

# 2019 ENROLLMENT GUIDE



**Get familiar with your Medicare Advantage plan.**

## **UnitedHealthcare Dual Complete® (HMO SNP)**

H3387-010

**Service area:** New York - Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Genesee, Greene, Hamilton, Herkimer, Jefferson, Kings, Lewis, Livingston, Madison, Monroe, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Sullivan, Tioga, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, Yates counties

**Plan Year:** January 1, 2019 through December 31, 2019



# Benefits Beyond Expectations

## More choice and more guidance

Everyone's health needs are different. That's why we offer a broad range of Medicare products. And we're here to help guide you through finding the right plan.

## Customer service that puts you first

Our compassionate Customer Service Advocates are an important part of your personal health care team — ready to answer your questions, schedule your appointments and help you manage your health.

## A health care company you can rely on

1 in 5 Medicare beneficiaries trust UnitedHealthcare with their coverage.<sup>1</sup> And we've been serving people just like you for more than 40 years — so you know we'll be here when you need us.

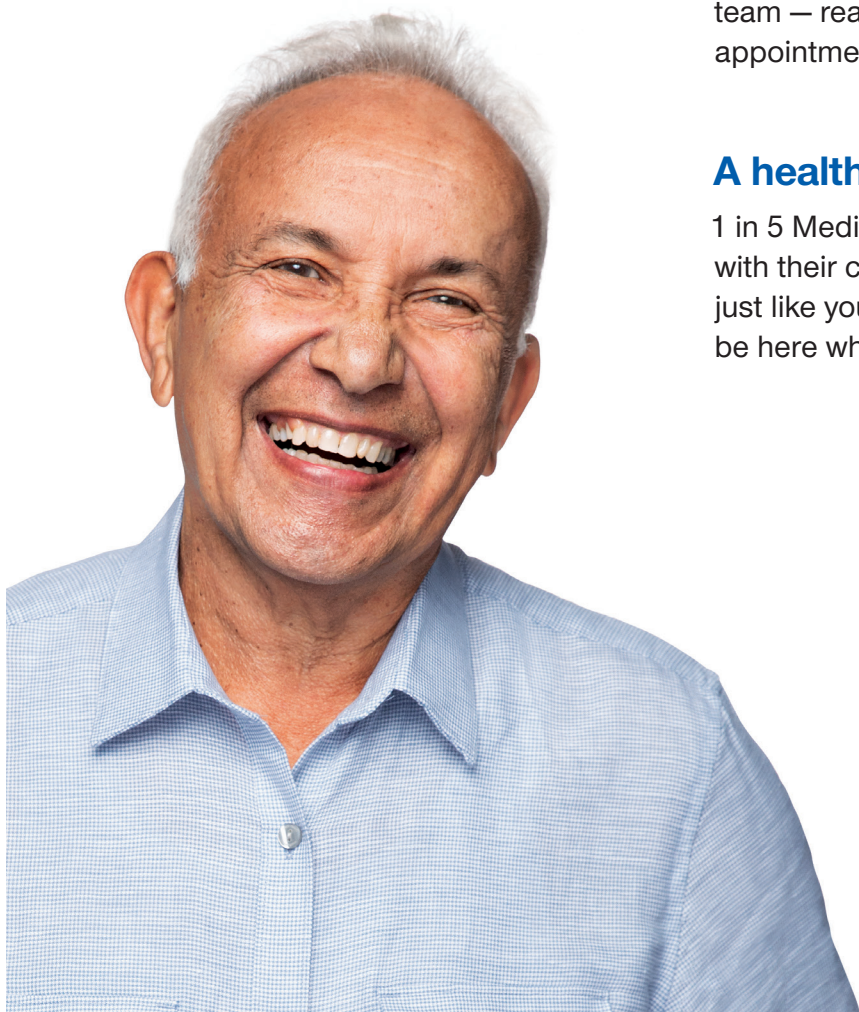


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### Have questions? We can help

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

Learn more online at  
**[www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com)**


# Start With Medicare Basics

## Make sure this plan is a good fit by reviewing the basics

Original Medicare is provided by the federal government and covers some of the costs of hospital stays (Part A) and doctor visits (Part B), but doesn't cover everything. It does not include prescription drug coverage (Part D). Although you are not required to enroll in Part D, there is a penalty of 1% of the average monthly premium for each month you delay enrollment. This must be paid monthly as long as you are enrolled in Part D. Depending on your needs, you may want to add on more coverage.


**Original Medicare**  
Provided by the federal government

PART  
**A**



Helps pay for hospital stays and inpatient care

PART  
**B**



Helps pay for doctor visits and outpatient care

**Your options for more coverage:**


OPTION 1

OR

OPTION 2

**Add one or both of the following to Original Medicare:**


**Medicare Supplement Insurance Plan**  
Offered by private companies



Helps pay some of the out-of-pocket costs that come with Original Medicare

**Medicare Part D Plan**  
Offered by private companies

PART  
**D**




Helps pay for prescription drugs

**Choose a Medicare Advantage plan:**


**Medicare Advantage Plan**  
Offered by private companies

PART  
**C**




Combines Part A (hospital insurance) and Part B (medical insurance) in one plan

PART  
**D**



Usually includes prescription drug coverage



May offer additional benefits not provided by Original Medicare

Medicare Made Clear® brought to you by UnitedHealthcare®

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**This is a Medicare Advantage Part C Health Maintenance Organization (HMO) plan**

Your plan is a Health Maintenance Organization (HMO) plan. That means you need to get health care services through a network of local doctors and hospitals.

**Here’s how your HMO plan works**



**You will need to select a primary care provider (PCP).**

This health plan requires you to select a PCP from the network. Your PCP can oversee and help manage your care.



**You have coverage for emergency care.**

Emergency Services and Urgently Needed Services are covered no matter where you go.



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

Once you reach that limit, the plan pays 100% of the future costs for covered services.

**A network of providers for coordinated care**

The chart below shows what happens when you use network versus out-of-network resources with this plan.

	In-Network	Out-of-Network
Will the doctor or hospital accept my plan?	Yes	No
Does this plan require a referral to see a Specialist or other providers?	No	No
What will I pay for covered services?	You pay your plan copay or coinsurance.*	In most cases, you will have to pay the full cost for services.

**There’s a Medicare Part D Late Enrollment Penalty**



Although you are not required to enroll in Part D, there is a penalty of 1% of the average monthly premium for each month you delay enrollment. This must be paid monthly as long as you are enrolled in Part D.

\*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 for 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 once per calendar quarter during the first three quarters of the year (January – September) based on your qualifying election type. Based on your needs you may also qualify for Low Income Subsidy (LIS) assistance.

## What are the levels of eligibility in most states?

- Qualified Medicare Beneficiary Only (QMB Only)
- Qualified Medicare Beneficiary Plus (QMB Plus)
- Specified Low-Income Medicare Beneficiary Only (SLMB Only)
- Specified Low-Income Medicare Beneficiary Plus (SLMB Plus)
- Qualified Individual (QI)
- Qualified Disabled and Working Individual (QDWI)
- Full Benefit Dual Eligible (FBDE)

## What are the income requirements for each eligibility level?

	Federal Poverty Income Level	Social Security Income Level
QMB Only QMB Plus	At or lower than	Resources not more than two times
SLMB Only SLMB Plus	Between 100% and 120%	
QI	Between 120% and 135%	
QDWI	Below 200%	
FBDE	Based on Medical Need status, institutionalized income levels, home/community based waivers	

## What benefits does each eligibility level cover?

Eligibility Level	Part A Premium	Part B Premium	Part D Premium <sup>1</sup>	Medicare Deductibles, Copays, Coinsurance	Full Medicaid Benefits
QMB Only	✓	✓	No <sup>2</sup>	✓	No
QMB Plus	✓	✓	No <sup>2</sup>	✓	✓
SLMB Only	No	✓	No <sup>2</sup>	No	No
SLMB Plus	No	✓	No <sup>2</sup>	Varies by state	✓
QI	No	✓	No <sup>2</sup>	No	No
QDWI	✓	No	No	No	No
FBDE	No	Varies by state	No	Varies by state	✓

<sup>1</sup>Low Income Subsidy may be available to help with Part D premium cost.

<sup>2</sup>QMBs, SLMBs and QIs are automatically enrolled in the low income subsidy program to cover Part D premium costs and will not have Part D premium expenses.

# **Plan Information**

# Benefit Highlights

## UnitedHealthcare Dual Complete® (HMO SNP)

This is a short description of your 2019 plan benefits. The values shown are for those with Medicare Parts A and B cost sharing that may be covered by the state. Cost share may vary depending on your individual Medicaid eligibility. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.

### Plan Costs

If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services. You may have small copays for your Part D prescription drugs.

	Your Cost
Monthly plan premium	\$0

### Medical Benefits

	Your Cost
Doctor's office visit	Primary Care Provider: \$0 copay Specialist: \$0 copay (no referral needed)
Preventive services	\$0 copay
Inpatient hospital care	\$0 copay per stay for unlimited days
Skilled nursing facility (SNF)	\$0 copay per day: days 1-100
Outpatient surgery	\$0 copay
Diabetes monitoring supplies	\$0 copay for covered brands
Home health care	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay
Diagnostic tests and procedures (non-radiological)	\$0 copay
Lab services	\$0 copay
Outpatient x-rays	\$0 copay
Ambulance	\$0 copay for ground \$0 copay for air
Emergency care	\$0 copay (worldwide)
Urgently needed services	\$0 copay (worldwide)

### Benefits and Services Beyond Original Medicare

	Your Cost
Vision - routine eye exams	\$0 copay; 1 every year
Vision - eyewear	\$0 copay every 2 years; up to \$300 for lenses/frames and contacts



	Your Cost
Dental - comprehensive	\$0 copay for covered services
Dental - benefit limit	\$2,000 limit on all covered dental services
Hearing - routine exam	\$0 copay; 1 per year
Hearing aids	\$1,000 allowance every 2 years
Fitness program through Renew Active™	Standard membership to participating fitness locations with access to group fitness classes – depending on availability. Programs such as: online brain exercises, activities and an in-person fitness orientation at no cost to you. For the complete details about the program, please visit <a href="http://www.myrenewactive.com">www.myrenewactive.com</a> , and click the link in the footer entitled Terms and Conditions.
Transportation	\$0 copay; 48 one-way trips per year to or from approved locations
Personal Emergency Response System	With the Personal Emergency Response System (PERS) help is only a button away. You can have peace of mind knowing that in any emergency situation the PERS in-home monitoring device can get you help quickly, 24 hours a day at no additional cost. The device is a lightweight button that can be worn on your wrist or as a pendant and may automatically detect falls depending on the model chosen. You must have a working landline and/or cellular phone coverage to take part in this benefit.
Foot care - routine	\$0 copay; 4 visits per year
Acupuncture	\$0 copay; 10 visits per year
Over-the-Counter Debit Card	\$120 per month for approved products at network retail locations.
Home Delivered Meals	\$0 copay; Coverage for at home meal benefit. Restrictions apply.
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week

## Prescription Drugs

If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost share outlined in the Evidence of Coverage. If you do qualify for Low-Income Subsidy (LIS) you pay:

Annual prescription deductible	\$0 or \$85, depending on the level of "Extra Help" you receive
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### 30-day supply from retail network pharmacy

Generic (including brand drugs treated as generic)	\$0, \$1.25, \$3.40 copay, or 15% coinsurance
All other drugs	\$0, \$3.80, \$8.50 copay, or 15% coinsurance

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.

This plan is available to anyone who has both Medical Assistance from the State and Medicare. 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. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

# Explore Your Additional Benefits

## Get all the benefits of Original Medicare – and more.

With this plan, you get additional benefits and services designed to help you live a healthier life. More benefits mean more value. It also means more peace of mind for you, knowing you have access to a wide range of services dedicated to your health and wellness. Limitations, exclusions and restrictions may apply. For more detailed information, please see your Summary of Benefits or call the number listed on the first page of this booklet.



### Dental coverage

This plan offers comprehensive dental benefits that may include implants, root canals, dentures or other services.



### Hearing coverage

A routine hearing exam and hearing aid benefit is included in this plan. Don't let hearing loss affect your life.



### Renew Active™

Renew Active™ is a fitness program for mind and body that's designed for you and your goals. This program includes online brain exercises and fitness class access.



### Vision coverage

This plan includes routine vision care and may include a credit toward contact lenses or eyeglasses. Help protect your eyesight and health with routine eye exams.



### Personal Emergency Response System (PERS)

This benefit gives you an in-home monitoring device that will allow you to get help quickly in any emergency situation, 24 hours a day at no additional cost to you, including the monthly monitoring charge.



### Transportation

If you need a ride to a doctor's office or pharmacy, this benefit can help you get there, at no additional cost to you.



### Speak to a nurse 24/7

Health questions can come up anytime. NurseLine<sup>SM</sup> provides you 24/7 access to a registered nurse who can help you with health concerns.



### **Over-the-Counter Items**

Get your own personal debit card that has a credit amount added each month. The card can be used to buy from a list of over 1,000 approved health care products at selected retail locations.



### **Meals benefit**

Proper nutrition is important after a hospital stay. To help you maintain a healthy meal plan, this plan covers home delivery of fresh meals after an inpatient hospital stay.



### **Routine acupuncture coverage**

This plan covers routine acupuncture visits for the relief of pain, neuromusculoskeletal disorders (things that affect muscles, nerves and bones) and nausea.



### **Podiatry coverage**

We provide the exams you need to help keep your feet healthy.

# Routine Dental Benefit Basics

## Additional coverage that may make you smile.

Some UnitedHealthcare® plans include certain dental services. Below are the routine dental services included in the plan you selected.

With Routine Dental¹, you get:

✓ No Deductible

✓ \$0 Copay

✓ Freedom to see any IN-NETWORK dentist you choose

✓ Other comprehensive dental services, as listed below

✓ Up to \$2,000 per year for covered dental services

## Covered Routine Dental Services

In-Network Providers You Pay	
Other Restorative Services - Unlimited per plan year	
core buildup, including any pins when required	\$0 copay
prefabricated post and core in addition to crown	\$0 copay
Endodontic Therapy - One procedure per Lifetime	
endodontic therapy, anterior tooth (excluding final restoration)	\$0 copay
endodontic therapy, premolar tooth (excluding final restoration)	\$0 copay
endodontic therapy, molar tooth (excluding final restoration)	\$0 copay
Complete Dentures (Including Routine Post-Delivery Care) - One procedure every five years	
complete denture – maxillary	\$0 copay
complete denture – mandibular	\$0 copay
immediate denture – maxillary	\$0 copay
immediate denture – mandibular	\$0 copay
Partial Dentures (Including Routine Post-Delivery Care) - One procedure every five years	
maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$0 copay

## Covered Routine Dental Services

In-Network Providers You Pay	
<b>Partial Dentures (Including Routine Post-Delivery Care) - One procedure every five years</b>	
mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	<b>\$0 copay</b>
maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	<b>\$0 copay</b>
mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	<b>\$0 copay</b>
<b>Denture Adjustments - Unlimited per plan year</b>	
adjust complete denture – maxillary	<b>\$0 copay</b>
adjust complete denture – mandibular	<b>\$0 copay</b>
adjust partial denture – maxillary	<b>\$0 copay</b>
adjust partial denture – mandibular	<b>\$0 copay</b>
repair broken complete denture base, mandibular	<b>\$0 copay</b>
repair broken complete denture base, maxillary	<b>\$0 copay</b>
replace missing or broken teeth – complete denture (each tooth)	<b>\$0 copay</b>
repair resin partial denture base, mandibular	<b>\$0 copay</b>
repair resin partial denture base, maxillary	<b>\$0 copay</b>
repair cast partial framework, mandibular	<b>\$0 copay</b>
repair cast partial framework, maxillary	<b>\$0 copay</b>
repair or replace broken clasp - per tooth	<b>\$0 copay</b>
replace broken teeth - per tooth	<b>\$0 copay</b>
add tooth to existing partial denture	<b>\$0 copay</b>
add clasp to existing partial denture - per tooth	<b>\$0 copay</b>
<b>Denture Reline Procedures - One procedure every two years</b>	
reline complete maxillary denture (chairside)	<b>\$0 copay</b>
reline complete mandibular denture (chairside)	<b>\$0 copay</b>
reline maxillary partial denture (chairside)	<b>\$0 copay</b>
reline mandibular partial denture (chairside)	<b>\$0 copay</b>
reline complete maxillary denture (laboratory)	<b>\$0 copay</b>
reline complete mandibular denture (laboratory)	<b>\$0 copay</b>
reline maxillary partial denture (laboratory)	<b>\$0 copay</b>

# Covered Routine Dental Services

		In-Network Providers You Pay
<b>Denture Reline Procedures - One procedure every two years</b>		
reline mandibular partial denture (laboratory)		\$0 copay
<b>Prosthodontics Fixed - Unlimited per plan year</b>		
Surgical Placement Of Implant Body: Endosteal Implant		\$0 copay
Surgical Placement Of Interim Implant Body: Endosteal Implant		\$0 copay
Abutment endosteal implant		\$0 copay
Surgical Placement: Eposteal Implant		\$0 copay
Surgical Placement: Transosteal Implant		\$0 copay
Implant/Abutment Supported Removable Denture For Completely Edentulous Arch		\$0 copay
Implant/Abutment Supported Removable Denture For Partially Edentulous Arch		\$0 copay
Connecting Bar - Implant Supported Or Abutment Supported		\$0 copay
Prefabricated Abutment - Includes Modification And Placement		\$0 copay
Custom Fabricated Abutment - Includes Placement		\$0 copay
Abutment Supported Porcelain/Ceramic Crown		\$0 copay
Abutment Supported Porcelain Fused To Metal Crown (High Noble Metal)		\$0 copay
Abutment Supported Porcelain Fused To Metal Crown (Predominantly Base Metal)		\$0 copay
Abutment Supported Porcelain Fused To Metal Crown (Noble Metal)		\$0 copay
Abutment Supported Cast Metal Crown (High Noble Metal)		\$0 copay
Abutment Supported Cast Metal Crown (Predominantly Base Metal)		\$0 copay
Abutment Supported Cast Metal Crown (Noble Metal)		\$0 copay
Implant Supported Porcelain/Ceramic Crown		\$0 copay
Implant Supported Porcelain Fused To Metal Crown		\$0 copay
Implant Supported Metal Crown		\$0 copay
Abutment Supported Retainer For Porcelain/Ceramic Fpd		\$0 copay
Abutment Supported Retainer For Porcelain Fused To Metal Fpd (High Noble Metal)		\$0 copay
Abutment Supported Retainer For Porcelain Fused To Metal Fpd (Base Metal)		\$0 copay

