



# Enrollment Guide 2023



**One plan. More coverage than  
MassHealth Standard only or MassHealth  
Standard and Original Medicare.**

**UnitedHealthcare® Senior Care Options (HMO D-SNP)**

**UnitedHealthcare® Senior Care Options NHC (HMO D-SNP)**

H2226-001-000

H2226-003-000

**Service area:** Massachusetts - Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester counties

**United  
Healthcare**  
Community Plan

**SCO**  
Senior Care Options  
Medicare Advantage



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



## Plans you can count on

When it comes to Medicare, one size doesn't fit all. That's why UnitedHealthcare offers a broad range of Medicare plans: so you have options to fit your health care needs and budget.



## Support to get you what you need

Our Medicare plan experts will help you find the right plan for you — in person, online or over the phone. Once you're a member, our expert customer service team makes it easier to get the care you need. Whether it's a virtual appointment with your doctor, a 3 a.m. call with a nurse or a wellness visit in the comfort of your own home, we make it easier to connect you with care — when, where and how you need it, so you can stay on top of your health.



## Chosen by more people

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

## 1-on-1 help using your Medicare plan

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

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



**UHCCommunityPlan.com**



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

# Start With Medicare Basics

## Get all your medical benefits in one simple plan

The Senior Care Options (SCO) plan from UnitedHealthcare® is a Coordinated Care plan that combines your MassHealth Standard benefits and Original Medicare into one plan.

### What are the main benefits of the UnitedHealthcare® Senior Care Options (HMO D-SNP) and UnitedHealthcare® Senior Care Options NHC (HMO D-SNP) plans?

A SCO plan may make it easier to get the coverage you may be eligible for. Benefits include:



Access to a large network of doctors, specialists and other providers.



Built-in prescription drug coverage, including certain over-the-counter drugs at no cost when prescribed by your doctor.



No out-of-pocket costs for covered drugs or other approved health care benefits provided by network pharmacies or providers.



Transportation to all medical appointments.



Help getting services like in-home care and meals (when medically necessary).



Dental benefits and services including root canals, crowns and implants, at no cost to you.



Care managers who can help you get the most from your benefits.



\$125 a month on a prepaid card for OTC products and healthy food at many retailers or online for home delivery

### You're part of a health care team

A team dedicated to increasing access to care and improving your health. Your primary care doctor is the leader, making sure everyone works together to help improve your well-being.

# This is a Coordinated Care plan

That means you must receive care through a network of local doctors and hospitals. Your primary care provider (PCP) oversees your care and can suggest a specialist, if needed.

## Here's how your UnitedHealthcare® Senior Care Options (HMO D-SNP) plan works

### You must select a network primary care provider (PCP)

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

### There's no need to get referrals to see a specialist

You can see any specialist in our network. If you don't use the network, you'll have to pay for all of the costs.

### Stay in the network

|   | In-network | Out-of-network   |
|---|------------|--|
| Will the doctor or hospital accept my plan?                             | Yes        | Providers have the choice to accept plan (except for emergencies). |
| Are emergency or urgently needed services covered?                      | Yes        | Yes  |
| Do I have to pay full cost for all covered doctor or hospital services? | No         | N/A  |
| Is there a limit to my total out-of-pocket spending for the year?       | No         | N/A  |

Please refer to the Summary of Benefits and Benefit Highlights for more plan information.

# Who is eligible for a SCO plan?

## **You are eligible for the UnitedHealthcare® Senior Care Options (HMO D-SNP) H2226-001 plan if you:**

- Are 65 or older
- Have MassHealth Standard only or MassHealth Standard and Medicare
- Live in a UnitedHealthcare SCO service area
- Do not have any other comprehensive health insurance, except Medicare
- Are entitled to Medicare Part A and are enrolled in Medicare Part B\*
- Agree to follow the UnitedHealthcare SCO rules and get treatment from our network providers
- Complete and sign the application form from UnitedHealthcare SCO

## **You are eligible for the UnitedHealthcare® Senior Care Options NHC (HMO D-SNP) H2226-003 plan if you:**

- Are 65 or older
- Have MassHealth Standard only or MassHealth Standard and Medicare
- Live in a UnitedHealthcare SCO service area
- Do not have any other comprehensive health insurance, except Medicare
- Are entitled to Medicare Part A and are enrolled in Medicare Part B\*
- Reside in an institution or are in the community but receive home and community-based support services due to functional deficits
- Agree to follow the UnitedHealthcare SCO rules and get treatment from our network providers
- Complete and sign the application form from UnitedHealthcare SCO

## **Can I leave the SCO plan if I'm not satisfied?**

Yes, as long as you have MassHealth (Medicaid) you can change plans one time during each of the following Special Enrollment Periods: January–March, April–June or July–September.

If you joined our plan during one of these periods, you'll have to wait until the next period to change to a different plan. Although there isn't a Special Enrollment Period from October–December, all people with Medicare can make changes from October 15–December 7. This is called Medicare Annual Enrollment.

You can change plans at other times of the year if you meet certain special exceptions or are a member of certain types of plans. Some examples of these special exceptions are if you move out of your plan's service area, you want to join a plan in your area with a 5-star rating or you qualify for (or lose) Medicare's Extra Help program.

## **What is Medicare?**

- Medicare Part A covers medical services from providers such as hospitals, nursing facilities and home health agencies
- Medicare Part B covers most other medical services, such as physician's services and other outpatient services

## Helpful resources

### Medicare Made Clear®

An educational program developed by UnitedHealthcare to help the public better understand Medicare.

 Find out more at [MedicareMadeClear.com](https://www.MedicareMadeClear.com)



\*If you do not have Medicare, you may still be eligible for SCO.

UnitedHealthcare SCO is a Coordinated Care plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is a voluntary program that is available to anyone 65 and older who qualifies for MassHealth Standard and Original Medicare and does not have any other comprehensive health insurance, except Medicare. If you have MassHealth Standard, but you do not qualify for Original Medicare, you may still be eligible to enroll in our MassHealth Senior Care Option plan and receive all of your MassHealth benefits through our SCO program.

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# Plan Information

# Benefit Highlights

## UnitedHealthcare® Senior Care Options (HMO D-SNP)

## UnitedHealthcare® Senior Care Options NHC (HMO D-SNP)

As a UnitedHealthcare® Senior Care Options (HMO D-SNP) or UnitedHealthcare® Senior Care Options NHC (HMO D-SNP) member, **you have no out-of-pocket expenses**. You will not be responsible for any copayments or coinsurance for drugs or other covered services provided by plan providers.

This is a short description of your 2023 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

### Plan costs

|                             |     |
|-----------------------------|-----|
| <b>Monthly plan premium</b> | \$0 |
|-----------------------------|-----|

### Medical benefits

|   | Your cost  |
|---|--|
| <b>Doctor's office visit</b>                                  |  |
| Primary care provider (PCP)                                   | \$0 copay  |
| Specialist  | \$0 copay (no referral needed)   |
| Virtual visits  | \$0 copay to talk with a network telehealth provider online through live audio and video |
| <b>Preventive services</b>                                    | \$0 copay  |
| <b>Inpatient hospital care</b>                                | \$0 copay per stay for unlimited days  |
| <b>Skilled nursing facility (SNF)</b>                         | \$0 copay per day: days 1-100  |
| <b>Outpatient hospital, including surgery</b>                 | \$0 copay  |
| <b>Outpatient mental health</b>                               |  |
| Group therapy   | \$0 copay  |
| Individual therapy  | \$0 copay  |
| Virtual visits  | \$0 copay to talk with a network telehealth provider online through live audio and video |
| <b>Diabetes monitoring supplies</b>                           | \$0 copay for covered brands   |
| <b>Diagnostic radiology services (such as MRIs, CT scans)</b> | \$0 copay  |
| <b>Diagnostic tests and procedures (non-radiological)</b>     | \$0 copay  |
| <b>Lab services</b>   | \$0 copay  |

## Medical benefits

|                          | Your cost                   |
|--------------------------|-----------------------------|
| Outpatient x-rays        | \$0 copay                   |
| Ambulance                | \$0 copay for ground or air |
| Emergency care           | \$0 copay (worldwide)       |
| Urgently needed services | \$0 copay (worldwide)       |

## Benefits and Services Beyond Original Medicare

|   | Your cost  |
|---|--|
| Acupuncture   | \$0 copay  |
| Adult day health  | \$0 copay  |
| Adult foster care (AFC)/Group adult foster care (GAFC)                                    | \$0 copay  |
| Chiropractic care/services  | \$0 copay  |
| Dental services<br>Comprehensive dental (beyond regular Medicaid-covered dental benefits) | \$0 copay  |
| Fitness program   | \$0 copay for Renew Active®, which includes a free gym membership, plus online fitness classes and brain health challenges   |
| Foot care<br>Routine foot care (Medicaid covered)   | \$0 copay  |
| Geriatric support services coordination (GSSC)  | \$0 copay  |
| Hearing-routine exam  | \$0 copay, 1 per year  |
| Food, over-the-counter (OTC) and utility bill credit                                      | \$125 credit on a prepaid card every month to purchase approved over-the-counter products or healthy groceries.  |
| Personal care attendant services  | \$0 copay  |
| Transportation  | \$0 copay for unlimited one-way trips to or from approved medically related appointments and pharmacies  |
| Vision –<br>Routine eyewear   | \$0 copay<br>Plan pays up to \$300 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.<br>Home delivered eyewear available through UnitedHealthcare Vision (select products only). |
| Vision -<br>Routine eye exam (beyond regular Medicaid-covered benefits)                   | \$0 copay, 1 per year  |

## Prescription drugs

| 30-day or 100-day supply from retail network pharmacy |  |
|---|--|
| Generic (including brand drugs treated as generic)    | \$0 copay<br>Some covered drugs limited to a 30-day supply |
| All other drugs                                       | \$0 copay<br>Some covered drugs limited to a 30-day supply |



UnitedHealthcare SCO is a Coordinated Care plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is a voluntary program that is available to anyone 65 and older who qualifies for MassHealth Standard and Original Medicare and does not have any other comprehensive health insurance, except Medicare. If you have MassHealth Standard, but you do not qualify for Original Medicare, you may still be eligible to enroll in our MassHealth Senior Care Option plan and receive all of your MassHealth benefits through our SCO program. 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. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. You must live in our service area to enroll.

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# Explore Your Additional Services

## Get an in-home visit from UnitedHealthcare® HouseCalls

With UnitedHealthcare HouseCalls\*, you may get an annual in-home preventive health care visit from one of our licensed health care practitioners for no additional cost. The visit includes health screenings and a medication review to help you stay on top of your health between your regular doctor visits.

## Social and Government Referral Assistance Program

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

- Save on utility bills, prescription drug expenses and even home repair costs
- Determine Medicaid eligibility, depending on your income
- Find local support groups
- Learn about Veterans' Services and Support

## Questions? We are here to help.

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

\*HouseCalls may not be available for all plans or in all areas.

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# Routine Vision Benefits

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

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



\$0 copay for a yearly routine eye exam and a \$300 allowance for frames or contacts every year



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



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



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



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



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

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

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

Get more help with your everyday needs. Your plan comes with a credit of \$125 that will be loaded to a prepaid card every month for covered groceries, OTC products, and utility bills.

## Use the credit on your prepaid card to:



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



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



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



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



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





# Renew Active<sup>®</sup>

## Stay active. Stay focused. Stay you.

Renew Active is the gold standard in Medicare fitness programs for body and mind – available at no cost. Stay active with a free gym membership, at a fitness location you select from a national network, including many premium gyms. You get an annual personalized fitness plan plus access to group classes. If you prefer to exercise at home, you can view thousands of on-demand workout videos and live streaming fitness classes.

### Renew Active includes:



A free gym membership at a gym near you



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



An annual personalized fitness plan



Allows members who need help to bring a workout assistant to the gym, at no cost



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



Social activities at local health and wellness classes and events. Access to the online Fitbit<sup>®</sup> Community for Renew Active – no Fitbit<sup>®</sup> device needed. Joining the community also provides access to Fitbit Premium<sup>™</sup>



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



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





# Summary of Benefits 2023

**UnitedHealthcare® Senior Care Options (HMO D-SNP)**  
H2226-001-000

**UnitedHealthcare® Senior Care Options NHC (HMO D-SNP)**  
H2226-003-000

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



**Toll-free 1-888-867-5511, TTY 711**  
8 a.m.–8 p.m. local time, 7 days a week



**UHCCommunityPlan.com**

**United  
Healthcare**  
Community Plan

**SCO**  
Senior Care Options  
Medicare Advantage



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## Introduction

This document is a brief summary of the benefits and services covered by UnitedHealthcare® Senior Care Options (HMO D-SNP) and UnitedHealthcare® Senior Care Options NHC (HMO D-SNP) (UnitedHealthcare® Senior Care Options). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of UnitedHealthcare® Senior Care Options. Key terms and their definitions appear in alphabetical order in the last chapter of the **Evidence of Coverage**.

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**If you have questions**, please call UnitedHealthcare® Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCommunityPlan.com**.

## A. Disclaimers



This is a summary of health services covered by UnitedHealthcare® Senior Care Options for January 1, 2023 to December 31, 2023. This is only a summary. Please read the **Evidence of Coverage** for the full list of benefits. If you don't have an **Evidence of Coverage**, call UnitedHealthcare® Senior Care Options Customer Service at the number at the bottom of this page to get one or see it online at **UHCommunityPlan.com**.

- UnitedHealthcare® Senior Care Options is a health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. It is for people with MassHealth Standard (Medicaid) age 65 and older.
- UnitedHealthcare Senior Care Options is a Coordinated Care plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is a voluntary program that is available to anyone 65 and older who qualifies for MassHealth Standard (Medicaid) and Original Medicare and does not have any other comprehensive health insurance, except Medicare. If you have MassHealth Standard (Medicaid), but you do not qualify for Original Medicare, you may still be eligible to enroll in our MassHealth Standard Senior Care Option plan and receive all of your MassHealth Standard benefits through our SCO program. You must live in our service area to enroll.
- Under UnitedHealthcare® Senior Care Options you can get your Medicare and MassHealth (Medicaid) services in one health plan called a Senior Care Options plan. A UnitedHealthcare® Senior Care Options care coordinator/manager will help manage your health care needs.
- Benefits may change on January 1 of each year.
- Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at **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**.
- The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. Enrollees have no out of pocket costs.
- 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**. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

**If you have questions**, please call UnitedHealthcare® Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCommunityPlan.com**.

- 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. Llame a nuestro número de Servicio al Cliente que se encuentra en la primera página de esta guía.
- This information is not a complete description of benefits. Contact the plan for more information. Limitations and exclusions may apply.
- For more information about **Medicare**, you can read the **Medicare & You** handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (<https://medicare.gov>) or 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**. For more information about **MassHealth (Medicaid)**, call **1-800-841-2900**. TTY users should call **1-800-497-4648**.
- **ATTENTION:** If you speak Spanish, Chinese, Vietnamese, or Russian, language assistance services, free of charge, are available to you. Call **1-888-867-5511 (TTY 711)**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free.
- **Spanish:** ATENCIÓN: Si habla español, chino, vietnamita o ruso, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al **1-888-867-5511 (TTY 711)**, de 8 a.m. a 8 p.m., hora local, los 7 días de la semana. La llamada es gratis.
- **Chinese:** 請注意：如果您講西班牙語、中文、越南語或俄羅斯語，可免費向您提供語言協助服務。請致電 1-888-867-5511（聽力語言殘障服務專線 711），每週 7 天，當地時間上午 8 時至晚上 8 時。以上為免付費電話。
- **Vietnamese:** XIN LƯU Ý: Nếu quý vị nói tiếng Tây Ban Nha, Trung, Việt, hoặc Nga, chúng tôi cung cấp các dịch vụ hỗ trợ ngôn ngữ, miễn phí dành cho quý vị. Hãy gọi **1-888-867-5511 (TTY 711)**, 8 giờ sáng đến 8 giờ tối theo giờ địa phương, 7 ngày trong tuần. Cuộc gọi này là miễn phí.
- **Russian:** ВНИМАНИЕ! Если вы говорите на испанском, китайском, вьетнамском или русском языке, мы можем предложить вам бесплатные услуги перевода. Звоните по телефону **1-888-867-5511 (линия ТТУ: 711)**, ежедневно с 8 часов утра до 8 часов вечера по местному времени. Звонок бесплатный.
- You can get this document for free in other formats, such as large print, braille, or audio. Call **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free.
- You can call Customer Service and ask us to make a note in our system that you would like materials in Spanish, large print, braille, or audio now and in the future.
- We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact **Medicare.gov** or **1-800-MEDICARE** to get information on all of your options.

**If you have questions**, please call UnitedHealthcare® Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

- The Massachusetts Ombudsman program helps people enrolled in MassHealth (Medicaid) with service or billing problems. They can help you file a grievance or appeal with our plan. The LTC Ombudsman program helps people get information about nursing homes and resolve problems between nursing homes and residents or their families. To reach either program, please call: **1-800-243-4636** (Toll-free) from 8–5 local time Monday–Friday (TTY **1-800-872-0166**, you need to use the MassRelay at **711** to call this number and it requires special telephone equipment.) You can also write to them using e-mail: [info@myombudsman.org](mailto:info@myombudsman.org) or to their Office at 25 Kingston St 4th floor, Boston, MA 02111. The office is wheelchair accessible. You can also get information from their website [myombudsman.org](http://myombudsman.org).
- Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare Senior Care Options members, except in emergency situations. Please call our customer service number or see your **Evidence of Coverage** for more information, including the cost-sharing that applies to out-of-network services.
- 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. Renew Active includes standard fitness membership and other offerings. Fitness membership, equipment, classes, personalized fitness plans, and events may vary by location. Certain services, discounts, classes, events, and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan.
- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.
- 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 toll free member phone number listed on your health plan member ID card, TTY 711, daily, 8:00 a.m. to 8:00 p.m.
- ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.
- ATENÇÃO: Se você fala português, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

**If you have questions**, please call UnitedHealthcare® Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit [UHCCommunityPlan.com](http://UHCCommunityPlan.com).

## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

### Frequently asked questions

|   | Answers   |
|---|---|
| <p><b>What is a Senior Care Options Plan?</b></p>   | <p>A Senior Care Options Plan is a health plan that contracts with both Medicare and MassHealth Standard to provide benefits of both programs to enrollees. It is for people age 65 and older with Medicare and MassHealth Standard coverage, and no other comprehensive health insurance. A Senior Care Options Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has care coordinators/managers to help you manage all your providers and services and supports. They all work together to provide the care you need.</p> <p>Our NHC Plan is for seniors over age 65, who are enrolled in Medicare Part A and B and MassHealth Standard coverage, and no other comprehensive health insurance who reside in an institution or who are in the community but receive home and community-based support services because they have functional deficits. These services help persons who normally qualify for a nursing home (Nursing Home Certifiable) to remain safely at home.</p> |
| <p><b>Will I get the same Medicare and MassHealth (Medicaid) benefits in UnitedHealthcare® Senior Care Options that I get now?</b><br/>(continued on the next page)</p> | <p>You will get your covered Medicare and MassHealth (Medicaid) benefits directly from UnitedHealthcare® Senior Care Options. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. You may also get other benefits the same way you do now, directly from a State Agency like the Department of Mental Health or the Department of Developmental Services.</p> <p>When you enroll in UnitedHealthcare® Senior Care Options, you and your care team will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals.</p>   |

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## Frequently asked questions

|   | Answers   |
|---|---|
| <p><b>Will I get the same Medicare and MassHealth (Medicaid) benefits in UnitedHealthcare® Senior Care Options that I get now?</b><br/>(continued from previous page)</p> | <p>If you are taking any Medicare Part D prescription drugs that UnitedHealthcare® Senior Care Options does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for UnitedHealthcare® Senior Care Options to cover your drug if medically necessary. For more information, call Customer Service at the numbers listed at the bottom of this page.</p>  |
| <p><b>Can I use the same doctors I use now?</b></p>   | <p>Often that is the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with UnitedHealthcare® Senior Care Options and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none"> <li>• Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. <b>You must use the providers in UnitedHealthcare® Senior Care Options’s network.</b> If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.</li> <li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UnitedHealthcare® Senior Care Options’s plan.</li> </ul> <p>To find out if your doctors are in the plan’s network, call Customer Service or read UnitedHealthcare® Senior Care Options’s <b>Provider Directory</b> on the Plan’s website at <b>UHCommunityPlan.com</b>.</p> <p>If UnitedHealthcare® Senior Care Options is new for you, we will work with you to develop an Individualized Plan of Care to address your needs.</p> |

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## Frequently asked questions

|   | Answers  |
|---|--|
| <b>What is a UnitedHealthcare® Senior Care Options care coordinator/manager?</b>                                      | A UnitedHealthcare® Senior Care Options care coordinator/manager is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.   |
| <b>What are Long-term Services and Supports (LTSS)?</b>   | Long-term Services and Supports are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. |
| <b>What is a Geriatric Services Supports Coordinator (GSSC)?</b>  | A UnitedHealthcare® Senior Care Options GSSC is a person for you to contact and have on your care team who is an expert in home and community-based services and supports. This person helps you get services that help you live independently in your home.                                   |
| <b>What happens if I need a service but no one in UnitedHealthcare® Senior Care Options's network can provide it?</b> | Most services will be provided by our network providers. If you need a service that cannot be provided within our network, UnitedHealthcare® Senior Care Options will pay for the cost of an out-of-network provider.  |
| <b>Where is UnitedHealthcare® Senior Care Options available?</b>  | The service area for this plan includes: Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester Counties, Massachusetts. You must live in one of these areas to join the plan.   |

**If you have questions**, please call UnitedHealthcare® Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

## Frequently asked questions

|  | Answers   |
|--|---|
| <b>What is prior authorization?</b>  | <p>Prior authorization means an approval from UnitedHealthcare® Senior Care Options to seek services outside of our network or to get services not routinely covered by our network <b>before</b> you get the services. UnitedHealthcare® Senior Care Options may not cover the service, procedure, item, or drug if you or your provider doesn't get prior authorization.</p> <p><b>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.</b> UnitedHealthcare® Senior Care Options can provide you or your provider with a list of services or procedures that require you to get prior authorization from UnitedHealthcare® Senior Care Options before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Customer Service at the numbers listed at the bottom of this page for help.</p> |
| <b>Do I pay a monthly amount (also called a premium) under UnitedHealthcare® Senior Care Options?</b>                                      | No. Because you have MassHealth (Medicaid), you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.  |
| <b>Do I pay a deductible as a member of UnitedHealthcare® Senior Care Options?</b>   | No. You do not pay deductibles in UnitedHealthcare® Senior Care Options.  |
| <b>What is the maximum out-of-pocket amount that I will pay for medical services as a member of UnitedHealthcare® Senior Care Options?</b> | There is no cost sharing for medical services in UnitedHealthcare® Senior Care Options, so your annual out-of-pocket costs will be \$0.   |

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## C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

### Health need or concern

|                               | Services you may need   | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) – services must be medically necessary |
|-------------------------------|---|-------------------------------------|--|
| <b>You need hospital care</b> | Hospital stay   | \$0                                 | Your provider will need to obtain prior authorization for services.  |
|                               | Doctor or surgeon care  | \$0                                 | Your provider may need to obtain prior authorization for services.   |
|                               | Outpatient hospital services, including observation   | \$0                                 | Your provider may need to obtain prior authorization for services.   |
|                               | Ambulatory surgical center (ASC) services   | \$0                                 | Your provider may need to obtain prior authorization for services.   |
| <b>You want a doctor</b>      | Visits to treat an injury or illness  | \$0                                 | Your provider may need to obtain prior authorization for services.   |
|                               | Specialist care   | \$0                                 | Your provider may need to obtain prior authorization for services.   |
|                               | Wellness visits, such as a physical   | \$0                                 | Annual routine physicals are limited to one per calendar year.   |
|                               | Care to keep you from getting sick, such as flu and COVID-19 shots and screenings to check for cancer | \$0                                 | Your provider may need to obtain prior authorization for services.   |
|                               | “Welcome to Medicare” (preventative visit one time only)  | \$0                                 | Only covered within the first 12 months you have Medicare Part B.  |

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**Health need or concern**

|   | <b>Services you may need</b>  | <b>Your costs for in-network providers</b> | <b>Limitations, exceptions, &amp; benefit information (rules about benefits) — services must be medically necessary</b>  |
|---|---|--|--|
| <b>You need emergency care</b>            | Emergency room services   | \$0  | <b>Worldwide coverage is available. You pay \$0 as a member of the Senior Care Options Program.</b> You may use any emergency room, even if out-of-network and no authorization is needed.     |
|   | Urgent care   | \$0  | <b>Worldwide coverage is available. You pay \$0 as a member of the Senior Care Options Program.</b> You may use any urgent care center, even if out-of-network and no authorization is needed. |
| <b>You need medical tests</b>             | Diagnostic radiology services, (for example, X-rays or other imaging services, such as CAT scans or MRIs) | \$0  | Your provider may need to obtain prior authorization for services.   |
|   | Lab tests and diagnostic procedures, such as blood work   | \$0  | Your provider may need to obtain prior authorization for services.   |
| <b>You need hearing/auditory services</b> | Hearing screenings  | \$0  | Your provider may need to obtain prior authorization for services. Routine hearing exams do not require authorization.   |
|   | Hearing aids  | \$0  | Your provider may need to obtain prior authorization for services.   |
| <b>You need dental care</b>               | Dental check-ups and preventive care  | \$0  | Limited to one visit every six months.   |
|   | Restorative and emergency dental care   | \$0  | Your provider may need to obtain prior authorization for services.   |

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**Health need or concern**

|   | <b>Services you may need</b>  | <b>Your costs for in-network providers</b> | <b>Limitations, exceptions, &amp; benefit information (rules about benefits) — services must be medically necessary</b>  |
|---|---|--|--|
| <b>You need eye care</b>                      | Eye exams   | \$0  | Your provider may need to obtain prior authorization for services. Routine eye exams do not require authorization.   |
|   | Glasses or contact lenses   | \$0  | Plan pays up to \$300 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full. Home delivered eyewear available through UnitedHealthcare Vision (select products only). |
|   | Other vision care   | \$0  | Your provider may need to obtain prior authorization for services.   |
| <b>You have a behavioral health condition</b> | Behavioral health services  | \$0  | Your provider may need to obtain prior authorization for services.   |
|   | Inpatient and outpatient care and community-based services for people who need behavioral health care | \$0  | Your provider may need to obtain prior authorization for services.   |
| <b>You have a substance use disorder</b>      | Substance use disorder services   | \$0  | Your provider may need to obtain prior authorization for services.   |

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**Health need or concern**

|   | <b>Services you may need</b>                        | <b>Your costs for in-network providers</b> | <b>Limitations, exceptions, &amp; benefit information (rules about benefits) — services must be medically necessary</b>   |
|---|---|--|---|
| <b>You need a place to live with people available to help you</b> | Skilled nursing care                                | \$0  | Up to 100 days per calendar year. Your provider may need to obtain prior authorization for services.  |
|   | Nursing home care                                   | \$0  | Your provider may need to obtain prior authorization for services.  |
|   | Adult Foster Care and Group Adult Foster Care       | \$0  | Your provider may need to obtain prior authorization for services.  |
| <b>You need therapy after a stroke or accident</b>                | Occupational, physical, or speech therapy           | \$0  | Your provider may need to obtain prior authorization for services.  |
| <b>You need help getting to health services</b>                   | Ambulance services                                  | \$0  | Authorization is required for Non-emergency Medicare-covered ambulance ground and air transportation.   |
|   | Emergency transportation                            | \$0  | Available worldwide and within the U.S and its territories without authorization.   |
|   | Transportation to medical appointments and services | \$0  | Unlimited one-way trips to or from approved medically related appointments and the pharmacy within the Commonwealth of Massachusetts. Out-of-state transport requires prior authorization. Reservations required. Provided by ModivCare®. |

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**Health need or concern**

|  | <b>Services you may need</b>       | <b>Your costs for in-network providers</b> | <b>Limitations, exceptions, &amp; benefit information (rules about benefits) — services must be medically necessary</b>   |
|--|------------------------------------|--|---|
| <b>You need drugs to treat your illness or condition</b> | Medicare Part B prescription drugs | \$0  | Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <b>Evidence of Coverage</b> for more information on these drugs.  |
|  | Generic drugs (no brand name)      | \$0  | There may be limitations on the types of drugs covered. Please refer to UnitedHealthcare® Senior Care Options’s <b>List of Covered Drugs</b> (Drug List) for more information.<br><br>Extended-day supplies are available at retail and/or mail order pharmacy locations at no extra cost to you. |
|  | Brand name drugs                   | \$0  | There may be limitations on the types of drugs covered. Please refer to UnitedHealthcare® Senior Care Options’s <b>List of Covered Drugs</b> (Drug List) for more information.<br><br>Extended-day supplies are available at retail and/or mail order pharmacy locations at no extra cost to you. |
|  | Over-the-counter (OTC) drugs       | \$0  | There may be limitations on the types of drugs covered. Please refer to UnitedHealthcare® Senior Care Options’s <b>List of Covered Drugs</b> (Drug List) for more information.  |

