



Enrollment Guide 2023



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

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

H7464-007-000

Service area: Select counties in Virginia

**United
Healthcare
Dual Complete**

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



Plans you can count on

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



Expertise to get you what you need

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



Chosen by more people

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

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Questions? We're here to help.



UHCCommunityPlan.com



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

Start With Medicare Basics

Know how Medicare works, then choose what works for you

Original Medicare is provided by the federal government. It offers coverage for:



Hospital stays and inpatient care.
This is called Part A.



Doctor visits. This is called Part B –
you pay a monthly premium for it.

Original Medicare does NOT include prescription drug coverage



Prescription drug coverage. This is called Part D and is not included with Original Medicare. You are not required to enroll in a Part D plan when you first become eligible for Medicare. If you enroll in a Part D plan in the future, then you will pay a penalty equal to about 1% of the average monthly premium for each month you delayed enrollment. This must be paid monthly as long as you are enrolled in Part D. This is called a Late Enrollment Penalty (LEP).

Depending on your needs, you may want to add more coverage to Original Medicare

Additional coverage is offered by private insurance companies, such as UnitedHealthcare. You have a couple of different options to choose from:

Option 1: Enroll in a Medicare Advantage plan



Called Part C

This type of plan combines Part A and Part B. Most Medicare Advantage plans also include Part D, so your hospital, medical and prescription drug coverage is all in one plan



Extras

Some plans may include extra benefits not included with Original Medicare

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



Medicare Supplement

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



Medicare Part D plan

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

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

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

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

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

Here's how this HMO-POS plan works



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



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



Select a primary care provider (PCP).

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



No referral is needed to see a network specialist or other provider.



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

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



There's an out-of-pocket spending limit for network care each plan year.

If you reach your limit the plan will pay 100% of your costs for Medicare-covered services for the rest of the year.



This plan includes prescription drug coverage.

*If you have both Medicare and Medicaid, your services are paid first by Medicare and then by Medicaid. Your Medicaid coverage depends on your income, resources and other factors. Some get full Medicaid benefits. For an explanation of the categories of people who can enroll, please see the Medicaid section of the Summary of Benefits. You can find a complete listing of network providers and facilities within your plan on our website.

Are you eligible to enroll in this plan?

You are eligible for a Dual Special Needs Plan (DSNP) if you're enrolled in Original Medicare Parts A and B and receive state Medicaid benefits. Your state Medicaid benefits vary based on your level of Medicaid eligibility. DSNP enrollment is available all year, but enrollments could be limited to once a quarter per year based on your qualifications.

What are the levels of eligibility and benefits in most states?

Qualified Medicare Beneficiary Plus (QMB Plus)

- Medicare deductibles, copays and coinsurance
- Full Medicaid benefits
- Part A premium
- Part B premium

Full Benefit Dual Eligible (FBDE)

- Full Medicaid benefits
- Medicare deductibles, copays and coinsurance vary by state
- Part B premium varies by state

Specified Low-Income Medicare Beneficiary Plus (SLMB Plus)

- Full Medicaid benefits
- Medicare deductibles, copays and coinsurance vary by state
- Part B premium

QMBs, SLMBs, and QIs

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

Helpful Resources

You may qualify for Extra Help from Medicare

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

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



Plan Information

Benefit Highlights

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

This is a short description of your 2023 plan benefits. The values shown in-network are for those with Medicare Parts A and B cost sharing that may be covered by the state. Cost share may vary depending on your individual Medicaid eligibility. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs

If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services. If your eligibility for Medicaid or “Extra Help” changes, your cost sharing and premium may change.

Monthly plan premium	\$0
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Medical benefits

	Your cost
Doctor’s office visit	
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
Preventive services	\$0 copay
Inpatient hospital care	\$0 copay per stay for unlimited days
Skilled nursing facility (SNF)	\$0 copay per day: days 1-100
Outpatient hospital, including surgery	\$0 copay
Outpatient mental health	
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
Diabetes monitoring supplies	\$0 copay for covered brands
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay
Diagnostic tests and procedures (non-radiological)	\$0 copay
Lab services	\$0 copay
Outpatient x-rays	\$0 copay

Medical benefits

	Your cost
Ambulance	\$0 copay for ground or air
Emergency care	\$0 copay (worldwide)
Urgently needed services	\$0 copay (worldwide)

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

Benefits and services beyond Original Medicare

	Your cost
Routine physical	\$0 copay, 1 per year
Routine eye exams	\$0 copay, 1 per year
Routine eyewear	\$0 copay Plan pays up to \$400 every year for lenses/frames and contacts
Dental - preventive (covered in-network and out-of-network)	\$0 copay for exams, cleanings, X-rays, and fluoride *
Dental - comprehensive (covered in-network and out-of-network)	\$0 copay for comprehensive dental services *
Dental - benefit limit	\$4,000 combined limit on all covered dental services* If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay
Hearing - routine exam	\$0 copay, 1 per year
Hearing aids	Plan pays up to \$3,600 every year for 2 hearing aids through UnitedHealthcare Hearing. Includes hearing aids delivered directly to you with virtual follow-up care (select models).
Fitness program	\$0 copay for Renew Active, which includes a free gym membership, plus online fitness classes, brain health challenges and 1 Fitbit® device.
Routine transportation	\$0 copay for unlimited one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies
Personal Emergency Response System	\$0 copay for a personal emergency response system (PERS)
Foot care - routine	\$0 copay, 4 visits per year
Routine chiropractic care	\$0 copay, 12 visits per year
Routine acupuncture	\$0 copay, 12 visits per year
Food, over-the-counter (OTC) and utility bill credit	\$300 credit every month to pay for covered groceries, OTC products and certain utility bills

	Your cost
Meal benefit	\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.

*Benefits combined in and out-of-network

Prescription drugs

Annual prescription (Part D) deductible	\$0
30-day or 100-day supply from retail network pharmacy	
All covered drugs	\$0 copay Some covered drugs limited to a 30-day supply



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

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Explore Your Additional Services

Unlock your benefits with UnitedHealthcare® UCard

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

Get an in-home visit from UnitedHealthcare® HouseCalls

With UnitedHealthcare HouseCalls, you get a yearly in-home preventive health care visit from one of our licensed health care practitioners for no cost. The visit includes health screenings and a medication review to help you stay on top of your health between your regular doctor visits. You may be eligible to receive a reward for completing a HouseCalls visit. HouseCalls rewards are automatically loaded to your UCard within a week of completing the visit.

Social and Government Referral Assistance Program

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

- Save on utility bills and prescription drug expenses
- Determine Medicaid eligibility, depending on your income
- Maintain coverage within your Dual Eligible Special Needs Plan
- Learn about Veterans' Services

Questions? We are here to help.

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

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

Routine Dental Benefit Basics

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

Dental benefits may include:



\$0 copay for covered dental with an annual maximum of \$4,000 for cleanings, exams, x-rays, fluoride, fillings, crowns, root canals, extractions, dentures, implants and all other covered comprehensive services when using network providers



No annual deductible



Access to a large dental provider network



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



To find a network dentist near you, visit uhcdentalproviders.com

Exclusions may apply:

1. Services performed by an out-of-network dentist if your plan does not have out-of-network coverage.
2. Dental services that are not necessary.
3. Hospitalization or other facility charges.
4. Any dental procedure performed solely for cosmetic and/or aesthetic reasons.
5. Any dental procedure not directly associated with a dental disease.
6. Any procedure not performed in a dental setting.
7. Reconstructive surgery of any type, including reconstructive surgery related to a dental disease, injury, or congenital anomaly.
8. Procedures that are considered experimental, investigational or unproven. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics. The fact that an experimental, investigational or unproven service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in coverage if the procedure is considered to be experimental, investigational or unproven in the treatment of that particular condition.

9. Service for injuries or conditions covered by workmen's compensation or employer liability laws, and services that are provided without cost to the covered persons by any municipality, county, or other political subdivision. This exclusion does NOT apply to any services covered by Medicaid or Medicare.
10. Expenses for dental procedures begun prior to the covered person's eligibility with the plan.
11. Dental services rendered (including otherwise covered dental services) after the date on which individual coverage under the policy terminates, including dental services for dental conditions arising prior to the date on which individual coverage under the policy terminates.
12. Services rendered by a provider with the same legal residence as a covered person or who is a member of a covered person's family, including a spouse, brother, sister, parent or child.
13. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours' notice, sales tax, or duplicating/copying patient records.
14. Tooth bleaching and/or enamel microabrasion.
15. Veneers
16. Orthodontics
17. Sustained release of therapeutic drug (D9613)
18. COVID screening, testing, and vaccination
19. Charges aligned to dental case management, case presentation, consultation with other medical professionals or translation/sign language services.
20. Space Maintenance
21. Any unspecified procedure by report (Dental codes: D##99)



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

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

This information is not a complete description of benefits. Call the plan for more information.

The provider network may change at any time. You will receive notice when necessary. Network size varies by market and exclusions may apply.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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

Get more help with your everyday needs. Your plan comes with a credit of \$300 that will be loaded to your UnitedHealthcare UCard every month for covered groceries, OTC products, and utility bills.

Use the credit on your UCard to:



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



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



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



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



You can learn more at myuhc.com/communityplan/OTC

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

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Renew Active®

Stay active. Stay focused. Stay you.

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

Renew Active includes:



A free gym membership at a gym near you



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



An annual personalized fitness plan



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



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



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



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



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



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

Routine Hearing Benefits

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

Get hearing benefits including:



\$0 copay for a routine hearing exam and an allowance of \$3,600 for a broad selection of hearing aids



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



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



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



Take an online hearing test and learn about hearing aid options at uhhearing.com/Medicare

Benefits, features, and/or devices vary by plan/area. Limitations and exclusions may apply. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Network size varies by local market. One-time professional fee may apply. Hearing aid savings based on comparison to retail. The online hearing test is not intended to act as a substitute for professional medical advice, diagnosis, or treatment. Talk with your healthcare provider with any questions about a medical condition.



Summary of Benefits 2023

UnitedHealthcare Dual Complete® ONE Plus (HMO-POS D-SNP)
H7464-007-000

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



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



UHCCommunityPlan.com

**United
Healthcare
Dual Complete**

Summary of Benefits

January 1st, 2023 - December 31st, 2023

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

About this plan

UnitedHealthcare Dual Complete® ONE Plus (HMO-POS D-SNP) is a Medicare Advantage HMOPOS plan with a Medicare contract.

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

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid, and don't pay anything for covered medical services. How much Medicaid covers depends on your income, resources, and other factors. Some people get full Medicaid benefits.

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

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

- **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).
- **Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

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

Our service area includes these counties in:

Virginia: Accomack, Albemarle, Alexandria City, Alleghany, Amelia, Amherst, Appomattox, Arlington, Augusta, Bath, Bedford, Bland, Botetourt, Bristol City, Brunswick, Buchanan, Buckingham, Buena Vista City, Campbell, Caroline, Carroll, Charles City, Charlotte, Charlottesville City, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Covington City, Craig, Cumberland, Danville City, Dickenson, Dinwiddie, Emporia City, Essex, Fairfax, Fairfax City, Falls

Church City, Fauquier, Floyd, Fluvanna, Franklin, Franklin City, Frederick, Fredericksburg City, Galax City, Giles, Gloucester, Goochland, Grayson, Greene, Greensville, Halifax, Hampton City, Hanover, Harrisonburg City, Henrico, Henry, Highland, Hopewell City, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Lee, Lexington City, Loudoun, Louisa, Lunenburg, Lynchburg City, Madison, Manassas City, Manassas Park City, Martinsville City, Mathews, Mecklenburg, Middlesex, Montgomery, Nelson, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Norton City, Nottoway, Orange, Page, Patrick, Petersburg City, Pittsylvania, Poquoson City, Portsmouth City, Powhatan, Prince Edward, Prince George, Prince William, Pulaski, Radford City, Rappahannock, Richmond, Richmond City, Roanoke, Roanoke City, Rockbridge, Rockingham, Russell, Salem City, Scott, Shenandoah, Smyth, Southampton, Spotsylvania, Stafford, Staunton City, Suffolk City, Surry, Sussex, Tazewell, Virginia Beach City, Warren, Washington, Waynesboro City, Westmoreland, Williamsburg City, Winchester City, Wise, Wythe, York.

Use network providers and pharmacies

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

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

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

Premiums and Benefits

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

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

Benefits

		In-Network
Inpatient Hospital Care²		<p>\$0 copay per stay</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>
Outpatient Hospital	Ambulatory Surgical Center (ASC) ²	\$0 copay
	Outpatient Hospital, including surgery ²	\$0 copay
	Outpatient Hospital Observation Services ²	\$0 copay
Doctor Visits	Primary Care Provider	\$0 copay
	Specialists ²	\$0 copay
	Virtual Medical Visits	\$0 copay to talk with a network telehealth provider online through live audio and video
Preventive Services	Medicare-covered	\$0 copay
		<p>Abdominal aortic aneurysm screening</p> <p>Alcohol misuse counseling</p> <p>Annual wellness visit</p> <p>Bone mass measurement</p> <p>Breast cancer screening (mammogram)</p> <p>Cardiovascular disease (behavioral therapy)</p> <p>Cardiovascular screening</p> <p>Cervical and vaginal cancer screening</p> <p>Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</p> <p>Depression screening</p> <p>Diabetes screenings and monitoring</p> <p>Hepatitis C screening</p> <p>HIV screening</p>

Benefits

		In-Network
		<p>Lung cancer with low dose computed tomography (LDCT) screening</p> <p>Medical nutrition therapy services</p> <p>Medicare Diabetes Prevention Program (MDPP)</p> <p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</p> <p>“Welcome to Medicare” preventive visit (one-time)</p>
		<p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.</p>
	Routine physical	\$0 copay, 1 per year
Emergency Care		<p>\$0 copay (worldwide) per visit</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
Urgently Needed Services		\$0 copay (worldwide) per visit
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI, CT scan) ²	\$0 copay
	Lab services ²	\$0 copay
	Diagnostic tests and procedures ²	\$0 copay
	Therapeutic Radiology ²	\$0 copay per service
	Outpatient X-rays ²	\$0 copay per service

Benefits

		In-Network
Hearing Services	Exam to diagnose and treat hearing and balance issues ²	\$0 copay
	Routine hearing exam	\$0 copay, 1 per year
	Hearing aids ²	Plan pays up to \$3,600 every year for 2 hearing aids through UnitedHealthcare Hearing. Includes hearing aids delivered directly to you with virtual follow-up care (select models).
Routine Dental Benefits	Preventive	\$0 copay for exams, cleanings, X-rays, and fluoride*
	Comprehensive ²	\$0 copay for comprehensive dental services*
	Benefit limit	\$4,000 combined limit on all covered dental services* If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ²	\$0 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay, 1 per year
	Routine eyewear	\$0 copay Plan pays up to \$400 every year for lenses/frames and contacts

Benefits

		In-Network
Mental Health	Inpatient visit ²	\$0 copay per stay Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit ²	\$0 copay
	Outpatient individual therapy visit ²	\$0 copay
	Virtual Mental Health Visits	\$0 copay to talk with a network telehealth provider online through live audio and video
Skilled Nursing Facility (SNF)²		\$0 copay per day: days 1-20 \$0 copay per day: days 21-100 Our plan covers up to 100 days in a SNF.
Outpatient Rehabilitation Services	Physical therapy and speech and language therapy visit ²	\$0 copay
	Occupational Therapy Visit ²	\$0 copay
	Virtual Visit	\$0 copay
Ambulance² Your provider must obtain prior authorization for non-emergency transportation.		\$0 copay for ground \$0 copay for air
Routine Transportation		\$0 copay for unlimited one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies
Medicare Part B Prescription Drugs	Chemotherapy drugs ²	\$0 copay
	Other Part B drugs ²	\$0 copay

Prescription Drugs

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

Additional Benefits

		In-Network
Acupuncture	Routine acupuncture	\$0 copay, 12 visits per year
Chiropractic Care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ²	\$0 copay
	Routine chiropractic care	\$0 copay, 12 visits per year
Diabetes Management	Diabetes monitoring supplies ²	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch®Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts ²	\$0 copay
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ²	\$0 copay
	Prosthetics (e.g., braces, artificial limbs) ²	\$0 copay

Additional Benefits

		In-Network
Fitness program		\$0 copay for Renew Active, which includes a free gym membership at a location you select from our nationwide network, plus a personalized fitness plan, online fitness classes, brain health challenges and 1 Fitbit® device.
Foot Care (podiatry services)	Foot exams and treatment ²	\$0 copay
	Routine foot care	\$0 copay, 4 visits per year
Meal Benefit²		\$0 copay for 28 home-delivered meals immediately after an inpatient hospitalization or skilled nursing facility (SNF) stay.
Home Health Care²		\$0 copay
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week.
Opioid Treatment Program Services²		\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ²	\$0 copay
	Outpatient individual therapy visit ²	\$0 copay
Food, over-the-counter (OTC) and utility bill credit		\$300 credit every month to pay for covered groceries, OTC products and certain utility bills like electric. Shop at network retail locations or get home delivery by ordering online or by phone.
Personal Emergency Response System		\$0 copay for a personal emergency response system (PERS). Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation.
Renal Dialysis²		\$0 copay

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

*Benefits are combined in and out-of-network

Medicaid Benefits

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

The benefits described below are covered by Medicaid. You can see what Department of Medical Assistance Services covers and what our plan covers.

Coverage of the benefits depends on your level of Medicaid eligibility. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. In some situations, Medicaid may pay your Medicare cost sharing amount. See your Medicaid Member Handbook for more details. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Cover Virginia, 1-855-242-8282.

Benefits

	Medicaid	UnitedHealthcare Dual Complete® ONE Plus (HMO-POS D-SNP)
Inpatient Hospital Care	Covered	Covered
Doctor Office Visits	Covered	Covered
Preventive Care	Covered	Covered
Emergency Care	Covered	Covered
Urgently Needed Services	Covered	Covered
Diagnostic Tests Lab and Radiology Services and X-Rays	Covered	Covered
Hearing Services does not cover hearing aid	Covered	Covered
Dental Services	Covered	Covered
Vision Services	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Mental Health Care	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Ambulance	Covered	Covered
Transportation (Routine)	Covered	Covered
Prescription Drug Benefits	Covered	Covered
Chiropractic Care	Not Covered	Covered

Benefits

	Medicaid	UnitedHealthcare Dual Complete® ONE Plus (HMO-POS D-SNP)
Diabetes Supplies and Services	Covered	Covered
Durable Medical Equipment	Covered	Covered
Foot Care	Not Covered	Covered
Home Health Care	Covered	Covered
Hospice	Covered	Covered
Outpatient Hospital Services	Covered	Covered
Renal Dialysis	Covered	Covered
Prosthetic Devices	Covered	Covered

Required Information

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

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

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

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

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-844-368-7151 for additional information (TTY users should call 711). Hours are 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunice con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-844-368-7151, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

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

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

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

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

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

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

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

Important information: 2022 Medicare star ratings



UnitedHealthcare - H7464

For 2022, UnitedHealthcare - H7464 received the following Star Ratings from Medicare:

Overall Star Rating:	★ ★ ★ ★	4 stars
Health Services Rating:	★ ★ ★ ★	4 stars
Drug Services Rating:	★ ★ ★ ★	4 stars

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

Why Star Ratings are Important

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

Star Ratings are based on factors that include:

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

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

The number of stars shows how well a plan performs.

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

Get More Information on Star Ratings Online

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

Questions about this plan?

Contact UnitedHealthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **888-834-3721** (toll-free) or **711** (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Sunday through Friday from 8:00 a.m. to 8:00 p.m. Local time. Current members please call **844-368-7151** (toll-free) or **711** (TTY).

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug List

Drug List

This is a complete alphabetical list of prescription drugs covered by the plan as of September 1, 2022. This list can change throughout the year. Call 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*
- ❑ All covered drugs are in 1 tier
- ❑ There are no out-of-pocket costs (cost sharing), such as copayments or coinsurance for covered, prescribed drugs when obtained from network pharmacies
- ❑ See the Summary of Benefits in this book for a description of these drugs
- ❑ Some drugs have coverage requirements, such as prior authorization or step therapy. For more information, please call UnitedHealthcare or view the complete Drug List on our website

A	
<i>abacavir sulfate (oral solution), T1</i>	<i>acetylcysteine (inhalation solution), T1</i>
<i>abacavir sulfate (oral tablet), T1</i>	<i>acitretin (oral capsule), T1</i>
<i>abacavir sulfate-lamivudine (oral tablet), T1</i>	ACTHIB (INTRAMUSCULAR SOLUTION RECONSTITUTED), T1
ABELCET (INTRAVENOUS SUSPENSION), T1	ACTEMRA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE), T1
ABILIFY MAINTENA (INTRAMUSCULAR PREFILLED SYRINGE), T1	ACTEMRA ACTPEN (SUBCUTANEOUS SOLUTION AUTO-INJECTOR), T1
ABILIFY MAINTENA (INTRAMUSCULAR SUSPENSION RECONSTITUTED ER), T1	ACTIMMUNE (SUBCUTANEOUS SOLUTION), T1
<i>abiraterone acetate (250mg oral tablet), T1</i>	<i>acyclovir (external ointment), T1</i>
<i>abiraterone acetate (500mg oral tablet), T1</i>	<i>acyclovir (oral capsule), T1</i>
<i>acamprosate calcium (oral tablet delayed release), T1</i>	<i>acyclovir (oral suspension), T1</i>
<i>acarbose (oral tablet), T1</i>	<i>acyclovir (oral tablet), T1</i>
<i>accutane (oral capsule), T1</i>	<i>acyclovir sodium (intravenous solution), T1</i>
<i>acebutolol hcl (oral capsule), T1</i>	ADACEL (INTRAMUSCULAR SUSPENSION), T1
<i>acetaminophen-caffeine-dihydrocodeine (oral capsule), T1</i>	<i>adapalene (0.3% external gel), T1</i>
<i>acetaminophen-codeine (120-12mg/5ml oral solution), T1</i>	<i>adapalene (external cream), T1</i>
<i>acetaminophen-codeine (300-15mg oral tablet, 300-30mg oral tablet, 300-60mg oral tablet), T1</i>	<i>adefovir dipivoxil (oral tablet), T1</i>
<i>acetazolamide (oral tablet), T1</i>	ADEMPAS (ORAL TABLET), T1
<i>acetazolamide er (oral capsule extended release 12 hour), T1</i>	ADVAIR DISKUS (INHALATION AEROSOL POWDER BREATH ACTIVATED), T1
<i>acetic acid (otic solution), T1</i>	ADVAIR HFA (INHALATION AEROSOL), T1
	AIMOVIG (SUBCUTANEOUS SOLUTION AUTO-INJECTOR), T1

T1= Tier 1 Covered Drugs

<i>ala-cort (external cream), T1</i>	<i>amantadine hcl (oral tablet), T1</i>
<i>albendazole (oral tablet), T1</i>	<i>ambrisentan (oral tablet), T1</i>
<i>albuterol sulfate (inhalation nebulization solution), T1</i>	<i>amethia (oral tablet), T1</i>
<i>albuterol sulfate (oral syrup), T1</i>	<i>amikacin sulfate (500mg/2ml injection solution), T1</i>
<i>albuterol sulfate (oral tablet immediate release), T1</i>	<i>amiloride hcl (oral tablet), T1</i>
<i>albuterol sulfate hfa (108 (90 base)mcg/act inhalation aerosol solution) (generic proair), albuterol sulfate hfa (108 (90 base)mcg/act inhalation aerosol solution) (generic proventil), T1</i>	<i>amiloride-hydrochlorothiazide (oral tablet), T1</i>
<i>alclometasone dipropionate (external cream), T1</i>	<i>amiodarone hcl (200mg oral tablet), T1</i>
<i>alclometasone dipropionate (external ointment), T1</i>	<i>amitriptyline hcl (oral tablet), T1</i>
<i>alcohol prep pads, T1</i>	<i>amlodipine besylate (oral tablet), T1</i>
ALECENSA (ORAL CAPSULE), T1	<i>amlodipine-atorvastatin (oral tablet), T1</i>
<i>alendronate sodium (10mg oral tablet, 35mg oral tablet, 70mg oral tablet), T1</i>	<i>amlodipine-benazepril (oral capsule), T1</i>
<i>alendronate sodium (oral solution), T1</i>	<i>amlodipine-olmesartan (oral tablet), T1</i>
<i>alfuzosin hcl er (oral tablet extended release 24 hour), T1</i>	<i>amlodipine-valsartan (oral tablet), T1</i>
<i>aliskiren fumarate (oral tablet), T1</i>	<i>ammonium lactate (external cream), T1</i>
<i>allopurinol (oral tablet), T1</i>	<i>ammonium lactate (external lotion), T1</i>
ALOCRI (OPHTHALMIC SOLUTION), T1	<i>amnestem (oral capsule), T1</i>
ALOMIDE (OPHTHALMIC SOLUTION), T1	<i>amoxapine (oral tablet), T1</i>
<i>alose tron hcl (oral tablet), T1</i>	<i>amoxicillin (oral capsule), T1</i>
ALPHAGAN P (0.1% OPHTHALMIC SOLUTION), T1	<i>amoxicillin (oral suspension reconstituted), T1</i>
<i>alprazolam (oral tablet immediate release), T1</i>	<i>amoxicillin (oral tablet chewable), T1</i>
<i>altavera (oral tablet), T1</i>	<i>amoxicillin (oral tablet immediate release), T1</i>
ALUNBRIG (ORAL TABLET THERAPY PACK), T1	<i>amoxicillin-potassium clavulanate (oral suspension reconstituted), T1</i>
ALUNBRIG (ORAL TABLET), T1	<i>amoxicillin-potassium clavulanate (oral tablet chewable), T1</i>
<i>alyacen 1/35 (oral tablet), T1</i>	<i>amoxicillin-potassium clavulanate (oral tablet immediate release), T1</i>
<i>alyq (oral tablet), T1</i>	<i>amoxicillin-potassium clavulanate er (oral tablet extended release 12 hour), T1</i>
AMBISOME (INTRAVENOUS SUSPENSION RECONSTITUTED), T1	<i>amphetamine-dextroamphetamine (oral tablet), T1</i>
<i>amantadine hcl (oral capsule), T1</i>	<i>amphetamine-dextroamphetamine er (oral capsule extended release 24 hour), T1</i>
<i>amantadine hcl (oral solution), T1</i>	<i>amphotericin b (intravenous solution reconstituted), T1</i>
	<i>ampicillin (oral capsule), T1</i>
	<i>ampicillin sodium (10gm intravenous solution reconstituted), T1</i>
	<i>ampicillin sodium (125mg injection solution</i>

Brand name drugs = CAPITALIZED

Generic drugs = lower case italics

<i>reconstituted, 1gm injection solution reconstituted), T1</i>	INJECTION SOLUTION PREFILLED SYRINGE), T1
<i>ampicillin-sulbactam sodium (15 (10-5)gm intravenous solution reconstituted), T1</i>	ARANESP (ALBUMIN FREE) (25MCG/ML INJECTION SOLUTION, 40MCG/ML INJECTION SOLUTION, 60MCG/ML INJECTION SOLUTION), T1
<i>ampicillin-sulbactam sodium (injection solution reconstituted), T1</i>	ARCALYST (SUBCUTANEOUS SOLUTION RECONSTITUTED), T1
<i>anagrelide hcl (oral capsule), T1</i>	<i>aripiprazole (10mg oral tablet, 15mg oral tablet, 20mg oral tablet, 2mg oral tablet, 30mg oral tablet, 5mg oral tablet), T1</i>
<i>anastrozole (oral tablet), T1</i>	<i>aripiprazole (1mg/ml oral solution), T1</i>
ANDRODERM (TRANSDERMAL PATCH 24 HOUR), T1	<i>aripiprazole odt (10mg oral tablet dispersible, 15mg oral tablet dispersible), T1</i>
ANORO ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED), T1	ARISTADA (INTRAMUSCULAR PREFILLED SYRINGE), T1
ANZEMET (ORAL TABLET), T1	ARISTADA INITIO (INTRAMUSCULAR PREFILLED SYRINGE), T1
<i>apomorphine hcl (subcutaneous solution cartridge), T1</i>	<i>armodafinil (oral tablet), T1</i>
<i>apraclonidine hcl (ophthalmic solution), T1</i>	ARNUITY ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED), T1
<i>aprepitant (oral therapy pack, oral capsule), T1</i>	<i>asenapine maleate (tablet sublingual), T1</i>
<i>apri (oral tablet), T1</i>	<i>ashlyna (oral tablet), T1</i>
APRISO (ORAL CAPSULE EXTENDED RELEASE 24 HOUR), T1	<i>aspirin-dipyridamole er (oral capsule extended release 12 hour), T1</i>
APTIOM (ORAL TABLET), T1	<i>atazanavir sulfate (oral capsule), T1</i>
APTIVUS (ORAL CAPSULE), T1	<i>atenolol (oral tablet), T1</i>
ARALAST NP (1000MG INTRAVENOUS SOLUTION RECONSTITUTED), T1	<i>atenolol-chlorthalidone (oral tablet), T1</i>
<i>aranelle (oral tablet), T1</i>	<i>atomoxetine hcl (oral capsule), T1</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), T1	<i>atorvastatin calcium (oral tablet), T1</i>
ARANESP (ALBUMIN FREE) (100MCG/ML INJECTION SOLUTION, 200MCG/ML INJECTION SOLUTION), T1	<i>atovaquone (oral suspension), T1</i>
ARANESP (ALBUMIN FREE) (10MCG/0.4ML INJECTION SOLUTION PREFILLED SYRINGE, 25MCG/0.42ML INJECTION SOLUTION PREFILLED SYRINGE, 40MCG/0.4ML	<i>atovaquone-proguanil hcl (oral tablet), T1</i>
	<i>atropine sulfate (1% ophthalmic solution), T1</i>
	ATROVENT HFA (INHALATION AEROSOL SOLUTION), T1
	AUBAGIO (ORAL TABLET), T1
	<i>aubra eq (oral tablet), T1</i>
	AURYXIA (ORAL TABLET), T1
	AUSTEDO (ORAL TABLET), T1
	<i>aviane (oral tablet), T1</i>
	AVONEX PEN (INTRAMUSCULAR AUTO-

T1= Tier 1 Covered Drugs

INJECTOR KIT), T1	<i>bepotastine besilate (ophthalmic solution), T1</i>
AVONEX PREFILLED (INTRAMUSCULAR PREFILLED SYRINGE KIT), T1	BEPREVE (OPHTHALMIC SOLUTION), T1
AYVAKIT (ORAL TABLET), T1	BERINERT (INTRAVENOUS KIT), T1
<i>azathioprine (50mg oral tablet), T1</i>	BESIVANCE (OPHTHALMIC SUSPENSION), T1
<i>azelaic acid (external gel), T1</i>	BESREMI (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE), T1
<i>azelastine hcl (0.1% nasal solution, 0.15% nasal solution), T1</i>	<i>betaine (oral powder), T1</i>
<i>azelastine hcl (ophthalmic solution), T1</i>	<i>betamethasone dipropionate (external cream), T1</i>
<i>azelastine-fluticasone (nasal suspension), T1</i>	<i>betamethasone dipropionate (external lotion), T1</i>
<i>azithromycin (intravenous solution reconstituted), T1</i>	<i>betamethasone dipropionate (external ointment), T1</i>
<i>azithromycin (oral suspension reconstituted), T1</i>	<i>betamethasone dipropionate aug (external cream), T1</i>
<i>azithromycin (oral tablet), T1</i>	<i>betamethasone dipropionate aug (external gel), T1</i>
<i>aztreonam (injection solution reconstituted), T1</i>	<i>betamethasone dipropionate aug (external lotion), T1</i>
B	<i>betamethasone dipropionate aug (external ointment), T1</i>
BCG VACCINE (INJECTION SOLUTION RECONSTITUTED), T1	<i>betamethasone valerate (external cream), T1</i>
BIVIGAM (5GM/50ML INTRAVENOUS SOLUTION), T1	<i>betamethasone valerate (external lotion), T1</i>
BRIVIACT (ORAL SOLUTION), T1	<i>betamethasone valerate (external ointment), T1</i>
BRIVIACT (ORAL TABLET), T1	BETASERON (SUBCUTANEOUS KIT), T1
<i>bacitracin (ophthalmic ointment), T1</i>	<i>betaxolol hcl (ophthalmic solution), T1</i>
<i>bacitracin-polymyxin b (ophthalmic ointment), T1</i>	<i>betaxolol hcl (oral tablet), T1</i>
<i>baclofen (oral tablet), T1</i>	<i>bethanechol chloride (oral tablet), T1</i>
<i>balsalazide disodium (oral capsule), T1</i>	BETIMOL (OPHTHALMIC SOLUTION), T1
BALVERSA (ORAL TABLET), T1	BEVESPI AEROSPHERE (INHALATION AEROSOL), T1
<i>balziva (oral tablet), T1</i>	<i>bexarotene (external gel), T1</i>
BAQSIMI ONE PACK (NASAL POWDER), T1	<i>bexarotene (oral capsule), T1</i>
BARACLUDGE (ORAL SOLUTION), T1	BEXSERO (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE), T1
BELSOMRA (ORAL TABLET), T1	<i>bicalutamide (oral tablet), T1</i>
<i>benazepril hcl (oral tablet), T1</i>	BICILLIN C-R (INTRAMUSCULAR SUSPENSION), T1
<i>benazepril-hydrochlorothiazide (oral tablet), T1</i>	BICILLIN C-R 900/300 (INTRAMUSCULAR SUSPENSION), T1
BENLYSTA (SUBCUTANEOUS SOLUTION AUTO-INJECTOR), T1	BICILLIN L-A (INTRAMUSCULAR SUSPENSION)
BENLYSTA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE), T1	
BENZNIDAZOLE (ORAL TABLET), T1	
<i>benzoyl peroxide-erythromycin (external gel), T1</i>	
<i>benztropine mesylate (oral tablet), T1</i>	

Brand name drugs = CAPITALIZED

Generic drugs = lower case italics

PREFILLED SYRINGE), T1	<i>buprenorphine hcl-naloxone hcl (sublingual film), T1</i>
BICILLIN L-A (INTRAMUSCULAR SUSPENSION), T1	<i>buprenorphine hcl-naloxone hcl (tablet sublingual), T1</i>
BIKTARVY (ORAL TABLET), T1	<i>bupropion hcl (oral tablet immediate release), T1</i>
<i>bisoprolol fumarate (oral tablet), T1</i>	<i>bupropion hcl sr (150mg oral tablet extended release 12 hour smoking-deterrent), T1</i>
<i>bisoprolol-hydrochlorothiazide (oral tablet), T1</i>	<i>bupropion hcl sr (oral tablet extended release 12 hour), T1</i>
<i>blisovi 24 fe (oral tablet), T1</i>	<i>bupropion hcl xl (150mg oral tablet extended release 24 hour, 300mg oral tablet extended release 24 hour), T1</i>
<i>blisovi fe 1.5/30 (oral tablet), T1</i>	<i>buspirone hcl (oral tablet), T1</i>
BOOSTRIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE), T1	<i>butalbital-acetaminophen-caffeine (oral tablet), T1</i>
BOOSTRIX (INTRAMUSCULAR SUSPENSION), T1	<i>butalbital-aspirin-caffeine (oral capsule), T1</i>
<i>bosentan (oral tablet), T1</i>	<i>butorphanol tartrate (nasal solution), T1</i>
BOSULIF (ORAL TABLET), T1	BYDUREON BCISE (SUBCUTANEOUS AUTO-INJECTOR), T1
BRAFTOVI (ORAL CAPSULE), T1	BYETTA 10MCG PEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR), T1
BREO ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED), T1	BYETTA 5MCG PEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR), T1
BREZTRI AEROSPHERE (INHALATION AEROSOL), T1	
<i>briellyn (oral tablet), T1</i>	C
BRILINTA (ORAL TABLET), T1	<i>cabergoline (oral tablet), T1</i>
<i>brimonidine tartrate (0.15% ophthalmic solution), T1</i>	CABLIVI (INJECTION KIT), T1
<i>brimonidine tartrate (0.2% ophthalmic solution), T1</i>	CABOMETYX (ORAL TABLET), T1
<i>brimonidine tartrate-timolol (ophthalmic solution), T1</i>	<i>calcipotriene (external cream), T1</i>
<i>brinzolamide (ophthalmic suspension), T1</i>	<i>calcipotriene (external ointment), T1</i>
<i>bromocriptine mesylate (oral capsule), T1</i>	<i>calcipotriene (external solution), T1</i>
<i>bromocriptine mesylate (oral tablet), T1</i>	<i>calcitonin salmon (nasal solution), T1</i>
BRUKINSA (ORAL CAPSULE), T1	CALCITRIOL (EXTERNAL OINTMENT), T1
<i>budesonide (inhalation suspension), T1</i>	<i>calcitriol (oral capsule), T1</i>
<i>budesonide (oral capsule delayed release particles), T1</i>	<i>calcitriol (oral solution), T1</i>
<i>budesonide er (oral tablet extended release 24 hour), T1</i>	<i>calcium acetate (667mg oral tablet), T1</i>
<i>bumetanide (injection solution), T1</i>	<i>calcium acetate (phosphate binder) (oral capsule), T1</i>
<i>bumetanide (oral tablet), T1</i>	CALQUENCE (ORAL CAPSULE), T1
<i>buprenorphine (transdermal patch weekly), T1</i>	<i>camila (oral tablet), T1</i>
<i>buprenorphine hcl (tablet sublingual), T1</i>	<i>camrese lo (oral tablet), T1</i>

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<i>candesartan cilexetil (oral tablet), T1</i>	<i>cefixime (oral capsule), T1</i>
<i>candesartan cilexetil-hctz (oral tablet), T1</i>	<i>cefixime (oral suspension reconstituted), T1</i>
CAPLYTA (42MG ORAL CAPSULE), T1	<i>cefotetan disodium (injection solution reconstituted), T1</i>
CAPRELSA (ORAL TABLET), T1	<i>cefoxitin sodium (intravenous solution reconstituted), T1</i>
<i>captopril (oral tablet), T1</i>	<i>cefpodoxime proxetil (oral suspension reconstituted), T1</i>
<i>carbamazepine (oral suspension), T1</i>	<i>cefpodoxime proxetil (oral tablet), T1</i>
<i>carbamazepine (oral tablet chewable), T1</i>	<i>cefprozil (oral suspension reconstituted), T1</i>
<i>carbamazepine (oral tablet immediate release), T1</i>	<i>cefprozil (oral tablet), T1</i>
<i>carbamazepine er (oral capsule extended release 12 hour), T1</i>	<i>ceftazidime (injection solution reconstituted), T1</i>
<i>carbamazepine er (oral tablet extended release 12 hour), T1</i>	<i>ceftazidime (intravenous solution reconstituted), T1</i>
<i>carbidopa (oral tablet), T1</i>	<i>ceftriaxone sodium (10gm intravenous solution reconstituted), T1</i>
<i>carbidopa-levodopa (oral tablet immediate release), T1</i>	<i>ceftriaxone sodium (1gm injection solution reconstituted, 250mg injection solution reconstituted, 2gm injection solution reconstituted, 500mg injection solution reconstituted), T1</i>
<i>carbidopa-levodopa er (oral tablet extended release), T1</i>	<i>cefuroxime axetil (oral tablet), T1</i>
<i>carbidopa-levodopa odt (oral tablet dispersible), T1</i>	<i>cefuroxime sodium (injection solution reconstituted), T1</i>
<i>carbidopa-levodopa-entacapone (oral tablet), T1</i>	<i>cefuroxime sodium (intravenous solution reconstituted), T1</i>
<i>carglumic acid (oral tablet soluble), T1</i>	<i>celecoxib (oral capsule), T1</i>
<i>carteolol hcl (ophthalmic solution), T1</i>	CELONTIN (ORAL CAPSULE), T1
<i>cartia xt (oral capsule extended release 24 hour), T1</i>	<i>cephalexin (250mg oral capsule, 500mg oral capsule), T1</i>
<i>carvedilol (oral tablet), T1</i>	<i>cephalexin (750mg oral capsule), T1</i>
CAYSTON (INHALATION SOLUTION RECONSTITUTED), T1	<i>cephalexin (oral suspension reconstituted), T1</i>
<i>caziant (oral tablet), T1</i>	<i>cetirizine hcl (1mg/ml oral solution), T1</i>
<i>cefaclor (oral capsule), T1</i>	CHEMET (ORAL CAPSULE), T1
<i>cefadroxil (oral capsule), T1</i>	<i>chenodal (oral tablet), T1</i>
<i>cefadroxil (oral suspension reconstituted), T1</i>	<i>chlordiazepoxide hcl (oral capsule), T1</i>
<i>cefazolin sodium (10gm injection solution reconstituted, 1gm injection solution reconstituted, 500mg injection solution reconstituted), T1</i>	<i>chlorhexidine gluconate (mouth solution), T1</i>
<i>cefdinir (oral capsule), T1</i>	<i>chloroquine phosphate (oral tablet), T1</i>
<i>cefdinir (oral suspension reconstituted), T1</i>	<i>chlorpromazine hcl (oral concentrate), T1</i>
<i>cefepime hcl (injection solution reconstituted), T1</i>	<i>chlorpromazine hcl (oral tablet), T1</i>