## Covered Routine Dental Services

		In-Network Providers You Pay
<b>Prosthodontics Fixed - Unlimited per plan year</b>		
Abutment Supported Retainer For Porcelain Fused To Metal Fpd (Noble Metal)		<b>\$0 copay</b>
Abutment Supported Retainer For Cast Metal Fpd (High Noble Metal)		<b>\$0 copay</b>
Abutment Supported Retainer For Cast Metal Fpd (Base Metal)		<b>\$0 copay</b>
Abutment Supported Retainer For Cast Metal Fpd (Noble Metal)		<b>\$0 copay</b>
Pontic - Indirect Resin Based Composite		<b>\$0 copay</b>
Pontic - Cast High Noble Metal		<b>\$0 copay</b>
Pontic - Cast Predominantly Base Metal		<b>\$0 copay</b>
Pontic - Cast Noble Metal		<b>\$0 copay</b>
Pontic - Porcelain Fused To High Noble Metal		<b>\$0 copay</b>
Pontic - Porcelain Fused To Predominantly Base Metal		<b>\$0 copay</b>
Pontic - Porcelain Fused To Noble Metal		<b>\$0 copay</b>
Pontic - Porcelain/Ceramic		<b>\$0 copay</b>
Pontic - Resin With High Noble Metal		<b>\$0 copay</b>
Pontic - Resin With Predominantly Base Metal		<b>\$0 copay</b>
Pontic - Resin With Noble Metal		<b>\$0 copay</b>
Provisional Pontic		<b>\$0 copay</b>
Retainer - Cast Metal For Resin Bonded Fixed Prosthesis		<b>\$0 copay</b>
Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis		<b>\$0 copay</b>
Retainer Crown - Indirect Resin Based Composite		<b>\$0 copay</b>
Retainer Crown - Resin With High Noble Metal		<b>\$0 copay</b>
Retainer Crown - Resin With Predominantly Base Metal		<b>\$0 copay</b>
Retainer Crown - Resin With Noble Metal		<b>\$0 copay</b>
Retainer Crown - Porcelain/Ceramic		<b>\$0 copay</b>
Retainer Crown - Porcelain Fused To High Noble Metal		<b>\$0 copay</b>
Retainer Crown - Porcelain Fused To Predominantly Base Metal		<b>\$0 copay</b>
Retainer Crown - Porcelain Fused To Noble Metal		<b>\$0 copay</b>
Retainer Crown - 3/4 Cast High Noble Metal		<b>\$0 copay</b>
Retainer Crown - 3/4 Cast Predominantly Base Metal		<b>\$0 copay</b>
Retainer Crown - 3/4 Cast Noble Metal		<b>\$0 copay</b>



Covered Routine Dental Services

		In-Network Providers You Pay
Prosthodontics Fixed - Unlimited per plan year		
Retainer Crown - 3/4 Porcelain/Ceramic		\$0 copay
Retainer Crown - Full Cast High Noble Metal		\$0 copay
Retainer Crown - Full Cast Predominantly Base Metal		\$0 copay
Retainer Crown - Full Cast Noble Metal		\$0 copay
Provisional Retainer Crown		\$0 copay
Retainer Crown - Titanium		\$0 copay
Connector Bar		\$0 copay
Re-Cement Or Re-Bond Fixed Partial Denture		\$0 copay
Stress Breaker		\$0 copay
Precision Attachment		\$0 copay
Coping - Metal		\$0 copay
Fixed Partial Denture Repair		\$0 copay
Extractions (Pulling Teeth) - Unlimited per plan year		
Extraction, Coronal Remnants - PrimaryTooth		\$0 copay
Extraction, Erupted Tooth Or Exposed Root		\$0 copay
Extraction, Erupted Tooth		\$0 copay
Removal Of Residual Tooth (Cutting Procedure)		\$0 copay
alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant - Unlimited per plan year		\$0 copay
alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant - Unlimited per plan year		\$0 copay
Pain Management - Unlimited per plan year		
palliative (emergency) treatment of dental pain - minor procedure		\$0 copay

**To find a network dentist in your area, go to [www.UHCMedicareDentistSearch.com](http://www.UHCMedicareDentistSearch.com) and select the National UnitedHealthcare Dual Complete Network. For more information or to find a network dentist, call the number on the back of your member id card.**

<sup>1</sup> Treatment plans may vary. Talk to your Dentist to find out specifics.

<sup>2</sup> Your health conditions may affect your ability to receive some services in the same day. For example, if you have an oral infection present, a cleaning may be delayed until the infection is no longer present.

*Note: Any services not listed above are not covered.*

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**UnitedHealthcare® Medicare**

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.

# 2019 SUMMARY OF BENEFITS



## Overview of your plan

**UnitedHealthcare Dual Complete® (HMO SNP)**

H3387-010

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



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



**[www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com)**



Our service area includes these counties in:

**New York:** Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Genesee, Greene, Hamilton, Herkimer, Jefferson, Kings, Lewis, Livingston, Madison, Monroe, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Sullivan, Tioga, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, Yates.

# Summary of Benefits

## January 1st, 2019 - December 31st, 2019

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

### About this plan.

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

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed inside the cover, 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, and don't pay anything for covered medical services. How much Medicaid covers depends on your income, resources and other factors. Some people get full Medicaid benefits.

Your eligibility to enroll in this plan depends on your type of Medicaid.

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. You pay nothing, except for Part D prescription drug copays.
- ☐ **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 copayments amounts only. You pay nothing, except for Part D prescription drug copays.
- ☐ **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.

### **Use network providers and pharmacies.**

UnitedHealthcare Dual Complete® (HMO SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers or pharmacies that are not in our network, the plan may not pay for those services or drugs, or you may pay more than you pay at an in-network pharmacy.

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

# UnitedHealthcare Dual Complete® (HMO SNP)

Premiums and Benefits	In-Network
Monthly Plan Premium	There is no monthly premium for this plan.
Annual Medical Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	\$0 annually for Medicare-covered services from in-network providers.

# UnitedHealthcare Dual Complete® (HMO SNP)

Benefits		In-Network
Inpatient Hospital		\$0 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient Hospital		\$0 copay
Outpatient Hospital Observation Services		\$0 copay
Doctor Visits	Primary	\$0 copay
	Specialists	\$0 copay
Preventive Care	Medicare-covered	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual “Wellness” visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening 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 flu shots, hepatitis B shots, pneumococcal shots “Welcome to Medicare” preventive visit (one-time)



Benefits		In-Network
		Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.
<b>Emergency Care</b>		\$0 copay (\$0 copay for worldwide coverage) per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital Care” section of this booklet for other costs.
<b>Urgently Needed Services</b>		\$0 copay
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Diagnostic radiology services (e.g. MRI)	\$0 copay per service
	Lab services	\$0 copay
	Diagnostic tests and procedures	\$0 copay
	Therapeutic Radiology	\$0 copay per service
	Outpatient X-rays	\$0 copay per service
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues	\$0 copay
	Routine hearing exam	\$0 copay; 1 per year
	Hearing aid	\$1,000 allowance every 2 years
<b>Routine Dental Services</b>	Comprehensive	\$0 copay for covered services
	Benefit limit	\$2,000 limit on all covered dental services

Benefits		In-Network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	\$0 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay Up to 1 every year
	Eyewear	\$0 copay every 2 years; up to \$300 for lenses/frames and contacts
Mental Health	Inpatient visit	\$0 copay per stay
		Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit	\$0 copay
	Outpatient individual therapy visit	\$0 copay
Skilled Nursing Facility (SNF)		\$0 copay per day: days 1-20 \$0 copay per day: for days 21-100
		Our plan covers up to 100 days in a SNF.
Physical therapy and speech and language therapy visit		\$0 copay
Ambulance		\$0 copay for ground \$0 copay for air
Routine Transportation		\$0 copay; 48 one-way trips per year to or from approved locations
Medicare Part B Drugs	Chemotherapy drugs	\$0 copay
	Other Part B drugs	\$0 copay

Prescription Drugs

If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost share outlined in the Evidence of Coverage. If you do qualify for Low-Income Subsidy (LIS) you pay:

Annual Prescription Deductible	Your deductible amount is either \$0 or \$85, depending on the level of "Extra Help" you receive.
30-day or 90-day supply from retail network pharmacy	
Generic (including brand drugs treated as generic)	\$0, \$1.25, \$3.40 copay, or 15% of the total cost
All Other Drugs	\$0, \$3.80, \$8.50 copay, or 15% of the total cost

Additional Benefits		In-Network
<b>Acupuncture</b>		\$0 copay; 10 visits per year
<b>Chiropractic Care</b>	Manual manipulation of the spine to correct subluxation	\$0 copay
<b>Diabetes Management</b>	Diabetes monitoring supplies	\$0 copay We only cover ACCU-CHEK® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio®, OneTouch Verio® IQ, OneTouch Verio® Flex, ACCU-CHEK® Guide, ACCU-CHEK® Aviva, and ACCU-CHEK® Nano SmartView. Test strips: OneTouch Verio®, ACCU-CHEK® Guide, ACCU-CHEK® Aviva Plus, ACCU-CHEK® SmartView, and OneTouch Ultra®. Other brands are not covered by your plan.
	Diabetes Self-management training	\$0 copay
	Therapeutic shoes or inserts	\$0 copay
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen)	\$0 copay
	Prosthetics (e.g., braces, artificial limbs)	\$0 copay
<b>Fitness program through Renew Active™</b>		Standard membership to participating fitness locations with access to group fitness classes – depending on availability. Programs such as: online brain exercises, activities and an in-person fitness orientation at no cost to you. For the complete details about the program, please visit <a href="http://www.myrenewactive.com">www.myrenewactive.com</a> , and click the link in the footer entitled Terms and Conditions.
<b>Foot Care (podiatry services)</b>	Foot exams and treatment	\$0 copay
	Routine foot care	\$0 copay; for each visit up to 4 visits every year

Additional Benefits		In-Network
<b>Meal Benefit</b>		\$0 copay; Coverage for at home meal benefit. Restrictions apply.
<b>Home Health Care</b>		\$0 copay
<b>Hospice</b>		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
<b>NurseLine</b>		Speak with a registered nurse (RN) 24 hours a day, 7 days a week
<b>Occupational Therapy Visit</b>		\$0 copay
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit	\$0 copay
	Outpatient individual therapy visit	\$0 copay
<b>Outpatient Surgery</b>		\$0 copay
<b>Over-the-Counter Debit Card</b>		\$120 credit per month for approved products at network retail locations.
<b>Personal Emergency Response System</b>		With the Personal Emergency Response System (PERS) help is only a button away. You can have peace of mind knowing that in any emergency situation the PERS in-home monitoring device can get you help quickly, 24 hours a day at no additional cost. The device is a lightweight button that can be worn on your wrist or as a pendant and may automatically detect falls depending on the model chosen. You must have a working landline and/or cellular phone coverage to take part in this benefit.
<b>Renal Dialysis</b>		\$0 copay

# 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 New York State Department of Health covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage.

Coverage of the benefits described below depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, UnitedHealthcare Dual Complete® (HMO SNP) will cover the benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call New York State Department of Health, 1-800-541-2831.

Medicaid may pay your Medicare cost sharing amount, but it will depend on your Medicaid eligibility level. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share.

Benefits	Medicaid	UnitedHealthcare Dual Complete® (HMO SNP)
Additional Dental Services	Covered	Covered
Additional Foot Care	Covered	Covered
Additional Hearing Services	Covered	Covered
Additional Vision Services	Covered	Covered
Ambulance	Covered	Covered
Comprehensive Medicaid Case Management (CMCM)	Covered	Not Covered
Certain Mental Health Services	Covered	Not Covered
Chiropractic Care	Covered	Covered
Dental Services	Covered	Covered
Diabetes Supplies and Services	Covered	Covered
Diagnostic Tests Lab and Radiology Services and X-Rays	Covered	Covered
Directly Observed Therapy for Tuberculosis (TB) Disease	Covered	Not Covered
Doctor Office Visits	Covered	Covered
Durable Medical Equipment	Covered	Covered

Benefits	Medicaid	UnitedHealthcare Dual Complete® (HMO SNP)
Emergency Care	Covered	Covered
Family Planning	Covered	Not Covered
Foot Care	Covered	Covered
Hearing Services	Covered	Covered
Home Health Care	Covered	Covered
Hospice	Covered	Covered
Inpatient Hospital Care	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Mental Health Care	Covered	Covered
Methadone Maintenance Treatment Programs (MMTP)	Covered	Not Covered
Office for People With Developmental Disabilities	Covered	Not Covered
Outpatient hospital services	Covered	Covered
Over-the-Counter Items	Not Covered	Covered
Personal Care Services	Covered	Not Covered
Personal Emergency Response Services (PERS)	Covered	Covered
Preventive Care	Covered	Covered
Private Duty Nursing	Covered	Not Covered
Prosthetic Devices	Covered	Covered
Rehabilitation Services Provided to Residents of OMH Licensed Community Residences (CRs) and Family Based Treatment Programs	Covered	Not Covered
Renal Dialysis	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Transportation (Routine)	Covered	Covered
Urgently Needed Services	Covered	Covered
Vision Services	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. This plan is available to anyone who has both Medical Assistance from the State and Medicare.

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 <https://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 Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY : 711)。

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

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

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.

Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

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

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 90 day supply of your maintenance medication.

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



should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

Participation in the Renew Active™ by UnitedHealthcare program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Equipment and classes may vary by location. Services, including equipment, classes, personalized fitness plans provided by fitness centers, and brain activities provided by BrainHQ, are provided by third parties not affiliated with UnitedHealthcare. UnitedHealthcare does not endorse and is not responsible for the services or information provided by this program. Availability of the Renew Active™ program varies by plan/area.

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.

# Enrollment Checklist

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

## Understanding the Benefits

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

## Understanding Important Rules

- ✓ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ✓ Benefits, premiums and/or copays/coinsurance may change on January 1, 2019.
- ✓ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ✓ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

## Vendor Information

As a member of the plan you get additional supplemental benefits not covered by Original Medicare. To get the most out of your additional benefits choose a network provider. You can find network providers online. You can also call Customer Service to help you find a network provider, or you can request to receive a paper copy.

Please see Chapter 4 of the Evidence of Coverage for details about these additional plan benefits.

Before contacting any of the providers below you must be fully enrolled in the plan.

Benefit Type	Vendor Name	Contact Information
Hearing Exams	EPIC Hearing Health Care	1-866-956-5400, TTY 711 6 a.m. - 6 p.m. PT, Monday - Friday <a href="http://www.epichearing.com">www.epichearing.com</a>
Hearing Aids	EPIC Hearing Health Care	1-866-956-5400, TTY 711 6 a.m. - 6 p.m. PT, Monday - Friday <a href="http://www.epichearing.com">www.epichearing.com</a>
Vision Care	MARCH® Vision Care	1-800-514-4912, TTY 711 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept <a href="http://www.UHCCommunityPlan.com">www.UHCCommunityPlan.com</a>
Dental Services	UnitedHealthcare Dental	1-800-514-4912, TTY 711 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept To find a provider go to: <a href="http://www.UHCMedicareDentistSearch.com">www.UHCMedicareDentistSearch.com</a>
Routine Acupuncture Services	OptumHealth Care Solutions, LLC (Optum)	1-866-785-1654, TTY 1-888-877-5378 8 a.m. - 8 p.m. ET, Monday - Friday
NurseLine	NurseLine	1-877-440-9407, TTY 711 24 hours a day, 7 days a week <a href="http://www.UHCCommunityPlan.com">www.UHCCommunityPlan.com</a>
Routine Transportation (Limited to ground transportation only)	National MedTrans	1-866-913-2497, TTY 1-844-488-9724 8 a.m. - 5 p.m. local time, Monday - Friday <a href="http://www.natmedtrans.com/market">www.natmedtrans.com/market</a>
Over-The-Counter Benefit	UnitedHealthcare	1-800-514-4912, TTY 711 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept <a href="http://www.UHCCommunityPlan.com">www.UHCCommunityPlan.com</a>

Benefit Type	Vendor Name	Contact Information
<b>Meal Benefit</b>	Mom's Meals NourishCare®	1-866-204-6111, TTY 711 7 a.m. – 6 p.m. CT, Monday – Friday <a href="http://www.momsmeals.com/care-transitions/">http://www.momsmeals.com/care-transitions/</a>
<b>Personal Emergency Response System</b>	Philips Lifeline	1-800-368-2925, TTY 711 8:30 a.m. - 6:30 p.m. ET, Monday - Friday
<b>Fitness Membership</b>	Renew Active™	1-800-514-4912, TTY 711 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept <a href="http://www.myrenewactive.com">www.myrenewactive.com</a>

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.

## UnitedHealthcare - H3387

### 2018 Medicare Star Ratings\*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

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

Some of the areas Medicare reviews for these ratings include:

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

For 2018, UnitedHealthcare received the following Overall Star Rating from Medicare.

★★★★  
3.5 stars

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

**Health Plan Services:** ★★★★★  
3 stars

**Drug Plan Services:** ★★★★★  
4 stars

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars - average
★★	2 stars - below average
★	1 star - poor

Learn more about our plan and how we are different from other plans at [www.medicare.gov](http://www.medicare.gov).

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Local time, at 888-834-3721 (toll-free) or 711 (TTY).

Current members please call 800-514-4912 (toll-free) or 711 (TTY).

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

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY : 711).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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





# Drug List

# Drug List

This is a complete alphabetical list of prescription drugs covered by the plan as of August 1, 2018. This list can change throughout the year. Call us or go online for the most up-to-date information. Our phone number and website are listed on the back cover of this book.

