutaneous Solution Prefilled	Zidovudine (Oral Capsule)
Syringe)	Zidovudine (Oral Syrup)
Xolair (Subcutaneous Solution Reconstituted)	Zidovudine (Oral Tablet)
Xospata (Oral Tablet)	Ziextenzo (Subcutaneous Solution Prefilled
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	Syringe)
Xpovio (40MG Once Weekly) (Oral Tablet	Zileuton ER (Oral Tablet Extended Release 12 Hour)
Therapy Pack)	Ziprasidone HCl (Oral Capsule)
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	Ziprasidone Mesylate (Intramuscular Solution Reconstituted)
Xpovio (60MG Once Weekly) (Oral Tablet	Zirgan (Ophthalmic Gel)
Therapy Pack) Ynovio (60MC Twice Weekly) (Oral Tablet	Zolinza (Oral Capsule)
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	Zolpidem Tartrate (Oral Tablet Immediate Release)
Xpovio (80MG Once Weekly) (Oral Tablet	Zonisamide (Oral Capsule)
Therapy Pack)	Zorbtive (Subcutaneous Solution
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	Reconstituted)
Xtampza ER (Oral Capsule ER 12 Hour Abuse-	Zovia 1/35 (28) (Oral Tablet)
Deterrent)	Zydelig (Oral Tablet)

Zyflo (Oral Tablet Immediate Release)	Zyprexa Relprevv (210MG Intramuscular
Zykadia (Oral Tablet)	Suspension Reconstituted)

Alternative Covered Drugs

Your plan's Drug List includes many different types of drugs, but it doesn't include all drugs. Drugs not covered by your plan typically have alternative drugs that can be used instead. This is a **partial** list of alternative drugs that you can use in place of some drugs that are not covered by your plan.

Talk with your provider or pharmacist to see if the alternative drugs listed here are appropriate for you.

Drugs not covered by the plan	Alternative covered drugs
Amitiza	Linzess Lubiprostone Movantik Motegrity Relistor Trulance
Basaglar	Lantus Levemir Toujeo Tresiba
Bystolic	Atenolol Tablet Bisoprolol Fumarate Metoprolol Tablet Carvedilol Tablet
Cialis & Tadalafil 2.5mg and 5mg (BPH Only)	Alfuzosin Extended Release Doxazosin Tamsulosin
Cyclosporine Ophthalmic	Restasis
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic Glucophage XR)
Novolin	Humulin
Novolog	Humalog Insulin Lispro Lyumjev
Nucynta ER	Xtampza XR Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets
OxyContin	Xtampza XR Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets
Pradaxa	Eliquis

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

Bold type = Brand name drug Plain type = Generic drug



Note: Alternatives are suggestions only and may or may not be appropriate depending on the specific illness being treated. Information is accurate as of August 1, 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: \Box Yes \Box No \Box 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.

; ; inclimation in an		Network	Inform	atioi
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With my plan, I need to get my medical care and services from network providers. I may have to pay the full cost for any care I get from out-of-network providers. For my dental care, I can see providers in-network and out-of-network. \square Yes \square 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	Network	Referral	
Provider name	(PCP/Specialist/Hospital)	(Yes/No)	(Yes/No)	

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 ¹	Has Limits ² (Yes/No)	Deductible (Yes/No)



Contact your Licensed Sales Representative

If I have questions about my plan, I will call	a
or Customer Service at	



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

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



By mail

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



By fax

Fill out the Enrollment Request Form and fax it to:

Fax: 1-888-950-1169

Enrollment Request Form Checkpoints

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

Scope of Appointment Confirmation Form

	Before meeting with a Medicare beneficiary (or their authorized representative), Medicare requires that Licensed Sales Representatives use this form to ensure your appointment focuses only on the type of plan and products you are interested in. A separate form should be used for each Medicare beneficiary. Please check what you want to discuss with the Licensed Sales Representative (See the back of this page for definitions.): Medicare Advantage Plans (Part C) and Cost Plans Dental-Vision-Hearing Products Stand-alone Medicare Prescription Drug (Part D) Plan Hospital Indemnity Products Medicare Supplement (Medigap) Products							
	By signing this form, you agree to meet with a Licensed Sales Representative to discuss the products checked above. The Licensed Sales Representative is either employed or contracted by a Medicare plan and may be paid based on your enrollment in a plan. They do NOT work directly for the federal government.							
	Signing this form does NOT affect your current or future enrollment in a Medicare plan, enroll you in a Medicare plan or obligate you to enroll in a Medicare plan. All information provided on this form is confidential.							
	Beneficiary or Authorized Representative Signature and Signature Date:							
	Signature of applicant/		oday's Date					
	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)		Lice	ensed Sales Repre	esentative Phone	Licensed Sales Representative ID		
	Beneficiary Name (First_Last)		Beneficiary Phone		Date Appointment will be Completed			
	Beneficiary Address							
	Initial Method of Contact Plan(s) the Licensed Sales Representative will Represent Durin					sent During the Meeting		
	Licensed Sales Represen	tative Signat	ure					

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® (HMO-POS D-SNP) H4590-020-000 - UD5

Information about you (Please type or print in black or blue ink)									
Last Name		First Name		Middle Initial					
Birth Date	Sex □ Ma	ale 🗆 Fen	nale						
Home Phone Number ()	-	Mobile Pho	ne Numbe	er () -				
Social Security Number (Required for people who	Social Security Number (Required for people who are enrolling in D-SNP plans):								
Medicare Number									
Permanent Residence S	Permanent Residence Street Address (P.O. Box is not allowed)								
City	Co	ounty		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		oup 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 Y0066_ERFMA_2023_C					AATX23HP0050352_				

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How do you want to pay?

