Sutter Advantage HMO

ALIGNMENT HEALTH PLAN

2020 VISION HAS NEVER BEEN THIS CLEAR

Sacramento, Placer, Yolo, Santa Clara, Santa Cruz, San Mateo, Sonoma & San Francisco Counties

Alignment Health Plan Sutter Advantage (HMO)

2020 Vision has never been this clear.

Isn't it time to see your health plan in a new light?

Thank you for considering Alignment Health Plan Sutter Advantage (HMO) as your Medicare Advantage Plan.

We are excited to share with you health plan options that are affordable and that fit your specific needs.

We know that you have a lot of choices when it comes to selecting a health plan. It's an important choice that requires thought and consideration and at times a second opinion.

Alignment Health Plan's mission is to provide you with effective, coordinated and affordable care that you deserve.

We promise to make health care as convenient as possible by offering 24 hours a day, 7 days a week, 365 days a year access to concierge care.

The information in this book will help you explore the benefits of becoming an Alignment Health Plan member. We encourage you to review the Summary of Benefits as it provides detailed coverage information regarding the plan(s) we offer.

Should you have any questions or need further assistance with completing the enrollment form or choosing a doctor, give us a call. Let us give you a clear vision of your health plan, Alignment Health Plan.

We look forward to serving you now and many years to come.

Dawn Maroney President, Consumer Division

ALIGNMENT
HEALTH PLAN

We've Gone Green!

Alignment is glad to offer you all of your health plan materials electronically by simply emailing all of your plan materials to you rather than taking up space in your mailbox with printed materials! When you enroll, be sure to provide us with your email address and let us handle the rest!

If you change your mind along the way or if you decide there is specific material you would like in a printed format, just let us know by calling:

1-866-634-2247 (TTY 711)

8am – 8pm seven days a week (except Thanksgiving and Christmas) from October 1 to March 31 and 8am – 8pm Monday through Friday (except holidays) from April 1 through September 30.

By giving your email address, you agree to receive emails about benefits, health programs and other plan services. You may change your email preferences at any time by calling 1-866-634-2247 (TTY 711).

Coverage Areas

Where Is Sutter Advantage (HMO) available?

You must live in one of these areas to join the plan.

Sacramento, Placer & Yolo Counties
Sutter Advantage (HMO) 019

Santa Clara County
Sutter Advantage (HMO) 020

Santa Cruz County
Sutter Advantage (HMO) 021

Santa Mateo County
Sutter Advantage (HMO) 022

Sonoma County
Sutter Advantage (HMO) 023

San Francisco County
Sutter Advantage (HMO) 024

Understanding Medicare Enrollment Periods

There are different types of enrollment periods throughout the year when individuals may enroll or make changes to their Medicare plan.

Initial Enrollment Period (IEP)

The Initial Enrollment Period for Parts A and B is 7 months, starting 3 months before the month of your Medicare eligibility and ending 3 months after the month of eligibility. The month of eligibility is the month of your 65th birthday, if you become eligible for Medicare because you are turning 65 years old. Or, if you become eligible due to a disability, your month of eligibility is the 25th month of receiving Social Security Disability Insurance (SSDI).

Annual Election Period (AEP) October 15 through December 7

During this time, you can decide how you will receive your Medicare health coverage and enroll in, change or drop Medicare drug coverage.

Open Enrollment Period (OEP) January 1 - March 31

During this period if you have a Medicare Advantage plan you can leave your plan and return to Original Medicare or leave your current plan and enroll in a different Medicare Advantage (MAPD Plan).

Special Election Period (SEP)

Additionally, you can only change how you get your health coverage and enroll in, change or terminate your Part D drug coverage if you qualify for a Special Enrollment Period (SEP), once per calendar quarter during the first three quarters of the year (January – September).

Added Services and Benefits

The following benefits are included in your health plan:

- Health Club/Fitness Membership
- Over-the-Counter (OTC) $15 monthly limit
- Comprehensive and Preventive dental coverage
- Web/phone based health care

Alignment Health Plan - H3815

2019 Medicare Star Ratings*

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

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

Some of the areas Medicare reviews for these ratings include:

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

For 2020, Alignment Health Plan received the following **Overall Star Rating** from Medicare.

★★★★
4 stars

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

Health Plan Services: ★★★★ 4 stars

Drug Plan Services: ★★★★★ 5 stars

The number of stars shows how well our plan performs.

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

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 888-979-2247 (toll-free) or 711 (TTY), from October 1 to February 14. Our hours of operation from February 15 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Pacific time.

Current members please call 1-866-634-2247 (toll-free) or 711 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next. Alignment Health Plan is an HMO and an HMO SNP plan with a Medicare contract. Enrollment in Alignment Health Plan depends on contract renewal. Alignment Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Alignment Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-866-634-2247 (TTY 711): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-634-2247 (TTY 711). 注意：如果您使用繁體中文，您可以免費獲得 語言援助服務。請致電 1-866-634-2247 (TTY 711).