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

A	
Abacavir (20mg/ml Oral Solution, 300mg Tablet)	Acyclovir (400mg Tablet, 800mg Tablet)
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	Acyclovir (5% Ointment)
Abacavir/Lamivudine (Tablet)	Acyclovir Sodium (Injection)
<b>Abelcet (Injection)</b>	<b>Adacel (Injection)</b>
<b>Abilify Maintena (Injection)</b>	Adapalene (0.1% Cream)
<b>Abstral (Tablet Sublingual)</b>	Adapalene (0.1% Gel)
Acamprosate Calcium DR (Tablet Delayed-Release)	<b>Adcirca (Tablet)</b>
Acarbose (Tablet)	Adefovir Dipivoxil (Tablet)
Acebutolol HCl (Capsule)	<b>Adempas (Tablet)</b>
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	<b>Advair Diskus (Aerosol Powder)</b>
Acetazolamide (Tablet Immediate-Release)	<b>Advair HFA (Aerosol)</b>
Acetazolamide ER (Capsule Extended-Release 12 Hour)	Afeditab CR (Tablet Extended-Release 24 Hour)
Acetic Acid (Otic Solution)	<b>Afinitor (Tablet)</b>
Acetylcysteine (Inhalation Solution)	<b>Afinitor Disperz (Tablet Soluble)</b>
Acitretin (Capsule)	Ala-Cort (Cream)
<b>ActHIB (Injection)</b>	<b>Albenza (Tablet)</b>
<b>Actemra (Injection)</b>	Albuterol Sulfate (0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution)
<b>Actimmune (Injection)</b>	Albuterol Sulfate (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)
Acyclovir (200mg Capsule)	Alclometasone Dipropionate (0.05% Cream, 0.05% Ointment)
Acyclovir (200mg/5ml Suspension)	Alcohol Prep Pads
	<b>Alecensa (Capsule)</b>

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Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet)	Amlodipine Besylate/Atorvastatin Calcium (Tablet)
Alendronate Sodium (70mg/75ml Oral Solution)	Amlodipine Besylate/Benazepril HCl (Capsule)
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)	Amlodipine Besylate/Valsartan (Tablet)
<b>Alinia (100mg/5ml Suspension, 500mg Tablet)</b>	Amlodipine/Olmesartan Medoxomil (Tablet)
Allopurinol (Tablet)	Amlodipine/Valsartan/Hydrochlorothiazide (Tablet)
<b>Alocril (Ophthalmic Solution)</b>	Ammonium Lactate (12% Cream, 12% Lotion)
<b>Alomide (Ophthalmic Solution)</b>	Amoxapine (Tablet)
Alosetron HCl (Tablet)	Amoxicillin (125mg Tablet Chewable, 250mg Tablet Chewable, 125mg/5ml Suspension, 200mg/5ml Suspension, 250mg/5ml Suspension, 400mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 500mg Tablet, 875mg Tablet)
<b>Alphagan P (0.1% Ophthalmic Solution)</b>	Amoxicillin/Clavulanate Potassium (200mg-28.5mg Tablet Chewable, 400mg-57mg Tablet Chewable, 200mg/5ml-28.5mg/5ml Suspension, 250mg/5ml-62.5mg/5ml Suspension, 400mg/5ml-57mg/5ml Suspension, 600mg/5ml-42.9mg/5ml Suspension, 250mg-125mg Tablet Immediate-Release, 500mg-125mg Tablet Immediate-Release, 875mg-125mg Tablet Immediate-Release) (Generic Augmentin)
Alprazolam (Tablet Immediate-Release)	Amoxicillin/Clavulanate Potassium ER (Tablet Extended-Release 12 Hour)
Altavera (Tablet)	Amphetamine/Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)
<b>Alunbrig (Tablet Therapy Pack, 180mg Tablet, 30mg Tablet, 90mg Tablet)</b>	Amphetamine/Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)
Alyacen 1/35 (Tablet)	Amphotericin B (Injection)
<b>AmBisome (Injection)</b>	
Amantadine HCl (100mg Capsule, 100mg Tablet)	
Amantadine HCl (50mg/5ml Syrup)	
Amethia (Tablet)	
Amethia Lo (Tablet)	
Amikacin Sulfate (Injection)	
Amiloride HCl (Tablet)	
Amiloride/Hydrochlorothiazide (Tablet)	
<b>Aminosyn 7%/Electrolytes (Injection)</b>	
<b>Aminosyn 8.5%/Electrolytes (Injection)</b>	
<b>Aminosyn II (10% Injection)</b>	
<b>Aminosyn II 8.5%/Electrolytes (Injection)</b>	
<b>Aminosyn-HBC (Injection)</b>	
<b>Aminosyn-PF (Injection)</b>	
<b>Aminosyn-RF (Injection)</b>	
Amiodarone HCl (200mg Tablet)	
<b>Amitiza (Capsule)</b>	
Amitriptyline HCl (Tablet)	
Amlodipine Besylate (Tablet)	

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Ampicillin (Capsule)	<b>Arnuity Ellipta (100mcg/act Aerosol Powder, 200mcg/act Aerosol Powder, 50mcg/act Aerosol Powder)</b>
Ampicillin Sodium (10gm Injection, 125mg Injection, 1gm Injection)	Ashlyna (Tablet)
Ampicillin-Sulbactam (Injection)	Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)
<b>Ampyra (Tablet Extended-Release 12 Hour)</b>	Atazanavir Sulfate (Capsule)
<b>Anadrol-50 (Tablet)</b>	Atenolol (Tablet)
Anagrelide HCl (Capsule)	Atenolol/Chlorthalidone (Tablet)
Anastrozole (Tablet)	Atomoxetine (Capsule)
<b>Androderm (Patch 24 Hour)</b>	Atorvastatin Calcium (Tablet)
<b>Anoro Ellipta (Aerosol Powder)</b>	Atovaquone (Suspension)
<b>Apokyn (Injection)</b>	Atovaquone/Proguanil HCl (Tablet) (Generic Malarone)
Apraclonidine (Ophthalmic Solution)	<b>Atripla (Tablet)</b>
Aprepitant (125mg Capsule)	<b>Atropine Sulfate (Ophthalmic Solution)</b>
Aprepitant (Therapy Pack, 40mg Capsule, 80mg Capsule)	<b>Atrovent HFA (Aerosol Solution)</b>
Apri (Tablet)	<b>Aubagio (Tablet)</b>
<b>Apriso (Capsule Extended-Release 24 Hour)</b>	Aubra (Tablet)
<b>Aptiom (Tablet)</b>	Augmented Betamethasone Dipropionate (0.05% Cream, 0.05% Gel, 0.05% Lotion, 0.05% Ointment)
<b>Aptivus (100mg/ml Oral Solution, 250mg Capsule)</b>	<b>Auryxia (Tablet)</b>
<b>Aralast NP (Injection)</b>	<b>Avandia (Tablet)</b>
Aranelle (Tablet)	Aviane (Tablet)
<b>Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection)</b>	<b>Avonex (Injection)</b>
<b>Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection)</b>	<b>Avonex Pen (Injection)</b>
<b>Arcalyst (Injection)</b>	<b>Azasite (Ophthalmic Solution)</b>
Aripiprazole (10mg Tablet, 15mg Tablet, 20mg Tablet, 2mg Tablet, 30mg Tablet, 5mg Tablet)	Azathioprine (Tablet)
Aripiprazole (1mg/ml Oral Solution)	Azelastine HCl (0.05% Ophthalmic Solution)
Aripiprazole ODT (Tablet Dispersible)	Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)
<b>Aristada (Injection)</b>	Azithromycin (100mg/5ml Suspension, 200mg/5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet)
	Azithromycin (500mg Injection)
	<b>Azopt (Suspension)</b>
	Aztreonam (Injection)

B	
<b>BCG Vaccine (Injection)</b>	Bicalutamide (Tablet)
<b>BIVIGAM (Injection)</b>	<b>Bicillin C-R (Injection)</b>
Bacitracin (Ophthalmic Ointment)	<b>Bicillin L-A (Injection)</b>
Bacitracin/Polymyxin B (Ophthalmic Ointment)	<b>Biktarvy (Tablet)</b>
Baclofen (10mg Tablet, 20mg Tablet, 5mg Tablet)	<b>Biltricide (Tablet)</b>
<b>Bactocill in Dextrose (Injection)</b>	<b>Binosto (Tablet Effervescent)</b>
<b>Bactroban Nasal (Ointment)</b>	Bisoprolol Fumarate (Tablet)
Balsalazide Disodium (Capsule)	Bisoprolol Fumarate/Hydrochlorothiazide (Tablet)
Balziva (Tablet)	<b>Blephamide (Suspension)</b>
<b>Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension)</b>	Blephamide S.O.P. (Ointment)
<b>Baraclude (0.05mg/ml Oral Solution)</b>	Blisovi 24 Fe (Tablet)
<b>Belsomra (Tablet)</b>	Blisovi Fe 1.5/30 (Tablet)
Benazepril HCl (Tablet)	Blisovi Fe 1/20 (Tablet)
Benazepril HCl/Hydrochlorothiazide (Tablet)	<b>Boostrix (Injection)</b>
<b>Benlysta (Injection)</b>	<b>Bosulif (Tablet)</b>
<b>Benznidazole (Tablet)</b>	<b>Breo Ellipta (Aerosol Powder)</b>
Benztropine Mesylate (Tablet)	Briellyn (Tablet)
<b>Bepreve (Ophthalmic Solution)</b>	<b>Brilinta (Tablet)</b>
<b>Berinert (Injection)</b>	<b>Brimonidine Tartrate (0.15% Ophthalmic Solution)</b>
<b>Besivance (Suspension)</b>	Brimonidine Tartrate (0.2% Ophthalmic Solution)
Betamethasone Dipropionate (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	<b>Briavact (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution)</b>
Betamethasone Valerate (0.1% Cream, 0.1% Lotion, 0.1% Ointment)	Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule)
<b>Betaseron (Injection)</b>	Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension, 1mg/2ml Suspension)
Betaxolol HCl (0.5% Ophthalmic Solution)	Budesonide (3mg Capsule Delayed-Release)
Betaxolol HCl (10mg Tablet, 20mg Tablet)	Budesonide ER (Tablet Extended-Release 24 Hour)
Bethanechol Chloride (Tablet)	Bumetanide (0.25mg/ml Injection)
<b>Bethkis (Nebulized Solution)</b>	Bumetanide (0.5mg Tablet, 1mg Tablet, 2mg Tablet)
<b>Betimol (Ophthalmic Solution)</b>	Buprenorphine HCl (Tablet Sublingual)
<b>Bevespi Aerosphere (Aerosol)</b>	Buprenorphine HCl/Naloxone HCl (Tablet Sublingual)
Bexarotene (Capsule)	Bupropion HCl (Tablet Immediate-Release)
<b>Bexsero (Injection)</b>	
<b>BiDil (Tablet)</b>	

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Bupropion HCl SR (100mg Tablet Extended-Release 12 Hour, 150mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour)
Bupropion HCl SR (150mg Tablet Extended-Release 12 Hour Smoking-Deterrent)
Bupropion HCl XL (Tablet Extended-Release 24 Hour)
Buspirone HCl (Tablet)
Butalbital/Acetaminophen/Caffeine (50mg-325mg-40mg Tablet)
Butalbital/Aspirin/Caffeine (50mg-325mg-40mg Capsule)
Butorphanol Tartrate (10mg/ml Nasal Solution)
<b>Bydureon Bcise (Auto injector)</b>
<b>Bydureon Pen (Injection)</b>
<b>Bydureon Vial (Injection)</b>
<b>Byetta (Injection)</b>
<b>Bystolic (Tablet)</b>
<b>C</b>
Cabergoline (Tablet)
<b>Cabometyx (Tablet)</b>
Calcipotriene (0.005% Cream, 0.005% External Solution, 0.005% Ointment)
Calcitonin-Salmon (Nasal Solution)
Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution)
<b>Calcitriol (3mcg/gm Ointment)</b>
Calcium Acetate (667mg Capsule, 667mg Tablet)
<b>Calquence (Capsule)</b>
Camila (Tablet)
Camrese Lo (Tablet)
<b>Canasa (Suppository)</b>
Candesartan Cilexetil (Tablet)
Candesartan Cilexetil/Hydrochlorothiazide (Tablet)
<b>Caprelsa (Tablet)</b>

Captopril (Tablet)
Captopril/Hydrochlorothiazide (Tablet)
<b>Carac (Cream)</b>
<b>Carafate (1gm/10ml Suspension)</b>
<b>Carbaglu (Tablet)</b>
Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)
Carbamazepine ER (100mg Capsule Extended-Release 12 Hour, 200mg Capsule Extended-Release 12 Hour, 300mg Capsule Extended-Release 12 Hour, 100mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 12 Hour)
Carbidopa (Tablet)
Carbidopa/Levodopa (Tablet Immediate-Release)
Carbidopa/Levodopa ER (Tablet Extended-Release)
Carbidopa/Levodopa ODT (Tablet Dispersible)
Carbidopa/Levodopa/Entacapone (Tablet)
<b>Carimune Nanofiltered (Injection)</b>
Carteolol HCl (Ophthalmic Solution)
Cartia XT (Capsule Extended-Release 24 Hour)
Carvedilol (Tablet)
Caspofungin Acetate (Injection)
<b>Cayston (Inhalation Solution)</b>
Caziant (Tablet)
Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release)
Cefadroxil (250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capsule)
Cefazolin Sodium (Injection)
Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule)
Cefepime (Injection)
Cefixime (Suspension)
Cefotaxime Sodium (Injection)



Cefotetan (Injection)	Shampoo)
Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection)	Ciclopirox Nail Lacquer (External Solution)
Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet, 100mg/5ml Suspension, 50mg/5ml Suspension)	Ciclopirox Olamine (Cream)
Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	Cilostazol (Tablet)
Ceftazidime (Injection)	<b>Ciloxan (0.3% Ointment)</b>
Ceftriaxone Sodium (10gm Injection, 1gm Injection, 250mg Injection, 2gm Injection, 500mg Injection)	Cimetidine (Tablet)
Cefuroxime Axetil (Tablet)	Cimetidine HCl (Oral Solution)
Cefuroxime Sodium (1.5gm Injection, 7.5gm Injection, 750mg Injection)	<b>Cimzia (Injection)</b>
Celecoxib (Capsule)	<b>Cinryze (Injection)</b>
<b>Celontin (Capsule)</b>	<b>Cipro HC (Suspension)</b>
Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule)	<b>Ciprodex (Otic Suspension)</b>
<b>Cesamet (Capsule)</b>	Ciprofloxacin (Oral Suspension)
Cetirizine HCl (Oral Solution)	Ciprofloxacin ER (Tablet Extended-Release 24 Hour)
<b>Chantix (Tablet)</b>	Ciprofloxacin HCl (0.3% Ophthalmic Solution, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release)
<b>Chantix Continuing Month Pak (Tablet)</b>	Ciprofloxacin HCl (100mg Tablet Immediate-Release)
<b>Chantix Starting Month Pak (Tablet)</b>	Ciprofloxacin I.V. in D5W (Injection)
<b>Chemet (Capsule)</b>	Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet)
Chenodal (Tablet)	Citalopram HBr (10mg/5ml Oral Solution)
Chlordiazepoxide HCl (Capsule)	Claravis (Capsule)
Chlorhexidine Gluconate Oral Rinse (Solution)	Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension)
Chloroquine Phosphate (Tablet)	Clarithromycin (250mg Tablet, 500mg Tablet)
Chlorothiazide (Tablet)	Clarithromycin ER (Tablet Extended-Release 24 Hour)
Chlorpromazine HCl (Tablet)	<b>Climara Pro (Patch Weekly)</b>
Chlorthalidone (Tablet)	Clindamycin HCl (Capsule Immediate-Release)
Chlorzoxazone (500mg Tablet)	Clindamycin Palmitate HCl (Oral Solution)
<b>Cholbam (Capsule)</b>	Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab)
Cholestyramine (Packet)	Clindamycin Phosphate (2% Cream)
Cholestyramine Light (Powder)	Clindamycin Phosphate (300mg/2ml Injection, 600mg/4ml Injection, 900mg/6ml Injection)
Ciclopirox (0.77% Gel, 0.77% Suspension, 1%	

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Clindamycin Phosphate in D5W (Injection)	Colestipol HCl (5gm Packet)
Clindamycin/Benzoyl Peroxide (1%-5% Gel) (Generic BenzaClin)	Colistimethate Sodium (Injection)
Clobetasol Propionate (0.05% Cream, 0.05% Gel, 0.05% Ointment, 0.05% Shampoo)	Colocort (Enema)
Clobetasol Propionate (0.05% External Solution)	<b>Coly-Mycin S (Suspension)</b>
Clobetasol Propionate E (Cream)	<b>Combigan (Ophthalmic Solution)</b>
Clomipramine HCl (Capsule)	<b>Combivent Respimat (Aerosol Solution)</b>
Clonazepam (Tablet Immediate-Release)	<b>Cometriq (Kit)</b>
Clonazepam ODT (Tablet Dispersible)	<b>Complera (Tablet)</b>
Clonidine HCl (0.1mg Tablet Immediate-Release, 0.2mg Tablet Immediate-Release, 0.3mg Tablet Immediate-Release)	Compro (Suppository)
Clonidine HCl (0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly)	Constulose (Oral Solution)
Clonidine HCl ER (Tablet Extended-Release 12 Hour)	<b>Cordran (Tape)</b>
Clopidogrel (75mg Tablet)	<b>Corlanor (Tablet)</b>
Clorazepate Dipotassium (Tablet)	Cortisone Acetate (Tablet)
Clotrimazole (1% Cream, 1% External Solution, 10mg Lozenge)	<b>Cortisporin (0.5%-0.5% Cream, 1%-0.5% Ointment)</b>
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Cream)	<b>Cosentyx (Injection)</b>
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Lotion)	<b>Cosentyx Sensoready Pen (Injection)</b>
Clozapine (100mg Tablet, 25mg Tablet, 50mg Tablet, 200mg Tablet)	<b>Cosopt PF (Ophthalmic Solution)</b>
Clozapine ODT (100mg Tablet Dispersible, 12.5mg Tablet Dispersible, 150mg Tablet Dispersible, 25mg Tablet Dispersible)	<b>Cotellic (Tablet)</b>
Clozapine ODT (200mg Tablet Dispersible)	<b>Coumadin (Tablet)</b>
<b>Coartem (Tablet)</b>	<b>Creon (Capsule Delayed-Release)</b>
Codeine Sulfate (Tablet)	<b>Crinone (Gel)</b>
<b>Colchicine (0.6mg Capsule) (Generic Mitigare)</b>	<b>Crixivan (Capsule)</b>
Colchicine (0.6mg Tablet) (Generic Colcrys)	Cromolyn Sodium (100mg/5ml Concentrate)
<b>Colcrys (Tablet)</b>	Cromolyn Sodium (20mg/2ml Nebulized Solution)
Colesevelam HCl (Tablet)	Cromolyn Sodium (4% Ophthalmic Solution)
Colestipol HCl (1gm Tablet)	Cryselle-28 (Tablet)
	<b>Cuprimine (Capsule)</b>
	<b>Cuvposa (Oral Solution)</b>
	Cyclafem (Tablet)
	Cyclobenzaprine HCl (10mg Tablet, 5mg Tablet)
	Cyclobenzaprine HCl (7.5mg Tablet)
	Cyclophosphamide (Capsule)
	<b>Cycloset (Tablet)</b>
	Cyclosporine (Capsule)
	Cyclosporine Modified (100mg Capsule, 25mg