TEAR HERE

TEAR HERE

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 accessib	ole format?□ Yes □ No
Please check what you'd like: \square Spanish \square Braille \square Other	
If you don't see the language or format you want, please call us toll-free at	·
711 8 a.m8 p.m. local time, 7 days a week. Or visit UHCCommunityPlan	n.com for online help.
2.Are you enrolled in your state Medicaid program?	☐ Yes ☐ No
If yes, please give us your Medicaid number:	
3. Do you or your spouse work?	☐ Yes ☐ No
Do you or your spouse have other health insurance that will cover medical (Examples: Other employer group coverage, LTD coverage, Workers' Com	
auto liability, or Veterans benefits)	☐ Yes ☐ No
Enrollee Name	AATX23HP0050352_000

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If yes, please complete t	:he following:					
Name of Health Insurar	nce Company					
Member Number	Member Number					
•	ame of your primary car the plan website or in the	e provider (PCP), clinic or health center.				
Provider or PCP Full N	Name					
Provider or PCP Full N	er: r have you recently seen	(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.) this provider?				
	ddress above automatic	ally enrolls you in paperless delivery for some of				
email when new commu	unications (For example: I online. You can access th	ications delivered electronically. We will send you ar Explanation of Benefits or the Annual Notice of nese communications through any device such as a				
If you would rather hav	If you would rather have hard copies of required materials mailed to you, please check here:					
• •	ns are very large and may	hard copies of required materials. Please note that not fit in all mailboxes. You can change your				
Please read and si	gn					
By completing this form	m, I agree to the followir	ng:				
I must keep both Parpremium if I have or I understand that per the country, except urgent care outside I understand that whe prescription drug be UnitedHealthcare are (also known as a meauthorization, neith Release of Information Drug Plan, I acknown	ne, unless Medicaid or so eople with Medicare are of for limited coverage near of the U.S. See the Sum- hen my UnitedHealthcare enefits from UnitedHealt and contained in my United ember contract or subsci- her Medicare nor United ation: By joining this Medicare	UnitedHealthcare. I must keep paying my Part B omeone else pays for it. generally not covered under Medicare while out of rethe U.S. border. This plan covers emergency and mary of Benefits for more information. The coverage begins, I must get all of my medical and the hearthcare "Evidence of Coverage" document riber agreement) will be covered. Without the liber agreement or benefits or services. The licare Advantage Plan or Medicare Prescription elease my information to Medicare and other plans				
Enrollee Name Y0066_ERFMA_2023_C		AATX23HP0050352_000				

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	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.
<u>- F</u>	☐ 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 Applican	t					

Enrollee Name _____ Y0066_ERFMA_2023_C This page intentionally left blank.

							Page 5 of 7	
	For licensed sales representative/agency use only Employer Group Name							
	Employer Group ID			Branch ID				
	Licensed Sales Represe	entative/Writing ID			Initial Receipt Date			
Н Н	Licensed Sales Represe	Proposed Effective Date						
# Y	Agent must complete							
LEAK HEKE	☐ IEP (MA-PD enrollees)	☐ ICEP (MA enrollees)	enre	☐ IEP (MA-PD enrollees eligible for 2nd IEP)		☐ OEP (Jan 31)	1 - Mar	
	☐ OEP (Newly eligible) ☐ SEP (Chronic)	☐ SEP (Dual LIS change of status) ☐ SEP (Dual LIS maintaining)	☐ SEP (Change in residence) ☐ AEP (October 15-December 7)		□ SEP (Los coverage) □ OEPI	s of EGHP		
	□ SEP (SEP Reason)							
	Licensed Sales Representative Signature (Optional) Date:							
	Please mail or fax this completed form to:							
Ш	UnitedHealthcare P.O. Box 30769 Salt Lake City, UT 84130-0769							

Fax: 1-888-950-1169

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

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

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

OMB No. 0938-1378 Expires: 7/31/2023 Y0066 ERFMA 2023 C

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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



TEAR HERE

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. If they are not listed, it means you will likely have to select a new doctor.



Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.



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.