Brand name drugs = CAPITALIZED

Generic drugs = lower case italics

<i>chlorthalidone (oral tablet), T1</i>	<i>clarithromycin (oral tablet immediate release), T1</i>
<i>chlorzoxazone (500mg oral tablet), T1</i>	<i>clarithromycin er (oral tablet extended release 24 hour), T1</i>
CHOLBAM (ORAL CAPSULE), T1	CLENPIQ (ORAL SOLUTION), T1
<i>cholestyramine (oral packet), T1</i>	CLIMARA PRO (TRANSDERMAL PATCH WEEKLY), T1
<i>cholestyramine light (oral packet), T1</i>	<i>clindacin etz (external swab), T1</i>
<i>ciclopirox (external gel), T1</i>	<i>clindamycin hcl (oral capsule), T1</i>
<i>ciclopirox (external shampoo), T1</i>	<i>clindamycin palmitate hcl (oral solution reconstituted), T1</i>
<i>ciclopirox (external solution), T1</i>	<i>clindamycin phosphate (300mg/2ml injection solution, 600mg/4ml injection solution, 900mg/6ml injection solution), T1</i>
<i>ciclopirox olamine (external cream), T1</i>	<i>clindamycin phosphate (external gel), T1</i>
<i>ciclopirox olamine (external suspension), T1</i>	<i>clindamycin phosphate (external lotion), T1</i>
<i>cilostazol (oral tablet), T1</i>	<i>clindamycin phosphate (external solution), T1</i>
CILOXAN (OPHTHALMIC OINTMENT), T1	<i>clindamycin phosphate (external swab), T1</i>
CIMDUO (ORAL TABLET), T1	<i>clindamycin phosphate (vaginal cream), T1</i>
<i>cimetidine (oral tablet), T1</i>	<i>clindamycin phosphate in d5w (intravenous solution), T1</i>
<i>cimetidine hcl (oral solution), T1</i>	<i>clindamycin phosphate-benzoyl peroxide (1-5% external gel, 1.2-5% external gel), T1</i>
CIMZIA (SUBCUTANEOUS KIT), T1	<i>clobazam (oral suspension), T1</i>
CIMZIA PREFILLED (2 X 200MG/ML SUBCUTANEOUS PREFILLED SYRINGE KIT), T1	<i>clobazam (oral tablet), T1</i>
<i>cinacalcet hcl (oral tablet), T1</i>	<i>clobetasol propionate (external cream), T1</i>
CINRYZE (INTRAVENOUS SOLUTION RECONSTITUTED), T1	<i>clobetasol propionate (external gel), T1</i>
CIPRO HC (OTIC SUSPENSION), T1	<i>clobetasol propionate (external ointment), T1</i>
<i>ciprofloxacin hcl (100mg oral tablet immediate release), T1</i>	<i>clobetasol propionate (external shampoo), T1</i>
<i>ciprofloxacin hcl (250mg oral tablet immediate release, 500mg oral tablet immediate release, 750mg oral tablet immediate release), T1</i>	<i>clobetasol propionate (external solution), T1</i>
<i>ciprofloxacin hcl (ophthalmic solution), T1</i>	<i>clobetasol propionate emollient base (external cream), T1</i>
<i>ciprofloxacin in d5w (200mg/100ml intravenous solution), T1</i>	<i>clodan (external shampoo), T1</i>
<i>ciprofloxacin-dexamethasone (otic suspension), T1</i>	<i>clomipramine hcl (oral capsule), T1</i>
CITALOPRAM HYDROBROMIDE (ORAL CAPSULE), T1	<i>clonazepam (0.5mg oral tablet, 1mg oral tablet, 2mg oral tablet), T1</i>
<i>citalopram hydrobromide (oral solution), T1</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), T1</i>
<i>citalopram hydrobromide (oral tablet), T1</i>	<i>clonidine (transdermal patch weekly), T1</i>
<i>claravis (oral capsule), T1</i>	
<i>clarithromycin (oral suspension reconstituted), T1</i>	

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<i>clonidine hcl (oral tablet immediate release), T1</i>	<i>constulose (oral solution), T1</i>
<i>clonidine hcl er (oral tablet extended release 12 hour), T1</i>	COPIKTRA (ORAL CAPSULE), T1
<i>clopidogrel bisulfate (75mg oral tablet), T1</i>	CORDRAN (EXTERNAL TAPE), T1
<i>clorazepate dipotassium (oral tablet), T1</i>	CORLANOR (ORAL SOLUTION), T1
<i>clotrimazole (external cream), T1</i>	CORLANOR (ORAL TABLET), T1
<i>clotrimazole (external solution), T1</i>	COSENTYX (300MG DOSE) (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE), T1
<i>clotrimazole (mouth/throat troche), T1</i>	COSENTYX (75MG/0.5ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE), T1
<i>clotrimazole-betamethasone (external cream), T1</i>	COSENTYX SENSOREADY (300MG) (SUBCUTANEOUS SOLUTION AUTO-INJECTOR), T1
<i>clotrimazole-betamethasone (external lotion), T1</i>	COTELLIC (ORAL TABLET), T1
<i>clozapine (100mg oral tablet, 200mg oral tablet, 25mg oral tablet, 50mg oral tablet), T1</i>	CREON (ORAL CAPSULE DELAYED RELEASE PARTICLES), T1
<i>clozapine odt (100mg oral tablet dispersible, 12.5mg oral tablet dispersible, 150mg oral tablet dispersible, 200mg oral tablet dispersible, 25mg oral tablet dispersible), T1</i>	CRINONE (VAGINAL GEL), T1
COARTEM (ORAL TABLET), T1	<i>cromolyn sodium (inhalation nebulization solution), T1</i>
CODEINE SULFATE (15MG ORAL TABLET, 60MG ORAL TABLET), T1	<i>cromolyn sodium (ophthalmic solution), T1</i>
<i>codeine sulfate (30mg oral tablet), T1</i>	<i>cromolyn sodium (oral concentrate), T1</i>
COLCHICINE (0.6MG ORAL CAPSULE) (BRAND EQUIVALENT MITIGARE), T1	<i>crotan (external lotion), T1</i>
<i>colchicine (0.6mg oral tablet) (generic colcrys), T1</i>	<i>cryselle-28 (oral tablet), T1</i>
<i>colesevelam hcl (oral packet), T1</i>	<i>cyclobenzaprine hcl (10mg oral tablet, 5mg oral tablet), T1</i>
<i>colesevelam hcl (oral tablet), T1</i>	<i>cyclobenzaprine hcl (7.5mg oral tablet), T1</i>
<i>colestipol hcl (oral packet), T1</i>	<i>cyclophosphamide (25mg oral tablet), T1</i>
<i>colestipol hcl (oral tablet), T1</i>	CYCLOPHOSPHAMIDE (50MG ORAL TABLET), T1
<i>colistimethate sodium (cba) (injection solution reconstituted), T1</i>	<i>cyclophosphamide (oral capsule), T1</i>
COMBIGAN (OPHTHALMIC SOLUTION), T1	CYCLOSET (ORAL TABLET), T1
COMBIVENT RESPIMAT (INHALATION AEROSOL SOLUTION), T1	<i>cyclosporine (oral capsule), T1</i>
COMETRIQ (100MG DAILY DOSE) (ORAL KIT), T1	<i>cyclosporine modified (oral capsule), T1</i>
COMETRIQ (140MG DAILY DOSE) (ORAL KIT), T1	<i>cyclosporine modified (oral solution), T1</i>
COMETRIQ (60MG DAILY DOSE) (ORAL KIT), T1	<i>cyproheptadine hcl (oral syrup), T1</i>
COMPLERA (ORAL TABLET), T1	<i>cyproheptadine hcl (oral tablet), T1</i>
<i>compro (rectal suppository), T1</i>	<i>cyred eq (oral tablet), T1</i>
	CYSTADANE (ORAL POWDER), T1
	CYSTAGON (ORAL CAPSULE), T1
	CYSTARAN (OPHTHALMIC SOLUTION), T1

Brand name drugs = CAPITALIZED

Generic drugs = *lower case italics*

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<i>dalfampridine er (oral tablet extended release 12 hour), T1</i>	DEXILANT (ORAL CAPSULE DELAYED RELEASE), T1
DALIRESP (ORAL TABLET), T1	<i>dexlansoprazole (oral capsule delayed release), T1</i>
DALVANCE (INTRAVENOUS SOLUTION RECONSTITUTED), T1	<i>dexmethylphenidate hcl (oral tablet), T1</i>
<i>danazol (oral capsule), T1</i>	<i>dexmethylphenidate hcl er (oral capsule extended release 24 hour), T1</i>
<i>dantrolene sodium (oral capsule), T1</i>	<i>dextroamphetamine sulfate (oral tablet), T1</i>
<i>dapsone (oral tablet), T1</i>	<i>dextroamphetamine sulfate er (oral capsule extended release 24 hour), T1</i>
DAPTACEL (INTRAMUSCULAR SUSPENSION), T1	<i>dextrose (10% intravenous solution), T1</i>
<i>daptomycin (intravenous solution reconstituted), T1</i>	<i>dextrose (5% intravenous solution), T1</i>
DAURISMO (ORAL TABLET), T1	DEXTROSE-NACL (10-0.2% INTRAVENOUS SOLUTION, 10-0.45% INTRAVENOUS SOLUTION, 5-0.2% INTRAVENOUS SOLUTION), T1
<i>deblitane (oral tablet), T1</i>	<i>dextrose-nacl (2.5-0.45% intravenous solution, 5-0.45% intravenous solution), T1</i>
<i>deferasirox (125mg oral tablet soluble) (generic exjade), T1</i>	<i>dextrose-nacl (5-0.9% intravenous solution), T1</i>
<i>deferasirox (250mg oral tablet soluble, 500mg oral tablet soluble) (generic exjade), T1</i>	DIACOMIT (ORAL CAPSULE), T1
<i>deferasirox (oral tablet) (generic jadenu), T1</i>	DIACOMIT (ORAL PACKET), T1
<i>deferasirox granules (oral packet), T1</i>	<i>diazepam (10mg oral tablet, 2mg oral tablet, 5mg oral tablet), T1</i>
<i>deferiprone (oral tablet), T1</i>	<i>diazepam (10mg rectal gel, 2.5mg rectal gel, 20mg rectal gel), T1</i>
DELSTRIGO (ORAL TABLET), T1	<i>diazepam (5mg/5ml oral solution), T1</i>
<i>demeclocycline hcl (oral tablet), T1</i>	<i>diazepam intensol (oral concentrate), T1</i>
DEMSEER (ORAL CAPSULE), T1	<i>diazoxide (oral suspension), T1</i>
<i>depo-estradiol (intramuscular oil), T1</i>	<i>diclofenac epolamine (external patch), T1</i>
DESCOVY (200-25MG ORAL TABLET), T1	<i>diclofenac potassium (50mg oral tablet), T1</i>
<i>desipramine hcl (oral tablet), T1</i>	<i>diclofenac sodium (1% external gel), T1</i>
<i>desloratadine (oral tablet), T1</i>	<i>diclofenac sodium (3% external gel), T1</i>
<i>desmopressin acetate (oral tablet), T1</i>	<i>diclofenac sodium (ophthalmic solution), T1</i>
<i>desmopressin acetate spray (nasal solution), T1</i>	<i>diclofenac sodium (oral tablet delayed release), T1</i>
<i>desogestrel-ethinyl estradiol (oral tablet), T1</i>	<i>diclofenac sodium er (oral tablet extended release 24 hour), T1</i>
<i>desonide (external ointment), T1</i>	<i>dicloxacillin sodium (oral capsule), T1</i>
<i>desoximetasone (external cream), T1</i>	<i>dicyclomine hcl (oral capsule), T1</i>
<i>desvenlafaxine succinate er (oral tablet extended release 24 hour) (generic pristiq), T1</i>	<i>dicyclomine hcl (oral solution), T1</i>
<i>dexamethasone (oral solution), T1</i>	
<i>dexamethasone (oral tablet), T1</i>	
<i>dexamethasone sodium phosphate (ophthalmic solution), T1</i>	

T1= Tier 1 Covered Drugs

<i>dicyclomine hcl (oral tablet), T1</i>	DIURIL (ORAL SUSPENSION), T1
DIFICID (ORAL SUSPENSION RECONSTITUTED), T1	<i>divalproex sodium (oral capsule delayed release sprinkle), T1</i>
DIFICID (ORAL TABLET), T1	<i>divalproex sodium (oral tablet delayed release), T1</i>
<i>diflunisal (oral tablet), T1</i>	<i>divalproex sodium er (oral tablet extended release 24 hour), T1</i>
<i>digitek (oral tablet), T1</i>	<i>dofetilide (oral capsule), T1</i>
<i>digox (oral tablet), T1</i>	<i>dolishale (oral tablet), T1</i>
<i>digoxin (125mcg oral tablet, 250mcg oral tablet), T1</i>	<i>donepezil hcl (oral tablet), T1</i>
<i>digoxin (62.5mcg oral tablet), T1</i>	<i>donepezil hcl odt (oral tablet dispersible), T1</i>
<i>digoxin (oral solution), T1</i>	<i>dorzolamide hcl (ophthalmic solution), T1</i>
<i>dihydroergotamine mesylate (nasal solution), T1</i>	<i>dorzolamide hcl-timolol maleate (ophthalmic solution), T1</i>
<i>dilantin (oral capsule), T1</i>	<i>dorzolamide hcl-timolol maleate preservative free (ophthalmic solution), T1</i>
<i>dilantin infatabs (oral tablet chewable), T1</i>	DOVATO (ORAL TABLET), T1
<i>dilt-xr (oral capsule extended release 24 hour), T1</i>	<i>doxazosin mesylate (oral tablet), T1</i>
<i>diltiazem hcl (oral tablet immediate release), T1</i>	<i>doxepin hcl (external cream), T1</i>
<i>diltiazem hcl er (oral capsule extended release 12 hour), T1</i>	<i>doxepin hcl (oral capsule), T1</i>
<i>diltiazem hcl er beads (360mg oral capsule extended release 24 hour, 420mg oral capsule extended release 24 hour), T1</i>	<i>doxepin hcl (oral concentrate), T1</i>
<i>diltiazem hcl er coated beads (120mg oral capsule extended release 24 hour, 180mg oral capsule extended release 24 hour, 240mg oral capsule extended release 24 hour, 300mg oral capsule extended release 24 hour), T1</i>	<i>doxercalciferol (oral capsule), T1</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), T1</i>	<i>doxy 100 (intravenous solution reconstituted), T1</i>
<i>dimethyl fumarate (oral capsule delayed release), T1</i>	<i>doxycycline hyclate (100mg oral tablet immediate release, 20mg oral tablet immediate release), T1</i>
<i>dimethyl fumarate starter pack (oral capsule), T1</i>	<i>doxycycline hyclate (oral capsule), T1</i>
DIPENTUM (ORAL CAPSULE), T1	<i>doxycycline monohydrate (100mg oral capsule, 50mg oral capsule), T1</i>
<i>diphenoxylate-atropine (oral liquid), T1</i>	<i>doxycycline monohydrate (100mg oral tablet, 50mg oral tablet, 75mg oral tablet), T1</i>
<i>diphenoxylate-atropine (oral tablet), T1</i>	<i>doxycycline monohydrate (oral suspension reconstituted), T1</i>
DIPHThERIA-TETANUS TOXOIDS DT (INTRAMUSCULAR SUSPENSION), T1	DRIZALMA SPRINKLE (ORAL CAPSULE DELAYED RELEASE SPRINKLE), T1
<i>disulfiram (oral tablet), T1</i>	<i>dronabinol (oral capsule), T1</i>
	<i>drospirenone-ethinyl estradiol (oral tablet), T1</i>
	DROXIA (ORAL CAPSULE), T1
	<i>droxidopa (100mg oral capsule, 200mg oral capsule), T1</i>

Brand name drugs = CAPITALIZED

Generic drugs = lower case italics

<i>droxidopa (300mg oral capsule), T1</i>	<i>emtricitabine-tenofovir disoproxil fumarate (100-150mg oral tablet, 133-200mg oral tablet, 167-250mg oral tablet), T1</i>
DUAVEE (ORAL TABLET), T1	<i>emtricitabine-tenofovir disoproxil fumarate (200-300mg oral tablet), T1</i>
DULERA (INHALATION AEROSOL), T1	EMTRIVA (ORAL SOLUTION), T1
<i>duloxetine hcl (20mg oral capsule delayed release particles, 30mg oral capsule delayed release particles, 60mg oral capsule delayed release particles), T1</i>	<i>enalapril maleate (oral solution), T1</i>
DUPIXENT (SUBCUTANEOUS SOLUTION PEN-INJECTOR), T1	<i>enalapril maleate (oral tablet), T1</i>
DUPIXENT (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE), T1	<i>enalapril-hydrochlorothiazide (oral tablet), T1</i>
<i>dutasteride (oral capsule), T1</i>	ENBREL (25MG SUBCUTANEOUS SOLUTION RECONSTITUTED), T1
DYMISTA (NASAL SUSPENSION), T1	ENBREL (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE), T1
E	ENBREL (SUBCUTANEOUS SOLUTION), T1
<i>econazole nitrate (external cream), T1</i>	ENBREL MINI (SUBCUTANEOUS SOLUTION CARTRIDGE), T1
EDARBI (ORAL TABLET), T1	ENBREL SURECLICK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR), T1
EDARBYCLOR (ORAL TABLET), T1	<i>endocet (10-325mg oral tablet, 5-325mg oral tablet, 7.5-325mg oral tablet), T1</i>
EDURANT (ORAL TABLET), T1	ENGERIX-B (INJECTION SUSPENSION), T1
<i>efavirenz (oral capsule), T1</i>	<i>enoxaparin sodium (injection solution prefilled syringe), T1</i>
<i>efavirenz (oral tablet), T1</i>	<i>enpresse-28 (oral tablet), T1</i>
<i>efavirenz-emtricitabine-tenofovir (oral tablet), T1</i>	<i>enskyce (oral tablet), T1</i>
<i>efavirenz-lamivudine-tenofovir (oral tablet), T1</i>	<i>entacapone (oral tablet), T1</i>
EGRIFTA SV (2MG SUBCUTANEOUS SOLUTION RECONSTITUTED), T1	<i>entecavir (oral tablet), T1</i>
ELESTRIN (TRANSDERMAL GEL), T1	ENTRESTO (ORAL TABLET), T1
ELIQUIS (ORAL TABLET), T1	<i>enulose (oral solution), T1</i>
ELIQUIS STARTER PACK (ORAL TABLET), T1	ENVARBUS XR (ORAL TABLET EXTENDED RELEASE 24 HOUR), T1
ELMIRON (ORAL CAPSULE), T1	EPCLUSA (ORAL PACKET), T1
<i>eluryng (vaginal ring), T1</i>	EPCLUSA (ORAL TABLET), T1
EMCYT (ORAL CAPSULE), T1	EPIDIOLEX (ORAL SOLUTION), T1
EMGALITY (120MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE), T1	<i>epinastine hcl (ophthalmic solution), T1</i>
EMGALITY (300MG DOSE) (100MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE), T1	<i>epinephrine (injection solution auto-injector), T1</i>
EMGALITY (SUBCUTANEOUS SOLUTION AUTO-INJECTOR), T1	<i>epitol (oral tablet), T1</i>
<i>emoquette (oral tablet), T1</i>	EPIVIR HBV (ORAL SOLUTION), T1
EMSAM (TRANSDERMAL PATCH 24 HOUR), T1	<i>eplerenone (oral tablet), T1</i>
<i>emtricitabine (oral capsule), T1</i>	EPRONTIA (ORAL SOLUTION), T1

T1= Tier 1 Covered Drugs

<i>ergotamine-caffeine (oral tablet), T1</i>	<i>ethosuximide (oral solution), T1</i>
ERIVEDGE (ORAL CAPSULE), T1	<i>ethynodiol diacetate-ethinyl estradiol (oral tablet), T1</i>
ERLEADA (ORAL TABLET), T1	<i>etodolac (oral capsule), T1</i>
<i>erlotinib hcl (oral tablet), T1</i>	<i>etodolac (oral tablet immediate release), T1</i>
<i>errin (oral tablet), T1</i>	<i>etodolac er (oral tablet extended release 24 hour), T1</i>
<i>ertapenem sodium (injection solution reconstituted), T1</i>	<i>etonogestrel-ethinyl estradiol (vaginal ring), T1</i>
<i>ery (external pad), T1</i>	<i>etravirine (oral tablet), T1</i>
<i>erythrocin lactobionate (intravenous solution reconstituted), T1</i>	EUTHYROX (ORAL TABLET), T1
<i>erythromycin (external gel), T1</i>	<i>everolimus (0.25mg oral tablet, 0.5mg oral tablet, 0.75mg oral tablet, 1mg oral tablet), T1</i>
<i>erythromycin (external solution), T1</i>	<i>everolimus (10mg oral tablet, 2.5mg oral tablet, 5mg oral tablet, 7.5mg oral tablet), T1</i>
<i>erythromycin (ophthalmic ointment), T1</i>	<i>everolimus (2mg oral tablet soluble, 3mg oral tablet soluble, 5mg oral tablet soluble), T1</i>
<i>erythromycin (oral tablet delayed release), T1</i>	EVOTAZ (ORAL TABLET), T1
<i>erythromycin base (oral capsule delayed release particles), T1</i>	<i>exemestane (oral tablet), T1</i>
<i>erythromycin base (oral tablet immediate release), T1</i>	EXKIVITY (ORAL CAPSULE), T1
<i>erythromycin ethylsuccinate (200mg/5ml oral suspension reconstituted), T1</i>	<i>ezetimibe (oral tablet), T1</i>
<i>erythromycin ethylsuccinate (oral tablet), T1</i>	<i>ezetimibe-simvastatin (oral tablet), T1</i>
ESBRIET (ORAL CAPSULE), T1	F
ESBRIET (ORAL TABLET), T1	FML (OPHTHALMIC OINTMENT), T1
<i>escitalopram oxalate (oral solution), T1</i>	FML FORTE (OPHTHALMIC SUSPENSION), T1
<i>escitalopram oxalate (oral tablet), T1</i>	<i>falmina (oral tablet), T1</i>
<i>esomeprazole magnesium (oral capsule delayed release) (generic nexium), T1</i>	<i>famciclovir (oral tablet), T1</i>
<i>esomeprazole magnesium (oral packet), T1</i>	<i>famotidine (20mg oral tablet, 40mg oral tablet), T1</i>
<i>estarylla (oral tablet), T1</i>	<i>famotidine (oral suspension reconstituted), T1</i>
<i>estradiol (oral tablet), T1</i>	FANAPT (10MG ORAL TABLET, 12MG ORAL TABLET, 1MG ORAL TABLET, 2MG ORAL TABLET, 4MG ORAL TABLET, 6MG ORAL TABLET, 8MG ORAL TABLET), T1
<i>estradiol (transdermal patch weekly), T1</i>	FANAPT TITRATION PACK (ORAL TABLET), T1
<i>estradiol (vaginal cream), T1</i>	FARXIGA (ORAL TABLET), T1
<i>estradiol (vaginal tablet), T1</i>	FASENRA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE), T1
<i>estradiol valerate (intramuscular oil), T1</i>	FASENRA PEN (SUBCUTANEOUS SOLUTION AUTO-INJECTOR), T1
ESTRING (VAGINAL RING), T1	<i>febuxostat (oral tablet), T1</i>
<i>eszopiclone (oral tablet), T1</i>	
<i>ethacrynic acid (oral tablet), T1</i>	
<i>ethambutol hcl (oral tablet), T1</i>	
<i>ethosuximide (oral capsule), T1</i>	

Brand name drugs = CAPITALIZED

Generic drugs = *lower case italics*

<i>felbamate (oral suspension), T1</i>	FLAREX (OPHTHALMIC SUSPENSION), T1
<i>felbamate (oral tablet), T1</i>	FLEBOGAMMA DIF (5GM/50ML INTRAVENOUS SOLUTION), T1
<i>felodipine er (oral tablet extended release 24 hour), T1</i>	<i>flecainide acetate (oral tablet), T1</i>
FEMRING (VAGINAL RING), T1	FLOVENT DISKUS (INHALATION AEROSOL POWDER BREATH ACTIVATED), T1
<i>femynor (oral tablet), T1</i>	FLOVENT HFA (INHALATION AEROSOL), T1
<i>fenofibrate (145mg oral tablet, 48mg oral tablet), T1</i>	<i>fluconazole (oral suspension reconstituted), T1</i>
<i>fenofibrate (160mg oral tablet, 54mg oral tablet), T1</i>	<i>fluconazole (oral tablet), T1</i>
<i>fenofibrate (50mg oral capsule), T1</i>	<i>fluconazole in sodium chloride (200-0.9mg/100ml-% intravenous solution, 400-0.9mg/200ml-% intravenous solution), T1</i>
<i>fenofibrate micronized (134mg oral capsule, 200mg oral capsule, 43mg oral capsule, 67mg oral capsule), T1</i>	<i>flucytosine (oral capsule), T1</i>
<i>fenofibric acid (oral capsule delayed release), T1</i>	<i>fludrocortisone acetate (oral tablet), T1</i>
<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), T1</i>	<i>flunisolide (nasal solution), T1</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), T1</i>	<i>fluocinolone acetonide (external cream), T1</i>
<i>fentanyl citrate (200mcg buccal lozenge on a handle), T1</i>	<i>fluocinolone acetonide (external ointment), T1</i>
FERRIPROX (ORAL SOLUTION), T1	<i>fluocinolone acetonide (external solution), T1</i>
FETZIMA (ORAL CAPSULE EXTENDED RELEASE 24 HOUR), T1	<i>fluocinolone acetonide (otic oil), T1</i>
FETZIMA TITRATION (ORAL CAPSULE ER 24 HOUR THERAPY PACK), T1	<i>fluocinolone acetonide scalp (external oil), T1</i>
FINACEA (EXTERNAL FOAM), T1	<i>fluocinonide (0.05% external cream), T1</i>
<i>finasteride (5mg oral tablet) (generic proscar), T1</i>	<i>fluocinonide (external gel), T1</i>
FINTEPLA (ORAL SOLUTION), T1	<i>fluocinonide (external ointment), T1</i>
FIRMAGON (240MG DOSE) (120MG/VIAL SUBCUTANEOUS SOLUTION RECONSTITUTED), T1	<i>fluocinonide (external solution), T1</i>
FIRMAGON (80MG SUBCUTANEOUS SOLUTION RECONSTITUTED), T1	<i>fluocinonide emulsified base (external cream), T1</i>
<i>flac (otic oil), T1</i>	<i>fluorometholone (ophthalmic suspension), T1</i>
	<i>fluorouracil (5% external cream), T1</i>
	<i>fluorouracil (external solution), T1</i>
	<i>fluoxetine hcl (10mg oral capsule immediate release, 20mg oral capsule immediate release, 40mg oral capsule immediate release), T1</i>
	<i>fluoxetine hcl (20mg/5ml oral solution), T1</i>
	<i>fluoxetine hcl (90mg oral capsule delayed release), T1</i>
	<i>fluphenazine decanoate (injection solution), T1</i>
	<i>fluphenazine hcl (10mg oral tablet, 1mg oral tablet, 2.5mg oral tablet, 5mg oral tablet), T1</i>
	<i>fluphenazine hcl (2.5mg/5ml oral elixir), T1</i>
	<i>fluphenazine hcl (2.5mg/ml injection solution),</i>

T1= Tier 1 Covered Drugs

T1

fluphenazine hcl (5mg/ml oral concentrate), T1

flurbiprofen (100mg oral tablet), T1

flurbiprofen sodium (ophthalmic solution), T1

fluticasone propionate (external cream), T1

fluticasone propionate (external ointment), T1

fluticasone propionate (nasal suspension), T1

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), T1

fluvastatin sodium (oral capsule), T1

fluvastatin sodium er (oral tablet extended release 24 hour), T1

flvoxamine maleate (oral tablet), T1

fondaparinux sodium (10mg/0.8ml subcutaneous solution, 5mg/0.4ml subcutaneous solution, 7.5mg/0.6ml subcutaneous solution), T1

fondaparinux sodium (2.5mg/0.5ml subcutaneous solution), T1

formoterol fumarate (inhalation nebulization solution), T1

FORTEO (SUBCUTANEOUS SOLUTION PEN-INJECTOR), T1

fosamprenavir calcium (oral tablet), T1

fosinopril sodium (oral tablet), T1

fosinopril sodium-hctz (oral tablet), T1

FOTIVDA (ORAL CAPSULE), T1

furosemide (injection solution), T1

furosemide (oral solution), T1

furosemide (oral tablet), T1

FUZEON (SUBCUTANEOUS SOLUTION RECONSTITUTED), T1

fyavolv (oral tablet), T1

FYCOMPA (10MG ORAL TABLET, 12MG ORAL TABLET, 4MG ORAL TABLET, 6MG ORAL TABLET, 8MG ORAL TABLET), T1

FYCOMPA (2MG ORAL TABLET), T1

FYCOMPA (ORAL SUSPENSION), T1

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gabapentin (250mg/5ml oral solution), T1

gabapentin (600mg oral tablet, 800mg oral tablet), T1

gabapentin (oral capsule), T1

galantamine hydrobromide (oral solution), T1

galantamine hydrobromide (oral tablet), T1

galantamine hydrobromide er (oral capsule extended release 24 hour), T1

GAMMAGARD (2.5GM/25ML INJECTION SOLUTION), T1

GAMMAGARD S/D LESS IGA (INTRAVENOUS SOLUTION RECONSTITUTED), T1

GAMMAKED (1GM/10ML INJECTION SOLUTION), T1

GAMMAPLEX (10GM/100ML INTRAVENOUS SOLUTION, 10GM/200ML INTRAVENOUS SOLUTION, 20GM/200ML INTRAVENOUS SOLUTION, 5GM/50ML INTRAVENOUS SOLUTION), T1

GAMUNEX-C (1GM/10ML INJECTION SOLUTION), T1

GARDASIL 9 (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE), T1

GARDASIL 9 (INTRAMUSCULAR SUSPENSION), T1

gatifloxacin (ophthalmic solution), T1

GATTEX (SUBCUTANEOUS KIT), T1

gauze (non-medicated 2x2 pad), T1

gavilyte-c (240gm oral solution reconstituted), T1

gavilyte-g (oral solution reconstituted), T1

GAVRETO (ORAL CAPSULE), T1

gemfibrozil (oral tablet), T1

generlac (oral solution), T1

gengraf (oral capsule), T1

Brand name drugs = CAPITALIZED

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<i>gengraf (oral solution), T1</i>	GVOKE KIT (SUBCUTANEOUS SOLUTION), T1
GENOTROPIN (SUBCUTANEOUS CARTRIDGE), T1	GVOKE PFS (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE), T1
GENOTROPIN MINIQUICK (SUBCUTANEOUS PREFILLED SYRINGE), T1	H
<i>gentak (ophthalmic ointment), T1</i>	HAEGARDA (SUBCUTANEOUS SOLUTION RECONSTITUTED), T1
<i>gentamicin sulfate (40mg/ml injection solution), T1</i>	<i>hailey 24 fe (oral tablet), T1</i>
<i>gentamicin sulfate (external cream), T1</i>	<i>halobetasol propionate (external cream), T1</i>
<i>gentamicin sulfate (external ointment), T1</i>	<i>halobetasol propionate (external ointment), T1</i>
<i>gentamicin sulfate (ophthalmic solution), T1</i>	<i>haloperidol (oral tablet), T1</i>
<i>gentamicin sulfate-0.9% sodium chloride (intravenous solution), T1</i>	<i>haloperidol decanoate (intramuscular solution), T1</i>
GENVOYA (ORAL TABLET), T1	<i>haloperidol lactate (injection solution), T1</i>
GILENYA (0.5MG ORAL CAPSULE), T1	<i>haloperidol lactate (oral concentrate), T1</i>
GILOTRIF (ORAL TABLET), T1	HAVRIX (INTRAMUSCULAR SUSPENSION), T1
GLASSIA (INTRAVENOUS SOLUTION), T1	<i>heparin sodium (10000unit/ml injection solution, 20000unit/ml injection solution, 5000unit/ml injection solution), T1</i>
<i>glatiramer acetate (subcutaneous solution prefilled syringe), T1</i>	<i>heparin sodium (1000unit/ml injection solution), T1</i>
<i>glatopa (subcutaneous solution prefilled syringe), T1</i>	HETLIOZ (ORAL CAPSULE), T1
<i>glimepiride (oral tablet), T1</i>	HETLIOZ LQ (ORAL SUSPENSION), T1
<i>glipizide (oral tablet immediate release), T1</i>	HIBERIX (INJECTION SOLUTION RECONSTITUTED), T1
<i>glipizide er (oral tablet extended release 24 hour), T1</i>	HUMALOG (INJECTION SOLUTION), T1
<i>glipizide-metformin hcl (oral tablet), T1</i>	HUMALOG (SUBCUTANEOUS SOLUTION CARTRIDGE), T1
GLUCAGEN HYPOKIT (INJECTION SOLUTION RECONSTITUTED), T1	HUMALOG JUNIOR KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR), T1
<i>glucagon (injection kit) (lilly), T1</i>	HUMALOG KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR), T1
<i>glycopyrrolate (oral solution) (generic cuvposa), T1</i>	HUMALOG MIX 50/50 (SUBCUTANEOUS SUSPENSION), T1
GLYXAMBI (ORAL TABLET), T1	HUMALOG MIX 50/50 KWIKPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR), T1
<i>granisetron hcl (oral tablet), T1</i>	HUMALOG MIX 75/25 (SUBCUTANEOUS SUSPENSION), T1
<i>griseofulvin microsize (oral suspension), T1</i>	HUMALOG MIX 75/25 KWIKPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR), T1
<i>griseofulvin microsize (oral tablet), T1</i>	
<i>griseofulvin ultramicrosize (oral tablet), T1</i>	
<i>guanfacine hcl er (oral tablet extended release 24 hour), T1</i>	
GVOKE HYPOPEN 2-PACK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR), T1	

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INJECTOR), T1	<i>hydrocortisone (1% external cream), T1</i>
HUMIRA (SUBCUTANEOUS PREFILLED SYRINGE KIT), T1	<i>hydrocortisone (1% external ointment, 2.5% external ointment), T1</i>
HUMIRA PEDIATRIC CROHNS START (SUBCUTANEOUS PREFILLED SYRINGE KIT), T1	<i>hydrocortisone (2.5% external lotion), T1</i>
HUMIRA PEN (SUBCUTANEOUS PEN-INJECTOR KIT), T1	<i>hydrocortisone (oral tablet), T1</i>
HUMIRA PEN CROHNS DISEASE STARTER (SUBCUTANEOUS PEN-INJECTOR KIT), T1	<i>hydrocortisone (perianal) (2.5% external cream), T1</i>
HUMIRA PEN PSORIASIS STARTER (40MG/0.8ML SUBCUTANEOUS PEN-INJECTOR KIT), T1	<i>hydrocortisone (rectal enema), T1</i>
HUMIRA PEN PSORIASIS STARTER (80MG/0.8ML AND 40MG/0.4ML SUBCUTANEOUS PEN-INJECTOR KIT), T1	<i>hydrocortisone butyrate (external ointment), T1</i>
HUMIRA PEN-PEDIATRIC UC START (SUBCUTANEOUS PEN-INJECTOR KIT), T1	<i>hydrocortisone valerate (external cream), T1</i>
HUMULIN 70/30 (SUBCUTANEOUS SUSPENSION), T1	<i>hydrocortisone valerate (external ointment), T1</i>
HUMULIN 70/30 KWIKPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR), T1	<i>hydrocortisone-acetic acid (otic solution), T1</i>
HUMULIN N (SUBCUTANEOUS SUSPENSION), T1	<i>hydromorphone hcl (1mg/ml oral liquid), T1</i>
HUMULIN N KWIKPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR), T1	<i>hydromorphone hcl (2mg oral tablet immediate release, 4mg oral tablet immediate release, 8mg oral tablet immediate release), T1</i>
HUMULIN R (INJECTION SOLUTION), T1	<i>hydromorphone hcl er (oral tablet extended release 24 hour), T1</i>
HUMULIN R U-500 (CONCENTRATED) (SUBCUTANEOUS SOLUTION), T1	<i>hydromorphone hcl preservative free (10mg/ml injection solution, 50mg/5ml injection solution), T1</i>
HUMULIN R U-500 KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR), T1	<i>hydroxychloroquine sulfate (200mg oral tablet), T1</i>
<i>hydralazine hcl (oral tablet), T1</i>	<i>hydroxyurea (oral capsule), T1</i>
<i>hydrochlorothiazide (oral capsule), T1</i>	<i>hydroxyzine hcl (oral syrup), T1</i>
<i>hydrochlorothiazide (oral tablet), T1</i>	<i>hydroxyzine hcl (oral tablet), T1</i>
<i>hydrocodone-acetaminophen (10-325mg oral tablet, 5-325mg oral tablet, 7.5-325mg oral tablet), T1</i>	<i>hydroxyzine pamoate (oral capsule), T1</i>
<i>hydrocodone-acetaminophen (7.5-325mg/15ml oral solution), T1</i>	I
<i>hydrocodone-ibuprofen (7.5-200mg oral tablet), T1</i>	IDHIFA (ORAL TABLET), T1
	IPOL (INJECTION), T1
	<i>ibandronate sodium (oral tablet), T1</i>
	IBRANCE (ORAL CAPSULE), T1
	IBRANCE (ORAL TABLET), T1
	<i>ibu (600mg oral tablet, 800mg oral tablet), T1</i>
	<i>ibuprofen (400mg oral tablet, 600mg oral tablet, 800mg oral tablet), T1</i>
	<i>ibuprofen (oral suspension), T1</i>
	<i>icatibant acetate (subcutaneous solution), T1</i>
	<i>iclevia (oral tablet), T1</i>
	ICLUSIG (ORAL TABLET), T1

Brand name drugs = CAPITALIZED

Generic drugs = lower case italics

<i>icosapent ethyl (oral capsule), T1</i>	(BRAND EQUIVALENT HUMALOG), T1
ILEVRO (OPHTHALMIC SUSPENSION), T1	INSULIN LISPRO PROT & LISPRO (SUBCUTANEOUS SUSPENSION PEN-INJECTOR) (BRAND EQUIVALENT HUMALOG), T1
<i>imatinib mesylate (oral tablet), T1</i>	<i>insulin syringes, needles, T1</i>
IMBRUVICA (ORAL CAPSULE), T1	INTELENCE (25MG ORAL TABLET), T1
IMBRUVICA (ORAL TABLET), T1	INTRALIPID (INTRAVENOUS EMULSION), T1
<i>imipenem-cilastatin (intravenous solution reconstituted), T1</i>	INTRON A (INJECTION SOLUTION RECONSTITUTED), T1
<i>imipramine hcl (oral tablet), T1</i>	<i>introvale (oral tablet), T1</i>
<i>imipramine pamoate (oral capsule), T1</i>	INVEGA HAFYERA (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE), T1
<i>imiquimod (5% external cream), T1</i>	INVEGA SUSTENNA (117MG/0.75ML INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE, 156MG/ML INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE, 234MG/1.5ML INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE, 78MG/0.5ML INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE), T1
<i>imiquimod pump (3.75% external cream), T1</i>	INVEGA SUSTENNA (39MG/0.25ML INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE), T1
IMOVAX RABIES (INTRAMUSCULAR INJECTABLE), T1	INVEGA TRINZA (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE), T1
IMPAVIDO (ORAL CAPSULE), T1	<i>ipratropium bromide (inhalation solution), T1</i>
IMVEXXY MAINTENANCE PACK (VAGINAL INSERT), T1	<i>ipratropium bromide (nasal solution), T1</i>
IMVEXXY STARTER PACK (VAGINAL INSERT), T1	<i>ipratropium-albuterol (inhalation solution), T1</i>
<i>incassia (oral tablet), T1</i>	<i>irbesartan (oral tablet), T1</i>
INCRELEX (SUBCUTANEOUS SOLUTION), T1	<i>irbesartan-hydrochlorothiazide (oral tablet), T1</i>
INCRUSE ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED), T1	IRESSA (ORAL TABLET), T1
<i>indapamide (oral tablet), T1</i>	ISENTRESS (100MG ORAL TABLET CHEWABLE), T1
<i>indomethacin (25mg oral capsule immediate release, 50mg oral capsule immediate release), T1</i>	ISENTRESS (25MG ORAL TABLET CHEWABLE), T1
INFANRIX (INTRAMUSCULAR SUSPENSION), T1	ISENTRESS (ORAL PACKET), T1
INGREZZA (ORAL CAPSULE THERAPY PACK), T1	ISENTRESS (ORAL TABLET), T1
INGREZZA (ORAL CAPSULE), T1	ISENTRESS HD (ORAL TABLET), T1
INLYTA (ORAL TABLET), T1	<i>isibloom (oral tablet), T1</i>
INQOVI (ORAL TABLET), T1	ISOLYTE-P IN D5W (INTRAVENOUS
INREBIC (ORAL CAPSULE), T1	
INSULIN LISPRO (1 UNIT DIAL) (SUBCUTANEOUS SOLUTION PEN-INJECTOR) (BRAND EQUIVALENT HUMALOG), T1	
INSULIN LISPRO (INJECTION SOLUTION) (BRAND EQUIVALENT HUMALOG), T1	
INSULIN LISPRO JUNIOR KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	

T1= Tier 1 Covered Drugs

SOLUTION), T1	<i>junel fe 1.5/30 (oral tablet), T1</i>
ISOLYTE-S PH 7.4 (INTRAVENOUS SOLUTION), T1	<i>junel fe 1/20 (oral tablet), T1</i>
<i>isoniazid (oral syrup), T1</i>	<i>junel fe 24 (oral tablet), T1</i>
<i>isoniazid (oral tablet), T1</i>	JUXTAPID (ORAL CAPSULE), T1
<i>isosorbide dinitrate (10mg oral tablet immediate release, 20mg oral tablet immediate release, 30mg oral tablet immediate release, 5mg oral tablet immediate release), T1</i>	K
<i>isosorbide dinitrate-hydralazine (oral tablet), T1</i>	KCL IN DEXTROSE-NACL (INTRAVENOUS SOLUTION), T1
<i>isosorbide mononitrate (oral tablet immediate release), T1</i>	KCL-LACTATED RINGERS-D5W (INTRAVENOUS SOLUTION), T1
<i>isosorbide mononitrate er (oral tablet extended release 24 hour), T1</i>	<i>kaitlib fe (oral tablet chewable), T1</i>
<i>isotretinoin (oral capsule), T1</i>	KALYDECO (ORAL PACKET), T1
ISTURISA (ORAL TABLET), T1	KALYDECO (ORAL TABLET), T1
<i>itraconazole (oral capsule), T1</i>	<i>kariva (oral tablet), T1</i>
<i>itraconazole (oral solution), T1</i>	<i>kelnor 1/35 (oral tablet), T1</i>
<i>ivermectin (oral tablet), T1</i>	<i>kelnor 1/50 (oral tablet), T1</i>
IXIARO (INTRAMUSCULAR SUSPENSION), T1	KERENDIA (ORAL TABLET), T1
J	<i>ketoconazole (external cream), T1</i>
JAKAFI (ORAL TABLET), T1	<i>ketoconazole (external shampoo), T1</i>
<i>jantoven (oral tablet), T1</i>	<i>ketoconazole (oral tablet), T1</i>
JANUMET (ORAL TABLET IMMEDIATE RELEASE), T1	<i>ketorolac tromethamine (ophthalmic solution), T1</i>
JANUMET XR (ORAL TABLET EXTENDED RELEASE 24 HOUR), T1	KINERET (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE), T1
JANUVIA (ORAL TABLET), T1	KINRIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE), T1
JARDIANCE (ORAL TABLET), T1	KISQALI (200MG DOSE) (ORAL TABLET), T1
<i>jasmiel (oral tablet), T1</i>	KISQALI (400MG DOSE) (ORAL TABLET), T1
JENTADUETO (ORAL TABLET IMMEDIATE RELEASE), T1	KISQALI (600MG DOSE) (ORAL TABLET), T1
JENTADUETO XR (ORAL TABLET EXTENDED RELEASE 24 HOUR), T1	KISQALI FEMARA (200MG DOSE) (ORAL TABLET THERAPY PACK), T1
<i>jinteli (oral tablet), T1</i>	KISQALI FEMARA (400MG DOSE) (ORAL TABLET THERAPY PACK), T1
JUBLIA (EXTERNAL SOLUTION), T1	KISQALI FEMARA (600MG DOSE) (ORAL TABLET THERAPY PACK), T1
<i>juleber (oral tablet), T1</i>	<i>klor-con (oral packet), T1</i>
JULUCA (ORAL TABLET), T1	KLOR-CON 10 (ORAL TABLET EXTENDED RELEASE), T1
<i>junel 1.5/30 (oral tablet), T1</i>	KLOR-CON 8 (ORAL TABLET EXTENDED RELEASE), T1
<i>junel 1/20 (oral tablet), T1</i>	<i>klor-con m10 (oral tablet extended release), T1</i>