2020
BENEFIT CHART

Sacramento, Placer, Yolo & Sonoma Counties

ALIGNMENT HEALTH PLAN	SUTTER ADVANTAGE (HMO) 019 Sacramento, Placer & Yolo Counties	SUTTER ADVANTAGE (HMO) 023 Sonoma County
Plan Premium	$19	$48
Max. Out of Pocket	$4,900	$3,900
MEDICARE COVERED BENEFITS		
Inpatient Hospital	$150 copay days 1-5 $0 copay days 6-90 (unlimited days per admission)	
Skilled Nursing Facility	$0 copay days 1-20 $160 copay days 21-51 $0 copay days 52-100 (no prior hospital stay required)	
Doctor Visits	PCP $5 copay Specialist $25 copay	
Ground and Air Ambulance Services	$250 copay (waived if admitted)	
Emergency/Post-Stabilization Care	$90 copay (NOT waived if admitted)	
Urgently Needed Services	$0-10 copay (waived if admitted within 24hrs)	
Durable Medical Equipment	0% coinsurance for items $350 or less 20% coinsurance for items $350.01 or more	
Outpatient Diagnostic (Tests/Lab Services)	$0 copay	
Outpatient Radiology (X-Ray/Diagnostic/ Therapeutic)	$15 copay (X) $150 copay (D) 20% coinsurance (T)	

ALIGNMENT HEALTH PLAN	SUTTER ADVANTAGE (HMO) 019 Sacramento, Placer & Yolo Counties	SUTTER ADVANTAGE (HMO) 023 Sonoma County
PRESCRIPTION DRUG BENEFITS (30 day Preferred Retail supply)		
$ **Initial Coverage Limit**	$4,020	
D **Part D Deductible**	$0	
G **Gap Coverage**	Tier 6: All Drugs	
T1 **Preferred Generic Drugs**	$0 copay	
T2 **Generic Drugs**	$5 copay	
T3 **Preferred Brand Drugs**	$40 copay	
T4 **Non-Preferred Brand Drugs**	$100 copay	
T5 **Specialty Drugs**	33% coinsurance	
T6 **Select Care Drugs**	$5 copay	
ADDED BENEFITS - MORE THAN ORIGINAL MEDICARE!		
Hearing Services	$0 copay for Medicare covered benefits $0 copay for exam/fitting/evaluation 1 per year	
Dental Services	$0 copay for 1 exam and 1 cleaning every six months See Summary of Benefits for Coverage Details	
Vision Services	$0 copay for 1 routine eye exam every year	
Eyewear	$0 copay for glasses/contacts every two years $150 coverage limit every two years	
Fitness	$0 copay	
AHC Black Card (24/7 Concierge Care; Telehealth; OTC)	$0 copay	
Over-The-Counter (OTC)	$0 copay for $15 monthly allowance	

ALIGNMENT
HEALTH PLAN

2020
BENEFIT CHART

San Francisco, San Mateo, Santa Clara & Santa Cruz Counties

ALIGNMENT HEALTH PLAN	SUTTER ADVANTAGE (HMO) 024 San Francisco County	SUTTER ADVANTAGE (HMO) 022 San Mateo County	SUTTER ADVANTAGE (HMO) 020 Santa Clara County	SUTTER ADVANTAGE (HMO) 021 Santa Cruz County
Plan Premium	$44	$46	$49	$59
Max. Out of Pocket	$3,900		$4,900	
MEDICARE COVERED BENEFITS				
Inpatient Hospital	$225 copay days 1-5 $0 copay days 6-90 (unlimited days per admission)			
Skilled Nursing Facility	$0 copay days 1-20 $160 copay days 21-51 $0 copay days 52-100 (no prior hospital stay required)	$0 copay days 1-20 $160 copay days 21-62 $0 copay days 63-100 (no prior hospital stay required)	$0 copay days 1-20 $160 copay days 21-57 $0 copay days 58-100 (no prior hospital stay required)	$0 copay days 1-20 $160 copay days 21-62 $0 copay days 63-100 (no prior hospital stay required)
Doctor Visits	PCP $5 copay Specialist $20 copay	PCP $5 copay Specialist $25 copay	PCP $5 copay Specialist $20 copay	
Ground and Air Ambulance Services	$250 copay (waived if admitted)			
Emergency/Post-Stabilization Care	$90 copay (NOT waived if admitted)			
Urgently Needed Services	$0-10 copay (waived if admitted within 24hrs)			

ALIGNMENT HEALTH PLAN	SUTTER ADVANTAGE (HMO) 024 San Francisco County	SUTTER ADVANTAGE (HMO) 022 San Mateo County	SUTTER ADVANTAGE (HMO) 020 Santa Clara County	SUTTER ADVANTAGE (HMO) 021 Santa Cruz County
Durable Medical Equipment	0% coinsurance for items $350 or less 20% coinsurance for items $350.01 or more			
Outpatient Diagnostic (Tests/Lab Services)	$0 copay			
Outpatient Radiology (X-Ray/Diagnostic/ Therapeutic)	$15 copay (X) $150 copay (D) 20% coinsurance (T)			
PRESCRIPTION DRUG BENEFITS (30 day Preferred Retail supply)				
Initial Coverage Limit	$4,020			
Part D Deductible	$0			
Gap Coverage	Tier 6: All Drugs			
Preferred Generic Drugs	$0 copay			
Generic Drugs	$5 copay			
Preferred Brand Drugs	$40 copay			
Non-Preferred Brand Drugs	$100 copay			
Specialty Drugs	33% coinsurance			
Select Care Drugs	$5 copay			
ADDED BENEFITS - MORE THAN ORIGINAL MEDICARE!				
Hearing Services	$0 copay for Medicare covered benefits $0 copay for exam/fitting/evaluation 1 per year			
Dental Services	$0 copay 1 cleaning and 1 exam every six months See Summary of Benefits for Coverage Details			