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**Health need or concern**

|  | <b>Services you may need</b>       | <b>Your costs for in-network providers</b> | <b>Limitations, exceptions, &amp; benefit information (rules about benefits) — services must be medically necessary</b>                                     |
|--|------------------------------------|--|---|
| <b>You need help getting better or have special health needs</b>   | Rehabilitation services            | \$0  | Your provider may need to obtain prior authorization for services.  |
|  | Medical equipment for home care    | \$0  | Prior authorization required for certain medical equipment. Please work with your care coordinator/manager to determine if prior authorization is required. |
|  | Dialysis services                  | \$0  | Your provider may need to obtain prior authorization for services.  |
| <b>You need foot care</b>  | Podiatry services                  | \$0  | Six routine foot care visits and all medically necessary visits. Your provider may need to obtain prior authorization for services.                         |
|  | Orthotic services                  | \$0  | Your provider may need to obtain prior authorization for services.  |
| <b>You need durable medical equipment (DME)</b><br><b>Note:</b> This is not a complete list of covered DME. For a complete list, contact Customer Service or refer to Chapter 4 of the <b>Evidence of Coverage</b> . | Wheelchairs, crutches, and walkers | \$0  | Prior authorization required for certain medical equipment. Please work with your care coordinator/manager to determine if prior authorization is required. |
|  | Nebulizers                         | \$0  | Your provider may need to obtain prior authorization for services.  |
|  | Oxygen equipment and supplies      | \$0  | Your provider may need to obtain prior authorization for services.  |

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**Health need or concern**

|                                     | <b>Services you may need</b>  | <b>Your costs for in-network providers</b> | <b>Limitations, exceptions, &amp; benefit information (rules about benefits) — services must be medically necessary</b>                                 |
|-------------------------------------|---|--|---|
| <b>You need help living at home</b> | Home health services  | \$0  | Your provider may need to obtain prior authorization for services.  |
|                                     | Home services, such as cleaning or housekeeping   | \$0  | Prior authorization required for certain home services. Please work with your care coordinator/manager to determine if prior authorization is required. |
|                                     | Adult day health or other support services  | \$0  | You must obtain prior authorization from your Health Plan.  |
|                                     | Day habilitation services   | \$0  | Your provider may need to obtain prior authorization for services.  |
|                                     | Services to help you live on your own (home health care services or personal care attendant services) | \$0  | Your provider may need to obtain prior authorization for services.  |

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**Health need or concern**

|   | <b>Services you may need</b>   | <b>Your costs for in-network providers</b> | <b>Limitations, exceptions, &amp; benefit information (rules about benefits) — services must be medically necessary</b>  |
|---|--------------------------------|--|--|
| <b>Additional services<br/>(continued on the next page)</b> | Chiropractic services          | \$0  | Up to 20 visits without authorization  |
|   | Diabetes supplies and services | \$0  | We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch®Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView. Other brands are not covered by your plan. Your provider may need to obtain prior authorization for some services. |
|   | Fitness program                | \$0  | Renew Active® includes a free gym membership at a location you select from our nationwide network, plus a personalized fitness plan, online fitness classes and brain health challenges.   |

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**Health need or concern**

|   | <b>Services you may need</b>         | <b>Your costs for in-network providers</b> | <b>Limitations, exceptions, &amp; benefit information (rules about benefits) — services must be medically necessary</b> |
|---|--------------------------------------|--|---|
| <b>Additional services</b><br><b>(continued from the previous page)</b> | Over-the-Counter (OTC) Products Card | \$0  | \$125 credit every month to pay for covered groceries, OTC products and certain utility bills                           |
|   | Prosthetic services                  | \$0  | Your provider may need to obtain prior authorization for services.  |
|   | Radiation therapy                    | \$0  | Your provider may need to obtain prior authorization for services.  |
|   | Services to help manage your disease | \$0  | Your provider may need to obtain prior authorization for services.  |
|   | Virtual medical visits               | \$0  | Speak to network telehealth providers using your computer or mobile device.   |
|   | Virtual behavioral health visits     | \$0  | Speak to network telehealth providers using your computer or mobile device.   |

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the UnitedHealthcare® Senior Care Options **Evidence of Coverage**. If you don't have an **Evidence of Coverage**, call UnitedHealthcare® Senior Care Options Customer Service at the number at the bottom of this page to get one. If you have questions, you can also call UnitedHealthcare® Senior Care Options Customer Service or visit **UHCommunityPlan.com**.

**If you have questions**, please call UnitedHealthcare® Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCommunityPlan.com**.

## D. Benefits covered outside of UnitedHealthcare® Senior Care Options

There are some services that you can get that are not covered by UnitedHealthcare® Senior Care Options but are covered by Medicare or MassHealth (Medicaid). This is not a complete list. Call Customer Service at the number at the bottom of this page to find out about these services.

### Other services covered by Medicare or MassHealth (Medicaid)

|  | Your Costs  |
|--|---|
| Certain hospice care services covered outside of UnitedHealthcare® Senior Care Options (If you only have MassHealth Standard, you will be responsible for costs unless the hospice is contracted with UnitedHealthcare.) | \$0   |
| Psychosocial rehabilitation  | Please call MassHealth (Medicaid) for more information.                     |
| Targeted case management   | Please call MassHealth (Medicaid) for more information.                     |
| Rest home room and board   | Please call the Department of Transitional Assistance for more information. |

**If you have questions**, please call UnitedHealthcare® Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

## E. Services that UnitedHealthcare® Senior Care Options, Medicare, and MassHealth (Medicaid) do not cover

This is not a complete list. Call Customer Service at the number at the bottom of this page to find out about other excluded services.

### Services UnitedHealthcare® Senior Care Options, Medicare, and MassHealth (Medicaid) do not cover

|   |   |
|---|---|
| Any medical care, except emergency or urgently needed services, received outside of the United States and the U.S. Territories  | Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it. |
| Elective hysterectomy, tubal ligation, or vasectomy, if the primary indication for these procedures is sterilization. Reversal of sterilization procedures, penile vacuum erection devices, or non-prescription contraceptive supplies. | Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance) unless it is medically necessary  |
| Equipment or supplies that condition the air and other primarily non-medical equipment  | Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and items are those that are not generally accepted by the medical community.              |
| Immunizations for foreign travel purposes   | Naturopath services (uses natural or alternative treatments)  |
| Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television  | Private room in a hospital, except when it is medically needed  |
| Services considered not reasonable nor medically necessary, according to the standards of Original Medicare unless covered by MassHealth (Medicaid)   | Surgical treatment for morbid obesity, except when it is medically needed   |

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## E. Your rights as a member of the plan

As a member of UnitedHealthcare® Senior Care Options, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the **Evidence of Coverage**. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed or public assistance
  - Get information in other formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you (SCO members have no out-of-pocket costs)
  - Names of health care providers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women’s health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they are covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. UnitedHealthcare® Senior Care Options will pay for the cost of your second opinion visit
  - Make your health care wishes known in an advance directive

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- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider’s office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - Ask for a state fair hearing
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the **Evidence of Coverage**. If you have questions, you can call UnitedHealthcare® Senior Care Options Customer Service at the number at the bottom of this page.

You can also call My Ombudsman at **1-800-243-4636** (or use MassRelay at **711** to call **1-800-872-0166** or Videophone (VP) **339-224-6831**).

**Estate Recovery Awareness: MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit [mass.gov/estatercovery](https://mass.gov/estatercovery).**

**If you have questions**, please call UnitedHealthcare® Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **[UHCCommunityPlan.com](https://UHCCommunityPlan.com)**.



## G. How to file a complaint or appeal a denied service

If you have a complaint or think UnitedHealthcare® Senior Care Options should cover something we denied, call the number at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 8 of the **Evidence of Coverage**. You can also call UnitedHealthcare® Senior Care Options Customer Service.

### For complaints/grievances or medical appeals:

UnitedHealthcare Community Plan  
Attn: Complaint and Appeals Department  
P.O. Box 6103  
MS CA124-0187  
Cypress, CA 90630-0023

### For complaints/grievance or drug appeals for Part D or MassHealth (Medicaid) drugs:

UnitedHealthcare Community Plan  
Attn: Part D/MassHealth Appeals  
P.O. Box 6103  
MS CA124-0197  
Cypress, CA 90630-0023

## H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at UnitedHealthcare® Senior Care Options Customer Service. Phone numbers are on the cover of this summary.
- Or, call the MassHealth (Medicaid) Customer Service Center at **1-800-841-2900**. TTY users may call **1-800-497-4648**.
- Or, call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users may call **1-877-486-2048**. You can call these numbers for free, 24 hours a day, 7 days a week.

**If you have questions**, please call UnitedHealthcare® Senior Care Options at **1-888-867-5511** and TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **UHCCommunityPlan.com**.

## **If you have general questions or questions about our plan, services, service area, billing, or UnitedHealthcare member ID cards, please call UnitedHealthcare® Senior Care Options Customer Service:**



**Call 1-888-867-5511**

Calls to this number are free. 8 a.m.–8 p.m. local time, 7 days a week. Customer Service also has free language interpreter services available for non-English speakers.

**TTY 711**

Calls to this number are free. 8 a.m.–8 p.m. local time, 7 days a week.

## **If you have questions about your health:**

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call the Health Services Access Line. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room). The numbers for the Health Services Access Line are:



**Call 1-888-867-5511**

Calls to this number are free. 24 hours a day, 7 days a week. UnitedHealthcare® Senior Care Options also has free language interpreter services available for non-English speakers.

**TTY 711**

Calls to this number are free. 24 hours a day, 7 days a week.

## **If you need immediate behavioral health care, please call the Behavioral Health Crisis Line:**



**Call 1-888-867-5511**

Calls to this number are free. 24 hours a day, 7 days a week. UnitedHealthcare® Senior Care Options also has free language interpreter services available for non-English speakers.

**TTY 711**

Calls to this number are free. 24 hours a day, 7 days a week.

# Important information: 2022 Medicare star ratings



## UnitedHealthcare - H2226

For 2022, UnitedHealthcare - H2226 received the following Star Ratings from Medicare:

- Overall Star Rating: ★ ★ ★ ★ ★ 5 stars
- Health Services Rating: ★ ★ ★ ★ ½ 4.5 stars
- Drug Services Rating: ★ ★ ★ ★ ★ 5 stars

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

### Why Star Ratings are Important

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

Star Ratings are based on factors that include:

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

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

### Get More Information on Star Ratings Online

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

### Questions about this plan?

Contact UnitedHealthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **800-555-5757** (toll-free) or **711** (TTY). Current members please call **888-867-5511** (toll-free) or **711** (TTY).



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

The number of stars shows how well a plan performs.

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

The company complies with applicable federal and state civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, religion, creed, sexual orientation or sex (including gender identity and gender stereotyping).

If you believe you were treated in a discriminatory way, you can send a complaint to:

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

**UHC\_Civil\_Rights@uhc.com**

If you need help with your complaint, please call Member Services at **1-888-867-5511**, TTY **711**, 8 a.m. to 8 p.m., 7 days a week.

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**, **1-800-537-7697** (TDD)

**Mail:**

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

We can provide free services to help you communicate with us such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English including qualified language interpreters and information written in other languages

To ask for help, please call Member Services at **1-888-867-5511**, TTY **711**, between 8 a.m.–8 p.m. EST, 7 days a week.

**English**

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call **1-888-867-5511 TTY 711**, 8 a.m. to 8 p.m., 7 days a week.

**Español (Spanish)**

ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al **1-888-867-5511 TTY 711**, de 8 a.m. a 8 p.m., los 7 días de la semana.

**Português (Portuguese)**

ATENÇÃO: Se você fala português, contate o serviço de assistência de idiomas gratuito. Ligue para o número de telefone **1-888-867-5511 TTY 711**, das 08:00 às 20:00, 7 dias por semana.

**中文 (Chinese)**

請注意：如果您說中文，我們免費為您提供語言協助服務。請致電 **1-888-867-5511 TTY 711**，服務時間為每週 7 天，上午 8 點至晚上 8 點。

**Kreyòl ayisyen (Haitian Creole)**

ATANSYON: Si w pale Kreyòl ayisyen, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nan **1-888-867-5511 TTY 711**, ant 8 a.m. ak 8 p.m., 7 jou sou sèt.

**Tiếng Việt (Vietnamese)**

XIN LƯU Ý: Nếu quý vị nói tiếng Việt, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại **1-888-867-5511 TTY 711**, 8 giờ sáng đến 8 giờ tối, 7 ngày một tuần.

**Русский (Russian)**

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским. Звоните по телефону **1-888-867-5511 (TTY 711)**, с 8:00 до 20:00 без выходных.

**ភាសាខ្មែរ (Khmer)**

សម្គាល់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសាដោយឥតគិតថ្លៃមានផ្តល់ជូនអ្នក។ សូមទូរសព្ទទៅលេខ **1-888-867-5511 TTY 711** ពីម៉ោង 8 ព្រឹក ដល់ 8 ល្ងាច 7 ថ្ងៃក្នុងមួយសប្តាហ៍។

**Français (French)**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Veuillez composer le **1-888-867-5511 télécscripteur 711**, de 8h à 20h, 7 j/7.

**Italiano (Italian)**

ATTENZIONE: in caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero **1-888-867-5511 TTY 711**, tutti i giorni dalle 08:00 alle 20:00.

## (Arabic) العربية

تنبيه: إذا كنت تتحدث الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متوفرة من أجلك. من فضلك اتصل على رقم **1-888-867-5511** أو الهاتف النصي **711** من الساعة 8 صباحًا وحتى 8 مساءً في أي يوم على مدار الأسبوع.

## 한국어 (Korean)

알림: 한국어를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다.  
**1-888-867-5511**(TTY **711**)번으로 주 7일 오전 8시부터 오후 8시까지 전화하십시오.

## Ελληνικά (Greek)

ΠΡΟΣΟΧΗ : Αν μιλάτε Ελληνικά, υπάρχει δωρεάν βοήθεια στη γλώσσα σας. Παρακαλείστε να καλέσετε το **1-888-867-5511** Αριθμός τέλεξ: **711**, 7 ημέρες την εβδομάδα από τις 8 π.μ. έως τις 8 μ.μ.

## Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod numer **1-888-867-5511** TTY **711**, dostępne przez 7 dni w tygodniu, w godzinach od 8:00 do 20:00.

## हिंदी (Hindi)

कृपया ध्यान दें: यदि आप हिंदी बोलते/ती हैं, आपको भाषा सहायता सेवाएं निशुल्क उपलब्ध हैं। कृपया **1-888-867-5511** टीटीवाई **711** पर सुबह 8 से रात 8 बजे तक सप्ताह के 7 दिन कॉल करें।

## ગુજરાતી (Gujarati)

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો આપને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. મહેરબાની કરીને **1-888-867-5511** TTY **711** નંબર પર અઠવાડિયાના 7 દિવસ સવારે 8 થી રાત્રે 8 સુધી કોલ કરો.

## ລາວ (Lao)

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃຫ້ແກ່ທ່ານ. ກະລຸນາໂທຫາເບີ **1-888-867-5511** TTY **711**, 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ, 7 ວັນຕໍ່ອາທິດ.

# Drug List

# Drug List

This is a complete alphabetical list of prescription drugs covered by the plan as of September 1, 2022. This list can change throughout the year. Call UnitedHealthcare 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 ALL CAPS. Generic drugs are in *lower-case italics*
- **Some drugs have coverage requirements, such as prior authorization or step therapy.**  
**For more information, please call us or view the complete Drug List on our website**

UnitedHealthcare SCO covers some prescription over-the-counter (OTC) drugs that aren't normally covered under our Medicare Part D benefit. The OTC and Medicare Part D excluded drugs covered by MassHealth are in blue type. You need a prescription from your doctor to have drugs on this list covered. If your prescription is for a brand name drug, you will get the generic version of the drug if it's available. **Your doctor should write “no substitution” on the prescription to get the brand name drug.**

| #  |   |
|--|---|
|  | <i>acetaminophen (tablet)</i>   |
| <i>4x probiotic (tablet)</i>                                 | <i>acetaminophen-caffeine-dihydrocodeine (oral capsule)</i>                                     |
| A  |   |
| <i>abacavir sulfate (oral solution)</i>                      | <i>acetaminophen-codeine (120-12mg/5ml oral solution)</i>                                       |
| <i>abacavir sulfate (oral tablet)</i>                        | <i>acetaminophen-codeine (300-15mg oral tablet, 300-30mg oral tablet, 300-60mg oral tablet)</i> |
| <i>abacavir sulfate-lamivudine (oral tablet)</i>             | <i>acetazolamide (oral tablet)</i>  |
| <i>abatix (capsule)</i>                                      | <i>acetazolamide er (oral capsule extended release 12 hour)</i>                                 |
| ABELCET (INTRAVENOUS SUSPENSION)                             | <i>acetic acid (otic solution)</i>  |
| ABILIFY MAINTENA (INTRAMUSCULAR PREFILLED SYRINGE)           | <i>acetylcysteine (inhalation solution)</i>   |
| ABILIFY MAINTENA (INTRAMUSCULAR SUSPENSION RECONSTITUTED ER) | <i>acidophilus (capsule)</i>  |
| <i>abiraterone acetate (250mg oral tablet)</i>               | <i>acidophilus (tablet chewable)</i>  |
| <i>abiraterone acetate (500mg oral tablet)</i>               | <i>acidophilus (tablet)</i>   |
| <i>acamprosate calcium (oral tablet delayed release)</i>     | <i>acidophilus (wafer)</i>  |
| <i>acarbose (oral tablet)</i>                                | <i>acidophilus extra strength (capsule)</i>   |
| <i>accutane (oral capsule)</i>                               | <i>acidophilus lactobacilli (capsule)</i>   |
| <i>acebutolol hcl (oral capsule)</i>                         | <i>acidophilus probiotic (capsule)</i>  |
| <i>acetaminophen (elixir)</i>                                | <i>acidophilus probiotic (tablet)</i>   |
| <i>acetaminophen (suspension)</i>                            | <i>acidophilus probiotic blend (capsule)</i>  |
| <i>acetaminophen (tablet chewable)</i>                       | <i>acidophilus probiotic blend (tablet)</i>   |
| <i>acetaminophen (tablet er)</i>                             | <i>acidophilus probiotic complex (tablet)</i>   |



|   |   |
|---|---|
| <i>acidophilus probiotic formula (tablet)</i>               | <i>albuterol sulfate hfa (108 (90 base)mcg/act inhalation aerosol solution) (generic proair),</i>   |
| <i>acidophilus super probiotic (capsule)</i>                | <i>albuterol sulfate hfa (108 (90 base)mcg/act inhalation aerosol solution) (generic proventil)</i> |
| <i>acidophilus with bifidus (tablet chewable)</i>           | <i>alclometasone dipropionate (external cream)</i>  |
| <i>acidophilus/bifidus (wafer)</i>                          | <i>alclometasone dipropionate (external ointment)</i>   |
| <i>acidophilus/goat milk (capsule)</i>                      | <i>alcohol prep pads</i>  |
| <i>acidophilus/l-sporogenes extra strength (tablet)</i>     | ALECENSA (ORAL CAPSULE)   |
| <i>acidophilus/pectin (capsule)</i>                         | <i>alendronate sodium (10mg oral tablet, 35mg oral tablet, 70mg oral tablet)</i>                    |
| <i>acitretin (oral capsule)</i>                             | <i>alendronate sodium (oral solution)</i>   |
| ACTHIB (INTRAMUSCULAR SOLUTION RECONSTITUTED)               | <i>alfuzosin hcl er (oral tablet extended release 24 hour)</i>                                      |
| ACTEMRA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)           | ALIGN (CAPSULE)   |
| ACTEMRA ACTPEN (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)        | ALIGN (TABLET CHEWABLE)   |
| ACTIMMUNE (SUBCUTANEOUS SOLUTION)                           | ALIGN EXTRA STRENGTH (CAPSULE)  |
| <i>acyclovir (external ointment)</i>                        | ALIGN JR FOR KIDS (TABLET CHEWABLE)   |
| <i>acyclovir (oral capsule)</i>                             | <i>aliskiren fumarate (oral tablet)</i>   |
| <i>acyclovir (oral suspension)</i>                          | <i>allergy eye drops (solution)</i>   |
| <i>acyclovir (oral tablet)</i>                              | <i>allopurinol (oral tablet)</i>  |
| <i>acyclovir sodium (intravenous solution)</i>              | ALOCRI (OPHTHALMIC SOLUTION)  |
| ADACEL (INTRAMUSCULAR SUSPENSION)                           | <i>aloe 10000 &amp; probiotics (capsule)</i>  |
| <i>adapalene (0.3% external gel)</i>                        | ALOMIDE (OPHTHALMIC SOLUTION)   |
| <i>adapalene (external cream)</i>                           | <i>alose tron hcl (oral tablet)</i>   |
| <i>adefovir dipivoxil (oral tablet)</i>                     | ALPHAGAN P (0.1% OPHTHALMIC SOLUTION)   |
| ADEMPAS (ORAL TABLET)                                       | <i>alprazolam (oral tablet immediate release)</i>   |
| ADVAIR DISKUS (INHALATION AEROSOL POWDER BREATH ACTIVATED)  | <i>altavera (oral tablet)</i>   |
| ADVAIR HFA (INHALATION AEROSOL)                             | <i>aluminum hydroxide (suspension)</i>  |
| <i>advanced probiotic (capsule)</i>                         | ALUNBRIG (ORAL TABLET THERAPY PACK)   |
| <i>advanced probiotic 10 (capsule)</i>                      | ALUNBRIG (ORAL TABLET)  |
| <i>advanced probiotic-14 (capsule)</i>                      | <i>alyacen 1/35 (oral tablet)</i>   |
| AIMOVIG (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)               | <i>alyq (oral tablet)</i>   |
| <i>ala-cort (external cream)</i>                            | AMBISOME (INTRAVENOUS SUSPENSION RECONSTITUTED)   |
| <i>albendazole (oral tablet)</i>                            | <i>amantadine hcl (oral capsule)</i>  |
| <i>albuterol sulfate (inhalation nebulization solution)</i> | <i>amantadine hcl (oral solution)</i>   |
| <i>albuterol sulfate (oral syrup)</i>                       | <i>amantadine hcl (oral tablet)</i>   |
| <i>albuterol sulfate (oral tablet immediate release)</i>    | <i>ambrisentan (oral tablet)</i>  |

Brand name drugs = CAPITALIZED  
Blue type = Covered by MassHealth

Generic drugs = lower case italics

|   |   |
|---|---|
| <i>amethia (oral tablet)</i>  | <i>reconstituted)</i>   |
| <i>amikacin sulfate (500mg/2ml injection solution)</i>  | <i>anagrelide hcl (oral capsule)</i>  |
| <i>amiloride hcl (oral tablet)</i>  | <i>anastrozole (oral tablet)</i>  |
| <i>amiloride-hydrochlorothiazide (oral tablet)</i>  | ANDRODERM (TRANSDERMAL PATCH 24 HOUR)   |
| <i>amiodarone hcl (200mg oral tablet)</i>   | ANORO ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)  |
| <i>amitriptyline hcl (oral tablet)</i>  | ANZEMET (ORAL TABLET)   |
| <i>amlodipine besylate (oral tablet)</i>  | <i>apomorphine hcl (subcutaneous solution cartridge)</i>  |
| <i>amlodipine-atorvastatin (oral tablet)</i>  | <i>apraclonidine hcl (ophthalmic solution)</i>  |
| <i>amlodipine-benazepril (oral capsule)</i>   | <i>aprepitant (oral therapy pack, oral capsule)</i>   |
| <i>amlodipine-olmesartan (oral tablet)</i>  | <i>apri (oral tablet)</i>   |
| <i>amlodipine-valsartan (oral tablet)</i>   | APRISO (ORAL CAPSULE EXTENDED RELEASE 24 HOUR)  |
| <i>ammonium lactate (external cream)</i>  | APTIOM (ORAL TABLET)  |
| <i>ammonium lactate (external lotion)</i>   | APTIVUS (ORAL CAPSULE)  |
| <i>amnesteem (oral capsule)</i>   | ARALAST NP (1000MG INTRAVENOUS SOLUTION RECONSTITUTED)  |
| <i>amoxapine (oral tablet)</i>  | <i>aranelle (oral tablet)</i>   |
| <i>amoxicillin (oral capsule)</i>   | ARANESP (ALBUMIN FREE) (100MCG/0.5ML INJECTION SOLUTION PREFILLED SYRINGE, 150MCG/0.3ML INJECTION SOLUTION PREFILLED SYRINGE, 200MCG/0.4ML INJECTION SOLUTION PREFILLED SYRINGE, 300MCG/0.6ML INJECTION SOLUTION PREFILLED SYRINGE, 500MCG/ML INJECTION SOLUTION PREFILLED SYRINGE, 60MCG/0.3ML INJECTION SOLUTION PREFILLED SYRINGE) |
| <i>amoxicillin (oral suspension reconstituted)</i>  | ARANESP (ALBUMIN FREE) (100MCG/ML INJECTION SOLUTION, 200MCG/ML INJECTION SOLUTION)   |
| <i>amoxicillin (oral tablet chewable)</i>   | ARANESP (ALBUMIN FREE) (10MCG/0.4ML INJECTION SOLUTION PREFILLED SYRINGE, 25MCG/0.42ML INJECTION SOLUTION PREFILLED SYRINGE, 40MCG/0.4ML INJECTION SOLUTION PREFILLED SYRINGE)  |
| <i>amoxicillin (oral tablet immediate release)</i>  | ARANESP (ALBUMIN FREE) (25MCG/ML INJECTION SOLUTION, 40MCG/ML INJECTION SOLUTION, 60MCG/ML INJECTION SOLUTION)  |
| <i>amoxicillin-potassium clavulanate (oral suspension reconstituted)</i>                                | ARCALYST (SUBCUTANEOUS SOLUTION   |
| <i>amoxicillin-potassium clavulanate (oral tablet chewable)</i>   |   |
| <i>amoxicillin-potassium clavulanate (oral tablet immediate release)</i>                                |   |
| <i>amoxicillin-potassium clavulanate er (oral tablet extended release 12 hour)</i>                      |   |
| <i>amphetamine-dextroamphetamine (oral tablet)</i>  |   |
| <i>amphetamine-dextroamphetamine er (oral capsule extended release 24 hour)</i>                         |   |
| <i>amphotericin b (intravenous solution reconstituted)</i>  |   |
| <i>ampicillin (oral capsule)</i>  |   |
| <i>ampicillin sodium (10gm intravenous solution reconstituted)</i>                                      |   |
| <i>ampicillin sodium (125mg injection solution reconstituted, 1gm injection solution reconstituted)</i> |   |
| <i>ampicillin-sulbactam sodium (15 (10-5)gm intravenous solution reconstituted)</i>                     |   |
| <i>ampicillin-sulbactam sodium (injection solution</i>  |   |

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| RECONSTITUTED)   | <i>aviane (oral tablet)</i>                                       |
| <i>aripiprazole (10mg oral tablet, 15mg oral tablet, 20mg oral tablet, 2mg oral tablet, 30mg oral tablet, 5mg oral tablet)</i> | AVONEX PEN (INTRAMUSCULAR AUTO-INJECTOR KIT)                      |
| <i>aripiprazole (1mg/ml oral solution)</i>   | AVONEX PREFILLED (INTRAMUSCULAR PREFILLED SYRINGE KIT)            |
| <i>aripiprazole odt (10mg oral tablet dispersible, 15mg oral tablet dispersible)</i>   | AYVAKIT (ORAL TABLET)   |
| ARISTADA (INTRAMUSCULAR PREFILLED SYRINGE)   | <i>azathioprine (50mg oral tablet)</i>                            |
| ARISTADA INITIO (INTRAMUSCULAR PREFILLED SYRINGE)  | <i>azelaic acid (external gel)</i>                                |
| <i>armodafinil (oral tablet)</i>   | <i>azelastine hcl (0.1% nasal solution, 0.15% nasal solution)</i> |
| ARNUITY ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)   | <i>azelastine hcl (ophthalmic solution)</i>                       |
| <i>artificial saliva (lozenge)</i>   | <i>azelastine-fluticasone (nasal suspension)</i>                  |
| <i>artificial saliva (solution)</i>  | <i>azithromycin (intravenous solution reconstituted)</i>          |
| <i>artificial tear (solution)</i>  | <i>azithromycin (oral suspension reconstituted)</i>               |
| <i>asenapine maleate (tablet sublingual)</i>   | <i>azithromycin (oral tablet)</i>                                 |
| <i>ashlyna (oral tablet)</i>   | <i>aztreonam (injection solution reconstituted)</i>               |
| <i>aspirin (tablet chewable)</i>   | <b>B</b>  |
| <i>aspirin (tablet dr)</i>   | <i>b-complex (capsule)</i>  |
| <i>aspirin (tablet)</i>  | <i>b-complex (tablet er)</i>                                      |
| <i>aspirin buffered (tablet)</i>   | <i>b-complex (tablet)</i>   |
| <i>aspirin-dipyridamole er (oral capsule extended release 12 hour)</i>   | <i>b-complex w/ c &amp; calcium (tablet)</i>                      |
| <i>atazanavir sulfate (oral capsule)</i>   | BCG VACCINE (INJECTION SOLUTION RECONSTITUTED)                    |
| <i>atenolol (oral tablet)</i>  | BIVIGAM (5GM/50ML INTRAVENOUS SOLUTION)                           |
| <i>atenolol-chlorthalidone (oral tablet)</i>   | BRIVIACT (ORAL SOLUTION)  |
| <i>atomoxetine hcl (oral capsule)</i>  | BRIVIACT (ORAL TABLET)  |
| <i>atorvastatin calcium (oral tablet)</i>  | <i>bacitracin (ophthalmic ointment)</i>                           |
| <i>atovaquone (oral suspension)</i>  | <i>bacitracin zinc (ointment)</i>                                 |
| <i>atovaquone-proguanil hcl (oral tablet)</i>  | <i>bacitracin-polymyxin (ointment)</i>                            |
| <i>atropine sulfate (1% ophthalmic solution)</i>   | <i>bacitracin-polymyxin b (ophthalmic ointment)</i>               |
| ATROVENT HFA (INHALATION AEROSOL SOLUTION)   | <i>baclofen (oral tablet)</i>                                     |
| AUBAGIO (ORAL TABLET)  | <i>balsalazide disodium (oral capsule)</i>                        |
| <i>aubra eq (oral tablet)</i>  | BALVERSA (ORAL TABLET)  |
| AURYXIA (ORAL TABLET)  | <i>balziva (oral tablet)</i>                                      |
| AUSTEDO (ORAL TABLET)  | BAQSIMI ONE PACK (NASAL POWDER)                                   |
|  | BARACLUDGE (ORAL SOLUTION)  |
|  | BELSOMRA (ORAL TABLET)  |