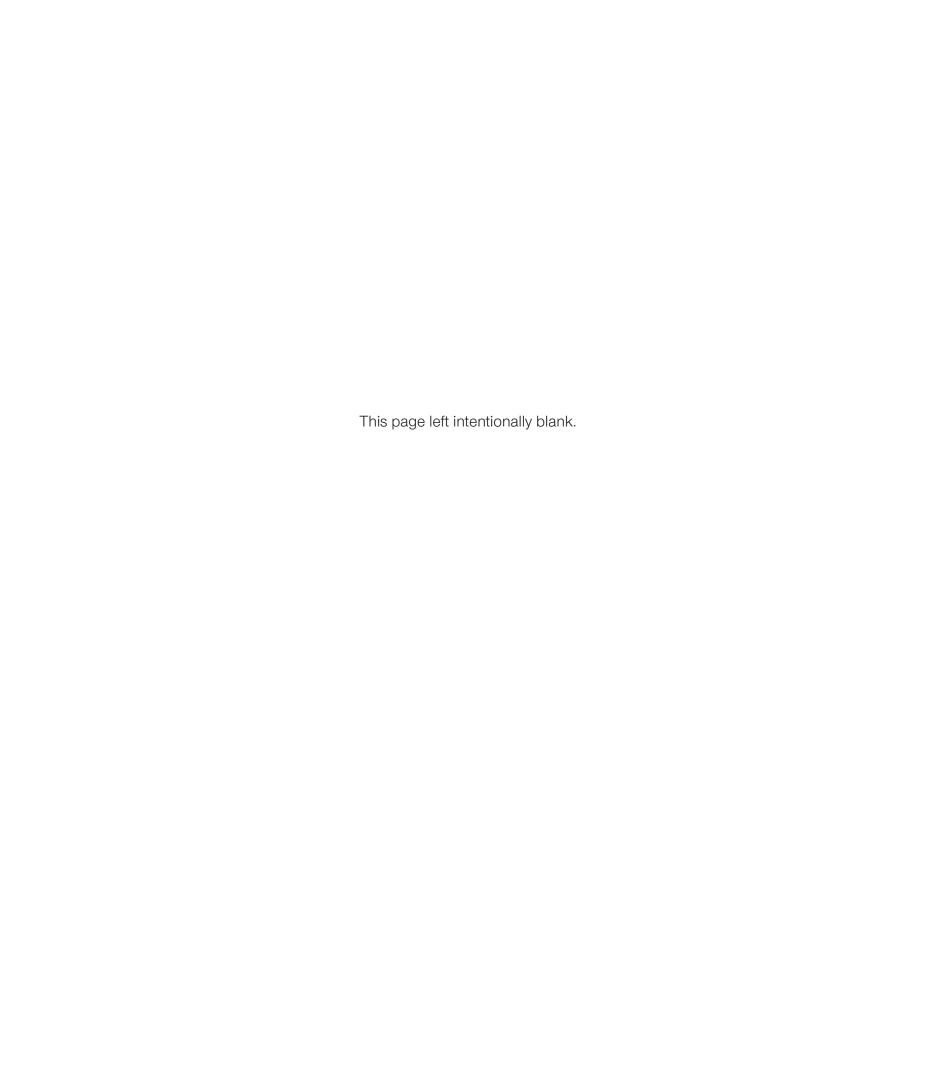


Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care.



TEAR HERE

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.



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.

Applicant 1:	Applicant 2 (if applicable):			
Name	Name			
Application Date	Application Date			
Proposed Effective Date	Proposed Effective Date			
Plan Name	Plan Name			
Plan Type	Plan Type			
Health Plan/PBP No.	Health Plan/PBP No.			
Enrollment Tracking No. (if applicable)	Enrollment Tracking No. (if applicable	e)		
Call your Licensed Sales Representative if yo	u have any RxBIN: 610097	,		
questions: Licensed Sales Representative Name and ID Nu	mber Rx PCN: 9999			
Licensed Sales Representative Phone No.	RxGRP: SHTX			

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

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



TEAR HERE

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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.



You are here
Enrollment submitted

Your application has been approved

Receive your UnitedHealthcare UCard™

Create your account to review your plan online

Coverage begins! Start using your plan



Manage your plan online

Once you receive your UnitedHealthcare UCard, you can create an account at **myuhcadvantage.com.** Online you

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



Once your coverage begins

- Schedule your annual wellness visit
- 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.

TEAR HERE

UnitedHealthcare Dual Complete® (HMO-POS D-SNP)

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

Benefit Type	Vendor Name	Contact Information
Hearing Aids	UnitedHealthcare Hearing	1-877-704-3384 UHCHearing.com/Medicare
Routine Vision Services	Plan network providers in your service area	1-866-480-2064 myuhcadvantage.com If you belong to a medical group or IPA, refer to the Provider Directory.
Routine Dental Benefits	UnitedHealthcare Dental	1-866-480-2064 myuhcadvantage.com
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	Plan network providers	Call Customer Service for more information.
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®	1-866-480-2064 UHCRenewActive.com
Fitness Wearables	Fitbit®	1-844-534-8248 fitbit.com/global/us/store/UHC



For 1-on-1 support, please contact the plan or your licensed sales representative.



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



UHCCommunityPlan.com