Brand name drugs = CAPITALIZED

Generic drugs = *lower case italics*

<i>klor-con m15 (oral tablet extended release), T1</i>	LAYOLIS FE (ORAL TABLET CHEWABLE), T1
<i>klor-con m20 (oral tablet extended release), T1</i>	<i>leena (oral tablet), T1</i>
KORLYM (ORAL TABLET), T1	<i>leflunomide (oral tablet), T1</i>
KOSELUGO (ORAL CAPSULE), T1	<i>lenalidomide (oral capsule), T1</i>
<i>kurvelo (oral tablet), T1</i>	LENVIMA 10MG DAILY DOSE (ORAL CAPSULE THERAPY PACK), T1
KYNMOBI (10MG SUBLINGUAL FILM, 15MG SUBLINGUAL FILM, 20MG SUBLINGUAL FILM, 25MG SUBLINGUAL FILM, 30MG SUBLINGUAL FILM), T1	LENVIMA 12MG DAILY DOSE (ORAL CAPSULE THERAPY PACK), T1
L	LENVIMA 14MG DAILY DOSE (ORAL CAPSULE THERAPY PACK), T1
<i>larin 1.5/30 (oral tablet), T1</i>	LENVIMA 18MG DAILY DOSE (ORAL CAPSULE THERAPY PACK), T1
<i>larin 1/20 (oral tablet), T1</i>	LENVIMA 20MG DAILY DOSE (ORAL CAPSULE THERAPY PACK), T1
<i>larin fe 1.5/30 (oral tablet), T1</i>	LENVIMA 24MG DAILY DOSE (ORAL CAPSULE THERAPY PACK), T1
<i>larin fe 1/20 (oral tablet), T1</i>	LENVIMA 4MG DAILY DOSE (ORAL CAPSULE THERAPY PACK), T1
<i>labetalol hcl (oral tablet), T1</i>	LENVIMA 8MG DAILY DOSE (ORAL CAPSULE THERAPY PACK), T1
<i>lacosamide (oral solution), T1</i>	<i>lessina (oral tablet), T1</i>
<i>lacosamide (oral tablet), T1</i>	<i>letrozole (oral tablet), T1</i>
LACRISERT (OPHTHALMIC INSERT), T1	<i>leucovorin calcium (10mg oral tablet, 15mg oral tablet, 5mg oral tablet), T1</i>
<i>lactulose (10gm/15ml oral solution), T1</i>	<i>leucovorin calcium (25mg oral tablet), T1</i>
<i>lamivudine (100mg oral tablet), T1</i>	LEUKERAN (ORAL TABLET), T1
<i>lamivudine (10mg/ml oral solution), T1</i>	LEUKINE (INJECTION SOLUTION RECONSTITUTED), T1
<i>lamivudine (150mg oral tablet, 300mg oral tablet), T1</i>	<i>leuprolide acetate (injection kit), T1</i>
<i>lamivudine-zidovudine (oral tablet), T1</i>	<i>levalbuterol hcl (inhalation nebulization solution), T1</i>
<i>lamotrigine (100mg oral tablet immediate release, 150mg oral tablet immediate release, 200mg oral tablet immediate release, 25mg oral tablet immediate release), T1</i>	<i>levalbuterol tartrate (inhalation aerosol), T1</i>
<i>lamotrigine (25mg oral tablet chewable, 5mg oral tablet chewable), T1</i>	LEVEMIR (SUBCUTANEOUS SOLUTION), T1
LANOXIN (ORAL TABLET), T1	LEVEMIR FLEXTOUCH (SUBCUTANEOUS SOLUTION PEN-INJECTOR), T1
<i>lansoprazole (oral capsule delayed release), T1</i>	<i>levetiracetam (oral solution), T1</i>
<i>lanthanum carbonate (oral tablet chewable), T1</i>	<i>levetiracetam (oral tablet immediate release), T1</i>
LANTUS (SUBCUTANEOUS SOLUTION), T1	<i>levetiracetam er (oral tablet extended release 24 hour), T1</i>
LANTUS SOLOSTAR (SUBCUTANEOUS SOLUTION PEN-INJECTOR), T1	LEVO-T (ORAL TABLET), T1
<i>lapatinib ditosylate (oral tablet), T1</i>	<i>levobunolol hcl (ophthalmic solution), T1</i>
<i>larissia (oral tablet), T1</i>	
<i>latanoprost (ophthalmic solution), T1</i>	
LATUDA (ORAL TABLET), T1	

T1= Tier 1 Covered Drugs

<i>levocarnitine (1gm/10ml oral solution), T1</i>	LIVALO (ORAL TABLET), T1
LEVOCARNITINE (330MG ORAL TABLET), T1	LOKELMA (ORAL PACKET), T1
<i>levocetirizine dihydrochloride (oral tablet), T1</i>	LONHALA MAGNAIR (INHALATION SOLUTION), T1
<i>levofloxacin (0.5% ophthalmic solution), T1</i>	LONSURF (ORAL TABLET), T1
<i>levofloxacin (250mg oral tablet, 500mg oral tablet, 750mg oral tablet), T1</i>	<i>loperamide hcl (oral capsule), T1</i>
<i>levofloxacin (25mg/ml intravenous solution), T1</i>	<i>lopinavir-ritonavir (oral solution), T1</i>
<i>levofloxacin (25mg/ml oral solution), T1</i>	<i>lopinavir-ritonavir (oral tablet), T1</i>
<i>levofloxacin in d5w (500mg/100ml intravenous solution, 750mg/150ml intravenous solution), T1</i>	<i>lorazepam (oral tablet), T1</i>
<i>levonest (oral tablet), T1</i>	<i>lorazepam intensol (oral concentrate), T1</i>
<i>levonorgestrel-ethinyl estradiol & ethinyl estradiol (oral tablet), T1</i>	LORBRENA (ORAL TABLET), T1
<i>levonorgestrel-ethinyl estradiol (oral tablet), T1</i>	<i>loryna (oral tablet), T1</i>
<i>levonorgestrel-ethinyl estradiol 91-day (oral tablet), T1</i>	<i>losartan potassium (oral tablet), T1</i>
<i>levora 0.15/30 (28) (oral tablet), T1</i>	<i>losartan potassium-hctz (oral tablet), T1</i>
<i>levorphanol tartrate (oral tablet), T1</i>	LOTEMAX (OPHTHALMIC GEL), T1
<i>levothyroxine sodium (oral tablet), T1</i>	LOTEMAX (OPHTHALMIC OINTMENT), T1
LEVOXYL (ORAL TABLET), T1	LOTEMAX (OPHTHALMIC SUSPENSION), T1
LEXIVA (ORAL SUSPENSION), T1	LOTEMAX SM (OPHTHALMIC GEL), T1
<i>lidocaine (5% external ointment), T1</i>	<i>loteprednol etabonate (ophthalmic gel), T1</i>
<i>lidocaine (5% external patch), T1</i>	<i>loteprednol etabonate (ophthalmic suspension), T1</i>
<i>lidocaine hcl (4% external solution), T1</i>	<i>lovastatin (oral tablet), T1</i>
<i>lidocaine viscous (2% mouth/throat solution), T1</i>	<i>low-ogestrel (oral tablet), T1</i>
<i>lidocaine-prilocaine (external cream), T1</i>	<i>loxapine succinate (oral capsule), T1</i>
<i>linezolid (intravenous solution), T1</i>	<i>lubiprostone (oral capsule), T1</i>
<i>linezolid (oral suspension reconstituted), T1</i>	LUMAKRAS (ORAL TABLET), T1
<i>linezolid (oral tablet), T1</i>	LUMIGAN (OPHTHALMIC SOLUTION), T1
LINZESS (ORAL CAPSULE), T1	LUPRON DEPOT (1-MONTH) (INTRAMUSCULAR KIT), T1
<i>liothyronine sodium (oral tablet), T1</i>	LUPRON DEPOT (3-MONTH) (INTRAMUSCULAR KIT), T1
<i>lisinopril (oral tablet), T1</i>	LUPRON DEPOT (4-MONTH) (INTRAMUSCULAR KIT), T1
<i>lisinopril-hydrochlorothiazide (oral tablet), T1</i>	LUPRON DEPOT (6-MONTH) (INTRAMUSCULAR KIT), T1
<i>lithium carbonate (oral capsule), T1</i>	<i>lutea (oral tablet), T1</i>
<i>lithium carbonate (oral tablet immediate release), T1</i>	LYBALVI (ORAL TABLET), T1
<i>lithium carbonate er (oral tablet extended release), T1</i>	<i>lyleq (oral tablet), T1</i>
LITHOSTAT (ORAL TABLET), T1	LYNPARZA (ORAL TABLET), T1

Brand name drugs = CAPITALIZED

Generic drugs = *lower case italics*

LYSODREN (ORAL TABLET), T1	MEKTOVI (ORAL TABLET), T1
LYUMJEV (INJECTION SOLUTION), T1	<i>meloxicam (oral tablet), T1</i>
LYUMJEV KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR), T1	<i>memantine hcl (10mg oral tablet, 5mg oral tablet), T1</i>
<i>lyza (oral tablet), T1</i>	<i>memantine hcl (2mg/ml oral solution), T1</i>
M	<i>memantine hcl er (oral capsule extended release 24 hour), T1</i>
M-M-R II (INJECTION SOLUTION RECONSTITUTED), T1	MEMANTINE HCL TITRATION PAK (ORAL TABLET), T1
<i>magnesium sulfate (50% (10ml syringe) injection solution), T1</i>	MENQUADFI (INTRAMUSCULAR SOLUTION), T1
MAGNESIUM SULFATE (50% INJECTION SOLUTION), T1	MENACTRA (INTRAMUSCULAR SOLUTION), T1
<i>malathion (external lotion), T1</i>	<i>menest (oral tablet), T1</i>
<i>maraviroc (oral tablet), T1</i>	MENTAX (EXTERNAL CREAM), T1
<i>marlissa (oral tablet), T1</i>	MENVEO (INTRAMUSCULAR SOLUTION RECONSTITUTED), T1
MARPLAN (ORAL TABLET), T1	<i>mercaptopurine (oral tablet), T1</i>
MATULANE (ORAL CAPSULE), T1	<i>meropenem (intravenous solution reconstituted), T1</i>
<i>matzim la (oral tablet extended release 24 hour), T1</i>	<i>mesalamine (1.2gm oral tablet delayed release) (generic lialda), T1</i>
MAVYRET (ORAL PACKET), T1	<i>mesalamine (rectal enema), T1</i>
MAVYRET (ORAL TABLET), T1	<i>mesalamine (rectal suppository), T1</i>
MAYZENT (ORAL TABLET), T1	<i>mesalamine er (0.375gm oral capsule extended release 24 hour) (generic apriso), T1</i>
MAYZENT STARTER PACK (12 X 0.25MG ORAL TABLET THERAPY PACK), T1	MESNEX (ORAL TABLET), T1
MAYZENT STARTER PACK (7 X 0.25MG ORAL TABLET THERAPY PACK), T1	<i>metformin hcl (1000mg oral tablet immediate release, 500mg oral tablet immediate release, 850mg oral tablet immediate release), T1</i>
<i>meclizine hcl (12.5mg oral tablet, 25mg oral tablet), T1</i>	<i>metformin hcl (oral solution), T1</i>
<i>medroxyprogesterone acetate (10mg oral tablet, 2.5mg oral tablet, 5mg oral tablet), T1</i>	<i>metformin hcl er (oral tablet extended release 24 hour) (generic glucophage xr), T1</i>
<i>medroxyprogesterone acetate (150mg/ml intramuscular suspension prefilled syringe), T1</i>	<i>methadone hcl (oral solution), T1</i>
<i>medroxyprogesterone acetate (150mg/ml intramuscular suspension), T1</i>	<i>methadone hcl (oral tablet), T1</i>
<i>mefloquine hcl (oral tablet), T1</i>	<i>methazolamide (oral tablet), T1</i>
<i>megestrol acetate (40mg/ml oral suspension), T1</i>	<i>methenamine hippurate (oral tablet), T1</i>
<i>megestrol acetate (625mg/5ml oral suspension), T1</i>	<i>methimazole (oral tablet), T1</i>
<i>megestrol acetate (oral tablet), T1</i>	<i>methocarbamol (oral tablet), T1</i>
MEKINIST (ORAL TABLET), T1	<i>methotrexate sodium (50mg/2ml injection solution prefilled syringe), T1</i>

T1= Tier 1 Covered Drugs

methotrexate sodium (50mg/2ml injection solution), T1
methotrexate sodium (oral tablet), T1
methoxsalen rapid (oral capsule), T1
methscopolamine bromide (oral tablet), T1
methylphenidate hcl (oral solution), T1
methylphenidate hcl (oral tablet immediate release) (generic ritalin), T1
methylphenidate hcl er (10mg oral tablet extended release, 20mg oral tablet extended release), T1
methylprednisolone (oral tablet therapy pack), T1
methylprednisolone (oral tablet), T1
metoclopramide hcl (5mg/5ml oral solution), T1
metoclopramide hcl (oral tablet), T1
metolazone (oral tablet), T1
metoprolol succinate er (oral tablet extended release 24 hour), T1
metoprolol tartrate (oral tablet), T1
metoprolol-hydrochlorothiazide (oral tablet), T1
metronidazole (0.75% external cream), T1
metronidazole (0.75% external gel, 1% external gel), T1
metronidazole (0.75% external lotion), T1
metronidazole (0.75% vaginal gel), T1
metronidazole (250mg oral tablet, 500mg oral tablet), T1
metronidazole (500mg/100ml intravenous solution), T1
metyrosine (oral capsule), T1
mexiletine hcl (oral capsule), T1
micafungin sodium (intravenous solution reconstituted), T1
miconazole 3 (vaginal suppository), T1
microgestin 1.5/30 (oral tablet), T1
microgestin 1/20 (oral tablet), T1
microgestin 24 fe (oral tablet), T1
microgestin fe 1.5/30 (oral tablet), T1
microgestin fe 1/20 (oral tablet), T1

midodrine hcl (oral tablet), T1
migergot (rectal suppository), T1
miglitol (oral tablet), T1
miglustat (oral capsule), T1
mili (oral tablet), T1
minocycline hcl (oral capsule), T1
minocycline hcl (oral tablet immediate release), T1
minoxidil (oral tablet), T1
mirtazapine (oral tablet), T1
mirtazapine odt (oral tablet dispersible), T1
 MIRVASO (EXTERNAL GEL), T1
misoprostol (oral tablet), T1
modafinil (oral tablet), T1
moexipril hcl (oral tablet), T1
molindone hcl (oral tablet), T1
mometasone furoate (external cream), T1
mometasone furoate (external ointment), T1
mometasone furoate (external solution), T1
mometasone furoate (nasal suspension), T1
montelukast sodium (oral packet), T1
montelukast sodium (oral tablet chewable), T1
montelukast sodium (oral tablet), T1
morphine sulfate (10mg/5ml oral solution), T1
 MORPHINE SULFATE (20MG/5ML ORAL SOLUTION), T1
morphine sulfate (concentrate) (20mg/ml oral solution), T1
morphine sulfate (oral tablet immediate release), T1
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), T1
morphine sulfate er (200mg oral tablet extended release) (generic ms contin), T1
 MOTEGRITY (ORAL TABLET), T1
 MOVANTIK (ORAL TABLET), T1
moxifloxacin hcl (ophthalmic solution) (generic vigamox), T1

Brand name drugs = CAPITALIZED

Generic drugs = lower case italics

<i>moxifloxacin hcl (oral tablet), T1</i>	<i>naproxen dr (oral tablet delayed release) (generic ec-naprosyn), T1</i>
<i>moxifloxacin hcl in nacl (intravenous solution), T1</i>	<i>naratriptan hcl (oral tablet), T1</i>
MULTAQ (ORAL TABLET), T1	NARCAN (NASAL LIQUID), T1
<i>mupirocin (external ointment), T1</i>	NATACYN (OPHTHALMIC SUSPENSION), T1
<i>mupirocin calcium (external cream), T1</i>	<i>nateglinide (oral tablet), T1</i>
MYALEPT (SUBCUTANEOUS SOLUTION RECONSTITUTED), T1	NATPARA (SUBCUTANEOUS CARTRIDGE), T1
<i>mycophenolate mofetil (oral capsule), T1</i>	NAYZILAM (NASAL SOLUTION), T1
<i>mycophenolate mofetil (oral suspension reconstituted), T1</i>	<i>nebivolol hcl (oral tablet), T1</i>
<i>mycophenolate mofetil (oral tablet), T1</i>	<i>necon 0.5/35 (28) (oral tablet), T1</i>
<i>mycophenolate sodium (oral tablet delayed release), T1</i>	<i>nefazodone hcl (oral tablet), T1</i>
<i>myorisan (oral capsule), T1</i>	<i>neomycin sulfate (oral tablet), T1</i>
MYRBETRIQ (ORAL SUSPENSION RECONSTITUTED ER), T1	<i>neomycin-bacitracin-polymyxin (5-400-10000 ophthalmic ointment), T1</i>
MYRBETRIQ (ORAL TABLET EXTENDED RELEASE 24 HOUR), T1	<i>neomycin-polymyxin-bacitracin-hydrocortisone (ophthalmic ointment), T1</i>
N	<i>neomycin-polymyxin-dexamethasone (3.5-10000-0.1 ophthalmic suspension), T1</i>
<i>nabumetone (oral tablet), T1</i>	<i>neomycin-polymyxin-dexamethasone (ophthalmic ointment), T1</i>
<i>nadolol (oral tablet), T1</i>	<i>neomycin-polymyxin-gramicidin (ophthalmic solution), T1</i>
<i>nafticillin sodium (10gm intravenous solution reconstituted), T1</i>	<i>neomycin-polymyxin-hc (1% otic solution), T1</i>
<i>nafticillin sodium (injection solution reconstituted), T1</i>	<i>neomycin-polymyxin-hc (ophthalmic suspension), T1</i>
<i>naftifine hcl (external cream), T1</i>	<i>neomycin-polymyxin-hc (otic suspension), T1</i>
NAFTIN (2% EXTERNAL GEL), T1	NERLYNX (ORAL TABLET), T1
<i>naloxone hcl (0.4mg/ml injection solution), T1</i>	<i>neuac (external gel), T1</i>
<i>naloxone hcl (injection solution cartridge), T1</i>	NEULASTA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE), T1
<i>naloxone hcl (injection solution prefilled syringe), T1</i>	NEUPRO (TRANSDERMAL PATCH 24 HOUR), T1
<i>naloxone hcl (nasal liquid), T1</i>	<i>nevirapine (oral suspension), T1</i>
<i>naltrexone hcl (oral tablet), T1</i>	<i>nevirapine (oral tablet immediate release), T1</i>
NAMZARIC (ORAL CAPSULE ER 24 HOUR THERAPY PACK), T1	<i>nevirapine er (oral tablet extended release 24 hour), T1</i>
NAMZARIC (ORAL CAPSULE EXTENDED RELEASE 24 HOUR), T1	<i>niacin (antihyperlipidemic) (oral tablet immediate release), T1</i>
<i>naproxen (oral suspension), T1</i>	<i>niacin er (antihyperlipidemic) (oral tablet extended release), T1</i>
<i>naproxen (oral tablet immediate release), T1</i>	

T1= Tier 1 Covered Drugs

<i>niacor (oral tablet), T1</i>	<i>nortrel 0.5/35 (28) (oral tablet), T1</i>
<i>nicardipine hcl (oral capsule), T1</i>	<i>nortrel 1/35 (21) (oral tablet), T1</i>
NICOTROL (INHALATION INHALER), T1	<i>nortrel 1/35 (28) (oral tablet), T1</i>
NICOTROL NS (NASAL SOLUTION), T1	<i>nortrel 7/7/7 (oral tablet), T1</i>
<i>nifedipine er (oral tablet extended release 24 hour), T1</i>	<i>nortriptyline hcl (oral capsule), T1</i>
<i>nifedipine er osmotic release (oral tablet extended release 24 hour), T1</i>	<i>nortriptyline hcl (oral solution), T1</i>
<i>nikki (oral tablet), T1</i>	NORVIR (ORAL PACKET), T1
<i>nilutamide (oral tablet), T1</i>	NORVIR (ORAL SOLUTION), T1
<i>nimodipine (oral capsule), T1</i>	NOXAFIL (ORAL SUSPENSION), T1
NINLARO (ORAL CAPSULE), T1	NUBEQA (ORAL TABLET), T1
<i>nitazoxanide (oral tablet), T1</i>	NUCALA (100MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE), T1
<i>nitisinone (oral capsule), T1</i>	NUCALA (SUBCUTANEOUS SOLUTION AUTO-INJECTOR), T1
<i>nitro-bid (transdermal ointment), T1</i>	NUCALA (SUBCUTANEOUS SOLUTION RECONSTITUTED), T1
<i>nitrofurantoin (oral suspension), T1</i>	NUEDEXTA (ORAL CAPSULE), T1
<i>nitrofurantoin macrocrystal (100mg oral capsule, 50mg oral capsule) (generic macrodantin), T1</i>	NUPLAZID (ORAL CAPSULE), T1
<i>nitrofurantoin monohydrate (generic macrobid), T1</i>	NUPLAZID (ORAL TABLET), T1
<i>nitroglycerin (tablet sublingual), T1</i>	NURTEC ODT (ORAL TABLET DISPERSIBLE), T1
<i>nitroglycerin (transdermal patch 24 hour), T1</i>	NUTRILIPID (INTRAVENOUS EMULSION), T1
<i>nitroglycerin (translingual solution), T1</i>	<i>nyamyc (external powder), T1</i>
NITROSTAT (TABLET SUBLINGUAL), T1	<i>nylia 1/35 (oral tablet), T1</i>
<i>nizatidine (oral capsule), T1</i>	<i>nylia 7/7/7 (oral tablet), T1</i>
<i>nora-be (oral tablet), T1</i>	NYMALIZE (ORAL SOLUTION), T1
<i>norethindrone (0.35mg oral tablet), T1</i>	<i>nymyo (oral tablet), T1</i>
<i>norethindrone acetate (5mg oral tablet), T1</i>	<i>nystatin (external cream), T1</i>
<i>norethindrone acetate-ethinyl estradiol (0.5-2.5mg-mcg oral tablet, 1-20mg-mcg oral tablet, 1-5mg-mcg oral tablet), T1</i>	<i>nystatin (external ointment), T1</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), T1</i>	<i>nystatin (external powder), T1</i>
<i>norethindrone acetate-ethinyl estradiol-fe (1-20mg-mcg oral tablet), T1</i>	<i>nystatin (mouth/throat suspension), T1</i>
<i>norgestimate-ethinyl estradiol (oral tablet), T1</i>	<i>nystatin (oral tablet), T1</i>
<i>norgestimate-ethinyl estradiol triphasic (oral tablet), T1</i>	<i>nystop (external powder), T1</i>
	O
	OCALIVA (ORAL TABLET), T1
	<i>ocella (oral tablet), T1</i>
	OCTAGAM (1GM/20ML INTRAVENOUS SOLUTION, 2GM/20ML INTRAVENOUS SOLUTION), T1

Brand name drugs = CAPITALIZED

Generic drugs = *lower case italics*

<i>octreotide acetate (injection solution), T1</i>	EXTENDED RELEASE), T1
ODEFSEY (ORAL TABLET), T1	ORFADIN (20MG ORAL CAPSULE), T1
ODOMZO (ORAL CAPSULE), T1	ORFADIN (ORAL SUSPENSION), T1
OFEV (ORAL CAPSULE), T1	ORGOVYX (ORAL TABLET), T1
<i>ofloxacin (ophthalmic solution), T1</i>	ORKAMBI (ORAL PACKET), T1
<i>ofloxacin (oral tablet), T1</i>	ORKAMBI (ORAL TABLET), T1
<i>ofloxacin (otic solution), T1</i>	<i>oseltamivir phosphate (oral capsule), T1</i>
<i>olanzapine (10mg intramuscular solution reconstituted), T1</i>	<i>oseltamivir phosphate (oral suspension reconstituted), T1</i>
<i>olanzapine (10mg oral tablet, 15mg oral tablet, 2.5mg oral tablet, 20mg oral tablet, 5mg oral tablet, 7.5mg oral tablet), T1</i>	OSPHENA (ORAL TABLET), T1
<i>olanzapine odt (10mg oral tablet dispersible, 15mg oral tablet dispersible, 20mg oral tablet dispersible, 5mg oral tablet dispersible), T1</i>	OTEZLA (ORAL TABLET THERAPY PACK), T1
<i>olmesartan medoxomil (oral tablet), T1</i>	OTEZLA (ORAL TABLET), T1
<i>olmesartan medoxomil-hctz (oral tablet), T1</i>	<i>oxacillin sodium (injection solution reconstituted), T1</i>
<i>olmesartan-amlodipine-hctz (oral tablet), T1</i>	<i>oxacillin sodium (intravenous solution reconstituted), T1</i>
<i>olopatadine hcl (ophthalmic solution), T1</i>	OXACILLIN SODIUM IN DEXTROSE (INTRAVENOUS SOLUTION), T1
<i>omega-3-acid ethyl esters (oral capsule) (generic lovaza), T1</i>	<i>oxandrolone (10mg oral tablet), T1</i>
<i>omeprazole (10mg oral capsule delayed release), T1</i>	<i>oxandrolone (2.5mg oral tablet), T1</i>
<i>omeprazole (20mg oral capsule delayed release, 40mg oral capsule delayed release), T1</i>	<i>oxcarbazepine (150mg oral tablet, 300mg oral tablet, 600mg oral tablet), T1</i>
<i>ondansetron hcl (4mg oral tablet, 8mg oral tablet), T1</i>	<i>oxcarbazepine (300mg/5ml oral suspension), T1</i>
<i>ondansetron hcl (oral solution), T1</i>	<i>oxybutynin chloride (oral syrup), T1</i>
<i>ondansetron odt (oral tablet dispersible), T1</i>	<i>oxybutynin chloride (oral tablet immediate release), T1</i>
ONUREG (ORAL TABLET), T1	<i>oxybutynin chloride er (oral tablet extended release 24 hour), T1</i>
OPSUMIT (ORAL TABLET), T1	<i>oxycodone hcl (100mg/5ml oral concentrate), T1</i>
ORENCIA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE), T1	<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), T1</i>
ORENCIA CLICKJECT (SUBCUTANEOUS SOLUTION AUTO-INJECTOR), T1	<i>oxycodone hcl (5mg/5ml oral solution), T1</i>
ORENITRAM (0.125MG ORAL TABLET EXTENDED RELEASE), T1	<i>oxycodone-acetaminophen (10-325mg oral tablet, 2.5-325mg oral tablet, 5-325mg oral tablet, 7.5-325mg oral tablet), T1</i>
ORENITRAM (0.25MG ORAL TABLET EXTENDED RELEASE, 1MG ORAL TABLET EXTENDED RELEASE, 2.5MG ORAL TABLET EXTENDED RELEASE, 5MG ORAL TABLET	OZEMPIC (0.25MG/DOSE OR 0.5MG/DOSE) (2MG/1.5ML SUBCUTANEOUS SOLUTION PEN-INJECTOR), T1

T1= Tier 1 Covered Drugs

OZEMPIC (1MG/DOSE) (4MG/3ML
SUBCUTANEOUS SOLUTION PEN-INJECTOR),
T1

OZEMPIC (2MG/DOSE) (8MG/3ML
SUBCUTANEOUS SOLUTION PEN-INJECTOR),
T1

P

*peg-3350-electrolytes (oral solution) (generic
golytely), T1*

*peg-3350-nacl-na bicarbonate-kcl (oral solution)
(generic nulytely), T1*

pacerone (200mg oral tablet), T1

*paliperidone er (oral tablet extended release 24
hour), T1*

PANRETIN (EXTERNAL GEL), T1

*pantoprazole sodium (oral tablet delayed
release), T1*

PANZYGA (INTRAVENOUS SOLUTION), T1

paricalcitol (oral capsule), T1

paromomycin sulfate (oral capsule), T1

*paroxetine hcl (10mg oral tablet immediate
release, 20mg oral tablet immediate release,
30mg oral tablet immediate release, 40mg oral
tablet immediate release), T1*

paroxetine hcl (10mg/5ml oral suspension), T1

paser (oral packet), T1

PEDIARIX (INTRAMUSCULAR SUSPENSION
PREFILLED SYRINGE), T1

PEDVAX HIB (INTRAMUSCULAR
SUSPENSION), T1

PEGASYS (SUBCUTANEOUS SOLUTION
PREFILLED SYRINGE), T1

PEGASYS (SUBCUTANEOUS SOLUTION), T1

PEMAZYRE (ORAL TABLET), T1

penicillamine (250mg oral capsule), T1

penicillamine (250mg oral tablet), T1

*penicillin g potassium (2000000unit injection
solution reconstituted), T1*

*penicillin g procaine (intramuscular suspension),
T1*

penicillin g sodium (injection solution

reconstituted), T1

*penicillin v potassium (oral solution
reconstituted), T1*

penicillin v potassium (oral tablet), T1

PENTACEL (INTRAMUSCULAR SUSPENSION
RECONSTITUTED), T1

*pentamidine isethionate (inhalation solution
reconstituted), T1*

*pentamidine isethionate (injection solution
reconstituted), T1*

PENTASA (250MG ORAL CAPSULE EXTENDED
RELEASE), T1

*pentoxifylline er (oral tablet extended release),
T1*

PERFOROMIST (INHALATION NEBULIZATION
SOLUTION), T1

perindopril erbumine (oral tablet), T1

periogard (mouth solution), T1

permethrin (external cream), T1

perphenazine (oral tablet), T1

PERSERIS (SUBCUTANEOUS PREFILLED
SYRINGE), T1

phenelzine sulfate (oral tablet), T1

phenobarbital (oral elixir), T1

phenobarbital (oral tablet), T1

phenoxybenzamine hcl (oral capsule), T1

phenytek (oral capsule), T1

phenytoin (125mg/5ml oral suspension), T1

phenytoin (oral tablet chewable), T1

phenytoin sodium extended (oral capsule), T1

PHOSLYRA (ORAL SOLUTION), T1

PIFELTRO (ORAL TABLET), T1

pilocarpine hcl (ophthalmic solution), T1

pilocarpine hcl (oral tablet), T1

pimecrolimus (external cream), T1

pimozide (oral tablet), T1

pimtrea (oral tablet), T1

pindolol (oral tablet), T1

pioglitazone hcl (oral tablet), T1

pioglitazone hcl-glimepiride (oral tablet), T1

Brand name drugs = CAPITALIZED

Generic drugs = lower case italics

<i>pioglitazone hcl-metformin hcl (oral tablet), T1</i>	<i>potassium chloride in nacl (20-0.45meq/l-% intravenous solution), T1</i>
<i>piperacillin-tazobactam (intravenous solution reconstituted), T1</i>	POTASSIUM CHLORIDE IN NAACL (20-0.9MEQ/L-% INTRAVENOUS SOLUTION, 40-0.9MEQ/L-% INTRAVENOUS SOLUTION), T1
PIQRAY (200MG DAILY DOSE) (ORAL TABLET THERAPY PACK), T1	<i>potassium citrate er (oral tablet extended release), T1</i>
PIQRAY (250MG DAILY DOSE) (ORAL TABLET THERAPY PACK), T1	PRALUENT (SUBCUTANEOUS SOLUTION AUTO-INJECTOR), T1
PIQRAY (300MG DAILY DOSE) (ORAL TABLET THERAPY PACK), T1	<i>pramipexole dihydrochloride (oral tablet immediate release), T1</i>
<i>pirfenidone (oral tablet), T1</i>	<i>prasugrel hcl (oral tablet), T1</i>
<i>pirmella 1/35 (oral tablet), T1</i>	<i>pravastatin sodium (oral tablet), T1</i>
<i>piroxicam (oral capsule), T1</i>	<i>praziquantel (oral tablet), T1</i>
PLASMA-LYTE 148 (INTRAVENOUS SOLUTION), T1	<i>prazosin hcl (oral capsule), T1</i>
PLASMA-LYTE A (INTRAVENOUS SOLUTION), T1	PREHEVBRIO (INTRAMUSCULAR SUSPENSION), T1
<i>plenamine (intravenous solution), T1</i>	PRED MILD (OPHTHALMIC SUSPENSION), T1
<i>podofilox (external solution), T1</i>	PRED-G (OPHTHALMIC SUSPENSION), T1
<i>polymyxin b sulfate (injection solution reconstituted), T1</i>	PRED-G S.O.P. (OPHTHALMIC OINTMENT), T1
<i>polymyxin b-trimethoprim (ophthalmic solution), T1</i>	<i>prednicarbate (external ointment), T1</i>
POMALYST (ORAL CAPSULE), T1	<i>prednisolone (oral solution), T1</i>
<i>portia-28 (oral tablet), T1</i>	<i>prednisolone acetate (ophthalmic suspension), T1</i>
<i>posaconazole (oral tablet delayed release), T1</i>	<i>prednisolone sodium phosphate (1% ophthalmic solution), T1</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), T1</i>	<i>prednisolone sodium phosphate (25mg/5ml oral solution, 6.7mg/5ml oral solution), T1</i>
<i>potassium chloride (20meq/15ml(10%) oral solution, 40meq/15ml(20%) oral solution), T1</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), T1</i>
<i>potassium chloride (oral packet), T1</i>	<i>prednisone (10mg oral tablet, 1mg oral tablet, 2.5mg oral tablet, 20mg oral tablet, 50mg oral tablet, 5mg oral tablet), T1</i>
<i>potassium chloride cr (oral tablet extended release), T1</i>	<i>prednisone (5mg/5ml oral solution), T1</i>
<i>potassium chloride er (oral capsule extended release), T1</i>	<i>prednisone intensol (oral concentrate), T1</i>
<i>potassium chloride er (oral tablet extended release), T1</i>	<i>pregabalin (oral capsule), T1</i>
POTASSIUM CHLORIDE IN DEXTROSE (INTRAVENOUS SOLUTION), T1	<i>pregabalin (oral solution), T1</i>
	PREMARIN (ORAL TABLET), T1
	PREMARIN (VAGINAL CREAM), T1

T1= Tier 1 Covered Drugs

<i>premasol (intravenous solution), T1</i>	PROCYSBI (ORAL PACKET), T1
PREMPHASE (ORAL TABLET), T1	<i>progesterone (oral capsule), T1</i>
PREMPRO (ORAL TABLET), T1	PROGRAF (ORAL PACKET), T1
<i>prenatal (27-1mg oral tablet), T1</i>	PROLASTIN-C (INTRAVENOUS SOLUTION RECONSTITUTED), T1
<i>prevalite (oral packet), T1</i>	PROLENSA (OPHTHALMIC SOLUTION), T1
PREVYMIS (ORAL TABLET), T1	PROLIA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE), T1
PREZCOBIX (ORAL TABLET), T1	PROMACTA (ORAL PACKET), T1
PREZISTA (150MG ORAL TABLET, 600MG ORAL TABLET, 800MG ORAL TABLET), T1	PROMACTA (ORAL TABLET), T1
PREZISTA (75MG ORAL TABLET), T1	<i>promethazine hcl (oral syrup), T1</i>
PREZISTA (ORAL SUSPENSION), T1	<i>promethazine hcl (oral tablet), T1</i>
PRIFTIN (ORAL TABLET), T1	<i>promethazine hcl (rectal suppository), T1</i>
<i>primaquine phosphate (oral tablet), T1</i>	<i>promethegan (25mg rectal suppository), T1</i>
<i>primidone (oral tablet), T1</i>	<i>propafenone hcl (oral tablet), T1</i>
PRIVIGEN (20GM/200ML INTRAVENOUS SOLUTION), T1	<i>propafenone hcl er (oral capsule extended release 12 hour), T1</i>
PROAIR HFA (INHALATION AEROSOL SOLUTION), T1	<i>propranolol hcl (oral solution), T1</i>
PROAIR RESPICLICK (INHALATION AEROSOL POWDER BREATH ACTIVATED), T1	<i>propranolol hcl (oral tablet), T1</i>
PROQUAD (SUBCUTANEOUS SUSPENSION RECONSTITUTED), T1	<i>propranolol hcl er (oral capsule extended release 24 hour), T1</i>
<i>probenecid (oral tablet), T1</i>	<i>propylthiouracil (oral tablet), T1</i>
<i>probenecid-colchicine (oral tablet), T1</i>	PROSOL (INTRAVENOUS SOLUTION), T1
PROCALAMINE (3% INTRAVENOUS SOLUTION), T1	<i>protriptyline hcl (oral tablet), T1</i>
<i>prochlorperazine (rectal suppository), T1</i>	PULMOZYME (INHALATION SOLUTION), T1
<i>prochlorperazine maleate (oral tablet), T1</i>	PURIXAN (ORAL SUSPENSION), T1
PROCRIT (10000UNIT/ML INJECTION SOLUTION, 2000UNIT/ML INJECTION SOLUTION, 3000UNIT/ML INJECTION SOLUTION, 4000UNIT/ML INJECTION SOLUTION), T1	<i>pyrazinamide (oral tablet), T1</i>
PROCRIT (20000UNIT/ML INJECTION SOLUTION, 40000UNIT/ML INJECTION SOLUTION), T1	<i>pyridostigmine bromide (60mg oral tablet immediate release), T1</i>
<i>procto-med hc (external cream), T1</i>	<i>pyridostigmine bromide (oral solution), T1</i>
<i>procto-pak (external cream), T1</i>	<i>pyridostigmine bromide er (oral tablet extended release), T1</i>
<i>proctosol hc (external cream), T1</i>	<i>pyrimethamine (oral tablet), T1</i>
<i>proctozone-hc (external cream), T1</i>	Q
	QINLOCK (ORAL TABLET), T1
	QUADRACEL (INTRAMUSCULAR SUSPENSION), T1
	<i>quetiapine fumarate (oral tablet immediate release), T1</i>
	<i>quetiapine fumarate er (oral tablet extended</i>

Brand name drugs = CAPITALIZED

Generic drugs = lower case italics

release 24 hour), T1

quinapril hcl (oral tablet), T1

quinapril-hydrochlorothiazide (oral tablet), T1

quinidine gluconate er (oral tablet extended release), T1

quinidine sulfate (oral tablet), T1

quinine sulfate (oral capsule), T1

R

RAVICTI (ORAL LIQUID), T1

RABAVERT (INTRAMUSCULAR SUSPENSION RECONSTITUTED), T1

rabeprazole sodium (oral tablet delayed release), T1

raloxifene hcl (oral tablet), T1

ramelteon (oral tablet), T1

ramipril (oral capsule), T1

ranolazine er (oral tablet extended release 12 hour), T1

rasagiline mesylate (oral tablet), T1

RASUVO (SUBCUTANEOUS SOLUTION AUTO-INJECTOR), T1

RAYALDEE (ORAL CAPSULE EXTENDED RELEASE), T1

REBIF (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE), T1

REBIF REBIDOSE (SUBCUTANEOUS SOLUTION AUTO-INJECTOR), T1

REBIF REBIDOSE TITRATION PACK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR), T1

REBIF TITRATION PACK (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE), T1

reclipsen (oral tablet), T1

RECOMBIVAX HB (INJECTION SUSPENSION), T1

RECTIV (RECTAL OINTMENT), T1

REGANEX (EXTERNAL GEL), T1

RELENZA DISKHALER (INHALATION AEROSOL POWDER BREATH ACTIVATED), T1

RELISTOR (ORAL TABLET), T1

RELISTOR (SUBCUTANEOUS SOLUTION), T1

repaglinide (oral tablet), T1

REPATHA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE), T1

REPATHA PUSHTRONEX SYSTEM (SUBCUTANEOUS SOLUTION CARTRIDGE), T1

REPATHA SURECLICK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR), T1

RESTASIS MULTIDOSE (OPHTHALMIC EMULSION), T1

RESTASIS SINGLE-USE VIALS (OPHTHALMIC EMULSION), T1

RETACRIT (INJECTION SOLUTION), T1

RETEVMO (ORAL CAPSULE), T1

REVCIVI (INTRAMUSCULAR SOLUTION), T1

REVLIMID (ORAL CAPSULE), T1

REXULTI (ORAL TABLET), T1

REYATAZ (ORAL PACKET), T1

RHOPRESSA (OPHTHALMIC SOLUTION), T1

ribavirin (oral tablet), T1

RIDAURA (ORAL CAPSULE), T1

rifabutin (oral capsule), T1

rifampin (150mg oral capsule, 300mg oral capsule), T1

rifampin (600mg intravenous solution reconstituted), T1

riluzole (oral tablet), T1

rimantadine hcl (oral tablet), T1

RINVOQ (ORAL TABLET EXTENDED RELEASE 24 HOUR), T1

risedronate sodium (oral tablet immediate release), T1

RISPERDAL CONSTA (12.5MG INTRAMUSCULAR SUSPENSION RECONSTITUTED ER, 25MG INTRAMUSCULAR SUSPENSION RECONSTITUTED ER), T1

RISPERDAL CONSTA (37.5MG INTRAMUSCULAR SUSPENSION RECONSTITUTED ER, 50MG INTRAMUSCULAR SUSPENSION RECONSTITUTED ER), T1

T1= Tier 1 Covered Drugs

<i>risperidone (0.25mg oral tablet, 0.5mg oral tablet, 1mg oral tablet, 2mg oral tablet, 3mg oral tablet, 4mg oral tablet), T1</i>	SANCUSO (TRANSDERMAL PATCH), T1
<i>risperidone (1mg/ml oral solution), T1</i>	SANDIMMUNE (ORAL SOLUTION), T1
<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), T1</i>	SANTYL (EXTERNAL OINTMENT), T1
<i>ritonavir (oral tablet), T1</i>	<i>sapropterin dihydrochloride (oral packet), T1</i>
<i>rivastigmine (transdermal patch 24 hour), T1</i>	<i>sapropterin dihydrochloride (oral tablet), T1</i>
<i>rivastigmine tartrate (oral capsule), T1</i>	SAVELLA (ORAL TABLET), T1
<i>rivelsa (oral tablet), T1</i>	SAVELLA TITRATION PACK (ORAL TABLET), T1
<i>rizatriptan benzoate (oral tablet), T1</i>	SCEMBLIX (ORAL TABLET), T1
<i>rizatriptan benzoate odt (oral tablet dispersible), T1</i>	<i>scopolamine (transdermal patch 72 hour), T1</i>
ROCKLATAN (OPHTHALMIC SOLUTION), T1	SECUADO (TRANSDERMAL PATCH 24 HOUR), T1
<i>ropinirole hcl (oral tablet immediate release), T1</i>	<i>selegiline hcl (oral capsule), T1</i>
<i>rosuvastatin calcium (oral tablet), T1</i>	<i>selegiline hcl (oral tablet), T1</i>
ROTATEQ (ORAL SOLUTION), T1	<i>selenium sulfide (external lotion), T1</i>
ROTARIX (ORAL SUSPENSION RECONSTITUTED), T1	SELZENTRY (25MG ORAL TABLET), T1
<i>roweepra (oral tablet immediate release), T1</i>	SELZENTRY (75MG ORAL TABLET), T1
ROZLYTREK (ORAL CAPSULE), T1	SELZENTRY (ORAL SOLUTION), T1
RUBRACA (ORAL TABLET), T1	SEREVENT DISKUS (INHALATION AEROSOL POWDER BREATH ACTIVATED), T1
RUCONEST (INTRAVENOUS SOLUTION RECONSTITUTED), T1	SEROSTIM (SUBCUTANEOUS SOLUTION RECONSTITUTED), T1
<i>rufinamide (200mg oral tablet), T1</i>	<i>sertraline hcl (oral concentrate), T1</i>
<i>rufinamide (400mg oral tablet), T1</i>	<i>sertraline hcl (oral tablet), T1</i>
<i>rufinamide (oral suspension), T1</i>	<i>setlakin (oral tablet), T1</i>
RUKOBIA (ORAL TABLET EXTENDED RELEASE 12 HOUR), T1	<i>sevelamer carbonate (oral packet), T1</i>
RYBELSUS (ORAL TABLET), T1	<i>sevelamer carbonate (oral tablet) (generic renvela), T1</i>
RYDAPT (ORAL CAPSULE), T1	<i>sharobel (oral tablet), T1</i>
RYTARY (ORAL CAPSULE EXTENDED RELEASE), T1	SHINGRIX (INTRAMUSCULAR SUSPENSION RECONSTITUTED), T1
S	SIGNIFOR (SUBCUTANEOUS SOLUTION), T1
<i>sps (oral suspension), T1</i>	<i>sildenafil citrate (20mg oral tablet) (generic revatio), T1</i>
SSD (EXTERNAL CREAM), T1	<i>silodosin (oral capsule), T1</i>
<i>sajazir (subcutaneous solution), T1</i>	<i>silver sulfadiazine (external cream), T1</i>
	SIMBRINZA (OPHTHALMIC SUSPENSION), T1
	SIMPONI (SUBCUTANEOUS SOLUTION AUTO-INJECTOR), T1
	SIMPONI (SUBCUTANEOUS SOLUTION