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| <i>benazepril hcl (oral tablet)</i>                       | <i>bexarotene (oral capsule)</i>                             |
| <i>benazepril-hydrochlorothiazide (oral tablet)</i>       | BEXSERO (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)         |
| BENLYSTA (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)            | <i>bicalutamide (oral tablet)</i>                            |
| BENLYSTA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)        | BICILLIN C-R (INTRAMUSCULAR SUSPENSION)                      |
| BENZNIDAZOLE (ORAL TABLET)                                | BICILLIN C-R 900/300 (INTRAMUSCULAR SUSPENSION)              |
| <i>benzoyl peroxide (cream)</i>                           | BICILLIN L-A (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)    |
| <i>benzoyl peroxide (gel)</i>                             | BICILLIN L-A (INTRAMUSCULAR SUSPENSION)                      |
| <i>benzoyl peroxide (liquid)</i>                          | BIKTARVY (ORAL TABLET)                                       |
| <i>benzoyl peroxide-erythromycin (external gel)</i>       | <i>biohm childrens probioticsupplement (tablet chewable)</i> |
| <i>benztropine mesylate (oral tablet)</i>                 | <i>biohm probiotic supplement (capsule)</i>                  |
| <i>bepotastine besilate (ophthalmic solution)</i>         | <i>biohm probiotic supplement/vitamin c (capsule)</i>        |
| BEPREVE (OPHTHALMIC SOLUTION)                             | <i>biotinex (capsule)</i>                                    |
| BERINERT (INTRAVENOUS KIT)                                | <i>bisacodyl (suppository)</i>                               |
| BESIVANCE (OPHTHALMIC SUSPENSION)                         | <i>bisacodyl (tablet dr)</i>                                 |
| BESREMI (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)         | <i>bismuth subsalicylate (suspension)</i>                    |
| <i>betaine (oral powder)</i>                              | <i>bismuth subsalicylate (tablet chewable)</i>               |
| <i>betamethasone dipropionate (external cream)</i>        | <i>bismuth subsalicylate (tablet)</i>                        |
| <i>betamethasone dipropionate (external lotion)</i>       | <i>bisoprolol fumarate (oral tablet)</i>                     |
| <i>betamethasone dipropionate (external ointment)</i>     | <i>bisoprolol-hydrochlorothiazide (oral tablet)</i>          |
| <i>betamethasone dipropionate aug (external cream)</i>    | <i>blisovi 24 fe (oral tablet)</i>                           |
| <i>betamethasone dipropionate aug (external gel)</i>      | <i>blisovi fe 1.5/30 (oral tablet)</i>                       |
| <i>betamethasone dipropionate aug (external lotion)</i>   | BOOSTRIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)        |
| <i>betamethasone dipropionate aug (external ointment)</i> | BOOSTRIX (INTRAMUSCULAR SUSPENSION)                          |
| <i>betamethasone valerate (external cream)</i>            | <i>bosentan (oral tablet)</i>                                |
| <i>betamethasone valerate (external lotion)</i>           | BOSULIF (ORAL TABLET)  |
| <i>betamethasone valerate (external ointment)</i>         | BRAFTOVI (ORAL CAPSULE)                                      |
| BETASERON (SUBCUTANEOUS KIT)                              | BREO ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)    |
| <i>betaxolol hcl (ophthalmic solution)</i>                | BREZTRI AEROSPHERE (INHALATION AEROSOL)                      |
| <i>betaxolol hcl (oral tablet)</i>                        | <i>briellyn (oral tablet)</i>                                |
| <i>bethanechol chloride (oral tablet)</i>                 | BRILINTA (ORAL TABLET)                                       |
| BETIMOL (OPHTHALMIC SOLUTION)                             | <i>brimonidine tartrate (0.15% ophthalmic solution)</i>      |
| BEVESPI AEROSPHERE (INHALATION AEROSOL)                   | <i>brimonidine tartrate (0.2% ophthalmic solution)</i>       |
| <i>bexarotene (external gel)</i>                          |  |

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| <i>brimonidine tartrate-timolol (ophthalmic solution)</i>  | CABOMETYX (ORAL TABLET)                                  |
| <i>brinzolamide (ophthalmic suspension)</i>  | <i>calamine (lotion)</i>                                 |
| <i>bromocriptine mesylate (oral capsule)</i>   | <i>calcipotriene (external cream)</i>                    |
| <i>bromocriptine mesylate (oral tablet)</i>  | <i>calcipotriene (external ointment)</i>                 |
| BRUKINSA (ORAL CAPSULE)  | <i>calcipotriene (external solution)</i>                 |
| <i>budesonide (inhalation suspension)</i>  | <i>calcitonin salmon (nasal solution)</i>                |
| <i>budesonide (oral capsule delayed release particles)</i>   | CALCITRIOL (EXTERNAL OINTMENT)                           |
| <i>budesonide (suspension)</i>   | <i>calcitriol (oral capsule)</i>                         |
| <i>budesonide er (oral tablet extended release 24 hour)</i>  | <i>calcitriol (oral solution)</i>                        |
| <i>bumetanide (injection solution)</i>   | <i>calcium (capsule)</i>                                 |
| <i>bumetanide (oral tablet)</i>  | <i>calcium (tablet)</i>                                  |
| <i>buprenorphine (transdermal patch weekly)</i>  | <i>calcium acetate (667mg oral tablet)</i>               |
| <i>buprenorphine hcl (tablet sublingual)</i>   | <i>calcium acetate (phosphate binder) (oral capsule)</i> |
| <i>buprenorphine hcl-naloxone hcl (sublingual film)</i>  | <i>calcium acetate (tablet)</i>                          |
| <i>buprenorphine hcl-naloxone hcl (tablet sublingual)</i>  | <i>calcium ascorbate (tablet)</i>                        |
| <i>bupropion hcl (oral tablet immediate release)</i>   | <i>calcium carbonate (tablet chewable)</i>               |
| <i>bupropion hcl sr (150mg oral tablet extended release 12 hour smoking-deterrent)</i>                           | <i>calcium carbonate (tablet)</i>                        |
| <i>bupropion hcl sr (oral tablet extended release 12 hour)</i>   | <i>calcium carbonate (tablet chewable)</i>               |
| <i>bupropion hcl xl (150mg oral tablet extended release 24 hour, 300mg oral tablet extended release 24 hour)</i> | <i>calcium carbonate (tablet)</i>                        |
| <i>bupropion hcl xl (150mg oral tablet extended release 24 hour, 300mg oral tablet extended release 24 hour)</i> | <i>calcium carbonate-mag hydroxide (tablet chewable)</i> |
| <i>bupropion hcl xl (150mg oral tablet extended release 24 hour, 300mg oral tablet extended release 24 hour)</i> | <i>calcium carbonate-simethicone (tablet chewable)</i>   |
| <i>bupropion hcl xl (150mg oral tablet extended release 24 hour, 300mg oral tablet extended release 24 hour)</i> | <i>calcium citrate (tablet)</i>                          |
| <i>bupropion hcl xl (150mg oral tablet extended release 24 hour, 300mg oral tablet extended release 24 hour)</i> | <i>calcium gluconate (tablet)</i>                        |
| <i>bupropion hcl xl (150mg oral tablet extended release 24 hour, 300mg oral tablet extended release 24 hour)</i> | <i>calcium lactate (tablet)</i>                          |
| <i>bupropion hcl xl (150mg oral tablet extended release 24 hour, 300mg oral tablet extended release 24 hour)</i> | <i>calcium w/ vitamin d (tablet)</i>                     |
| <i>bupropion hcl xl (150mg oral tablet extended release 24 hour, 300mg oral tablet extended release 24 hour)</i> | CALQUENCE (ORAL CAPSULE)                                 |
| <i>bupropion hcl xl (150mg oral tablet extended release 24 hour, 300mg oral tablet extended release 24 hour)</i> | <i>camila (oral tablet)</i>                              |
| <i>bupropion hcl xl (150mg oral tablet extended release 24 hour, 300mg oral tablet extended release 24 hour)</i> | <i>camrese lo (oral tablet)</i>                          |
| <i>bupropion hcl xl (150mg oral tablet extended release 24 hour, 300mg oral tablet extended release 24 hour)</i> | <i>candesartan cilexetil (oral tablet)</i>               |
| <i>bupropion hcl xl (150mg oral tablet extended release 24 hour, 300mg oral tablet extended release 24 hour)</i> | <i>candesartan cilexetil-hctz (oral tablet)</i>          |
| <i>bupropion hcl xl (150mg oral tablet extended release 24 hour, 300mg oral tablet extended release 24 hour)</i> | CAPLYTA (42MG ORAL CAPSULE)                              |
| <i>bupropion hcl xl (150mg oral tablet extended release 24 hour, 300mg oral tablet extended release 24 hour)</i> | CAPRELSA (ORAL TABLET)                                   |
| <i>bupropion hcl xl (150mg oral tablet extended release 24 hour, 300mg oral tablet extended release 24 hour)</i> | <i>capsaicin (cream)</i>                                 |
| <i>bupropion hcl xl (150mg oral tablet extended release 24 hour, 300mg oral tablet extended release 24 hour)</i> | <i>capsaicin (liquid)</i>                                |
| <i>bupropion hcl xl (150mg oral tablet extended release 24 hour, 300mg oral tablet extended release 24 hour)</i> | <i>capsaicin (patch)</i>                                 |

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| <i>cabergoline (oral tablet)</i> |
| CABLIVI (INJECTION KIT)          |

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| <i>captopril (oral tablet)</i>  | <i>reconstituted)</i>  |
| <i>carbamazepine (oral suspension)</i>  | <i>cefpodoxime proxetil (oral tablet)</i>  |
| <i>carbamazepine (oral tablet chewable)</i>   | <i>cefprozil (oral suspension reconstituted)</i>   |
| <i>carbamazepine (oral tablet immediate release)</i>  | <i>cefprozil (oral tablet)</i>   |
| <i>carbamazepine er (oral capsule extended release 12 hour)</i>   | <i>ceftazidime (injection solution reconstituted)</i>  |
| <i>carbamazepine er (oral tablet extended release 12 hour)</i>  | <i>ceftazidime (intravenous solution reconstituted)</i>  |
| <i>carbamide peroxide (solution)</i>  | <i>ceftriaxone sodium (10gm intravenous solution reconstituted)</i>  |
| <i>carbidopa (oral tablet)</i>  | <i>ceftriaxone sodium (1gm injection solution reconstituted, 250mg injection solution reconstituted, 2gm injection solution reconstituted, 500mg injection solution reconstituted)</i> |
| <i>carbidopa-levodopa (oral tablet immediate release)</i>   | <i>cefuroxime axetil (oral tablet)</i>   |
| <i>carbidopa-levodopa er (oral tablet extended release)</i>   | <i>cefuroxime sodium (injection solution reconstituted)</i>  |
| <i>carbidopa-levodopa odt (oral tablet dispersible)</i>   | <i>cefuroxime sodium (intravenous solution reconstituted)</i>  |
| <i>carbidopa-levodopa-entacapone (oral tablet)</i>  | <i>celecoxib (oral capsule)</i>  |
| <i>carglumic acid (oral tablet soluble)</i>   | CELONTIN (ORAL CAPSULE)  |
| <i>carteolol hcl (ophthalmic solution)</i>  | <i>cephalexin (250mg oral capsule, 500mg oral capsule)</i>   |
| <i>cartia xt (oral capsule extended release 24 hour)</i>  | <i>cephalexin (750mg oral capsule)</i>   |
| <i>carvedilol (oral tablet)</i>   | <i>cephalexin (oral suspension reconstituted)</i>  |
| <i>cavarest (gel)</i>   | <i>cetirizine hcl (1mg/ml oral solution)</i>   |
| CAYSTON (INHALATION SOLUTION RECONSTITUTED)   | <i><b>cetirizine hcl (tablet chewable)</b></i>   |
| <i>caziant (oral tablet)</i>  | <i><b>cetirizine hcl (tablet)</b></i>  |
| <i>cefaclor (oral capsule)</i>  | <i><b>cetirizine-pseudoephedrine (tablet er 12hr)</b></i>  |
| <i>cefadroxil (oral capsule)</i>  | CHEMET (ORAL CAPSULE)  |
| <i>cefadroxil (oral suspension reconstituted)</i>   | <i>chenodal (oral tablet)</i>  |
| <i>cefazolin sodium (10gm injection solution reconstituted, 1gm injection solution reconstituted, 500mg injection solution reconstituted)</i> | <i><b>childrens probiotic (tablet chewable)</b></i>  |
| <i>cefdinir (oral capsule)</i>  | <i>chlordiazepoxide hcl (oral capsule)</i>   |
| <i>cefdinir (oral suspension reconstituted)</i>   | <i>chlorhexidine gluconate (mouth solution)</i>  |
| <i>cefepime hcl (injection solution reconstituted)</i>  | <i><b>chlorhexidine gluconate (solution)</b></i>   |
| <i>cefixime (oral capsule)</i>  | <i>chloroquine phosphate (oral tablet)</i>   |
| <i>cefixime (oral suspension reconstituted)</i>   | <i><b>chlorpheniramine maleate (syrup)</b></i>   |
| <i>cefotetan disodium (injection solution reconstituted)</i>  | <i><b>chlorpheniramine maleate (tablet er)</b></i>   |
| <i>cefoxitin sodium (intravenous solution reconstituted)</i>  | <i><b>chlorpheniramine maleate (tablet)</b></i>  |
| <i>cefpodoxime proxetil (oral suspension</i>  | <i>chlorpromazine hcl (oral concentrate)</i>   |
|   | <i>chlorpromazine hcl (oral tablet)</i>  |

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| <i>chlorthalidone (oral tablet)</i>  | <i>clarithromycin er (oral tablet extended release 24 hour)</i>  |
| <i>chlorzoxazone (500mg oral tablet)</i>   | CLENPIQ (ORAL SOLUTION)  |
| CHOLBAM (ORAL CAPSULE)   | CLIMARA PRO (TRANSDERMAL PATCH WEEKLY)   |
| <i>cholestyramine (oral packet)</i>  | <i>clindacin etz (external swab)</i>   |
| <i>cholestyramine light (oral packet)</i>  | <i>clindamycin hcl (oral capsule)</i>  |
| <i>ciclopirox (external gel)</i>   | <i>clindamycin palmitate hcl (oral solution reconstituted)</i>   |
| <i>ciclopirox (external shampoo)</i>   | <i>clindamycin phosphate (300mg/2ml injection solution, 600mg/4ml injection solution, 900mg/6ml injection solution)</i>  |
| <i>ciclopirox (external solution)</i>  | <i>clindamycin phosphate (external gel)</i>  |
| <i>ciclopirox olamine (external cream)</i>   | <i>clindamycin phosphate (external lotion)</i>   |
| <i>ciclopirox olamine (external suspension)</i>  | <i>clindamycin phosphate (external solution)</i>   |
| <i>cilostazol (oral tablet)</i>  | <i>clindamycin phosphate (external swab)</i>   |
| CILOXAN (OPHTHALMIC OINTMENT)  | <i>clindamycin phosphate (vaginal cream)</i>   |
| CIMDUO (ORAL TABLET)   | <i>clindamycin phosphate in d5w (intravenous solution)</i>   |
| <i>cimetidine (oral tablet)</i>  | <i>clindamycin phosphate-benzoyl peroxide (1-5% external gel, 1.2-5% external gel)</i>   |
| <i>cimetidine (tablet)</i>   | <i>clobazam (oral suspension)</i>  |
| <i>cimetidine hcl (oral solution)</i>  | <i>clobazam (oral tablet)</i>  |
| CIMZIA (SUBCUTANEOUS KIT)  | <i>clobetasol propionate (external cream)</i>  |
| CIMZIA PREFILLED (2 X 200MG/ML SUBCUTANEOUS PREFILLED SYRINGE KIT)   | <i>clobetasol propionate (external gel)</i>  |
| <i>cinacalcet hcl (oral tablet)</i>  | <i>clobetasol propionate (external ointment)</i>   |
| CINRYZE (INTRAVENOUS SOLUTION RECONSTITUTED)   | <i>clobetasol propionate (external shampoo)</i>  |
| CIPRO HC (OTIC SUSPENSION)   | <i>clobetasol propionate (external solution)</i>   |
| <i>ciprofloxacin hcl (100mg oral tablet immediate release)</i>   | <i>clobetasol propionate emollient base (external cream)</i>   |
| <i>ciprofloxacin hcl (250mg oral tablet immediate release, 500mg oral tablet immediate release, 750mg oral tablet immediate release)</i> | <i>clodan (external shampoo)</i>   |
| <i>ciprofloxacin hcl (ophthalmic solution)</i>   | <i>clomipramine hcl (oral capsule)</i>   |
| <i>ciprofloxacin in d5w (200mg/100ml intravenous solution)</i>   | <i>clonazepam (0.5mg oral tablet, 1mg oral tablet, 2mg oral tablet)</i>  |
| <i>ciprofloxacin-dexamethasone (otic suspension)</i>   | <i>clonazepam odt (0.125mg oral tablet dispersible, 0.25mg oral tablet dispersible, 0.5mg oral tablet dispersible, 1mg oral tablet dispersible, 2mg oral tablet dispersible)</i> |
| CITALOPRAM HYDROBROMIDE (ORAL CAPSULE)   | <i>clonidine (transdermal patch weekly)</i>  |
| <i>citalopram hydrobromide (oral solution)</i>   | <i>clonidine hcl (oral tablet immediate release)</i>   |
| <i>citalopram hydrobromide (oral tablet)</i>   |  |
| <i>claravis (oral capsule)</i>   |  |
| <i>clarithromycin (oral suspension reconstituted)</i>  |  |
| <i>clarithromycin (oral tablet immediate release)</i>  |  |

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| <i>clonidine hcl er (oral tablet extended release 12 hour)</i>   | COMETRIQ (140MG DAILY DOSE) (ORAL KIT)                            |
| <i>clopidogrel bisulfate (75mg oral tablet)</i>  | COMETRIQ (60MG DAILY DOSE) (ORAL KIT)                             |
| <i>clorazepate dipotassium (oral tablet)</i>   | COMPLERA (ORAL TABLET)  |
| <i>clotrimazole (cream)</i>  | <i>compro (rectal suppository)</i>                                |
| <i>clotrimazole (solution)</i>   | <i>constulose (oral solution)</i>                                 |
| <i>clotrimazole (cream)</i>  | COPIKTRA (ORAL CAPSULE)   |
| <i>clotrimazole (external cream)</i>   | <i>coral calcium (capsule)</i>                                    |
| <i>clotrimazole (external solution)</i>  | CORDRAN (EXTERNAL TAPE)   |
| <i>clotrimazole (mouth/throat troche)</i>  | CORLANOR (ORAL SOLUTION)  |
| <i>clotrimazole-betamethasone (external cream)</i>   | CORLANOR (ORAL TABLET)  |
| <i>clotrimazole-betamethasone (external lotion)</i>  | <i>corn dextrin (powder)</i>                                      |
| <i>clozapine (100mg oral tablet, 200mg oral tablet, 25mg oral tablet, 50mg oral tablet)</i>  | COSENTYX (300MG DOSE) (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)   |
| <i>clozapine odt (100mg oral tablet dispersible, 12.5mg oral tablet dispersible, 150mg oral tablet dispersible, 200mg oral tablet dispersible, 25mg oral tablet dispersible)</i> | COSENTYX (75MG/0.5ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)     |
| COARTEM (ORAL TABLET)  | COSENTYX SENSOREADY (300MG) (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) |
| <i>cod liver oil (capsule)</i>   | COTELLIC (ORAL TABLET)  |
| <i>cod liver oil (oil)</i>   | CREON (ORAL CAPSULE DELAYED RELEASE PARTICLES)                    |
| CODEINE SULFATE (15MG ORAL TABLET, 60MG ORAL TABLET)   | CRINONE (VAGINAL GEL)   |
| <i>codeine sulfate (30mg oral tablet)</i>  | <i>cromolyn sodium (inhalation nebulization solution)</i>         |
| <i>coenzyme q10 (capsule)</i>  | <i>cromolyn sodium (ophthalmic solution)</i>                      |
| <i>coenzyme q10 (tablet)</i>   | <i>cromolyn sodium (oral concentrate)</i>                         |
| COLCHICINE (0.6MG ORAL CAPSULE) (BRAND EQUIVALENT MITIGARE)  | <i>crotan (external lotion)</i>                                   |
| <i>colchicine (0.6mg oral tablet) (generic colcrys)</i>  | <i>cryselle-28 (oral tablet)</i>                                  |
| <i>colesevelam hcl (oral packet)</i>   | CULTURELLE (CAPSULE)  |
| <i>colesevelam hcl (oral tablet)</i>   | CULTURELLE ADVANCED IMMUNE DEFENSE (CAPSULE)                      |
| <i>colestipol hcl (oral packet)</i>  | CULTURELLE DIGESTIVE HEALTH WOMENS HEALTHY BALANCE (CAPSULE)      |
| <i>colestipol hcl (oral tablet)</i>  | CULTURELLE HEALTH & WELLNESS (CAPSULE)                            |
| <i>colistimethate sodium (cba) (injection solution reconstituted)</i>  | CULTURELLE IMMUNE DEFENSE (TABLET CHEWABLE)                       |
| <i>colloidal oatmeal (cream)</i>   | CULTURELLE IMMUNITY SUPPORT FORMULA (CAPSULE)                     |
| <i>colloidal oatmeal (lotion)</i>  | CULTURELLE KIDS (PACKET)  |
| COMBIGAN (OPHTHALMIC SOLUTION)   | CULTURELLE KIDS (TABLET CHEWABLE)                                 |
| COMBIVENT RESPIMAT (INHALATION AEROSOL SOLUTION)   |   |
| COMETRIQ (100MG DAILY DOSE) (ORAL KIT)   |   |



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| CULTURELLE KIDS IMMUNE DEFENSE (TABLET CHEWABLE)               | <i>cyproheptadine hcl (oral syrup)</i>   |
| CULTURELLE KIDS PURELY PROBIOTICS (PACKET)                     | <i>cyproheptadine hcl (oral tablet)</i>  |
| CULTURELLE KIDS REGULARITY (PACKET)                            | <i>cyred eq (oral tablet)</i>  |
| CULTURELLE PRO-WELL (CAPSULE)                                  | CYSTADANE (ORAL POWDER)  |
| CULTURELLE PROBIOTICS (TABLET CHEWABLE)                        | CYSTAGON (ORAL CAPSULE)  |
| CULTURELLE PROBIOTICS KIDS (PACKET)                            | CYSTARAN (OPHTHALMIC SOLUTION)   |
| CULTURELLE PROBIOTICS KIDS (TABLET CHEWABLE)                   | <b>D</b>   |
| <i>cvs acidophilus (capsule)</i>                               | <i>daily probiotic (capsule)</i>   |
| <i>cvs acidophilus probiotic (tablet)</i>                      | <i>daily probiotic supplement (capsule)</i>  |
| <i>cvs acidophilus probioticformula (tablet)</i>               | <i>dalfampridine er (oral tablet extended release 12 hour)</i>                             |
| <i>cvs adult 50+ probiotic (capsule)</i>                       | DALIRESP (ORAL TABLET)   |
| <i>cvs adult probiotic (capsule)</i>                           | DALVANCE (INTRAVENOUS SOLUTION RECONSTITUTED)  |
| <i>cvs advanced probiotic gummies (tablet chewable)</i>        | <i>danazol (oral capsule)</i>  |
| <i>cvs digestive probiotic (capsule)</i>                       | <i>dantrolene sodium (oral capsule)</i>  |
| <i>cvs eye allergy relief (solution)</i>                       | <i>dapsone (oral tablet)</i>   |
| <i>cvs mood support probiotic (capsule)</i>                    | DAPTACEL (INTRAMUSCULAR SUSPENSION)  |
| <i>cvs probiotic (capsule)</i>                                 | <i>daptomycin (intravenous solution reconstituted)</i>                                     |
| <i>cvs probiotic (tablet chewable)</i>                         | DAURISMO (ORAL TABLET)   |
| <i>cvs probiotic childrens (tablet chewable)</i>               | <i>deblitane (oral tablet)</i>   |
| <i>cvs probiotic maximum strength (capsule)</i>                | <i>deferasirox (125mg oral tablet soluble) (generic exjade)</i>                            |
| <i>cvs probiotic pearls extra strength (capsule)</i>           | <i>deferasirox (250mg oral tablet soluble, 500mg oral tablet soluble) (generic exjade)</i> |
| <i>cvs resistance formula probiotic (capsule)</i>              | <i>deferasirox (oral tablet) (generic jadenu)</i>  |
| <i>cvs senior probiotic (capsule)</i>                          | <i>deferasirox granules (oral packet)</i>  |
| <i>cyclobenzaprine hcl (10mg oral tablet, 5mg oral tablet)</i> | <i>deferiprone (oral tablet)</i>   |
| <i>cyclobenzaprine hcl (7.5mg oral tablet)</i>                 | DELSTRIGO (ORAL TABLET)  |
| <i>cyclophosphamide (25mg oral tablet)</i>                     | <i>demeclocycline hcl (oral tablet)</i>  |
| CYCLOPHOSPHAMIDE (50MG ORAL TABLET)                            | DEMSEER (ORAL CAPSULE)   |
| <i>cyclophosphamide (oral capsule)</i>                         | <i>depo-estradiol (intramuscular oil)</i>  |
| CYCLOSET (ORAL TABLET)   | DESCOVY (200-25MG ORAL TABLET)   |
| <i>cyclosporine (oral capsule)</i>                             | <i>desipramine hcl (oral tablet)</i>   |
| <i>cyclosporine modified (oral capsule)</i>                    | <i>desloratadine (oral tablet)</i>   |
| <i>cyclosporine modified (oral solution)</i>                   | <i>desmopressin acetate (oral tablet)</i>  |
|  | <i>desmopressin acetate spray (nasal solution)</i>   |
|  | <i>desogestrel-ethinyl estradiol (oral tablet)</i>   |