ALIGNMENT HEALTH PLAN	SUTTER ADVANTAGE (HMO) 024 San Francisco County	SUTTER ADVANTAGE (HMO) 022 San Mateo County	SUTTER ADVANTAGE (HMO) 020 Santa Clara County	SUTTER ADVANTAGE (HMO) 021 Santa Cruz County
Vision Services	$0 copay for 1 routine eye exam every year			
Eyewear	$0 copay for glasses/contacts every two years $150 coverage limit every two years			
Fitness	$0 copay			
AHC Black Card (24/7 Concierge Care; Telehealth; OTC)	$0 copay			
Over-The-Counter (OTC)	$0 copay for $15 monthly allowance			

ALIGNMENT HEALTH PLAN

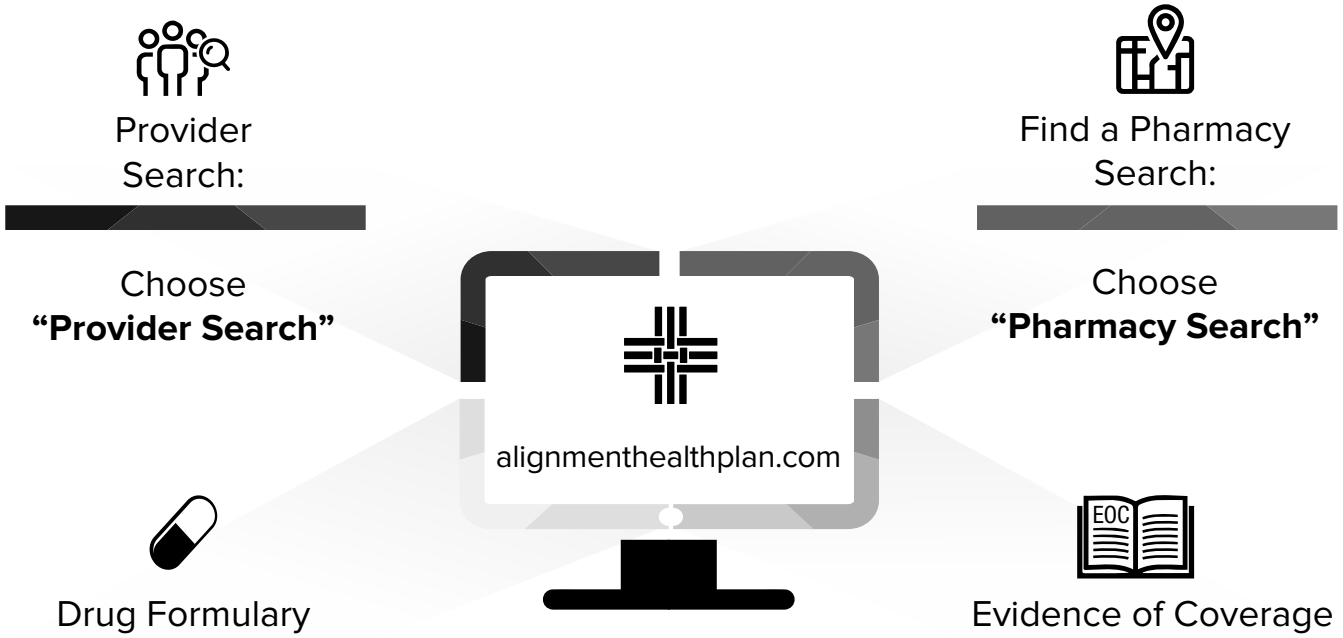
Alignment Health Plan is an HMO, PPO and an HMO SNP plan with a Medicare contract. Enrollment in Alignment Health Plan depends on contract renewal. Alignment Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-877-399-2247 (TTY 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-399-2247 (TTY 711). Y0141_20044EN_M

ONLINE MATERIALS

Materials Available On-Line!

When you visit the Alignment Health Plan (HMO) website you have access to a complete listing of Alignment Health Plan (HMO) Providers, Pharmacies, Formulary (list of medications) and your Evidence of Coverage.

To search for these items, Go to: **alignmenthealthplan.com**



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The Access Black Card!

A DOCTOR
by phone or video chat
on your smartphone

YOUR BENEFITS

YOUR OWN CONCIERGE TEAM

You will find your On-Demand Concierge services contact information located on the back of your Access Black Card.

When you enroll in one of the plans offered by Alignment Health Plan (HMO) you will receive the Access Black Card!

The Access Black Card gives you 24 hours a day, 7 days a week concierge service. It also gives you access to speak with a doctor, day or night. With the Access Black Card, you will receive help coordinating transportation to and from your appointments and information about your benefits and prescriptions. When you participate in select wellness activities and prevention screenings, like getting a flu shot, mammogram or diabetic eye exam, rewards will be loaded right onto your Access Black Card!*

For more information, visit **www.alignmenthealthplan.com/access** or call your Concierge Team at

1-833-AHC-ACCESS, (1-833-242-2223) TTY: 711. 24 hours a day, 7 days a week.

*May vary by plan. Alignment Health Plan is an HMO, PPO and an HMO SNP plan with a Medicare contract. Enrollment in Alignment Health Plan depends on contract renewal. Alignment Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-877-399-2247 (TTY 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-399-2247 (TTY 711).