Brand name drugs = CAPITALIZED

Generic drugs = lower case italics

PREFILLED SYRINGE), T1	<i>spironolactone-hctz (oral tablet), T1</i>
<i>simvastatin (oral tablet), T1</i>	<i>sprintec 28 (oral tablet), T1</i>
<i>sirolimus (oral solution), T1</i>	SPRITAM ODT (ORAL TABLET DISINTEGRATING SOLUBLE), T1
<i>sirolimus (oral tablet), T1</i>	SPRYCEL (ORAL TABLET), T1
SIRTURO (ORAL TABLET), T1	<i>sronyx (oral tablet), T1</i>
SKYRIZI (150MG DOSE) (SUBCUTANEOUS PREFILLED SYRINGE KIT), T1	STELARA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE), T1
SKYRIZI (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE), T1	STELARA (SUBCUTANEOUS SOLUTION), T1
SKYRIZI PEN (SUBCUTANEOUS SOLUTION AUTO-INJECTOR), T1	STIOLTO RESPIMAT (INHALATION AEROSOL SOLUTION), T1
<i>sodium chloride (0.45% intravenous solution), T1</i>	STIVARGA (ORAL TABLET), T1
<i>sodium chloride (0.9% intravenous solution, 3% intravenous solution), T1</i>	<i>streptomycin sulfate (intramuscular solution reconstituted), T1</i>
SODIUM CHLORIDE (5% INTRAVENOUS SOLUTION), T1	STRIBILD (ORAL TABLET), T1
SODIUM CHLORIDE (IRRIGATION SOLUTION), T1	SUBOXONE (SUBLINGUAL FILM), T1
<i>sodium fluoride (oral tablet), T1</i>	SUCRAID (ORAL SOLUTION), T1
<i>sodium phenylbutyrate (oral powder), T1</i>	<i>sucralfate (oral suspension), T1</i>
<i>sodium phenylbutyrate (oral tablet), T1</i>	<i>sucralfate (oral tablet), T1</i>
<i>sodium polystyrene sulfonate (oral powder), T1</i>	<i>sulfacetamide sodium (ophthalmic ointment), T1</i>
<i>sofosbuvir-velpatasvir (oral tablet), T1</i>	<i>sulfacetamide sodium (ophthalmic solution), T1</i>
<i>solifenacin succinate (oral tablet), T1</i>	<i>sulfacetamide-prednisolone (ophthalmic solution), T1</i>
SOLQUA (SUBCUTANEOUS SOLUTION PEN-INJECTOR), T1	<i>sulfadiazine (oral tablet), T1</i>
SOLTAMOX (ORAL SOLUTION), T1	<i>sulfamethoxazole-trimethoprim (oral suspension), T1</i>
SOMAVERT (SUBCUTANEOUS SOLUTION RECONSTITUTED), T1	<i>sulfamethoxazole-trimethoprim (oral tablet), T1</i>
<i>sorafenib tosylate (oral tablet), T1</i>	SULFAMYLON (EXTERNAL CREAM), T1
<i>sorine (oral tablet), T1</i>	<i>sulfasalazine (oral tablet delayed release), T1</i>
<i>sotalol hcl (oral tablet), T1</i>	<i>sulfasalazine (oral tablet immediate release), T1</i>
<i>sotalol hcl af (oral tablet), T1</i>	<i>sulindac (oral tablet), T1</i>
SOVALDI (400MG ORAL TABLET), T1	<i>sumatriptan (nasal solution), T1</i>
SOVALDI (ORAL PACKET), T1	<i>sumatriptan succinate (100mg oral tablet, 25mg oral tablet, 50mg oral tablet), T1</i>
SPIRIVA HANDIHALER (INHALATION CAPSULE), T1	<i>sumatriptan succinate (4mg/0.5ml subcutaneous solution auto-injector, 6mg/0.5ml subcutaneous solution auto-injector), T1</i>
SPIRIVA RESPIMAT (INHALATION AEROSOL SOLUTION), T1	<i>sumatriptan succinate (6mg/0.5ml subcutaneous solution), T1</i>
<i>spironolactone (oral tablet), T1</i>	<i>sunitinib malate (oral capsule), T1</i>

T1= Tier 1 Covered Drugs

SUPRAX (500MG/5ML ORAL SUSPENSION RECONSTITUTED), T1	<i>tazarotene (external cream), T1</i>
<i>suprax (oral tablet chewable), T1</i>	<i>tazicef (2gm intravenous solution reconstituted, 6gm intravenous solution reconstituted), T1</i>
SUPREP BOWEL PREP KIT (ORAL SOLUTION), T1	<i>tazicef (injection solution reconstituted), T1</i>
<i>syeda (oral tablet), T1</i>	<i>taztia xt (oral capsule extended release 24 hour), T1</i>
SYMBICORT (INHALATION AEROSOL), T1	TAZVERIK (ORAL TABLET), T1
SYMLINPEN 120 (SUBCUTANEOUS SOLUTION PEN-INJECTOR), T1	TEFLARO (INTRAVENOUS SOLUTION RECONSTITUTED), T1
SYMLINPEN 60 (SUBCUTANEOUS SOLUTION PEN-INJECTOR), T1	TEGSEDI (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE), T1
SYMPAZAN (ORAL FILM), T1	<i>telmisartan (oral tablet), T1</i>
SYMTUZA (ORAL TABLET), T1	<i>telmisartan-amlodipine (oral tablet), T1</i>
SYNAREL (NASAL SOLUTION), T1	<i>telmisartan-hctz (oral tablet), T1</i>
SYNJARDY (ORAL TABLET IMMEDIATE RELEASE), T1	<i>temazepam (15mg oral capsule, 30mg oral capsule), T1</i>
SYNJARDY XR (ORAL TABLET EXTENDED RELEASE 24 HOUR), T1	TENIVAC (INTRAMUSCULAR INJECTABLE), T1
SYNRIBO (SUBCUTANEOUS SOLUTION RECONSTITUTED), T1	<i>tenofovir disoproxil fumarate (oral tablet), T1</i>
SYNTHROID (ORAL TABLET), T1	TEPMETKO (ORAL TABLET), T1
T	<i>terazosin hcl (oral capsule), T1</i>
TDVAX (INTRAMUSCULAR SUSPENSION), T1	<i>terbinafine hcl (oral tablet), T1</i>
TOBI PODHALER (INHALATION CAPSULE), T1	<i>terconazole (vaginal cream), T1</i>
TPN ELECTROLYTES (INTRAVENOUS CONCENTRATE), T1	<i>terconazole (vaginal suppository), T1</i>
TABLOID (ORAL TABLET), T1	TERIPARATIDE (RECOMBINANT) (SUBCUTANEOUS SOLUTION PEN-INJECTOR), T1
TABRECTA (ORAL TABLET), T1	<i>testosterone (20.25mg/1.25gm 1.62% transdermal gel, 40.5mg/2.5gm 1.62% transdermal gel), testosterone pump (1.62% transdermal gel), T1</i>
<i>tacrolimus (external ointment), T1</i>	<i>testosterone (25mg/2.5gm 1% transdermal gel, 50mg/5gm 1% transdermal gel), testosterone pump (1% transdermal gel), T1</i>
<i>tacrolimus (oral capsule), T1</i>	<i>testosterone cypionate (intramuscular solution), T1</i>
<i>tadalafil (pah) (20mg oral tablet) (generic adcirca), T1</i>	<i>testosterone enanthate (intramuscular solution), T1</i>
TAFINLAR (ORAL CAPSULE), T1	<i>tetrabenazine (12.5mg oral tablet), T1</i>
TAGRISSO (ORAL TABLET), T1	<i>tetrabenazine (25mg oral tablet), T1</i>
TALZENNA (ORAL CAPSULE), T1	<i>tetracycline hcl (oral capsule), T1</i>
<i>tamoxifen citrate (oral tablet), T1</i>	THALOMID (ORAL CAPSULE), T1
<i>tamsulosin hcl (oral capsule), T1</i>	
<i>tarina 24 fe (oral tablet), T1</i>	
<i>tarina fe 1/20 eq (oral tablet), T1</i>	
TASIGNA (ORAL CAPSULE), T1	

Brand name drugs = CAPITALIZED

Generic drugs = lower case italics

<i>theophylline (oral solution), T1</i>	<i>release 24 hour), T1</i>
<i>theophylline er (oral tablet extended release 12 hour), T1</i>	<i>topiramate (oral capsule sprinkle immediate release), T1</i>
<i>theophylline er (oral tablet extended release 24 hour), T1</i>	<i>topiramate (oral tablet), T1</i>
<i>thioridazine hcl (oral tablet), T1</i>	<i>toremifene citrate (oral tablet), T1</i>
<i>thiothixene (oral capsule), T1</i>	<i>torse mide (oral tablet), T1</i>
<i>tiadylt er (oral capsule extended release 24 hour), T1</i>	TOUJEO MAX SOLOSTAR (SUBCUTANEOUS SOLUTION PEN-INJECTOR), T1
<i>tiagabine hcl (oral tablet), T1</i>	TOUJEO SOLOSTAR (SUBCUTANEOUS SOLUTION PEN-INJECTOR), T1
TIBSOVO (ORAL TABLET), T1	TRACLEER (ORAL TABLET SOLUBLE), T1
TICOVAC (2.4MCG/0.5ML INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE), T1	TRADJENTA (ORAL TABLET), T1
<i>tigecycline (intravenous solution reconstituted), T1</i>	<i>tramadol hcl (50mg oral tablet immediate release), T1</i>
<i>tilia fe (oral tablet), T1</i>	<i>tramadol hcl er (biphasic) (oral tablet extended release 24 hour), T1</i>
<i>timolol maleate (ophthalmic solution) (generic timoptic), T1</i>	<i>tramadol hcl er (oral tablet extended release 24 hour), T1</i>
<i>timolol maleate (oral tablet), T1</i>	<i>tramadol-acetaminophen (oral tablet), T1</i>
<i>timolol maleate ophthalmic gel forming (ophthalmic solution) (generic timoptic-xe), T1</i>	<i>trandolapril (oral tablet), T1</i>
<i>tinidazole (oral tablet), T1</i>	<i>trandolapril-verapamil hcl er (oral tablet extended release), T1</i>
TIVICAY (10MG ORAL TABLET, 25MG ORAL TABLET), T1	<i>tranexamic acid (oral tablet), T1</i>
TIVICAY (50MG ORAL TABLET), T1	<i>tranylcypromine sulfate (oral tablet), T1</i>
TIVICAY PD (ORAL TABLET SOLUBLE), T1	TRAVASOL (INTRAVENOUS SOLUTION), T1
<i>tizanidine hcl (oral tablet), T1</i>	<i>travoprost (bak free) (ophthalmic solution), T1</i>
TOBRADEX (OPHTHALMIC OINTMENT), T1	<i>trazodone hcl (100mg oral tablet, 150mg oral tablet, 50mg oral tablet), T1</i>
TOBRADEX ST (OPHTHALMIC SUSPENSION), T1	<i>trazodone hcl (300mg oral tablet), T1</i>
<i>tobramycin (inhalation nebulization solution), T1</i>	TRECTOR (ORAL TABLET), T1
<i>tobramycin (ophthalmic solution), T1</i>	TRELEGY ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED), T1
<i>tobramycin sulfate (10mg/ml injection solution, 80mg/2ml injection solution), T1</i>	TRELSTAR MIXJECT (INTRAMUSCULAR SUSPENSION RECONSTITUTED), T1
<i>tobramycin-dexamethasone (ophthalmic suspension), T1</i>	TRESIBA (SUBCUTANEOUS SOLUTION), T1
TOBEX (OPHTHALMIC OINTMENT), T1	TRESIBA FLEXTOUCH (SUBCUTANEOUS SOLUTION PEN-INJECTOR), T1
<i>tolcapone (oral tablet), T1</i>	<i>tretinoin (0.01% external gel, 0.025% external gel), T1</i>
<i>tolterodine tartrate (oral tablet), T1</i>	<i>tretinoin (external cream), T1</i>
<i>tolterodine tartrate er (oral capsule extended</i>	

T1= Tier 1 Covered Drugs

<i>tretinoin (oral capsule), T1</i>	TRULICITY (SUBCUTANEOUS SOLUTION PEN-INJECTOR), T1
<i>tretinoin microsphere (external gel), T1</i>	TRUMENBA (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE), T1
<i>trexall (oral tablet), T1</i>	TRUSELTIQ (100MG DAILY DOSE) (ORAL CAPSULE THERAPY PACK), T1
<i>tri-estarylla (oral tablet), T1</i>	TRUSELTIQ (125MG DAILY DOSE) (ORAL CAPSULE THERAPY PACK), T1
<i>tri-legest fe (oral tablet), T1</i>	TRUSELTIQ (50MG DAILY DOSE) (ORAL CAPSULE THERAPY PACK), T1
<i>tri-lo-estarylla (oral tablet), T1</i>	TRUSELTIQ (75MG DAILY DOSE) (ORAL CAPSULE THERAPY PACK), T1
<i>tri-lo-sprintec (oral tablet), T1</i>	TUKYSA (ORAL TABLET), T1
<i>tri-mili (oral tablet), T1</i>	TURALIO (ORAL CAPSULE), T1
<i>tri-nymyo (oral tablet), T1</i>	TWINRIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE), T1
<i>tri-sprintec (oral tablet), T1</i>	TYBOST (ORAL TABLET), T1
<i>tri-vylibra (oral tablet), T1</i>	TYMLOS (SUBCUTANEOUS SOLUTION PEN-INJECTOR), T1
<i>tri-vylibra lo (oral tablet), T1</i>	TYPHIM VI (INTRAMUSCULAR SOLUTION PREFILLED SYRINGE), T1
<i>triamcinolone acetonide (0.025% external ointment, 0.1% external ointment, 0.5% external ointment), T1</i>	TYPHIM VI (INTRAMUSCULAR SOLUTION), T1
<i>triamcinolone acetonide (dental paste), T1</i>	U
<i>triamcinolone acetonide (external cream), T1</i>	UNITHROID (ORAL TABLET), T1
<i>triamcinolone acetonide (external lotion), T1</i>	<i>ursodiol (300mg oral capsule), T1</i>
<i>triamterene (oral capsule), T1</i>	<i>ursodiol (oral tablet), T1</i>
<i>triamterene-hctz (oral capsule), T1</i>	V
<i>triamterene-hctz (oral tablet), T1</i>	VAQTA (INTRAMUSCULAR SUSPENSION), T1
<i>triderm (external cream), T1</i>	<i>valacyclovir hcl (oral tablet), T1</i>
<i>trientine hcl (oral capsule), T1</i>	VALCHLOR (EXTERNAL GEL), T1
<i>trifluoperazine hcl (oral tablet), T1</i>	<i>valganciclovir hcl (450mg oral tablet), T1</i>
<i>trifluridine (ophthalmic solution), T1</i>	<i>valganciclovir hcl (50mg/ml oral solution reconstituted), T1</i>
<i>trihexyphenidyl hcl (oral solution), T1</i>	<i>valproic acid (oral capsule), T1</i>
<i>trihexyphenidyl hcl (oral tablet), T1</i>	<i>valproic acid (oral solution), T1</i>
TRIJARDY XR (ORAL TABLET EXTENDED RELEASE 24 HOUR), T1	<i>valsartan (oral tablet), T1</i>
<i>trimethoprim (oral tablet), T1</i>	<i>valsartan-hydrochlorothiazide (oral tablet), T1</i>
<i>trimipramine maleate (oral capsule), T1</i>	VALTOCO 10MG DOSE (NASAL LIQUID), T1
TRINTELLIX (ORAL TABLET), T1	VALTOCO 15MG DOSE (NASAL LIQUID THERAPY PACK), T1
TRIUMEQ (ORAL TABLET), T1	
TRIUMEQ PD (ORAL TABLET SOLUBLE), T1	
<i>trivora (28) (oral tablet), T1</i>	
TRIZIVIR (ORAL TABLET), T1	
TROPHAMINE (INTRAVENOUS SOLUTION), T1	
<i>trosipium chloride (oral tablet), T1</i>	
TRULANCE (ORAL TABLET), T1	

Brand name drugs = CAPITALIZED

Generic drugs = *lower case italics*

VALTOCO 20MG DOSE (NASAL LIQUID THERAPY PACK), T1	VERSACLOZ (ORAL SUSPENSION), T1
VALTOCO 5MG DOSE (NASAL LIQUID), T1	VERZENIO (ORAL TABLET), T1
<i>vancomycin hcl (10gm intravenous solution reconstituted, 1gm intravenous solution reconstituted, 500mg intravenous solution reconstituted, 750mg intravenous solution reconstituted), T1</i>	<i>vestura (oral tablet), T1</i>
<i>vancomycin hcl (oral capsule), T1</i>	VIBRAMYCIN (50MG/5ML ORAL SYRUP), T1
VANDAZOLE (VAGINAL GEL), T1	VICTOZA (SUBCUTANEOUS SOLUTION PEN-INJECTOR), T1
<i>varenicline tartrate (oral tablet pack), T1</i>	<i>vienna (oral tablet), T1</i>
<i>varenicline tartrate (oral tablet), T1</i>	<i>vigabatrin (oral packet), T1</i>
VARIVAX (SUBCUTANEOUS INJECTABLE), T1	<i>vigabatrin (oral tablet), T1</i>
VASCEPA (ORAL CAPSULE), T1	<i>vigadrone (oral packet), T1</i>
<i>velivet (oral tablet), T1</i>	VIIBRYD (ORAL TABLET), T1
VELPHORO (ORAL TABLET CHEWABLE), T1	VIIBRYD STARTER PACK (ORAL KIT), T1
VELTASSA (ORAL PACKET), T1	<i>vilazodone hcl (oral tablet), T1</i>
VEMLIDY (ORAL TABLET), T1	VIMPAT (ORAL SOLUTION), T1
VENCLEXTA (100MG ORAL TABLET, 50MG ORAL TABLET), T1	VIMPAT (ORAL TABLET), T1
VENCLEXTA (10MG ORAL TABLET), T1	VIRACEPT (ORAL TABLET), T1
VENCLEXTA STARTING PACK (ORAL TABLET THERAPY PACK), T1	VIREAD (150MG ORAL TABLET, 200MG ORAL TABLET, 250MG ORAL TABLET), T1
<i>venlafaxine hcl (oral tablet immediate release), T1</i>	VIREAD (ORAL POWDER), T1
<i>venlafaxine hcl er (oral capsule extended release 24 hour), T1</i>	VITRAKVI (ORAL CAPSULE), T1
VENTAVIS (INHALATION SOLUTION), T1	VITRAKVI (ORAL SOLUTION), T1
<i>verapamil hcl (oral tablet immediate release), T1</i>	VIVITROL (INTRAMUSCULAR SUSPENSION RECONSTITUTED), T1
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), T1	VIZIMPRO (ORAL TABLET), T1
<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), T1</i>	VONJO (ORAL CAPSULE), T1
<i>verapamil hcl er (oral tablet extended release), T1</i>	<i>voriconazole (intravenous solution reconstituted), T1</i>
	<i>voriconazole (oral suspension reconstituted), T1</i>
	<i>voriconazole (oral tablet), T1</i>
	VOSEVI (ORAL TABLET), T1
	VOTRIENT (ORAL TABLET), T1
	VRAYLAR (1.5MG ORAL CAPSULE, 3MG ORAL CAPSULE, 4.5MG ORAL CAPSULE, 6MG ORAL CAPSULE), T1
	VRAYLAR (ORAL CAPSULE THERAPY PACK), T1
	VUMERITY (ORAL CAPSULE DELAYED RELEASE) (MAINTENANCE DOSE BOTTLE), T1
	<i>vylibra (oral tablet), T1</i>
	<i>vyfemla (oral tablet), T1</i>

T1= Tier 1 Covered Drugs

VYNDAMAX (ORAL CAPSULE), T1	XOFLUZA (40MG DOSE) (1 X 40MG ORAL TABLET THERAPY PACK), T1
VYNDAQEL (ORAL CAPSULE), T1	XOFLUZA (80MG DOSE) (1 X 80MG ORAL TABLET THERAPY PACK), T1
VYVANSE (ORAL CAPSULE), T1	XOLAIR (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE), T1
VYVANSE (ORAL TABLET CHEWABLE), T1	XOLAIR (SUBCUTANEOUS SOLUTION RECONSTITUTED), T1
VYZULTA (OPHTHALMIC SOLUTION), T1	XOSPATA (ORAL TABLET), T1
W	XPOVIO (100MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK), T1
<i>wymzya fe (oral tablet chewable), T1</i>	XPOVIO (40MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK), T1
<i>warfarin sodium (oral tablet), T1</i>	XPOVIO (40MG TWICE WEEKLY) (ORAL TABLET THERAPY PACK), T1
WELIREG (ORAL TABLET), T1	XPOVIO (60MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK), T1
<i>wixela inhub (inhalation aerosol powder breath activated) (generic advair), T1</i>	XPOVIO (60MG TWICE WEEKLY) (ORAL TABLET THERAPY PACK), T1
X	XPOVIO (80MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK), T1
XALKORI (ORAL CAPSULE), T1	XPOVIO (80MG TWICE WEEKLY) (ORAL TABLET THERAPY PACK), T1
XARELTO (ORAL TABLET), T1	XTAMPZA ER (ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT), T1
XARELTO STARTER PACK (ORAL TABLET THERAPY PACK), T1	XTANDI (ORAL CAPSULE), T1
XATMEP (ORAL SOLUTION), T1	XTANDI (ORAL TABLET), T1
XCOPRI (100MG ORAL TABLET, 150MG ORAL TABLET, 200MG ORAL TABLET, 50MG ORAL TABLET), T1	<i>xulane (transdermal patch weekly), T1</i>
XCOPRI (14X12.5MG & 14X25MG ORAL TABLET THERAPY PACK), T1	XYREM (ORAL SOLUTION), T1
XCOPRI (14X150MG & 14X200MG ORAL TABLET THERAPY PACK, 14X50MG & 14X100MG ORAL TABLET THERAPY PACK), T1	Y
XCOPRI (250MG DAILY DOSE) (100MG & 150MG ORAL TABLET THERAPY PACK), T1	YF-VAX (SUBCUTANEOUS INJECTABLE), T1
XCOPRI (350MG DAILY DOSE) (150MG & 200MG ORAL TABLET THERAPY PACK), T1	<i>yuvafem (vaginal tablet), T1</i>
XELJANZ (ORAL SOLUTION), T1	Z
XELJANZ (ORAL TABLET IMMEDIATE RELEASE), T1	<i>zafemy (transdermal patch weekly), T1</i>
XELJANZ XR (ORAL TABLET EXTENDED RELEASE 24 HOUR), T1	<i>zafirlukast (oral tablet), T1</i>
XERMELO (ORAL TABLET), T1	<i>zaleplon (oral capsule), T1</i>
XGEVA (SUBCUTANEOUS SOLUTION), T1	ZARXIO (INJECTION SOLUTION PREFILLED SYRINGE), T1
XIFAXAN (ORAL TABLET), T1	ZEJULA (ORAL CAPSULE), T1
XIGDUO XR (ORAL TABLET EXTENDED RELEASE 24 HOUR), T1	ZELAPAR ODT (ORAL TABLET DISPERSIBLE), T1
XIIDRA (OPHTHALMIC SOLUTION), T1	

Brand name drugs = CAPITALIZED

Generic drugs = *lower case italics*

ZELBORAF (ORAL TABLET), T1	<i>reconstituted), T1</i>
ZEMAIRA (INTRAVENOUS SOLUTION RECONSTITUTED), T1	ZIRGAN (OPHTHALMIC GEL), T1
<i>zenatane (oral capsule), T1</i>	ZOLINZA (ORAL CAPSULE), T1
ZENPEP (ORAL CAPSULE DELAYED RELEASE PARTICLES), T1	<i>zolpidem tartrate (oral tablet immediate release), T1</i>
ZERBAXA (INTRAVENOUS SOLUTION RECONSTITUTED), T1	<i>zonisamide (oral capsule), T1</i>
<i>zidovudine (oral capsule), T1</i>	ZORBTIVE (SUBCUTANEOUS SOLUTION RECONSTITUTED), T1
<i>zidovudine (oral syrup), T1</i>	<i>zovia 1/35 (28) (oral tablet), T1</i>
<i>zidovudine (oral tablet), T1</i>	ZYDELIG (ORAL TABLET), T1
ZIEXTENZO (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE), T1	ZYFLO (ORAL TABLET IMMEDIATE RELEASE), T1
<i>zileuton er (oral tablet extended release 12 hour), T1</i>	ZYKADIA (ORAL TABLET), T1
<i>ziprasidone hcl (oral capsule), T1</i>	ZYPREXA RELPREVV (210MG INTRAMUSCULAR SUSPENSION RECONSTITUTED), T1
<i>ziprasidone mesylate (intramuscular solution</i>	

T1= Tier 1 Covered Drugs

Over-the-counter (OTC) Medicaid drug list

Your plan covers some prescription OTC drugs that aren't normally covered under our Medicare Part D benefit.

You will need a prescription from your doctor to have the drugs listed below covered. Unless your doctor directs otherwise, prescriptions written for brand name drugs will be filled with the generic version if one is available.

Check with your doctor and the plan to see if your drug requires prior authorization. If it does, you or your doctor will need to get approval from the plan before the drug may be covered.

The list below shows the prescription OTC and Medicaid covered drugs.

#	
	<i>acid reducer (capsule delayed release)</i>
<i>12 hour decongestant (tablet er 12hr)</i>	<i>acid reducer (tablet)</i>
<i>12 hour nasal decongestant (tablet er 12hr)</i>	<i>acid reducer complete (tablet chewable)</i>
<i>12 hour nasal spray (solution)</i>	<i>acidophilus/citrus pectin (tablet)</i>
<i>12hr allergy/congestion relief (tablet er 12hr)</i>	<i>acidophilus/pectin (capsule)</i>
<i>24hr allergy relief (tablet)</i>	<i>acne medication 10 (gel)</i>
<i>3 day vaginal (cream)</i>	<i>acne medication 10 (lotion)</i>
<i>8 hour arthritis pain reliever (tablet er)</i>	<i>acne medication 2.5 (gel)</i>
<i>8 hr arthritis pain relief (tablet er)</i>	<i>acne medication 5 (gel)</i>
<i>8hr muscle aches & pain (tablet er)</i>	<i>acne medication 5 (lotion)</i>
A	<i>actidose-aqua (liquid)</i>
A + D PERSONAL CARE LOTION (LOTION)	ACTIVE FE (TABLET)
<i>a&d (ointment)</i>	ADAPTER CAP BLUE A 18MM (MISCELLANEOUS)
<i>acetaminophen (liquid)</i>	ADAPTER CAP BLUE B 20MM (MISCELLANEOUS)
<i>acetaminophen (suppository)</i>	ADAPTER CAP BLUE C 22MM (MISCELLANEOUS)
<i>acetaminophen (suspension)</i>	ADAPTER CAP BLUE D 24MM (MISCELLANEOUS)
<i>acetaminophen (tablet)</i>	ADAPTER CAP BLUE E 28MM/SHORT NECK (MISCELLANEOUS)
<i>acetaminophen childrens (suspension)</i>	ADAPTER CAP BLUE F 28MM/LONG NECK (MISCELLANEOUS)
<i>acetaminophen er (tablet er)</i>	ADAPTER CAP BLUE K 28MM/MEDIUM NECK (MISCELLANEOUS)
<i>acetaminophen er 8 hour arthritis pain (tablet er)</i>	ADAPTER CAP BLUE M 24MM (MISCELLANEOUS)
<i>acetaminophen extra strength (tablet)</i>	
<i>acetaminophen infants (suspension)</i>	
<i>acetaminophen pm (tablet)</i>	
<i>acetaminophen pm extra strength (tablet)</i>	
<i>acid gone (suspension)</i>	
<i>acid gone (tablet chewable)</i>	

Brand name drugs = CAPITALIZED

Generic drugs = *lower case italics*

ADAPTER CAP GREEN A 18MM (MISCELLANEOUS)	AFRIN SALINE NASAL MIST (SOLUTION)
ADAPTER CAP GREEN B 20MM (MISCELLANEOUS)	AHIST (TABLET)
ADAPTER CAP GREEN C 22MM (MISCELLANEOUS)	ALA-HIST IR (TABLET)
ADAPTER CAP GREEN D 24MM (MISCELLANEOUS)	ALAHIST CF (TABLET)
ADAPTER CAP GREEN E 28MM/SHORT NECK (MISCELLANEOUS)	ALAHIST D (TABLET)
ADAPTER CAP GREEN F 28MM/LONG NECK (MISCELLANEOUS)	ALAHIST DM (LIQUID)
ADAPTER CAP GREEN K 28MM/MEDIUM NECK (MISCELLANEOUS)	ALAWAY (SOLUTION)
ADAPTER CAP GREEN M 24MM (MISCELLANEOUS)	ALAWAY CHILDRENS ALLERGY EYE ITCH RELIEF (SOLUTION)
ADAPTER CAP RED A 18MM (MISCELLANEOUS)	ALCOH-WIPE 12" X 12" (SHEET)
ADAPTER CAP RED B 20MM (MISCELLANEOUS)	<i>alcohol wipes (miscellaneous)</i>
ADAPTER CAP RED C 22MM (MISCELLANEOUS)	ALEVAZOL (OINTMENT)
ADAPTER CAP RED D 24MM (MISCELLANEOUS)	ALHPAMOP FOAM REPLACEMENTPADS (MISCELLANEOUS)
ADAPTER CAP RED E 28MM/SHORT NECK (MISCELLANEOUS)	<i>all day allergy (tablet)</i>
ADAPTER CAP RED F 28MM/LONG NECK (MISCELLANEOUS)	<i>all day allergy-d (tablet er 12hr)</i>
ADAPTER CAP RED K 28MM/MEDIUM NECK (MISCELLANEOUS)	<i>all day pain relief (tablet)</i>
ADAPTER CAP RED M 24MM (MISCELLANEOUS)	<i>all day relief (tablet)</i>
ADAPTER CAP WHITE B 20MM (MISCELLANEOUS)	<i>all-nite cold & flu nighttime relief (liquid)</i>
ADAPTER CAP WHITE C 22MM (MISCELLANEOUS)	<i>aller-chlor (tablet)</i>
<i>adc/fluoride (solution)</i>	<i>aller-ease (tablet)</i>
ADD-VANTAGE ADDAPTOR CONNECTOR (MISCELLANEOUS)	<i>allergy & congestion relief (tablet er 12hr)</i>
<i>adult aspirin regimen (tablet dr)</i>	<i>allergy (tablet)</i>
ADVIL (CAPSULE)	<i>allergy 24-hr (tablet)</i>
ADVIL JUNIOR STRENGTH (TABLET)	<i>allergy childrens (liquid)</i>
ADVIL MIGRAINE (CAPSULE)	<i>allergy childrens (syrup)</i>

<i>almacone double strength (suspension)</i>	<i>antacid (tablet chewable)</i>
<i>altamist (solution)</i>	<i>antacid anti-gas maximum strength (suspension)</i>
ALUMINUM FLIP OFF SEALS BLANK TOP/ 13MM/RED (MISCELLANEOUS)	<i>antacid calcium regular strength (tablet chewable)</i>
ALUMINUM FLIP OFF SEALS BLANK TOP/ 13MM/ROYAL BLUE (MISCELLANEOUS)	<i>antacid extra strength (tablet chewable)</i>
ALUMINUM FLIP OFF SEALS BLANK TOP/ 13MM/YELLOW (MISCELLANEOUS)	<i>antacid maximum strength (suspension)</i>
ALUMINUM FLIP OFF SEALS BLANK TOP/ 20MM/BLACK (MISCELLANEOUS)	<i>antacid plus anti-gas relief (suspension)</i>
ALUMINUM FLIP OFF SEALS BLANK TOP/ 20MM/BLUE (MISCELLANEOUS)	<i>antacid plus anti-gas relief maximum strength (suspension)</i>
ALUMINUM FLIP OFF SEALS BLANK TOP/ 20MM/GREEN (MISCELLANEOUS)	<i>antacid regular strength (suspension)</i>
ALUMINUM FLIP OFF SEALS BLANK TOP/ 20MM/LIGHT GREEN (MISCELLANEOUS)	<i>antacid ultra strength (tablet chewable)</i>
ALUMINUM FLIP OFF SEALS BLANK TOP/ 20MM/MIST GRAY (MISCELLANEOUS)	<i>antacid/antigas liquid (suspension)</i>
ALUMINUM FLIP OFF SEALS BLANK TOP/ 20MM/NATURAL (MISCELLANEOUS)	<i>anti-dandruff shampoo (shampoo)</i>
ALUMINUM FLIP OFF SEALS BLANK TOP/ 20MM/ROYAL BLUE (MISCELLANEOUS)	<i>anti-diarrheal (liquid)</i>
ALUMINUM FLIP OFF SEALS BLANK TOP/ 20MM/WHITE (MISCELLANEOUS)	<i>anti-diarrheal (tablet)</i>
ALUMINUM FLIP OFF SEALS BLANK TOP/ 20MM/WILLOW GREEN (MISCELLANEOUS)	<i>anti-fungal powder (powder)</i>
ALUMINUM FLIP OFF SEALS BLANK TOP/ 20MM/YELLOW (MISCELLANEOUS)	<i>anti-itch (cream)</i>
<i>aluminum hydroxide (suspension)</i>	<i>anti-itch (lotion)</i>
AMBER GLASS BOTTLE (MISCELLANEOUS)	<i>antifungal (cream)</i>
AMBER GLASS VIALS 2ML (MISCELLANEOUS)	<i>antifungal powder (powder)</i>
AMBER GLASS VIALS 2ML/13MM (MISCELLANEOUS)	<i>antihistamine/nasal decongestant (tablet er 12hr)</i>
AMBER GLASS VIALS 30ML/20MM (MISCELLANEOUS)	<i>antiseptic mouthrinse (liquid)</i>
AMLACTIN FOOT CREAM THERAPY (CREAM)	APPLICATOR ACCESSORIES/TAP-N-CLICK SILICONE PAD MULTI-PURPOS (MISCELLANEOUS)
AMYTAL SODIUM (SOLUTION RECONSTITUTED)	<i>apra (elixir)</i>
AMYVID (SOLUTION)	<i>aprodine (tablet)</i>
ANASPAZ (TABLET DISINTEGRATING)	AQUA GLYCOLIC HAND & BODYLOTION (LOTION)
<i>animal chews (tablet chewable)</i>	AQUA LACTEN (LOTION)
<i>antacid (suspension)</i>	AQUAFRESH CAVITY PROTECTION SUGAR ACID PROTECTION (PASTE)
	AQUAFRESH EXTREME CLEAN (PASTE)
	AQUAMED (LOTION)
	<i>aquanaz (tablet)</i>
	AQUAPHILIC (OINTMENT)
	AQUAPHOR (OINTMENT)
	<i>aquasonic 100 (gel)</i>
	ARIDOL (KIT)
	<i>arthritis pain relief (tablet er)</i>

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arthritis pain reliever (tablet er)
arthritis pain relieving (cream)
artificial tears (ointment)
artificial tears (solution)
ascorbic acid (tablet)
aspirin (suppository)
aspirin (tablet chewable)
aspirin (tablet dr)
aspirin (tablet)
aspirin adult low dose (tablet dr)
aspirin ec (tablet dr)
aspirin low dose (tablet chewable)
aspirin low dose (tablet dr)
aspirin regular strength (tablet dr)
athletes foot (cream)
athletes foot antifungal powder spray (aerosol powder)
athletes foot powder spray (aerosol powder)
athletes foot spray (aerosol)
atropine sulfate (ointment)
atropine sulfate (solution)
AUTOCLAVE ACCESSORIES PRINTER PAPER (MISCELLANEOUS)
AUTOCLAVE AIR FILTER (MISCELLANEOUS)
AUTOCLAVE PAPER 36" X 36" (MISCELLANEOUS)
AVOSTARTGRIP (MISCELLANEOUS)
AYR (SOLUTION)
AYR NASAL DROPS (SOLUTION)

B

b complex (capsule)
b-complex (capsule)
b-complex with b-12 (tablet)
BABY AYR SALINE (SOLUTION)
baby sunscreen spf50 (lotion)
BACICAP (CAPSULE)
bacitracin (ointment)
bacitracin zinc (ointment)
back & body extra strength (tablet)
BACMIN (TABLET)

BACTERIOSTATIC WATER FOR INJECTION/
BENZYL ALCOHOL (SOLUTION)
banophen (capsule)
banophen (cream)
banophen (tablet)
barium sulfate (powder)
belladonna/opium (suppository)
BENSAL HP (OINTMENT)
BENZEDREX INHALER (INHALER)
BENZEFOAM (FOAM)
benzonatate (capsule)
benzoyl peroxide (gel)
benzoyl peroxide wash (liquid)
BETA CARE (LOTION)
BETASEPT SURGICAL SCRUB (LIQUID)
BEUTLICH PH TEST ROLL (MISCELLANEOUS)
bimatoprost (solution)
BIOFREQUENCY INSOLES (MISCELLANEOUS)
BIOTENE DRY MOUTH GENTLE FORMULA (PASTE)
BIOTHRAX (SUSPENSION)
bisacodyl (suppository)
bisacodyl ec (tablet dr)
bismatrol (tablet chewable)
BLENDERM CLEAR OCCLUSIVE SURGICAL TAPE 1"X5YDS (TAPE)
BLENDERM CLEAR OCCLUSIVE SURGICAL TAPE 1/2"X5YDS (TAPE)
BLENDERM CLEAR OCCLUSIVE SURGICAL TAPE 2"X5YDS (TAPE)
BOTOX COSMETIC (SOLUTION RECONSTITUTED)
BOTTLE ADAPTERS/24MM/PRESS-IN (MISCELLANEOUS)
BOTTLE AMBER 16OZ/GRADUATED/OVAL PET/28-400/CAP (MISCELLANEOUS)
BOTTLE AMBER 8OZ/GRADUATED/OVAL PET/24-400/CAP (MISCELLANEOUS)
BOTTLE AMBER GLASS 33OZ/BOSTON ROUND/33/430 NECK/RIBBED CAP (MISCELLANEOUS)