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| <i>desonide (external ointment)</i>  | <i>release 24 hour)</i>  |
| <i>desoximetasone (external cream)</i>   | <i>dicloxacillin sodium (oral capsule)</i>   |
| <i>desvenlafaxine succinate er (oral tablet extended release 24 hour) (generic pristiq)</i>              | <i>dicyclomine hcl (oral capsule)</i>  |
| <i>dexamethasone (oral solution)</i>   | <i>dicyclomine hcl (oral solution)</i>   |
| <i>dexamethasone (oral tablet)</i>   | <i>dicyclomine hcl (oral tablet)</i>   |
| <i>dexamethasone sodium phosphate (ophthalmic solution)</i>  | DIFICID (ORAL SUSPENSION RECONSTITUTED)  |
| DEXILANT (ORAL CAPSULE DELAYED RELEASE)  | DIFICID (ORAL TABLET)  |
| <i>dexlansoprazole (oral capsule delayed release)</i>  | <i>diflunisal (oral tablet)</i>  |
| <i>dexmethylphenidate hcl (oral tablet)</i>  | <i>digestive advantage dailydigestive &amp; immune support (tablet chewable)</i>   |
| <i>dexmethylphenidate hcl er (oral capsule extended release 24 hour)</i>                                 | <i>digestive advantage kids daily digestive &amp; immune support (tablet chewable)</i>                                   |
| <i>dextroamphetamine sulfate (oral tablet)</i>   | <i>digestive advantage kids daily probiotic gummies (tablet chewable)</i>  |
| <i>dextroamphetamine sulfate er (oral capsule extended release 24 hour)</i>                              | <i>digestive advantage kids daily probiotic+gen prebiotic fiber (tablet chewable)</i>                                    |
| <i>dextrose (10% intravenous solution)</i>   | <i>digestive advantage multi-strain probiotic ultra (tablet chewable)</i>  |
| <i>dextrose (5% intravenous solution)</i>  | <i>digestive advantage prebiotic+probiotic (tablet chewable)</i>   |
| DEXTROSE-NACL (10-0.2% INTRAVENOUS SOLUTION, 10-0.45% INTRAVENOUS SOLUTION, 5-0.2% INTRAVENOUS SOLUTION) | <i>digestive advantage probiotic gummies (tablet chewable)</i>   |
| <i>dextrose-nacl (2.5-0.45% intravenous solution, 5-0.45% intravenous solution)</i>                      | <i>digestive health probiotic (capsule)</i>  |
| <i>dextrose-nacl (5-0.9% intravenous solution)</i>   | <i>digitek (oral tablet)</i>   |
| DIACOMIT (ORAL CAPSULE)  | <i>digox (oral tablet)</i>   |
| DIACOMIT (ORAL PACKET)   | <i>digoxin (125mcg oral tablet, 250mcg oral tablet)</i>  |
| <i>diazepam (10mg oral tablet, 2mg oral tablet, 5mg oral tablet)</i>                                     | <i>digoxin (62.5mcg oral tablet)</i>   |
| <i>diazepam (10mg rectal gel, 2.5mg rectal gel, 20mg rectal gel)</i>                                     | <i>digoxin (oral solution)</i>   |
| <i>diazepam (5mg/5ml oral solution)</i>  | <i>dihydroergotamine mesylate (nasal solution)</i>   |
| <i>diazepam intensol (oral concentrate)</i>  | <i>dilantin (oral capsule)</i>   |
| <i>diazoxide (oral suspension)</i>   | <i>dilantin infatabs (oral tablet chewable)</i>  |
| <i>diclofenac epolamine (external patch)</i>   | <i>dilt-xr (oral capsule extended release 24 hour)</i>   |
| <i>diclofenac potassium (50mg oral tablet)</i>   | <i>diltiazem hcl (oral tablet immediate release)</i>   |
| <i>diclofenac sodium (1% external gel)</i>   | <i>diltiazem hcl er (oral capsule extended release 12 hour)</i>  |
| <i>diclofenac sodium (3% external gel)</i>   | <i>diltiazem hcl er beads (360mg oral capsule extended release 24 hour, 420mg oral capsule extended release 24 hour)</i> |
| <i>diclofenac sodium (ophthalmic solution)</i>   | <i>diltiazem hcl er coated beads (120mg oral capsule extended release 24 hour, 180mg oral</i>                            |
| <i>diclofenac sodium (oral tablet delayed release)</i>   |  |
| <i>diclofenac sodium er (oral tablet extended</i>  |  |

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| <i>capsule extended release 24 hour, 240mg oral capsule extended release 24 hour, 300mg oral capsule extended release 24 hour)</i>  | <i>dorzolamide hcl-timolol maleate preservative free (ophthalmic solution)</i>  |
| <i>diltiazem hcl er coated beads (180mg oral tablet extended release 24 hour, 240mg oral tablet extended release 24 hour, 300mg oral tablet extended release 24 hour, 360mg oral tablet extended release 24 hour)</i> | DOVATO (ORAL TABLET)  |
| <i>dimethyl fumarate (oral capsule delayed release)</i>   | <i>doxazosin mesylate (oral tablet)</i>   |
| <i>dimethyl fumarate starter pack (oral capsule)</i>  | <i>doxepin hcl (external cream)</i>   |
| DIPENTUM (ORAL CAPSULE)   | <i>doxepin hcl (oral capsule)</i>   |
| <i>diphenhydramine hcl (capsule)</i>  | <i>doxepin hcl (oral concentrate)</i>   |
| <i>diphenhydramine hcl (elixir)</i>   | <i>doxercalciferol (oral capsule)</i>   |
| <i>diphenhydramine hcl (liquid)</i>   | <i>doxy 100 (intravenous solution reconstituted)</i>  |
| <i>diphenhydramine hcl (tablet chewable)</i>  | <i>doxycycline hyclate (100mg oral tablet immediate release, 20mg oral tablet immediate release)</i>  |
| <i>diphenhydramine hcl (tablet disintegrating)</i>  | <i>doxycycline hyclate (oral capsule)</i>   |
| <i>diphenhydramine hcl (tablet)</i>   | <i>doxycycline monohydrate (100mg oral capsule, 50mg oral capsule)</i>  |
| <i>diphenoxylate-atropine (oral liquid)</i>   | <i>doxycycline monohydrate (100mg oral tablet, 50mg oral tablet, 75mg oral tablet)</i>  |
| <i>diphenoxylate-atropine (oral tablet)</i>   | <i>doxycycline monohydrate (oral suspension reconstituted)</i>  |
| DIPHThERIA-TETANUS TOXOIDS DT (INTRAMUSCULAR SUSPENSION)  | <i>doxylamine succinate (tablet)</i>  |
| <i>disulfiram (oral tablet)</i>   | <i>doxylamine-dm (liquid)</i>   |
| DIURIL (ORAL SUSPENSION)  | DRIZALMA SPRINKLE (ORAL CAPSULE DELAYED RELEASE SPRINKLE)   |
| <i>divalproex sodium (oral capsule delayed release sprinkle)</i>  | <i>dronabinol (oral capsule)</i>  |
| <i>divalproex sodium (oral tablet delayed release)</i>  | <i>drosiprenone-ethinyl estradiol (oral tablet)</i>   |
| <i>divalproex sodium er (oral tablet extended release 24 hour)</i>  | DROXIA (ORAL CAPSULE)   |
| <i>docusate sodium (capsule)</i>  | <i>droxidopa (100mg oral capsule, 200mg oral capsule)</i>   |
| <i>docusate sodium (liquid)</i>   | <i>droxidopa (300mg oral capsule)</i>   |
| <i>docusate sodium (syrup)</i>  | DUAVEE (ORAL TABLET)  |
| <i>docusate sodium (tablet)</i>   | DULERA (INHALATION AEROSOL)   |
| <i>dofetilide (oral capsule)</i>  | <i>duloxetine hcl (20mg oral capsule delayed release particles, 30mg oral capsule delayed release particles, 60mg oral capsule delayed release particles)</i> |
| <i>dolishale (oral tablet)</i>  | DUPIXENT (SUBCUTANEOUS SOLUTION PEN-INJECTOR)   |
| <i>donepezil hcl (oral tablet)</i>  | DUPIXENT (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)  |
| <i>donepezil hcl odt (oral tablet dispersible)</i>  | <i>dutasteride (oral capsule)</i>   |
| <i>dorzolamide hcl (ophthalmic solution)</i>  |   |
| <i>dorzolamide hcl-timolol maleate (ophthalmic solution)</i>  |   |

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| DYMISTA (NASAL SUSPENSION)   | ENBREL (SUBCUTANEOUS SOLUTION)  |
| <b>E</b>   | ENBREL MINI (SUBCUTANEOUS SOLUTION CARTRIDGE)                                     |
| <i>econazole nitrate (external cream)</i>  | ENBREL SURECLICK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)                            |
| EDARBI (ORAL TABLET)   | <i>endocet (10-325mg oral tablet, 5-325mg oral tablet, 7.5-325mg oral tablet)</i> |
| EDARBYCLOR (ORAL TABLET)   | ENGERIX-B (INJECTION SUSPENSION)  |
| EDURANT (ORAL TABLET)  | <i>enoxaparin sodium (injection solution prefilled syringe)</i>                   |
| <i>efavirenz (oral capsule)</i>  | <i>enpresse-28 (oral tablet)</i>  |
| <i>efavirenz (oral tablet)</i>   | <i>enskyce (oral tablet)</i>  |
| <i>efavirenz-emtricitabine-tenofovir (oral tablet)</i>   | <i>entacapone (oral tablet)</i>   |
| <i>efavirenz-lamivudine-tenofovir (oral tablet)</i>  | <i>entecavir (oral tablet)</i>  |
| EGRIFTA SV (2MG SUBCUTANEOUS SOLUTION RECONSTITUTED)   | ENTRESTO (ORAL TABLET)  |
| ELESTRIN (TRANSDERMAL GEL)   | <i>enulose (oral solution)</i>  |
| ELIQUIS (ORAL TABLET)  | ENVARBUS XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)                                |
| ELIQUIS STARTER PACK (ORAL TABLET)   | EPCLUSA (ORAL PACKET)   |
| ELMIRON (ORAL CAPSULE)   | EPCLUSA (ORAL TABLET)   |
| <i>eluryng (vaginal ring)</i>  | EPIDIOLEX (ORAL SOLUTION)   |
| EMCYT (ORAL CAPSULE)   | <i>epinastine hcl (ophthalmic solution)</i>                                       |
| EMGALITY (120MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)  | <i>epinephrine (injection solution auto-injector)</i>                             |
| EMGALITY (300MG DOSE) (100MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)   | <i>epitol (oral tablet)</i>   |
| EMGALITY (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)   | EPIVIR HBV (ORAL SOLUTION)  |
| <i>emoquette (oral tablet)</i>   | <i>eplerenone (oral tablet)</i>   |
| EMSAM (TRANSDERMAL PATCH 24 HOUR)  | EPRONTIA (ORAL SOLUTION)  |
| <i>emtricitabine (oral capsule)</i>  | <i>eq eye allergy relief (solution)</i>   |
| <i>emtricitabine-tenofovir disoproxil fumarate (100-150mg oral tablet, 133-200mg oral tablet, 167-250mg oral tablet)</i> | <i>eq probiotic digestive system support (capsule)</i>                            |
| <i>emtricitabine-tenofovir disoproxil fumarate (200-300mg oral tablet)</i>   | <i>eq 2 in 1 probiotic (tablet)</i>   |
| EMTRIVA (ORAL SOLUTION)  | <i>eq 4x probiotic (tablet)</i>   |
| <i>enalapril maleate (oral solution)</i>   | <i>eq anticavity fluoride rinse kids (solution)</i>                               |
| <i>enalapril maleate (oral tablet)</i>   | <i>eq anticavity mouthwash/multiple benefit (solution)</i>                        |
| <i>enalapril-hydrochlorothiazide (oral tablet)</i>   | <i>eq daily probiotic (capsule)</i>   |
| ENBREL (25MG SUBCUTANEOUS SOLUTION RECONSTITUTED)  | <i>eq dental travel pack (kit)</i>  |
| ENBREL (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)   | <i>eq digestive probiotic (capsule)</i>   |
|  | <i>eq probiotic colon support (capsule)</i>                                       |
|  | <i>ergotamine-caffeine (oral tablet)</i>  |
|  | ERIVEDGE (ORAL CAPSULE)   |

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| ERLEADA (ORAL TABLET)   | <i>etodolac (oral capsule)</i>   |
| <i>erlotinib hcl (oral tablet)</i>  | <i>etodolac (oral tablet immediate release)</i>  |
| <i>errin (oral tablet)</i>  | <i>etodolac er (oral tablet extended release 24 hour)</i>  |
| <i>ertapenem sodium (injection solution reconstituted)</i>                    | <i>etonogestrel-ethinyl estradiol (vaginal ring)</i>   |
| <i>ery (external pad)</i>   | <i>etravirine (oral tablet)</i>  |
| <i>erythrocin lactobionate (intravenous solution reconstituted)</i>           | EUTHYROX (ORAL TABLET)   |
| <i>erythromycin (external gel)</i>  | <i>everolimus (0.25mg oral tablet, 0.5mg oral tablet, 0.75mg oral tablet, 1mg oral tablet)</i>                                   |
| <i>erythromycin (external solution)</i>                                       | <i>everolimus (10mg oral tablet, 2.5mg oral tablet, 5mg oral tablet, 7.5mg oral tablet)</i>                                      |
| <i>erythromycin (ophthalmic ointment)</i>                                     | <i>everolimus (2mg oral tablet soluble, 3mg oral tablet soluble, 5mg oral tablet soluble)</i>                                    |
| <i>erythromycin (oral tablet delayed release)</i>                             | EVOTAZ (ORAL TABLET)   |
| <i>erythromycin base (oral capsule delayed release particles)</i>             | <i>exemestane (oral tablet)</i>  |
| <i>erythromycin base (oral tablet immediate release)</i>                      | EXKIVITY (ORAL CAPSULE)  |
| <i>erythromycin ethylsuccinate (200mg/5ml oral suspension reconstituted)</i>  | <i>eye allergy relief (solution)</i>   |
| <i>erythromycin ethylsuccinate (oral tablet)</i>                              | <i>ezetimibe (oral tablet)</i>   |
| ESBRIET (ORAL CAPSULE)  | <i>ezetimibe-simvastatin (oral tablet)</i>   |
| ESBRIET (ORAL TABLET)   | <b>F</b>   |
| <i>escitalopram oxalate (oral solution)</i>                                   | FML (OPHTHALMIC OINTMENT)  |
| <i>escitalopram oxalate (oral tablet)</i>                                     | FML FORTE (OPHTHALMIC SUSPENSION)  |
| <i>esomeprazole magnesium (oral capsule delayed release) (generic nexium)</i> | <i>falmina (oral tablet)</i>   |
| <i>esomeprazole magnesium (oral packet)</i>                                   | <i>famciclovir (oral tablet)</i>   |
| <i>estarylla (oral tablet)</i>  | <i>famotidine (20mg oral tablet, 40mg oral tablet)</i>   |
| <i>estradiol (oral tablet)</i>  | <i>famotidine (oral suspension reconstituted)</i>  |
| <i>estradiol (transdermal patch weekly)</i>                                   | <i>famotidine (tablet)</i>   |
| <i>estradiol (vaginal cream)</i>  | FANAPT (10MG ORAL TABLET, 12MG ORAL TABLET, 1MG ORAL TABLET, 2MG ORAL TABLET, 4MG ORAL TABLET, 6MG ORAL TABLET, 8MG ORAL TABLET) |
| <i>estradiol (vaginal tablet)</i>   | FANAPT TITRATION PACK (ORAL TABLET)  |
| <i>estradiol valerate (intramuscular oil)</i>                                 | FARXIGA (ORAL TABLET)  |
| ESTRING (VAGINAL RING)  | FASENRA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)  |
| <i>eszopiclone (oral tablet)</i>  | FASENRA PEN (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)  |
| <i>ethacrynic acid (oral tablet)</i>  | <i>febuxostat (oral tablet)</i>  |
| <i>ethambutol hcl (oral tablet)</i>   | <i>felbamate (oral suspension)</i>   |
| <i>ethosuximide (oral capsule)</i>  |  |
| <i>ethosuximide (oral solution)</i>   |  |
| <i>ethynodiol diacetate-ethinyl estradiol (oral tablet)</i>                   |  |

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| <i>felbamate (oral tablet)</i>  | <i>floranex (tablet)</i>  |
| <i>felodipine er (oral tablet extended release 24 hour)</i>   | FLORASTOR (CAPSULE)   |
| FEMRING (VAGINAL RING)  | FLORASTOR BABY (PACKET)   |
| <i>femynor (oral tablet)</i>  | FLORASTOR KIDS (PACKET)   |
| <i>fenofibrate (145mg oral tablet, 48mg oral tablet)</i>  | FLORASTOR PLUS (CAPSULE)  |
| <i>fenofibrate (160mg oral tablet, 54mg oral tablet)</i>  | FLORASTOR PRE (CAPSULE)   |
| <i>fenofibrate (50mg oral capsule)</i>  | FLORASTORMAX (PACKET)   |
| <i>fenofibrate micronized (134mg oral capsule, 200mg oral capsule, 43mg oral capsule, 67mg oral capsule)</i>  | FLOVENT DISKUS (INHALATION AEROSOL POWDER BREATH ACTIVATED)   |
| <i>fenofibric acid (oral capsule delayed release)</i>   | FLOVENT HFA (INHALATION AEROSOL)  |
| <i>fentanyl (100mcg/hr transdermal patch 72 hour, 12mcg/hr transdermal patch 72 hour, 25mcg/hr transdermal patch 72 hour, 50mcg/hr transdermal patch 72 hour, 75mcg/hr transdermal patch 72 hour)</i>     | <i>fluconazole (oral suspension reconstituted)</i>  |
| <i>fentanyl citrate (1200mcg buccal lozenge on a handle, 1600mcg buccal lozenge on a handle, 400mcg buccal lozenge on a handle, 600mcg buccal lozenge on a handle, 800mcg buccal lozenge on a handle)</i> | <i>fluconazole (oral tablet)</i>  |
| <i>fentanyl citrate (200mcg buccal lozenge on a handle)</i>   | <i>fluconazole in sodium chloride (200-0.9mg/100ml-% intravenous solution, 400-0.9mg/200ml-% intravenous solution)</i>                |
| FERRIPROX (ORAL SOLUTION)   | <i>flucytosine (oral capsule)</i>   |
| FETZIMA (ORAL CAPSULE EXTENDED RELEASE 24 HOUR)   | <i>fludrocortisone acetate (oral tablet)</i>  |
| FETZIMA TITRATION (ORAL CAPSULE ER 24 HOUR THERAPY PACK)  | <i>flunisolide (nasal solution)</i>   |
| FINACEA (EXTERNAL FOAM)   | <i>fluocinolone acetonide (external cream)</i>  |
| <i>finasteride (5mg oral tablet) (generic proscar)</i>  | <i>fluocinolone acetonide (external ointment)</i>   |
| FINTEPLA (ORAL SOLUTION)  | <i>fluocinolone acetonide (external solution)</i>   |
| FIRMAGON (240MG DOSE) (120MG/VIAL SUBCUTANEOUS SOLUTION RECONSTITUTED)  | <i>fluocinolone acetonide (otic oil)</i>  |
| FIRMAGON (80MG SUBCUTANEOUS SOLUTION RECONSTITUTED)   | <i>fluocinolone acetonide scalp (external oil)</i>  |
| <i>flac (otic oil)</i>  | <i>fluocinonide (0.05% external cream)</i>  |
| FLAREX (OPHTHALMIC SUSPENSION)  | <i>fluocinonide (external gel)</i>  |
| FLEBOGAMMA DIF (5GM/50ML INTRAVENOUS SOLUTION)  | <i>fluocinonide (external ointment)</i>   |
| <i>flecainide acetate (oral tablet)</i>   | <i>fluocinonide (external solution)</i>   |
|   | <i>fluocinonide emulsified base (external cream)</i>  |
|   | <i>fluoride mouth rinse (solution)</i>  |
|   | <i>fluorometholone (ophthalmic suspension)</i>  |
|   | <i>fluorouracil (5% external cream)</i>   |
|   | <i>fluorouracil (external solution)</i>   |
|   | <i>fluoxetine hcl (10mg oral capsule immediate release, 20mg oral capsule immediate release, 40mg oral capsule immediate release)</i> |
|   | <i>fluoxetine hcl (20mg/5ml oral solution)</i>  |
|   | <i>fluoxetine hcl (90mg oral capsule delayed release)</i>   |
|   | <i>fluphenazine decanoate (injection solution)</i>  |
|   | <i>fluphenazine hcl (10mg oral tablet, 1mg oral</i>   |

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| <i>tablet, 2.5mg oral tablet, 5mg oral tablet)</i>  | <i>freeze dried acidophilus (capsule)</i>  |
| <i>fluphenazine hcl (2.5mg/5ml oral elixir)</i>   | <i>furosemide (injection solution)</i>   |
| <i>fluphenazine hcl (2.5mg/ml injection solution)</i>   | <i>furosemide (oral solution)</i>  |
| <i>fluphenazine hcl (5mg/ml oral concentrate)</i>   | <i>furosemide (oral tablet)</i>  |
| <i>flurbiprofen (100mg oral tablet)</i>   | FUZEON (SUBCUTANEOUS SOLUTION RECONSTITUTED)   |
| <i>flurbiprofen sodium (ophthalmic solution)</i>  | <i>fyavolv (oral tablet)</i>   |
| <i>fluticasone propionate (external cream)</i>  | FYCOMPA (10MG ORAL TABLET, 12MG ORAL TABLET, 4MG ORAL TABLET, 6MG ORAL TABLET, 8MG ORAL TABLET)  |
| <i>fluticasone propionate (external ointment)</i>   | FYCOMPA (2MG ORAL TABLET)  |
| <i>fluticasone propionate (nasal suspension)</i>  | FYCOMPA (ORAL SUSPENSION)  |
| <i>fluticasone-salmeterol (100-50mcg/dose inhalation aerosol powder breath activated, 250-50mcg/dose inhalation aerosol powder breath activated, 500-50mcg/dose inhalation aerosol powder breath activated) (generic advair), fluticasone-salmeterol (113-14mcg/act inhalation aerosol powder breath activated, 232-14mcg/act inhalation aerosol powder breath activated, 55-14mcg/act inhalation aerosol powder breath activated) (brand equivalent airduo respiclick)</i> | <b>G</b>   |
| <i>fluvastatin sodium (oral capsule)</i>  | <i>gabapentin (250mg/5ml oral solution)</i>  |
| <i>fluvastatin sodium er (oral tablet extended release 24 hour)</i>   | <i>gabapentin (600mg oral tablet, 800mg oral tablet)</i>   |
| <i>fluvoxamine maleate (oral tablet)</i>  | <i>gabapentin (oral capsule)</i>   |
| <i>folic acid (capsule)</i>   | <i>galantamine hydrobromide (oral solution)</i>  |
| <i>folic acid (tablet)</i>  | <i>galantamine hydrobromide (oral tablet)</i>  |
| <i>fondaparinux sodium (10mg/0.8ml subcutaneous solution, 5mg/0.4ml subcutaneous solution, 7.5mg/0.6ml subcutaneous solution)</i>   | <i>galantamine hydrobromide er (oral capsule extended release 24 hour)</i>   |
| <i>fondaparinux sodium (2.5mg/0.5ml subcutaneous solution)</i>  | GAMMAGARD (2.5GM/25ML INJECTION SOLUTION)  |
| <i>formoterol fumarate (inhalation nebulization solution)</i>   | GAMMAGARD S/D LESS IGA (INTRAVENOUS SOLUTION RECONSTITUTED)  |
| FORTEO (SUBCUTANEOUS SOLUTION PEN-INJECTOR)   | GAMMAKED (1GM/10ML INJECTION SOLUTION)   |
| <i>fosamprenavir calcium (oral tablet)</i>  | GAMMAPLEX (10GM/100ML INTRAVENOUS SOLUTION, 10GM/200ML INTRAVENOUS SOLUTION, 20GM/200ML INTRAVENOUS SOLUTION, 5GM/50ML INTRAVENOUS SOLUTION) |
| <i>fosinopril sodium (oral tablet)</i>  | GAMUNEX-C (1GM/10ML INJECTION SOLUTION)  |
| <i>fosinopril sodium-hctz (oral tablet)</i>   | GARDASIL 9 (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)  |
| FOTIVDA (ORAL CAPSULE)  | GARDASIL 9 (INTRAMUSCULAR SUSPENSION)  |
|   | <i>gatifloxacin (ophthalmic solution)</i>  |
|   | GATTEX (SUBCUTANEOUS KIT)  |
|   | <i>gauze (non-medicated 2x2 pad)</i>   |

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| <i>gavilyte-c (240gm oral solution reconstituted)</i>                 | <i>granisetron hcl (oral tablet)</i>   |
| <i>gavilyte-g (oral solution reconstituted)</i>                       | <i>griseofulvin microsize (oral suspension)</i>  |
| GAVRETO (ORAL CAPSULE)  | <i>griseofulvin microsize (oral tablet)</i>  |
| <i>gemfibrozil (oral tablet)</i>                                      | <i>griseofulvin ultramicrosize (oral tablet)</i>   |
| <i>generlac (oral solution)</i>                                       | <i>guanfacine hcl er (oral tablet extended release 24 hour)</i>  |
| <i>gengraf (oral capsule)</i>   | GVOKE HYPOPEN 2-PACK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)   |
| <i>gengraf (oral solution)</i>  | GVOKE KIT (SUBCUTANEOUS SOLUTION)  |
| GENOTROPIN (SUBCUTANEOUS CARTRIDGE)                                   | GVOKE PFS (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)  |
| GENOTROPIN MINIQUICK (SUBCUTANEOUS PREFILLED SYRINGE)                 |  |
| <i>gentak (ophthalmic ointment)</i>                                   | <b>H</b>   |
| <i>gentamicin sulfate (40mg/ml injection solution)</i>                | HAEGARDA (SUBCUTANEOUS SOLUTION RECONSTITUTED)   |
| <i>gentamicin sulfate (external cream)</i>                            | <i>hailey 24 fe (oral tablet)</i>  |
| <i>gentamicin sulfate (external ointment)</i>                         | <i>halobetasol propionate (external cream)</i>   |
| <i>gentamicin sulfate (ophthalmic solution)</i>                       | <i>halobetasol propionate (external ointment)</i>  |
| <i>gentamicin sulfate-0.9% sodium chloride (intravenous solution)</i> | <i>haloperidol (oral tablet)</i>   |
| GENVOYA (ORAL TABLET)   | <i>haloperidol decanoate (intramuscular solution)</i>  |
| GILENYA (0.5MG ORAL CAPSULE)  | <i>haloperidol lactate (injection solution)</i>  |
| GILOTRIF (ORAL TABLET)  | <i>haloperidol lactate (oral concentrate)</i>  |
| GLASSIA (INTRAVENOUS SOLUTION)  | HAVRIX (INTRAMUSCULAR SUSPENSION)  |
| <i>glatiramer acetate (subcutaneous solution prefilled syringe)</i>   | <i>heparin sodium (10000unit/ml injection solution, 20000unit/ml injection solution, 5000unit/ml injection solution)</i> |
| <i>glatopa (subcutaneous solution prefilled syringe)</i>              | <i>heparin sodium (1000unit/ml injection solution)</i>   |
| <i>glimepiride (oral tablet)</i>                                      | HETLIOZ (ORAL CAPSULE)   |
| <i>glipizide (oral tablet immediate release)</i>                      | HETLIOZ LQ (ORAL SUSPENSION)   |
| <i>glipizide er (oral tablet extended release 24 hour)</i>            | HIBERIX (INJECTION SOLUTION RECONSTITUTED)   |
| <i>glipizide-metformin hcl (oral tablet)</i>                          | <i>high potency probiotic (capsule)</i>  |
| GLUCAGEN HYPOKIT (INJECTION SOLUTION RECONSTITUTED)                   | <i>hm 4x probiotic (tablet)</i>  |
| <i>glucagon (injection kit) (lilly)</i>                               | <i>hm acidophilus (capsule)</i>  |
| <i>glucose (gel)</i>  | <i>hm probiotic digestive health (capsule)</i>   |
| <i>glucose (liquid)</i>   | HUMALOG (INJECTION SOLUTION)   |
| <i>glucose (tablet chewable)</i>                                      | HUMALOG (SUBCUTANEOUS SOLUTION CARTRIDGE)  |
| <i>glycerin (suppository)</i>   | HUMALOG JUNIOR KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)  |
| <i>glycopyrrolate (oral solution) (generic curvposa)</i>              | HUMALOG KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)   |
| GLYXAMBI (ORAL TABLET)  |  |
| <i>gnp 4x probiotic (tablet)</i>                                      |  |
| <i>gnp acidophilus high potency (capsule)</i>                         |  |
| <i>gnp probiotic digestive support (capsule)</i>                      |  |