Capsule, 50mg Capsule, 100mg/ml Oral Solution)
Cyproheptadine HCl (2mg/5ml Syrup, 4mg Tablet)
<b>Cystadane (Powder)</b>
<b>Cystagon (Capsule)</b>
<b>Cystaran (Ophthalmic Solution)</b>
<b>D</b>
<b>DARAPRIM (Tablet)</b>
<b>Daklinza (Tablet)</b>
<b>Daliresp (Tablet)</b>
<b>Dalvance (Injection)</b>
Danazol (Capsule)
Dantrolene Sodium (Capsule)
Dapsone (Tablet)
<b>Daptacel (Injection)</b>
Daptomycin (Injection)
Deblitane (Tablet)
Delyla (Tablet)
Demeclocycline HCl (Tablet)
<b>Demser (Capsule)</b>
<b>Denavir (Cream)</b>
<b>Depen Titratabs (Tablet)</b>
Depo-Estradiol (Injection)
<b>Depo-Provera (Injection)</b>
<b>Descovy (Tablet)</b>
Desipramine HCl (Tablet)
Desmopressin Acetate (0.01% Nasal Spray Solution)
Desmopressin Acetate (0.1mg Tablet, 0.2mg Tablet)
Desogestrel/Ethinyl Estradiol (Tablet)
Desonide (0.05% Ointment)
Desoximetasone (0.05% Cream, 0.25% Cream)
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour, 25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24

Hour) (Generic Pristiq)
Dexamethasone (0.5mg Tablet, 0.75mg Tablet, 1.5mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 0.5mg/5ml Elixir)
Dexamethasone Intensol (1mg/ml Concentrate)
Dexamethasone Sodium Phosphate (Ophthalmic Solution)
<b>Dexilant (Capsule Delayed-Release)</b>
Dexmethylphenidate HCl (Tablet Immediate-Release)
Dexmethylphenidate HCl ER (Capsule Extended-Release 24 Hour)
Dextroamphetamine Sulfate (10mg Tablet, 5mg Tablet)
Dextroamphetamine Sulfate ER (Capsule Extended-Release 24 Hour)
<b>Dextrose 10% (Injection)</b>
<b>Dextrose 10%/NaCl 0.2% (Injection)</b>
<b>Dextrose 10%/NaCl 0.45% (Injection)</b>
<b>Dextrose 2.5%/NaCl 0.45% (Injection)</b>
Dextrose 5% (Injection)
<b>Dextrose 5%/NaCl 0.2% (Injection)</b>
<b>Dextrose 5%/NaCl 0.225% (Injection)</b>
<b>Dextrose 5%/NaCl 0.33% (Injection)</b>
<b>Dextrose 5%/NaCl 0.45% (Injection)</b>
<b>Dextrose 5%/NaCl 0.9% (Injection)</b>
<b>Diastat AcuDial (Gel)</b>
<b>Diastat Pediatric (Gel)</b>
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)
Diazepam (1mg/ml Oral Solution)
Diazepam Intensol (5mg/ml Concentrate)
Diclofenac Potassium (Tablet)
Diclofenac Sodium (0.1% Ophthalmic Solution)
Diclofenac Sodium (1% Gel)
Diclofenac Sodium (3% Gel)
Diclofenac Sodium DR (Tablet Delayed-Release)
Diclofenac Sodium ER (Tablet Extended-Release

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24 Hour)	Doxazosin Mesylate (Tablet)
Dicloxacillin Sodium (Capsule)	Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate)
Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution)	Doxepin HCl (Cream)
Dicyclomine HCl (Tablet)	Doxercalciferol (Capsule)
Didanosine (Capsule Delayed-Release)	Doxy 100 (Injection)
<b>Difacid (Tablet)</b>	Doxycycline (25mg/5ml Suspension)
Diflunisal (Tablet)	Doxycycline Hyclate (100mg Capsule, 50mg Capsule, 100mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)
Digitek (Tablet)	Doxycycline Monohydrate (100mg Capsule, 50mg Capsule, 100mg Tablet, 50mg Tablet, 75mg Tablet)
Digox (Tablet)	Dronabinol (Capsule)
<b>Digoxin (0.05mg/ml Oral Solution)</b>	Drospirenone/Ethinyl Estradiol (Tablet)
Digoxin (125mcg Tablet, 250mcg Tablet)	<b>Droxia (Capsule)</b>
Dihydroergotamine Mesylate (Nasal Solution)	<b>Duavee (Tablet)</b>
Dilantin (Capsule)	<b>Dulera (Aerosol)</b>
Dilantin INFATABS (Tablet Chewable)	Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)
Dilt-XR (Capsule Extended-Release 24 Hour)	<b>Duramorph (Injection)</b>
Diltiazem HCl (Tablet Immediate-Release)	<b>Durezol (Emulsion)</b>
Diltiazem HCl ER (Capsule Extended-Release)	Dutasteride (Capsule)
<b>Dipentum (Capsule)</b>	<b>Dymista (Suspension)</b>
Diphenoxylate/Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid)	<b>Dyrenium (Capsule)</b>
<b>Diphtheria/Tetanus Toxoids Adsorbed Pediatric (Injection)</b>	E
Disulfiram (Tablet)	<b>E.E.S. Granules (Suspension)</b>
<b>Diuril (Suspension)</b>	Econazole Nitrate (Cream)
Divalproex Sodium (Capsule Sprinkle Delayed-Release)	<b>Edarbi (Tablet)</b>
Divalproex Sodium DR (Tablet Delayed-Release)	<b>Edarbyclor (Tablet)</b>
Divalproex Sodium ER (Tablet Extended-Release 24 Hour)	<b>Edurant (Tablet)</b>
Dofetilide (Capsule)	Efavirenz (200mg Capsule, 600mg Tablet)
Donepezil HCl (Tablet)	Efavirenz (50mg Capsule)
Donepezil HCl ODT (Tablet Dispersible)	<b>Egrifta (Injection)</b>
<b>Doripenem (Injection)</b>	<b>Elestrin (Gel)</b>
Dorzolamide HCl (Ophthalmic Solution)	
Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution)	

<b>Elidel (Cream)</b>	<b>Erleada (Tablet)</b>
<b>Eliquis (Tablet)</b>	Errin (Tablet)
<b>Eliquis Starter Pack (Tablet)</b>	Ery (2% Pad)
<b>Elmiron (Capsule)</b>	Ery-Tab (Tablet Delayed-Release)
<b>Embeda (Capsule Extended-Release)</b>	<b>EryPed 200 (Suspension)</b>
<b>Emcyt (Capsule)</b>	<b>EryPed 400 (Suspension)</b>
<b>Emend (125mg Suspension)</b>	Erythrocine Lactobionate (Injection)
Emoquette (Tablet)	Erythromycin (2% External Solution)
<b>Emsam (Patch 24 Hour)</b>	Erythromycin (2% Gel)
<b>Emtriva (10mg/ml Oral Solution, 200mg Capsule)</b>	Erythromycin (250mg Capsule Delayed-Release)
Enalapril Maleate (Tablet)	Erythromycin (5mg/gm Ophthalmic Ointment)
Enalapril Maleate/Hydrochlorothiazide (Tablet)	Erythromycin Base (Tablet)
<b>Enbrel (Injection)</b>	Erythromycin Ethylsuccinate (200mg/5ml Suspension, 400mg Tablet)
<b>Enbrel SureClick (Injection)</b>	Erythromycin/Benzoyl Peroxide (Gel)
Endocet (Tablet)	<b>Esbriet (267mg Capsule, 267mg Tablet, 801mg Tablet)</b>
<b>Engerix-B (Injection)</b>	Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet)
Enoxaparin Sodium (Injection)	Escitalopram Oxalate (5mg/5ml Oral Solution)
Enpresse-28 (Tablet)	Esomeprazole Magnesium (Capsule Delayed-Release) (Generic Nexium)
Enskyce (Tablet)	Estarylla (Tablet)
Entacapone (Tablet)	Estradiol (0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 37.5mcg/24hr Patch Weekly)
Entecavir (Tablet)	Estradiol (0.1mg/gm Cream)
<b>Entresto (Tablet)</b>	Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace)
Enulose (Oral Solution)	Estradiol (10mcg Tablet)
<b>Epclusa (Tablet)</b>	Estradiol Valerate (Injection)
<b>EpiPen (Injection)</b>	<b>Estring (Ring)</b>
Epinastine HCl (Ophthalmic Solution)	Ethacrynic Acid (Tablet)
Epinephrine (0.15mg/0.3ml Injection, 0.3mg/0.3ml Injection) (Generic EpiPen)	Ethambutol HCl (Tablet)
Epitol (Tablet)	Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution)
<b>Epivir HBV (5mg/ml Oral Solution)</b>	Ethinodiol Diacetate/Ethinyl Estradiol (Tablet)
Eplerenone (Tablet)	
Eprosartan Mesylate (Tablet)	
<b>Eraxis (100mg Injection)</b>	
<b>Eraxis (50mg Injection)</b>	
Ergotamine Tartrate/Caffeine (Tablet)	
<b>Erivedge (Capsule)</b>	

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Etidronate Disodium (Tablet)	Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)
Etodolac (200mg Capsule, 300mg Capsule, 400mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	Fentanyl Citrate Oral Transmucosal (Lozenge on a Handle)
Etodolac ER (Tablet Extended-Release 24 Hour)	<b>Ferriprox (100mg/ml Oral Solution, 500mg Tablet)</b>
<b>Eurax (10% Cream, 10% Lotion)</b>	<b>Fetzima (Capsule Extended-Release 24 Hour)</b>
<b>Evotaz (Tablet)</b>	<b>Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack)</b>
<b>Exelderm (1% Cream, 1% External Solution)</b>	<b>Finacea (15% Foam, 15% Gel)</b>
Exemestane (Tablet)	Finasteride (5mg Tablet) (Generic Proscar)
<b>Exjade (Tablet Soluble)</b>	<b>Firazyr (Injection)</b>
Ezetimibe (Tablet)	<b>Firmagon (120mg Injection)</b>
Ezetimibe/Simvastatin (Tablet)	<b>Firmagon (80mg Injection)</b>
<b>F</b>	<b>Flarex (Suspension)</b>
<b>FML (Ointment)</b>	<b>Flebogamma DIF (Injection)</b>
<b>FML Forte (Suspension)</b>	Flecainide Acetate (Tablet)
Falmina (Tablet)	<b>Flector (Patch)</b>
Famciclovir (Tablet)	<b>Flovent Diskus (Aerosol Powder)</b>
Famotidine (20mg Tablet, 40mg Tablet)	<b>Flovent HFA (Aerosol)</b>
Famotidine (40mg/5ml Suspension)	Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)
<b>Fanapt (10mg Tablet, 12mg Tablet, 6mg Tablet, 8mg Tablet)</b>	Fluconazole in NaCl (Injection)
<b>Fanapt (1mg Tablet, 2mg Tablet, 4mg Tablet)</b>	Flucytosine (Capsule)
<b>Fanapt Titration Pack (Tablet)</b>	Fludrocortisone Acetate (Tablet)
<b>Fareston (Tablet)</b>	Flunisolide (Nasal Solution)
<b>Farydak (Capsule)</b>	Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.01% External Solution, 0.025% Ointment)
Felbamate (400mg Tablet, 600mg Tablet)	Fluocinolone Acetonide (0.01% Otic Oil)
Felbamate (600mg/5ml Suspension)	Fluocinolone Acetonide Scalp (Oil)
Felodipine ER (Tablet Extended-Release 24 Hour)	Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment)
<b>Femring (Ring)</b>	Fluocinonide Emulsified Base (Cream)
Femynor (Tablet)	Fluorometholone (Ophthalmic Suspension)
Fenofibrate (145mg Tablet, 48mg Tablet)	
Fenofibrate (160mg Tablet, 54mg Tablet)	
Fenofibrate Micronized (Capsule)	
<b>Fenofibric Acid (105mg Tablet)</b>	
Fenofibric Acid (35mg Tablet)	
Fenofibric Acid DR (Capsule Delayed-Release)	

Fluorouracil (0.5% Cream)
Fluorouracil (2% External Solution, 5% External Solution)
Fluorouracil (5% Cream)
Fluoxetine DR (Capsule Delayed-Release)
Fluoxetine HCl (10mg Capsule Immediate-Release, 20mg Capsule Immediate-Release, 40mg Capsule Immediate-Release, 20mg/5ml Oral Solution)
Fluphenazine Decanoate (Injection)
Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet)
Fluphenazine HCl (2.5mg/5ml Elixir, 2.5mg/ml Injection)
Fluphenazine HCl (5mg/ml Concentrate)
Flurbiprofen (Tablet)
Flurbiprofen Sodium (Ophthalmic Solution)
Flutamide (Capsule)
Fluticasone Propionate (0.005% Ointment, 0.05% Cream)
Fluticasone Propionate (50mcg/act Suspension)
Fluticasone Propionate/Salmeterol (Aerosol Powder)
Fluvastatin (Capsule Immediate-Release)
Fluvoxamine Maleate (Tablet)
Fondaparinux Sodium (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection)
Fondaparinux Sodium (2.5mg/0.5ml Injection)
<b>Forteo (Injection)</b>
Fosamprenavir Calcium (Tablet)
Fosinopril Sodium (Tablet)
Fosinopril Sodium/Hydrochlorothiazide (Tablet)
<b>FreAmine HBC 6.9% (Injection)</b>
Furosemide (10mg/ml Injection)
Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution)
Furosemide (20mg Tablet, 40mg Tablet, 80mg Tablet)

<b>Fuzeon (Injection)</b>
Fyavolv (Tablet)
<b>Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)</b>
<b>G</b>
Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 600mg Tablet, 800mg Tablet)
Gabapentin (250mg/5ml Oral Solution)
Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet, 4mg/ml Oral Solution)
Galantamine HBr ER (Capsule Extended-Release 24 Hour)
<b>Gammagard Liquid (Injection)</b>
<b>Gammagard S/D IGA Less Than 1 mcg/ml (Injection)</b>
<b>Gammaked (Injection)</b>
<b>Gammaplex (Injection)</b>
<b>Gamunex-C (Injection)</b>
<b>Gardasil 9 (Injection)</b>
Gatifloxacin (Ophthalmic Solution)
<b>Gattex (Injection)</b>
Gauze (Non-medicated 2X2)
GaviLyte-C (Oral Solution)
GaviLyte-G (Oral Solution)
GaviLyte-N/Flavor Pack (Oral Solution)
Gemfibrozil (Tablet)
Generlac (Oral Solution)
Gengraf (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution)
<b>Genotropin (12mg Injection, 5mg Injection)</b>
<b>Genotropin Miniquick (0.2mg Injection)</b>
<b>Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection)</b>
Gentak (Ophthalmic Ointment)
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment,

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0.3% Ophthalmic Solution)	Haloperidol Lactate (Injection)
Gentamicin Sulfate (40mg/ml Injection)	<b>Harvoni (Tablet)</b>
Gentamicin Sulfate/0.9% Sodium Chloride (Injection)	<b>Havrix (Injection)</b>
<b>Genvoya (Tablet)</b>	Heparin Sodium (10000unit/ml Injection, 20000unit/ml Injection, 5000unit/ml Injection)
<b>Geodon (20mg Injection)</b>	Heparin Sodium (1000unit/ml Injection)
Gianvi (Tablet)	<b>HepatAmine (Injection)</b>
<b>Gilenya (Capsule)</b>	<b>Hetlioz (Capsule)</b>
<b>Gilotrif (Tablet)</b>	<b>Hexalen (Capsule)</b>
<b>Glassia (Injection)</b>	<b>Hiberix (Injection)</b>
Glatiramer Acetate (Solution Prefilled Syringe)	<b>Humalog Cartridge (Injection)</b>
Glatopa (Injection)	<b>Humalog Junior KwikPen (Injection)</b>
<b>Gleostine (100mg Capsule, 40mg Capsule)</b>	<b>Humalog KwikPen (Injection)</b>
<b>Gleostine (10mg Capsule)</b>	<b>Humalog Mix 50/50 KwikPen (Injection)</b>
Glimepiride (Tablet)	<b>Humalog Mix 50/50 Vial (Injection)</b>
Glipizide (Tablet Immediate-Release)	<b>Humalog Mix 75/25 KwikPen (Injection)</b>
Glipizide ER (Tablet Extended-Release 24 Hour)	<b>Humalog Mix 75/25 Vial (Injection)</b>
Glipizide/Metformin HCl (Tablet)	<b>Humalog Vial (Injection)</b>
<b>GlucaGen HypoKit (Injection)</b>	<b>Humatrope (Injection)</b>
<b>Glucagon Emergency Kit (Injection)</b>	<b>Humatrope Combo Pack (Injection)</b>
<b>Glyxambi (Tablet)</b>	<b>Humira (Injection)</b>
Granisetron HCl (Tablet)	<b>Humira Pediatric Crohns Disease Starter Pack (Injection)</b>
<b>Granix (Injection)</b>	<b>Humira Pen (Injection)</b>
Griseofulvin Microsize (125mg/5ml Suspension, 500mg Tablet)	<b>Humira Pen Crohns Disease Starter Pack (Injection)</b>
Griseofulvin Ultramicrosize (Tablet)	<b>Humira Pen-Psoriasis Starter (Injection)</b>
Guanfacine ER (Tablet Extended-Release 24 Hour)	<b>Humulin 70/30 KwikPen (Injection)</b>
<b>Guanidine HCl (Tablet)</b>	<b>Humulin 70/30 Vial (Injection)</b>
<b>H</b>	<b>Humulin N KwikPen (Injection)</b>
<b>Haegarda (Injection)</b>	<b>Humulin N Vial (Injection)</b>
Halobetasol Propionate (0.05% Cream, 0.05% Ointment)	<b>Humulin R U-500 KwikPen (Injection)</b>
Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate)	<b>Humulin R U-500 Vial (Concentrated) (Injection)</b>
Haloperidol Decanoate (Injection)	<b>Humulin R Vial (Injection)</b>
	Hydralazine HCl (Tablet)
	Hydrochlorothiazide (12.5mg Capsule, 12.5mg