BOTTLE/6OZ/WHITE/HDPE/WITH TWIST TOP SIFTER CAP (MISCELLANEOUS)	<i>calcium + d3 (tablet)</i>
BOTTLETOP DISPENSER 0.25-2.0ML (MISCELLANEOUS)	<i>calcium 500/d (tablet)</i>
BOTTLETOP DISPENSER ADAPTER/38MM (MISCELLANEOUS)	<i>calcium 600 (tablet)</i>
BOUDREAUXS BABY BUTT SMOOTH DRY SKIN (OINTMENT)	<i>calcium 600 + d (tablet)</i>
BOUDREAUXS BUTT PASTE (OINTMENT)	<i>calcium 600+d (tablet)</i>
BOULES QUIES EAR PLUGS (MISCELLANEOUS)	<i>calcium acetate (tablet)</i>
<i>bp 10-1 (emulsion)</i>	<i>calcium antacid (tablet chewable)</i>
<i>bp cleansing wash (emulsion)</i>	<i>calcium antacid extra strength (tablet chewable)</i>
<i>bp vit 3 (capsule)</i>	<i>calcium carbonate (suspension)</i>
<i>bpo foaming cloths (miscellaneous)</i>	<i>calcium carbonate (tablet chewable)</i>
BPROTECTED PEDIA IRON (SOLUTION)	<i>calcium carbonate (tablet)</i>
BPROTECTED PEDIA POLY-VITE (SOLUTION)	<i>calcium carbonate (tablet)</i>
BPROTECTED PEDIA POLY-VITE/IRON (SOLUTION)	<i>calcium carbonate/vitamin d (tablet)</i>
BPROTECTED PEDIA TRI-VITE (SOLUTION)	<i>calcium citrate + d3 max imum (tablet)</i>
BREASTMILK STORAGE BAGS (MISCELLANEOUS)	<i>calcium citrate + d3 maximum (tablet)</i>
BREASTMILK STORAGE BOTTLES (MISCELLANEOUS)	<i>calcium citrate/vitamin d (tablet)</i>
BREATHE EASE HUMIDIFIER (MISCELLANEOUS)	<i>calcium citrate/vitamin d3 (tablet)</i>
<i>bromphen/pseudoephedrine hcl/ dextromethorphan hbr (syrup)</i>	CALCIUM GLUCONATE/SODIUM CHLORIDE (SOLUTION)
<i>bromphen/pseudoephedrine hcl/ dextromethorphan hydrobromide (syrup)</i>	<i>calcium high potency (tablet)</i>
<i>brompheniramine/pseudoephedrine/dm (syrup)</i>	<i>calcium high potency + vitamin d (tablet)</i>
BUBBLE POINT TESTER KIT/WIZARD (MISCELLANEOUS)	<i>calcium oyster shell (tablet)</i>
<i>budesonide nasal spray (suspension)</i>	<i>calcium plus vitamin d (tablet)</i>
<i>burn relief spray (aerosol)</i>	<i>calcium/magnesium/zinc (tablet)</i>
C	<i>calcium/vitamin d (tablet)</i>
<i>c-500 (tablet chewable)</i>	<i>calcium/vitamin d3 (tablet)</i>
<i>cal-gest antacid (tablet chewable)</i>	<i>caldyphen clear (lotion)</i>
<i>calamine clear (lotion)</i>	CALTRATE 600+D PLUS MINERALS (TABLET)
CALCITRATE (TABLET)	CAM (LOTION)
<i>calcium (tablet)</i>	CAMPHOR SPIRIT (SPIRIT)
	<i>capcof (syrup)</i>
	<i>capmist dm (tablet)</i>
	<i>capron dm (liquid)</i>
	<i>capron dmt (tablet)</i>
	<i>capsaicin (cream)</i>
	<i>capsaicin (cream)</i>
	<i>capsaicin hp (cream)</i>
	CAPSFENAC PAK (THERAPY PACK)
	CAPSINAC (THERAPY PACK)
	<i>capzix (cream)</i>

<i>castor oil (oil)</i>	CHEMOPLUS NEOPRENE GLOVE/X-LARGE/9-MIL (MISCELLANEOUS)
CAVERJECT (SOLUTION RECONSTITUTED)	CHEMOPLUS NITRILE GLOVES/LARGE (MISCELLANEOUS)
CAVERJECT IMPULSE (KIT)	CHEMOPLUS NITRILE GLOVES/MEDIUM (MISCELLANEOUS)
CAYA (DIAPHRAGM)	CHEMOPLUS NITRILE GLOVES/SMALL (MISCELLANEOUS)
CELLPAD (SHEET)	CHEMOPLUS NITRILE GLOVES/X-LARGE (MISCELLANEOUS)
CENTANY AT (KIT)	CHEMOPLUS STERILE NITRILE GLOVE/LARGE (MISCELLANEOUS)
CENTRATLEX (CAPSULE)	CHEMOPLUS STERILE NITRILE GLOVE/MEDIUM (MISCELLANEOUS)
CENTRUM KIDS (TABLET CHEWABLE)	CHEMOPLUS STERILE NITRILE GLOVE/SMALL (MISCELLANEOUS)
CEPACOL INSTAMAX (LOZENGE)	CHEMOPLUS STERILE NITRILE GLOVE/X-LARGE (MISCELLANEOUS)
CEPACOL SORE THROAT & COUGH EXTRA STRENGTH (LOZENGE)	<i>chest congestion relief (syrup)</i>
CEPACOL SORE THROAT EXTRA STRENGTH (LOZENGE)	<i>chest congestion relief (tablet)</i>
CEPACOL SORE THROAT EXTRASTRENGTH (LOZENGE)	<i>chest congestion relief dm (tablet)</i>
<i>cerovite jr (tablet chewable)</i>	<i>chest rub (ointment)</i>
CETAPHIL DAILY ADVANCE ULTRA HYDRATING (LOTION)	<i>chewable acetaminophen childrens (tablet chewable)</i>
CETAPHIL MOISTURIZING (LOTION)	<i>children's chewable acetaminophen (tablet chewable)</i>
CETAPHIL RESTORADERM (LOTION)	<i>childrens acetaminophen (suspension)</i>
<i>cetirizine hcl (tablet chewable)</i>	<i>childrens animal shapes complete (tablet chewable)</i>
<i>cetirizine hcl (tablet)</i>	<i>childrens chewable vitamin (tablet chewable)</i>
<i>cetirizine hcl/pseudoephedrine hcl er (tablet er 12hr)</i>	<i>childrens chewable vitamins (tablet chewable)</i>
<i>cetirizine hydrochloride (tablet chewable)</i>	<i>childrens loratadine (solution)</i>
<i>cetirizine hydrochloride (tablet)</i>	<i>childrens loratadine (syrup)</i>
<i>cetirizine hydrochloride/pseudoephedrine hydrochloride (tablet er 12hr)</i>	<i>childrens mucus relief cough (liquid)</i>
CHEMO TRANSFER PIN (MISCELLANEOUS)	<i>childrens pain relief plus multi-symptom cold (suspension)</i>
CHEMOPLUS LATEX GLOVE/LARGE/10-MIL (MISCELLANEOUS)	<i>childrens pepto (tablet chewable)</i>
CHEMOPLUS LATEX GLOVE/MEDIUM/10-MIL (MISCELLANEOUS)	<i>childrens silapap (liquid)</i>
CHEMOPLUS LATEX GLOVE/SMALL/10-MIL (MISCELLANEOUS)	<i>chlo hist (solution)</i>
CHEMOPLUS NEOPRENE GLOVE/LARGE/9-MIL (MISCELLANEOUS)	CHLO TUSS (LIQUID)
CHEMOPLUS NEOPRENE GLOVE/MEDIUM/9-MIL (MISCELLANEOUS)	<i>chlorpheniramine maleate (tablet er)</i>
CHEMOPLUS NEOPRENE GLOVE/SMALL/9-MIL (MISCELLANEOUS)	<i>chlorpheniramine maleate (tablet)</i>

<i>chocolated laxative regular strength (tablet chewable)</i>	COBAN LF SELF-ADHERENT WRAP 3"X5 YDS (MISCELLANEOUS)
CHROMAGEN (CAPSULE)	COBAN LF SELF-ADHERENT WRAP 4"X5 YDS (MISCELLANEOUS)
<i>chromium chloride (solution)</i>	COBAN LF SELF-ADHERENT WRAP 4"X6.5 YDS (MISCELLANEOUS)
CICASIL (SHEET)	COBAN LF SELF-ADHERENT WRAP 6"X5 YDS (MISCELLANEOUS)
<i>ciclopirox treatment (kit)</i>	COBAN SELF ADHERENT WRAP 2"X5 YDS (MISCELLANEOUS)
CLARITIN REDITABS (TABLET DISINTEGRATING)	COBAN SELF-ADHERENT WRAP 1"X5 YDS (MISCELLANEOUS)
CLEANROOM TACKY MAT 18" X36"/60 LAYER (MISCELLANEOUS)	COBAN SELF-ADHERENT WRAP 2"X5 YDS (MISCELLANEOUS)
<i>clear anti-itch (lotion)</i>	COBAN SELF-ADHERENT WRAP 3"X5 YDS (MISCELLANEOUS)
CLEAR GLASS VIALS 10ML (MISCELLANEOUS)	COBAN SELF-ADHERENT WRAP 4"X5 YDS (MISCELLANEOUS)
CLEAR GLASS VIALS 2ML (MISCELLANEOUS)	COBAN SELF-ADHERENT WRAP 4"X6.5 YDS (MISCELLANEOUS)
<i>clearlax (powder)</i>	COBAN SELF-ADHERENT WRAP 6"X5 YDS (MISCELLANEOUS)
<i>clearskin (cream)</i>	COCAINE HYDROCHLORIDE (SOLUTION)
CLINDACIN ETZ (KIT)	<i>cocoa butter hand & body lotion (lotion)</i>
CLINDACIN PAC (KIT)	<i>codeine/guaifenesin (solution)</i>
CLODAN KIT (KIT)	COLACE (CAPSULE)
CLOTH ADHESIVE SURGICAL TAPE 1"X10YDS (TAPE)	<i>cold & cough childrens (liquid)</i>
CLOTH ADHESIVE SURGICAL TAPE 1/2"X10YDS (TAPE)	<i>cold & flu nighttime relief (capsule)</i>
CLOTH ADHESIVE SURGICAL TAPE 2"X10YDS (TAPE)	<i>cold & flu relief daytime/multi-symptom (capsule)</i>
CLOTH ADHESIVE SURGICAL TAPE 3"X10YDS (TAPE)	<i>cold & flu relief nighttime (capsule)</i>
<i>clotrimazole (cream)</i>	<i>cold & flu relief nighttime/multi-symptom (capsule)</i>
<i>clotrimazole 3 (cream)</i>	<i>cold & hot medicated patch extra strength (patch)</i>
COATAMAX PATCH (SHEET)	<i>cold relief plus (tablet effervescent)</i>
COBAN 2 LAYER COMPRESSION SYSTEM (MISCELLANEOUS)	COLD-EEZE (LOZENGE)
COBAN ACTION WRAP/BLUE/3"X 5YDS (MISCELLANEOUS)	COLD-EEZE PLUS DEFENSE (LOZENGE)
COBAN ACTION WRAP/RED/3" X 5YDS (MISCELLANEOUS)	COLD-EEZE PLUS DEFENSE (TABLET CHEWABLE)
COBAN ACTION WRAP/WHITE/ 3" X5YDS (MISCELLANEOUS)	COLD-EEZE PLUS NATURAL MULTI-SYMPTOM RELIEF (LOZENGE)
COBAN LF SELF-ADHERENT WRAP 1"X5 YDS (MISCELLANEOUS)	COLD-EEZE PLUS NATURAL MULTI-SYMPTOM
COBAN LF SELF-ADHERENT WRAP 2"X5 YDS (MISCELLANEOUS)	

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RELIEF COLD & FLU (TABLET DISINTEGRATING)
COLD-EEZE SUGAR FREE (LOZENGE)
cold/cough childrens (liquid)
cold/flu daytime relief (capsule)
COMAR PRESS-IN BOTTLE ADAPTERS 24MM (MISCELLANEOUS)
COMFORT FIT FLANGES LARGE (MISCELLANEOUS)
COMPRESS ISLAND DRESSING4"X4" (PAD)
COMPRESS ISLAND DRESSING6"X6" (PAD)
complete allergy medicine (capsule)
CONDOMS (MISCELLANEOUS)
CONEX COLD/ALLERGY (SOLUTION)
CONEX COLD/ALLERGY (TABLET)
COPPER TRACE METAL (SOLUTION)
corn and callus remover (liquid)
CORVITA (TABLET)
corvita 150 (tablet)
CORVITE 150 (TABLET)
CORVITE FE (TABLET)
cough & cold (tablet)
cough & cold hbp (tablet)
cough dm (susp extended release)
cough dm childrens (susp extended release)
cough drops (lozenge)
COVERALL BOOTS/DISPOSABLE/UNIVERSAL (MISCELLANEOUS)
COVERALL W/ HOOD/SMALL/DISPOSABLE (MISCELLANEOUS)
COVERALL W/HOOD/3XL/DISPOSABLE (MISCELLANEOUS)
COVERALL W/HOOD/XL/DISPOSABLE (MISCELLANEOUS)
COVERALL W/HOOD/XXL/DISPOSABLE (MISCELLANEOUS)
COVERALLS MEDIUM/ELASTIC BACK/WRIST/ANKLES (MISCELLANEOUS)
COVID-19 TEST SPECIMEN COLLECTION (KIT)
cromolyn sodium (aerosol solution)
CVS ABSORBENT COTTON/ROLLED (MISCELLANEOUS)
cvs acidophilus probioticformula (tablet)
cvs acne (cream)
cvs acne control cleanser (cream)
CVS ADHESIVE BANDAGES FOAM TOE SIZE (MISCELLANEOUS)
CVS ADHESIVE GAUZE PAD PREMIUM 2-3/8"X4" (PAD)
CVS ADHESIVE GAUZE PAD PREMIUM 4"X8" (PAD)
CVS ADHESIVE PAD 4"X4" (PAD)
CVS ADHESIVE PAD 6"X6" (PAD)
CVS ADHESIVE TAPE 1"X10YDS (TAPE)
CVS ADHESIVE TAPE 1/2"X10YD (TAPE)
CVS ADHESIVE TAPE 2"X2.2YDS (TAPE)
CVS ADHESIVE TAPE 2"X360" (TAPE)
CVS ADVANCED GEL ORTHOTICS/MENS (MISCELLANEOUS)
CVS ADVANCED HEALING PREMIUM BANDAGES/SMALL (MISCELLANEOUS)
CVS ALKALINE BATTERIES/SIZE AA (MISCELLANEOUS)
CVS ANKLE SUPPORT SLEEVE/LARGE (MISCELLANEOUS)
CVS ANTI-BACTERIAL BANDAGES (MISCELLANEOUS)
CVS ANTI-BACTERIAL BANDAGES CHILDRENS (MISCELLANEOUS)
CVS ANTI-BACTERIAL BANDAGES WATERPROOF (MISCELLANEOUS)
CVS ANTIBACTERIAL BANDAGES/HEAVY DUTY FABRIC (MISCELLANEOUS)
CVS ARM SLING/ADULT (MISCELLANEOUS)
CVS ARM SLING/UNIVERSAL (MISCELLANEOUS)
CVS ARTHRITIS HEATWRAPS/HAND/WRIST (MISCELLANEOUS)
cvs at home a1c test kit (kit)
cvs b-1 (tablet)
cvs b1 (tablet)
cvs b6 (tablet)
CVS BABY SAFETY SWABS (SWAB)

CVS BABY SHAMPOO (SHAMPOO)
 CVS BANDAGE ROLL
 4.5"X108" (MISCELLANEOUS)
cvs beauty 360 dry skin (lotion)
 CVS BEAUTY 360 LARGE COTTON BALLS
 (MISCELLANEOUS)
 CVS BUTTERFLY CLOSURES
 (MISCELLANEOUS)
cvs calcium 600 + d plus minerals (tablet)
cvs calcium citrate+d3 w/magnesium (tablet)
cvs calcium/magnesium/zinc (tablet)
 CVS CANE (MISCELLANEOUS)
cvs capsaicin hp (cream)
 CVS CAST & WOUND PROTECTOR/
 30" (MISCELLANEOUS)
cvs chewable c with rose hips (tablet chewable)
cvs chewable childrens vitamin (tablet chewable)
*cvs childrens chewable complete (tablet
 chewable)*
 CVS CLEAR BANDAGES (MISCELLANEOUS)
 CVS CLEAR TAPE BREATHABLE (TAPE)
 CVS COOL MIST HUMIDIFIER
 (MISCELLANEOUS)
 CVS COPPER COMPRESSION SLEEVE/
 ELBOW/LARGE (MISCELLANEOUS)
 CVS COTTON BALLS (MISCELLANEOUS)
 CVS COTTON SWABS (SWAB)
 CVS CRUTCHES UNIVERSAL
 (MISCELLANEOUS)
 CVS CRYOMAX COLD PACK
 (MISCELLANEOUS)
cvs d3 (capsule)
cvs daily ultra moisture lotion (lotion)
 CVS DELUXE HOT/COLD PAIN RELIEVING
 COMPRESS (PAD)
 CVS DELUXE MOIST/DRY HEAT HEATING PAD
 (PAD)
 CVS DENTAL FLOSS (MISCELLANEOUS)
 CVS DENTAL FLOSS UNWAXED
 (MISCELLANEOUS)
 CVS DENTAL FLOSS WAXED
 (MISCELLANEOUS)
 CVS DENTURE ADHESIVE CREAM (CREAM)
cvs digestive probiotic (capsule)
 CVS DIGITAL THERMOMETER
 (MISCELLANEOUS)
 CVS DIGITAL THERMOMETER BASAL
 (MISCELLANEOUS)
 CVS DIGITAL THERMOMETER FLEXIBLE TIP
 (MISCELLANEOUS)
 CVS DIGITAL THERMOMETER MICRO TEMPLE
 (MISCELLANEOUS)
 CVS DIGITAL THERMOMETER MULTI-TIP
 (MISCELLANEOUS)
 CVS DIGITAL THERMOMETER TEMPLE
 (MISCELLANEOUS)
 CVS DRESSING WATERPROOF
 TRANSPARENT 4" X
 4-3/4" (MISCELLANEOUS)
cvs dry skin therapy (lotion)
cvs e (capsule)
 CVS EAR PLUGS (MISCELLANEOUS)
cvs electrolyte solution (solution)
cvs extra moisturizing (lotion)
 CVS EYE PATCH (MISCELLANEOUS)
 CVS FINGER INJURY KIT (MISCELLANEOUS)
 CVS FIRM COMPRESSION SOCKS UNISEX L/
 XL (MISCELLANEOUS)
 CVS FIRM COMPRESSION SOCKS UNISEX S/
 M (MISCELLANEOUS)
 CVS FIRST AID KIT (KIT)
 CVS FLEXIBLE FABRIC ANTI-BACTERIAL
 BANDAGES (MISCELLANEOUS)
 CVS FOLDING CANE GEL GRIP
 (MISCELLANEOUS)
cvs folic acid (tablet)
 CVS GAUZE PAD 3"X3" (PAD)
 CVS GAUZE PAD 8"X4" (PAD)
 CVS GAUZE PADS STERILE 4"X4" 12-PLY (PAD)
 CVS GEL HEEL CUSHION WOMENS (PAD)
cvs gentle skin cleanser (lotion)
 CVS GENTLE WRAP 3"X2.2YDS
 (MISCELLANEOUS)
 CVS GLOVES (MISCELLANEOUS)

Brand name drugs = CAPITALIZED

Generic drugs = *lower case italics*

CVS GLOVES VINYL (MISCELLANEOUS)
*cv*s *glucose* (tablet *chewable*)
*cv*s *gummy dinos* (tablet *chewable*)
*cv*s *gummy dinos childrens* (tablet *chewable*)
*cv*s *gummy multivitamin kids* (tablet *chewable*)
CVS HEARING AID BATTERIES MAX/SIZE 312
(MISCELLANEOUS)
CVS HEARING AID BATTERIES/SIZE 10
(MISCELLANEOUS)
CVS HEARING AID BATTERIES/SIZE 13
(MISCELLANEOUS)
CVS HEARING AID BATTERIES/SIZE 312
(MISCELLANEOUS)
CVS HEAT THERAPY PATCHES/BACK
(MISCELLANEOUS)
CVS HEATING PAD (PAD)
CVS HEATWRAPS (MISCELLANEOUS)
CVS HEATWRAPS/ULTRA THIN/BACK AND
HIP/XL (MISCELLANEOUS)
CVS HOT & COLD PAIN RELIEVING
COMPRESS/REUSABLE (PAD)
CVS I AM A CAREFREE KID AND I STAY DRY
ON MY OWN TRAINING PA
(MISCELLANEOUS)
CVS I CRAWL AND SCOOT AND MY DIAPER
STAYS PUT DIAPERS/SIZE 3
(MISCELLANEOUS)
CVS I LIKE TO PLAY AND STAY NICE AND DRY
DIAPERS/SIZE 5 (MISCELLANEOUS)
CVS I LOVE TO DANCE AND ISTAY DRY ON MY
OWN GIRLS 4T-5T (MISCELLANEOUS)
CVS I LOVE TO DANCE AND ISTAY DRY ON MY
OWN SIZE 4T-5T GIRLS (MISCELLANEOUS)
CVS I LOVE TO ROCK AND NOTHING SLOWS
ME DOWN SIZE 3T-4T (MISCELLANEOUS)
CVS I LOVE TO ROCK AND NOTHING SLOWS
ME DOWN SIZE 3T-4T BOYS
(MISCELLANEOUS)
CVS I LOVE TO RUN AND MY DIAPER DOESNT
SLOW ME DOWN/SIZE 6 (MISCELLANEOUS)
CVS I PLAY SPORTS AND NOTHING SLOWS
ME DOWN SIZE 3T-4T (MISCELLANEOUS)
CVS I PLAY SPORTS AND NOTHING SLOWS
ME DOWN SIZE 3T-4T GIRLS
(MISCELLANEOUS)
CVS I PLAYED ALL DAY AND IM READY FOR
BED BOYS TRAINING L/XL
(MISCELLANEOUS)
CVS I PLAYED ALL DAY AND IM READY FOR
BED UNDERPANTS L/XL (MISCELLANEOUS)
CVS I TUCK MYSELF IN AND I HAVE SWEET
DREAMS UNDERPANTS S/M
(MISCELLANEOUS)
CVS IM A CAREFREE KID ANDI STAY DRY ON
MY OWN SIZE 4T-5T BOY (MISCELLANEOUS)
CVS IM ON THE MOVE AND MY DIAPERS GOT
ME COVERED DIAPERS/S3
(MISCELLANEOUS)
CVS IM ON THE MOVE AND MY DIAPERS GOT
ME COVERED DIAPERS/S4
(MISCELLANEOUS)
CVS INSTANT COLD PACK (MISCELLANEOUS)
CVS INSTANT COLD THERAPY WRAP
(MISCELLANEOUS)
*cv*s *iron* (tablet)
*cv*s *isopropyl alcohol wipes* (*miscellaneous*)
CVS ITS TIME TO SLEEP AND STAY DRY ALL
NIGHT DIAPERS SIZE 3 (MISCELLANEOUS)
CVS ITS TIME TO SLEEP AND STAY DRY ALL
NIGHT SMART FIT DIAP6 (MISCELLANEOUS)
CVS KIDPANT BOYS MEDIUM
(MISCELLANEOUS)
CVS KIDPANT GIRLS MEDIUM
(MISCELLANEOUS)
CVS KINESIOLOGY (TAPE)
CVS KNEE SUPPORT SLEEVE MILD
COMPRESSION/EXTRA LARGE
(MISCELLANEOUS)
CVS KNEE SUPPORT SLEEVE/LARGE
(MISCELLANEOUS)
CVS KNEE SUPPORT SLEEVE/MEDIUM
(MISCELLANEOUS)
CVS KNEE SUPPORT SLEEVE/SMALL
(MISCELLANEOUS)
CVS LATEX GLOVES SMALL
(MISCELLANEOUS)

cvs lubricant gel drops (gel)
 CVS LUMBAR & BACK SUPPORTBRACE/HOT & COLD GEL PACK/ONE SIZE (MISCELLANEOUS)
cvs magnesium (tablet)
 CVS MAX HEARING AID BATTERIES/SIZE 13 (MISCELLANEOUS)
 CVS MAXI OVERNIGHT/WINGS (PAD)
 CVS MEPITEL TRANSPARENT FILM (MISCELLANEOUS)
 CVS MOIST HEAT PAIN RELIEF WRAP/NECK/SHOULDER (MISCELLANEOUS)
cvs moisturizing lotion (lotion)
 CVS MOLESKIN PADDING (PAD)
 CVS MOLESKIN PLUS (PAD)
 CVS NEEDLE COLLECTION & DISPOSAL (MISCELLANEOUS)
 CVS NITRILE EXAM GLOVES (MISCELLANEOUS)
 CVS NITRILE EXAM GLOVES POWDER FREE (MISCELLANEOUS)
 CVS NITRILE EXAM GLOVES/OATMEAL (MISCELLANEOUS)
 CVS NON-STICK PADS 1.5"X2" (PAD)
 CVS NON-STICK PADS 2"X3" (PAD)
 CVS NON-STICK PADS 3"X4" (PAD)
 CVS NON-STICK PADS 3"X8" (PAD)
 CVS NYPLEX GLOVES (MISCELLANEOUS)
 CVS ODOR ABSORBING INSOLES (PAD)
cvs pediatric electrolyte (solution)
cvs pediatric electrolyte freezer pops (solution)
 CVS PILL SPLITTER (MISCELLANEOUS)
cvs pinworm treatment (suspension)
 CVS PLASTIC BANDAGES (MISCELLANEOUS)
 CVS PLASTIC SWABS (SWAB)
 CVS PORTABLE DIABETIC ORGANIZER (MISCELLANEOUS)
 CVS PROBE COVERS (MISCELLANEOUS)
cvs probiotic childrens (tablet chewable)
 CVS PULSE OXIMETER (MISCELLANEOUS)
 CVS PULSE OXIMETER/PORTABLE (MISCELLANEOUS)
 CVS QUAD CANE (MISCELLANEOUS)
 CVS READINESS ESSENTIALS (KIT)
 CVS READY SET GO DELUXE ALUMINUM BATH BENCH (MISCELLANEOUS)
 CVS REUSABLE SHEET PROTECTOR (MISCELLANEOUS)
 CVS ROLLED GAUZE 1 ROLL 4"X2YD (MISCELLANEOUS)
 CVS ROLLED GAUZE 2"X2YD (MISCELLANEOUS)
 CVS ROLLED GAUZE 4"X2.1YD (MISCELLANEOUS)
 CVS ROLLED GAUZE 4.5"X3YD (MISCELLANEOUS)
 CVS RUBBER CUSHION/INFLATABLE (MISCELLANEOUS)
cvs saline nasal spray (solution)
 CVS SELF-GRIP ATHLETIC TAPE/BANDAGE (TAPE)
 CVS SHEER BANDAGES (MISCELLANEOUS)
cvs sheer bandages extra large (miscellaneous)
 CVS SLEEP COMFORTS UNDERPANTS UNISEX S/M (MISCELLANEOUS)
cvs soft glucose (tablet chewable)
cvs special care (lotion)
cvs steam inhaler (miscellaneous)
 CVS STERILE COTTON BALLS (MISCELLANEOUS)
 CVS SUPER-SOFT VINYL GLOVES LARGE (MISCELLANEOUS)
 CVS SUPER-SOFT VINYL GLOVES MEDIUM (MISCELLANEOUS)
 CVS SURGICAL PADS (PAD)
 CVS TRAVEL FIRST AID KIT (KIT)
 CVS VAPORIZER 1 GALLON WARM STEAM (MISCELLANEOUS)
cvs vitamin a (capsule)
cvs vitamin b-12 tr (tablet er)
cvs vitamin b12 tr (tablet er)
cvs vitamin c (tablet)
cvs vitamin c/rose hips (tablet)

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cvs vitamin d3 (tablet chewable)
cvs vitamin e (capsule)
 CVS WEEKLY PILL PLANNER
 (MISCELLANEOUS)
 CVS WEEKLY VITAMIN PLANNER
 (MISCELLANEOUS)
 CVS WINDOW BANDAGES WOUNDCOVER
 (MISCELLANEOUS)
 CVS WRIST SUPPORT STRAP
 (MISCELLANEOUS)
cyanocobalamin (solution)
 CYCLOMYDRIL (SOLUTION)
cytra k crystals (packet)
cytra-2 (solution)

D

d-3-5 (capsule)
d-xylose (powder)
d3 high potency (capsule)
d3 super strength (capsule)
d3-50 (capsule)
daily multiple vitamins (tablet)
daily vitamin/iron (tablet)
daily vitamins (tablet)
daily vite (tablet)
daily-vite (tablet)
dandruff shampoo (shampoo)
 DAY CLEAR ALLERGY/COUGH (TABLET
 CHEWABLE)
 DAYCLEAR ALLERGY RELIEF (TABLET)
daytime cold & flu relief (liquid)
daytime severe cold & flu (liquid)
 DECARA (CAPSULE)
 DECONEX DMX (TABLET)
 DECONEX IR (TABLET)
deep sea nasal spray (solution)
 DELSYM (SUSP EXTENDED RELEASE)
 DELSYM CHILDRENS DAY NIGHT
 (MISCELLANEOUS)
 DELSYM COUGH + CHEST CONGESTION DM
 CHILDRENS (LIQUID)

DELSYM COUGH CHILDRENS (SUSP
 EXTENDED RELEASE)
 DELSYM COUGH/SORE THROAT (LIQUID)
 DELSYM DAY NIGHT (MISCELLANEOUS)
 DEODORANT PLASTIC TUBES 2.65OZ/CAPS
 (MISCELLANEOUS)
 DERMACINRX FOLTAMIN (TABLET)
 DERMACINRX LEXITRAL PHARMAPAK
 (THERAPY PACK)
 DERMACINRX PENETRAL (CREAM)
 DERMAL THERAPY EXTRA STRENGTH BODY
 LOTION (LOTION)
 DERMAL THERAPY FACE CARE
 MOISTURIZING LOTION (LOTION)
 DERMAL THERAPY FOOT MASSAGE (LOTION)
 DERMAL THERAPY HAND ELBO W & KNEE
 CREAM (LOTION)
 DERMAL THERAPY HEEL CARE (LOTION)
 DESENEX (POWDER)
*dexbrompheniramine maleate/phenylephrine
 hydrochloride (tablet)*
*dextromethorphan hydrobromide/guaifenesin/
 phenylephrine hydr (tablet)*
*dextromethorphan polistirex (susp extended
 release)*
*dextromethorphan/guaifenesin/phenylephrine
 (liquid)*
dextrose (solution)
 DIAL-A-DOSE SYRINGE 15ML/TIPS
 (MISCELLANEOUS)
 DIAL-A-DOSE SYRINGE 30ML/TIPS
 (MISCELLANEOUS)
 DIAL-A-DOSE SYRINGE 60ML/TIPS
 (MISCELLANEOUS)
 DIALYVITE (TABLET)
 DIALYVITE 3000 (TABLET)
 DIALYVITE 5000 (TABLET)
 DIALYVITE 800 (TABLET)
 DIALYVITE 800/IRON (TABLET)
 DIALYVITE SUPREME D (TABLET)
 DIALYVITE VITAMIN D 5000 (CAPSULE)
 DIALYVITE VITAMIN D3 MAX (TABLET)

DIALYVITE/ZINC (TABLET)
diaper rash (ointment)
dibucaine (ointment)
 DICLOHEAL-60 (THERAPY PACK)
 DILUENT FOR LEFAMULIN INJECTION
 (SOLUTION)
dimaphen dm cold & cough (liquid)
diphenhist (capsule)
diphenhydramine hcl (capsule)
diphenhydramine hcl/zinc acetate (cream)
diphenhydramine hydrochloride (capsule)
diphenhydramine hydrochloride (liquid)
diphenhydramine hydrochloride (tablet)
*diphenhydramine hydrochloride childrens dye
 free (liquid)*
 DISPENSER BOTTLES 50ML/FOAMER PUMPS
 (MISCELLANEOUS)
 DISPENSER MD JAR 50ML/AIRLESS/VIEW
 WINDOW (MISCELLANEOUS)
 DISPENSER MD PEN 6.5ML/AIRLESS/CLICK
 (MISCELLANEOUS)
 DISPENSER MD PEN 6.5ML/AIRLESS/VIEW
 WINDOW (MISCELLANEOUS)
 DISPENSER MD PUMP 0.5ML/ACTUATOR A
 (MISCELLANEOUS)
 DISPENSER MD PUMP 0.5ML/ACTUATOR A/
 BLUE (MISCELLANEOUS)
 DISPENSER MD PUMP 0.5ML/ACTUATOR A/
 GREEN (MISCELLANEOUS)
 DISPENSER MD PUMP 0.5ML/ACTUATOR A/
 PINK (MISCELLANEOUS)
 DISPENSER MD PUMP 1.0ML/ACTUATOR B
 (MISCELLANEOUS)
 DISPENSER MD PUMP 1.0ML/ACTUATOR B/
 BLUE (MISCELLANEOUS)
 DISPENSER MD PUMP 1.0ML/ACTUATOR B/
 GREEN (MISCELLANEOUS)
 DISPENSER MD PUMP 1.0ML/ACTUATOR B/
 PINK (MISCELLANEOUS)
 DISPENSER MD PUMP 1.5ML/ACTUATOR C
 (MISCELLANEOUS)
 DISPENSER MD PUMP 1.5ML/ACTUATOR C/
 BLUE (MISCELLANEOUS)
 DISPENSER MD PUMP 1.5ML/ACTUATOR C/
 GREEN (MISCELLANEOUS)
 DISPENSER MD PUMP 1.5ML/ACTUATOR C/
 PINK (MISCELLANEOUS)
 DISPENSER MD PUMP BOTTLE 100ML/VIEW
 WINDOW/AIRLESS (MISCELLANEOUS)
 DISPENSER MD PUMP BOTTLE 150ML/VIEW
 WINDOW/AIRLESS (MISCELLANEOUS)
 DISPENSER MD PUMP BOTTLE 15ML/VIEW
 WINDOW/AIRLESS (MISCELLANEOUS)
 DISPENSER MD PUMP BOTTLE 200ML/VIEW
 WINDOW/AIRLESS (MISCELLANEOUS)
 DISPENSER MD PUMP BOTTLE 240ML/VIEW
 WINDOW/AIRLESS (MISCELLANEOUS)
 DISPENSER MD PUMP BOTTLE 30ML/VIEW
 WINDOW/AIRLESS (MISCELLANEOUS)
 DISPENSER MD PUMP BOTTLE 50ML/VIEW
 WINDOW/AIRLESS (MISCELLANEOUS)
 DISPENSER MD PUMP BOTTLE 80ML/VIEW
 WINDOW/AIRLESS (MISCELLANEOUS)
 DISPENSER MD SYRINGE 10ML/VIEW
 WINDOW/AIRLESS (MISCELLANEOUS)
 DISPENSER MD SYRINGE 5ML/VIEW
 WINDOW/AIRLESS (MISCELLANEOUS)
 DISPENSER MEGAPUMP/AIRLESS/OVAL/
 30ML/0.3ML/T-FILL/CAP (MISCELLANEOUS)
 DISPENSER MEGAPUMP/AIRLESS/ROUND/
 100ML/1.5ML/B-FILL WITH CAP
 (MISCELLANEOUS)
 DISPENSER MEGAPUMP/AIRLESS/ROUND/
 150ML/1.5ML/B-FILL WITH CAP
 (MISCELLANEOUS)
 DISPENSER MEGAPUMP/AIRLESS/ROUND/
 150ML/1ML/B-FILL WITH CAP
 (MISCELLANEOUS)
 DISPENSER MEGAPUMP/AIRLESS/ROUND/
 15ML/0.3ML/T-FILL WITH CAP
 (MISCELLANEOUS)
 DISPENSER MEGAPUMP/MEZZO ROUND/
 30ML/0.5ML/T-FILL WITH CAP
 (MISCELLANEOUS)
 DISPENSER MEGAPUMP/MEZZO ROUND/

50ML/0.5ML/T-FILL WITH CAP
(MISCELLANEOUS)
DISPENSER MEGAPUMP/MEZZO ROUND/
50ML/0.5ML/T-FILL/CAP (MISCELLANEOUS)
DISPENSER MEGAPUMP/MEZZO ROUND/
75ML/0.5ML/T-FILL WITH CAP
(MISCELLANEOUS)
DISPENSER TIP CAP/PRECISED DOSE/SELF-
RIGHTING (MISCELLANEOUS)
DISPENSER/MD FOAMER WITH ACTUATOR
0.5ML/50ML (MISCELLANEOUS)
DISPENSER/MD FOAMER WITH ACTUATOR
0.7ML/110ML (MISCELLANEOUS)
DML (LOTION)
docu (liquid)
docusate mini (enema)
docusate sodium (capsule)
docusate sodium extra strength (capsule)
DOCUSOL KIDS (ENEMA)
DOCUSOL MINI (ENEMA)
DOCUSOL PLUS MINI-ENEMA (ENEMA)
dok (tablet)
*doxylamine succinate/phenylephrine
hydrochloride (tablet)*
DR SMITHS ADULT BARRIER (OINTMENT)
driminate (tablet)
DRISDOL (CAPSULE)
DROPPER & SCREW CAP 4OZ
(MISCELLANEOUS)
DROPPING BOTTLE 30ML (MISCELLANEOUS)
DROPTAINER TIP CAPS (MISCELLANEOUS)
DROPTAINERS 10ML (MISCELLANEOUS)
DROPTAINERS 15ML/OPHTHALMIC
(MISCELLANEOUS)
DROPTAINERS 3ML/OPHTHALMIC
(MISCELLANEOUS)
DROPTAINERS 7ML/OPHTHALMIC
(MISCELLANEOUS)
dry eye relief drops (solution)
DRYMAX EXTRA (PAD)
DURAFLU (TABLET)

DURAPORE CLOTH TAPE 1" X 10 YDS (TAPE)
DURAPORE CLOTH TAPE 2" X 10 YDS (TAPE)
DURAPORE SURGICAL TAPE 1"X1-1/2YDS
(TAPE)
DURAPORE SURGICAL TAPE 1"X10YDS (TAPE)
DURAPORE SURGICAL TAPE 1/2"X10YDS
(TAPE)
DURAPORE SURGICAL TAPE 2"X1-1/2YDS
(TAPE)
DURAPORE SURGICAL TAPE 2"X10YDS (TAPE)
DURAPORE SURGICAL TAPE 3"X10YDS (TAPE)

E

e-200 (capsule)
e-400-clear (capsule)
ear drops (solution)
earwax removal (solution)
earwax removal kit (solution)
ECO-SMARTFUNNEL 186ML/DISPOSABLE
(MISCELLANEOUS)
ED A-HIST (LIQUID)
ED A-HIST (TABLET)
ed a-hist dm (liquid)
ED A-HIST DM (TABLET)
ed bron gp (liquid)
ed chlorped jr (syrup)
ed-apap (liquid)
ED-SPAZ (TABLET DISINTEGRATING)
EDEX (KIT)
effer-k (tablet effervescent)
*effervescent antacid/pain relief (tablet
effervescent)*
ELCYS (SOLUTION)
ELON PROFESSIONAL NAIL CARE SYSTEM
(MISCELLANEOUS)
EMOLLIA-LOTION (LOTION)
EMPTY VIAL 3ML (MISCELLANEOUS)
ENDACOF-DM (LIQUID)
ENDOSCOPIC DELIVERY SYSTEM
(MISCELLANEOUS)
enema (enema)

ENEMA BOTTLE (MISCELLANEOUS)	<i>ferrous fumarate 324 (tablet)</i>
<i>enema mineral oil ready-to-use (enema)</i>	<i>ferrous gluconate (tablet)</i>
<i>enema ready-to-use (enema)</i>	<i>ferrous sulfate (elixir)</i>
ENEMEEZ MINI (ENEMA)	<i>ferrous sulfate (liquid)</i>
ENEMEEZ PLUS (ENEMA)	<i>ferrous sulfate (solution)</i>
ENFAMIL ENFALYTE (SOLUTION)	<i>ferrous sulfate (tablet dr)</i>
ENFAMIL ENSPIRE GENTLEASE (POWDER)	<i>ferrous sulfate (tablet)</i>
ENFAMIL GENTLEASE/FUSSINESS/GAS/ CRYING (POWDER)	<i>feverall adults (suppository)</i>
ENFAMIL NEUROPRO SENSITIVE (POWDER)	<i>feverall childrens (suppository)</i>
ENFAMIL PROSOBEE/SENSITIVE TUMMY (LIQUID)	<i>fexofenadine hcl/pseudoephedrine hcl er (tablet er 24hr)</i>
ENLYTE (CAPSULE)	<i>fexofenadine hydrochloride (tablet)</i>
EPILYT (LOTION)	<i>fexofenadine hydrochloride/pseudoephedrine hydrochloride er (tablet er 12hr)</i>
<i>epsom salt (granules)</i>	<i>fexofenadine/pseudoephedrine (tablet er 12hr)</i>
ESSENTRA WIPES 9X9" CLEANROOM SUPPLIES/PRESATURATED (SHEET)	<i>fiber laxative (tablet)</i>
EX-LAX (TABLET CHEWABLE)	<i>fiber tabs (tablet)</i>
EXCEDRIN EXTRA STRENGTH (TABLET)	<i>fiber-lax (tablet)</i>
EXCEDRIN MIGRAINE (TABLET)	FILTER 0.2 MICRON/25MM (MISCELLANEOUS)
EXTENDED TERM ORAL CARE SYSTEM/ PEROX-A-MINT (KIT)	FILTER 0.2 MICRON/25MM/DOUBLE LUER LOCK (MISCELLANEOUS)
<i>eye drops (solution)</i>	FILTER 0.2 MICRON/32MM (MISCELLANEOUS)
<i>eye drops advanced relief (solution)</i>	FILTER 0.2 MICRON/47MM (MISCELLANEOUS)
EYE STREAM (SOLUTION)	FILTER 0.22 MICRON/73MM/1000ML (MISCELLANEOUS)
EZ CHAR (SUSPENSION RECONSTITUTED)	FILTER ATTACHMENT (MISCELLANEOUS)
EZFE 200 (CAPSULE)	FILTER FLUORODYNE/0.22 MICRON (MISCELLANEOUS)
F	FILTER, POSIDYNE ELD/0.2UM/LUER LOCK CONNECTORS/NYLON MEMBRA (MISCELLANEOUS)
FER-IN-SOL (SOLUTION)	FILTER/MILLEX-GP/50MM/CLEAR (MISCELLANEOUS)
FERAHEME (SOLUTION)	<i>finasteride (tablet)</i>
<i>ferate (tablet)</i>	<i>first aid antibiotic (ointment)</i>
FERIVA 21/7 (TABLET)	FIRST AID KIT/10 PERSON/W/MANUAL (KIT)
FERIVAFA (CAPSULE)	<i>flanders buttocks (ointment)</i>
<i>ferosul (tablet)</i>	FLEET BISACODYL (ENEMA)
FERRALET 90 (TABLET)	FLEET ENEMA (ENEMA)
FERRAPLUS 90 (TABLET)	FLEET LIQUID GLYCERIN SUPPOSITORIES (ENEMA)
<i>ferretts (tablet)</i>	
<i>ferrex 150 (capsule)</i>	
FERRIC X-150 (CAPSULE)	
FERRLECIT (SOLUTION)	

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FLEET OIL (ENEMA)
 FLEET PEDIATRIC (ENEMA)
 FLEXZAN 2 X 3 (PAD)
 FLEXZAN 4 X 8 (PAD)
 FLEXZAN 8 X 8 (PAD)
 FLORIVA (LIQUID)
 FLORIVA (TABLET CHEWABLE)
 FLORIVA PLUS (SOLUTION)
 FLOWING VAPORS (PAD)
 FLOWING VAPORS/VAPOR FAN (PAD)
flu/severe cold & cough daytime (packet)
 FLUOPAR (KIT)
 FOAM RING 2" (MISCELLANEOUS)
 FOIL WRAPPER 3" X 3" (MISCELLANEOUS)
 FOLDITAM (TABLET)
folic acid (solution)
folic acid (tablet)
 FOLITE (TABLET)
 FOLIVANE-F (CAPSULE)
 FOLIXAPURE (TABLET)
 FOLTRATE (TABLET)
 FOLTREXYL (TABLET)
 FRESHKOTE PF (SOLUTION)
fruity c (tablet chewable)
full spectrum b/vitamin c (tablet)
 FUNGOID TINCTURE (SOLUTION)
 FUSION PLUS (CAPSULE)