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| HUMALOG MIX 50/50 (SUBCUTANEOUS SUSPENSION)  | <i>tablet, 5-325mg oral tablet, 7.5-325mg oral tablet)</i>   |
| HUMALOG MIX 50/50 KWIKPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR)                       | <i>hydrocodone-acetaminophen (7.5-325mg/15ml oral solution)</i>  |
| HUMALOG MIX 75/25 (SUBCUTANEOUS SUSPENSION)  | <i>hydrocodone-ibuprofen (7.5-200mg oral tablet)</i>   |
| HUMALOG MIX 75/25 KWIKPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR)                       | <i>hydrocortisone (1% external cream)</i>  |
| HUMIRA (SUBCUTANEOUS PREFILLED SYRINGE KIT)  | <i>hydrocortisone (1% external ointment, 2.5% external ointment)</i>   |
| HUMIRA PEDIATRIC CROHNS START (SUBCUTANEOUS PREFILLED SYRINGE KIT)                     | <i>hydrocortisone (2.5% external lotion)</i>   |
| HUMIRA PEN (SUBCUTANEOUS PEN-INJECTOR KIT)   | <i>hydrocortisone (cream)</i>  |
| HUMIRA PEN CROHNS DISEASE STARTER (SUBCUTANEOUS PEN-INJECTOR KIT)                      | <i>hydrocortisone (lotion)</i>   |
| HUMIRA PEN PSORIASIS STARTER (40MG/0.8ML SUBCUTANEOUS PEN-INJECTOR KIT)                | <i>hydrocortisone (ointment)</i>   |
| HUMIRA PEN PSORIASIS STARTER (80MG/0.8ML AND 40MG/0.4ML SUBCUTANEOUS PEN-INJECTOR KIT) | <i>hydrocortisone (oral tablet)</i>  |
| HUMIRA PEN-PEDIATRIC UC START (SUBCUTANEOUS PEN-INJECTOR KIT)                          | <i>hydrocortisone (perianal) (2.5% external cream)</i>   |
| HUMULIN 70/30 (SUBCUTANEOUS SUSPENSION)  | <i>hydrocortisone (rectal enema)</i>   |
| HUMULIN 70/30 KWIKPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR)                           | <i>hydrocortisone butyrate (external ointment)</i>   |
| HUMULIN N (SUBCUTANEOUS SUSPENSION)  | <i>hydrocortisone valerate (external cream)</i>  |
| HUMULIN N KWIKPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR)                               | <i>hydrocortisone valerate (external ointment)</i>   |
| HUMULIN R (INJECTION SOLUTION)   | <i>hydrocortisone valerate (external ointment)</i>   |
| HUMULIN R U-500 (CONCENTRATED) (SUBCUTANEOUS SOLUTION)                                 | <i>hydrocortisone-acetic acid (otic solution)</i>  |
| HUMULIN R U-500 KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)                           | <i>hydrogen peroxide (solution)</i>  |
| <i>hydralazine hcl (oral tablet)</i>   | <i>hydromorphone hcl (1mg/ml oral liquid)</i>  |
| <i>hydrochlorothiazide (oral capsule)</i>  | <i>hydromorphone hcl (2mg oral tablet immediate release, 4mg oral tablet immediate release, 8mg oral tablet immediate release)</i> |
| <i>hydrochlorothiazide (oral tablet)</i>   | <i>hydromorphone hcl er (oral tablet extended release 24 hour)</i>   |
| <i>hydrocodone-acetaminophen (10-325mg oral</i>  | <i>hydromorphone hcl preservative free (10mg/ml injection solution, 50mg/5ml injection solution)</i>                               |
|  | <b>HYDROPHILIC OINTMENT (OINTMENT)</b>   |
|  | <i>hydroxychloroquine sulfate (200mg oral tablet)</i>  |
|  | <i>hydroxyurea (oral capsule)</i>  |
|  | <i>hydroxyzine hcl (oral syrup)</i>  |
|  | <i>hydroxyzine hcl (oral tablet)</i>   |
|  | <i>hydroxyzine pamoate (oral capsule)</i>  |
|  | <b>I</b>   |
|  | IDHIFA (ORAL TABLET)   |
|  | IPOL (INJECTION)   |
|  | <i>ibandronate sodium (oral tablet)</i>  |
|  | IBRANCE (ORAL CAPSULE)   |

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| IBRANCE (ORAL TABLET)  | INQOVI (ORAL TABLET)  |
| <i>ibu (600mg oral tablet, 800mg oral tablet)</i>  | INREBIC (ORAL CAPSULE)  |
| <i>ibuprofen (400mg oral tablet, 600mg oral tablet, 800mg oral tablet)</i>                         | INSULIN LISPRO (1 UNIT DIAL)<br>(SUBCUTANEOUS SOLUTION PEN-INJECTOR)<br>(BRAND EQUIVALENT HUMALOG)  |
| <i>ibuprofen (capsule)</i>   | INSULIN LISPRO (INJECTION SOLUTION)<br>(BRAND EQUIVALENT HUMALOG)   |
| <i>ibuprofen (oral suspension)</i>   | INSULIN LISPRO JUNIOR KWIKPEN<br>(SUBCUTANEOUS SOLUTION PEN-INJECTOR)<br>(BRAND EQUIVALENT HUMALOG)   |
| <i>ibuprofen (suspension)</i>  | INSULIN LISPRO PROT & LISPRO<br>(SUBCUTANEOUS SUSPENSION PEN-<br>INJECTOR) (BRAND EQUIVALENT HUMALOG)   |
| <i>ibuprofen (tablet chewable)</i>   | <i>insulin syringes, needles</i>  |
| <i>ibuprofen (tablet)</i>  | INTELENCE (25MG ORAL TABLET)  |
| <i>icatibant acetate (subcutaneous solution)</i>   | <i>intestinex (capsule)</i>   |
| <i>iclevia (oral tablet)</i>   | INTRALIPID (INTRAVENOUS EMULSION)   |
| ICLUSIG (ORAL TABLET)  | INTRON A (INJECTION SOLUTION<br>RECONSTITUTED)  |
| <i>icosapent ethyl (oral capsule)</i>  | <i>introvale (oral tablet)</i>  |
| ILEVRO (OPHTHALMIC SUSPENSION)   | INVEGA HAFYERA (INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE)  |
| <i>imatinib mesylate (oral tablet)</i>   | INVEGA SUSTENNA (117MG/0.75ML<br>INTRAMUSCULAR SUSPENSION PREFILLED<br>SYRINGE, 156MG/ML INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE, 234MG/<br>1.5ML INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE, 78MG/0.5ML<br>INTRAMUSCULAR SUSPENSION PREFILLED<br>SYRINGE) |
| IMBRUVICA (ORAL CAPSULE)   | INVEGA SUSTENNA (39MG/0.25ML<br>INTRAMUSCULAR SUSPENSION PREFILLED<br>SYRINGE)  |
| IMBRUVICA (ORAL TABLET)  | INVEGA TRINZA (INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE)   |
| <i>imipenem-cilastatin (intravenous solution<br/>reconstituted)</i>                                | <i>iodine (kelp) (tablet)</i>   |
| <i>imipramine hcl (oral tablet)</i>  | <i>iodine (tincture)</i>  |
| <i>imipramine pamoate (oral capsule)</i>   | <i>ipratropium bromide (inhalation solution)</i>  |
| <i>imiquimod (5% external cream)</i>   | <i>ipratropium bromide (nasal solution)</i>   |
| <i>imiquimod pump (3.75% external cream)</i>   | <i>ipratropium-albuterol (inhalation solution)</i>  |
| IMOVAX RABIES (INTRAMUSCULAR<br>INJECTABLE)  | <i>irbesartan (oral tablet)</i>   |
| IMPAVIDO (ORAL CAPSULE)  | <i>irbesartan-hydrochlorothiazide (oral tablet)</i>   |
| IMVEXXY MAINTENANCE PACK (VAGINAL<br>INSERT)   |   |
| IMVEXXY STARTER PACK (VAGINAL INSERT)  |   |
| <i>incassia (oral tablet)</i>  |   |
| INCRELEX (SUBCUTANEOUS SOLUTION)   |   |
| INCRUSE ELLIPTA (INHALATION AEROSOL<br>POWDER BREATH ACTIVATED)                                    |   |
| <i>indapamide (oral tablet)</i>  |   |
| <i>indomethacin (25mg oral capsule immediate<br/>release, 50mg oral capsule immediate release)</i> |   |
| INFANRIX (INTRAMUSCULAR SUSPENSION)  |   |
| INGREZZA (ORAL CAPSULE THERAPY PACK)   |   |
| INGREZZA (ORAL CAPSULE)  |   |
| INLYTA (ORAL TABLET)   |   |

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| IRESSA (ORAL TABLET)  | JANUMET (ORAL TABLET IMMEDIATE RELEASE)              |
| <i>iron (capsule)</i>   | JANUMET XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)    |
| <i>iron (elixir)</i>  | JANUVIA (ORAL TABLET)                                |
| <i>iron (tablet dr)</i>   | JARDIANCE (ORAL TABLET)                              |
| <i>iron (tablet er)</i>   | <i>jasmiel (oral tablet)</i>                         |
| <i>iron (tablet)</i>  | JENTADUETO (ORAL TABLET IMMEDIATE RELEASE)           |
| ISENTRESS (100MG ORAL TABLET CHEWABLE)  | JENTADUETO XR (ORAL TABLET EXTENDED RELEASE 24 HOUR) |
| ISENTRESS (25MG ORAL TABLET CHEWABLE)   | <i>jinteli (oral tablet)</i>                         |
| ISENTRESS (ORAL PACKET)   | JUBLIA (EXTERNAL SOLUTION)                           |
| ISENTRESS (ORAL TABLET)   | <i>juleber (oral tablet)</i>                         |
| ISENTRESS HD (ORAL TABLET)  | JULUCA (ORAL TABLET)                                 |
| <i>isibloom (oral tablet)</i>   | <i>junel 1.5/30 (oral tablet)</i>                    |
| ISOLYTE-P IN D5W (INTRAVENOUS SOLUTION)   | <i>junel 1/20 (oral tablet)</i>                      |
| ISOLYTE-S PH 7.4 (INTRAVENOUS SOLUTION)   | <i>junel fe 1.5/30 (oral tablet)</i>                 |
| <i>isoniazid (oral syrup)</i>   | <i>junel fe 1/20 (oral tablet)</i>                   |
| <i>isoniazid (oral tablet)</i>  | <i>junel fe 24 (oral tablet)</i>                     |
| <i>isopropyl alcohol (gel)</i>  | JUXTAPID (ORAL CAPSULE)                              |
| <i>isopropyl alcohol (liquid)</i>   | <b>K</b>   |
| <i>isopropyl alcohol (solution)</i>   | KCL IN DEXTROSE-NACL (INTRAVENOUS SOLUTION)          |
| <i>isosorbide dinitrate (10mg oral tablet immediate release, 20mg oral tablet immediate release, 30mg oral tablet immediate release, 5mg oral tablet immediate release)</i> | KCL-LACTATED RINGERS-D5W (INTRAVENOUS SOLUTION)      |
| <i>isosorbide dinitrate-hydralazine (oral tablet)</i>   | <i>kaitlib fe (oral tablet chewable)</i>             |
| <i>isosorbide mononitrate (oral tablet immediate release)</i>   | KALYDECO (ORAL PACKET)                               |
| <i>isosorbide mononitrate er (oral tablet extended release 24 hour)</i>   | KALYDECO (ORAL TABLET)                               |
| <i>isotretinoin (oral capsule)</i>  | <i>kariva (oral tablet)</i>                          |
| ISTURISA (ORAL TABLET)  | <i>kelnor 1/35 (oral tablet)</i>                     |
| <i>itraconazole (oral capsule)</i>  | <i>kelnor 1/50 (oral tablet)</i>                     |
| <i>itraconazole (oral solution)</i>   | KERENDIA (ORAL TABLET)                               |
| <i>ivermectin (oral tablet)</i>   | <i>ketoconazole (external cream)</i>                 |
| IXIARO (INTRAMUSCULAR SUSPENSION)   | <i>ketoconazole (external shampoo)</i>               |
| <b>J</b>  | <i>ketoconazole (oral tablet)</i>                    |
| JAKAFI (ORAL TABLET)  | <i>ketorolac tromethamine (ophthalmic solution)</i>  |
| <i>jantoven (oral tablet)</i>   | <i>ketotifen fumarate (solution)</i>                 |

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| KINERET (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)  | <i>lacto-pectin (capsule)</i>  |
| KINRIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)  | <i>lactobacillus (packet)</i>  |
| KISQALI (200MG DOSE) (ORAL TABLET)   | <i>lactobacillus (tablet)</i>  |
| KISQALI (400MG DOSE) (ORAL TABLET)   | <i>lactobacillus extra strength (capsule)</i>  |
| KISQALI (600MG DOSE) (ORAL TABLET)   | <i>lactobacillus probiotic (tablet)</i>  |
| KISQALI FEMARA (200MG DOSE) (ORAL TABLET THERAPY PACK)   | <i>lactulose (10gm/15ml oral solution)</i>   |
| KISQALI FEMARA (400MG DOSE) (ORAL TABLET THERAPY PACK)   | <i>lamivudine (100mg oral tablet)</i>  |
| KISQALI FEMARA (600MG DOSE) (ORAL TABLET THERAPY PACK)   | <i>lamivudine (10mg/ml oral solution)</i>  |
| <i>klor-con (oral packet)</i>  | <i>lamivudine (150mg oral tablet, 300mg oral tablet)</i>   |
| KLOR-CON 10 (ORAL TABLET EXTENDED RELEASE)   | <i>lamivudine-zidovudine (oral tablet)</i>   |
| KLOR-CON 8 (ORAL TABLET EXTENDED RELEASE)  | <i>lamotrigine (100mg oral tablet immediate release, 150mg oral tablet immediate release, 200mg oral tablet immediate release, 25mg oral tablet immediate release)</i> |
| <i>klor-con m10 (oral tablet extended release)</i>   | <i>lamotrigine (25mg oral tablet chewable, 5mg oral tablet chewable)</i>   |
| <i>klor-con m15 (oral tablet extended release)</i>   | <i>lanolin (gel)</i>   |
| <i>klor-con m20 (oral tablet extended release)</i>   | <i>lanolin (ointment)</i>  |
| KORLYM (ORAL TABLET)   | LANOXIN (ORAL TABLET)  |
| KOSELUGO (ORAL CAPSULE)  | <i>lansoprazole (oral capsule delayed release)</i>   |
| <i>kurvelo (oral tablet)</i>   | <i>lanthanum carbonate (oral tablet chewable)</i>  |
| KYNMOBI (10MG SUBLINGUAL FILM, 15MG SUBLINGUAL FILM, 20MG SUBLINGUAL FILM, 25MG SUBLINGUAL FILM, 30MG SUBLINGUAL FILM) | LANTUS (SUBCUTANEOUS SOLUTION)   |
|  | LANTUS SOLOSTAR (SUBCUTANEOUS SOLUTION PEN-INJECTOR)   |
| <b>L</b>   | <i>lapatinib ditosylate (oral tablet)</i>  |
| <i>larin 1.5/30 (oral tablet)</i>  | <i>larissia (oral tablet)</i>  |
| <i>larin 1/20 (oral tablet)</i>  | <i>latanoprost (ophthalmic solution)</i>   |
| <i>larin fe 1.5/30 (oral tablet)</i>   | LATUDA (ORAL TABLET)   |
| <i>larin fe 1/20 (oral tablet)</i>   | LAYOLIS FE (ORAL TABLET CHEWABLE)  |
| <b>LMA MAD NASAL (MISCELLANEOUS)</b>   | <i>leena (oral tablet)</i>   |
| <i>labetalol hcl (oral tablet)</i>   | <i>leflunomide (oral tablet)</i>   |
| <i>lacosamide (oral solution)</i>  | <i>lenalidomide (oral capsule)</i>   |
| <i>lacosamide (oral tablet)</i>  | LENVIMA 10MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)  |
| LACRISERT (OPHTHALMIC INSERT)  | LENVIMA 12MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)  |
| <i>lacto-bifidus-600 (capsule)</i>   | LENVIMA 14MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)  |
| <i>lacto-key-100 (capsule)</i>   | LENVIMA 18MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)  |
| <i>lacto-key-600 (capsule)</i>   |  |

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| LENVIMA 20MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)   | <i>levonorgestrel (tablet)</i>  |
| LENVIMA 24MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)   | <i>levonorgestrel-ethinyl estradiol &amp; ethinyl estradiol (oral tablet)</i> |
| LENVIMA 4MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)  | <i>levonorgestrel-ethinyl estradiol (oral tablet)</i>                         |
| LENVIMA 8MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)  | <i>levonorgestrel-ethinyl estradiol 91-day (oral tablet)</i>                  |
| <i>lessina (oral tablet)</i>  | <i>levora 0.15/30 (28) (oral tablet)</i>                                      |
| <i>letrozole (oral tablet)</i>  | <i>levorphanol tartrate (oral tablet)</i>                                     |
| <i>leucovorin calcium (10mg oral tablet, 15mg oral tablet, 5mg oral tablet)</i>                 | <i>levothyroxine sodium (oral tablet)</i>                                     |
| <i>leucovorin calcium (25mg oral tablet)</i>  | LEVOXYL (ORAL TABLET)   |
| LEUKERAN (ORAL TABLET)  | LEXIVA (ORAL SUSPENSION)  |
| LEUKINE (INJECTION SOLUTION RECONSTITUTED)  | <i>lidocaine (5% external ointment)</i>                                       |
| <i>leuprolide acetate (injection kit)</i>   | <i>lidocaine (5% external patch)</i>  |
| <i>levalbuterol hcl (inhalation nebulization solution)</i>                                      | <i>lidocaine hcl (4% external solution)</i>                                   |
| <i>levalbuterol tartrate (inhalation aerosol)</i>   | <i>lidocaine viscous (2% mouth/throat solution)</i>                           |
| LEVEMIR (SUBCUTANEOUS SOLUTION)   | <i>lidocaine-prilocaine (external cream)</i>                                  |
| LEVEMIR FLEXTOUCH (SUBCUTANEOUS SOLUTION PEN-INJECTOR)  | <i>linezolid (intravenous solution)</i>                                       |
| <i>levetiracetam (oral solution)</i>  | <i>linezolid (oral suspension reconstituted)</i>                              |
| <i>levetiracetam (oral tablet immediate release)</i>  | <i>linezolid (oral tablet)</i>  |
| <i>levetiracetam er (oral tablet extended release 24 hour)</i>                                  | LINZESS (ORAL CAPSULE)  |
| LEVO-T (ORAL TABLET)  | <i>lithothyronine sodium (oral tablet)</i>                                    |
| <i>levobunolol hcl (ophthalmic solution)</i>  | <i>lisinopril (oral tablet)</i>   |
| <i>levocarnitine (1gm/10ml oral solution)</i>   | <i>lisinopril-hydrochlorothiazide (oral tablet)</i>                           |
| LEVOCARNITINE (330MG ORAL TABLET)   | <i>lithium carbonate (oral capsule)</i>                                       |
| <i>levocetirizine dihydrochloride (oral tablet)</i>   | <i>lithium carbonate (oral tablet immediate release)</i>                      |
| <i>levofloxacin (0.5% ophthalmic solution)</i>  | <i>lithium carbonate er (oral tablet extended release)</i>                    |
| <i>levofloxacin (250mg oral tablet, 500mg oral tablet, 750mg oral tablet)</i>                   | LITHOSTAT (ORAL TABLET)   |
| <i>levofloxacin (25mg/ml intravenous solution)</i>  | LIVALO (ORAL TABLET)  |
| <i>levofloxacin (25mg/ml oral solution)</i>   | LOKELMA (ORAL PACKET)   |
| <i>levofloxacin in d5w (500mg/100ml intravenous solution, 750mg/150ml intravenous solution)</i> | LONHALA MAGNAIR (INHALATION SOLUTION)   |
| <i>levonest (oral tablet)</i>   | LONSURF (ORAL TABLET)   |
|   | <i>loperamide hcl (oral capsule)</i>  |
|   | <i>loperamide hcl (capsule)</i>   |
|   | <i>loperamide hcl (tablets)</i>   |
|   | <i>lopinavir-ritonavir (oral solution)</i>                                    |
|   | <i>lopinavir-ritonavir (oral tablet)</i>                                      |
|   | <i>loratadine &amp; pseudoephedrine (tablet er 12hr)</i>                      |

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|  | <b>M</b>  |
|--|---|
| <i>loratadine (syrup)</i>                            |   |
| <i>loratadine (tablet chewable)</i>                  | M-M-R II (INJECTION SOLUTION RECONSTITUTED)   |
| <i>loratadine (tablet disintegrating)</i>            |   |
| <i>loratadine (tablet)</i>                           | <i>magnesium citrate (solution)</i>   |
| <i>lorazepam (oral tablet)</i>                       | <i>magnesium citrate (tablet)</i>   |
| <i>lorazepam intensol (oral concentrate)</i>         | <i>magnesium oxide (capsule)</i>  |
| LORBRENA (ORAL TABLET)                               | <i>magnesium oxide (tablet chewable)</i>  |
| <i>loryna (oral tablet)</i>                          | <i>magnesium oxide (tablet er)</i>  |
| <i>losartan potassium (oral tablet)</i>              | <i>magnesium oxide (tablet)</i>   |
| <i>losartan potassium-hctz (oral tablet)</i>         | <i>magnesium sulfate (50% (10ml syringe) injection solution)</i>                          |
| LOTEMAX (OPHTHALMIC GEL)                             | MAGNESIUM SULFATE (50% INJECTION SOLUTION)  |
| LOTEMAX (OPHTHALMIC OINTMENT)                        |   |
| LOTEMAX (OPHTHALMIC SUSPENSION)                      | <i>malathion (external lotion)</i>  |
| LOTEMAX SM (OPHTHALMIC GEL)                          | <i>maraviroc (oral tablet)</i>  |
| <i>loteprednol etabonate (ophthalmic gel)</i>        | <i>marlissa (oral tablet)</i>   |
| <i>loteprednol etabonate (ophthalmic suspension)</i> | MARPLAN (ORAL TABLET)   |
| <i>lovastatin (oral tablet)</i>                      | MATULANE (ORAL CAPSULE)   |
| <i>low-ogestrel (oral tablet)</i>                    | <i>matzim la (oral tablet extended release 24 hour)</i>                                   |
| <i>loxapine succinate (oral capsule)</i>             | MAVYRET (ORAL PACKET)   |
| <i>lubiprostone (oral capsule)</i>                   | MAVYRET (ORAL TABLET)   |
| LUMAKRAS (ORAL TABLET)                               | MAYZENT (ORAL TABLET)   |
| LUMIGAN (OPHTHALMIC SOLUTION)                        | MAYZENT STARTER PACK (12 X 0.25MG ORAL TABLET THERAPY PACK)                               |
| LUPRON DEPOT (1-MONTH) (INTRAMUSCULAR KIT)           | MAYZENT STARTER PACK (7 X 0.25MG ORAL TABLET THERAPY PACK)                                |
| LUPRON DEPOT (3-MONTH) (INTRAMUSCULAR KIT)           | <i>meclizine hcl (12.5mg oral tablet, 25mg oral tablet)</i>                               |
| LUPRON DEPOT (4-MONTH) (INTRAMUSCULAR KIT)           | <i>meclizine hcl (tablet chewable)</i>  |
| LUPRON DEPOT (6-MONTH) (INTRAMUSCULAR KIT)           | <i>meclizine hcl (tablet)</i>   |
| <i>lutera (oral tablet)</i>                          | <i>medroxyprogesterone acetate (10mg oral tablet, 2.5mg oral tablet, 5mg oral tablet)</i> |
| LYBALVI (ORAL TABLET)                                | <i>medroxyprogesterone acetate (150mg/ml intramuscular suspension prefilled syringe)</i>  |
| <i>lyleq (oral tablet)</i>                           | <i>medroxyprogesterone acetate (150mg/ml intramuscular suspension)</i>                    |
| LYNPARZA (ORAL TABLET)                               | <i>mefloquine hcl (oral tablet)</i>   |
| LYSODREN (ORAL TABLET)                               | <i>mega probiotic (capsule)</i>   |
| LYUMJEV (INJECTION SOLUTION)                         | <i>megestrol acetate (40mg/ml oral suspension)</i>  |
| LYUMJEV KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR) | <i>megestrol acetate (625mg/5ml oral suspension)</i>                                      |
| <i>lyza (oral tablet)</i>                            | <i>megestrol acetate (oral tablet)</i>  |

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| MEKINIST (ORAL TABLET)  | <i>hour) (generic glucophage xr)</i>   |
| MEKTOVI (ORAL TABLET)   | <i>methadone hcl (oral solution)</i>   |
| <i>melatonin (liquid)</i>   | <i>methadone hcl (oral tablet)</i>   |
| <i>melatonin (tab sublingual)</i>   | <i>methazolamide (oral tablet)</i>   |
| <i>melatonin (tablet chewable)</i>  | <i>methenamine hippurate (oral tablet)</i>   |
| <i>melatonin (tablet disintegrating)</i>  | <i>methimazole (oral tablet)</i>   |
| <i>melatonin (tablet er)</i>  | <i>methocarbamol (oral tablet)</i>   |
| <i>melatonin (tablet)</i>   | <i>methotrexate sodium (50mg/2ml injection solution prefilled syringe)</i>                           |
| <i>melatonin-pyridoxine (tab sublingual)</i>  | <i>methotrexate sodium (50mg/2ml injection solution)</i>   |
| <i>melatonin-pyridoxine (tablet er)</i>   | <i>methotrexate sodium (oral tablet)</i>   |
| <i>melatonin-pyridoxine (tablet)</i>  | <i>methoxsalen rapid (oral capsule)</i>  |
| <i>meloxicam (oral tablet)</i>  | <i>methscopolamine bromide (oral tablet)</i>   |
| <i>memantine hcl (10mg oral tablet, 5mg oral tablet)</i>  | <i><b>methylcellulose (tablet)</b></i>   |
| <i>memantine hcl (2mg/ml oral solution)</i>   | <i>methylphenidate hcl (oral solution)</i>   |
| <i>memantine hcl er (oral capsule extended release 24 hour)</i>   | <i>methylphenidate hcl (oral tablet immediate release) (generic ritalin)</i>                         |
| MEMANTINE HCL TITRATION PAK (ORAL TABLET)   | <i>methylphenidate hcl er (10mg oral tablet extended release, 20mg oral tablet extended release)</i> |
| MENQUADFI (INTRAMUSCULAR SOLUTION)  | <i>methylprednisolone (oral tablet therapy pack)</i>   |
| MENACTRA (INTRAMUSCULAR SOLUTION)   | <i>methylprednisolone (oral tablet)</i>  |
| <i>menest (oral tablet)</i>   | <i>metoclopramide hcl (5mg/5ml oral solution)</i>  |
| MENTAX (EXTERNAL CREAM)   | <i>metoclopramide hcl (oral tablet)</i>  |
| MENVEO (INTRAMUSCULAR SOLUTION RECONSTITUTED)   | <i>metolazone (oral tablet)</i>  |
| <i>mercaptopurine (oral tablet)</i>   | <i>metoprolol succinate er (oral tablet extended release 24 hour)</i>                                |
| <i>meropenem (intravenous solution reconstituted)</i>   | <i>metoprolol tartrate (oral tablet)</i>   |
| <i>mesalamine (1.2gm oral tablet delayed release) (generic lialda)</i>  | <i>metoprolol-hydrochlorothiazide (oral tablet)</i>  |
| <i>mesalamine (rectal enema)</i>  | <i>metronidazole (0.75% external cream)</i>  |
| <i>mesalamine (rectal suppository)</i>  | <i>metronidazole (0.75% external gel, 1% external gel)</i>   |
| <i>mesalamine er (0.375gm oral capsule extended release 24 hour) (generic apriso)</i>   | <i>metronidazole (0.75% external lotion)</i>   |
| MESNEX (ORAL TABLET)  | <i>metronidazole (0.75% vaginal gel)</i>   |
| <i>metformin hcl (1000mg oral tablet immediate release, 500mg oral tablet immediate release, 850mg oral tablet immediate release)</i> | <i>metronidazole (250mg oral tablet, 500mg oral tablet)</i>  |
| <i>metformin hcl (oral solution)</i>  | <i>metronidazole (500mg/100ml intravenous solution)</i>  |
| <i>metformin hcl er (oral tablet extended release 24</i>  |  |