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2020 Summary of Benefits

This is a summary of drug and health services covered by **Sutter Advantage (HMO) 019** and **Sutter Advantage (HMO) 023** for January 1, 2020 - December 31, 2020.

Sutter Advantage (HMO) plans are Medicare Advantage HMO plans with a Medicare contract. Enrollment in the plans depend on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage."

To join **Sutter Advantage (HMO) 019** or **023**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in the plans service area. The service area for **Sutter Advantage (HMO) 019** is Sacramento, Placer, and Yolo Counties. The service area for **Sutter Advantage (HMO) 023** is Sonoma County.

If you use the providers that are not in our network, we may not pay for these services. For 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). TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille, large print or audio. For more information, please call us at 1-866-634-2247 (TTY users should call 711), October 1 – March 31: Seven days a week, from 8:00 a.m. to 8:00 p.m. except for Thanksgiving and Christmas Day. April 1 – September 30: Monday through Friday, (except holidays) from 8:00 a.m. to 8:00 p.m. or visit us at alignmenthealthplan.com.

Premiums and Benefits	**Sutter Advantage (HMO) 019** Sacramento, Placer & Yolo Counties	**Sutter Advantage (HMO) 023** Sonoma County
Monthly Plan Premium • Part C & Part D	 $19	 $48
Deductible	$0	$0
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	$4,900 Includes copays and other costs for medical services for the year	$3,900 Includes copays and other costs for medical services for the year
Inpatient Hospital[1,2]	$150 copay per day, days 1-5 $0 copay per day, days 6-90 (unlimited days per admission)	$150 copay per day, days 1-5 $0 copay per day, days 6-90 (unlimited days per admission)
Outpatient • Hospital Services • Observation Services	 $195 copay $0 copay	 $195 copay $0 copay
Ambulatory Surgical Center	$0 copay	$0 copay
Doctor Visits • Primary • Specialists[1,2]	 $5 copay $25 copay	 $5 copay $25 copay
Preventive Care	$0 copay	$0 copay
Emergency Care/ Post-Stabilization Care	$90 copay (NOT waived if admitted)	$90 copay (NOT waived if admitted)
Urgently Needed Services	$0-10 copay (waived if admitted within 24hrs)	$0-10 copay (waived if admitted within 24hrs)
Outpatient Diagnostic[1,2] • Procedures, tests, lab services • X-Ray/Diagnostic • Therapeutic radiology services (such as radiation treatment for cancer)	 $0 copay $15 copay (X) / $150 copay (D) 20% coinsurance (T)	 $0 copay $15 copay (X) / $150 copay (D) 20% coinsurance (T)
Hearing Services[1,2] • Routine hearing exam • Hearing aid	 $0 copay for exam/fitting/ evaluation (1 per year) Not covered	 $0 copay for exam/fitting/ evaluation (1 per year) Not covered
Dental Services[1,2] • Oral exam & cleaning • Fluoride treatment • X-ray	 $0 copay (1 every six months) $0-20 copay (1 every six months) $0-30 copay (1 every three years)	 $0 copay (1 every six months) $0-20 copay (1 every six months) $0-30 copay (1 every three years)
Vision Services • Routine exam • Eyewear coverage limit	 $0 copay (1 per year) $0 copay for glasses/contacts (every two years) $150 plan coverage limit (every two years)	 $0 copay (1 per year) $0 copay for glasses/contacts (every two years) $150 plan coverage limit (every two years)

Premiums and Benefits	**Sutter Advantage (HMO) 019** Sacramento, Placer & Yolo Counties	**Sutter Advantage (HMO) 023** Sonoma County
Mental Health Services[1,2] • Outpatient group therapy/ individual therapy visit	$0 copay	$0 copay
Skilled Nursing Facility[1,2]	$0 copay per day, days 1-20 $160 copay per day, days 21-51 $0 copay per day, days 52-100 (no prior hospital stay required)	$0 copay per day, days 1-20 $160 copay per day, days 21-51 $0 copay per day, days 52-100 (no prior hospital stay required)
Physical Therapy[1]	$0 copay	$0 copay
Ground and Air Ambulance Services[1]	$250 copay (waived if admitted)	$250 copay (waived if admitted)
Transportation	Not covered	Not covered
Medicare Part B Drugs	20% coinsurance	20% coinsurance

Outpatient Prescription Drugs	Copays apply to both **Sutter Advantage (HMO) 019** and **Sutter Advantage (HMO) 023** Sacramento, Placer, Yolo & Sonoma Counties		
Part D Deductible	$0		
Initial Coverage Limit	$4,020		
Part D Out of Pocket Threshold	$6,350		
	Preferred Retail 30-day supply	**Non-Preferred Retail 30-day supply**	**Mail Order 100-day supply**
Initial Coverage • Tier 1: Preferred Generic • Tier 2: Generic • Tier 3: Preferred Brand • Tier 4: Non-Preferred Brand • Tier 5: Specialty Tier • Tier 6: Select Care	 $0 copay $5 copay $40 copay $100 copay 33% coinsurance $5 copay	 $7 copay $12 copay $47 copay $100 copay 33% coinsurance $5 copay	 $0 copay $15 copay $120 copay $300 copay N/A $0 copay
Gap Coverage • Tier 6: All Drugs	Cost-Sharing may change depending on the pharmacy you choose and when you enter another of the four phases of the Part D benefit. If you reside in a long-term care facility, you pay the same as at a preferred retail pharmacy for a 31-day supply.		