Tablet, 25mg Tablet, 50mg Tablet)
Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet, 7.5mg-325mg/15ml Oral Solution)
Hydrocodone/Ibuprofen (7.5mg-200mg Tablet)
Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment)
Hydrocortisone (100mg/60ml Enema)
Hydrocortisone (10mg Tablet, 20mg Tablet, 5mg Tablet, 2.5% Lotion)
Hydrocortisone Butyrate (0.1% Ointment)
Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment)
Hydrocortisone/Acetic Acid (Otic Solution)
Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection)
Hydromorphone HCl (1mg/ml Liquid)
Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 8mg Tablet Immediate-Release)
<b>Hydromorphone HCl (2mg/ml Injection)</b>
Hydromorphone HCl ER (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 16mg Tablet Extended-Release 24 Hour Abuse-Deterrent)
Hydromorphone HCl ER (32mg Tablet Extended-Release 24 Hour Abuse-Deterrent)
Hydroxychloroquine Sulfate (Tablet)
Hydroxyurea (Capsule)
Hydroxyzine HCl (10mg/5ml Syrup)
Hydroxyzine HCl (Tablet)
Hydroxyzine Pamoate (Capsule)
<b>Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)</b>
I
<b>IPOL Inactivated IPV (Injection)</b>
Ibandronate Sodium (Tablet)

<b>Ibrance (Capsule)</b>
Ibu (Tablet)
Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet)
<b>Iclusig (Tablet)</b>
<b>Idhifa (Tablet)</b>
<b>Ilevo (Suspension)</b>
Imatinib Mesylate (Tablet)
<b>Imbruvica (140mg Capsule, 70mg Capsule)</b>
<b>Imbruvica (140mg Tablet, 280mg Tablet, 420mg Tablet, 560mg Tablet)</b>
Imipenem/Cilastatin (Injection)
Imipramine HCl (Tablet)
Imipramine Pamoate (Capsule)
Imiquimod (Cream)
<b>Imovax Rabies (H.D.C.V.) (Injection)</b>
<b>Increlex (Injection)</b>
<b>Incruse Ellipta (Aerosol Powder)</b>
Indapamide (Tablet)
Indomethacin (25mg Capsule, 50mg Capsule)
<b>Infanrix (Injection)</b>
<b>Inlyta (Tablet)</b>
Insulin Syringes, Needles
<b>Intelence (100mg Tablet, 200mg Tablet)</b>
<b>Intelence (25mg Tablet)</b>
<b>Intralipid (Injection)</b>
<b>Intron A (Injection)</b>
Introvale (Tablet)
<b>Invanz (Injection)</b>
<b>Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection)</b>
<b>Invega Sustenna (39mg/0.25ml Injection)</b>
<b>Invega Trinza (Injection)</b>
<b>Invirase (200mg Capsule, 500mg Tablet)</b>
<b>Invokamet (Tablet)</b>
<b>Invokamet XR (Tablet Extended-Release 24</b>

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Hour)	Jantoven (Tablet)
<b>Invokana (Tablet)</b>	<b>Janumet (Tablet Immediate-Release)</b>
<b>Ionosol-MB/Dextrose 5% (Injection)</b>	<b>Janumet XR (Tablet Extended-Release 24 Hour)</b>
Ipratropium Bromide (0.02% Inhalation Solution)	<b>Januvia (Tablet)</b>
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)	<b>Jardiance (Tablet)</b>
Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution)	<b>Jentaduetto (Tablet)</b>
Irbesartan (Tablet)	<b>Jentaduetto XR (Tablet Extended-Release 24 Hour)</b>
Irbesartan/Hydrochlorothiazide (Tablet)	Jinteli (Tablet)
<b>Iressa (Tablet)</b>	<b>Jolivette (Tablet)</b>
<b>Isentress (100mg Packet, 25mg Tablet Chewable)</b>	<b>Jublia (External Solution)</b>
<b>Isentress (100mg Tablet Chewable, 400mg Tablet)</b>	Juleber (Tablet)
<b>Isentress HD (Tablet)</b>	<b>Juluca (Tablet)</b>
Isibloom (Tablet)	Junel 1.5/30 (Tablet)
<b>Isolyte-P/Dextrose 5% (Injection)</b>	Junel 1/20 (Tablet)
<b>Isolyte-S (Injection)</b>	Junel Fe 1.5/30 (Tablet)
Isoniazid (100mg Tablet, 300mg Tablet)	Junel Fe 1/20 (Tablet)
Isoniazid (50mg/5ml Syrup)	Junel Fe 24 (Tablet)
Isosorbide Dinitrate (Tablet Immediate-Release)	<b>Juxtapid (Capsule)</b>
Isosorbide Dinitrate ER (Tablet Extended-Release)	<b>K</b>
Isosorbide Mononitrate (Tablet Immediate-Release)	<b>KCl 0.075%/D5W/NaCl 0.45% (Injection)</b>
Isosorbide Mononitrate ER (Tablet Extended-Release 24 Hour)	<b>KCl 0.15%/D5W/NaCl 0.2% (Injection)</b>
Isotonic Gentamicin (Injection)	<b>KCl 0.15%/D5W/NaCl 0.45% (Injection)</b>
Isotretinoin (Capsule)	<b>KCl 0.15%/D5W/NaCl 0.9% (Injection)</b>
Itraconazole (Capsule)	<b>KCl 0.3%/D5W/NaCl 0.45% (Injection)</b>
Ivermectin (Tablet)	<b>KCl 0.3%/D5W/NaCl 0.9% (Injection)</b>
<b>Ixiaro (Injection)</b>	Kaitlib Fe (Tablet Chewable)
<b>J</b>	<b>Kaletra (100mg-25mg Tablet)</b>
<b>Jadenu (Tablet)</b>	<b>Kaletra (200mg-50mg Tablet)</b>
<b>Jadenu Sprinkle (Packet)</b>	<b>Kalydeco (150mg Tablet, 50mg Packet, 75mg Packet)</b>
<b>Jakafi (Tablet)</b>	Kariva (Tablet)
	Kelnor 1/35 (Tablet)
	Kelnor 1/50 (Tablet)
	Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet)



Ketoconazole (2% Foam)	Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)
Ketoprofen (Capsule Immediate-Release)	Lamivudine/Zidovudine (Tablet)
Ketorolac Tromethamine (Ophthalmic Solution)	Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release)
Kimidess (Tablet)	Lamotrigine (25mg Tablet Chewable, 5mg Tablet Chewable)
<b>Kineret (Injection)</b>	<b>Lanoxin (125mcg Tablet, 187.5mcg Tablet, 250mcg Tablet, 62.5mcg Tablet)</b>
<b>Kinrix (Injection)</b>	Lansoprazole (15mg Capsule Delayed-Release, 30mg Capsule Delayed-Release)
Kionex (Suspension)	Lanthanum Carbonate (Tablet Chewable)
<b>Kisqali (Tablet)</b>	<b>Lantus SoloStar (Injection)</b>
<b>Kisqali Femara 200 Dose (Tablet Therapy Pack)</b>	<b>Lantus Vial (Injection)</b>
<b>Kisqali Femara 400 Dose (Tablet Therapy Pack)</b>	Larissia (Tablet)
<b>Kisqali Femara 600 Dose (Tablet Therapy Pack)</b>	<b>Lastacraft (Ophthalmic Solution)</b>
Klor-Con (Packet)	Latanoprost (Ophthalmic Solution)
<b>Klor-Con 10 (Tablet Extended-Release)</b>	<b>Latuda (Tablet)</b>
<b>Klor-Con 8 (Tablet Extended-Release)</b>	<b>Layolis Fe (Tablet Chewable)</b>
Klor-Con M10 (Tablet Extended-Release)	Leena (Tablet)
Klor-Con M15 (Tablet Extended-Release)	Leflunomide (Tablet)
Klor-Con M20 (Tablet Extended-Release)	<b>Lenvima (Capsule Therapy Pack)</b>
Klor-Con Sprinkle (Capsule Extended-Release)	Lessina (Tablet)
<b>Kombiglyze XR (Tablet Extended-Release 24 Hour)</b>	Letrozole (Tablet)
<b>Korlym (Tablet)</b>	Leucovorin Calcium (10mg Tablet, 15mg Tablet, 5mg Tablet)
Kurvelo (Tablet)	Leucovorin Calcium (25mg Tablet)
<b>Kuvan (100mg Packet, 500mg Packet, 100mg Tablet Soluble)</b>	<b>Leukeran (Tablet)</b>
<b>Kynamro (Injection)</b>	<b>Leukine (Injection)</b>
<b>L</b>	Leuprolide Acetate (Injection)
LARIN 1.5/30 (Tablet)	Levalbuterol (Nebulized Solution)
LARIN 1/20 (Tablet)	<b>Levemir FlexTouch (Injection)</b>
LARIN Fe 1.5/30 (Tablet)	<b>Levemir Vial (Injection)</b>
LARIN Fe 1/20 (Tablet)	Levetiracetam (1000mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release)
Labetalol HCl (Tablet)	
<b>Lacrisert (Insert)</b>	
Lactulose (Oral Solution)	
Lamivudine (100mg Tablet)	

**Bold type = Brand name drug**

Plain type = Generic drug

Immediate-Release, 100mg/ml Oral Solution)	<b>Linzess (Capsule)</b>
Levetiracetam ER (Tablet Extended-Release 24 Hour)	Liothyronine Sodium (Tablet)
Levobunolol HCl (Ophthalmic Solution)	Lisinopril (Tablet)
Levocarnitine (1gm/10ml Oral Solution)	Lisinopril/Hydrochlorothiazide (Tablet)
<b>Levocarnitine (330mg Tablet)</b>	<b>Lithium (Oral Solution)</b>
Levocetirizine Dihydrochloride (5mg Tablet)	Lithium Carbonate (150mg Capsule Immediate-Release, 300mg Capsule Immediate-Release, 600mg Capsule Immediate-Release, 300mg Tablet Immediate-Release)
Levofloxacin (0.5% Ophthalmic Solution)	Lithium Carbonate ER (Tablet Extended-Release)
Levofloxacin (250mg Tablet, 500mg Tablet, 750mg Tablet)	<b>Lithostat (Tablet)</b>
Levofloxacin (25mg/ml Injection, 25mg/ml Oral Solution)	<b>Livalo (Tablet)</b>
Levofloxacin in D5W (Injection)	<b>Lonsurf (Tablet)</b>
Levonest (Tablet)	Loperamide HCl (Capsule)
Levonorgestrel and Ethinyl Estradiol (90mcg-20mcg Tablet)	Lopinavir/Ritonavir (Oral Solution)
Levonorgestrel/Ethinyl Estradiol (0.15mg-30mcg Tablet, 0.1mg-20mcg Tablet, 0.05mg-30mcg/0.075mg-40mcg/0.125mg-30mcg Tablet, 0.1-0.02mg/0.01mg Tablet, 0.15mg-0.03mg/0.01mg Tablet, 0.15mg-0.02mg/0.025mg/0.03mg/0.01mg Tablet)	Lorazepam (0.5mg Tablet, 1mg Tablet, 2mg Tablet)
Levora 0.15/30-28 (Tablet)	Lorazepam (2mg/ml Concentrate)
Levorphanol Tartrate (Tablet)	Lorcet (Tablet)
Levothyroxine Sodium (Tablet)	Lorcet HD (Tablet)
<b>Levoxyl (Tablet)</b>	Lorcet Plus (Tablet)
<b>Lexiva (50mg/ml Suspension)</b>	Loryna (Tablet)
<b>Lialda (Tablet Delayed-Release)</b>	Losartan Potassium (Tablet)
Lidocaine (5% Ointment)	Losartan Potassium/Hydrochlorothiazide (Tablet)
Lidocaine (5% Patch)	<b>Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension)</b>
Lidocaine HCl (4% External Solution)	Lovastatin (Tablet)
Lidocaine HCl (Gel)	Low-Ogestrel (Tablet)
Lidocaine Viscous (Solution)	Loxapine Succinate (Capsule)
Lidocaine/Prilocaine (Cream)	<b>Lumigan (Ophthalmic Solution)</b>
Lindane (Shampoo)	<b>Lupaneta Pack (Kit)</b>
Linezolid (100mg/5ml Suspension)	<b>Lupron Depot (1-Month) (Injection)</b>
Linezolid (600mg Tablet)	<b>Lupron Depot (3-Month) (Injection)</b>
Linezolid (600mg/300ml Injection)	<b>Lupron Depot (4-Month) (Injection)</b>
	<b>Lupron Depot (6-Month) (Injection)</b>
	Lutera (Tablet)
	<b>Lynparza (100mg Tablet, 150mg Tablet, 50mg</b>

<b>Capsule)</b>	<b>Mentax (Cream)</b>
<b>Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution)</b>	<b>Menveo (Injection)</b>
<b>Lysodren (Tablet)</b>	Mercaptopurine (Tablet)
Lyza (Tablet)	Meropenem (Injection)
<b>M</b>	Mesalamine (Enema)
<b>M-M-R II (Injection)</b>	Mesalamine DR (1.2gm Tablet Delayed-Release)
<b>Magnesium Sulfate (1gm/2ml-50% Injection)</b>	<b>Mesnex (400mg Tablet)</b>
Magnesium Sulfate (5gm/10ml-50% Injection)	<b>Mestinon (60mg/5ml Syrup)</b>
Malathion (Lotion)	Metadate ER (Tablet Extended-Release)
Maprotiline HCl (Tablet)	Metaproterenol Sulfate (10mg Tablet, 20mg Tablet, 10mg/5ml Syrup)
Marlissa (Tablet)	Metformin HCl (Tablet Immediate-Release)
<b>Marplan (Tablet)</b>	Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)
<b>Matulane (Capsule)</b>	Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution)
Matzim LA (Tablet Extended-Release 24 Hour)	Methazolamide (Tablet)
<b>Mavyret (Tablet)</b>	Methenamine Hippurate (Tablet)
Meclizine HCl (Tablet)	Methimazole (Tablet)
Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	Methotrexate (Tablet)
Medroxyprogesterone Acetate (150mg/ml Injection Prefilled Syringe)	Methotrexate Sodium (Injection)
Mefloquine HCl (Tablet)	Methoxsalen (Capsule)
Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension)	Methscopolamine Bromide (Tablet)
Megestrol Acetate (625mg/5ml Suspension)	Methyclothiazide (Tablet)
<b>Mekinist (Tablet)</b>	Methyldopa (Tablet)
Melodetta 24 Fe (Tablet Chewable)	Methyldopa/Hydrochlorothiazide (Tablet)
Meloxicam (Tablet)	Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin)
Memantine HCl (10mg Tablet, 5mg Tablet)	Methylphenidate HCl (10mg/5ml Oral Solution, 5mg/5ml Oral Solution)
Memantine HCl (2mg/ml Oral Solution)	Methylphenidate HCl ER (10mg Tablet Extended-Release, 20mg Tablet Extended-Release)
Memantine HCl ER (Capsule Extended-Release 24 Hour)	Methylprednisolone (Tablet)
<b>Memantine HCl Titration Pak (Tablet)</b>	Methylprednisolone Dose Pack (Tablet Therapy Pack)
<b>Menactra (Injection)</b>	Metipranolol (Ophthalmic Solution)
Menest (Tablet)	

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Metoclopramide HCl (10mg Tablet, 5mg Tablet)	Modafinil (Tablet)
Metoclopramide HCl (5mg/5ml Oral Solution)	Moexipril HCl (Tablet)
Metolazone (Tablet)	Moexipril/Hydrochlorothiazide (Tablet)
Metoprolol Succinate ER (Tablet Extended-Release 24 Hour)	Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment)
Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	Mometasone Furoate (50mcg/act Suspension)
Metoprolol/Hydrochlorothiazide (Tablet)	<b>MonoNessa (Tablet)</b>
Metronidazole (0.75% Cream, 0.75% Gel, 1% Gel, 0.75% Lotion)	Montelukast Sodium (10mg Tablet)
Metronidazole (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	Montelukast Sodium (4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable)
Metronidazole Vaginal (Gel)	Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/5ml Oral Solution)
Metronidazole in NaCl 0.79% (Injection)	Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection)
Mexiletine HCl (Capsule)	<b>Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release)</b>
Mibelas 24 Fe (Tablet Chewable)	<b>Morphine Sulfate (2mg/ml Injection, 5mg/ml Injection)</b>
Miconazole 3 (Suppository)	Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release, 30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin)
Microgestin 1.5/30 (Tablet)	Morphine Sulfate ER (200mg Tablet Extended-Release) (Generic MS Contin)
Microgestin 1/20 (Tablet)	<b>Moxeza (Ophthalmic Solution)</b>
Microgestin Fe (Tablet)	Moxifloxacin HCl/Sodium HCl (Injection)
Microgestin Fe 1.5/30 (Tablet)	Moxifloxacin HCl (Ophthalmic Solution)
Midodrine HCl (Tablet)	Moxifloxacin HCl (Tablet)
Migergot (Suppository)	<b>Multaq (Tablet)</b>
Miglitol (Tablet)	Mupirocin (2% Cream)
Miglustat (Capsule)	Mupirocin (2% Ointment)
Mili (Tablet)	<b>Myalept (Injection)</b>
Minitran (Patch 24 Hour)	<b>Mycamine (Injection)</b>
Minocycline HCl (100mg Capsule, 50mg Capsule, 75mg Capsule)	Mycophenolate Mofetil (200mg/ml Suspension)
Minocycline HCl (100mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 75mg Tablet Immediate-Release)	Mycophenolate Mofetil (250mg Capsule, 500mg Tablet)
Minoxidil (Tablet)	Mycophenolic Acid DR (Tablet Delayed-Release)
Mirtazapine (Tablet)	
Mirtazapine ODT (Tablet Dispersible)	
<b>Mirvaso (Gel)</b>	
Misoprostol (Tablet)	

**Myrbetriq (Tablet Extended-Release 24 Hour)**

**N**

Nabumetone (Tablet)

Nadolol (Tablet)

Nadolol/Bendroflumethiazide (Tablet)

Nafcillin Sodium (10gm Injection, 1gm Injection)

Naftifine HCl (1% Cream)

Naftifine HCl (2% Cream)

**Naftin (1% Gel, 2% Gel)**

Naloxone HCl (Injection)

Naltrexone HCl (Tablet)

**Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour)**

Naproxen (125mg/5ml Suspension)

Naproxen (250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)

Naproxen DR (Tablet Delayed-Release) (Generic EC-Naprosyn)

Naratriptan HCl (Tablet)

**Narcan (Liquid)**

**Natacyn (Suspension)**

Nateglinide (Tablet)

**Natpara (Injection)**

**Nebupent (Inhalation Solution)**

Necon 0.5/35-28 (Tablet)

**Necon 7/7/7 (Tablet)**

Nefazodone HCl (Tablet)

Neomycin Sulfate (Tablet)

Neomycin/Bacitracin/Polymyxin (Ointment)

Neomycin/Polymyxin/Bacitracin/Hydrocortisone (Ophthalmic Ointment)

Neomycin/Polymyxin/Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension)