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| <i>metyrosine (oral capsule)</i>                              | MORPHINE SULFATE (20MG/5ML ORAL SOLUTION)  |
| <i>mexiletine hcl (oral capsule)</i>                          | <i>morphine sulfate (concentrate) (20mg/ml oral solution)</i>  |
| <i>micafungin sodium (intravenous solution reconstituted)</i> | <i>morphine sulfate (oral tablet immediate release)</i>  |
| <i>miconazole 3 (vaginal suppository)</i>                     | <i>morphine sulfate er (100mg oral tablet extended release, 15mg oral tablet extended release, 30mg oral tablet extended release, 60mg oral tablet extended release) (generic ms contin)</i> |
| <i>miconazole nitrate (aerosol)</i>                           | <i>morphine sulfate er (200mg oral tablet extended release) (generic ms contin)</i>  |
| <i>miconazole nitrate (cream)</i>                             | MOTEGRITY (ORAL TABLET)  |
| <i>miconazole nitrate (powder)</i>                            | MOVANTIK (ORAL TABLET)   |
| <i>microgestin 1.5/30 (oral tablet)</i>                       | <i>moxifloxacin hcl (ophthalmic solution) (generic vigamox)</i>  |
| <i>microgestin 1/20 (oral tablet)</i>                         | <i>moxifloxacin hcl (oral tablet)</i>  |
| <i>microgestin 24 fe (oral tablet)</i>                        | <i>moxifloxacin hcl in nacl (intravenous solution)</i>   |
| <i>microgestin fe 1.5/30 (oral tablet)</i>                    | MULTAQ (ORAL TABLET)   |
| <i>microgestin fe 1/20 (oral tablet)</i>                      | <i>multiple minerals (tablet)</i>  |
| <i>midodrine hcl (oral tablet)</i>                            | <i>multiple vitamins w/ calcium (tablet)</i>   |
| <i>migergot (rectal suppository)</i>                          | <i>multiple vitamins w/ minerals (capsule)</i>   |
| <i>miglitol (oral tablet)</i>                                 | <i>multiple vitamins w/ minerals (tablet chewable)</i>   |
| <i>miglustat (oral capsule)</i>                               | <i>multiple vitamins w/ minerals (tablet er)</i>   |
| <i>mili (oral tablet)</i>                                     | <i>multiple vitamins w/ minerals (tablet)</i>  |
| <i>mineral oil (enema)</i>                                    | <i>multivitamins (capsule)</i>   |
| <i>mineral oil (oil)</i>                                      | <i>multivitamins (tablet)</i>  |
| <i>minocycline hcl (oral capsule)</i>                         | <i>mupirocin (external ointment)</i>   |
| <i>minocycline hcl (oral tablet immediate release)</i>        | <i>mupirocin calcium (external cream)</i>  |
| <i>minoxidil (oral tablet)</i>                                | MYALEPT (SUBCUTANEOUS SOLUTION RECONSTITUTED)  |
| <i>mirtazapine (oral tablet)</i>                              | <i>mycophenolate mofetil (oral capsule)</i>  |
| <i>mirtazapine odt (oral tablet dispersible)</i>              | <i>mycophenolate mofetil (oral suspension reconstituted)</i>   |
| MIRVASO (EXTERNAL GEL)  | <i>mycophenolate mofetil (oral tablet)</i>   |
| <i>misoprostol (oral tablet)</i>                              | <i>mycophenolate sodium (oral tablet delayed release)</i>  |
| <i>modafinil (oral tablet)</i>                                | <i>myorisan (oral capsule)</i>   |
| <i>moexipril hcl (oral tablet)</i>                            | MYRBETRIQ (ORAL SUSPENSION RECONSTITUTED ER)   |
| <i>molindone hcl (oral tablet)</i>                            | MYRBETRIQ (ORAL TABLET EXTENDED RELEASE 24 HOUR)   |
| <i>mometasone furoate (external cream)</i>                    |  |
| <i>mometasone furoate (external ointment)</i>                 |  |
| <i>mometasone furoate (external solution)</i>                 |  |
| <i>mometasone furoate (nasal suspension)</i>                  |  |
| <i>montelukast sodium (oral packet)</i>                       |  |
| <i>montelukast sodium (oral tablet chewable)</i>              |  |
| <i>montelukast sodium (oral tablet)</i>                       |  |
| <i>more-dophilus acidophilus (powder)</i>                     |  |
| <i>morphine sulfate (10mg/5ml oral solution)</i>              |  |



| <b>N</b>   |   |
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| <i>nabumetone (oral tablet)</i>  | <i>neomycin-polymyxin-bacitracin-hydrocortisone (ophthalmic ointment)</i>     |
| <i>nadolol (oral tablet)</i>   | <i>neomycin-polymyxin-dexamethasone (3.5-10000-0.1 ophthalmic suspension)</i> |
| <i>nafticillin sodium (10gm intravenous solution reconstituted)</i>    | <i>neomycin-polymyxin-dexamethasone (ophthalmic ointment)</i>                 |
| <i>nafticillin sodium (injection solution reconstituted)</i>           | <i>neomycin-polymyxin-gramicidin (ophthalmic solution)</i>                    |
| <i>naftifine hcl (external cream)</i>                                  | <i>neomycin-polymyxin-hc (1% otic solution)</i>                               |
| <b>NAFTIN (2% EXTERNAL GEL)</b>  | <i>neomycin-polymyxin-hc (ophthalmic suspension)</i>                          |
| <i>naloxone hcl (0.4mg/ml injection solution)</i>                      | <i>neomycin-polymyxin-hc (otic suspension)</i>                                |
| <i>naloxone hcl (injection solution cartridge)</i>                     | <b>NERLYNX (ORAL TABLET)</b>  |
| <i>naloxone hcl (injection solution prefilled syringe)</i>             | <i>neuac (external gel)</i>   |
| <i>naloxone hcl (nasal liquid)</i>                                     | <b>NEULASTA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)</b>                     |
| <i>naltrexone hcl (oral tablet)</i>                                    | <b>NEUPRO (TRANSDERMAL PATCH 24 HOUR)</b>                                     |
| <b>NAMZARIC (ORAL CAPSULE ER 24 HOUR THERAPY PACK)</b>                 | <i>nevirapine (oral suspension)</i>   |
| <b>NAMZARIC (ORAL CAPSULE EXTENDED RELEASE 24 HOUR)</b>                | <i>nevirapine (oral tablet immediate release)</i>                             |
| <b>NAPHCON-A (SOLUTION)</b>  | <i>nevirapine er (oral tablet extended release 24 hour)</i>                   |
| <i>naproxen (oral suspension)</i>                                      | <i>niacin (antihyperlipidemic) (oral tablet immediate release)</i>            |
| <i>naproxen (oral tablet immediate release)</i>                        | <i>niacin (tablet)</i>  |
| <i>naproxen dr (oral tablet delayed release) (generic ec-naprosyn)</i> | <i>niacin er (antihyperlipidemic) (oral tablet extended release)</i>          |
| <i>naproxen sodium (capsule)</i>                                       | <i>niacinamide (tablet er)</i>  |
| <i>naproxen sodium (tablet)</i>  | <i>niacinamide (tablet)</i>   |
| <i>naratriptan hcl (oral tablet)</i>                                   | <i>niacor (oral tablet)</i>   |
| <b>NARCAN (NASAL LIQUID)</b>   | <i>nicardipine hcl (oral capsule)</i>   |
| <b>NATACYN (OPHTHALMIC SUSPENSION)</b>                                 | <i>nicotine (kit)</i>   |
| <i>nateglinide (oral tablet)</i>                                       | <i>nicotine (patch 24 hr)</i>   |
| <b>NATPARA (SUBCUTANEOUS CARTRIDGE)</b>                                | <i>nicotine (patch)</i>   |
| <i>natrul probiotic (capsule)</i>                                      | <i>nicotine polacrilex (gum)</i>  |
| <b>NAYZILAM (NASAL SOLUTION)</b>                                       | <i>nicotine polacrilex (lozenge)</i>  |
| <i>nebivolol hcl (oral tablet)</i>                                     | <b>NICOTROL (INHALATION INHALER)</b>  |
| <i>necon 0.5/35 (28) (oral tablet)</i>                                 | <b>NICOTROL NS (NASAL SOLUTION)</b>   |
| <i>nefazodone hcl (oral tablet)</i>                                    | <i>nifedipine er (oral tablet extended release 24 hour)</i>                   |
| <i>neomycin sulfate (oral tablet)</i>                                  | <i>nifedipine er osmotic release (oral tablet)</i>                            |
| <i>neomycin-bacitracin-polymyxin (5-400-10000 ophthalmic ointment)</i> |   |
| <i>neomycin-bacitracin-polymyxin (ointment)</i>                        |   |

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| <i>extended release 24 hour</i>   | NOXAFIL (ORAL SUSPENSION)  |
| <i>nikki (oral tablet)</i>  | NUBEQA (ORAL TABLET)   |
| <i>nilutamide (oral tablet)</i>   | NUCALA (100MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)              |
| <i>nimodipine (oral capsule)</i>  | NUCALA (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)                           |
| NINLARO (ORAL CAPSULE)  | NUCALA (SUBCUTANEOUS SOLUTION RECONSTITUTED)                           |
| <i>nitazoxanide (oral tablet)</i>   | NUEDEXTA (ORAL CAPSULE)  |
| <i>nitisinone (oral capsule)</i>  | NUPLAZID (ORAL CAPSULE)  |
| <i>nitro-bid (transdermal ointment)</i>   | NUPLAZID (ORAL TABLET)   |
| <i>nitrofurantoin (oral suspension)</i>   | NURTEC ODT (ORAL TABLET DISPERSIBLE)                                   |
| <i>nitrofurantoin macrocrystal (100mg oral capsule, 50mg oral capsule) (generic macrodantin)</i>  | NUTRILIPID (INTRAVENOUS EMULSION)                                      |
| <i>nitrofurantoin monohydrate (generic macrobid)</i>  | <i>nyamyc (external powder)</i>  |
| <i>nitroglycerin (tablet sublingual)</i>  | <i>nylia 1/35 (oral tablet)</i>  |
| <i>nitroglycerin (transdermal patch 24 hour)</i>  | <i>nylia 7/7/7 (oral tablet)</i>                                       |
| <i>nitroglycerin (translingual solution)</i>  | NYMALIZE (ORAL SOLUTION)   |
| NITROSTAT (TABLET SUBLINGUAL)   | <i>nymyo (oral tablet)</i>   |
| <i>nizatidine (oral capsule)</i>  | <i>nystatin (external cream)</i>                                       |
| <i>nonoxynol-9 (gel)</i>  | <i>nystatin (external ointment)</i>                                    |
| <i>nora-be (oral tablet)</i>  | <i>nystatin (external powder)</i>                                      |
| <i>norethindrone (0.35mg oral tablet)</i>   | <i>nystatin (mouth/throat suspension)</i>                              |
| <i>norethindrone acetate (5mg oral tablet)</i>  | <i>nystatin (oral tablet)</i>  |
| <i>norethindrone acetate-ethinyl estradiol (0.5-2.5mg-mcg oral tablet, 1-20mg-mcg oral tablet, 1-5mg-mcg oral tablet)</i>                                     | <i>nystop (external powder)</i>  |
| <i>norethindrone acetate-ethinyl estradiol-fe (0.4-35mg-mcg oral tablet chewable, 0.8-25mg-mcg oral tablet chewable, 1-20mg-mcg(24) oral tablet chewable)</i> | O  |
| <i>norethindrone acetate-ethinyl estradiol-fe (1-20mg-mcg oral tablet)</i>  | OCALIVA (ORAL TABLET)  |
| <i>norgestimate-ethinyl estradiol (oral tablet)</i>   | <i>ocella (oral tablet)</i>  |
| <i>norgestimate-ethinyl estradiol triphasic (oral tablet)</i>   | OCTAGAM (1GM/20ML INTRAVENOUS SOLUTION, 2GM/20ML INTRAVENOUS SOLUTION) |
| <i>nortrel 0.5/35 (28) (oral tablet)</i>  | <i>octreotide acetate (injection solution)</i>                         |
| <i>nortrel 1/35 (21) (oral tablet)</i>  | ODEFSEY (ORAL TABLET)  |
| <i>nortrel 1/35 (28) (oral tablet)</i>  | ODOMZO (ORAL CAPSULE)  |
| <i>nortrel 7/7/7 (oral tablet)</i>  | OFEV (ORAL CAPSULE)  |
| <i>nortriptyline hcl (oral capsule)</i>   | <i>ofloxacin (ophthalmic solution)</i>                                 |
| <i>nortriptyline hcl (oral solution)</i>  | <i>ofloxacin (oral tablet)</i>   |
| NORVIR (ORAL PACKET)  | <i>ofloxacin (otic solution)</i>                                       |
| NORVIR (ORAL SOLUTION)  | <i>olanzapine (10mg intramuscular solution reconstituted)</i>          |
|   | <i>olanzapine (10mg oral tablet, 15mg oral tablet,</i>                 |

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| <i>2.5mg oral tablet, 20mg oral tablet, 5mg oral tablet, 7.5mg oral tablet</i>  | <i>reconstituted</i>   |
| <i>olanzapine odt (10mg oral tablet dispersible, 15mg oral tablet dispersible, 20mg oral tablet dispersible, 5mg oral tablet dispersible)</i>           | OSPHERA (ORAL TABLET)  |
| <i>olmesartan medoxomil (oral tablet)</i>   | OTEZLA (ORAL TABLET THERAPY PACK)  |
| <i>olmesartan medoxomil-hctz (oral tablet)</i>  | OTEZLA (ORAL TABLET)   |
| <i>olmesartan-amlodipine-hctz (oral tablet)</i>   | <i>oxacillin sodium (injection solution reconstituted)</i>   |
| <i>olopatadine hcl (ophthalmic solution)</i>  | <i>oxacillin sodium (intravenous solution reconstituted)</i>   |
| <i>omega-3-acid ethyl esters (oral capsule) (generic lovaza)</i>  | OXACILLIN SODIUM IN DEXTROSE (INTRAVENOUS SOLUTION)  |
| <i>omeprazole (10mg oral capsule delayed release)</i>   | <i>oxandrolone (10mg oral tablet)</i>  |
| <i>omeprazole (20mg oral capsule delayed release, 40mg oral capsule delayed release)</i>  | <i>oxandrolone (2.5mg oral tablet)</i>   |
| <i>ondansetron hcl (4mg oral tablet, 8mg oral tablet)</i>   | <i>oxcarbazepine (150mg oral tablet, 300mg oral tablet, 600mg oral tablet)</i>   |
| <i>ondansetron hcl (oral solution)</i>  | <i>oxcarbazepine (300mg/5ml oral suspension)</i>   |
| <i>ondansetron odt (oral tablet dispersible)</i>  | <i>oxybutynin chloride (oral syrup)</i>  |
| ONUREG (ORAL TABLET)  | <i>oxybutynin chloride (oral tablet immediate release)</i>   |
| OPCON-A (SOLUTION)  | <i>oxybutynin chloride er (oral tablet extended release 24 hour)</i>   |
| OPSUMIT (ORAL TABLET)   | <i>oxycodone hcl (100mg/5ml oral concentrate)</i>  |
| <i>oral electrolyte (solution)</i>  | <i>oxycodone hcl (10mg oral tablet immediate release, 15mg oral tablet immediate release, 20mg oral tablet immediate release, 30mg oral tablet immediate release, 5mg oral tablet immediate release)</i> |
| ORENCIA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)   | <i>oxycodone hcl (5mg/5ml oral solution)</i>   |
| ORENCIA CLICKJECT (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)   | <i>oxycodone-acetaminophen (10-325mg oral tablet, 2.5-325mg oral tablet, 5-325mg oral tablet, 7.5-325mg oral tablet)</i>   |
| ORENITRAM (0.125MG ORAL TABLET EXTENDED RELEASE)  | <i>oyster shell calcium (tablet)</i>   |
| ORENITRAM (0.25MG ORAL TABLET EXTENDED RELEASE, 1MG ORAL TABLET EXTENDED RELEASE, 2.5MG ORAL TABLET EXTENDED RELEASE, 5MG ORAL TABLET EXTENDED RELEASE) | OZEMPIC (0.25MG/DOSE OR 0.5MG/DOSE) (2MG/1.5ML SUBCUTANEOUS SOLUTION PEN-INJECTOR)   |
| ORFADIN (20MG ORAL CAPSULE)   | OZEMPIC (1MG/DOSE) (4MG/3ML SUBCUTANEOUS SOLUTION PEN-INJECTOR)  |
| ORFADIN (ORAL SUSPENSION)   | OZEMPIC (2MG/DOSE) (8MG/3ML SUBCUTANEOUS SOLUTION PEN-INJECTOR)  |
| ORGOVYX (ORAL TABLET)   | <b>P</b>   |
| ORKAMBI (ORAL PACKET)   | <i>peg-3350-electrolytes (oral solution) (generic golytely)</i>  |
| ORKAMBI (ORAL TABLET)   |  |
| <i>oseltamivir phosphate (oral capsule)</i>   |  |
| <i>oseltamivir phosphate (oral suspension)</i>  |  |

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| <i>peg-3350-nacl-na bicarbonate-kcl (oral solution) (generic nulytely)</i>   | <i>penicillin g sodium (injection solution reconstituted)</i>      |
| <i>pacerone (200mg oral tablet)</i>  | <i>penicillin v potassium (oral solution reconstituted)</i>        |
| <i>paliperidone er (oral tablet extended release 24 hour)</i>  | <i>penicillin v potassium (oral tablet)</i>                        |
| PANRETIN (EXTERNAL GEL)  | PENTACEL (INTRAMUSCULAR SUSPENSION RECONSTITUTED)                  |
| <i>pantoprazole sodium (oral tablet delayed release)</i>   | <i>pentamidine isethionate (inhalation solution reconstituted)</i> |
| PANZYGA (INTRAVENOUS SOLUTION)   | <i>pentamidine isethionate (injection solution reconstituted)</i>  |
| <i>paricalcitol (oral capsule)</i>   | PENTASA (250MG ORAL CAPSULE EXTENDED RELEASE)                      |
| <i>paromomycin sulfate (oral capsule)</i>  | <i>pentoxifylline er (oral tablet extended release)</i>            |
| <i>paroxetine hcl (10mg oral tablet immediate release, 20mg oral tablet immediate release, 30mg oral tablet immediate release, 40mg oral tablet immediate release)</i> | PERFOROMIST (INHALATION NEBULIZATION SOLUTION)                     |
| <i>paroxetine hcl (10mg/5ml oral suspension)</i>   | <i>perindopril erbumine (oral tablet)</i>                          |
| <i>paser (oral packet)</i>   | <i>periogard (mouth solution)</i>                                  |
| <i>ped multiple vitamins w/ fluoride (tablet chewable)</i>   | <i>permethrin (external cream)</i>                                 |
| <i>ped multiple vitamins w/ fluoride (tablet)</i>  | <i>perphenazine (oral tablet)</i>                                  |
| <i>ped multiple vitamins w/ iron (tablet chewable)</i>   | PERSERIS (SUBCUTANEOUS PREFILLED SYRINGE)                          |
| <i>ped multiple vitamins w/ iron (tablet)</i>  | <i>phenelzine sulfate (oral tablet)</i>                            |
| <i>ped multiple vitamins w/ minerals (tablet chewable)</i>   | <i>phenobarbital (oral elixir)</i>                                 |
| <i>ped multiple vitamins w/ minerals (tablet)</i>  | <i>phenobarbital (oral tablet)</i>                                 |
| PEDIARIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)  | <i>phenoxybenzamine hcl (oral capsule)</i>                         |
| <i>pediatric multiple vitamins (tablet chewable)</i>   | <i>phenytek (oral capsule)</i>                                     |
| <i>pediatric multiple vitamins (tablet)</i>  | <i>phenytoin (125mg/5ml oral suspension)</i>                       |
| <i>pediatric vitamins (tablet chewable)</i>  | <i>phenytoin (oral tablet chewable)</i>                            |
| <i>pediatric vitamins (tablet)</i>   | <i>phenytoin sodium extended (oral capsule)</i>                    |
| PEDVAX HIB (INTRAMUSCULAR SUSPENSION)  | PHOSLYRA (ORAL SOLUTION)   |
| PEGASYS (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)  | PIFELTRO (ORAL TABLET)   |
| PEGASYS (SUBCUTANEOUS SOLUTION)  | <i>pilocarpine hcl (ophthalmic solution)</i>                       |
| PEMAZYRE (ORAL TABLET)   | <i>pilocarpine hcl (oral tablet)</i>                               |
| <i>penicillamine (250mg oral capsule)</i>  | <i>pimecrolimus (external cream)</i>                               |
| <i>penicillamine (250mg oral tablet)</i>   | <i>pimozide (oral tablet)</i>                                      |
| <i>penicillin g potassium (20000000unit injection solution reconstituted)</i>  | <i>pimtreea (oral tablet)</i>                                      |
| <i>penicillin g procaine (intramuscular suspension)</i>  | <i>pindolol (oral tablet)</i>                                      |
|  | <i>pioglitazone hcl (oral tablet)</i>                              |
|  | <i>pioglitazone hcl-glimepiride (oral tablet)</i>                  |
|  | <i>pioglitazone hcl-metformin hcl (oral tablet)</i>                |

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| <i>piperacillin-tazobactam (intravenous solution reconstituted)</i>  | (INTRAVENOUS SOLUTION)   |
| PIQRAY (200MG DAILY DOSE) (ORAL TABLET THERAPY PACK)   | <i>potassium chloride in nacl (20-0.45meq/l-% intravenous solution)</i>  |
| PIQRAY (250MG DAILY DOSE) (ORAL TABLET THERAPY PACK)   | POTASSIUM CHLORIDE IN NAACL (20-0.9MEQ/L-% INTRAVENOUS SOLUTION, 40-0.9MEQ/L-% INTRAVENOUS SOLUTION)   |
| PIQRAY (300MG DAILY DOSE) (ORAL TABLET THERAPY PACK)   | <i>potassium citrate er (oral tablet extended release)</i>   |
| <i>pirfenidone (oral tablet)</i>   | <i>povidone-iodine (solution)</i>  |
| <i>pirmella 1/35 (oral tablet)</i>   | <i>povidone-iodine (swab)</i>  |
| <i>piroxicam (oral capsule)</i>  | PRALUENT (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)   |
| PLASMA-LYTE 148 (INTRAVENOUS SOLUTION)   | <i>pramipexole dihydrochloride (oral tablet immediate release)</i>   |
| PLASMA-LYTE A (INTRAVENOUS SOLUTION)   | <i>prasugrel hcl (oral tablet)</i>   |
| <i>plenamine (intravenous solution)</i>  | <i>pravastatin sodium (oral tablet)</i>  |
| <i>podofilox (external solution)</i>   | <i>praziquantel (oral tablet)</i>  |
| <i>polyethylene glycol (packet)</i>  | <i>prazosin hcl (oral capsule)</i>   |
| <i>polyethylene glycol (powder)</i>  | PREHEVBRIO (INTRAMUSCULAR SUSPENSION)  |
| <i>polymyxin b sulfate (injection solution reconstituted)</i>  | PRED MILD (OPHTHALMIC SUSPENSION)  |
| <i>polymyxin b-trimethoprim (ophthalmic solution)</i>  | PRED-G (OPHTHALMIC SUSPENSION)   |
| POMALYST (ORAL CAPSULE)  | PRED-G S.O.P. (OPHTHALMIC OINTMENT)  |
| <i>portia-28 (oral tablet)</i>   | <i>prednicarbate (external ointment)</i>   |
| <i>posaconazole (oral tablet delayed release)</i>  | <i>prednisolone (oral solution)</i>  |
| <i>potassium &amp; sodium phosphates (packet)</i>  | <i>prednisolone acetate (ophthalmic suspension)</i>  |
| <i>potassium (tablet)</i>  | <i>prednisolone sodium phosphate (1% ophthalmic solution)</i>  |
| <i>potassium chloride (10meq/100ml intravenous solution, 20meq/100ml intravenous solution, 2meq/ml (30ml) intravenous solution, 2meq/ml (20ml) intravenous solution, 40meq/100ml intravenous solution)</i> | <i>prednisolone sodium phosphate (25mg/5ml oral solution, 6.7mg/5ml oral solution)</i>   |
| <i>potassium chloride (20meq/15ml(10%) oral solution, 40meq/15ml(20%) oral solution)</i>   | <i>prednisone (10mg (21) oral tablet therapy pack, 10mg (48) oral tablet therapy pack, 5mg (21) oral tablet therapy pack, 5mg (48) oral tablet therapy pack)</i> |
| <i>potassium chloride (oral packet)</i>  | <i>prednisone (10mg oral tablet, 1mg oral tablet, 2.5mg oral tablet, 20mg oral tablet, 50mg oral tablet, 5mg oral tablet)</i>                                    |
| <i>potassium chloride cr (oral tablet extended release)</i>  | <i>prednisone (5mg/5ml oral solution)</i>  |
| <i>potassium chloride er (oral capsule extended release)</i>   | <i>prednisone intensol (oral concentrate)</i>  |
| <i>potassium chloride er (oral tablet extended release)</i>  | <i>pregabalin (oral capsule)</i>   |
| POTASSIUM CHLORIDE IN DEXTROSE   |  |

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| <i>pregabalin (oral solution)</i>                                   | <i>probiotic chocolate bears childrens (tablet chewable)</i>  |
| PREMARIN (ORAL TABLET)  | <i>probiotic colic drops (liquid)</i>   |
| PREMARIN (VAGINAL CREAM)  | <i>probiotic colon support (capsule)</i>  |
| <i>premasol (intravenous solution)</i>                              | <i>probiotic complex/acidophilus (capsule)</i>  |
| PREMPHASE (ORAL TABLET)   | <i>probiotic daily (capsule)</i>  |
| PREMPRO (ORAL TABLET)   | <i>probiotic gold extra strength (capsule)</i>  |
| <i>prenatal (27-1mg oral tablet)</i>                                | <i>probiotic gummies (tablet chewable)</i>  |
| <i>prenatal vitamins (capsule)</i>                                  | <i>probiotic mature adult (capsule)</i>   |
| <i>prenatal vitamins (tablet)</i>                                   | <i>probiotic multi-enzyme (tablet)</i>  |
| <i>preorbotic (capsule)</i>   | <i>probiotic packets childrens (packet)</i>   |
| <i>prevalite (oral packet)</i>                                      | <i>probiotic+turmeric extract (capsule)</i>   |
| PREVYMIS (ORAL TABLET)  | <i>probiotic/prebiotic/cranberry (capsule)</i>  |
| PREZCOBIX (ORAL TABLET)   | PROCALAMINE (3% INTRAVENOUS SOLUTION)   |
| PREZISTA (150MG ORAL TABLET, 600MG ORAL TABLET, 800MG ORAL TABLET)  | <i>prochlorperazine (rectal suppository)</i>  |
| PREZISTA (75MG ORAL TABLET)   | <i>prochlorperazine maleate (oral tablet)</i>   |
| PREZISTA (ORAL SUSPENSION)  | PROCRIT (10000UNIT/ML INJECTION SOLUTION, 2000UNIT/ML INJECTION SOLUTION, 3000UNIT/ML INJECTION SOLUTION, 4000UNIT/ML INJECTION SOLUTION) |
| PRIFTIN (ORAL TABLET)   | PROCRIT (20000UNIT/ML INJECTION SOLUTION, 40000UNIT/ML INJECTION SOLUTION)  |
| <i>primadophilus (capsule)</i>                                      | <i>procto-med hc (external cream)</i>   |
| <i>primaquine phosphate (oral tablet)</i>                           | <i>procto-pak (external cream)</i>  |
| <i>primidone (oral tablet)</i>                                      | <i>proctosol hc (external cream)</i>  |
| PRIVIGEN (20GM/200ML INTRAVENOUS SOLUTION)                          | <i>proctozone-hc (external cream)</i>   |
| PROAIR HFA (INHALATION AEROSOL SOLUTION)                            | PROCYSBI (ORAL PACKET)  |
| PROAIR RESPICLICK (INHALATION AEROSOL POWDER BREATH ACTIVATED)      | <i>progesterone (oral capsule)</i>  |
| PROQUAD (SUBCUTANEOUS SUSPENSION RECONSTITUTED)                     | PROGRAF (ORAL PACKET)   |
| <i>probenecid (oral tablet)</i>                                     | PROLASTIN-C (INTRAVENOUS SOLUTION RECONSTITUTED)  |
| <i>probenecid-colchicine (oral tablet)</i>                          | PROLENSA (OPHTHALMIC SOLUTION)  |
| <i>probiomax daily df (capsule)</i>                                 | PROLIA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)  |
| <i>probiotic &amp; acidophilus formula extra strength (capsule)</i> | PROMACTA (ORAL PACKET)  |
| <i>probiotic (capsule)</i>  | PROMACTA (ORAL TABLET)  |
| <i>probiotic + omega-3 (capsule)</i>                                | <i>promethazine hcl (oral syrup)</i>  |
| <i>probiotic acidophilus (capsule)</i>                              | <i>promethazine hcl (oral tablet)</i>   |
| <i>probiotic acidophilus beads (capsule)</i>                        |   |
| <i>probiotic blend (capsule)</i>                                    |   |
| <i>probiotic chewable childrens (tablet chewable)</i>               |   |