G

GALZIN (CAPSULE)
gas relief (capsule)
gas relief (tablet chewable)
gas relief drops infants (suspension)
gas relief extra strength (capsule)
gas relief extra strength (tablet chewable)
gas relief infants (suspension)
gas relief ultra strength (capsule)
 gavalax (powder)
 GELX (GEL)
*general protection sunscreen continuous spray
 spf30 (aerosol)*

general protection sunscreen spf30 (lotion)
 GENTEAL SEVERE TEARS (GEL)
 GENTEAL TEARS LIQUID DROPS MODERATE
 (SOLUTION)
 GENTEAL TEARS MODERATE PF (SOLUTION)
 GENTEAL TEARS NIGHT-TIME (OINTMENT)
gentle laxative (suppository)
gentle laxative (tablet dr)
 GERMBLOC HEALTH (FOAM)
 GERMBLOC HEALTH HAND SANITIZER
 (LOTION)
 GLASS BOTTLE 15ML (MISCELLANEOUS)
 GLASS BOTTLE 30ML (MISCELLANEOUS)
 GLASS BOTTLE 30ML/BLACK PHENOLIC
 BRUSH CAP (MISCELLANEOUS)
 GLASS BOTTLE 30ML/BLACK PHENOLIC
 POLYSEAL CAP (MISCELLANEOUS)
 GLASS BOTTLE 60ML (MISCELLANEOUS)
 GLASS BOTTLE/30ML/BLUNT END
 APPLICATOR (MISCELLANEOUS)
 GLASS SERUM BOTTLES/20ML/TYPE 1
 (MISCELLANEOUS)
 GLASS SERUM BOTTLES/2ML/TYPE 1
 (MISCELLANEOUS)
 GLASS SERUM BOTTLES/30ML/TYPE 1
 (MISCELLANEOUS)
 GLASS SERUM BOTTLES/5ML/TYPE 1
 (MISCELLANEOUS)
 GLASS VIAL 2ML (MISCELLANEOUS)
 GLASS VIAL AMBER 3ML/13MM/TYPE 1
 (MISCELLANEOUS)
 GLOSTRIPS (STRIP)
 GLUCAGEN DIAGNOSTIC (SOLUTION
 RECONSTITUTED)
 GLUCAGON (SOLUTION RECONSTITUTED)
 GLUCAGON HCL DIAGNOSTIC (SOLUTION
 RECONSTITUTED)
glycerin adult (suppository)
glycerin adult (suppository)
glycerin child (suppository)
glycerin childrens (suppository)

glycolax (powder)
 GLYRX-PF (SOLUTION)
gnp 24 hour nasal allergy spray (aerosol)
gnp 8 hour arthritis relief (tablet er)
gnp 8 hour pain relief (tablet er)
gnp 8 hour pain reliever (tablet er)
gnp acetaminophen (tablet)
gnp acetaminophen extra strength (tablet)
gnp acid reducer (tablet)
 GNP ADJUSTABLE THUMB SUPPORT
 (MISCELLANEOUS)
gnp adult aspirin low strength (tablet chewable)
gnp all day allergy (tablet)
gnp all day allergy relief (capsule)
gnp all day allergy-d (tablet er 12hr)
gnp allergy & congestion relief (tablet er 24hr)
gnp allergy (capsule)
gnp allergy (tablet)
gnp allergy childrens (liquid)
gnp allergy relief (capsule)
gnp allergy relief (tablet chewable)
gnp allergy relief (tablet)
gnp allergy relief maximum strength (liquid)
 GNP ANKLE SUPPORT SLIP ON
 (MISCELLANEOUS)
gnp antacid & anti-gas maximum strength (tablet chewable)
gnp antacid & anti-gas/regular strength (suspension)
gnp antacid and anti-gas/maximum strength (suspension)
gnp antacid anti-gas/maximum strength (suspension)
gnp antacid extra strength (tablet chewable)
gnp antacid/regular strength (suspension)
gnp anti-diarrheal (tablet)
gnp anti-gas (capsule)
gnp anti-gas ultra strength (capsule)
gnp anti-itch (cream)
gnp anti-itch (lotion)
gnp arthricream (cream)

gnp artificial tears (solution)
gnp aspirin (tablet dr)
gnp aspirin (tablet)
gnp aspirin low dose (tablet dr)
gnp bacitracin zinc (ointment)
gnp budesonide nasal spray (suspension)
gnp cal mag zinc +d3 (tablet)
gnp calcium (tablet)
gnp calcium citrate +d3 (tablet)
gnp caldyphen clear (lotion)
gnp chest rub (ointment)
gnp childrens allergy (liquid)
gnp childrens chewables/extra c (tablet chewable)
gnp childrens chewables/iron (tablet chewable)
gnp clearlax (packet)
gnp clearlax (powder)
gnp clotrimazole 3 (cream)
gnp cold & cough childrens (liquid)
gnp cough dm er (susp extended release)
gnp day time cold/flu (capsule)
 GNP DENTURE ADHESIVE (CREAM)
gnp electrolyte solution (solution)
gnp essential one daily (tablet)
gnp eye drops (solution)
gnp eye drops long lasting (solution)
gnp fiber therapy (tablet)
gnp fiber-caps (tablet)
gnp gas relief (tablet chewable)
gnp gas relief extra strength (capsule)
gnp gas relief extra strength (tablet chewable)
gnp gentle laxative (suppository)
gnp gentle laxative (tablet dr)
gnp glycerin child (suppository)
gnp headache relief extra strength (tablet)
gnp hydrocortisone (cream)
gnp hydrocortisone/aloe (cream)
gnp ibuprofen (capsule)
gnp ibuprofen (tablet)
gnp ibuprofen childrens (tablet chewable)

Brand name drugs = CAPITALIZED

Generic drugs = lower case italics

gnp ibuprofen infants (suspension)
gnp infant gas relief (suspension)
gnp infants pain/fever (suspension)
GNP KNEE STRAP UNIVERSAL
(MISCELLANEOUS)
gnp lice treatment (liquid)
gnp lice treatment (shampoo)
gnp lidocaine pain relief (patch)
gnp little ones childrens (tablet chewable)
gnp loperamide hydrochloride (liquid)
gnp loratadine (syrup)
gnp loratadine (tablet disintegrating)
gnp loratadine (tablet)
gnp loratadine childrens (solution)
gnp lubricating plus eye drops (solution)
gnp miconazole 3 (kit)
gnp miconazole 7 (cream)
gnp miconazorb af (powder)
gnp migraine relief (tablet)
gnp milk of magnesia (suspension)
gnp mineral oil (oil)
gnp mucus dm maximum strength (tablet er 12hr)
gnp mucus er (tablet er 12hr)
gnp mucus relief (tablet)
gnp mucus relief dm (tablet)
gnp mucus relief dm max (liquid)
gnp mucus relief maximum strength (liquid)
gnp mucus relief pe (tablet)
gnp naproxen (tablet)
gnp nasal decongestant (tablet)
gnp nasal decongestant pe maximum strength (tablet)
gnp nasal decongestant/maximum strength (tablet)
gnp nasal spray (solution)
gnp nasal spray extra moisturizing (solution)
gnp nasal spray fast acting (solution)
gnp natural fiber (powder)
gnp nausea relief (solution)

gnp nicotine gum (gum)
gnp nicotine mini lozenge (lozenge)
gnp nicotine polacrilex (gum)
gnp nicotine polacrilex (lozenge)
gnp nicotine polacrilex mini (lozenge)
gnp nicotine transdermal system (patch 24 hr)
gnp nicotine transdermal system step 2 (patch 24 hr)
gnp night time cold & flu (capsule)
gnp night time cold & flu multi-symptom (liquid)
gnp night time cough (liquid)
gnp no drip nasal spray (solution)
gnp omeprazole (tablet dr)
gnp omeprazole odt (tab dr disint)
gnp pain & fever childrens (suspension)
gnp pain & fever infants (suspension)
gnp pain relief (tablet chewable)
gnp pain relief (tablet)
gnp pain relief extra strength (tablet)
gnp pain relief nighttime (tablet)
gnp petroleum jelly (gel)
gnp pink bismuth (tablet chewable)
gnp pink bismuth (tablet)
gnp pseudoephedrine hcl 12 hour (tablet er 12hr)
gnp pseudoephedrine hcl er (tablet er 12hr)
gnp rubbing alcohol (solution)
gnp senna lax (tablet)
gnp sleep aid (tablet)
gnp sore throat spray (liquid)
gnp stomach relief (suspension)
gnp stool softener (capsule)
gnp stool softener/stimulant laxative (tablet)
gnp tab tussin (tablet)
gnp tab tussin dm (tablet)
gnp terbinafine hydrochloride (cream)
gnp tolnaftate (cream)
gnp triple antibiotic (ointment)
gnp triple antibiotic plus (ointment)
gnp tussin cf cough & cold (syrup)

gnp tussin cough long acting (syrup)
gnp tussin dm cough (liquid)
gnp tussin dm max (liquid)
gnp tussin mucus & chest congestion (liquid)
gnp urinary pain relief (tablet)
gnp vitamin a & d (ointment)
gnp vitamin d-400 (tablet)
gnp wart remover (liquid)
gnp womens gentle laxative (tablet dr)
goodsense all day allergy (tablet)
goodsense aller-ease (tablet)
goodsense allergy relief (tablet)
goodsense anti-diarrheal (liquid)
goodsense arthritis pain (tablet er)
goodsense aspirin (tablet chewable)
goodsense aspirin (tablet)
goodsense aspirin adults (tablet)
goodsense clearlax (powder)
goodsense cold max (tablet)
goodsense cough dm (susp extended release)
goodsense cough dm childrens (susp extended release)
goodsense day time cold & flu severe non-drowsy (liquid)
goodsense day time cold & flu severe non-drowsy (tablet)
goodsense daytime cold & flu (capsule)
goodsense daytime cold & flu (liquid)
goodsense flu & severe cold & cough nighttime (packet)
goodsense flu & severe cold daytime (packet)
goodsense hemorrhoidal ointment (ointment)
goodsense hemorrhoidal (suppository)
goodsense ibuprofen (capsule)
goodsense ibuprofen (tablet)
goodsense ibuprofen infants (suspension)
goodsense ibuprofen pm (tablet)
goodsense lubricant eye drops (solution)
goodsense lubricating plus eye drops (solution)
goodsense miconazole 1 (kit)
goodsense migraine formula (tablet)
goodsense mucus dm (tablet er 12hr)
goodsense mucus relief childrens (liquid)
goodsense naproxen sodium (tablet)
goodsense nasal allergy spray (aerosol)
goodsense nausea relief (solution)
goodsense nicotine (lozenge)
goodsense nicotine gum (gum)
goodsense nicotine polacrilex (lozenge)
goodsense nicotine polacrilex gum (gum)
goodsense nighttime cold & flu (capsule)
goodsense nighttime cold & flu severe maximum strength (liquid)
goodsense nighttime cough (liquid)
goodsense pain & fever childrens (suspension)
goodsense pain & fever infants (suspension)
goodsense pain relief (tablet)
goodsense pain relief extra strength (tablet)
goodsense pain relief pm extra strength (tablet)
goodsense sleeptime (capsule)
goodsense stomach relief (tablet chewable)
goodsense tussin cf (liquid)
GORDO-POOL (CONCENTRATE)
gordomatic (lotion)
gormel 10 (lotion)
gormel creme (cream)
GRADUATED BOTTLE 2OZ W/CAP (MISCELLANEOUS)
GRADUATED BOTTLE 4OZ W/CAP (MISCELLANEOUS)
grafco ultrasound gel (gel)
grafco ultrasound transmission gel (gel)
guaiatussin ac (syrup)
guaifenesin (liquid)
guaifenesin (solution)
guaifenesin (tablet)
guaifenesin-dm (syrup)
guaifenesin/codeine (solution)
guaifenesin/dextromethorphan hydrobromide (syrup)

Brand name drugs = CAPITALIZED

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guaifenesin/dextromethorphan hydrobromide (tablet er 12hr)
guaifenesin/pseudoephedrine hydrochloride (tablet er 12hr)
guaifenesin/pseudoephedrine hydrochloride er (tablet er 12hr)

H

hair regrowth treatment for men extra strength (solution)
HEAD COVERS 24"/BOUFFON CAP/
IRRADIATED (MISCELLANEOUS)
headache relief/extra strength (tablet)
healthy hair skin & nails (tablet)
healthylax (packet)
heartburn relief (tablet)
heartburn relief extra strength (suspension)
HEMATOGEN FA (CAPSULE)
HEMOCYTE PLUS (CAPSULE)
hemocyte-f (tablet)
hemorrhoidal (cream)
hemorrhoidal (ointment)
hemorrhoidal (suppository)
hemorrhoidal maximum strength/aloe (cream)
hemorrhoidal pads (pad)
hemorrhoidal relief cream (cream)
HEPLISAV-B (SOLN PREF SYR)
HIBICLENS FOOT PEDAL (MISCELLANEOUS)
HIBICLENS HAND PUMP/16OZ
(MISCELLANEOUS)
HIBICLENS HAND PUMP/32OZ
(MISCELLANEOUS)
HIBICLENS HAND PUMP/GALLON
(MISCELLANEOUS)
HIBICLENS HAND PUMP/NON FOAMING/16OZ
(MISCELLANEOUS)
HIBICLENS PUMP ASSEMBLY
(MISCELLANEOUS)
HIBICLENS WALL DISPENSER/FOOT
(MISCELLANEOUS)
HIBICLENS WALL DISPENSER/HAND
(MISCELLANEOUS)

HISTATROL (SOLUTION)
HISTEX (SYRUP)
HISTEX PD (LIQUID)
HISTEX-AC (SYRUP)
HISTEX-DM (SYRUP)
hm acetaminophen childrens (tablet chewable)
hm adult aspirin (tablet)
hm adult tussin cough & congestion dm (liquid)
hm all day allergy (tablet)
hm allergy & congestion (tablet er 12hr)
hm allergy complete-d (tablet er 12hr)
hm allergy relief & nasaldecongestant (tablet er 24hr)
hm allergy relief (capsule)
hm allergy relief (tablet)
hm antacid (suspension)
hm antacid anti-gas extrastrength (suspension)
hm antacid extra strength (tablet chewable)
hm antacid regular strength (tablet chewable)
hm anti-diarrheal (tablet)
hm anti-diarrheal/anti-gas (tablet)
hm arthritis pain relief (tablet er)
hm aspirin (tablet chewable)
hm aspirin (tablet dr)
hm aspirin (tablet)
hm aspirin ec (tablet dr)
hm aspirin ec low dose (tablet dr)
hm bacitracin (ointment)
hm calcium antacid extra strength (tablet chewable)
HM CASTOR OIL (OIL)
hm cetirizine hydrochloride (tablet)
hm chest congestion relief (tablet)
hm chest congestion relief dm (tablet)
hm chest rub (ointment)
hm clearlax (packet)
hm clearlax (powder)
hm cold & cough childrens (liquid)
hm cold & sinus relief (tablet)
hm cough dm (susp extended release)

hm daytime severe cold/flu (tablet)
hm double antibiotic (ointment)
hm dry eye relief (solution)
hm enema mineral oil (enema)
hm enema saline laxative (enema)
hm eye drops (solution)
hm eye drops advanced relief (solution)
hm famotidine (tablet)
hm fexofenadine hydrochloride (tablet)
hm fiber (tablet)
hm gas relief (tablet chewable)
hm gas relief extra strength (capsule)
hm gas relief infants (suspension)
hm hemorrhoidal (ointment)
hm hydrocortisone plus (cream)
hm hydrocortisone/aloe maximum strength (cream)
hm ibuprofen (capsule)
hm ibuprofen (tablet)
hm ibuprofen ib (tablet)
hm ibuprofen pm (tablet)
hm isopropyl rubbing alcohol (solution)
HM ISOPROPYL RUBBING ALCOHOL (SOLUTION)
hm laxative (tablet dr)
hm lidocaine patch (patch)
hm loratadine (tablet)
hm loratadine childrens (syrup)
hm lubricating plus (solution)
hm lubricating tears (solution)
hm magnesium citrate (solution)
hm migraine relief (tablet)
hm milk of magnesia (suspension)
hm motion sickness (tablet)
hm mucus relief (tablet er 12hr)
hm mucus relief dm (tablet er 12hr)
hm mucus relief maximum strength (tablet er 12hr)
hm naproxen sodium (capsule)
hm naproxen sodium (tablet)

hm nasal decongestant (tablet)
hm nasal decongestant 12 hour (tablet er 12hr)
hm nasal decongestant pe (tablet)
hm nasal spray (solution)
hm nicotine polacrilex (gum)
hm nicotine polacrilex (lozenge)
hm nicotine transdermal system step 1 (patch 24 hr)
hm nicotine transdermal system step 2 (patch 24 hr)
hm nicotine transdermal system step 3 (patch 24 hr)
hm night time cold & flu (liquid)
hm nighttime cold & flu relief multi-symptom (capsule)
hm nighttime sleep aid (tablet)
hm nose drops extra strength (solution)
hm omeprazole (tablet dr)
hm pain & fever childrens (suspension)
hm pain & fever infants (suspension)
hm pain relief (tablet er)
hm pain relief extra strength (tablet)
hm pain relief therapy patch (patch)
hm pain reliever (tablet)
hm pain reliever childrens (suspension)
hm pain reliever childrens dye-free (suspension)
hm pain reliever pm extrastrength (tablet)
hm saline nasal spray (solution)
hm senna (tablet)
hm senna-s (tablet)
hm severe cold & flu (tablet)
hm sinus nasal spray (solution)
hm stomach relief (suspension)
hm stomach relief ultra (suspension)
hm stool softener (capsule)
hm stool softener/stimulant laxative (tablet)
hm triple antibiotic (ointment)
hm triple antibiotic plus maximum strength (ointment)
hm tussin adult multi-symptom cold (liquid)

hm urinary pain relief (tablet)
hm witch hazel (liquid)
 HOME PAP KIT (KIT)
 HURRICAIN DISPENSING CAP
 (MISCELLANEOUS)
 HURRICAIN LIQUID DISPENSER
 (MISCELLANEOUS)
 HURRICAIN SPRAY EXTENSION TUBES
 (MISCELLANEOUS)
 HURRIPAK PERIODONTAL ANESTHETIC
 REFILL KIT (MISCELLANEOUS)
 HURRIPAK PERIODONTAL IRRIGATION TIPS
 (MISCELLANEOUS)
 HURRISEAL (SOLUTION)
 HYDRAZONE LOTION (LOTION)
 HYDROCELL ADHESIVE DRESSING
 4"X4" (PAD)
 HYDROCELL ADHESIVE DRESSING
 6"X6" (PAD)
 HYDROCELL DRESSING 4"X4" (PAD)
 HYDROCELL DRESSING 6"X6" (PAD)
*hydrocodone bitartrate/homatropine
 methylbromide (solution)*
*hydrocodone bitartrate/homatropine
 methylbromide (tablet)*
*hydrocodone polistirex/chlorpheniramine
 polistirex (susp extended release)*
hydrocodone/homatropine (solution)
hydrocortisone (ointment)
hydrocortisone/aloe (cream)
hydrolatum (ointment)
hydromet (solution)
hydroquinone (cream)
hydroxocobalamin (solution)
 HYLATOPIC PLUS (CREAM)
 HYLATOPIC PLUS (LOTION)
 HYOPHEN (TABLET)
hyoscyamine sulfate (elixir)
hyoscyamine sulfate (solution)
hyoscyamine sulfate (tab sublingual)
hyoscyamine sulfate (tablet)

hyoscyamine sulfate odt (tablet disintegrating)
I
ibu-200 (tablet)
ibuprofen (capsule)
ibuprofen (tablet)
ibuprofen cold & sinus (tablet)
ibuprofen infants (suspension)
ibuprofen junior strength (tablet chewable)
ibuprofen pm (tablet)
iferex 150 forte (capsule)
 ILLUSIONS AA WEIGHTED OFFTHE SHELF
 BREAST PROSTHESIS FORM
 (MISCELLANEOUS)
 ILLUSIONS C WEIGHTED OFF THE SHELF
 BREAST PROSTHESIS FORM
 (MISCELLANEOUS)
 ILUVIEN (IMPLANT)
 INDICATOR/BIOLOGICAL TEST KIT/
 SPORVIEW STEAM (KIT)
infants gas relief (suspension)
infants ibuprofen (suspension)
infants simethicone (suspension)
 INFUVITE ADULT (INJECTABLE)
 INFUVITE PEDIATRIC (SOLUTION)
 INHALATION VIAL CAP/BLUE
 (MISCELLANEOUS)
 INHALATION VIAL CAP/GREEN
 (MISCELLANEOUS)
 INHALATION VIAL CAP/ORANGE
 (MISCELLANEOUS)
 INHALATION VIAL CAP/RED
 (MISCELLANEOUS)
 INHALATION VIAL CAP/WHITE
 (MISCELLANEOUS)
 INHALATION VIAL CAP/YELLOW
 (MISCELLANEOUS)
 INHALATION VIAL W/CAP/BL UE/3.5ML
 STOCKWELL (MISCELLANEOUS)
 INHALATION VIAL W/CAP/GREEN/3.5ML
 STOCKWELL (MISCELLANEOUS)
 INHALATION VIAL W/CAP/ORANGE/3.5ML
 STOCKWELL (MISCELLANEOUS)

INHALATION VIAL W/CAP/RED/3.5ML
 STOCKWELL (MISCELLANEOUS)
 INHALATION VIAL W/CAP/W HITE/3.5ML
 STOCKWELL (MISCELLANEOUS)
 INHALATION VIAL W/CAP/YELLOW/3.5ML
 STOCKWELL (MISCELLANEOUS)
 INHALATION VIAL W/O CAP/AMBER/3.5ML
 STOCKWELL (MISCELLANEOUS)
 INTEGRA F (CAPSULE)
 INTEGRA PLUS (CAPSULE)
 IONOSOL-MB/DEXTROSE 5% (SOLUTION)
iron (tablet)
iron polysaccharide complex (capsule)
iron supplement (elixir)
iron supplement childrens (solution)
 IROSPAN 24/6 (MISCELLANEOUS)
 ISOPROPYL ALCOHOL (SOLUTION)
isopropyl rubbing alcohol (solution)
isopropyl rubbing alcohol (solution)
 ISOPTO TEARS (SOLUTION)
itch relief extra strength (cream)
itch relief extra strength (liquid)

J

JAR/8OZ/WHITE LID (MISCELLANEOUS)
 JUG AMBER GLASS 4L/POLYSEAL CAP/LONG
 (MISCELLANEOUS)

K

K-PHOS (TABLET)
 K-PHOS NEUTRAL (TABLET)
 K-PHOS NO 2 (TABLET)
 KARAYA GUM (POWDER)
 KARBINAL ER (SUSP EXTENDED RELEASE)
kcl 0.15%/d5w/nacl 0.225% (solution)
 KELOTOP (SHEET)
 KERI ADVANCED MOISTURE THERAPY
 (LOTION)
 KERI BASIC ESSENTIALS (LOTION)
 KERI NOURISHING SHEA BUTTER (LOTION)
 KERI ORIGINAL (LOTION)
 KERI OVERNIGHT (LOTION)

KERI RENEWAL MILK BODY (LOTION)
 KERI RENEWAL SKIN FIRING (LOTION)
 KERI RENEWAL STRETCH MARK MINIMIZER
 (LOTION)
 KERI SENSITIVE SKIN (LOTION)
 KETODAN KIT (KIT)
ketotifen fumarate (solution)
kids sunscreen clear continuous spray spr50
(aerosol)
 KLING FLUFF (MISCELLANEOUS)
klor-con/ef (tablet effervescent)
konsyl daily fiber (packet)
konsyl daily fiber (powder)
kp calcium citrate+d (tablet)
kp calcium/magnesium/zinc (tablet)
 KP FAST READ FLEXIBLE-TIPTHERMOMETER
 (MISCELLANEOUS)
kp ferrous gluconate (tablet)
kp ferrous sulfate (tablet)
kp folic acid (tablet)
kp niacin (tablet)
 KP SILICONE SCAR THERAPY GEL (STRIP)
kp vitamin b-6 (tablet)
kp vitamin d (capsule)
kp vitamin d (tablet chewable)
kp vitamin d3 (capsule)
kp vitamin e (capsule)

L

l-methylfolate calcium (tablet)
 LAB COAT/DISPOSABLE (MISCELLANEOUS)
 LAB COAT/DISPOSABLE/LARGE
 (MISCELLANEOUS)
 LAB COAT/DISPOSABLE/MEDIUM
 (MISCELLANEOUS)
 LAB COAT/DISPOSABLE/SMALL
 (MISCELLANEOUS)
 LAB COAT/DISPOSABLE/X-LARGE
 (MISCELLANEOUS)
 LAB COAT/DISPOSABLE/XX-LARGE
 (MISCELLANEOUS)
 LAC-HYDRIN FIVE (LOTION)

LANAPHILIC (OINTMENT)
 LANSINOH MANUAL BREAST PUMP
 (MISCELLANEOUS)
 LATCH ASSIST NIPPLE EVERTER
 (MISCELLANEOUS)
 LATEX GLOVES MEDIUM (MISCELLANEOUS)
 LATISSE (SOLUTION)
laxative maximum strength (tablet)
laxative regular strength (tablet)
 LEUKOSTRIP 1/2"X4" (MISCELLANEOUS)
 LEUKOSTRIP 1/4"X3" (MISCELLANEOUS)
 LEUKOSTRIP 1/4"X4" (MISCELLANEOUS)
 LEUKOSTRIP 1/8"X1-1/2" (MISCELLANEOUS)
 LEVSIN (SOLUTION)
 LEVSIN (TABLET)
 LEVSIN/SL (TAB SUBLINGUAL)
lice killing maximum strength (shampoo)
lice killing shampoo (shampoo)
lidocaine (cream)
lidocaine (kit)
lidocaine 5% (cream)
 LIDOCAINE HCL-HYDROCORTISONE ACETATE
 WITH ALOE (GEL)
lidocaine hcl/hydrocortisone acetate (cream)
lidocaine hcl/hydrocortisone acetate (kit)
lidocaine hydrochloride (cream)
lidocaine pain relief patch (patch)
lidocaine topical anesthetic (cream)
lidocaine/prilocaine (kit)
liquid acetaminophen (liquid)
 LOHIST-D (LIQUID)
lohist-dm (syrup)
loperamide hydrochloride (liquid)
loperamide hydrochloride (tablet)
 LOPROX (KIT)
 LOPROX KIT (KIT)
loratadine (capsule)
loratadine (syrup)
loratadine (tablet)
loratadine childrens (syrup)

loratadine childrens (tablet chewable)
loratadine-d 12hr (tablet er 12hr)
loratadine-d 24hr (tablet er 24hr)
 LORTUSS LQ (LIQUID)
lubricant eye drops (solution)
lubricant eye nighttime (ointment)
lubricating eye drops (solution)
lubricating plus eye drops (solution)
lubrifresh p.m. (ointment)
 LUBRISOFT (LOTION)
 LUMIFY (SOLUTION)

M

m-clear wc (solution)
m-dryl (liquid)
m-end dmx (liquid)
 M-END PE (LIQUID)
m-pap (liquid)
mag-al (liquid)
mag-al plus (liquid)
mag-al plus xs (liquid)
 MAGNEBIND 300 (TABLET)
 MAGNEBIND 400 (TABLET)
magnesium (tablet)
magnesium chloride (solution)
magnesium citrate (solution)
magnesium oxide (tablet)
magnesium oxide (tablet)
magnesium-oxide (tablet)
 MANGANESE TRACE METAL (SOLUTION)
mapap (capsule)
mapap arthritis pain (tablet er)
mapap childrens (tablet chewable)
mapap cold formula multi-symptom (tablet)
 MAR-COF CG EXPECTORANT (LIQUID)
 MAXAM (LOTION)
maxi-tuss ac (solution)
maxi-tuss g (liquid)
maxi-tuss gmx (liquid)
maxi-tuss jr (liquid)

<i>maxi-tuss pe (liquid)</i>	MEDIPORE DRESS-IT DRESSING COVERS 5-7/8"X5-7/8" (TAPE)
<i>maxi-tuss pe jr (liquid)</i>	MEDIPORE DRESS-IT DRESSING COVERS 7-7/8"X11" (TAPE)
<i>maxi-tuss pe max (liquid)</i>	MEDIPORE H SOFT CLOTH SURGICAL TAPE 1"X10YDS (TAPE)
<i>maxi-tuss tr (liquid)</i>	MEDIPORE H SOFT CLOTH SURGICAL TAPE 2"X10YDS (TAPE)
<i>maxifed tr (tablet)</i>	MEDIPORE H SOFT CLOTH SURGICAL TAPE 2"X2YDS (TAPE)
MAXIMUM D3 (CAPSULE)	MEDIPORE H SOFT CLOTH SURGICAL TAPE 3"X10YDS (TAPE)
MAZERUSTAR KK-250S/KK-300SS MIXER/ DISPOSABLE MIXING CONTAINER (MISCELLANEOUS)	MEDIPORE H SOFT CLOTH SURGICAL TAPE 4"X10YDS (TAPE)
MAZERUSTAR KK-250S/KK-300SS MIXER/ STANDARD MIXING CONTAINER (MISCELLANEOUS)	MEDIPORE H SOFT CLOTH SURGICAL TAPE 4"X2YDS (TAPE)
<i>me/naphos/mb/hyo 1 (tablet)</i>	MEDIPORE H SOFT CLOTH SURGICAL TAPE 6"X10YDS (TAPE)
<i>medi-pads (pad)</i>	MEDIPORE H SOFT CLOTH SURGICAL TAPE 6"X2YDS (TAPE)
<i>medi-phedryl (capsule)</i>	MEDIPORE H SOFT CLOTH SURGICAL TAPE 8"X10YDS (TAPE)
MEDI-RDT BLISTER PACKS/LABELS & SLEEVE (MISCELLANEOUS)	MEDIPORE SOFT CLOTH SURGICAL TAPE 1"X10YDS (TAPE)
<i>medicated callus removers (pad)</i>	MEDIPORE SOFT CLOTH SURGICAL TAPE 2"X10YDS (TAPE)
<i>medicated corn removers (pad)</i>	MEDIPORE SOFT CLOTH SURGICAL TAPE 2"X2YDS (TAPE)
MEDICINE SPOON (MISCELLANEOUS)	MEDIPORE SOFT CLOTH SURGICAL TAPE 3"X10YDS (TAPE)
MEDIPORE + PAD SOFT CLOTH ADHESIVE WOUND DRESS 3-1/2"X13-3/4 (PAD)	MEDIPORE SOFT CLOTH SURGICAL TAPE 4"X10YDS (TAPE)
MEDIPORE + PAD SOFT CLOTH ADHESIVE WOUND DRESSING 2"X2-3/4" (PAD)	MEDIPORE SOFT CLOTH SURGICAL TAPE 4"X2YDS (TAPE)
MEDIPORE + PAD SOFT CLOTH ADHESIVE WOUND DRESSING 2-3/8"X4" (PAD)	MEDIPORE SOFT CLOTH SURGICAL TAPE 6"X10YDS (TAPE)
MEDIPORE + PAD SOFT CLOTH ADHESIVE WOUND DRESSING 3-1/2"X10" (PAD)	MEDIPORE SOFT CLOTH SURGICAL TAPE 6"X2YDS (TAPE)
MEDIPORE + PAD SOFT CLOTH ADHESIVE WOUND DRESSING 3-1/2"X4" (PAD)	MEDIPORE SOFT CLOTH SURGICAL TAPE 8"X10YDS (TAPE)
MEDIPORE + PAD SOFT CLOTH ADHESIVE WOUND DRESSING 3-1/2"X6" (PAD)	MEDIPORE SOFT CLOTH SURGICAL TAPE 6"X2YDS (TAPE)
MEDIPORE + PAD SOFT CLOTH ADHESIVE WOUND DRESSING 3-1/2"X8" (PAD)	MEDIPORE SOFT CLOTH SURGICAL TAPE 8"X10YDS (TAPE)
MEDIPORE + PAD SOFT CLOTH ADHESIVE WOUND DRESSING 6"X6" (PAD)	MEDIPORE SOFT CLOTH SURGICAL TAPE 6"X2YDS (TAPE)
MEDIPORE DRESS-IT DRESSING COVERS 3-7/8"X4-5/8" (TAPE)	MEDIPORE SOFT CLOTH SURGICAL TAPE 8"X10YDS (TAPE)
MEDIPORE DRESS-IT DRESSING COVERS 3-7/8"X7-7/8" (TAPE)	MEDPURA ALCOHOL PADS (MISCELLANEOUS)
MEDIPORE DRESS-IT DRESSING COVERS 5-7/8"X11" (TAPE)	<i>menstrual pain relief multi-symptom maximum</i>

<i>strength (tablet)</i>	MINI MALLETT 3/4" PLASTIC/NON-MARRING (MISCELLANEOUS)
MEPHYTON (TABLET)	MINI TRANSFER PIN (MISCELLANEOUS)
METERED NASAL SPRAY PUMP 15ML/SAFETY CLIP (MISCELLANEOUS)	<i>minoxidil for men (foam)</i>
<i>methenamine mandelate (tablet)</i>	<i>mintox maximum strength (suspension)</i>
MICLARA LQ (LIQUID)	<i>mintox plus (tablet chewable)</i>
<i>miconazole (cream)</i>	MIRALAX (PACKET)
<i>miconazole 1 (kit)</i>	MIRALAX (POWDER)
<i>miconazole 3 combination pack (kit)</i>	MIXER/MAZERUSTAR KK-300SS/STANDARD/ MIXING CONTAINER FOR EMP (MISCELLANEOUS)
<i>miconazole 3 combo pack (kit)</i>	MIXER/MAZERUSTAR KK-400W/STANDARD/ MIXING CONTAINER (MISCELLANEOUS)
<i>miconazole 7 (cream)</i>	MIXER/MAZERUSTAR/EMP/JAR MIXING ADAPTER/100ML (MISCELLANEOUS)
<i>miconazole 7 (suppository)</i>	MIXER/MAZERUSTAR/EMP/JAR MIXING/ ADAPTER SET/15ML-50ML/100ML (MISCELLANEOUS)
<i>miconazole nitrate (cream)</i>	MIXER/MAZRUSTAR/MD PUMP MIXING ADAPTER (MISCELLANEOUS)
MICROFOAM SURGICAL TAPE 1"X5-1/2YDS (TAPE)	MIXING/MAZERUSTAR/EMP/JAR MIXING ADAPTER/15ML-50ML (MISCELLANEOUS)
MICROFOAM SURGICAL TAPE 2"X5-1/2YDS (TAPE)	MOBISYL (CREAM)
MICROFOAM SURGICAL TAPE 3"X5-1/2YDS (TAPE)	<i>moisturel therapeutic (lotion)</i>
MICROFOAM SURGICAL TAPE 4"X5-1/2YDS (TAPE)	MOMMA BOTTLE/NATURALWAVE NIPPLE/ 5OZ/SLOW FLOW (MISCELLANEOUS)
MICROFOAM TAPE PATCH 4"X7" (TAPE)	MOMMA BOTTLE/NATURALWAVE NIPPLE/ 8OZ/MEDIUM FLOW (MISCELLANEOUS)
MICROPORE 1" X 10 YDS (TAPE)	MOMMA NATURALWAVE NIPPLES/MEDIUM FLOW (MISCELLANEOUS)
MICROPORE 1/2" X 10 YDS (TAPE)	MOMMA NATURALWAVE NIPPLES/SLOW FLOW (MISCELLANEOUS)
MICROPORE 2" X 10 YDS (TAPE)	<i>motion sickness relief (tablet)</i>
MICROPORE SURGICAL TAPE 1"X1-1/2YDS (TAPE)	<i>msm skin lotion (lotion)</i>
MICROPORE SURGICAL TAPE 1"X10YDS (TAPE)	MUCINEX (TABLET ER 12HR)
MICROPORE SURGICAL TAPE 1/2"X10YDS (TAPE)	MUCINEX CHILDRENS COLD COUGH & SORE THROAT (LIQUID)
MICROPORE SURGICAL TAPE 2"X1-1/2YDS (TAPE)	MUCINEX CHILDRENS FREEFORM COUGH/ MUCUS (LIQUID)
MICROPORE SURGICAL TAPE 2"X10YDS (TAPE)	MUCINEX CHILDRENS MULTI-SYMPATOM COLD & FEVER (LIQUID)
MICROPORE SURGICAL TAPE 2"X10YDS (TAPE)	MUCINEX CHILDRENS MULTI-SYMPATOM
MICROPORE SURGICAL TAPE 3"X10YDS (TAPE)	
<i>migraine relief (tablet)</i>	
<i>milk of magnesia (suspension)</i>	
<i>mineral oil (oil)</i>	
<i>minerin (lotion)</i>	

COLD (LIQUID)	MUCINEX NIGHTSHIFT COLD & FLU CLEAR&COOL (SOLUTION)
MUCINEX CLEAR & COOL/FASTMAX/NIGHTSHIFT (LIQD THER PACK)	MUCINEX NIGHTSHIFT SINUS (SOLUTION)
MUCINEX COUGH & CONGESTION CHILDRENS (LIQUID)	MUCINEX NIGHTSHIFT SINUS CLEAR&COOL (SOLUTION)
MUCINEX COUGH FOR KIDS (PACKET)	MUCINEX SINUS-MAX (TABLET)
MUCINEX D (TABLET ER 12HR)	MUCINEX SINUS-MAX CLEAR &COOL (SOLUTION)
MUCINEX D MAXIMUM STRENGTH (TABLET ER 12HR)	MUCINEX SINUS-MAX DAY/NIGHT (TAB THER PACK)
MUCINEX DM (TABLET ER 12HR)	MUCINEX SINUS-MAX NIGHT TIME CONGESTION & COUGH (LIQUID)
MUCINEX DM MAXIMUM STRENGTH (TABLET ER 12HR)	MUCINEX SINUS-MAX SEVERE CONGESTION RELIEF (LIQUID)
MUCINEX FAST-MAX COLD & SINUS (TABLET)	MUCINEX SINUS-MAX SEVERE CONGESTION RELIEF (TABLET)
MUCINEX FAST-MAX COLD FLU& SORE THROAT (LIQUID)	MUCINEX SINUS-MAX SINUS/ALLERGY (SOLUTION)
MUCINEX FAST-MAX COLD FLU& SORE THROAT CLEAR & COOL (LIQUID)	MUCOSAL ATOMIZATION NASALDEVICE (MISCELLANEOUS)
MUCINEX FAST-MAX COLD/FLU (LIQUID)	<i>mucus & chest congestion (liquid)</i>
MUCINEX FAST-MAX COLD/FLU (TABLET)	<i>mucus & cough relief childrens (liquid)</i>
MUCINEX FAST-MAX COLD/FLU DAY TIME/NIGHT TIME (TAB THER PACK)	<i>mucus d (tablet er 12hr)</i>
MUCINEX FAST-MAX DAY/NITE M/S (MISCELLANEOUS)	<i>mucus relief (tablet er 12hr)</i>
MUCINEX FAST-MAX DM MAX (LIQUID)	<i>mucus relief childrens (liquid)</i>
MUCINEX FAST-MAX NIGHT TIME COLD & FLU (LIQUID)	<i>mucus relief cough childrens (liquid)</i>
MUCINEX FAST-MAX SEVERE CONGESTION & COUGH (LIQUID)	<i>mucus relief dm (liquid)</i>
MUCINEX FAST-MAX SEVERE CONGESTION & COUGH (TABLET)	<i>mucus relief dm (tablet er 12hr)</i>
MUCINEX FAST-MAX SEVERE CONGESTION & COUGH CLEAR & COOL (LIQUID)	<i>mucus relief dm cough (tablet)</i>
MUCINEX FOR KIDS (PACKET)	<i>mucus relief dm maximum strength (liquid)</i>
MUCINEX JUNIOR COLD & FLU (TABLET)	<i>mucus relief dm maximum strength (tablet er 12hr)</i>
MUCINEX JUNIOR COUGH & CONGESTION (TABLET)	<i>mucus relief er (tablet er 12hr)</i>
MUCINEX MAXIMUM STRENGTH (TABLET ER 12HR)	<i>mucus relief maximum strength (tablet er 12hr)</i>
MUCINEX MULTI-SYMPATOM COLD DAY/NIGHT PACK (MISCELLANEOUS)	<i>mucus relief multi symptom cold childrens (liquid)</i>
MUCINEX NIGHTSHIFT COLD & FLU (SOLUTION)	<i>mucus relief pe sinus congestion (tablet)</i>
	<i>mucus-dm maximum strength (tablet er 12hr)</i>
	<i>multi symptom flu & severe cold/daytime (packet)</i>
	<i>multi vitamin (tablet)</i>

Brand name drugs = CAPITALIZED

Generic drugs = lower case italics

multi vitamin/d-3 (tablet)
multi-vit/iron/fluoride (solution)
multi-vitamin (tablet)
multi-vitamin/fluoride drops (solution)
multi-vitamin/fluoride/iron (solution)
multi-vitamins (tablet)
multi-vitamins/iron (tablet)
multiple vitamin (tablet)
multiple vitamin/folic acid (tablet)
multiple vitamins (tablet)
multiple vitamins plain (tablet)
multiple vitamins/iron (tablet chewable)
multiple vitamins/iron (tablet)
multitrace-4 neonatal (solution)
 MULTITRACE-4 PEDIATRIC (SOLUTION)
multivitamin with fluoride (solution)
multivitamin/fluoride (tablet chewable)
 MURO 128 (OINTMENT)
 MURO 128 (SOLUTION)
muscle rub (cream)
muscle rub ultra strength (cream)
 MUSE (PELLET)
 MYDRIACYL (SOLUTION)