NOTE:
Services with a 1 may require prior authorization.
Services with a 2 may require a referral from your doctor
Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

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2020 Summary of Benefits

This is a summary of drug and health services covered by **Sutter Advantage (HMO) 020** and **Sutter Advantage (HMO) 021** for January 1, 2020 - December 31, 2020.

Sutter Advantage (HMO) plans are Medicare Advantage HMO plans with a Medicare contract. Enrollment in the plans depend on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage."

To join **Sutter Advantage (HMO) 020** or **Sutter Advantage (HMO) 021**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in the plans service area. The service area for **Sutter Advantage (HMO) 020** is Santa Calra County. The service area for **Sutter Advantage (HMO) 021** is Santa Cruz County.

If you use the providers that are not in our network, we may not pay for these services. For 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). TTY users should call 1-877-486-2048.

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Premiums and Benefits	**Sutter Advantage (HMO) 020** Santa Clara County	**Sutter Advantage (HMO) 021** Santa Cruz County
Monthly Plan Premium • Part C & Part D	 $49	 $59
Deductible	$0	$0
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	$4,900	$4,900
Inpatient Hospital[1,2]	$225 copay per day, days 1-5 $0 copay per day, days 6-90 (unlimited days per admission)	$225 copay per day, days 1-5 $0 copay per day, days 6-90 (unlimited days per admission)
Outpatient • Hospital Services • Observation Services	 $325 copay $0 copay	 $325 copay $0 copay
Ambulatory Surgical Center	$0 copay	$0 copay
Doctor Visits • Primary • Specialists[1,2]	 $5 copay $20 copay	 $5 copay $20 copay
Preventive Care	$0 copay	$0 copay
Emergency Care/ Post-Stabilization Care	$90 copay (NOT waived if admitted)	$90 copay (NOT waived if admitted)
Urgently Needed Services	$0-10 copay (waived if admitted within 24hrs)	$0-10 copay (waived if admitted within 24hrs)
Outpatient Diagnostic[1,2] • Procedures, tests, lab services • X-Ray/Diagnostic • Therapeutic radiology services (such as radiation treatment for cancer)	 $0 copay $15 copay (X) / $150 copay (D) 20% coinsurance (T)	 $0 copay $15 copay (X) / $150 copay (D) 20% coinsurance (T)
Hearing Services[1,2] • Routine hearing exam • Hearing aid	 $0 copay for exam/fitting/ evaluation (1 per year) Not covered	 $0 copay for exam/fitting/ evaluation (1 per year) Not covered
Dental Services[1,2] • Oral exam & cleaning • Fluoride treatment • X-ray	 $0 copay (1 every six months) $0-20 copay (1 every six months) $0-30 copay (1 every three years)	 $0 copay (1 every six months) $0-20 copay (1 every six months) $0-30 copay (1 every three years)
Vision Services • Routine exam • Eyewear coverage limit	 $0 copay (1 per year) $0 copay for glasses/contacts (every two years) $150 plan coverage limit (every two years)	 $0 copay (1 per year) $0 copay for glasses/contacts (every two years) $150 plan coverage limit (every two years)

Premiums and Benefits	**Sutter Advantage (HMO) 020** Santa Clara County	**Sutter Advantage (HMO) 021** Santa Cruz County
Mental Health Services[1,2] • Outpatient group therapy/ individual therapy visit	$0 copay	$0 copay
Skilled Nursing Facility[1,2]	$0 copay per day, days 1-20 $160 copay per day, days 21-57 $0 copay per day, days 58-100 (no prior hospital stay required)	$0 copay per day, days 1-20 $160 copay per day, days 21-62 $0 copay per day, days 63-100 (no prior hospital stay required)
Physical Therapy[1]	$0 copay	$0 copay
Ground and Air Ambulance Services[1]	$250 copay (waived if admitted)	$250 copay (waived if admitted)
Transportation	Not covered	Not covered
Medicare Part B Drugs	20% coinsurance	20% coinsurance

Outpatient Prescription Drugs	Copays apply to both **Sutter Advantage (HMO) 020** and **Sutter Advantage (HMO) 021** Santa Clara & Santa Cruz Counties		
Part D Deductible	$0		
Initial Coverage Limit	$4,020		
Part D Out of Pocket Threshold	$6,350		
	Preferred Retail 30-day supply	**Non-Preferred Retail 30-day supply**	**Mail Order 100-day supply**
Initial Coverage • Tier 1: Preferred Generic • Tier 2: Generic • Tier 3: Preferred Brand • Tier 4: Non-Preferred Brand • Tier 5: Specialty Tier • Tier 6: Select Care	 $0 copay $5 copay $40 copay $100 copay 33% coinsurance $5 copay	 $7 copay $12 copay $47 copay $100 copay 33% coinsurance $5 copay	 $0 copay $15 copay $120 copay $300 copay N/A $0 copay
Gap Coverage • Tier 6: All Drugs	Cost-Sharing may change depending on the pharmacy you choose and when you enter another of the four phases of the Part D benefit. If you reside in a long-term care facility, you pay the same as at a preferred retail pharmacy for a 31-day supply.		