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| <i>promethazine hcl (rectal suppository)</i>                       | <i>release)</i>  |
| <i>promethegan (25mg rectal suppository)</i>                       | <i>quetiapine fumarate er (oral tablet extended release 24 hour)</i> |
| <i>propafenone hcl (oral tablet)</i>                               | <i>quinapril hcl (oral tablet)</i>                                   |
| <i>propafenone hcl er (oral capsule extended release 12 hour)</i>  | <i>quinapril-hydrochlorothiazide (oral tablet)</i>                   |
| <i>propranolol hcl (oral solution)</i>                             | <i>quinidine gluconate er (oral tablet extended release)</i>         |
| <i>propranolol hcl (oral tablet)</i>                               | <i>quinidine sulfate (oral tablet)</i>                               |
| <i>propranolol hcl er (oral capsule extended release 24 hour)</i>  | <i>quinine sulfate (oral capsule)</i>                                |
| <i>propylthiouracil (oral tablet)</i>                              | <b>R</b>   |
| PROSOL (INTRAVENOUS SOLUTION)                                      | RAVICTI (ORAL LIQUID)  |
| <i>protriptyline hcl (oral tablet)</i>                             | <i>ra anticavity fluoride rinse (solution)</i>                       |
| <i>pseudoephedrine hcl (capsule)</i>                               | <i>ra digestive health (capsule)</i>                                 |
| <i>pseudoephedrine hcl (tablet er 12hr)</i>                        | <i>ra eye allergy relief (solution)</i>                              |
| <i>pseudoephedrine hcl (tablet)</i>                                | <i>ra probiotic colon care (capsule)</i>                             |
| <i>psyllium (capsule)</i>  | <i>ra probiotic complex (capsule)</i>                                |
| <i>psyllium (packet)</i>   | <i>ra probiotic digestive support (capsule)</i>                      |
| <i>psyllium (powder)</i>   | <i>ra probiotic gummies (tablet chewable)</i>                        |
| <i>psyllium w/ calcium (capsule)</i>                               | <i>ra probiotic maximum strength (capsule)</i>                       |
| PULMOZYME (INHALATION SOLUTION)                                    | RABAVERT (INTRAMUSCULAR SUSPENSION RECONSTITUTED)                    |
| PURIXAN (ORAL SUSPENSION)  | <i>rabeprazole sodium (oral tablet delayed release)</i>              |
| <i>pyrantel pamoate (suspension)</i>                               | <i>raloxifene hcl (oral tablet)</i>                                  |
| <i>pyrazinamide (oral tablet)</i>                                  | <i>ramelteon (oral tablet)</i>                                       |
| <i>pyrethrins-piperonyl butoxide (shampoo)</i>                     | <i>ramipril (oral capsule)</i>                                       |
| <i>pyridostigmine bromide (60mg oral tablet immediate release)</i> | <i>ranolazine er (oral tablet extended release 12 hour)</i>          |
| <i>pyridostigmine bromide (oral solution)</i>                      | <i>rasagiline mesylate (oral tablet)</i>                             |
| <i>pyridostigmine bromide er (oral tablet extended release)</i>    | RASUVO (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)                         |
| <i>pyridoxine hcl (tablet er)</i>                                  | RAYALDEE (ORAL CAPSULE EXTENDED RELEASE)                             |
| <i>pyridoxine hcl (tablet)</i>                                     | REBIF (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)                      |
| <i>pyrimethamine (oral tablet)</i>                                 | REBIF REBIDOSE (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)                 |
| <b>Q</b>   | REBIF REBIDOSE TITRATION PACK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)  |
| QINLOCK (ORAL TABLET)  |  |
| <i>quad-probiotic (capsule)</i>                                    |  |
| QUADRACEL (INTRAMUSCULAR SUSPENSION)                               |  |
| <i>quetiapine fumarate (oral tablet immediate</i>                  |  |

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| REBIF TITRATION PACK (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)<br><i>reclipsen (oral tablet)</i> | RISPERDAL CONSTA (12.5MG INTRAMUSCULAR SUSPENSION RECONSTITUTED ER, 25MG INTRAMUSCULAR SUSPENSION RECONSTITUTED ER)  |
| RECOMBIVAX HB (INJECTION SUSPENSION)   | RISPERDAL CONSTA (37.5MG INTRAMUSCULAR SUSPENSION RECONSTITUTED ER, 50MG INTRAMUSCULAR SUSPENSION RECONSTITUTED ER)  |
| RECTIV (RECTAL OINTMENT)   | <i>risperidone (0.25mg oral tablet, 0.5mg oral tablet, 1mg oral tablet, 2mg oral tablet, 3mg oral tablet, 4mg oral tablet)</i>   |
| REGRANEX (EXTERNAL GEL)  | <i>risperidone (1mg/ml oral solution)</i>  |
| RELENZA DISKHALER (INHALATION AEROSOL POWDER BREATH ACTIVATED)                                   | <i>risperidone odt (0.25mg oral tablet dispersible, 0.5mg oral tablet dispersible, 1mg oral tablet dispersible, 2mg oral tablet dispersible, 3mg oral tablet dispersible, 4mg oral tablet dispersible)</i> |
| RELISTOR (ORAL TABLET)   | <i>ritonavir (oral tablet)</i>   |
| RELISTOR (SUBCUTANEOUS SOLUTION)<br><i>repaglinide (oral tablet)</i>                             | <i>rivastigmine (transdermal patch 24 hour)</i>  |
| REPATHA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)  | <i>rivastigmine tartrate (oral capsule)</i>  |
| REPATHA PUSHTRONEX SYSTEM (SUBCUTANEOUS SOLUTION CARTRIDGE)                                      | <i>rivelsa (oral tablet)</i>   |
| REPATHA SURECLICK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)  | <i>rizatriptan benzoate (oral tablet)</i>  |
| RESTASIS MULTIDOSE (OPHTHALMIC EMULSION)   | <i>rizatriptan benzoate odt (oral tablet dispersible)</i>  |
| RESTASIS SINGLE-USE VIALS (OPHTHALMIC EMULSION)  | ROCKLATAN (OPHTHALMIC SOLUTION)  |
| RETACRIT (INJECTION SOLUTION)  | <i>ropinirole hcl (oral tablet immediate release)</i>  |
| RETEVMO (ORAL CAPSULE)   | <i>rosuvastatin calcium (oral tablet)</i>  |
| REVCОВI (INTRAMUSCULAR SOLUTION)   | ROTATEQ (ORAL SOLUTION)  |
| REVLIMID (ORAL CAPSULE)  | ROTARIX (ORAL SUSPENSION RECONSTITUTED)  |
| REXULTI (ORAL TABLET)  | <i>roweepra (oral tablet immediate release)</i>  |
| REYATAZ (ORAL PACKET)  | ROZLYTREK (ORAL CAPSULE)   |
| RHOPRESSA (OPHTHALMIC SOLUTION)<br><i>ribavirin (oral tablet)</i>                                | RUBRACA (ORAL TABLET)  |
| RIDAURA (ORAL CAPSULE)<br><i>rifabutin (oral capsule)</i>  | RUCONEST (INTRAVENOUS SOLUTION RECONSTITUTED)  |
| <i>rifampin (150mg oral capsule, 300mg oral capsule)</i>   | <i>rufinamide (200mg oral tablet)</i>  |
| <i>rifampin (600mg intravenous solution reconstituted)</i>                                       | <i>rufinamide (400mg oral tablet)</i>  |
| <i>riluzole (oral tablet)</i>  | <i>rufinamide (oral suspension)</i>  |
| <i>rimantadine hcl (oral tablet)</i>   | RUKOBIA (ORAL TABLET EXTENDED RELEASE 12 HOUR)   |
| RINVOQ (ORAL TABLET EXTENDED RELEASE 24 HOUR)  | RYBELSUS (ORAL TABLET)   |
| <i>risedronate sodium (oral tablet immediate release)</i>  | RYDAPT (ORAL CAPSULE)  |



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| RYTARY (ORAL CAPSULE EXTENDED RELEASE)                       | <i>sevelamer carbonate (oral tablet) (generic renvela)</i>                  |
| <b>S</b>   | <i>sharobel (oral tablet)</i>   |
| <i>sps (oral suspension)</i>                                 | SHINGRIX (INTRAMUSCULAR SUSPENSION RECONSTITUTED)                           |
| SSD (EXTERNAL CREAM)   | SIGNIFOR (SUBCUTANEOUS SOLUTION)  |
| <i>saccharomyces boulardii (capsule)</i>                     | <i>sildenafil citrate (20mg oral tablet) (generic revatio)</i>              |
| <i>sajazir (subcutaneous solution)</i>                       | <i>silodosin (oral capsule)</i>   |
| SANCUSO (TRANSDERMAL PATCH)                                  | <i>silver sulfadiazine (external cream)</i>                                 |
| SANDIMMUNE (ORAL SOLUTION)                                   | SIMBRINZA (OPHTHALMIC SUSPENSION)   |
| SANTYL (EXTERNAL OINTMENT)                                   | <i>simethicone (capsule)</i>  |
| <i>sapropterin dihydrochloride (oral packet)</i>             | <i>simethicone (suspension)</i>   |
| <i>sapropterin dihydrochloride (oral tablet)</i>             | <i>simethicone (tablet chewable)</i>  |
| SAVELLA (ORAL TABLET)  | SIMPONI (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)                               |
| SAVELLA TITRATION PACK (ORAL TABLET)                         | SIMPONI (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)                           |
| SCSEMBLIX (ORAL TABLET)                                      | <i>simvastatin (oral tablet)</i>  |
| <i>scopolamine (transdermal patch 72 hour)</i>               | <i>sirolimus (oral solution)</i>  |
| <i>sd probiotic-10 complex ultra (capsule)</i>               | <i>sirolimus (oral tablet)</i>  |
| SECUADO (TRANSDERMAL PATCH 24 HOUR)                          | SIRTIURO (ORAL TABLET)  |
| <i>selegiline hcl (oral capsule)</i>                         | SKYRIZI (150MG DOSE) (SUBCUTANEOUS PREFILLED SYRINGE KIT)                   |
| <i>selegiline hcl (oral tablet)</i>                          | SKYRIZI (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)                           |
| <i>selenium sulfide (external lotion)</i>                    | SKYRIZI PEN (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)                           |
| <i>selenium sulfide (lotion)</i>                             | <i>sm 4x probiotic (tablet)</i>   |
| SELZENTRY (25MG ORAL TABLET)                                 | <i>sm acidophilus (capsule)</i>   |
| SELZENTRY (75MG ORAL TABLET)                                 | <i>sm acidophilus pearls (capsule)</i>                                      |
| SELZENTRY (ORAL SOLUTION)                                    | <i>sm anticavity fluoride rinse (solution)</i>                              |
| <i>sennosides (capsule)</i>                                  | <i>sm probiotic (capsule)</i>   |
| <i>sennosides (liquid)</i>                                   | <i>sodium bicarbonate (powder)</i>  |
| <i>sennosides (syrup)</i>                                    | <i>sodium bicarbonate (tablet)</i>  |
| <i>sennosides (tablet chewable)</i>                          | <i>sodium chloride (0.45% intravenous solution)</i>                         |
| <i>sennosides (tablet)</i>                                   | <i>sodium chloride (0.9% intravenous solution, 3% intravenous solution)</i> |
| SEREVENT DISKUS (INHALATION AEROSOL POWDER BREATH ACTIVATED) | SODIUM CHLORIDE (5% INTRAVENOUS   |
| SEROSTIM (SUBCUTANEOUS SOLUTION RECONSTITUTED)               |   |
| <i>sertraline hcl (oral concentrate)</i>                     |   |
| <i>sertraline hcl (oral tablet)</i>                          |   |
| <i>setlakin (oral tablet)</i>                                |   |
| <i>sevelamer carbonate (oral packet)</i>                     |   |

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| SOLUTION)   | STIVARGA (ORAL TABLET)  |
| <i>sodium chloride (aerosol solution)</i>         | <i>streptomycin sulfate (intramuscular solution reconstituted)</i>  |
| SODIUM CHLORIDE (IRRIGATION SOLUTION)             | STRIBILD (ORAL TABLET)  |
| <i>sodium chloride (tablet)</i>                   | SUBOXONE (SUBLINGUAL FILM)  |
| <i>sodium fluoride (oral tablet)</i>              | SUCRAID (ORAL SOLUTION)   |
| <i>sodium phenylbutyrate (oral powder)</i>        | <i>sucralfate (oral suspension)</i>   |
| <i>sodium phenylbutyrate (oral tablet)</i>        | <i>sucralfate (oral tablet)</i>   |
| <i>sodium phosphates (enema)</i>                  | <i>sulfacetamide sodium (ophthalmic ointment)</i>   |
| <i>sodium polystyrene sulfonate (oral powder)</i> | <i>sulfacetamide sodium (ophthalmic solution)</i>   |
| <i>sofosbuvir-velpatasvir (oral tablet)</i>       | <i>sulfacetamide-prednisolone (ophthalmic solution)</i>   |
| <i>solifenacin succinate (oral tablet)</i>        | <i>sulfadiazine (oral tablet)</i>   |
| SOLQUA (SUBCUTANEOUS SOLUTION PEN-INJECTOR)       | <i>sulfamethoxazole-trimethoprim (oral suspension)</i>  |
| SOLTAMOX (ORAL SOLUTION)                          | <i>sulfamethoxazole-trimethoprim (oral tablet)</i>  |
| <i>soluble fiber/probiotics (tablet chewable)</i> | SULFAMYLON (EXTERNAL CREAM)   |
| SOMAVERT (SUBCUTANEOUS SOLUTION RECONSTITUTED)    | <i>sulfasalazine (oral tablet delayed release)</i>  |
| <i>sorafenib tosylate (oral tablet)</i>           | <i>sulfasalazine (oral tablet immediate release)</i>  |
| <i>sorine (oral tablet)</i>                       | <i>sulindac (oral tablet)</i>   |
| <i>sotalol hcl (oral tablet)</i>                  | <i>sumatriptan (nasal solution)</i>   |
| <i>sotalol hcl af (oral tablet)</i>               | <i>sumatriptan succinate (100mg oral tablet, 25mg oral tablet, 50mg oral tablet)</i>  |
| SOVALDI (400MG ORAL TABLET)                       | <i>sumatriptan succinate (4mg/0.5ml subcutaneous solution auto-injector, 6mg/0.5ml subcutaneous solution auto-injector)</i> |
| SOVALDI (ORAL PACKET)                             | <i>sumatriptan succinate (6mg/0.5ml subcutaneous solution)</i>  |
| <b>SPACER/AEROSOL-HOLDING CHAMBERS (DEVICE)</b>   | <i>sunitinib malate (oral capsule)</i>  |
| SPIRIVA HANDIHALER (INHALATION CAPSULE)           | <i>super probiotic (capsule)</i>  |
| SPIRIVA RESPIMAT (INHALATION AEROSOL SOLUTION)    | <i>super probiotic digestive support (capsule)</i>  |
| <i>spironolactone (oral tablet)</i>               | SUPRAX (500MG/5ML ORAL SUSPENSION RECONSTITUTED)  |
| <i>spironolactone-hctz (oral tablet)</i>          | <i>suprax (oral tablet chewable)</i>  |
| <i>sprintec 28 (oral tablet)</i>                  | SUPREP BOWEL PREP KIT (ORAL SOLUTION)   |
| SPRITAM ODT (ORAL TABLET DISINTEGRATING SOLUBLE)  | <i>syeda (oral tablet)</i>  |
| SPRYCEL (ORAL TABLET)                             | SYMBICORT (INHALATION AEROSOL)  |
| <i>sronyx (oral tablet)</i>                       | SYMLINPEN 120 (SUBCUTANEOUS SOLUTION PEN-INJECTOR)  |
| STELARA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | SYMLINPEN 60 (SUBCUTANEOUS SOLUTION PEN-INJECTOR)   |
| STELARA (SUBCUTANEOUS SOLUTION)                   | SYMPAZAN (ORAL FILM)  |
| STIOLTO RESPIMAT (INHALATION AEROSOL SOLUTION)    |   |

|   |   |
|---|---|
| SYMTUZA (ORAL TABLET)   | <i>telmisartan-amlodipine (oral tablet)</i>   |
| SYNAREL (NASAL SOLUTION)  | <i>telmisartan-hctz (oral tablet)</i>   |
| SYNJARDY (ORAL TABLET IMMEDIATE RELEASE)  | <i>temazepam (15mg oral capsule, 30mg oral capsule)</i>   |
| SYNJARDY XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)  | TENIVAC (INTRAMUSCULAR INJECTABLE)  |
| SYNRIBO (SUBCUTANEOUS SOLUTION RECONSTITUTED)   | <i>tenofovir disoproxil fumarate (oral tablet)</i>  |
| SYNTHROID (ORAL TABLET)   | TEPMETKO (ORAL TABLET)  |
| <b>T</b>  | <i>terazosin hcl (oral capsule)</i>   |
| TDVAX (INTRAMUSCULAR SUSPENSION)  | <i>terbinafine hcl (oral tablet)</i>  |
| TOBI PODHALER (INHALATION CAPSULE)  | <i>terconazole (vaginal cream)</i>  |
| TPN ELECTROLYTES (INTRAVENOUS CONCENTRATE)  | <i>terconazole (vaginal suppository)</i>  |
| TABLOID (ORAL TABLET)   | TERIPARATIDE (RECOMBINANT)<br>(SUBCUTANEOUS SOLUTION PEN-INJECTOR)  |
| TABRECTA (ORAL TABLET)  | <i>testosterone (20.25mg/1.25gm 1.62% transdermal gel, 40.5mg/2.5gm 1.62% transdermal gel), testosterone pump (1.62% transdermal gel)</i> |
| <i>tacrolimus (external ointment)</i>   | <i>testosterone (25mg/2.5gm 1% transdermal gel, 50mg/5gm 1% transdermal gel), testosterone pump (1% transdermal gel)</i>                  |
| <i>tacrolimus (oral capsule)</i>  | <i>testosterone cypionate (intramuscular solution)</i>  |
| <i>tadalafil (pah) (20mg oral tablet) (generic adcirca)</i>                                     | <i>testosterone enanthate (intramuscular solution)</i>  |
| TAFINLAR (ORAL CAPSULE)   | <i>tetrabenazine (12.5mg oral tablet)</i>   |
| TAGRISSE (ORAL TABLET)  | <i>tetrabenazine (25mg oral tablet)</i>   |
| TALZENNA (ORAL CAPSULE)   | <i>tetracycline hcl (oral capsule)</i>  |
| <i>tamoxifen citrate (oral tablet)</i>  | <i>tgt eye allergy relief (solution)</i>  |
| <i>tamsulosin hcl (oral capsule)</i>  | THALOMID (ORAL CAPSULE)   |
| <i>tarina 24 fe (oral tablet)</i>   | <i>theophylline (oral solution)</i>   |
| <i>tarina fe 1/20 eq (oral tablet)</i>  | <i>theophylline er (oral tablet extended release 12 hour)</i>   |
| TASIGNA (ORAL CAPSULE)  | <i>theophylline er (oral tablet extended release 24 hour)</i>   |
| <i>tazarotene (external cream)</i>  | <i>thioridazine hcl (oral tablet)</i>   |
| <i>tazicef (2gm intravenous solution reconstituted, 6gm intravenous solution reconstituted)</i> | <i>thiothixene (oral capsule)</i>   |
| <i>tazicef (injection solution reconstituted)</i>   | <i>tiadylt er (oral capsule extended release 24 hour)</i>   |
| <i>taztia xt (oral capsule extended release 24 hour)</i>  | <i>tiagabine hcl (oral tablet)</i>  |
| TAZVERIK (ORAL TABLET)  | TIBSOVO (ORAL TABLET)   |
| TEFLARO (INTRAVENOUS SOLUTION RECONSTITUTED)  | TICOVAC (2.4MCG/0.5ML INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)   |
| TEGSEDI (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)   |   |
| <i>telmisartan (oral tablet)</i>  |   |

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|   |   |
|---|---|
| <i>tigecycline (intravenous solution reconstituted)</i>                                   | <i>release)</i>   |
| <i>tilia fe (oral tablet)</i>   | <i>tramadol hcl er (biphasic) (oral tablet extended release 24 hour)</i>                        |
| <i>timolol maleate (ophthalmic solution) (generic timoptic)</i>                           | <i>tramadol hcl er (oral tablet extended release 24 hour)</i>                                   |
| <i>timolol maleate (oral tablet)</i>  | <i>tramadol-acetaminophen (oral tablet)</i>   |
| <i>timolol maleate ophthalmic gel forming (ophthalmic solution) (generic timoptic-xe)</i> | <i>trandolapril (oral tablet)</i>   |
| <i>tinidazole (oral tablet)</i>   | <i>trandolapril-verapamil hcl er (oral tablet extended release)</i>                             |
| TIVICAY (10MG ORAL TABLET, 25MG ORAL TABLET)  | <i>tranexamic acid (oral tablet)</i>  |
| TIVICAY (50MG ORAL TABLET)  | <i>tranylcypramine sulfate (oral tablet)</i>  |
| TIVICAY PD (ORAL TABLET SOLUBLE)  | TRAVASOL (INTRAVENOUS SOLUTION)   |
| <i>tizanidine hcl (oral tablet)</i>   | <i>travoprost (bak free) (ophthalmic solution)</i>  |
| TOBRADEX (OPHTHALMIC OINTMENT)  | <i>trazodone hcl (100mg oral tablet, 150mg oral tablet, 50mg oral tablet)</i>                   |
| TOBRADEX ST (OPHTHALMIC SUSPENSION)   | <i>trazodone hcl (300mg oral tablet)</i>  |
| <i>tobramycin (inhalation nebulization solution)</i>                                      | TRECTOR (ORAL TABLET)   |
| <i>tobramycin (ophthalmic solution)</i>   | TRELEGY ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)                                    |
| <i>tobramycin sulfate (10mg/ml injection solution, 80mg/2ml injection solution)</i>       | TRELSTAR MIXJECT (INTRAMUSCULAR SUSPENSION RECONSTITUTED)                                       |
| <i>tobramycin-dexamethasone (ophthalmic suspension)</i>                                   | TRESIBA (SUBCUTANEOUS SOLUTION)   |
| TOBEX (OPHTHALMIC OINTMENT)   | TRESIBA FLEXTOUCH (SUBCUTANEOUS SOLUTION PEN-INJECTOR)  |
| <i>tolcapone (oral tablet)</i>  | <i>tretinoin (0.01% external gel, 0.025% external gel)</i>                                      |
| <i>tolnaftate (aerosol powder)</i>  | <i>tretinoin (external cream)</i>   |
| <i>tolnaftate (cream)</i>   | <i>tretinoin (oral capsule)</i>   |
| <i>tolnaftate (solution)</i>  | <i>tretinoin microsphere (external gel)</i>   |
| <i>tolterodine tartrate (oral tablet)</i>   | <i>trexall (oral tablet)</i>  |
| <i>tolterodine tartrate er (oral capsule extended release 24 hour)</i>                    | <i>tri-estarylla (oral tablet)</i>  |
| <i>topiramate (oral capsule sprinkle immediate release)</i>                               | <i>tri-legest fe (oral tablet)</i>  |
| <i>topiramate (oral tablet)</i>   | <i>tri-lo-estarylla (oral tablet)</i>   |
| <i>toremifene citrate (oral tablet)</i>   | <i>tri-lo-sprintec (oral tablet)</i>  |
| <i>torseamide (oral tablet)</i>   | <i>tri-mili (oral tablet)</i>   |
| TOUJEO MAX SOLOSTAR (SUBCUTANEOUS SOLUTION PEN-INJECTOR)                                  | <i>tri-nymyo (oral tablet)</i>  |
| TOUJEO SOLOSTAR (SUBCUTANEOUS SOLUTION PEN-INJECTOR)                                      | <i>tri-sprintec (oral tablet)</i>   |
| TRACLEER (ORAL TABLET SOLUBLE)  | <i>tri-vylibra (oral tablet)</i>  |
| TRADJENTA (ORAL TABLET)   | <i>tri-vylibra lo (oral tablet)</i>   |
| <i>tramadol hcl (50mg oral tablet immediate</i>   | <i>triamcinolone acetonide (0.025% external ointment, 0.1% external ointment, 0.5% external</i> |

|  |   |
|--|---|
| <i>ointment</i>  | TUKYSA (ORAL TABLET)  |
| <i>triamcinolone acetonide (aerosol)</i>                 | TURALIO (ORAL CAPSULE)  |
| <i>triamcinolone acetonide (dental paste)</i>            | TWINRIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)  |
| <i>triamcinolone acetonide (external cream)</i>          | TYBOST (ORAL TABLET)  |
| <i>triamcinolone acetonide (external lotion)</i>         | TYMLOS (SUBCUTANEOUS SOLUTION PEN-INJECTOR)   |
| <i>triamterene (oral capsule)</i>                        | TYPHIM VI (INTRAMUSCULAR SOLUTION PREFILLED SYRINGE)  |
| <i>triamterene-hctz (oral capsule)</i>                   | TYPHIM VI (INTRAMUSCULAR SOLUTION)  |
| <i>triamterene-hctz (oral tablet)</i>                    | <b>U</b>  |
| <i>triderm (external cream)</i>                          | <i>ultimate probiotic formula (capsule)</i>   |
| <i>trientine hcl (oral capsule)</i>                      | UNITHROID (ORAL TABLET)   |
| <i>trifluoperazine hcl (oral tablet)</i>                 | <i>ursodiol (300mg oral capsule)</i>  |
| <i>trifluridine (ophthalmic solution)</i>                | <i>ursodiol (oral tablet)</i>   |
| <i>trihexyphenidyl hcl (oral solution)</i>               | <b>V</b>  |
| <i>trihexyphenidyl hcl (oral tablet)</i>                 | VAQTA (INTRAMUSCULAR SUSPENSION)  |
| TRIJARDY XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)       | <i>valacyclovir hcl (oral tablet)</i>   |
| <i>trimethoprim (oral tablet)</i>                        | VALCHLOR (EXTERNAL GEL)   |
| <i>trimipramine maleate (oral capsule)</i>               | <i>valganciclovir hcl (450mg oral tablet)</i>   |
| TRINTELLIX (ORAL TABLET)                                 | <i>valganciclovir hcl (50mg/ml oral solution reconstituted)</i>   |
| <i>triple probiotic (tablet)</i>                         | <i>valproic acid (oral capsule)</i>   |
| TRIUMEQ (ORAL TABLET)                                    | <i>valproic acid (oral solution)</i>  |
| TRIUMEQ PD (ORAL TABLET SOLUBLE)                         | <i>valsartan (oral tablet)</i>  |
| <i>trivora (28) (oral tablet)</i>                        | <i>valsartan-hydrochlorothiazide (oral tablet)</i>  |
| TRIZIVIR (ORAL TABLET)                                   | VALTOCO 10MG DOSE (NASAL LIQUID)  |
| TROPHAMINE (INTRAVENOUS SOLUTION)                        | VALTOCO 15MG DOSE (NASAL LIQUID THERAPY PACK)   |
| <i>trospium chloride (oral tablet)</i>                   | VALTOCO 20MG DOSE (NASAL LIQUID THERAPY PACK)   |
| TRULANCE (ORAL TABLET)                                   | VALTOCO 5MG DOSE (NASAL LIQUID)   |
| TRULICITY (SUBCUTANEOUS SOLUTION PEN-INJECTOR)           | <i>vancomycin hcl (10gm intravenous solution reconstituted, 1gm intravenous solution reconstituted, 500mg intravenous solution reconstituted, 750mg intravenous solution reconstituted)</i> |
| TRUMENBA (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)    | <i>vancomycin hcl (oral capsule)</i>  |
| TRUSELTIQ (100MG DAILY DOSE) (ORAL CAPSULE THERAPY PACK) | VANDAZOLE (VAGINAL GEL)   |
| TRUSELTIQ (125MG DAILY DOSE) (ORAL CAPSULE THERAPY PACK) |   |
| TRUSELTIQ (50MG DAILY DOSE) (ORAL CAPSULE THERAPY PACK)  |   |
| TRUSELTIQ (75MG DAILY DOSE) (ORAL CAPSULE THERAPY PACK)  |   |