N

NAIL POLISH BOTTLE/BRUSH 15ML
 (MISCELLANEOUS)
 NAPHCN-A (SOLUTION)
naproxen sodium (capsule)
naproxen sodium (tablet)
nasal allergy 24 hour multi-symptom (aerosol)
nasal decongestant (tablet)
nasal decongestant maximum strength (tablet)
nasal decongestant pe (tablet)
nasal decongestant pe maximum strength (tablet)
nasal decongestant spray (solution)
nasal four (solution)
 NASAL MOIST (SOLUTION)
nasal moisturizing spray (solution)
nasal relief (solution)

nasal spray 12 hour (solution)
nasal spray extra moisturizing 12 hour (solution)
nasal spray no drip (solution)
 NASAL SPRAY PUMP 30ML/METERED/0.1ML
 DOSAGE (MISCELLANEOUS)
 NASCOBAL (SOLUTION)
 NASOPEN PE (LIQUID)
natural fiber laxative (powder)
 NEO-SYNALAR KIT (KIT)
 NEO-SYNEPHRINE COLD+ALLERGY EXTRA
 STRENGTH (SOLUTION)
 NEO-SYNEPHRINE COLD+ALLERGY MILD
 STRENGTH (SOLUTION)
 NEO-SYNEPHRINE COLD+ALLERGY REGULAR
 STRENGTH (SOLUTION)
 NEODOT THERMOMETER (MISCELLANEOUS)
 NEOMULTIVITE (TABLET)
 NEPHPLEX RX (TABLET)
nephro vitamins (tablet)
 NEPHRO-VITE (TABLET)
 NEPHRON FA (TABLET)
 NESTLE GOOD START SUPREME DUAL
 PURPOSE FEEDER (MISCELLANEOUS)
 NESTLE GOOD START SUPREME
 PREMATURE NIPPLE (MISCELLANEOUS)
 NEUAC KIT (KIT)
niacin (tablet)
niacin pr (tablet er)
niacin sr (capsule er)
niacin td (tablet er)
niacin timed release (tablet er)
niacin tr (tablet er)
 NICOMIDE (TABLET)
 NICORETTE (GUM)
nicotinamide (tablet)
nicotine (lozenge)
nicotine (patch 24 hr)
nicotine mini lozenge (lozenge)
nicotine polacrilex (gum)
nicotine polacrilex (lozenge)
nicotine polacrilex mini (lozenge)

nicotine transdermal system (kit)
nicotine transdermal system (patch 24 hr)
nicotine transdermal system step 1 (patch 24 hr)
nicotine transdermal system step 1/clear (patch 24 hr)
nicotine transdermal system step 2 (patch 24 hr)
nicotine transdermal system step 2/clear (patch 24 hr)
nicotine transdermal system step 3 (patch 24 hr)
nicotine transdermal system step 3/clear (patch 24 hr)
 NIFEREX (TABLET)
night time sleep aid (tablet)
nighttime cold/flu relief (liquid)
nighttime cold/flu relief multi-symptom (liquid)
nighttime cold/flu/maximum strength (liquid)
nighttime cough (liquid)
nighttime sleep aid (tablet)
 NINJACOF (LIQUID)
 NINJACOF-XG (LIQUID)
 NITRILE GLOVES LARGE (MISCELLANEOUS)
 NITRILE GLOVES MEDIUM (MISCELLANEOUS)
 NITRILE GLOVES SMALL (MISCELLANEOUS)
 NITRILE GLOVES X-LARGE (MISCELLANEOUS)
 NITRILE GLOVES/MICROFLEX/MEDIUM (MISCELLANEOUS)
 NITRILE GLOVES/SIZE 10 (MISCELLANEOUS)
 NITRILE GLOVES/SIZE 6 (MISCELLANEOUS)
 NITRILE GLOVES/SIZE 6.5 (MISCELLANEOUS)
 NITRILE GLOVES/SIZE 7 (MISCELLANEOUS)
 NITRILE GLOVES/SIZE 7.5 (MISCELLANEOUS)
 NITRILE GLOVES/SIZE 8 (MISCELLANEOUS)
 NITRILE GLOVES/SIZE 8.5 (MISCELLANEOUS)
 NITRILE GLOVES/SIZE 9 (MISCELLANEOUS)
 NITRILE GLOVES/SIZE 9.5 MEDIUM (MISCELLANEOUS)
no drip nasal spray (solution)
nohist-dm (liquid)
nohist-lq (liquid)
non-aspirin pain relief (tablet)

non-aspirin pain relief extra strength (tablet)
 NOREL AD (TABLET)
 NORMOSOL -R (SOLUTION)
 NORMOSOL-R (SOLUTION)
 NORMOSOL-R/5% DEXTROSE (SOLUTION)
 NOSEBLEED PLUGS/ANTISEPTIC TOWELETTES (KIT)
 NOVAFERRUM PEDIATRIC MULTIVITAMIN (LIQUID)
 NU-IRON 150 (CAPSULE)
 NUDICLO SOLUPAK (THERAPY PACK)
 NUFERA (TABLET)
 NUFOLA (CAPSULE)
 NULEV (TABLET DISINTEGRATING)
 NUMBRINO (SOLUTION)
 NURSING PADS DISPOSABLE (PAD)
 NUTRADERM (LOTION)
 NUTRADERM ADVANCED FORMULA (LOTION)
 NUTRAPLUS (LOTION)
 NVZZLER SINGLE ELECTRIC BREAST PUMP (MISCELLANEOUS)

O

OCEAN COMPLETE SINUS RINSE (AEROSOL SOLUTION)
 OCEAN FOR KIDS (SOLUTION)
 OCEAN NASAL SPRAY (SOLUTION)
 OCTAPLAS BLOOD GROUP A (SOLUTION)
 OCTAPLAS BLOOD GROUP AB (SOLUTION)
 OCTAPLAS BLOOD GROUP B (SOLUTION)
 OCTAPLAS BLOOD GROUP O (SOLUTION)
ointment base (ointment)
 OINTMENT TUBE OPHTHALMIC TIP 1/8OZ/METAL (MISCELLANEOUS)
 OINTMENT TUBE/METAL/1OZ (MISCELLANEOUS)
 OINTMENT TUBE/METAL/2OZ (MISCELLANEOUS)
 OINTMENT TUBE/METAL/4OZ (MISCELLANEOUS)
 OINTMENT TUBE/PLASTIC W/SCREW CAP/8OZ (MISCELLANEOUS)

OINTMENT TUBE/PLASTIC/1OZ
 (MISCELLANEOUS)
 OINTMENT TUBE/PLASTIC/2OZ
 (MISCELLANEOUS)
 OINTMENT TUBE/PLASTIC/4OZ
 (MISCELLANEOUS)
 OINTMENT TUBE/PLASTIC/6OZ
 (MISCELLANEOUS)
omeprazole (tab dr disint)
omeprazole (tablet dr)
*omeprazole magnesium (capsule delayed
 release)*
omeprazole odt (tab dr disint)
 OMNIFLEX DIAPHRAGM (DIAPHRAGM)
once daily (tablet)
one daily (tablet)
one-daily multi vitamins (tablet)
one-daily multi-vitamin (tablet)
one-daily/iron (tablet)
 OPSITE IV 3000 (MISCELLANEOUS)
 OPTI-FREE REPLENISH CONTACT LENS CASE
 (MISCELLANEOUS)
 OPTICLUDE EYE PATCH REGULAR SIZE
 (MISCELLANEOUS)
 OPTICLUDE EYE PATCH/JUNIOR SIZE
 (MISCELLANEOUS)
 OPTIONS GYNOL II VAGINAL
 CONTRACEPTIVE (GEL)
 ORACIT (SOLUTION)
 ORAL DOSE SYRINGE (MISCELLANEOUS)
 ORAL MEDICINE DROPPER
 (MISCELLANEOUS)
 ORASEP (SOLUTION)
 OS-CAL CALCIUM + D3 (TABLET)
 OSCIMIN (TAB SUBLINGUAL)
 OSCIMIN (TABLET)
oysco 500+d (tablet)
oyster calcium (tablet)
oyster shell calcium (tablet)
oyster shell calcium + vitamin d (tablet)
oyster shell calcium 500 + d (tablet)

oyster shell calcium plusvitamin d (tablet)
oyster shell calcium/d (tablet)
oyster shell calcium/vitamin d (tablet)

P

pain & fever childrens (suspension)
pain & fever infants (suspension)
pain relief childrens (elixir)
pain relief extra strength (tablet)
pain relief pm extra strength (tablet)
pain reliever pm extra strength (tablet)
pain relieving cream (cream)
pain relieving cream (cream)
 PALFORZIA INITIAL DOSE ESCALATION (CSPK
 THER PAK)
 PALFORZIA LEVEL 1 (CSPK THER PAK)
 PALFORZIA LEVEL 10 (CSPK THER PAK)
 PALFORZIA LEVEL 11 (MAINTENANCE)
 (PACKET)
 PALFORZIA LEVEL 11 (TITRATION) (PACKET)
 PALFORZIA LEVEL 2 (CSPK THER PAK)
 PALFORZIA LEVEL 3 (CSPK THER PAK)
 PALFORZIA LEVEL 4 (CSPK THER PAK)
 PALFORZIA LEVEL 5 (CSPK THER PAK)
 PALFORZIA LEVEL 6 (CSPK THER PAK)
 PALFORZIA LEVEL 7 (CSPK THER PAK)
 PALFORZIA LEVEL 8 (CSPK THER PAK)
 PALFORZIA LEVEL 9 (CSPK THER PAK)
 PANOXYL CREAMY WASH (LIQUID)
 PANOXYL FOAMING WASH (LIQUID)
 PARAGARD INTRAUTERINE COPPER
 CONTRACEPTIVE T380A (INTRAUTERINE
 DEVICE)
 PEDIA-LAX (LIQUID)
 PEDIA-LAX (SUPPOSITORY)
 PEDIA-LAX (TABLET CHEWABLE)
pediaclear pd childrens (liquid)
 PEDIALYTE (SOLUTION)
 PEDIALYTE FREEZER POPS (SOLUTION)
 PEDIALYTE SINGLES (SOLUTION)
peg 3350 (packet)

peg3350 (powder)
 PENNSAICIN (THERAPY PACK)
 PEPCID AC (TABLET)
petrolatum & lanolin (ointment)
petrolatum (gel)
 PETROLATUM (OINTMENT)
petrolatum white (gel)
petroleum jelly (gel)
 PH ACCESSORIES STORAGE SOLUTION
 230ML (MISCELLANEOUS)
pharbedryl (capsule)
 PHARBETOL (TABLET)
 PHARBETOL EXTRA STRENGTH (TABLET)
phenaseptic (liquid)
phendimetrazine tartrate (tablet)
 PHOSPHA 250 NEUTRAL (TABLET)
 PHYSOSTIGMINE SALICYLATE (SOLUTION)
phytonadione (solution)
phytonadione (tablet)
 PILL BOX 7 DAY (MISCELLANEOUS)
 PILL SPLITTER (MISCELLANEOUS)
pin-away (suspension)
 PLASTIC BOTTLES/30ML/TWIST TOP SIFTER
 CAPS (MISCELLANEOUS)
 PLASTIC BOTTLES/90ML/TWIST TOP SIFTER
 CAPS (MISCELLANEOUS)
 PLASTIC ENEMA BOTTLE/2OZ/20/410
 OPENING (MISCELLANEOUS)
 PLASTIC JAR 6OZ (MISCELLANEOUS)
 PLASTIC SCOOP 1ML/4" HANDLE
 (MISCELLANEOUS)
 POCKET PRO+ REPLACEMENT SENSOR/
 TESTER (MISCELLANEOUS)
podocon-25 (solution)
 POLY HIST FORTE (TABLET)
poly-hist dm (liquid)
poly-iron 150 (capsule)
poly-tussin ac (liquid)
 POLY-VENT DM (TABLET)
 POLY-VENT IR (TABLET)
 POLY-VI-FLOR (SUSPENSION)

POLY-VI-FLOR (TABLET CHEWABLE)
 POLY-VI-FLOR/IRON (SUSPENSION)
 POLY-VI-FLOR/IRON (TABLET CHEWABLE)
poly-vitamin/iron drops (solution)
polyethylene glycol 3350 (packet)
polyethylene glycol 3350 (powder)
 POLYPROPYLENE CAP/LINER
 (MISCELLANEOUS)
polysaccharide-iron complex (capsule)
 POLYTOZA PATCH (SHEET)
potassium citrate/citric acid (solution)
potassium phosphate (solution)
potassium phosphates (solution)
 POWDER FREE NITRILE EXAMINATION
 GLOVES LARGE (MISCELLANEOUS)
 POWDER FREE NITRILE EXAMINATION
 GLOVES MEDIUM (MISCELLANEOUS)
 POWDER FREE NITRILE EXAMINATION
 GLOVES SMALL (MISCELLANEOUS)
 POWDER FREE NITRILE EXAMINATION
 GLOVES X-LARGE (MISCELLANEOUS)
 PREMIUM CONDOMS LUBRICATED
 (MISCELLANEOUS)
 PREVIDOLRX ANALGESIC PAK (THERAPY
 PACK)
 PRILO PATCH (KIT)
 PROMELLA IN PREBIOTIC (CAPSULE)
*promethazine hydrochloride/dextromethorphan
 hydrobromide (syrup)*
promethazine/codeine (solution)
promethazine/codeine (syrup)
promethazine/dextromethorphan (syrup)
promethazine/phenylephrine/codeine (syrup)
 PRONUTRIENTS VITAMIN D3 (CAPSULE)
 PROSILK MEDICAL GRADE SILICON GEL
 (SHEET)
 PROTECTIVE SAFETY EYEWARE
 (MISCELLANEOUS)
 PROTEINEX P18 (LIQUID)
 PROVENGE (SUSPENSION)
pseudoephedrine hcl (tablet)

Brand name drugs = CAPITALIZED

Generic drugs = lower case italics

pseudoephedrine hcl er (tablet er 12hr)
pseudoephedrine hydrochloride (tablet)
pseudoephedrine hydrochloride/ guaifenesin (tablet)
pure & gentle lubricant (solution)
purevit dualfe plus (capsule)
px allergy relief (tablet)
px anti-diarrheal (tablet)
px artificial tears (solution)
px aspirin (tablet)
px athletic foot (cream)
px b complex/vitamin c (tablet)
px calcium antacid regular strength (tablet chewable)
px calcium&d (tablet)
px complete senior multivitamins (tablet)
px docusate sodium (capsule)
px effervescent (tablet effervescent)
px enteric aspirin (tablet dr)
px fiber (capsule)
px fish oil (capsule)
px folic acid (tablet)
px garlic (tablet)
px gas relief extra strength (capsule)
px glucosamine/chondroitin double strength (tablet)
px glycerin (suppository)
px hemorrhoidal (cream)
px hydrocream (cream)
px ibuprofen (tablet)
px iron (tablet)
px laxative (tablet dr)
px medicated chestrub (ointment)
px original nasal spray (solution)
px sterile eye drops (solution)
px triple ointment (ointment)
px tussin dm (liquid)
px vegetable laxative (tablet)
px vitamin a (capsule)
px vitamin c (tablet)

pyridoxine hcl (solution)
pyridoxine hcl (tablet)
pyridoxine hydrochloride (tablet)
 PYRIMETHAMINE (POWDER)

Q

Q-CARE Q2 ORAL CLEANSING/SUCTIONING SYSTEM (KIT)
 Q-CARE Q2 ORAL CLEANSING/SUCTIONING SYSTEM/CHG ORAL RINSE (KIT)
 Q-CARE Q4 ORAL CLEANSING/SUCTIONING SYSTEM/CHG ORAL RINSE (KIT)
 Q-CARE Q4 ORAL CLEANSING/SUCTIONING SYSTEM/PEROX-A-MINT (KIT)
qc 3 day vaginal cream (cream)
qc acetaminophen 8 hour arthritis pain (tablet er)
qc acetaminophen 8 hour muscle aches & pain (tablet er)
qc acetaminophen 8 hours (tablet er)
qc acid controller (tablet)
qc all day allergy (tablet)
qc allergy childrens (liquid)
qc allergy relief (tablet disintegrating)
qc allergy relief (tablet)
qc allergy/sinus headache (tablet)
qc antacid (suspension)
qc antacid (tablet chewable)
qc antacid extra strength (tablet chewable)
qc antacid multi-symptom (tablet chewable)
qc antacid ultra strength (tablet chewable)
qc antacid/anti-gas (suspension)
qc antacid/anti-gas maximum strength (suspension)
qc anti-diarrheal (tablet)
qc anti-gas ultra strength (capsule)
qc anti-itch clear (lotion)
qc antiseptic pain relief (liquid)
qc aromatic ammonia spirit (spirit)
qc arthritis pain relief (tablet er)
qc aspirin (tablet dr)
qc aspirin (tablet)

qc aspirin low dose (tablet chewable)
qc aspirin low dose (tablet dr)
qc bacitracin (ointment)
qc calcium fast dissolution (tablet)
qc calcium/minerals/vitamin d (tablet)
QC CASTOR OIL (OIL)
qc childrens aspirin (tablet chewable)
qc childrens chewable complete (tablet chewable)
qc childrens chewable vitamins/extra c (tablet chewable)
qc childrens chewable vitamins/iron (tablet chewable)
qc chlor-pheniramine (tablet)
qc complete allergy medicine (tablet)
qc cough & cold hbp (tablet)
qc daily multivitamins/iron (tablet)
qc daytime cold & flu (liquid)
qc earwax removal kit (solution)
qc enema (enema)
qc enteric aspirin (tablet dr)
qc essentials (tablet)
qc eye drops (solution)
qc ferrous sulfate (tablet)
qc fiber therapy (tablet)
qc gas relief (tablet chewable)
qc gas relief extra strength (capsule)
qc gas relief extra strength (tablet chewable)
qc gentle laxative (suppository)
qc headache relief (tablet)
qc heartburn antacid (tablet chewable)
qc hemorrhoidal (ointment)
qc hemorrhoidal (suppository)
qc ibuprofen (capsule)
qc ibuprofen (tablet)
qc ibuprofen ib (tablet)
qc loratadine allergy relief (tablet)
qc loratadine-d (tablet er 24hr)
qc magnesium citrate (solution)
qc medifin 400 (tablet)

qc medifin dm (tablet)
QC MEDIFIN PE (TABLET)
qc miconazole 7 (cream)
qc milk of magnesia (suspension)
qc mineral oil heavy (oil)
qc motion sickness relief (tablet)
qc mucus & cough relief childrens (liquid)
qc mucus relief (tablet er 12hr)
qc mucus relief childrens (liquid)
qc mucus relief dm max (liquid)
qc mucus relief er 12 hour maximum strength (tablet er 12hr)
qc naproxen sodium (tablet)
qc nasal decongestant pe (tablet)
qc nasal spray (solution)
qc natura-lax (powder)
qc nighttime cold & flu (liquid)
qc non-aspirin 8 hour (tablet er)
qc non-aspirin childrens (suspension)
qc non-aspirin childrens (tablet chewable)
qc non-aspirin extra strength (tablet)
qc omeprazole magnesium (capsule delayed release)
qc pain relief (tablet)
qc pain relief childrens (suspension)
qc pain relief extra strength (tablet)
qc pain relief infants (suspension)
qc pink bismuth (suspension)
qc pink bismuth (tablet)
qc relief patch (patch)
qc rest simply (tablet)
qc senna (tablet)
qc severe allergy relief plus sinus headache (tablet)
qc severe cold & cough daytime (packet)
qc severe cold & cough nighttime (packet)
qc sinus congestion & pain severe daytime (tablet)
qc sleep-aid maximum strength (capsule)
qc sore throat spray (liquid)

qc stool softener (capsule)
qc stool softener plus stimulant laxative (tablet)
qc suphedrine maximum strength (tablet er 12hr)
qc tolnaftate (cream)
qc triacting daytime childrens (syrup)
qc triple antibiotic maximum strength (ointment)
qc tussin cf (liquid)
qc tussin dm cough & chest congestion/adult (liquid)
qc tussin mucus + chest congestion adult (liquid)
qc urinary pain relief maximum strength (tablet)
quad-probiotic (capsule)
 QUFLORA FE (TABLET CHEWABLE)
 QUFLORA FE PEDIATRIC (LIQUID)
 QUFLORA GUMMIES (TABLET CHEWABLE)
 QUFLORA PEDIATRIC (SOLUTION)
 QUFLORA PEDIATRIC (TABLET CHEWABLE)

R

RA ADHESIVE 1"X10YDS (TAPE)
 RA ADHESIVE BANDAGES (MISCELLANEOUS)
 RA ADHESIVE TAPE (TAPE)
ra b-complex (tablet)
ra b-complex with b-12 (tablet)
 RA BACK & NECK COLD PAD REUSABLE (MISCELLANEOUS)
ra calcium 600 (tablet)
ra calcium 600 plus vitamin d-3 & minerals (tablet chewable)
ra calcium 600/vit d/minerals (tablet)
ra calcium citrate plus vitamin d (tablet)
ra calcium citrate plus vitamin d-3 (tablet)
ra calcium plus vitamin d (tablet)
ra calcium/minerals/vitamin d (tablet)
 RA CALLUS CUSHIONS (PAD)
ra chewable vitamins complete childrens (tablet chewable)
 RA COMFORT CARE PLUS HOT & COLD COMPRESS REUSABLE (PAD)
 RA CUSHION INSOLES WOMENS (MISCELLANEOUS)
 RA DENTAL FLOSS WAXED (MISCELLANEOUS)
 RA DENTURE BATH (MISCELLANEOUS)
 RA DIGITAL THERMOMETER (MISCELLANEOUS)
 RA DIGITAL THERMOMETER/SOFT TIP/FAST READ/FEVER ALARM (MISCELLANEOUS)
 RA EAR SYRINGE (MISCELLANEOUS)
 RA FIRST AID FLEXIBLE FABRIC ADHESIVE BANDAGE (MISCELLANEOUS)
ra folic acid (tablet)
 RA GENTLE PAPER TAPE 1"X10YDS (TAPE)
ra hi cal (tablet)
ra iron (tablet)
ra isopropyl alcohol wipes (miscellaneous)
 RA MULTI-USE COLD PAD REUSABLE (MISCELLANEOUS)
ra natural vitamin e (capsule)
ra niacin (tablet)
ra no flush niacin 500 (tablet)
 RA PANTILINERS LONG (PAD)
ra pediatric electrolyte (solution)
 RA PLANTAR FASCIITIS ARCH SLEEVE (MISCELLANEOUS)
 RA PRO SPORTS TAPE (TAPE)
 RA PROBE COVERS (MISCELLANEOUS)
ra renewal soothing bath treatment (packet)
 RA SHEER ADHESIVE LARGE (PAD)
 RA STERILE PADS 3"X3" (PAD)
 RA STERILE PADS 4"X4" (PAD)
ra super moleskin (pad)
 RA SURGICAL DRESSING 5"X9" (PAD)
 RA TUGABOOS OVERNIGHTS/UNISEX/L-XL (MISCELLANEOUS)
 RA TUGABOOS OVERNIGHTS/UNISEX/S-M (MISCELLANEOUS)
 RA TUGABOOS TRAINING PANTS/BOYS/ 2T-3T/MEDIUM (MISCELLANEOUS)
 RA TUGABOOS TRAINING PANTS/BOYS/ 3T-4T/LARGE (MISCELLANEOUS)

RA TUGABOOS TRAINING PANTS/BOYS/
 4T-5T/X-LARGE (MISCELLANEOUS)
 RA TUGABOOS TRAINING PANTS/GIRLS/
 2T-3T/MEDIUM (MISCELLANEOUS)
 RA TUGABOOS TRAINING PANTS/GIRLS/
 3T-4T/LARGE (MISCELLANEOUS)
 RA TUGABOOS TRAINING PANTS/GIRLS/
 4T-5T/X-LARGE (MISCELLANEOUS)
 RA VINYL GLOVES (MISCELLANEOUS)
ra vitamin a (capsule)
ra vitamin b-1 (tablet)
ra vitamin b-12 tr (tablet er)
ra vitamin b-6 (tablet)
ra vitamin c (tablet chewable)
ra vitamin c (tablet)
ra vitamin c tr (tablet er)
ra vitamin c/acerola (tablet chewable)
ra vitamin c/rose hips (tablet)
ra vitamin d-3 (capsule)
ra vitamin d-3 (tablet)
ra vitamin e (capsule)
ra vitamin e natural (capsule)
 RA WATER BOTTLE/SYRINGE
 (MISCELLANEOUS)
 RADIAGUARD ADVANCED (LOTION)
radiance platinum vitamin d3 (tablet)
redness relief (solution)
reeses pinworm medicine (suspension)
 REFLECTIONS AA LIGHTWEIGHT OFF SHELF
 BREAST PROSTHESIS FORM
 (MISCELLANEOUS)
 REFLECTIONS C LIGHTWEIGHT OFF SHELF
 BREAST PROSTHESIS FORM
 (MISCELLANEOUS)
 REFRESH (SOLUTION)
 REFRESH CELLUVISC (GEL)
 REFRESH LACRI-LUBE (OINTMENT)
 REFRESH LIQUIGEL (GEL)
 REFRESH OPTIVE (GEL)
 REFRESH OPTIVE (SOLUTION)
 REFRESH OPTIVE ADVANCED (SOLUTION)

REFRESH OPTIVE ADVANCED SENSITIVE
 (SOLUTION)
 REFRESH OPTIVE MEGA-3 (SOLUTION)
 REFRESH OPTIVE PRESERVATIVE FREE
 (SOLUTION)
 REFRESH P.M. (OINTMENT)
 REFRESH PLUS (SOLUTION)
 REFRESH RELIEVA (SOLUTION)
 REFRESH RELIEVA PF (SOLUTION)
 REFRESH TEARS (SOLUTION)
 REHYDRALYTE (SOLUTION)
rena-vite (tablet)
 RENAL CAPS (CAPSULE)
 RENAL MULTIVITAMIN FORMULA (TABLET)
renal-vite (tablet)
reno caps (capsule)
 RENOVA (CREAM)
 RENOVA PUMP (CREAM)
 RESTON SELF-ADHERING FOAM HIGH
 SUPPORT PAD 7-7/8"X11-3/4" (PAD)
 RESTON SELF-ADHERING FOAM LIGHT
 SUPPORT ROLL 4"X196" (MISCELLANEOUS)
 RESTON SELF-ADHERING FOAM MEDIUM
 SUPPORT PAD 7-7/8"X11-3/4" (PAD)
 RESTORA RX (CAPSULE)
robafen cf multi-symptom cold (liquid)
robafen dm cough (liquid)
robafen mucus/chest congestion (liquid)
 ROSADAN KIT (KIT)
ru-hist d (tablet)
rymed (tablet)
rynex dm (liquid)
rynex pe (elixir)
rynex pse (liquid)

S

S2 (NEBULIZATION SOLUTION)
saccharomyces boulardii (capsule)
 SAFE-SENSE BEARD NET (MISCELLANEOUS)
 SAFE-SENSE GLOVES/BLACK/NITRILE/
 POWDER-FREE/L (MISCELLANEOUS)

SAFE-SENSE GLOVES/BLACK/NITRILE/ POWDER-FREE/M (MISCELLANEOUS)	<i>sb childrens aspirin (tablet chewable)</i>
SAFE-SENSE GLOVES/BLACK/NITRILE/ POWDER-FREE/S (MISCELLANEOUS)	<i>sb chlorpheniramine (tablet)</i>
SAFE-SENSE GLOVES/BLACK/NITRILE/ POWDER-FREE/XL (MISCELLANEOUS)	<i>sb gas relief (suspension)</i>
SAFE-SENSE GLOVES/BLUE/NITRILE/ POWDER-FREE/L (MISCELLANEOUS)	<i>sb gas relief (tablet chewable)</i>
SAFE-SENSE GLOVES/BLUE/NITRILE/ POWDER-FREE/M (MISCELLANEOUS)	<i>sb ibuprofen (tablet)</i>
SAFE-SENSE GLOVES/BLUE/NITRILE/ POWDER-FREE/S (MISCELLANEOUS)	<i>sb loratadine (tablet)</i>
SAFE-SENSE GLOVES/BLUE/NITRILE/ POWDER-FREE/XL (MISCELLANEOUS)	<i>sb low dose asa ec (tablet dr)</i>
SAFE-SENSE HEAD COVER/BOUFFANT CAP 21" (MISCELLANEOUS)	<i>sb non-aspirin (tablet chewable)</i>
SAFE-SENSE HEAD COVER/BOUFFANT CAP/ CIRCULAR/ 21" (MISCELLANEOUS)	<i>sb non-aspirin (tablet)</i>
SAFE-SENSE SHOE COVER/NON-SKID (MISCELLANEOUS)	<i>sb non-aspirin extra strength (tablet)</i>
<i>salicylic acid (foam)</i>	<i>sb oyster shell calcium (tablet)</i>
<i>salicylic acid (gel)</i>	<i>sb pain reliever childrens (suspension)</i>
<i>salicylic acid wart remover (liquid)</i>	<i>sb senna-lax (tablet)</i>
<i>saline mist (solution)</i>	SCARCINPAD (SHEET)
<i>saline nasal spray (solution)</i>	SCARSILK PAD (SHEET)
<i>saline nasal spray infants/childrens (solution)</i>	<i>se-tan plus (capsule)</i>
SARNA (LOTION)	SEALS/ALUMINUM/FLIP OFF/13MM/BLANK TOP (MISCELLANEOUS)
SARNA SENSITIVE (LOTION)	SELENIUM ACID (SOLUTION)
SAXENDA (SOLN PEN-INJ)	<i>selenium sulfide (shampoo)</i>
<i>sb allergy (capsule)</i>	<i>selenium sulfide shampoo (shampoo)</i>
<i>sb allergy (tablet)</i>	<i>senexon (liquid)</i>
<i>sb allergy medicine (liquid)</i>	<i>senexon-s (tablet)</i>
<i>sb allergy medicine (tablet)</i>	<i>senna (capsule)</i>
<i>sb allergy relief (tablet disintegrating)</i>	<i>senna (liquid)</i>
<i>sb antacid (tablet chewable)</i>	<i>senna (syrup)</i>
<i>sb antacid anti-gas (suspension)</i>	<i>senna (tablet)</i>
<i>sb antacid extra strength (tablet chewable)</i>	<i>senna laxative (tablet)</i>
<i>sb arthritis pain relief (tablet er)</i>	<i>senna plus (capsule)</i>
<i>sb aspirin (tablet)</i>	<i>senna plus (tablet)</i>
<i>sb aspirin ec (tablet dr)</i>	<i>senna regular strength (tablet)</i>
<i>sb backache extra strength (tablet)</i>	<i>senna-lax (tablet)</i>
	<i>senna-tabs (tablet)</i>
	<i>senna-time (tablet)</i>
	<i>senna-time s (tablet)</i>
	<i>sennazon (syrup)</i>
	SENOKOT (TABLET)
	SENOKOT EXTRA STRENGTH (TABLET)
	SENOKOT S (TABLET)
	SENSODYNE MAXIMUM STRENGTH (GEL)

SENSODYNE MAXIMUM STRENGTH (PASTE)	<i>siltussin-dm (syrup)</i>
SENSODYNE MAXIMUM STRENGTH/ FLUORIDE (PASTE)	<i>silver nitrate (solution)</i>
SENSODYNE PRONAMEL (PASTE)	<i>simethicone (suspension)</i>
SENSODYNE PRONAMEL FRESH BREATH (PASTE)	<i>simethicone (tablet chewable)</i>
SERUM BOTTLE STOPPER 20MM (MISCELLANEOUS)	<i>simethicone drops infants (suspension)</i>
SERUM BOTTLE/250ML (MISCELLANEOUS)	<i>simethicone ultra strength (capsule)</i>
SERUM BOTTLES/AMBER GLASS/20ML/ 20MM (MISCELLANEOUS)	SIMPLE WISHES PUMPING BRALARGE-PLUS HANDS-FREE/ADJUSTABLE (MISCELLANEOUS)
SERUM BOTTLES/AMBER GLASS/30ML/ 20MM (MISCELLANEOUS)	SIMPLE WISHES PUMPING BRAXS-L HANDS- FREE/ADJUSTABLE (MISCELLANEOUS)
SETTLING PLATE SDA/29ML/100X15MM (MISCELLANEOUS)	SINGLE USE SUCTION SWAB SYSTEM/PEROX- A-MINT (KIT)
SETTLING PLATE TSA/25ML/100X15MM (MISCELLANEOUS)	<i>sinus 12 hour (tablet er 12hr)</i>
<i>severe cold & flu (tablet)</i>	<i>sinus congestion & pain severe daytime (tablet)</i>
<i>severe cold/cough (packet)</i>	<i>sinus congestion/pain (tablet)</i>
SHAPERS ADJUSTABLE LAYERED BREAST SHAPER/AFRICAN AMERICAN (MISCELLANEOUS)	<i>sinus nasal spray (solution)</i>
SHAPERS ADJUSTABLE LAYERED BREAST SHAPER/CAUCASIAN (MISCELLANEOUS)	<i>sinus pressure/pain/adult (tablet)</i>
SHARP CONTAINER (MISCELLANEOUS)	<i>sinus relief extra strength (solution)</i>
SHORT TERM ORAL CARE SYSTEM/PEROX-A- MINT (KIT)	SKIN REPAIR (LOTION)
SHOWER-PAK (MISCELLANEOUS)	<i>sleep aid (tablet)</i>
SIGNATURE PRO DOUBLE ELECTRIC BREAST PUMP (MISCELLANEOUS)	<i>sleep tabs (tablet)</i>
SIGNATURE PRO HEALTHCARE DOUBLE ELECTRIC BREAST PUMP (MISCELLANEOUS)	<i>sleep-aid (capsule)</i>
SILA III (THERAPY PACK)	<i>sleep-aid (tablet)</i>
<i>silace (liquid)</i>	SLEEP-N-HEEL NIGHT CONDITIONING HEEL SLEEVES (MISCELLANEOUS)
<i>siladryl allergy (liquid)</i>	SLEEP-N-HEEL+ NIGHT CONDITIONING HEEL SLEEVES (MISCELLANEOUS)
<i>sildenafil (tablet)</i>	SLO-NIACIN (TABLET ER)
<i>sildenafil citrate (tablet)</i>	<i>sm 12 hour sinus decongestant (tablet er 12hr)</i>
SILVEX (SHEET)	<i>sm 3-day vaginal (cream)</i>
SILTREX (SHEET)	<i>sm 8 hour pain relief (tablet er)</i>
<i>siltussin dm das (liquid)</i>	<i>sm acid reducer (tablet)</i>
<i>siltussin sa (syrup)</i>	SM ADHESIVE PADS 2"X3" (PAD)
	SM ADHESIVE PADS 3"X4" (PAD)
	<i>sm adult aspirin (tablet)</i>
	<i>sm advanced hand sanitizer (liquid)</i>
	<i>sm advanced hand sanitizer/aloe (liquid)</i>
	<i>sm alcohol (solution)</i>
	<i>sm alcohol prep pads/benzocaine (pad)</i>
	<i>sm all day allergy (tablet)</i>

Brand name drugs = CAPITALIZED

Generic drugs = lower case italics

sm all day allergy-d (tablet er 12hr)
sm allergy 4 hour (tablet)
sm allergy childrens (syrup)
sm allergy relief (liquid)
sm allergy relief (tablet)
sm allergy relief childrens (liquid)
sm animal shapes complete (tablet chewable)
sm animal shapes kids first (tablet chewable)
sm antacid (suspension)
sm antacid (tablet chewable)
sm antacid advanced (suspension)
sm antacid advanced maximum strength (suspension)
sm antacid maximum strength (suspension)
sm antacid/antigas (suspension)
sm anti-diarrheal (liquid)
sm anti-diarrheal (tablet)
sm anti-itch extra strength (cream)
sm anti-nausea (solution)
sm antibiotic (ointment)
sm antibiotic plus pain relief maximum strength (cream)
sm antifungal miconazole (cream)
sm antifungal tolnaftate (cream)
sm arthricream rub (cream)
sm arthritis pain relief (tablet er)
sm arthritis pain reliever (tablet er)
sm aspirin (tablet)
sm aspirin adult low strength (tablet chewable)
sm aspirin adult low strength (tablet dr)
sm aspirin enteric coated (tablet dr)
sm aspirin low dose (tablet chewable)
sm athletes foot (cream)
 SM BANDAGE ROLL
 4.5"X144" (MISCELLANEOUS)
 SM BANDAGES CLEAR SPOTS
 (MISCELLANEOUS)
 SM BANDAGES FABRIC
 3/4" (MISCELLANEOUS)
 SM BANDAGES FABRIC EXTRA LARGE
 (MISCELLANEOUS)

SM BANDAGES FABRIC KNUCKLE/FINGERTIP
 (MISCELLANEOUS)
 SM BANDAGES FOAM (MISCELLANEOUS)
 SM BANDAGES FOAM EXTRA LARGE
 (MISCELLANEOUS)
 SM BANDAGES PLASTIC (MISCELLANEOUS)
 SM BANDAGES SHEER (MISCELLANEOUS)
 SM BANDAGES SHEER EXTRA LARGE
 (MISCELLANEOUS)
 SM BANDAGES STRONG STRIPS
 1" (MISCELLANEOUS)
 SM BANDAGES WATERSHIELD
 (MISCELLANEOUS)
 SM BANDAGES/ANTIBACTERIAL
 (MISCELLANEOUS)
 SM BANDAGES/CLEAR/ASSORTED
 (MISCELLANEOUS)
 SM BANDAGES/FLEXIBLE/ASSORTED
 (MISCELLANEOUS)
sm benzoin tincture (tincture)
sm calcium 500/vitamin d3 (tablet)
sm calcium 600/vitamin d (tablet)
sm calcium antacid (tablet chewable)
sm calcium antacid extra strength (tablet chewable)
sm calcium citrate + d (tablet)
sm calcium/magnesium/zinc (tablet)
sm caldyphen clear (lotion)
 SM CAMPHOR SPIRIT (SPIRIT)
sm castor oil (oil)
sm chest congestion relief (tablet)
sm chest congestion relief dm (tablet)
sm chest congestion relief pe (tablet)
sm chewable c (tablet chewable)
sm childrens aspirin (tablet chewable)
sm childrens loratadine (syrup)
sm clearlax (powder)
sm clotrimazole vaginal (cream)
sm cold & cough dm childrens (liquid)
sm cold & flu severe (tablet)
sm cold & sinus relief (tablet)

SM COTTON SWABS (SWAB)
sm day time cold & flu relief (liquid)
sm daytime liquid caps (capsule)
 SM DIGITAL THERMOMETER DELUXE
 (MISCELLANEOUS)
sm double antibiotic (ointment)
sm dry skin therapy (lotion)
 SM ELASTIC BANDAGE (MISCELLANEOUS)
 SM ELASTIC BANDAGE SELF ADHERING
 (MISCELLANEOUS)
sm enema (enema)
sm epsom salt (granules)
sm eye drops (solution)
sm eye itch relief (solution)
sm fexofenadine hydrochloride (tablet)
sm fiber (tablet)
sm fiber laxative (tablet)
sm folic acid (tablet)
sm gas relief (capsule)
sm gas relief (tablet chewable)
sm gas relief antifatulent (capsule)
sm gas relief drops infants (suspension)
sm gas relief extra strength (capsule)
 SM GAUZE PADS 3"X3" (PAD)
 SM GAUZE PADS 4"X4" (PAD)
sm gentle laxative (tablet dr)
sm glucose (tablet chewable)
sm glycerin laxative pediatric (suppository)
sm hydrocortisone (ointment)
sm hydrocortisone plus (cream)
 SM HYPO-ALLERGENIC BANDAGES
 (MISCELLANEOUS)
sm ibuprofen (capsule)
sm ibuprofen (tablet)
sm ibuprofen ib (tablet chewable)
sm ibuprofen ib (tablet)
sm ibuprofen jr (tablet)
sm ibuprofen pm (tablet)
sm infants ibuprofen (suspension)
sm iron (tablet)

sm isopropyl alcohol (solution)
 SM ISOPROPYL ALCOHOL RUBBING
 (SOLUTION)
sm lice killing maximum strength (shampoo)
sm lice treatment (lotion)
sm lorata-dine d (tablet er 24hr)
sm loratadine (syrup)
sm loratadine (tablet)
sm loratadine allergy relief (tablet disintegrating)
sm loratadine d 12hr (tablet er 12hr)
sm lubricant eye drops (solution)
sm lubricating plus (solution)
sm lubricating tears (solution)
sm magnesium citrate (solution)
sm medicated chest rub (ointment)
sm miconazole 3 (kit)
sm miconazole 7 (cream)
sm miconazole 7 (suppository)
sm milk of magnesia (suspension)
sm motion sickness (tablet)
sm mucus relief (tablet er 12hr)
sm mucus relief cough childrens (liquid)
sm mucus relief maximum strength (tablet er 12hr)
sm mucus relief/12 hour (tablet er 12hr)
sm multiple vitamins essential (tablet)
sm multiple vitamins/iron (tablet)
sm muscle rub (cream)
sm naproxen sodium (tablet)
sm nasal decongestant maximum strength (tablet)
sm nasal decongestant pe (tablet)
sm nasal spray (solution)
sm nasal spray 12 hour (solution)
sm nasal spray moisturizing (solution)
sm nasal spray saline (solution)
sm nasal spray sinus (solution)
 SM NASAL STRIPS LARGE (STRIP)
sm nicotine (gum)
sm nicotine (lozenge)

sm nicotine polacrilex (gum)
sm nicotine polacrilex (lozenge)
sm nicotine transdermal system/step 1/clear (patch 24 hr)
sm nicotine transdermal system/step 2/clear (patch 24 hr)
sm nicotine transdermal system/step 3/clear (patch 24 hr)
sm nighttime sleep aid (tablet)
sm nite time cold & flu (liquid)
sm nose drops nasal decongestant extra strength (solution)
sm omeprazole (tablet dr)
sm oyster shell calcium/vitamin d (tablet)
sm pain & fever childrens (suspension)
sm pain & fever infants (suspension)
sm pain relief extra strength (tablet)
sm pain reliever (tablet)
sm pain reliever childrens (suspension)
sm pain reliever extra strength (tablet er)
sm pain reliever extra strength (tablet)
sm pain reliever pm extrastrength (tablet)
sm pediatric electrolyte (solution)
sm petroleum jelly (gel)
SM PROBE COVERS (MISCELLANEOUS)
sm rapid melts junior (tablet disintegrating)
SM ROLLED GAUZE BANDAGE 2"X4.1YD (MISCELLANEOUS)
SM ROLLED GAUZE BANDAGE 3"X4.1YD (MISCELLANEOUS)
sm senna laxative (tablet)
sm senna-s (tablet)
sm sleep aid (tablet)
sm sore throat spray (liquid)
sm stomach relief (tablet chewable)
sm stomach relief (tablet)
sm stomach relief liquid (suspension)
sm stool softener (capsule)
sm stool softener (tablet)
sm stool softener/stimulant laxative (tablet)
SM STRONG STRIPS (MISCELLANEOUS)