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Services with a 1 may require prior authorization.
Services with a 2 may require a referral from your doctor
Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Alignment Health Plan is an HMO, PPO and an HMO SNP plan with a Medicare contract. Enrollment in Alignment Health Plan depends on contract renewal. Alignment Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-877-399-2247 (TTY 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-399-2247 (TTY 711). Y0141_20066EN_M

2020 Summary of Benefits

This is a summary of drug and health services covered by **Sutter Advantage (HMO) 022** and **Sutter Advantage (HMO) 024** for January 1, 2020 - December 31, 2020.

Sutter Advantage (HMO) plans are Medicare Advantage HMO plans with a Medicare contract. Enrollment in the plans depend on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage."

To join **Sutter Advantage (HMO) 022** or **Sutter Advantage (HMO) 024**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in the plans service area. The service area for **Sutter Advantage (HMO) 022** is San Mateo County. The service area for **Sutter Advantage (HMO) 024** is San Francisco County.

If you use the providers that are not in our network, we may not pay for these services. For 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). TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille, large print or audio. For more information, please call us at 1-866-634-2247 (TTY users should call 711), October 1 – March 31: Seven days a week, from 8:00 a.m. to 8:00 p.m. except for Thanksgiving and Christmas Day. April 1 – September 30: Monday through Friday, (except holidays) from 8:00 a.m. to 8:00 p.m. or visit us at alignmenthealthplan.com.

Premiums and Benefits	**Sutter Advantage (HMO) 022** San Mateo County	**Sutter Advantage (HMO) 024** San Francisco County
Monthly Plan Premium • Part C & Part D	$46	$44
Deductible	$0	$0
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	$3,900	$3,900
Inpatient Hospital[1,2]	$225 copay per day, days 1-5 $0 copay per day, days 6-90 (unlimited days per admission)	$225 copay per day, days 1-5 $0 copay per day, days 6-90 (unlimited days per admission)
Outpatient • Hospital Services • Observation Services	$250 copay $0 copay	$195 copay $0 copay
Ambulatory Surgical Center	$0 copay	$0 copay
Doctor Visits • Primary • Specialists[1,2]	$5 copay $25 copay	$5 copay $20 copay
Preventive Care	$0 copay	$0 copay
Emergency Care/ Post-Stabilization Care	$90 copay (NOT waived if admitted)	$90 copay (NOT waived if admitted)
Urgently Needed Services	$0-10 copay (waived if admitted within 24hrs)	$0-10 copay (waived if admitted within 24hrs)
Outpatient Diagnostic[1,2] • Procedures, tests, lab services • X-Ray/Diagnostic • Therapeutic radiology services (such as radiation treatment for cancer)	$0 copay $15 copay (X) / $150 copay (D) 20% coinsurance (T)	$0 copay $15 copay (X) / $150 copay (D) 20% coinsurance (T)
Hearing Services[1,2] • Routine hearing exam • Hearing aid	$0 copay for exam/fitting/ evaluation (1 per year) Not covered	$0 copay for exam/fitting/ evaluation (1 per year) Not covered
Dental Services[1,2] • Oral exam & cleaning • Fluoride treatment • X-ray	$0 copay (1 every six months) $0-20 copay (1 every six months) $0-30 copay (1 every three years)	$0 copay (1 every six months) $0-20 copay (1 every six months) $0-30 copay (1 every three years)
Vision Services • Routine exam • Eyewear coverage limit	$0 copay (1 per year) $0 copay for glasses/contacts (every two years) $150 plan coverage limit (every two years)	$0 copay (1 per year) $0 copay for glasses/contacts (every two years) $150 plan coverage limit (every two years)

Premiums and Benefits	**Sutter Advantage (HMO) 022** San Mateo County	**Sutter Advantage (HMO) 024** San Francisco County
Mental Health Services[1,2] • Outpatient group therapy/ individual therapy visit	$0 copay	$0 copay
Skilled Nursing Facility[1,2]	$0 copay per day, days 1-20 $160 copay per day, days 21-62 $0 copay per day, days 63-100 (no prior hospital stay required)	$0 copay per day, days 1-20 $160 copay per day, days 21-51 $0 copay per day, days 52-100 (no prior hospital stay required)
Physical Therapy[1]	$0 copay	$0 copay
Ground and Air Ambulance Services[1]	$250 copay (waived if admitted)	$250 copay (waived if admitted)
Transportation	Not covered	Not covered
Medicare Part B Drugs	20% coinsurance	20% coinsurance

Outpatient Prescription Drugs	Copays apply to both **Sutter Advantage (HMO) 022** and **Sutter Advantage (HMO) 024** San Mateo & San Francisco Counties		
Part D Deductible	$0		
Initial Coverage Limit	$4,020		
Part D Out of Pocket Threshold	$6,350		
	Preferred Retail 30-day supply	**Non-Preferred Retail 30-day supply**	**Mail Order 100-day supply**
Initial Coverage • Tier 1: Preferred Generic • Tier 2: Generic • Tier 3: Preferred Brand • Tier 4: Non-Preferred Brand • Tier 5: Specialty Tier • Tier 6: Select Care	 $0 copay $5 copay $40 copay $100 copay 33% coinsurance $5 copay	 $7 copay $12 copay $47 copay $100 copay 33% coinsurance $5 copay	 $0 copay $15 copay $120 copay $300 copay N/A $0 copay
Gap Coverage • Tier 6: All Drugs	Cost-Sharing may change depending on the pharmacy you choose and when you enter another of the four phases of the Part D benefit. If you reside in a long-term care facility, you pay the same as at a preferred retail pharmacy for a 31-day supply.		