Neomycin/Polymyxin/Gramicidin (Ophthalmic Solution)

Neomycin/Polymyxin/Hydrocortisone (1% Ophthalmic Suspension)

Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension)

**Nephramine (Injection)**

**Nerlynx (Tablet)**

**Neulasta (Injection)**

**Neupogen (Injection)**

**Neupro (Patch 24 Hour)**

Nevirapine (Tablet)

Nevirapine ER (Tablet Extended-Release 24 Hour)

**Nexavar (Tablet)**

**Nexium (10mg Packet, 2.5mg Packet, 20mg Packet, 40mg Packet, 5mg Packet)**

**Nexium (20mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)**

Niacin ER (Tablet Extended-Release)

Niacor (Tablet)

Nicardipine HCl (Capsule)

**Nicotrol (Inhaler)**

**Nicotrol NS (Nasal Solution)**

Nifedipine ER (Tablet Extended-Release 24 Hour)

Nikki (Tablet)

Nilutamide (Tablet)

Nimodipine (Capsule)

**Ninlaro (Capsule)**

Nitro-Bid (Ointment)

Nitrofurantoin (Suspension)

Nitrofurantoin Macrocrystals (100mg Capsule, 50mg Capsule) (Generic Macrochantin)

Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)

Nitroglycerin (Tablet Sublingual)

Nitroglycerin Lingual (Translingual Solution)

Nitroglycerin Transdermal (Patch 24 Hour)

**Nitrostat (Tablet Sublingual)**

Nora-BE (Tablet)

**Bold type = Brand name drug**

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<b>Norditropin FlexPro (Injection)</b>	Nystop (Powder)
Norethindrone (0.35mg Tablet)	<b>O</b>
Norethindrone Acetate (5mg Tablet)	<b>Ocaliva (Tablet)</b>
Norethindrone Acetate/Ethinyl Estradiol (0.5mg-2.5mcg Tablet, 1mg-20mcg Tablet, 1mg-5mcg Tablet)	Ocella (Tablet)
Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (Tablet, Tablet Chewable)	<b>Octagam (Injection)</b>
Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (Tablet Chewable)	Octreotide Acetate (Injection)
Norgestimate/Ethinyl Estradiol (Tablet)	<b>Odefsey (Tablet)</b>
Norlyroc (Tablet)	<b>Odomzo (Capsule)</b>
<b>Normosol-M in D5W (Injection)</b>	<b>Ofev (Capsule)</b>
<b>Normosol-R (Injection)</b>	Ofloxacin (0.3% Ophthalmic Solution)
<b>Normosol-R in D5W (Injection)</b>	Ofloxacin (0.3% Otic Solution, 300mg Tablet, 400mg Tablet)
<b>Northera (Capsule)</b>	Ogestrel (Tablet)
Nortrel 0.5/35 (28) (Tablet)	Olanzapine (10mg Injection)
Nortrel 1/35 (Tablet)	Olanzapine (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet)
Nortrel 7/7/7 (Tablet)	Olanzapine ODT (Tablet Dispersible)
Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution)	Olmesartan Medoxomil (Tablet)
<b>Norvir (100mg Capsule, 100mg Packet, 100mg Tablet, 80mg/ml Oral Solution)</b>	Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (Tablet)
<b>Noxafil (100mg Tablet Delayed-Release)</b>	Olmesartan Medoxomil/Hydrochlorothiazide (Tablet)
<b>Noxafil (40mg/ml Suspension)</b>	Olopatadine HCl (Ophthalmic Solution)
<b>Nucala (Injection)</b>	Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)
<b>Nucynta ER (Tablet Extended-Release 12 Hour)</b>	Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)
<b>Nuedexta (Capsule)</b>	Omeprazole (20mg Capsule Delayed-Release)
<b>Nuplazid (Tablet)</b>	Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet)
<b>Nutrilipid (Injection)</b>	Ondansetron HCl (4mg/5ml Oral Solution)
<b>Nutropin AQ (Injection)</b>	Ondansetron ODT (Tablet Dispersible)
<b>NuvaRing (Ring)</b>	<b>Onfi (10mg Tablet, 20mg Tablet)</b>
Nyamyc (Powder)	<b>Onfi (2.5mg/ml Suspension)</b>
<b>Nymalize (Oral Solution)</b>	<b>Onglyza (Tablet)</b>
Nystatin (Cream, Ointment, Powder, Suspension, Tablet)	<b>Opsumit (Tablet)</b>
	<b>Orencia (Injection)</b>



**Orencia Clickject (Injection)**

**Orenitram (0.125mg Tablet Extended-Release)**

**Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release, 2.5mg Tablet Extended-Release, 5mg Tablet Extended-Release)**

**Orfadin (10mg Capsule, 20mg Capsule, 2mg Capsule, 5mg Capsule, 4mg/ml Suspension)**

**Orkambi (Tablet)**

Orsythia (Tablet)

Oseltamivir Phosphate (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension)

**Osphena (Tablet)**

**Otezla (Tablet Therapy Pack, 30mg Tablet)**

Oxacillin Sodium (Injection)

Oxandrolone (10mg Tablet)

Oxandrolone (2.5mg Tablet)

Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet)

Oxcarbazepine (300mg/5ml Suspension)

Oxiconazole Nitrate (Cream)

**Oxistat (1% Lotion)**

**Oxsoralen Ultra (Capsule)**

Oxybutynin Chloride (5mg Tablet Immediate-Release, 5mg/5ml Syrup)

Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour)

Oxycodone HCl (100mg/5ml Concentrate)

Oxycodone HCl (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)

Oxycodone HCl (5mg/5ml Oral Solution)

Oxycodone/Acetaminophen (Tablet)

Oxycodone/Aspirin (Tablet)

Oxycodone/Ibuprofen (Tablet)

**P**

PEG 3350/Electrolytes (Oral Solution)

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

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

Pacerone (200mg Tablet)

Paliperidone ER (Tablet Extended-Release 24 Hour)

**Panretin (Gel)**

Pantoprazole Sodium (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release)

Paricalcitol (Capsule)

Paromomycin Sulfate (Capsule)

Paroxetine HCl (Tablet Immediate-Release)

Paser (Packet)

**Paxil (10mg/5ml Suspension)**

**Pazeo (Ophthalmic Solution)**

**Pediarix (Injection)**

**Pedvax HIB (Injection)**

**Peganone (Tablet)**

**Pegasys (Injection)**

**Pegasys ProClick (Injection)**

Penicillin G Potassium (Injection)

Penicillin G Procaine (Injection)

Penicillin G Sodium (Injection)

Penicillin V Potassium (125mg/5ml Oral Solution, 250mg/5ml Oral Solution, 250mg Tablet, 500mg Tablet)

**Pentam 300 (Injection)**

**Pentasa (Capsule Extended-Release)**

Pentoxifylline ER (Tablet Extended-Release)

**Perforomist (Nebulized Solution)**

Perindopril Erbumine (Tablet)

Periogard (Solution)

Permethrin (Cream)

Perphenazine (Tablet)

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Phenadoz (Suppository)	<b>Oral Solution)</b>
Phenelzine Sulfate (Tablet)	<b>Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection)</b>
Phenobarbital (100mg Tablet, 15mg Tablet, 16.2mg Tablet, 30mg Tablet, 32.4mg Tablet, 60mg Tablet, 64.8mg Tablet, 97.2mg Tablet, 20mg/5ml Elixir)	Potassium Chloride (2meq/ml Injection)
Phenoxybenzamine HCl (Capsule)	Potassium Chloride CR (Tablet Extended-Release)
Phenytek (Capsule)	Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release)
Phenytoin (125mg/5ml Suspension, 50mg Tablet Chewable)	Potassium Chloride ER (10meq Tablet Extended-Release, 20meq Tablet Extended-Release, 8meq Tablet Extended-Release)
Phenytoin Sodium Extended (Capsule)	<b>Potassium Chloride/Dextrose (Injection)</b>
<b>Phoslyra (Oral Solution)</b>	<b>Potassium Chloride/Dextrose/Lactated Ringers (Injection)</b>
<b>Phospholine Iodide (Ophthalmic Solution)</b>	<b>Potassium Chloride/Dextrose/Sodium Chloride (Injection)</b>
<b>Picato (Gel)</b>	Potassium Chloride/Sodium Chloride (20meq/L-0.45% Injection)
Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution)	<b>Potassium Chloride/Sodium Chloride (20meq/L-0.9% Injection, 40meq/L-0.9% Injection)</b>
Pilocarpine HCl (5mg Tablet, 7.5mg Tablet)	Potassium Citrate ER (Tablet Extended-Release)
Pimozide (Tablet)	<b>Pradaxa (Capsule)</b>
Pimtrea (Tablet)	<b>Praluent (Injection)</b>
Pindolol (Tablet)	Pramipexole Dihydrochloride (Tablet Immediate-Release)
Pioglitazone HCl (Tablet)	Prasugrel (Tablet)
Pioglitazone HCl/Glimepiride (Tablet)	Pravastatin Sodium (Tablet)
Pioglitazone HCl/Metformin HCl (Tablet)	Prazosin HCl (Capsule)
Piperacillin/Tazobactam (Injection)	<b>Pred Mild (Suspension)</b>
Pirmella 1/35 (Tablet)	<b>Pred-G (Suspension)</b>
Piroxicam (Capsule)	<b>Pred-G S.O.P. (Ointment)</b>
<b>Plasma-Lyte A (Injection)</b>	Prednicarbate (0.1% Cream, 0.1% Ointment)
<b>Plasma-Lyte-148 (Injection)</b>	Prednisolone (15mg/5ml Oral Solution)
Plenamine (Injection)	Prednisolone Acetate (Ophthalmic Suspension)
Podofilox (External Solution)	Prednisolone Sodium Phosphate (1% Ophthalmic Solution)
Polyethylene Glycol 3350 Powder (Generic MiraLAX)	
Polymyxin B Sulfate (Injection)	
Polymyxin B Sulfate/Trimethoprim Sulfate (Ophthalmic Solution)	
<b>Pomalyst (Capsule)</b>	
Portia-28 (Tablet)	
<b>Potassium Chloride (10% Oral Solution, 20%</b>	



Prednisolone Sodium Phosphate (10mg/5ml Oral Solution, 20mg/5ml Oral Solution)

Prednisolone Sodium Phosphate (25mg/5ml Oral Solution, 5mg/5ml Oral Solution)

Prednisone (10mg Tablet Therapy Pack, 5mg Tablet Therapy Pack, 10mg Tablet, 1mg Tablet, 2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet)

Prednisone (5mg/5ml Oral Solution)

Prednisone Intensol (5mg/ml Concentrate)

**Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)**

**Premarin (Vaginal Cream)**

Premasol (Injection)

**Premphase (Tablet)**

**Prempro (Tablet)**

Prevalite (Packet)

Previfem (Tablet)

**Prezcobix (Tablet)**

**Prezista (100mg/ml Suspension, 600mg Tablet, 800mg Tablet)**

**Prezista (150mg Tablet, 75mg Tablet)**

**Priftin (Tablet)**

**Prilosec (Packet)**

Primaquine Phosphate (Tablet)

Primidone (Tablet)

**Privigen (Injection)**

**ProAir HFA (Aerosol Solution)**

**ProAir RespiClick (Aerosol Powder)**

**ProQuad (Injection)**

Probenecid (Tablet)

Probenecid/Colchicine (Tablet)

**Procalamine (Injection)**

Prochlorperazine (Suppository)

Prochlorperazine Maleate (Tablet)

**Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml**

**Injection)**

**Procrit (20000unit/ml Injection, 40000unit/ml Injection)**

Procto-Med HC (Cream)

Procto-Pak (Cream)

Proctosol HC (Cream)

Proctozone-HC (Cream)

Progesterone (Capsule)

**Proglycem (Suspension)**

**Prolastin-C (Injection)**

**Prolensa (Ophthalmic Solution)**

**Prolia (Injection)**

**Promacta (Tablet)**

Promethazine HCl (12.5mg Suppository, 25mg Suppository)

Promethazine HCl (12.5mg Tablet, 25mg Tablet, 50mg Tablet, 6.25mg/5ml Syrup)

Promethegan (25mg Suppository)

Propafenone HCl (Tablet)

Propafenone HCl ER (Capsule Extended-Release 12 Hour)

Proparacaine HCl (Ophthalmic Solution)

Propranolol HCl (20mg/5ml Oral Solution, 40mg/5ml Oral Solution)

Propranolol HCl (Tablet Immediate-Release)

Propranolol HCl ER (Capsule Extended-Release 24 Hour)

Propranolol/Hydrochlorothiazide (Tablet)

Propylthiouracil (Tablet)

**Prosol (Injection)**

Protriptyline HCl (Tablet)

**Prudoxin (Cream)**

**Pulmozyme (Inhalation Solution)**

**Purixan (Suspension)**

Pyrazinamide (Tablet)

Pyridostigmine Bromide (Tablet Immediate-Release)

Pyridostigmine Bromide ER (Tablet Extended-

**Bold type = Brand name drug**

Plain type = Generic drug

Release)

## Q

### Quadracel (Injection)

Quasense (Tablet)

Quetiapine Fumarate (Tablet Immediate-Release)

Quetiapine Fumarate ER (Tablet Extended-Release 24 Hour)

Quinapril HCl (Tablet)

Quinapril/Hydrochlorothiazide (Tablet)

Quinidine Gluconate CR (Tablet Extended-Release)

Quinidine Sulfate (Tablet)

Quinine Sulfate (Capsule)

## R

### Rabavert (Injection)

Rabeprazole Sodium (Tablet Delayed-Release)

Raloxifene HCl (Tablet)

Ramipril (Capsule)

### Ranexa (Tablet Extended-Release 12 Hour)

Ranitidine HCl (150mg Tablet, 300mg Tablet)

Ranitidine HCl (75mg/5ml Syrup)

### Rapaflo (4mg Capsule, 8mg Capsule)

### Rapamune (1mg/ml Oral Solution)

Rasagiline Mesylate (Tablet)

### Ravicti (Liquid)

### Rayaldee (Capsule Extended-Release)

### Rebif (Injection)

### Rebif Rebidose (Injection)

### Rebif Rebidose Titration Pack (Injection)

### Rebif Titration Pack (Injection)

Reclipsen (Tablet)

### Recombivax HB (Injection)

### Regranex (Gel)

### Relenza Diskhaler (Aerosol Powder)

### Relistor (12mg/0.6ml Injection, 8mg/0.4ml Injection)

### Relistor (150mg Tablet)

Repaglinide (Tablet)

Repaglinide/Metformin HCl (Tablet)

### Repatha (Injection)

### Repatha Pushtronex System (Injection)

### Repatha SureClick (Injection)

### Rescriptor (Tablet)

### Restasis (Emulsion)

### Revlimid (Capsule)

### Rexulti (Tablet)

### Reyataz (50mg Packet)

Ribasphere (200mg Tablet, 400mg Tablet, 600mg Tablet)

Ribavirin (200mg Tablet)

### Ridaura (Capsule)

Rifabutin (Capsule)

Rifampin (150mg Capsule, 300mg Capsule)

Rifampin (600mg Injection)

### Rifater (Tablet)

Riluzole (Tablet)

Rimantadine HCl (Tablet)

### Riomet (Oral Solution)

Risedronate Sodium (Tablet Immediate-Release)

### Risperdal Consta (12.5mg Injection, 25mg Injection)

### Risperdal Consta (37.5mg Injection, 50mg Injection)

Risperidone (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet, 2mg Tablet, 3mg Tablet, 4mg Tablet)

Risperidone (1mg/ml Oral Solution)

Risperidone ODT (Tablet Dispersible)

Ritonavir (Tablet)

Rivastigmine Tartrate (Capsule)

Rivastigmine Transdermal System (Patch 24 Hour)

Rizatriptan Benzoate (Tablet)

Rizatriptan Benzoate ODT (Tablet Dispersible)

Ropinirole HCl (Tablet Immediate-Release)	Sevelamer Carbonate (800mg Tablet)
Rosuvastatin Calcium (Tablet)	Sharobel (Tablet)
<b>RotaTeq (Oral Solution)</b>	<b>Shingrix (Injection)</b>
<b>Rotarix (Suspension)</b>	<b>Signifor (Injection)</b>
Roweepra (Tablet)	Sildenafil (20mg Tablet) (Generic Revatio)
Roweepra XR (Tablet Extended-Release 24 Hour)	Silver Sulfadiazine (Cream)
<b>Rozerem (Tablet)</b>	<b>Simbrinza (Suspension)</b>
<b>Rubraca (Tablet)</b>	<b>Simponi (Injection)</b>
<b>Ruconest (Injection)</b>	Simvastatin (Tablet)
<b>Rydapt (Capsule)</b>	Sirolimus (Tablet)
<b>S</b>	<b>Sirturo (Tablet)</b>
SPS (Suspension)	<b>Sodium Chloride 0.9% (Irrigation Solution)</b>
<b>SSD (Cream)</b>	Sodium Chloride (0.9% Injection)
<b>Sabril (500mg Tablet)</b>	<b>Sodium Chloride (2.5meq/ml Injection)</b>
<b>Saizen (Injection)</b>	<b>Sodium Chloride (3% Injection, 5% Injection)</b>
<b>Samsca (Tablet)</b>	<b>Sodium Chloride 0.45% (Injection)</b>
<b>Sancuso (Patch)</b>	Sodium Fluoride (Tablet)
<b>Sandimmune (100mg/ml Oral Solution)</b>	<b>Sodium Lactate (Injection)</b>
<b>Santyl (Ointment)</b>	Sodium Phenylbutyrate (3gm/TSP Powder, 500mg Tablet)
<b>Saphris (Tablet Sublingual)</b>	Sodium Polystyrene Sulfonate (Powder)
<b>Savella (Tablet)</b>	Sodium Sulfacetamide (Ophthalmic Solution)
<b>Savella Titration Pack</b>	<b>Soliqua 100/33 (Injection)</b>
Scopolamine (Patch 72 Hour)	<b>Soltamox (Oral Solution)</b>
Selegiline HCl (5mg Capsule, 5mg Tablet)	<b>Somatuline Depot (Injection)</b>
Selenium Sulfide (Lotion)	<b>Somavert (Injection)</b>
<b>Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet, 20mg/ml Oral Solution)</b>	Sotalol HCl (AF) (Tablet)
<b>Selzentry (25mg Tablet)</b>	Sotalol HCl (Tablet)
<b>Sensipar (Tablet)</b>	<b>Sovaldi (Tablet)</b>
<b>Serevent Diskus (Aerosol Powder)</b>	<b>Spiriva HandiHaler (Capsule)</b>
<b>Serostim (Injection)</b>	<b>Spiriva Respimat (Aerosol Solution)</b>
Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet)	Spironolactone (Tablet)
Sertraline HCl (20mg/ml Concentrate)	Spironolactone/Hydrochlorothiazide (Tablet)
Setlakin (Tablet)	<b>Sporanox (10mg/ml Oral Solution)</b>
Sevelamer Carbonate (0.8gm Packet, 2.4gm Packet)	Sprintec 28 (Tablet)
	<b>Spritam (Tablet Disintegrating Soluble)</b>