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|   |  |
|---|--|
| <i>varenicline tartrate (oral tablet pack)</i>  | <i>vilazodone hcl (oral tablet)</i>                              |
| <i>varenicline tartrate (oral tablet)</i>   | VIMPAT (ORAL SOLUTION)   |
| VARIVAX (SUBCUTANEOUS INJECTABLE)   | VIMPAT (ORAL TABLET)   |
| VASCEPA (ORAL CAPSULE)  | VIRACEPT (ORAL TABLET)   |
| <i>velivet (oral tablet)</i>  | VIREAD (150MG ORAL TABLET, 200MG ORAL TABLET, 250MG ORAL TABLET) |
| VELPHORO (ORAL TABLET CHEWABLE)   | VIREAD (ORAL POWDER)   |
| VELTASSA (ORAL PACKET)  | <i>vitamin a &amp; d (ointment)</i>                              |
| VEMLIDY (ORAL TABLET)   | <i>vitamin a (capsule)</i>                                       |
| VENCLEXTA (100MG ORAL TABLET, 50MG ORAL TABLET)   | <i>vitamin a (tablet)</i>  |
| VENCLEXTA (10MG ORAL TABLET)  | <i>vitamin b-1 (tablet)</i>                                      |
| VENCLEXTA STARTING PACK (ORAL TABLET THERAPY PACK)  | <i>vitamin b-12 (capsule)</i>                                    |
| <i>venlafaxine hcl (oral tablet immediate release)</i>  | <i>vitamin b-12 (liquid)</i>                                     |
| <i>venlafaxine hcl er (oral capsule extended release 24 hour)</i>   | <i>vitamin b-12 (tablet dr)</i>                                  |
| VENTAVIS (INHALATION SOLUTION)  | <i>vitamin b-12 (tablet er)</i>                                  |
| <i>verapamil hcl (oral tablet immediate release)</i>  | <i>vitamin b-12 (tablet)</i>                                     |
| VERAPAMIL HCL ER (100MG ORAL CAPSULE EXTENDED RELEASE 24 HOUR, 200MG ORAL CAPSULE EXTENDED RELEASE 24 HOUR, 300MG ORAL CAPSULE EXTENDED RELEASE 24 HOUR, 360MG ORAL CAPSULE EXTENDED RELEASE 24 HOUR) | <i>vitamin b-2 (tablet)</i>                                      |
| <i>verapamil hcl er (120mg oral capsule extended release 24 hour, 180mg oral capsule extended release 24 hour, 240mg oral capsule extended release 24 hour)</i>                                       | <i>vitamin c (capsule er)</i>                                    |
| <i>verapamil hcl er (oral tablet extended release)</i>  | <i>vitamin c (lozenge)</i>                                       |
| VERSACLOZ (ORAL SUSPENSION)   | <i>vitamin c (tablet chewable)</i>                               |
| VERZENIO (ORAL TABLET)  | <i>vitamin c (tablet er)</i>                                     |
| <i>vestura (oral tablet)</i>  | <i>vitamin c (tablet)</i>  |
| VIBRAMYCIN (50MG/5ML ORAL SYRUP)  | <i>vitamin d2 (capsule)</i>                                      |
| VICTOZA (SUBCUTANEOUS SOLUTION PEN-INJECTOR)  | <i>vitamin d2 (solution)</i>                                     |
| <i>vienva (oral tablet)</i>   | <i>vitamin d2 (tablet)</i>                                       |
| <i>vigabatrin (oral packet)</i>   | <i>vitamin d3 (capsule)</i>                                      |
| <i>vigabatrin (oral tablet)</i>   | <i>vitamin d3 (liquid)</i>                                       |
| <i>vigadrone (oral packet)</i>  | <i>vitamin d3 (tablet chewable)</i>                              |
| VIIBRYD (ORAL TABLET)   | <i>vitamin d3 (tablet)</i>                                       |
| VIIBRYD STARTER PACK (ORAL KIT)   | <i>vitamin e (capsule)</i>                                       |
|   | <i>vitamin e (tablet chewable)</i>                               |
|   | <i>vitamin e (tablet)</i>  |
|   | VITRAKVI (ORAL CAPSULE)  |
|   | VITRAKVI (ORAL SOLUTION)   |
|   | VIVITROL (INTRAMUSCULAR SUSPENSION RECONSTITUTED)                |
|   | VIZIMPRO (ORAL TABLET)   |
|   | VONJO (ORAL CAPSULE)   |
|   | <i>voriconazole (intravenous solution reconstituted)</i>         |

|   |                                    |
|---|------------------------------------|
| <i>voriconazole (oral suspension reconstituted)</i>   | TABLET THERAPY PACK)               |
| <i>voriconazole (oral tablet)</i>                     | XCOPRI (14X150MG & 14X200MG ORAL   |
| VOSEVI (ORAL TABLET)                                  | TABLET THERAPY PACK, 14X50MG &     |
| VOTRIENT (ORAL TABLET)                                | 14X100MG ORAL TABLET THERAPY PACK) |
| VRAYLAR (1.5MG ORAL CAPSULE, 3MG ORAL                 | XCOPRI (250MG DAILY DOSE) (100MG & |
| CAPSULE, 4.5MG ORAL CAPSULE, 6MG ORAL                 | 150MG ORAL TABLET THERAPY PACK)    |
| CAPSULE)  | XCOPRI (350MG DAILY DOSE) (150MG & |
| VRAYLAR (ORAL CAPSULE THERAPY PACK)                   | 200MG ORAL TABLET THERAPY PACK)    |
| VUMERITY (ORAL CAPSULE DELAYED                        | XELJANZ (ORAL SOLUTION)            |
| RELEASE) (MAINTENANCE DOSE BOTTLE)                    | XELJANZ (ORAL TABLET IMMEDIATE     |
| <i>vylibra (oral tablet)</i>                          | RELEASE)                           |
| <i>vyfemla (oral tablet)</i>                          | XELJANZ XR (ORAL TABLET EXTENDED   |
| VYNDAMAX (ORAL CAPSULE)                               | RELEASE 24 HOUR)                   |
| VYNDAQEL (ORAL CAPSULE)                               | XERMELO (ORAL TABLET)              |
| VYVANSE (ORAL CAPSULE)                                | XGEVA (SUBCUTANEOUS SOLUTION)      |
| VYVANSE (ORAL TABLET CHEWABLE)                        | XIFAXAN (ORAL TABLET)              |
| VYZULTA (OPHTHALMIC SOLUTION)                         | XIGDUO XR (ORAL TABLET EXTENDED    |
| <b>W</b>  | RELEASE 24 HOUR)                   |
| <i>wymzya fe (oral tablet chewable)</i>               | XIIDRA (OPHTHALMIC SOLUTION)       |
| <i>warfarin sodium (oral tablet)</i>                  | XOFLUZA (40MG DOSE) (1 X 40MG ORAL |
| WELIREG (ORAL TABLET)                                 | TABLET THERAPY PACK)               |
| <i>wheat dextrin (powder)</i>                         | XOFLUZA (80MG DOSE) (1 X 80MG ORAL |
| <i>wheat dextrin-calcium (capsule)</i>                | TABLET THERAPY PACK)               |
| <i>white petrolatum (gel)</i>                         | XOLAIR (SUBCUTANEOUS SOLUTION      |
| <i>witch hazel (liquid)</i>                           | PREFILLED SYRINGE)                 |
| <i>witch hazel (pad)</i>                              | XOLAIR (SUBCUTANEOUS SOLUTION      |
| <i>wixela inhub (inhalation aerosol powder breath</i> | RECONSTITUTED)                     |
| <i>activated) (generic advair)</i>                    | XOSPATA (ORAL TABLET)              |
| <i>womens 50 billion (capsule)</i>                    | XPOVIO (100MG ONCE WEEKLY) (ORAL   |
| <b>X</b>  | TABLET THERAPY PACK)               |
| XALKORI (ORAL CAPSULE)                                | XPOVIO (40MG ONCE WEEKLY) (ORAL    |
| XARELTO (ORAL TABLET)                                 | TABLET THERAPY PACK)               |
| XARELTO STARTER PACK (ORAL TABLET                     | XPOVIO (40MG TWICE WEEKLY) (ORAL   |
| THERAPY PACK)   | TABLET THERAPY PACK)               |
| XATMEP (ORAL SOLUTION)                                | XPOVIO (60MG ONCE WEEKLY) (ORAL    |
| XCOPRI (100MG ORAL TABLET, 150MG ORAL                 | TABLET THERAPY PACK)               |
| TABLET, 200MG ORAL TABLET, 50MG ORAL                  | XPOVIO (60MG TWICE WEEKLY) (ORAL   |
| TABLET)   | TABLET THERAPY PACK)               |
| XCOPRI (14X12.5MG & 14X25MG ORAL                      | XPOVIO (80MG ONCE WEEKLY) (ORAL    |
|   | TABLET THERAPY PACK)               |

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XPOVIO (80MG TWICE WEEKLY) (ORAL TABLET THERAPY PACK)

XTAMPZA ER (ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT)

XTANDI (ORAL CAPSULE)

XTANDI (ORAL TABLET)

*xulane (transdermal patch weekly)*

XYREM (ORAL SOLUTION)

**Y**

YF-VAX (SUBCUTANEOUS INJECTABLE)

*yuvafem (vaginal tablet)*

**Z**

*zafemy (transdermal patch weekly)*

*zafirlukast (oral tablet)*

*zaleplon (oral capsule)*

ZARXIO (INJECTION SOLUTION PREFILLED SYRINGE)

ZEJULA (ORAL CAPSULE)

ZELAPAR ODT (ORAL TABLET DISPERSIBLE)

ZELBORAF (ORAL TABLET)

ZEMAIRA (INTRAVENOUS SOLUTION RECONSTITUTED)

*zenatane (oral capsule)*

ZENPEP (ORAL CAPSULE DELAYED RELEASE PARTICLES)

ZERBAXA (INTRAVENOUS SOLUTION RECONSTITUTED)

*zidovudine (oral capsule)*

*zidovudine (oral syrup)*

*zidovudine (oral tablet)*

ZIEXTENZO (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)

*zileuton er (oral tablet extended release 12 hour)*

*zinc oxide (ointment)*

*zinc oxide (paste)*

*ziprasidone hcl (oral capsule)*

*ziprasidone mesylate (intramuscular solution reconstituted)*

ZIRGAN (OPHTHALMIC GEL)

ZOLINZA (ORAL CAPSULE)

*zolpidem tartrate (oral tablet immediate release)*

*zonisamide (oral capsule)*

ZORBTIVE (SUBCUTANEOUS SOLUTION RECONSTITUTED)

*zovia 1/35 (28) (oral tablet)*

ZYDELIG (ORAL TABLET)

ZYFLO (ORAL TABLET IMMEDIATE RELEASE)

ZYKADIA (ORAL TABLET)

ZYPREXA RELPREVV (210MG INTRAMUSCULAR SUSPENSION RECONSTITUTED)

# Alternative Covered Drugs

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

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

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

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

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



Note: Alternatives are suggestions only and may or may not be appropriate depending on the specific illness being treated. Information is accurate as of August 1, 2022, and may be subject to change. Please refer to the Drug List for details on drug coverage.

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

UnitedHealthcare Senior Care Options is a Coordinated Care plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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# Ready to Enroll

# Plan Recap

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

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

## Plan Information

**Here are some details about your new plan.**

My new plan is a Medicare Advantage Special Needs Plan.

The name of my new plan is UnitedHealthcare Senior Care Options.

Proposed effective date:     -     -

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

My plan type:      Requires referrals      Does not require referrals

**Check the correct answer:** To enroll in this plan I must:

have **MassHealth Standard (Medicaid)**, and be at least 65 years old.

have **MassHealth Standard (Medicaid) and reside in an institution or live in the community and meet criteria deeming me Nursing Home Certifiable (NHC)**, and be at least 65 years old.

My plan is available only in the plan's service area, which is: \_\_\_\_\_.

If I move outside of the service area for more than 6 months in a row, I will need to choose a new plan. I will ask my Licensed Sales Representative or Customer Service to help me.

My plan will provide:

all my Medicare health coverage

all my MassHealth coverage

all my Medicare prescription drug coverage

**Circle the correct answer:** I should / should not have a Medicare Advantage plan and a Medicare Supplement insurance (Medigap) policy at the same time. If I have a Medicare Supplement policy right now, once I receive confirmation of my enrollment in my new Medicare Advantage plan, I will write to that insurance company, \_\_\_\_\_, to cancel my Medicare Supplement policy.

**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.)

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.

## Network Information

**Understanding your network is important.**

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

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

| Provider Name | Provider Type<br>(PCP/Specialist/Hospital) | Network <sup>1</sup><br>(Yes/No) |
|---------------|--|----------------------------------|
|               |  |                                  |
|               |  |                                  |

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## Prescription Drug Coverage

**Know how prescription drugs are covered on your plan.**

| Medication | Has Limits <sup>2</sup> (Yes/No) |
|------------|----------------------------------|
|            |                                  |
|            |                                  |

My prescription drug plan will cover only those drugs included on my plan's list of covered drugs. My Licensed Sales Representative helped me confirm whether my current medications are on my plan's Drug List and showed me how to look up any medications I am prescribed in the future. My Licensed Sales Representative is committed to helping me sign up for the plan that's right for me and my health needs at the time of my enrollment.

### Contact your Licensed Sales Representative

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

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<sup>1</sup> This information is current at the time of enrollment and is subject to change. <sup>2</sup> For medications that have limitations, I may need to contact the plan before I can fill my prescription. I can discuss alternatives by calling Customer Service to learn what other drugs might be on the Drug List and by talking with my doctor or pharmacist. UnitedHealthcare Senior Care Options is a Coordinated Care plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

# How to Enroll

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



## By phone

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



## By mail

Fill out the Enrollment Request Form and mail it to:  
UnitedHealthcare  
950 Winter ST, STE 3800  
Waltham, MA 02451



## By fax

Fill out the Enrollment Request Form and fax it to:  
Fax: 1-855-250-2168

## Enrollment Request Form Checkpoints

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



# Scope of Appointment Confirmation Form

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

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

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

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

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

|  |                     |
|--|---------------------|
| <b>Signature of applicant/member/authorized representative</b> | <b>Today's Date</b> |
| _____  | MM - DD - YYYY      |

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

|                   |                             |
|-------------------|-----------------------------|
| Name (First_Last) | Relationship to Beneficiary |
|-------------------|-----------------------------|

### To be completed by Licensed Sales Representative (please print clearly and legibly)

|   |  |  |
|---|--|--|
| Licensed Sales Representative Name (First_Last) | Licensed Sales Representative Phone<br>■ ■ ■ ■ - ■ ■ ■ ■ - ■ ■ ■ ■ ■ ■ | Licensed Sales Representative ID                     |
| Beneficiary Name (First_Last)                   | Beneficiary Phone<br>■ ■ ■ ■ - ■ ■ ■ ■ - ■ ■ ■ ■ ■ ■                   | Date Appointment will be Completed<br>MM - DD - YYYY |

Beneficiary Address

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

Licensed Sales Representative signature

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Ready to Enroll

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

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

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

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

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

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

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

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

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

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

## Other Related Products

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

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

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

UnitedHealthcare SCO is a Coordinated Care plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is a voluntary program that is available to anyone 65 and older who qualifies for MassHealth Standard and Original Medicare and does not have any other comprehensive health insurance, except Medicare. If you have MassHealth Standard, but you do not qualify for Original Medicare, you may still be eligible to enroll in our MassHealth Senior Care Option plan and receive all of your MassHealth benefits through our SCO program.

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# 2023 MassHealth SCO Medicare Advantage Enrollment Request Form

- UnitedHealthcare® Senior Care Options (HMO D-SNP) H2226-001-000
- UnitedHealthcare® Senior Care Options NHC (HMO D-SNP) H2226-003-000

This form is for people who have MassHealth Standard (Medicaid) benefits and choose to enroll in UnitedHealthcare® Senior Care Options. You must also have Medicare Parts A and B.

If you have MassHealth Standard, but you do not qualify for Original Medicare, you may still be eligible to enroll in our MassHealth Senior Care Option plan and receive all of your MassHealth benefits through our UnitedHealthcare® SCO program.

### MassHealth Standard (Medicaid) Information

Are you enrolled in MassHealth?  Yes  No

Please write your MassHealth number or attach a copy of your MassHealth card. Your MassHealth number is the 12-digit number under your name.

MassHealth Number - / - / - / - / - / - / - / - / - / - / - / -

**You must have MassHealth Standard benefits to enroll in a senior care organization. To apply for MassHealth, call 1-888-834-3721 (TTY 1-800-497-4648 for people with partial or total hearing loss).**

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

|           |            |                |
|-----------|------------|----------------|
| Last Name | First Name | Middle Initial |
|-----------|------------|----------------|

|            |   |
|------------|---|
| Birth Date | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
|------------|---|

|                         |                           |
|-------------------------|---------------------------|
| Home Phone Number ( ) - | Mobile Phone Number ( ) - |
|-------------------------|---------------------------|

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

Name of Skilled Nursing Facility (if applicable)

Medicare Number

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

Enrollee Name

Agent Name / ID No.

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

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

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

Email Address (Optional)

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

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

If yes, what is it?

Name of Other Insurance

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

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

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

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

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

**2. Do you or your spouse work?**  Yes  No

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

(Examples: Other employer group coverage, LTD coverage, Workers' Compensation, auto liability, or Veterans benefits)

Yes  No

If yes, please complete the following:

Name of Health Insurance Company

Member Number

Enrollee Name \_\_\_\_\_  
 H2226\_ERF\_2023\_C CSMA23HM0049613\_000  
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**3. Please give us the name of your primary care provider (PCP), clinic or health center.**

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

Provider or PCP Full Name \_\_\_\_\_

Provider/PCP Number: \_\_\_\_\_

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

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

**Please read and sign**

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

- This senior care organization, UnitedHealthcare® SCO, is a Medicare Advantage plan and has a contract with the federal government. UnitedHealthcare® SCO also has a contract with the Commonwealth of Massachusetts/MassHealth. This is not a Medicare Supplement plan. I will need to keep my MassHealth Standard plan. I must keep both Part A and Part B to stay in UnitedHealthcare. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- Because I have MassHealth, I may leave UnitedHealthcare® SCO if I have a qualifying election period. I will no longer be covered by UnitedHealthcare® SCO on the first day of the month following the month I request to leave UnitedHealthcare® SCO. UnitedHealthcare® SCO serves a specific service area. If I move out of the area that UnitedHealthcare® SCO serves, I need to notify the plan so that I can disenroll and find a new plan in my new area. Once I am a member of UnitedHealthcare® SCO, I have the right to appeal plan decisions about payment or services if I disagree with them.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border. This plan covers emergency and urgent care outside of the U.S. See the Summary of Benefits for more information.
- I understand that when my UnitedHealthcare coverage begins, I must get all of my medical and prescription drug benefits from UnitedHealthcare. Benefits and services authorized by UnitedHealthcare and contained in my UnitedHealthcare “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. **Without authorization, neither Medicare nor UnitedHealthcare will pay for benefits or services.**
- Release of Information:** By joining this Medicare Advantage Plan or Medicare Prescription Drug Plan, I acknowledge that the plan will release my information to Medicare and other plans as is necessary for treatment, payment, and health care operations. I also acknowledge that UnitedHealthcare will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes applicable to federal law that authorize the collection of this information (see Privacy Act Statement below).

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

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- I give UnitedHealthcare permission to share my protected health information with organizations or person(s) for permissible purposes under applicable law as required to administer my health plan.
- I give consent for all entities under UnitedHealthcare and any outside vendor used by UnitedHealthcare to call the phone number(s) I have provided.
- The information on this form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form I will be disenrolled from the plan.
- Joining this plan could affect my employer or union health benefits. If I have health coverage from an employer or union, joining this plan may change how my current coverage works. Me or my dependents could lose our other health or drug coverage completely and not get it back if I join this plan. I will talk to my employer or union. I will ask how joining this plan could affect my current plan. I may also want to check my employer or union’s website, or read any information sent to me. If there is no information on whom to contact, my benefits administrator or the office that answers questions about my coverage can help.
- Estate Recovery Awareness:** MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit [www.mass.gov/estaterecovery](http://www.mass.gov/estaterecovery)
- My response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

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

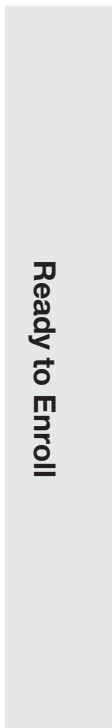
If I sign as an authorized representative, it means I have the legal right under state law to sign. I can show written proof (Power of attorney, guardianship, etc.) of this right if Medicare asks for it. I understand that I will need to submit written proof of this right, to the plan, if I wish to take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

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

\_\_\_\_\_

Enrollee Name \_\_\_\_\_  
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**If you are the authorized representative, please sign above and complete the information below**

**\*NOT A SALES AGENT**

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

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

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

**Agent must complete**

|   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> IEP (MA-PD enrollees)  | <input type="checkbox"/> ICEP (MA enrollees)             | <input type="checkbox"/> IEP (MA-PD enrollees eligible for 2nd IEP) | <input type="checkbox"/> OEP (Jan 1 – Mar 31)        |
| <input type="checkbox"/> OEP (Newly eligible)   | <input type="checkbox"/> SEP (Dual LIS change of status) | <input type="checkbox"/> SEP (Change in residence)                  | <input type="checkbox"/> SEP (Loss of EGHP coverage) |
| <input type="checkbox"/> SEP (Chronic)          | <input type="checkbox"/> SEP (Dual LIS maintaining)      | <input type="checkbox"/> AEP (October 15-December 7)                | <input type="checkbox"/> OEPI                        |
| <input type="checkbox"/> SEP (SEP Reason) _____ |  |   |  |

|   |              |
|---|--------------|
| <b>Licensed Sales Representative Signature (Optional)</b> | <b>Date:</b> |
| _____   | _____        |

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

UnitedHealthcare  
 950 Winter ST, STE 3800  
 Waltham, MA 02451  
 Fax: 1-855-250-2168

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

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

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

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

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## Enrollment checklist

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

### Understanding the Benefits

- ✓ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit our plan website or call to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.
- ✓ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ✓ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ✓ Review the formulary to make sure your drugs are covered.

### Understanding Important Rules

- ✓ Benefits, premiums and/or copays/coinsurance may change on January 1 of each year.
- ✓ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ✓ This plan is a Dual Eligible Special Needs Plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid. To qualify, you must be 65 or older, be eligible to receive Medicare Part A, and be enrolled in Medicare Part B and MassHealth Standard. You may also need to live in your own home or a nursing facility. If you have MassHealth Standard, but you do not qualify for Medicare Part A and/or Medicare Part B, you may still be eligible to enroll.

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# Authorization to Share Personal Information

**Please send completed form to:**

UnitedHealthcare Community & State Medicaid  
P.O. Box 30753, Salt Lake City, UT 84130  
Fax: 1-844-386-9286

I am requesting UnitedHealthcare Insurance Company (UHIC), on behalf of itself and related companies, to release my personal health information, including medical, claim and/or benefit records, to: \_\_\_\_\_.

(Recipient's Name - Please Print)

These records may have information on specific treatment or services I have received. These records may have information created by others.

This Authorization to Share Personal Information Form allows UnitedHealthcare Insurance Company (UHIC), on behalf of itself and related companies, to discuss or give out your personal health information to a person you select. I authorize UHIC to disclose all of my health information including medical, pharmacy, dental, vision, mental health, substance abuse, HIV/AIDS, psychotherapy, reproductive, communicable disease and program information. The Health Insurance Portability and Accountability Act (HIPAA) requires us to get your permission before we release your information.

**Section 1: Member Information**

|                            |                  |
|----------------------------|------------------|
| Member Name (please print) | Member ID Number |
|----------------------------|------------------|

Permanent Address (City, State, ZIP code)

|   |                            |
|---|----------------------------|
| Telephone Number<br>□ □ □ - □ □ □ - □ □ □ □ □ | E-mail Address (optional)* |
|---|----------------------------|

**Section 2: Expiration and Revocation**

I understand that:

- 1) This authorization expires one year from the date I signed this Authorization, or will expire on \_\_\_\_\_.
- 2) I may end this authorization at any time. I must do so in writing. I must send my written request to the health plans. I can find plan contact information in my Evidence of Coverage. If UHIC has already released any of my personal health information before it receives my written request, my request will not cancel out any requests for information made prior to receiving the written request.
- 3) This permission is voluntary. I may refuse to sign this form. If I refuse, it will not affect my health benefits.
- 4) Once health information about me has been given out, it could be redisclosed and it may not be protected by federal privacy laws.

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**Section 2 (continued)**

Member Name (please print)

Member Signature

Date

MM - DD - YYYY

A witness signature is needed only if the member signs with an "X" due to physical limitations, illiteracy or other reasons. The witness should be someone other than the person/entity named above.

Witness Name (please print)

Witness Signature

Date

MM - DD - YYYY

**Section 3 (optional): Recipient of Information**

Recipient's Name

Permanent Address (City, State, ZIP Code)

Telephone Number

■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■

Relationship to Member

E-mail Address (optional)\*

**Personal Representative Information**

Name

Address (City, State, ZIP code)

Telephone Number

■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■

Relationship to Member:  Power of Attorney

Guardian  Conservator  Other \_\_\_\_\_

Representative Signature

Date

MM - DD - YYYY

\*By providing an e-mail address, you are allowing UHIC to send you occasional plan updates. UHIC does not sell or share information to companies outside of our UnitedHealth Group organization. You can opt out of these e-mails at any time.

**Please note:** This authorization does not allow the person/entity named above to represent you in a claims appeal, or to make any of your treatment decisions or direct care decisions. If you want someone to make health care and treatment decisions on your behalf, you will need additional legal documentation and will be required to submit a different form.

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Ready to Enroll

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# 2023 Enrollment Receipt

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

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

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

TEAR HERE

### Applicant 1:

Name

Application Date - -

Proposed Effective Date - -

Plan Name

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

### Applicant 2 (if applicable):

Name

Application Date - -

Proposed Effective Date - -

Plan Name

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.

□ □ □ - □ □ □ - □ □ □ □

**H2226-001 & H2226-003**  
Medicare and MassHealth:  
**RxBIN: 610097**  
**Rx PCN: 9999**  
**RxGRP: MPDMACSP**

**H2226-001**  
MassHealth only:  
**RxBIN: 610494**  
**Rx PCN: 9999**  
**RxGRP: ACUMA**

TEAR HERE

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

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



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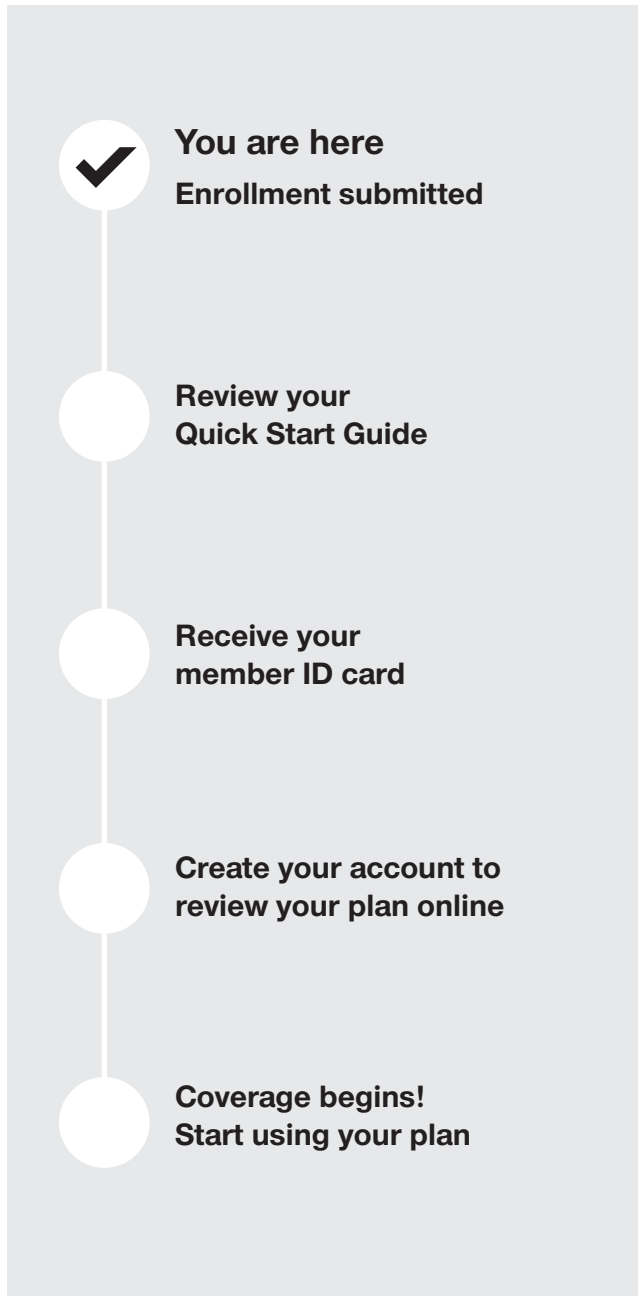
CSMA23HM0067999\_000

Ready to Enroll



# Take Advantage of What's Next

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



## Manage your plan online

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

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



## Once your coverage begins

- Schedule your annual wellness visit
- Get a yearly in-home visit with UnitedHealthcare® HouseCalls. Visit [uhhousecalls.com](https://uhhousecalls.com) to learn more
- Complete your health assessment to get connected to resources that can help you live healthier. This is a requirement of Medicare and MassHealth



## Thank you for choosing UnitedHealthcare

If you have any questions, you can call Customer Service at **1-888-867-5511**, TTY **711**.

































# Vendor Information

## UnitedHealthcare® Senior Care Options (HMO D-SNP) UnitedHealthcare® Senior Care Options NHC (HMO D-SNP)

Take advantage of your additional plan benefits by using the providers below or contacting UnitedHealthcare Customer Service: 1-888-867-5511, 8 a.m.-8 p.m. local time, 7 days a week.

TEAR HERE

| Benefit Type   | Vendor Name                               | Contact Information                           |
|--|---|---|
| Routine Vision Services                              | UnitedHealthcare Vision                   | 1-888-867-5511<br>medicare.myuhcvision.com    |
| Prescription Drug Home Delivery                      | Optum Home Delivery, a service of OptumRx | 1-877-889-6358<br>OptumRx.com                 |
| Transportation                                       | ModivCare®                                | 1-866-428-1967                                |
| Food, over-the-counter (OTC) and utility bill credit | Solutran                                  | 1-833-853-8587<br>myuhc.com/communityplan/OTC |
| Fitness Program                                      | Renew Active®                             | 1-888-867-5511<br>UHCRenewActive.com          |

TEAR HERE



UnitedHealthcare SCO is a Coordinated Care plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is a voluntary program that is available to anyone 65 and older who qualifies for MassHealth Standard and Original Medicare and does not have any other comprehensive health insurance, except Medicare. If you have MassHealth Standard, but you do not qualify for Original Medicare, you may still be eligible to enroll in our MassHealth Senior Care Option plan and receive all of your MassHealth benefits through our SCO program. You must live in our service area to enroll.

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



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



**[UHCommunityPlan.com](https://UHCommunityPlan.com)**