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Services with a 1 may require prior authorization.
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Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

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Understanding the Benefits & Rules

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:

1-888-979-2247 (TTY USERS CALL 711)
8am-8pm, seven days a week (except Thanksgiving and Christmas) from October 1 to March 31 and 8am-8pm Monday through Friday (except holidays) from April 1 through September 30.

Understanding the Benefits	
☐	Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit **alignmenthealthplan.com** or call **1-866-634-2247** to view a copy of the EOC.
☐	Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
☐	Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules	
☐	In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
☐	Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021.
☐	Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

2020

ALTERNATIVE COVERED DRUGS

ALIGNMENT
HEALTH PLAN

ALTERNATIVE COVERED DRUGS

Alignment Health Plan covers over 30,000 drugs on our formulary. If a member is currently on a drug that is not covered, there are alternative drugs on our formulary that the member could try. This is a partial list of drugs that are not covered by the plan along with alternative drugs that are covered. Members can talk to their doctor to see if the formulary alternatives listed below are appropriate.

DRUG(S) NOT COVERED ON THE FORMULARY	DRUG(S) COVERED ON THE FORMULARY	TIER (RESTRICTIONS)
Benicar	Olmesartan	6 (QL)
Bystolic	Atenolol Metoprolol (tartrate or succinate)	1 1
Colesevelam	Cholestyramine or cholestyramine light Colestipol	2 2
Crestor	Atorvastatin Rosuvastatin	6 (QL) 6 (QL)
Dexilant	Omeprazole cap Pantoprazole tab	1 (QL) 1 (QL)
Eucrisa	Pimecrolimus Tacrolimus ointment	4 (PA) 3 (PA)
Farxiga	Invokana Jardiance	3 (QL) 3 (QL)
Horizant	Gabapentin cap Pregabalin	1 (QL) 3 (QL)
Lotemax	Dexamethasone sodium phosphate ophthalmic solution Fluorometholone ophthalmic suspension Prednisolone acetate ophthalmic suspension	3 2 3
Movantik	Amitiza Lactulose	3 (PA) 2
Neupro	Pramipexole (immediate release) Ropinirole (immediate release)	1 2
Novolin R vial	Humulin R vial	1 (QL)
Novolin N vial	Humulin N vial	1 (QL)
Novolin 70/30 Flexpen or vial	Humulin 70/30 vial Humulin 70/30 Pen	1 (QL) 3 (QL)
Novolog FlexPen, cartridge, or vial	Humulin R vial Humalog R Pen	1 (QL) 3 (QL)
Novolog Mix 70/30 FlexPen or vial	Humulin 70/30 vial Humalog 50/50 Pen or vial Humalog 75/25 Pen or vial	1 (QL) 3 (QL) 3 (QL)
Praluent	Repatha	3 (PA, QL)
Proventil HFA or Albuterol sulfate HFA	ProAir Ventolin HFA	3 (QL) 3 (QL)
Xiidra	Restasis	3 (PA, QL)
Zetia	Ezetimibe	2 (QL)
Test Strips & Meters: Contour, OneTouch, Accu-Check, TrueMetrix, other brands	Freestyle Test Strips & Meters	Part B – Zero Copay

2020

BONUS DRUG LIST

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HEALTH PLAN

BONUS DRUG LIST

(SUPPLEMENTAL NON-PART D ELIGIBLE DRUG LIST)

Alignment Health Plan offers a Supplemental Non-Part D Eligible Drug List, also known as a Bonus Drug List, to provide additional coverage to your Part D benefit. The Bonus Drug List includes certain prescription drugs that are not normally covered in a Medicare Prescription Drug Plan. The amount you will pay will be determined by the drug tier. If you receive Extra Help from Medicare to pay for your prescriptions, you will not get extra help to pay for these drugs.

The amount you pay when you fill a prescription for these drugs does not count toward your deductible or "total drug costs" (your payments plus any Part D plan's payments that help you qualify for catastrophic coverage). In addition, tiering exceptions do not apply to these drugs. Drugs available over-the-counter are not covered. Limitations and restrictions may apply. The Bonus Drug List is subject to change at any time.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Cough and Cold		
benzonatate cap 100 mg	4	
benzonatate cap 150 mg	4	
benzonatate cap 200 mg	4	
promethazine w/ codeine syrup 6.25-10 mg/5ml	4	
promethazine-dm syrup 6.25-15 mg/5ml	4	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	4	
Prescription Vitamins		
cyanocobalamin inj 1000 mcg/ml	4	
ergocalciferol cap 50000 unit	2	
folic acid tab 1mg	2	
Sexual Dysfunction		
sildenafil citrate tab 25 mg (Generic for Viagra)	2	QL (6 tablets/30 days)
sildenafil citrate tab 50 mg (Generic for Viagra)	2	QL (6 tablets/30 days)
sildenafil citrate tab 100 mg (Generic for Viagra)	2	QL (6 tablets/30 days)
Weight Loss		
phentermine hcl cap 15 mg	4	
phentermine hcl cap 30 mg	4	
phentermine hcl cap 37.5 mg	4	
phentermine hcl tab 37.5 mg	4	