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Sprycel (Tablet)</b>	<b>Suprax (400mg Capsule, 500mg/5ml Suspension)</b>
Sronyx (Tablet)	<b>Suprep Bowel Prep Kit (Oral Solution)</b>
<b>Stalevo 100 (Tablet)</b>	<b>Sustiva (200mg Capsule, 600mg Tablet)</b>
<b>Stalevo 125 (Tablet)</b>	<b>Sustiva (50mg Capsule)</b>
<b>Stalevo 150 (Tablet)</b>	<b>Sutent (Capsule)</b>
<b>Stalevo 200 (Tablet)</b>	Syeda (Tablet)
<b>Stalevo 50 (Tablet)</b>	<b>Sylatron (Injection)</b>
<b>Stalevo 75 (Tablet)</b>	<b>Symbicort (Aerosol)</b>
Stavudine (Capsule)	<b>Symfi (Tablet)</b>
<b>Stelara (Injection)</b>	<b>Symfi Lo (Tablet)</b>
<b>Stiolto Respimat (Aerosol Solution)</b>	<b>SymlinPen 120 (Injection)</b>
<b>Stivarga (Tablet)</b>	<b>SymlinPen 60 (Injection)</b>
Streptomycin Sulfate (Injection)	<b>Synarel (Nasal Solution)</b>
<b>Stribild (Tablet)</b>	<b>Synjardy (Tablet)</b>
<b>Suboxone (Film)</b>	<b>Synjardy XR (Tablet Extended-Release 24 Hour)</b>
<b>Sucraid (Oral Solution)</b>	<b>Synribo (Injection)</b>
Sucralfate (Tablet)	<b>Synthroid (Tablet)</b>
Sulfacetamide Sodium (Ophthalmic Ointment)	<b>T</b>
Sulfacetamide Sodium/Prednisolone Sodium Phosphate (Ophthalmic Solution)	<b>TOBI Podhaler (Capsule)</b>
Sulfadiazine (Tablet)	<b>TPN Electrolytes (Injection)</b>
Sulfamethoxazole/Trimethoprim (200mg-40mg/5ml Suspension, 400mg-80mg Tablet)	<b>Tabloid (Tablet)</b>
Sulfamethoxazole/Trimethoprim DS (Tablet)	Tacrolimus (0.03% Ointment, 0.1% Ointment)
<b>Sulfamylon (85mg/gm Cream)</b>	Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule)
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release)	<b>Tafinlar (Capsule)</b>
Sulindac (Tablet)	<b>Tagrisso (Tablet)</b>
Sumatriptan (Nasal Solution)	Tamoxifen Citrate (Tablet)
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	Tamsulosin HCl (Capsule)
Sumatriptan Succinate (4mg/0.5ml Injection, 6mg/0.5ml Injection)	<b>Tarceva (Tablet)</b>
<b>Sumatriptan Succinate (6mg/0.5ml Injection)</b>	<b>Targretin (1% Gel)</b>
<b>Sumatriptan Succinate Refill (Injection)</b>	Tarina Fe 1/20 (Tablet)
Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)	<b>Tasigna (Capsule)</b>
	Tazarotene (Cream)
	Tazicef (Injection)
	<b>Tazorac (0.05% Cream, 0.1% Gel)</b>

<b>Tazorac (0.05% Gel)</b>	Tablet)
Taztia XT (Capsule Extended-Release 24 Hour)	Timolol Maleate Ophthalmic Gel Forming (Solution)
<b>Tecfidera (Capsule Delayed-Release)</b>	
<b>Tecfidera Starter Pack</b>	Tinidazole (Tablet)
Telmisartan (Tablet)	<b>Tivicay (10mg Tablet)</b>
Telmisartan/Amlodipine (Tablet)	<b>Tivicay (25mg Tablet, 50mg Tablet)</b>
Telmisartan/Hydrochlorothiazide (Tablet)	Tizanidine HCl (2mg Tablet, 4mg Tablet)
Temazepam (15mg Capsule, 30mg Capsule)	<b>Tobradex (0.3%-0.1% Ophthalmic Ointment)</b>
<b>Tenivac (Injection)</b>	<b>Tobradex ST (Ophthalmic Suspension)</b>
Tenofovir Disoproxil Fumarate (Tablet)	Tobramycin (Nebulized Solution)
Terazosin HCl (Capsule)	Tobramycin Sulfate (0.3% Ophthalmic Solution)
Terbinafine HCl (Tablet)	Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection)
Terconazole (0.4% Cream, 0.8% Cream, 80mg Suppository)	Tobramycin/Dexamethasone (Ophthalmic Suspension)
Testosterone (25mg/2.5gm 1% Gel, 50mg/5gm 1% Gel)	<b>Tobrex (0.3% Ophthalmic Ointment)</b>
Testosterone Cypionate (Injection)	Tolcapone (Tablet)
Testosterone Enanthate (Injection)	Topiramate (Tablet Immediate-Release, Capsule Sprinkle Immediate-Release)
Testosterone Pump (1% Gel)	Torsemide (Tablet)
<b>Tetanus/Diphtheria Toxoids-Adsorbed Adult (Injection)</b>	<b>Toujeo Max Solostar (Injection)</b>
Tetrabenazine (Tablet)	<b>Toujeo SoloStar (Injection)</b>
Tetracycline HCl (Capsule)	<b>Tracleer (125mg Tablet, 62.5mg Tablet, 32mg Tablet Soluble)</b>
<b>Thalomid (Capsule)</b>	<b>Tradjenta (Tablet)</b>
Theophylline (Oral Solution)	Tramadol HCl (Tablet Immediate-Release)
Theophylline CR (Tablet Extended-Release 12 Hour)	Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)
Theophylline ER (300mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 24 Hour, 600mg Tablet Extended-Release 24 Hour)	Tramadol HCl/Acetaminophen (Tablet)
Thioridazine HCl (Tablet)	Trandolapril (Tablet)
Thiothixene (Capsule)	Tranexamic Acid (Tablet)
Tiagabine HCl (Tablet)	Tranylcypromine Sulfate (Tablet)
Tigecycline (Injection)	<b>Travasol (Injection)</b>
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic)	<b>Travatan Z (Ophthalmic Solution)</b>
Timolol Maleate (10mg Tablet, 20mg Tablet, 5mg Tablet)	Trazodone HCl (Tablet)
	<b>Trecator (Tablet)</b>

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Trelegy Ellipta (Aerosol Powder)</b>	Trivora-28 (Tablet)
<b>Trelstar Mixject (Injection)</b>	<b>Trophamine (10% Injection)</b>
<b>Tresiba FlexTouch (Injection)</b>	<b>Trulicity (Injection)</b>
Tretinoin (0.01% Gel, 0.025% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream)	<b>Trumenba (Injection)</b>
Tretinoin (10mg Capsule)	<b>Truvada (Tablet)</b>
Tretinoin Microsphere (Gel)	<b>Twinrix (Injection)</b>
Trexall (Tablet)	<b>Tybost (Tablet)</b>
Trezix (Capsule)	<b>Tykerb (Tablet)</b>
Tri-Legest Fe (Tablet)	<b>Tymlos (Injection)</b>
Tri-Lo-Estarylla (Tablet)	<b>Typhim Vi (Injection)</b>
Tri-Lo-Sprintec (Tablet)	<b>U</b>
Tri-Mili (Tablet)	<b>Uloric (Tablet)</b>
Tri-Previfem (Tablet)	<b>Unithroid (Tablet)</b>
Tri-Sprintec (Tablet)	Ursodiol (250mg Tablet, 500mg Tablet)
Tri-Vylibra (Tablet)	Ursodiol (300mg Capsule)
TriLyte (Oral Solution)	<b>V</b>
Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment)	<b>VAQTA (Injection)</b>
Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion)	VP-PNV-DHA (Capsule)
Triamcinolone Acetonide (55mcg/act Aerosol)	Valacyclovir HCl (Tablet)
Triamcinolone Acetonide Dental Paste (Paste)	<b>Valchlor (Gel)</b>
Triamterene/Hydrochlorothiazide (37.5mg-25mg Tablet, 75mg-50mg Tablet, 25mg-37.5mg Capsule)	Valganciclovir (Tablet)
Triderm (Cream)	Valganciclovir Hydrochlorde (Oral Solution)
Trientine HCl (Capsule)	Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution)
Trifluoperazine HCl (Tablet)	Valsartan (Tablet)
Trifluridine (Ophthalmic Solution)	Valsartan/Hydrochlorothiazide (Tablet)
Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet)	Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection, 125mg Capsule, 250mg Capsule)
Trimethoprim (Tablet)	<b>Vandazole (Gel)</b>
Trimipramine Maleate (Capsule)	<b>Varivax (Injection)</b>
<b>Trinessa (Tablet)</b>	<b>Varizig (Injection)</b>
<b>Trintellix (Tablet)</b>	<b>Vascepa (Capsule)</b>
<b>Triumeq (Tablet)</b>	Velivet (Tablet)
	<b>Velphoro (Tablet Chewable)</b>
	<b>Vemlidy (Tablet)</b>



<b>Venclexta (100mg Tablet, 50mg Tablet)</b>
<b>Venclexta (10mg Tablet)</b>
<b>Venclexta Starting Pack (Tablet Therapy Pack)</b>
Venlafaxine HCl (Tablet Immediate-Release)
Venlafaxine HCl ER (150mg Capsule Extended-Release 24 Hour, 37.5mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour)
<b>Ventavis (Inhalation Solution)</b>
Verapamil HCl (120mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 80mg Tablet Immediate-Release)
Verapamil HCl ER (100mg Capsule Extended-Release 24 Hour, 120mg Capsule Extended-Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 240mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour)
Verapamil HCl ER (120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release)
<b>Verapamil HCl SR (Capsule Extended-Release 24 Hour)</b>
<b>Versacloz (Suspension)</b>
<b>Verzenio (Tablet)</b>
<b>Vesicare (Tablet)</b>
Vestura (Tablet)
<b>Vibramycin (50mg/5ml Syrup)</b>
<b>Victoza (Injection)</b>
<b>Videx EC (125mg Capsule Delayed-Release)</b>
<b>Videx Pediatric (Oral Solution)</b>
Vienna (Tablet)
Vigabatrin (Packet)
<b>Viibryd (Tablet)</b>
<b>Viibryd Starter Pack (Kit)</b>
<b>Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution)</b>
<b>Viracept (Tablet)</b>

**Bold type = Brand name drug**

<b>Viramune (50mg/5ml Suspension)</b>
<b>Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 40mg/gm Powder)</b>
<b>Vivitrol (Injection)</b>
Voriconazole (200mg Injection, 40mg/ml Suspension)
Voriconazole (200mg Tablet, 50mg Tablet)
<b>Vosevi (Tablet)</b>
<b>Votrient (Tablet)</b>
<b>Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)</b>
<b>Vraylar (Capsule Therapy Pack)</b>
Vyfemla (Tablet)
Vylibra (Tablet)
<b>Vyvanse (10mg Capsule, 20mg Capsule, 30mg Capsule, 40mg Capsule, 50mg Capsule, 60mg Capsule, 70mg Capsule, 10mg Tablet Chewable, 20mg Tablet Chewable, 30mg Tablet Chewable, 40mg Tablet Chewable, 50mg Tablet Chewable, 60mg Tablet Chewable)</b>
<b>W</b>
WYMZYA Fe (Tablet Chewable)
Warfarin Sodium (Tablet)
<b>Welchol (3.75gm Packet)</b>
<b>X</b>
<b>Xalkori (Capsule)</b>
<b>Xarelto (Tablet)</b>
<b>Xarelto Starter Pack (Tablet Therapy Pack)</b>
<b>Xatmep (Oral Solution)</b>
<b>Xeljanz (Tablet)</b>
<b>Xeljanz XR (Tablet Extended-Release 24 Hour)</b>
<b>Xgeva (Injection)</b>
<b>Xifaxan (Tablet)</b>
<b>Xiidra (Ophthalmic Solution)</b>
<b>Xolair (Injection)</b>
<b>Xtampza ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)</b>

Plain type = Generic drug

<b>Xtandi (Capsule)</b>	Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup)
Xulane (Patch Weekly)	Zileuton ER (Tablet Extended-Release 12 Hour)
<b>Xyrem (Oral Solution)</b>	Ziprasidone HCl (Capsule)
<b>Y</b>	<b>Zirgan (Gel)</b>
<b>YF-Vax (Injection)</b>	<b>Zolinza (Capsule)</b>
Yuvaferm (Tablet)	Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)
<b>Z</b>	Zonisamide (Capsule)
Zafirlukast (Tablet)	<b>Zorbtive (Injection)</b>
Zaleplon (Capsule)	<b>Zortress (Tablet)</b>
Zarah (Tablet)	<b>Zostavax (Injection)</b>
Zarxio (Injection)	Zovia 1/35E (Tablet)
<b>Zejula (Capsule)</b>	<b>Zyclara Pump (Cream)</b>
<b>Zelapar (Tablet Dispersible)</b>	<b>Zydelig (Tablet)</b>
<b>Zelboraf (Tablet)</b>	<b>Zyflo (Tablet)</b>
<b>Zemaira (Injection)</b>	<b>Zykadia (Capsule)</b>
Zenchent (Tablet)	<b>Zyprexa Relprevv (Injection)</b>
<b>Zenpep (Capsule Delayed-Release)</b>	<b>Zytiga (Tablet)</b>
<b>Zerbaxa (Injection)</b>	
<b>Zerit (1mg/ml Oral Solution)</b>	



# Alternative Covered Drugs

Your plan has a long list of covered drugs, but it doesn’t cover all drugs. Drugs not covered by your plan typically have alternative drugs that can be used instead. This is a **partial list** of drugs that aren’t covered and the alternative covered drug.

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

Drugs not covered by the plan	Alternative covered drugs – Tier
Amiodarone HCL 100mg and 400mg tablet	Amiodarone 200mg Tablet – 1
Armodafinil	Modafinil – 4 (PA Required)
Butalbital/ Acetaminophen/Caffeine Capsule	Butalbital/Acetaminophen/Caffeine Tablet – 3 Butalbital/Aspirin/Caffeine Capsule – 3
Carisoprodol	Cyclobenzaprine 5mg and 10mg – 2 Tizanidine Tablet – 2
<b>Cialis 2.5mg and 5mg (BPH only)</b>	Tamsulosin – 1 Alfuzosin – 2 Doxazosin – 2 <b>Rapaflo – 3</b>
Eszopiclone	Trazodone – 1 Zolpidem Immediate Release – 2 Zaleplon – 3 <b>Belsomra – 3</b>
<b>Farxiga</b>	<b>Invokana – 3</b> <b>Jardiance – 3</b>
Fluoxetine HCL tablets	Fluoxetine HCL Capsule – 2
Glyburide	Glimepiride –1 Glipizide – 1
<b>Horizant</b>	Gabapentin Capsule, Tablet – 2 <b>Lyrica Immediate Release – 3</b>
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic <b>Glucophage XR</b> ) – 1
Methocarbamol	Cyclobenzaprine 5mg and 10mg – 2 Tizanidine Tablet – 2
<b>Movantik</b>	Lactulose – 2 <b>Amitiza – 3</b>
<b>Novolin</b>	<b>Humulin – 3</b>
<b>Novolog</b>	<b>Humalog – 3</b>
<b>Proventil HFA</b>	<b>Proair HFA – 3</b>

**Bold type = Brand name drug**                      Plain type = Generic drug

Drugs not covered by the plan	Alternative covered drugs – Tier
<b>Qvar</b>	<b>Arnuity – 3</b> <b>Flovent – 3</b>
<b>Tirosint</b>	Levothyroxine Tablet – 1
Tolterodine Tartrate Extended Release	<b>Myrbetriq – 3</b> Oxybutynin Extended Release – 3 <b>Vesicare – 3</b>
<b>Toviaz</b>	<b>Myrbetriq – 3</b> Oxybutynin Extended Release – 3 <b>Vesicare – 3</b>
Venlafaxine HCL Extended Release Tablets	Venlafaxine Extended Release Capsules – 2
Ventolin HFA	<b>Proair HFA – 3</b>
<b>Xopenex HFA</b>	<b>Proair HFA – 3</b>
Zolpidem Tartrate Extended Release	Trazodone – 1 Zolpidem Immediate Release – 2 Zaleplon – 3 <b>Belsomra – 3</b>

**Bold type = Brand name drug**

Plain type = Generic drug

Note: Alternatives are suggestions only and may or may not be appropriate depending on the specific illness being treated. Information is accurate as of August 1, 2018 and may be subject to change. Please refer to formulary materials for details on drug coverage.

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

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.

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**Ready to Enroll**

# How to enroll

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



## By phone

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



## Online

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



## By mail

Fill out the Enrollment Request Form and mail it to:  
UnitedHealthcare  
3315 Central AVE  
Hot Springs, AR 71913



## By fax

Fill out the Enrollment Request Form and fax it to:  
Fax: 1-501-262-7070

### Enrollment Request Form Checkpoints

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

# Scope of Appointment Confirmation Form

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

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

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

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

**Beneficiary or Authorized Representative Signature and Signature Date:**

Signature of applicant/member/authorized representative	Today's Date
	MM / DD / YYYY

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

Name (First_Last)	Relationship to Beneficiary
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**To be completed by Licensed Sales Representative** (please print clearly and legibly)

Licensed Sales Representative Name (First_Last)	Licensed Sales Representative Phone - - - - -	Licensed Sales Representative ID
Beneficiary Name (First_Last)	Beneficiary Phone - - - - -	Date Appointment will be Completed MM / DD / YYYY

Beneficiary Address

Initial Method of Contact	Plan(s) the Licensed Sales Representative will Represent During the Meeting
---------------------------	---

Licensed Sales Representative Signature

Agent: Fax completed form to 1-866-994-9659

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

**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.

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

**Medicare Health Maintenance Organization (HMO)** — 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) Plans** — 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.

## Other Related Products

**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.

**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.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.

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## 2019 Enrollment Request Form

Please contact the plan if you need this information in another language or an accessible format (Braille).