SM TENDER TAPE 2"X5YD (TAPE)
sm tioconazole-1 (ointment)
sm triple antibiotic original strength (ointment)
sm triple antibiotic plus maximum strength (ointment)
sm tussin cf (liquid)
sm tussin dm (syrup)
sm tussin dm cough/chest congestion (syrup)
sm tussin dm max/cough + congestion dm (liquid)
sm tussin mucus + chest congestion adult (liquid)
sm urinary pain relief (tablet)
sm urinary pain relief maximum strength (tablet)
sm vit c/rose hips (tablet)
sm vitamin b-6 (tablet)
sm vitamin c (tablet chewable)
sm vitamin c (tablet)
sm vitamin c/rose hips (tablet)
sm vitamin d3 (tablet)
SM WATERPROOF ADHESIVE TAPE 1"X5YD (TAPE)
SM WATERPROOF ADHESIVE TAPE 1/2"X10YD (TAPE)
SNAP-ON CHLOROBUTYL STOPPER/13MM/GREY (MISCELLANEOUS)
sodium bicarbonate (tablet)
sodium chloride (ointment)
sodium chloride (solution)
sodium chloride (solution)
sodium chloride bacteriostatic (solution)
sodium chloride bacteriostatic/benzyl alcohol (solution)
sodium citrate/citric acid (solution)
sodium ferric gluconate complex/sucrose (solution)
sodium phosphate (solution)
sodium sulfacetamide (gel)
sodium sulfacetamide wash (liquid)
sodium sulfacetamide/sulfur (cream)
sodium sulfacetamide/sulfur (liquid)

sodium sulfacetamide/sulfur (pad)
sodium sulfacetamide/sulfur (suspension)
sodium sulfacetamide/sulfur cleanser (liquid)
sodium sulfacetamide/sulfur cleanser in urea (emulsion)
sodium sulfacetamide/sulfur wash (liquid)
 SOF-KLING CONFORMING
 3"X75" (MISCELLANEOUS)
 SOLBAR AVO (LOTION)
 SOLBAR PF LIQUID/GEL SPF30 (GEL)
soluble fiber (powder)
 SOOTHIES GEL PADS/REUSABLE
 (MISCELLANEOUS)
soothing - 12 hour nasal decongestant (solution)
sorbitol (solution)
sore throat (lozenge)
sore throat spray (liquid)
sport sunscreen spf 50 (lotion)
sport sunscreen spf30 (aerosol)
 SPRAY APPLICATOR KIT (MISCELLANEOUS)
 SPRAY BOTTLE 120ML/PLASTIC
 (MISCELLANEOUS)
sss 10%-5% (cream)
sss 10-5 (foam)
 ST JOSEPH LOW DOSE ASPIRIN (TABLET
 CHEWABLE)
stahist ad (tablet)
 STAHIST TP (TABLET)
 STENDRA (TABLET)
 STERI-STRIP 1 7/8" X 1/2"/DRESSING 2 3/8" X
 1 7/8" (MISCELLANEOUS)
 STERI-STRIP 1" X 5" (MISCELLANEOUS)
 STERI-STRIP 1/2" X 2" (MISCELLANEOUS)
 STERI-STRIP 1/2" X 4" (MISCELLANEOUS)
 STERI-STRIP 1/4" X 1 1/2" (MISCELLANEOUS)
 STERI-STRIP 1/4" X 3" (MISCELLANEOUS)
 STERI-STRIP 1/4" X 4" (MISCELLANEOUS)
 STERI-STRIP 1/8" X 3" (MISCELLANEOUS)
sterile diluent for epoprostenol sodium (solution)
sterile diluent for treprostinil injection (solution)
sterile water for injection (solution)
stimulant laxative (tablet)
 STIRRING ROD/GLASS
 12X1/4" (MISCELLANEOUS)
stomach relief (suspension)
stomach relief (tablet chewable)
stomach relief ultra (suspension)
stool softener (capsule)
stool softener + stimulant laxative (capsule)
stool softener + stimulant laxative (tablet)
stool softener laxative (capsule)
stool softener plus laxative (tablet)
 STRAINER/STAINLESS STEEL WITH PLASTIC
 HANDLE/2-1/2" (MISCELLANEOUS)
stress formula (tablet)
stress formula/iron (tablet)
 STROVITE FORTE (TABLET)
 STROVITE ONE (TABLET)
 SUCTION ORAL SWAB SYSTEM /PEROX-A-
 MINT (KIT)
 SUCTION ORAL SWAB SYSTEM/PEROX-A-
 MINT (KIT)
 SUCTION TOOTHBRUSH SYSTEM (KIT)
sudogest (tablet)
sudogest 12 hour (tablet er 12hr)
sudogest maximum strength (tablet)
sudogest sinus & allergy (tablet)
 SUMADAN KIT (KIT)
 SUMADAN WASH (LIQUID)
 SUMADAN XLT (KIT)
 SUMAXIN (PAD)
 SUMAXIN CP KIT (KIT)
sunscreen kids spf50+ (lotion)
sunscreen ultra sheer (lotion)
*suphedrine 12hour maximum strength (tablet er
 12hr)*
 SUPPOSITORY MOLD 2GM (MISCELLANEOUS)
 SUPPOSITORY MOLD/ALUMINUM2GM/100
 CAVITY (MISCELLANEOUS)
 SUPPOSITORY MOLDS 1.3ML/PEEL-AWAY
 (MISCELLANEOUS)
 SUPPOSITORY MOLDS 2.25ML/PEEL-AWAY

Brand name drugs = CAPITALIZED

Generic drugs = lower case italics

(MISCELLANEOUS)
 SUPPOSITORY MOLDS 2CC/V-NOTCH
 (MISCELLANEOUS)
 SUPPOSITORY MOLDS 2GM
 (MISCELLANEOUS)
 SUPPOSITORY MOLDS 2ML/PEEL-AWAY
 (MISCELLANEOUS)
 SUPPOSITORY MOLDS 3ML/PEEL-AWAY
 (MISCELLANEOUS)
 SUPPOSITORY SHELL 2.0ML
 (MISCELLANEOUS)
 SUPPOSITORY SHELL RACK
 (MISCELLANEOUS)
 SUPPOSITORY SHELLS 2.4ML
 (MISCELLANEOUS)
 SURE RESULT DSS PREMIUM PACK
 (THERAPY PACK)
 SWIM EAR (LIQUID)
 SYNALAR CREAM KIT (KIT)
 SYNALAR OINTMENT KIT (KIT)
 SYNALAR TS (KIT)
 SYRINGE ACCESSORIES/LEUR TIP CAP TRAY
 (MISCELLANEOUS)
 SYRINGE DIAL-A-DOSE (MISCELLANEOUS)
 SYRINGE PRECISEDOSSE DISPENSER/0.5ML/
 TIP CAP (MISCELLANEOUS)
 SYRINGE PRECISEDOSSE DISPENSER/10ML/
 TIP CAP (MISCELLANEOUS)
 SYRINGE PRECISEDOSSE DISPENSER/1ML/TIP
 CAP (MISCELLANEOUS)
 SYRINGE PRECISEDOSSE DISPENSER/20ML/
 TIP CAP (MISCELLANEOUS)
 SYRINGE PRECISEDOSSE DISPENSER/35ML/
 TIP CAP (MISCELLANEOUS)
 SYRINGE PRECISEDOSSE DISPENSER/3ML/TIP
 CAP (MISCELLANEOUS)
 SYRINGE PRECISEDOSSE DISPENSER/5ML/TIP
 CAP (MISCELLANEOUS)
 SYRINGE PRECISEDOSSE DISPENSER/60ML/
 TIP CAP (MISCELLANEOUS)
 SYSTANE (SOLUTION)
 SYSTANE COMPLETE (SOLUTION)

SYSTANE GEL (GEL)
 SYSTANE HYDRATION PF (SOLUTION)
 SYSTANE ICAPS AREDS2 (TABLET)
 SYSTANE NIGHTTIME (OINTMENT)
 SYSTANE PRESERVATIVE FREE (SOLUTION)
 SYSTANE ULTRA (SOLUTION)
 SYSTANE ULTRA PRESERVATIVE FREE
 (SOLUTION)

T

tab-a-vite w/beta carotene (tablet)
 TARON FORTE (CAPSULE)
 TASOPROL (KIT)
 TEGADERM + PAD TRANSPARENT DRESSING
 2"X2-3/4" (MISCELLANEOUS)
 TEGADERM + PAD TRANSPARENT DRESSING
 2-3/8"X4" (MISCELLANEOUS)
 TEGADERM + PAD TRANSPARENT DRESSING
 3-1/2"X10" (MISCELLANEOUS)
 TEGADERM + PAD TRANSPARENT DRESSING
 3-1/2"X13-3/4" (MISCELLANEOUS)
 TEGADERM + PAD TRANSPARENT DRESSING
 3-1/2"X4" (MISCELLANEOUS)
 TEGADERM + PAD TRANSPARENT DRESSING
 3-1/2"X4-1/8" (MISCELLANEOUS)
 TEGADERM + PAD TRANSPARENT DRESSING
 3-1/2"X6" (MISCELLANEOUS)
 TEGADERM + PAD TRANSPARENT DRESSING
 3-1/2"X8" (MISCELLANEOUS)
 TEGADERM + PAD TRANSPARENT DRESSING
 6"X6" (MISCELLANEOUS)
 TEGADERM ABSORBENT CLEAR ACRYLIC
 DRESSING 3.0"X3.75" SMALL
 (MISCELLANEOUS)
 TEGADERM ABSORBENT CLEAR ACRYLIC
 DRESSING 4.4"X5.0" MEDIUM
 (MISCELLANEOUS)
 TEGADERM ABSORBENT CLEAR ACRYLIC
 DRESSING 5.6"X6.25" LARGE
 (MISCELLANEOUS)
 TEGADERM ABSORBENT CLEAR ACRYLIC
 DRESSING 5.9"X6.0" SMALL
 (MISCELLANEOUS)

TEGADERM ABSORBENT CLEAR ACRYLIC DRESSING 6.625"X7.5" SACRAL (MISCELLANEOUS)
 TEGADERM ABSORBENT CLEAR ACRYLIC DRESSING 7.9"X8.0" LARGE (MISCELLANEOUS)
 TEGADERM CONTACT LAYER/NON-ADHERENT 3"X4" (PAD)
 TEGADERM CONTACT LAYER/NON-ADHERENT 3"X8" (PAD)
 TEGADERM CONTACT LAYER/NON-ADHERENT 8"X10" (PAD)
 TEGADERM FILM TRANSPARENT DRESS/FIRST AID STYLE 2-3/8"X2-3/4 (MISCELLANEOUS)
 TEGADERM FILM TRANSPARENT DRESS/FIRST AID STYLE 4"X4-3/4" (MISCELLANEOUS)
 TEGADERM FILM TRANSPARENT DRESS/FRAME STYLE 1-3/4"X1-3/4" (MISCELLANEOUS)
 TEGADERM FILM TRANSPARENT DRESS/FRAME STYLE 2-3/8"X2-3/4" (MISCELLANEOUS)
 TEGADERM FILM TRANSPARENT DRESS/FRAME STYLE 4"X10" (MISCELLANEOUS)
 TEGADERM FILM TRANSPARENT DRESS/FRAME STYLE 4"X4-1/2" (MISCELLANEOUS)
 TEGADERM FILM TRANSPARENT DRESS/FRAME STYLE 4"X4-3/4" (MISCELLANEOUS)
 TEGADERM FILM TRANSPARENT DRESS/WITH BORDER 2-3/8"X2-3/4" (MISCELLANEOUS)
 TEGADERM FILM TRANSPARENT DRESS/WITH BORDER 4"X4-3/4" (MISCELLANEOUS)
 TEGADERM FILM TRANSPARENT DRESSING/FRAME STYLE 4"X4-3/4" (MISCELLANEOUS)
 TEGADERM FILM TRANSPARENT DRESSING/FRAME STYLE 6"X8" (MISCELLANEOUS)
 TEGADERM FILM TRANSPARENT DRESSING/FRAME STYLE 8"X12" (MISCELLANEOUS)
 TEGADERM FOAM ADHESIVE DRESSING 2-3/4"X2-3/4" (PAD)
 TEGADERM FOAM ADHESIVE DRESSING 2-3/4"X3" (PAD)
 TEGADERM FOAM ADHESIVE DRESSING 3-1/2"X3-1/2" (PAD)
 TEGADERM FOAM ADHESIVE DRESSING 4"X4-1/2" (PAD)
 TEGADERM FOAM ADHESIVE DRESSING 5-1/2"X5-1/2" (PAD)
 TEGADERM FOAM ADHESIVE DRESSING 5-5/8"X5-5/8" (PAD)
 TEGADERM FOAM ADHESIVE DRESSING 5-5/8"X6-1/8" (PAD)
 TEGADERM FOAM ADHESIVE DRESSING 7-1/2"X8-3/4" (PAD)
 TEGADERM FOAM DRESSING 3-1/2"X3-1/2" (PAD)
 TEGADERM FOAM DRESSING 4"X4" (PAD)
 TEGADERM FOAM DRESSING 4"X8" (PAD)
 TEGADERM FOAM DRESSING 8"X8" (PAD)
 TEGADERM FOAM DRESSING ROLL 4"X24" (MISCELLANEOUS)
 TEGADERM HP TRANSPARENT FILM DRESS/FRAME STYLE 2-1/8"X2-1/2" (MISCELLANEOUS)
 TEGADERM HP TRANSPARENT FILM DRESS/FRAME STYLE 2-3/8"X2-3/4" (MISCELLANEOUS)
 TEGADERM HP TRANSPARENT FILM DRESS/FRAME STYLE 2-3/8"X2-3/8" (MISCELLANEOUS)
 TEGADERM HP TRANSPARENT FILM DRESS/FRAME STYLE 4"X4-1/2" (MISCELLANEOUS)
 TEGADERM HP TRANSPARENT FILM DRESS/FRAME STYLE 4"X4-3/4" (MISCELLANEOUS)
 TEGADERM HP TRANSPARENT FILM DRESS/FRAME STYLE 4-1/2"X4-3/4" (MISCELLANEOUS)
 TEGADERM HP TRANSPARENT FILM DRESS/FRAME STYLE 5-1/2"X6-1/2" (MISCELLANEOUS)
 TEGADERM I.V. ADVANCED SECUREMENT DRESSING 2-1/2"X2-3/4" (MISCELLANEOUS)
 TEGADERM I.V. ADVANCED SECUREMENT

DRESSING 4"X4-3/4" (MISCELLANEOUS)	(MISCELLANEOUS)
TEGADERM I.V. TRANSPARENT FILM DRESSING/BORDER 2"X2-1/4" (MISCELLANEOUS)	THERMACARE MUSCLE/JOINT (MISCELLANEOUS)
TEGADERM I.V. TRANSPARENT FILM DRESSING/BORDER 2-3/4"X3-1/4" (MISCELLANEOUS)	<i>thiamine hcl (solution)</i>
TEGADERM I.V. TRANSPARENT FILM DRESSING/BORDER 3-1/2"X4-1/2" (MISCELLANEOUS)	<i>thiamine hcl (tablet)</i>
TEGADERM I.V. TRANSPARENT FILM DRESSING/BORDER 3-1/2"X4-1/4" (MISCELLANEOUS)	<i>thiamine hydrochloride (tablet)</i>
TEGADERM ROLL TRANSPARENT FILM 2"X11YDS (MISCELLANEOUS)	THRIVITE 19 (TABLET)
TEGADERM ROLL TRANSPARENT FILM 4"X11YDS (MISCELLANEOUS)	<i>tioconazole 1 (ointment)</i>
TEGADERM ROLL TRANSPARENT FILM 6"X11YDS (MISCELLANEOUS)	TIP RECTAL/VAGINAL W/PERFORATIONS (MISCELLANEOUS)
<i>terbinafine hcl (cream)</i>	<i>tolnaftate (cream)</i>
TETRIX (CREAM)	<i>tolnaftate (powder)</i>
THALLOUS CHLORIDE TL 201 (SOLUTION)	<i>tolnaftate antifungal (cream)</i>
THERA (TABLET)	TONGUE DEPRESSORS (MISCELLANEOUS)
THERA PEARL 3-IN-1 BREASTTHERAPY/HOT OR COLD (PAD)	TOPI-CLICK 140/BLACK (MISCELLANEOUS)
<i>thera-derm (lotion)</i>	TOPI-CLICK 140/BLOCK (MISCELLANEOUS)
THERA-GESIC (CREAM)	TOPI-CLICK 140/BLOCK (MISCELLANEOUS)
THERA-GESIC PLUS (CREAM)	TOPI-CLICK 140/BLOCK (MISCELLANEOUS)
<i>thera-tabs (tablet)</i>	TOPI-CLICK 140/BLOCK (MISCELLANEOUS)
THERAFLU FLU & SORE THROAT (PACKET)	TOPI-CLICK 140/BLOCK (MISCELLANEOUS)
THERMACARE (MISCELLANEOUS)	TOPI-CLICK 140/BLOCK (MISCELLANEOUS)
THERMACARE ARTHRITIS HAND/WRIST (MISCELLANEOUS)	TOPI-CLICK 140/BLOCK (MISCELLANEOUS)
THERMACARE ARTHRITIS KNEE/ELBOW (MISCELLANEOUS)	TOPI-CLICK 140/BLOCK (MISCELLANEOUS)
THERMACARE ARTHRITIS NECK/SHOULDER/WRIST (MISCELLANEOUS)	TOPI-CLICK 140/BLOCK (MISCELLANEOUS)
THERMACARE COLD WRAPS JOINT THERAPY (MISCELLANEOUS)	TOPI-CLICK 140/BLOCK (MISCELLANEOUS)
THERMACARE COLD WRAPS MUSCLE THERAPY (MISCELLANEOUS)	TOPI-CLICK 140/BLOCK (MISCELLANEOUS)
THERMACARE JOINT PAIN THERAPY	TOPI-CLICK 140/BLOCK (MISCELLANEOUS)

TOPI-CLICK APPLICATOR/MICRO/PIN POINT/ 9ML/0.05ML/BLUE (MISCELLANEOUS)	TOPI-CLICK/35ML/3 PORT/BLUE (MISCELLANEOUS)
TOPI-CLICK APPLICATOR/MICRO/ROUNDED/ 9ML/0.05ML/BLUE (MISCELLANEOUS)	TOPI-CLICK/35ML/3 PORT/GOLD (MISCELLANEOUS)
TOPI-CLICK APPLICATOR/MICRO/SOFT ANGLED/9ML/0.05ML/BLUE (MISCELLANEOUS)	TOPI-CLICK/35ML/3 PORT/GREEN (MISCELLANEOUS)
TOPI-CLICK MICRO/PIN POINT APPLICATOR/ BLUE (MISCELLANEOUS)	TOPI-CLICK/35ML/3 PORT/PINK (MISCELLANEOUS)
TOPI-CLICK MICRO/ROUNDED APPLICATOR/ BLUE (MISCELLANEOUS)	TOPI-CLICK/35ML/3 PORT/PURPLE (MISCELLANEOUS)
TOPI-CLICK MICRO/SOFT ANGLED APPLICATOR/BLUE (MISCELLANEOUS)	TOPI-CLICK/35ML/3 PORT/RED (MISCELLANEOUS)
TOPI-CLICK NOZZLE (MISCELLANEOUS)	TOPI-CLICK/35ML/3 PORT/SILVER (MISCELLANEOUS)
TOPI-CLICK PERL VAGINAL APPLICATOR DOSE LOADER/35ML (MISCELLANEOUS)	TOPI-CLICK/35ML/3 PORT/WHITE (MISCELLANEOUS)
TOPI-CLICK PERL VAGINAL DOSE APPLICATOR/4ML (MISCELLANEOUS)	TOPPER DRESSING SPONGES (MISCELLANEOUS)
TOPI-CLICK PERL VAGINAL DOSING SYSTEM/ VAGINAL APPLICATOR 35 (MISCELLANEOUS)	TOVET KIT (KIT)
TOPI-CLICK/35ML/1 PORT/BLACK (MISCELLANEOUS)	TRANSFER PIN (MISCELLANEOUS)
TOPI-CLICK/35ML/1 PORT/BLUE (MISCELLANEOUS)	TRANSPORE PLASTIC TAPE 1"X 10YDS (TAPE)
TOPI-CLICK/35ML/1 PORT/GOLD (MISCELLANEOUS)	TRANSPORE PLASTIC TAPE 2"X 10 YDS (TAPE)
TOPI-CLICK/35ML/1 PORT/GREEN (MISCELLANEOUS)	TRANSPORE SURGICAL TAPE 1"X1-1/2YDS (TAPE)
TOPI-CLICK/35ML/1 PORT/ORANGE (MISCELLANEOUS)	TRANSPORE SURGICAL TAPE 1"X10YDS (TAPE)
TOPI-CLICK/35ML/1 PORT/PINK (MISCELLANEOUS)	TRANSPORE SURGICAL TAPE 1/2"X10YDS (TAPE)
TOPI-CLICK/35ML/1 PORT/PURPLE (MISCELLANEOUS)	TRANSPORE SURGICAL TAPE 2"X1-1/2YDS (TAPE)
TOPI-CLICK/35ML/1 PORT/RED (MISCELLANEOUS)	TRANSPORE SURGICAL TAPE 2"X10YDS (TAPE)
TOPI-CLICK/35ML/1 PORT/SILVER (MISCELLANEOUS)	TRANSPORE SURGICAL TAPE 3"X10YDS (TAPE)
TOPI-CLICK/35ML/1 PORT/WHITE (MISCELLANEOUS)	TRANSPORE WHITE DRESSING TAPE 1"X10YDS (TAPE)
TOPI-CLICK/35ML/3 PORT/BLACK (MISCELLANEOUS)	TRANSPORE WHITE DRESSING TAPE 1/2"X10YDS (TAPE)
	TRANSPORE WHITE DRESSING TAPE 2"X10YDS (TAPE)
	TRANSPORE WHITE DRESSING TAPE 3"X10YDS (TAPE)

Brand name drugs = CAPITALIZED

Generic drugs = *lower case italics*

tri-buffered aspirin (tablet)
 TRI-LUMA (CREAM)
 TRI-VI-FLOR (SUSPENSION)
tri-vite pediatric (solution)
tri-vite/fluoride (solution)
triamcinolone acetonide (aerosol)
tricitrates (solution)
 TRICON (CAPSULE)
 TRIFERIC (PACKET)
 TRIFERIC (SOLUTION)
trigels-f forte (capsule)
 TRIMO-SAN (GEL)
triphrocaps (capsule)
triple antibiotic (ointment)
triple antibiotic + pain relief (ointment)
triple antibiotic plus (ointment)
triprolidine hydrochloride (liquid)
 TROCHE MOLD 30 CAVITY (MISCELLANEOUS)
tropicamide (solution)
 TUSNEL (LIQUID)
 TUSNEL (TABLET)
 TUSNEL C (SYRUP)
tusnel diabetic (liquid)
 TUSNEL PEDIATRIC (LIQUID)
 TUSNEL-DM PEDIATRIC (LIQUID)
tusnel-ex (liquid)
tussin cf (liquid)
tussin cf multi-symptom cold (liquid)
tussin cf severe multi-symptom cough cold/flu (liquid)
tussin cough (syrup)
tussin dm (liquid)
tussin dm (syrup)
tussin dm cough + chest congestion (liquid)
tussin dm max (liquid)
tussin dm maximum strength/adult (liquid)
tussin mucus & chest congestion adult (liquid)
tussin mucus + chest congestion (liquid)
tussin mucus + chest congestion (syrup)
tussin mucus + chest congestion adult (liquid)

tussin multi-symptom cold cf (liquid)
 TWIN MEDICINE SPOON (MISCELLANEOUS)
 TYVEK PROTECTIVE SLEEVES/DISPOSABLE
 (MISCELLANEOUS)

U

ultra lubricating eye drops (solution)
ultrasone (cream)
 UNGUATOR 100/200/57MM/DISPOSABLE
 BLADES (MISCELLANEOUS)
 UNGUATOR 15/20/30/36MM/DISPOSABLE
 BLADES (MISCELLANEOUS)
 UNGUATOR 50/43MM/DISPOSABLE BLADES
 (MISCELLANEOUS)
 UNGUATOR ACCESSORIES EXACTDOSE
 0.5ML (MISCELLANEOUS)
 UNGUATOR APPLICATOR 1"/SHORT/CAP
 (MISCELLANEOUS)
 UNGUATOR APPLICATOR 2.5"/LONG
 (MISCELLANEOUS)
 UNGUATOR JAR 100/140 BLUELID
 (MISCELLANEOUS)
 UNGUATOR JAR 100/140 RED LID
 (MISCELLANEOUS)
 UNGUATOR JAR 15/20 BLUE LID
 (MISCELLANEOUS)
 UNGUATOR JAR 15/20 GREEN LID
 (MISCELLANEOUS)
 UNGUATOR JAR 15/20 RED LID
 (MISCELLANEOUS)
 UNGUATOR JAR 15/28 BLUE LID
 (MISCELLANEOUS)
 UNGUATOR JAR 20/33 BLUE
 (MISCELLANEOUS)
 UNGUATOR JAR 20/33 RED LID
 (MISCELLANEOUS)
 UNGUATOR JAR 20/33 WHITE/BLUE LID
 (MISCELLANEOUS)
 UNGUATOR JAR 200/280 BLUELID
 (MISCELLANEOUS)
 UNGUATOR JAR 200/280 GREEN LID
 (MISCELLANEOUS)
 UNGUATOR JAR 200/280 RED LID

(MISCELLANEOUS)
 UNGUATOR JAR 200/280 WHITE
 (MISCELLANEOUS)
 UNGUATOR JAR 30/42 BLUE LID
 (MISCELLANEOUS)
 UNGUATOR JAR 30/42 BLUE/BLUE LID
 (MISCELLANEOUS)
 UNGUATOR JAR 30/42 GREEN LID
 (MISCELLANEOUS)
 UNGUATOR JAR 30/42 RED LID
 (MISCELLANEOUS)
 UNGUATOR JAR 30/42 TURQUOISE/
 TURQUOISE LID (MISCELLANEOUS)
 UNGUATOR JAR 30/42 WHITE LID
 (MISCELLANEOUS)
 UNGUATOR JAR 30/42 YELLOW
 (MISCELLANEOUS)
 UNGUATOR JAR 50/70 BLUE LID
 (MISCELLANEOUS)
 UNGUATOR JAR 50/70 BLUE/BLUE LID
 (MISCELLANEOUS)
 UNGUATOR JAR 50/70 GREEN LID
 (MISCELLANEOUS)
 UNGUATOR JAR 50/70 PINK/PINK LID
 (MISCELLANEOUS)
 UNGUATOR JAR 50/70 RED LID
 (MISCELLANEOUS)
 UNGUATOR JAR 50/70 TURQUOISE
 (MISCELLANEOUS)
 UNGUATOR JAR 50/70 WHITE LID
 (MISCELLANEOUS)
 UNGUATOR JAR 50/70 YELLOW
 (MISCELLANEOUS)
 UNGUATOR JAR FOR AIRDYNAMIK 1000/1250
 (MISCELLANEOUS)
 UNGUATOR JAR FOR AIRDYNAMIK 300/390
 (MISCELLANEOUS)
 UNGUATOR JAR FOR AIRDYNAMIK 500/600
 WHITE (MISCELLANEOUS)
 UNGUATOR JAR W/SPINDLE 300/390
 (MISCELLANEOUS)
 UNGUATOR JAR W/SPINDLE 500/600
 (MISCELLANEOUS)

UNGUATOR LID 1000ML (MISCELLANEOUS)
 UNGUATOR LID 500ML (MISCELLANEOUS)
 UNGUATOR VARIONOZZLE 1MM
 (MISCELLANEOUS)
 UNGUATOR VARIONOZZLE 4MM
 (MISCELLANEOUS)
urea (cream)
urea (lotion)
urea 20 intensive hydrating cream (cream)
urea hydrating (foam)
ureacin-10 (lotion)
ureacin-20 (cream)
urin d/s (tablet)
urinary pain relief (tablet)
 URO-458 (TABLET)
 URO-MP (CAPSULE)
 UROGESIC-BLUE (TABLET)

V

VAGINAL SUPPOSITORY APPLICATOR
 (MISCELLANEOUS)
 VANACOF (LIQUID)
 VANACOF DM (LIQUID)
 VANACOF DMX (LIQUID)
 VANALICE (GEL)
 VANATAB DM (TABLET)
 VANICREAM (LOTION)
 VANICREAM (OINTMENT)
 VANIQA (CREAM)
ardenafil hydrochloride (tablet)
*ardenafil hydrochloride odt (tablet
 disintegrating)*
 VAXCHORA (SUSPENSION RECONSTITUTED)
 VCF VAGINAL CONTRACEPTIVE FOAM (FOAM)
vegetable laxative+stool softener (tablet)
 VEKLURY (SOLUTION)
 VIAGRA (TABLET)
 VIAL ACCESSORIES/INHALATION WORK
 STATION/50 HOLES (MISCELLANEOUS)
 VIRAGE CUSTOM BREAST PROSTHESIS
 EXTRA WEIGHTED THICKNESS

(MISCELLANEOUS)
 VIRAGE CUSTOM BREAST PROSTHESIS
 LIGHTWEIGHT THICKNESS
 (MISCELLANEOUS)
 VIRAGE CUSTOM BREAST PROSTHESIS
 LIGHTWEIGHT THICKNESS/MAGNET
 (MISCELLANEOUS)
 VIRAGE CUSTOM BREAST PROSTHESIS
 WEIGHTED THICKNESS (MISCELLANEOUS)
 VIRAGE CUSTOM BREAST PROSTHESIS
 WEIGHTED THICKNESS/MAGNETS
 (MISCELLANEOUS)
virt-caps (capsule)
virt-gard (tablet)
*vitachew multiple vitaminchildrens (tablet
 chewable)*
 VITAFOL (TABLET)
 VITAL-D RX (TABLET)
vitamin a & d (ointment)
vitamin a (capsule)
vitamin b complex (tablet)
vitamin b-1 (tablet)
vitamin b-1 (tablet)
vitamin b-12 (tablet)
vitamin b-12 cr (tablet er)
vitamin b-6 (tablet)
vitamin b-6 tr (tablet er)
vitamin b-complex 100 (injectable)
vitamin b1 (tablet)
vitamin b12 tr (tablet er)
vitamin b6 (tablet)
vitamin c (tablet chewable)
vitamin c (tablet)
vitamin c/rose hips (tablet)
vitamin d (capsule)
vitamin d (tablet)
vitamin d-3 (tablet)
vitamin d3 (capsule)
vitamin d3 (tablet chewable)
vitamin d3 (tablet)
vitamin d3 super strength (capsule)

vitamin d3 super strength (tablet)
vitamin d3 ultra potency (tablet)
vitamin d3 ultra strength (capsule)
vitamin e (capsule)
vitamin k1 (solution)
vitamin supplement e-1000 (capsule)
vitamin supplement e-400 (capsule)
vitamins a/c/d/fluoride (solution)
 VIVOTIF (CAPSULE DELAYED RELEASE)
 VIZAMYL (SOLUTION)
vp-vite rx (tablet)

W

wart remover maximum strength (liquid)
weekly-d (capsule)
 WEIGH BOAT/PLASTIC/ANTI-STATIC
 (MISCELLANEOUS)
 WESTAB MAX (TABLET)
westab mini (tablet)
westab one (tablet)
white petrolatum (gel)
 WHITE PETROLATUM (OINTMENT)
white petroleum jelly (gel)
 WIBI (LOTION)
 WIDE-SEAL SILICONE DIAPHRAGM KIT 60
 (DIAPHRAGM)
 WIDE-SEAL SILICONE DIAPHRAGM KIT 65
 (DIAPHRAGM)
 WIDE-SEAL SILICONE DIAPHRAGM KIT 70
 (DIAPHRAGM)
 WIDE-SEAL SILICONE DIAPHRAGM KIT 75
 (DIAPHRAGM)
 WIDE-SEAL SILICONE DIAPHRAGM KIT 80
 (DIAPHRAGM)
 WIDE-SEAL SILICONE DIAPHRAGM KIT 85
 (DIAPHRAGM)
 WIDE-SEAL SILICONE DIAPHRAGM KIT 90
 (DIAPHRAGM)
 WIDE-SEAL SILICONE DIAPHRAGM KIT 95
 (DIAPHRAGM)

	X	ZIKS ARTHRITIS PAIN RELIEF (CREAM)
XERAC AC (SOLUTION)		<i>zinc chelated (tablet)</i>
	Z	ZINC CHLORIDE (SOLUTION)
Z-BUM (CREAM)		<i>zinc oxide (ointment)</i>
ZADITOR (SOLUTION)		<i>zinc sulfate (solution)</i>
ZEASORB (POWDER)		ZOLPAK (KIT)
ZEASORB-AF (POWDER)		ZOSTRIX HIGH POTENCY (CREAM)
ZICLOPRO (THERAPY PACK)		ZOSTRIX HIGH POTENCY FOOTPAIN RELIEF (CREAM)

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Alternative Covered Drugs

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

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

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

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

Bold type = Brand name drug Plain type = Generic drug



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

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

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Ready to Enroll

Plan Recap

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

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

Plan Information

The name of my new plan is: _____

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

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

My plan type: Requires referrals Does not require referrals

Includes a medical deductible, unless the state or another third party pays it for me

Does not include a medical deductible

My plan will provide: All Medicare health coverage All Medicare prescription drug coverage

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

Proposed effective date: - -

I can cancel my enrollment in this plan before my coverage starts by calling Customer Service. Once my coverage starts, I may have to wait until I have a valid election period to make a plan change.

I must live in the plan's service area, which is _____. If I move out of the plan's service area for more than 6 months in a row, I will need to choose a new plan.

I must (circle one) **have Medicaid / have a qualifying chronic condition / live in an institution or senior community** to enroll in and/or remain enrolled in this plan. If the plan cannot verify my status, I understand that I may not be eligible for this plan.

Circle the correct answer: I should / should not have a Medicare Advantage plan and a stand-alone Medicare Part D plan at the same time.

I have **opted / not opted** to access some plan documents electronically. I have **provided / not provided** my email address as another way for the plan to contact me with important information. I can update or change this anytime.

Premium Information

My plan has a \$ _____ monthly premium that I must pay to stay in this plan. If I qualify for Extra Help, my premium may be less. I must remain enrolled in Medicare Part A and Part B and must continue to pay my Medicare Part B premium, unless it's paid by the state or a third party. If I owe a Late Enrollment Penalty (LEP), it is not included in my premium. I will need to pay the LEP in addition to my premium each month.

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

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

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

Network Information

With my plan, I need to get my medical care and services from network providers. I may have to pay the full cost for any care I get from out-of-network providers. For my dental care, I can see providers in-network and out-of-network. **Yes** **No**

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

Provider Name	Provider Type (PCP/Specialist/Hospital)	Network (Yes/No)	Referral (Yes/No)
---------------	--------------------------------------------	---------------------	----------------------

Prescription Drug Coverage

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

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

Medication	Tier Level ¹	Has Limits ² (Yes/No)	Deductible (Yes/No)
------------	-------------------------	----------------------------------	---------------------



Contact your Licensed Sales Representative

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



**United
Healthcare
Dual Complete**

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

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Ready to Enroll

How to Enroll

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



By phone

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



Online

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



By mail

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



By fax

Fill out the Enrollment Request Form and fax it to:
Fax: 1-888-950-1169

Enrollment Request Form Checkpoints

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

Scope of Appointment Confirmation Form

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

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

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

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

Beneficiary or Authorized Representative Signature and Signature Date:

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

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

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

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

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

Beneficiary Address

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

Licensed Sales Representative Signature

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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.



2023 Enrollment Request Form

UnitedHealthcare Dual Complete® ONE Plus (HMO-POS D-SNP) H7464-007-000 - UT8

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

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

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

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

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

■ ■ ■ ■ - ■ ■ ■ ■ - ■ ■ ■ ■ ■ ■

Medicare Number

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

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

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

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

Email Address (Optional)

TEAR HERE

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

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

If yes, what is it?

Name of Other Insurance

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

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

Enrollee Name _____

Agent Name / ID No. _____

Ready to Enroll

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How do you want to pay?

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

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

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

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

Account Type Checking Savings

Account Holder Name: _____

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

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

A few questions to help us manage your plan

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

Please check what you'd like: Spanish Braille Other _____

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

2. Are you enrolled in your state Medicaid program? Yes No

If yes, please give us your Medicaid number: _____

3. Do you or your spouse work? Yes No

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

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

Yes No

Enrollee Name _____
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If yes, please complete the following:

Name of Health Insurance Company

Member Number

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

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

Provider or PCP Full Name

Provider/PCP Number:

12 empty boxes for entering the provider/PCP number.

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

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

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

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

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

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

Please read and sign

By completing this form, I agree to the following:

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

Enrollee Name _____
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Ready to Enroll

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as is necessary for treatment, payment, and health care operations. I also acknowledge that UnitedHealthcare will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes applicable to federal law that authorize the collection of this information (see Privacy Act Statement below).

- I give UnitedHealthcare permission to share my protected health information with organizations or person(s) for permissible purposes under applicable law as required to administer my health plan.
- I give consent for all entities under UnitedHealthcare and any outside vendor used by UnitedHealthcare to call the phone number(s) I have provided.
- The information on this form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form I will be disenrolled from the plan.
- My response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

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

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

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

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

***NOT A SALES AGENT**

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

Enrollee Name _____
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For licensed sales representative/agency use only

Employer Group Name

Employer Group ID <input type="text"/>	Branch ID <input type="text"/>
Licensed Sales Representative/Writing ID	Initial Receipt Date
Licensed Sales Representative/Agent Name	Proposed Effective Date

Agent must complete

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

Licensed Sales Representative Signature (Optional) _____ **Date:** _____

Please mail or fax this completed form to:

UnitedHealthcare
P.O. Box 30769
Salt Lake City, UT 84130-0769
Fax: 1-888-950-1169

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

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

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

OMB No. 0938-1378

Expires: 7/31/2023

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Ready to Enroll

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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

- ✓ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party. This premium is normally taken out of your Social Security check each month.
- ✓ Benefits may change on January 1 of each year.
- ✓ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care.
- ✓ This plan is a Dual Eligible Special Needs Plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

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2023 Enrollment Receipt

To be completed if enrolling with a Licensed Sales Representative.

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

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

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Applicant 1:

Name

Application Date

- -

Proposed Effective Date

- -

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

Applicant 2 (if applicable):

Name

Application Date

- -

Proposed Effective Date

- -

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

Call your Licensed Sales Representative if you have any questions:

Licensed Sales Representative Name and ID Number

Licensed Sales Representative Phone No.

□ □ □ □ - □ □ □ □ - □ □ □ □ □ □

RxBIN: 610097

Rx PCN: 9999

RxGRP: MPDCSP

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

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



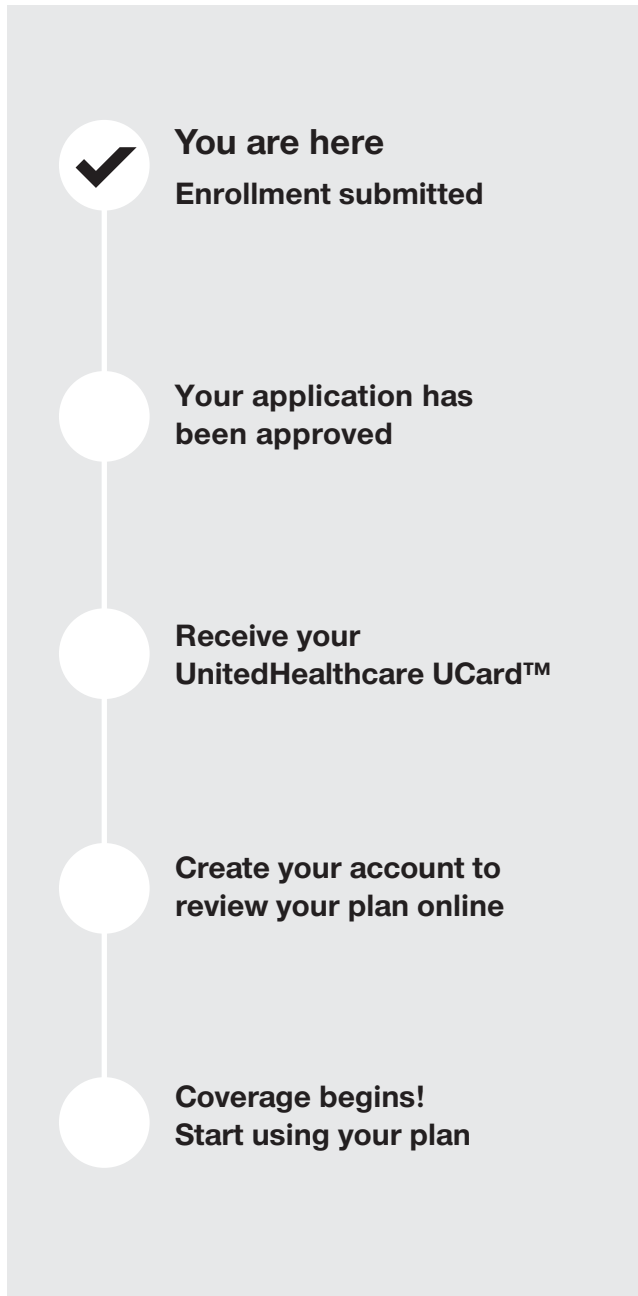
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Ready to Enroll

Take Advantage of What's Next

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



Manage your plan online

Once you receive your UnitedHealthcare UCard, you can create an account at myuhc.com/CommunityPlan. Online you can:

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



Once your coverage begins

- Schedule your annual wellness visit
- Get a yearly in-home visit with UnitedHealthcare® HouseCalls. Visit uhhousecalls.com to learn more
- Get a 3-month supply of your prescriptions using a home delivery pharmacy service



Thank you for choosing UnitedHealthcare

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

Vendor Information

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

Take advantage of your additional plan benefits by using the providers below or contacting UnitedHealthcare Customer Service: 1-844-368-7151, 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept.

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Benefit Type	Vendor Name	Contact Information
Hearing Aids	UnitedHealthcare Hearing	1-877-704-3384 UHChearing.com/Medicare
Routine Vision Services	MARCH® Vision Care	1-844-368-7151 myuhc.com/communityplan
Routine Dental Benefits	UnitedHealthcare Dental	1-844-368-7151 myuhc.com/CommunityPlan
Routine Acupuncture and Chiropractic Services	OptumHealth Care Solutions, LLC (Optum®)	1-866-785-1654
Prescription Drug Home Delivery	Optum Home Delivery, a service of OptumRx	1-877-889-6358 OptumRx.com
NurseLine	Nurseline	1-877-440-9407 myuhc.com/CommunityPlan
Transportation	ModivCare®	1-866-418-9812 mymodivcare.com
Food, over-the-counter (OTC) and utility bill credit	Solutran	1-833-853-8587 myuhc.com/communityplan/OTC
Personal Emergency Response System	Lifeline	1-855-596-7612 lifeline.com/UHCMedicare
Fitness Program	Renew Active®	1-844-368-7151 UHCRenewActive.com
Fitness Wearables	Fitbit®	1-844-534-8248 fitbit.com/global/us/store/UHC

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



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