☐ **UnitedHealthcare Dual Complete (HMO SNP) H3387-010 - UDC**

This plan is designed for people with both Medicare and Medicaid. We may need to contact you to ask for proof of eligibility.

This is a Health Maintenance Organization (HMO) plan. It has a network of doctors, specialists, hospitals and other providers you must use.

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

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Initial
---	-----------	------------	----------------

Birth Date **MM-DD-YYYY**

Sex ☐ Male ☐ Female

Daytime Phone Number ( ) -

Mobile Phone Number ( ) -

Social Security Number

(Required for people who are enrolling in D-SNP plans):

			-						
--	--	--	---	--	--	--	--	--	--

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

City

County

State

ZIP Code

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

City

County

State

ZIP Code

Email Address

Enrollee Name \_\_\_\_\_

Agent Name / ID No. \_\_\_\_\_

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**To select paperless delivery complete and sign the application and provide your email address.**

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

**Check here to opt out of paperless delivery.**

- ☐ Instead of paperless delivery, we will mail you hard copies of required materials. Please note that some communications are very large and may not fit in all mailboxes. You can change your preference for delivery at any time. We will only use your email address if you change delivery preference or if we have other information to share with you.

**Information about your Medicare.**

Please take out your red, white and blue Medicare card to complete this section.

- ☐ Fill out this information as it appears on your Medicare card.
- ☐ Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.
- Name (as it appears on your Medicare card):  
\_\_\_\_\_

Medicare Number: \_\_\_\_\_

Sex: \_\_\_\_\_

Is Entitled to \_\_\_\_\_ Effective Date \_\_\_\_\_

Hospital (Part A) \_\_\_\_\_ MM-DD-YYYY

Medical (Part B) \_\_\_\_\_ MM-DD-YYYY

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

**If your plan has a premium how do you want to pay?**

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

If you need to pay a late enrollment penalty (LEP), please choose how you want to pay it.

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

☐ **I want to pay from my Social Security or Railroad Retirement Board (RRB) check.**

I get monthly benefits from: ☐ Social Security ☐ RRB

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We'll set it up. It may take a few months before payment starts, so the first payment may include more than one premium. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction or there is a delay in setup, we will send you a paper bill for your monthly premiums.

☐ **I want to pay directly from a bank account.**

- ☐ Please attach a blank check from the account you'd like to use. Write "VOID" across the front. Please DO NOT send a deposit slip or money order.
- ☐ Please read the statement below.

My bank may pay my plan premium to UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents) (UHIC). My bank will pay the funds from my checking or savings account on or about the fifth of each month. The charges may include up to \$200 of current retroactive charges plus the monthly premium amount. If I choose to stop paying directly from my account, I will tell both UHIC and my bank. I will give them a reasonable amount of time to change my method of payment.

**Account Type** ☐ **Checking** ☐ **Savings**

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

Bank Routing Number

Bank Account Number

**Signature** \_\_\_\_\_ **Date** **MM-DD-YYYY**

☐ **I want to pay by mail.**

We'll send a bill to your mailing address each month.

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**A few notes about your costs.**

**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

Please DO NOT pay the plan the Part D-IRMAA at this time.

**Need help with your prescription drug costs?**

If you have a limited income, you may be able to get Extra Help with your prescription drug costs. If you qualify, Medicare could pay for 75% or more of your costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, you won't have a coverage gap or late enrollment penalty. Many people are eligible for these savings and don't even know it. If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only part of your premium, we will bill you for the amount that Medicare doesn't cover.

For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at [www.socialsecurity.gov/prescriptionhelp](http://www.socialsecurity.gov/prescriptionhelp).

**A few questions to help us manage your plan.**

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

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

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

**2. Do you have end stage renal disease?** ☐ Yes ☐ No

If you have had a successful kidney transplant and/or you don't need regular dialysis anymore, please attach a note or records from your doctor showing you have had a successful kidney transplant or you don't need dialysis; otherwise, we may need to contact you to obtain additional information.

If "yes," are you currently a member of a health care company? ☐ Yes ☐ No

Name of Company \_\_\_\_\_

Member Number \_\_\_\_\_

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

If yes, please give us your Medicaid number: \_\_\_\_\_

Enrollee Name \_\_\_\_\_

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4. Do you live in a nursing home or a long-term care facility?

☐ Yes ☐ No

If yes, please give us information on the long-term care facility:

Name			
Address	City	State	ZIP Code
Phone Number (       )       -		Date You Moved There <b>MM-DD-YYYY</b>	

5. Do you have health insurance with an employer or union right now?

☐ Yes ☐ No

If yes, you could lose that plan if you join this plan. Please talk to your employer or union. Ask how joining this plan could affect your current plan. You may also want to check your employer or union's website, or read any information sent to you. If there is no information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

6. Do you or your spouse work?

☐ Yes ☐ No

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

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

☐ Yes ☐ No

If yes, please complete the following:

Name of Health Insurance Company	
Subscriber Name	Group Number
Member Number	Effective Dates (if applicable) <b>MM-DD-YYYY - MM-DD-YYYY</b>

7. 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	Date Plan Started <b>MM-DD-YYYY</b>

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

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

Provider or PCP Full Name	Phone Number (       )       -
Provider/PCP Number: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	(Please enter the number exactly as it appears on the website or in the Provider Directory. It will be 10 to 12 digits. Don't include dashes.)
Are you now seeing or have you recently seen this doctor? <span style="float:right"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>	

**Please read and sign.**

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

- ☐ This is a Medicare Advantage plan. It has a contract with the federal government. This is not a Medicare Supplement plan.
- ☐ I need to keep my Medicare Parts A and B. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- ☐ I can only be in one Medicare health plan or Prescription Drug plan at a time. If I'm a member of another Medicare health plan or Prescription Drug plan and I join this plan, I will lose the other plan.
- ☐ If I have prescription drug coverage now or if I get it from somewhere else later, I will tell the plan.
- ☐ I may have to pay a late enrollment penalty (LEP). This would only happen if I didn't sign up for and keep creditable prescription drug coverage when I first qualified for Medicare. "Creditable" means the coverage is as good as a Medicare prescription drug plan. If I need to pay a LEP, the plan will tell me.
- ☐ I understand that I am joining the plan for the entire calendar year. If I want to change plans, I'll need to do so during the Open Enrollment Period for Medicare Advantage AND Medicare prescription drug coverage between October 15 and December 7. There may be special situations that would allow me to leave the plan at other times.
- ☐ This plan covers a specific area. If I plan to move out of the area, I will call my plan to switch to a plan in the new area. Medicare may not cover me when I'm out of the country. However, I have some limited coverage near the U.S. border.
- ☐ I will receive information on how to get an Evidence of Coverage. (The EOC is also known as a member contract or subscriber agreement.) The EOC will list services the plan covers, as well as the plan's terms and conditions. The plan will cover services it approves, as well as services listed in the EOC. If a service isn't listed in the EOC or approved by the plan, Medicare and the plan won't pay for it. If I disagree with how the plan covers my care, I have the right to make an appeal.
- ☐ I understand that I must get my health care coverage from doctors or providers that are in my plan's network. I can go to any doctor or hospital in an emergency or for urgently needed

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services or out-of-area dialysis services. If I happen to pay full price for any network services, this plan provides refunds for all medically necessary covered benefits.

- ☐ If I currently have Medicare Supplement Insurance (Medigap), I will cancel it in writing. I, not my agent, must cancel. I will cancel after my new plan tells me I've been accepted into the plan.
- ☐ My plan will give my information to Medicare and other plans when needed for treatment, payment and health care operations. This may include my prescription drug information. Medicare uses the information to understand how my care was handled or billed. Other plans may need my information when they help pay for my care. Medicare may also give my information for research and other purposes. All federal laws and rules protecting my privacy will be followed.
- ☐ If I get help from a sales agent, broker or someone who has a contract with the plan, the plan may pay that person for this help.
- ☐ The information on this form is correct, to the best of my knowledge. I understand that if I put information on this form that I know is not true, I will lose 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 you have received your member ID card, please call Customer Service at the number on the back of your member ID card to update your authorization information on file.

**Signature of Applicant/Member/Authorized Representative**      Today's Date **MM-DD-YYYY**

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

**\*NOT A SALES AGENT**

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

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

- ☐ New Member  
☐ Plan Change

Employer Group Name

Employer Group ID

Branch ID

Licensed Sales Representative/Writing ID

Initial Receipt Date

MM-DD-YYYY

Licensed Sales Representative/Agent Name

Proposed Effective Date

MM-DD-YYYY

Licensed Sales Representative Phone Number ( ) -

Where did this application originate?

- ☐ National Retail/Mall Program    ☐ Community Meeting    ☐ Appointment    ☐ Other  
☐ Member Meeting    ☐ Local Event Outreach    ☐ Walmart Program

How was this application submitted?    ☐ Mail    ☐ Fax    ☐ Online

**Agent must complete**

- ☐ AEP    ☐ SEP (Chronic)    ☐ IEP (MA-PD enrollees eligible for 2nd IEP)  
☐ OEPI    ☐ IEP (MA-PD enrollees)    ☐ SEP (Partial Dual Eligible)  
☐ ICEP (MA enrollees)    ☐ SEP (Full Dual Eligible)    ☐ SEP (Dual Eligible)  
☐ OEP (Jan1 - Mar 31)    ☐ OEPNEW  
☐ SEP (SEP Reason) \_\_\_\_\_  
☐ SEP Eligibility Date MM-DD-YYYY

**Licensed Sales Representative Signature (required)** MM-DD-YYYY

**Please mail or fax this completed form to:**

UnitedHealthcare  
3315 Central AVE  
Hot Springs, AR 71913

Fax: 1-501-262-7070

Enrollee Name

Y0066\_180613\_072818 Approved

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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.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711). 注意：如果您說中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (聽力語言殘障服務專線 TTY : 711).

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Medicaid Advantage Managed Care Enrollment Form



Last Name		First Name	
Birth Date MM / DD / YYYY		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Social Security Number		Medicaid Client Identification Number (CIN)	
HIC Number (only if different from your Social Security Number)		Medicaid Case Number	
County		Other Health Insurance (if any)	

Medicaid Advantage Plan Choice:

☐ UnitedHealthcare Dual Advantage

The information that I have given in my application is true to the best of my knowledge. I understand enrollment in Medicaid Advantage is voluntary. I have been told the rights and benefits that I will have as a member of Medicaid Advantage, and the conditions of participation. I know that I must be enrolled in the same health plan's Medicare Advantage product to enroll or stay enrolled in Medicaid Advantage.

I consent to the release of any medical information about me:

- By my primary care provider (PCP), by any other health care provider, or by, the New York State Department of Health (SDOH) to my health plan and any health care providers involved in caring for me, as reasonably necessary for my health plan or my providers to carry out treatment, payment, or health care operations. This may include pharmacy and other medical claims information needed to help manage by care;
- By my health plan and any health care providers to SDOH and other authorized federal, state, and local agencies for purposes of administration of the Medicaid and/or Medicare programs; and
- By my health plan to other persons or organizations, as reasonably necessary for my health plan to carry out treatment, payment or health care operations

I also agree that HIV/AIDS, mental health or alcohol and substance abuse information about me may be released, to the extent permitted by law, for as long as I remain enrolled in this Medicaid Advantage plan. I know that I can revoke this consent at any time by notifying the health plan in writing, except that this would not apply to information that has already been released.

I understand that other federal, state and local laws may also protect the confidentiality of my personal health information.

Applicant's Signature	Phone Number	Date
Print Authorized Representative's Name (if applicable)	Signature	Date

Authorized Plan Representative Only:

Health Plan Certification: Medicare Advantage Enrollment Completed for CMS Submission		Date MM / DD / YYYY
Print Name	Signature	

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# Plan Recap

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

✓ Fill out this plan recap with your Licensed Sales Representative (if applicable). It will take you through some plan details to help you better understand your new plan.

**i PLAN INFORMATION** Here are some details about your new plan.

My new plan is (circle one):	Medicare Advantage plan	Medicare Part D plan
	Medicare Supplement Insurance (Medigap) plan	

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

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

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

My plan will provide: ☐ all my Medicare health coverage  
☐ all my Medicare prescription drug coverage

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

Proposed effective date: MM / DD / YYYY

I can cancel my enrollment in this plan before my coverage starts by calling Customer Service at \_\_\_\_\_. 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.

**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. (There is one exception: Medicare Advantage Private Fee-for-Service plans that do not include prescription drug coverage.)

**\$ PREMIUM INFORMATION** What you need to know about paying your monthly plan premium.

My plan has a \$ \_\_\_\_\_ monthly premium that I must pay to stay in this plan. In addition, I must remain enrolled in Medicare Part A and Part B and must continue to pay my Medicare Part B premium, unless the state or another third party pays it for me.

If I owe a Late Enrollment Penalty (LEP), it is not included in my premium. I will need to add it to my premium each month.

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**NETWORK INFORMATION** Understanding your network is important.

Provider Name	Provider type (PCP/Specialist)	Network (Yes/No)	Referral (Yes/No)

**Circle the correct answers:** I need to get my care and services from **network / out-of-network** providers. I may have to pay the full cost for any care I get from **network / out-of-network** providers. But if I need emergency care, urgent care, or out-of-area dialysis, it will be covered wherever I need it.



**PRESCRIPTION DRUG COVERAGE** Know what is covered by your prescription drug plan.

Medication	Tier Level <sup>1</sup>	Has Limits <sup>2</sup> (Yes/No)	Deductible (Yes/No)

I have the option to access my plan documents, such as Explanation of Benefits (EOB), electronically.

- ☐ I have opted to access documents electronically.
- ☐ I have not opted to access documents electronically at this time, but can contact the plan in the future to activate this option.
- ☐ I have provided an email address to provide the plan with various ways to reach me regarding important information.
- ☐ I do not have an email address; should I get one in the future I can provide it to the plan to provide other ways to reach me with important information.

Contact your Licensed Sales Representative.

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

<sup>1</sup>My actual out of pocket costs may vary based on the drug stage I am in, my drug tier level, and the pharmacy I use (retail/mail-order), and if I have Extra Help.

<sup>2</sup>For medications that have limitations, I may need to contact the plan before I can fill my prescription.

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# 2019 Enrollment Receipt

## To be completed if enrolling with a Licensed Sales Representative.

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

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

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### Applicant 1:

Name

Application Date

MM / DD / YYYY

Proposed Effective Date

MM / DD / YYYY

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

### Applicant 2 (if applicable):

Name

Application Date

MM / DD / YYYY

Proposed Effective Date

MM / DD / YYYY

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

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

Licensed Sales Representative Name and ID Number

Licensed Sales Representative Phone No.

■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■

RxBIN: 610097

Rx PCN: 9999

RxGRP: MPDCSP

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

**Important Reminder** - You should not have a Medicare supplement insurance plan (also called Medigap) with a Medicare Advantage plan. Once Medicare confirms your enrollment you should cancel your Medicare supplement plan by contacting the insurer.



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Ready to Enroll

# NOTES

[illegible]

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

# NOTES

[illegible]



[illegible]

# NOTES

[illegible]

[illegible]

# NOTES

[illegible]

[illegible]

# NOTES

[illegible]

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

# NOTES

[illegible]



[illegible]

# NOTES

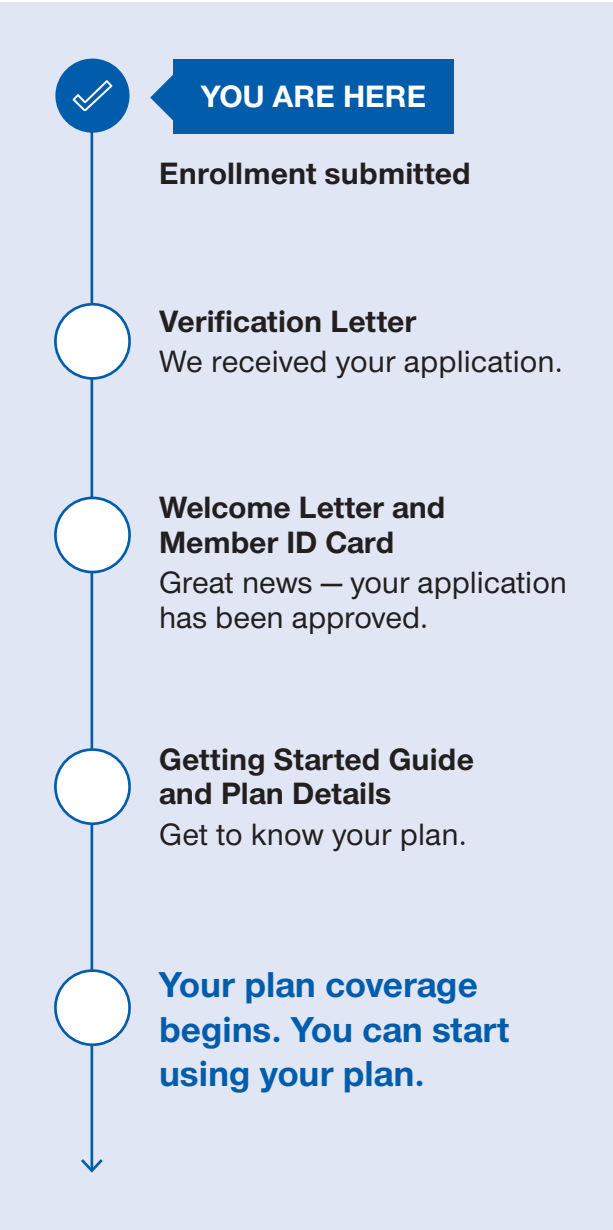
[illegible]

# Here's What You Can Expect Next

We want to help you take advantage of everything your plan has to offer. Keep this page and track your progress as you go. We'll be here to help every step of the way.

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## Get ready to use your plan

Once your coverage begins, there are things you can do to get the most out of your plan. We'll contact you to help you:



### Schedule your annual wellness visit.

Preventive care is an important step to living a healthier life. Call to schedule your visit soon after your plan coverage begins.



**Take advantage of a UnitedHealthcare® HouseCalls visit.** A yearly in-home preventive care visit with a health care practitioner is also included in your plan. Learn more at **UHCHouseCalls.com**.



**Complete your Health Assessment.** Once your coverage begins, answering a few simple questions by phone or mail will help us connect you to programs and services.



**Learn about and sign up for prescription home delivery.** Once your coverage begins, sign up to enjoy the convenience of having your 3-month supply of medication mailed to your home.

## Thank you for choosing us

When you get your member ID card in the mail, you can call the Customer Service number on the back with any questions.

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



For additional information, please contact the plan or your Licensed Sales Representative.



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



Learn more online at  
**[www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com)**