2020

DRUG LIST

ALIGNMENT
HEALTH PLAN

COVERED DRUGS

A

abaca/lamivu tab 600-300, T4, QL
abacav/lamiv tab /zidovud, T5, QL
abacavir sol 20mg/ml, T3, QL
abacavir tab 300mg, T3, QL
abiraterone tab 250mg, T5, PA, QL
ABSTRAL SUB 100MCG, T5, PA, QL
ABSTRAL SUB 200MCG, T5, PA, QL
ABSTRAL SUB 300MCG, T5, PA, QL
ABSTRAL SUB 400MCG, T5, PA, QL
ABSTRAL SUB 600MCG, T5, PA, QL
ABSTRAL SUB 800MCG, T5, PA, QL
acampro cal tab 333mg, T3
acarbose tab 100mg, T2, QL
acarbose tab 25mg, T2, QL
acarbose tab 50mg, T2, QL
acebutolol cap 200mg, T2
acebutolol cap 400mg, T2
acetazolamid cap 500mg er, T3
acetazolamid tab 125mg, T2
acetazolamid tab 250mg, T2
acetic acid sol 2% otic, T2
acetylcyst sol 10%, T3, PA
acetylcyst sol 20%, T2, PA
acitretin cap 10mg, T4
acitretin cap 17.5mg, T5
acitretin cap 25mg, T3
ACTHAR INJ 80UNIT, T5, PA
ACTHIB INJ, T3
ACTIMMUNE INJ 2MU/0.5, T5, PA
acyclovir cap 200mg, T2
acyclovir na inj 50mg/ml, T3, PA
acyclovir oin 5%, T4, PA
acyclovir sus 200/5ml, T3
acyclovir tab 400mg, T2
acyclovir tab 800mg, T2
ADACEL INJ, T3
adefov dipiv tab 10mg, T5
ADEMPAS TAB 0.5MG, T5, PA, QL
ADEMPAS TAB 1.5MG, T5, PA, QL
ADEMPAS TAB 1MG, T5, PA, QL
ADEMPAS TAB 2.5MG, T5, PA, QL
ADEMPAS TAB 2MG, T5, PA, QL
ADVAIR DISKU AER 100/50, T3, QL
ADVAIR DISKU AER 250/50, T3, QL
ADVAIR DISKU AER 500/50, T3, QL
ADVAIR HFA AER 115/21, T3, QL
ADVAIR HFA AER 230/21, T3, QL
ADVAIR HFA AER 45/21, T3, QL
AFINITOR DIS TAB 2MG, T5, PA, QL
AFINITOR DIS TAB 3MG, T5, PA, QL
AFINITOR DIS TAB 5MG, T5, PA, QL
AFINITOR TAB 10MG, T5, PA, QL
AFINITOR TAB 2.5MG, T5, PA, QL
AFINITOR TAB 5MG, T5, PA, QL
AFINITOR TAB 7.5MG, T5, PA, QL
ala-cort cre 1%, T2, QL
ala-cort cre 2.5%, T2, QL
albendazole tab 200mg, T5
albuterol neb 0.083%, T2, PA
albuterol neb 0.5%, T2, PA
albuterol neb 0.63mg/3, T2, PA
albuterol neb 1.25mg/3, T2, PA
albuterol syp 2mg/5ml, T1
albuterol tab 2mg, T4
albuterol tab 4mg, T4
ALBUTEROL TAB 4MG ER, T3
ALBUTEROL TAB 8MG ER, T3
alclometason cre 0.05%, T2, QL
alclometason oin 0.05%, T2, QL
ALCOHOL PREP PAD, T2
ALECENSA CAP 150MG, T5, PA, QL
alendronate tab 10mg, T1, QL
alendronate tab 35mg, T1, QL
alendronate tab 5mg, T1, QL
alendronate tab 70mg, T1, QL
alfuzosin tab 10mg er, T1, QL
ALINIA SUS 100/5ML, T5
ALINIA TAB 500MG, T5
aliskiren tab 150mg, T3, QL
aliskiren tab 300mg, T3, QL
allopurinol tab 100mg, T1
allopurinol tab 300mg, T1
alosetron tab 0.5mg, T5, PA, QL
alosetron tab 1mg, T5, PA, QL
ALPHAGAN P SOL 0.1%, T3
alprazolam tab 0.25mg, T1, QL
alprazolam tab 0.5mg, T1, QL
alprazolam tab 1mg, T1, QL
alprazolam tab 2mg, T1, QL
altavera tab, T2
ALUNBRIG PAK, T5, PA, QL
ALUNBRIG TAB 180MG, T5, PA, QL
ALUNBRIG TAB 30MG, T5, PA, QL
ALUNBRIG TAB 90MG, T5, PA, QL
alyacen tab 1/35, T2
alyq tab 20mg, T5, PA, QL
amabelz tab 0.5-0.1, T3
amabelz tab 1-0.5mg, T3
amantadine cap 100mg, T2
amantadine syp 50mg/5ml, T2
amantadine tab 100mg, T2
AMBISOME INJ 50MG, T5, PA
ambrisentan tab 10mg, T5, PA, QL
ambrisentan tab 5mg, T5, PA, QL
amethia lo tab, T2
amethia tab, T2

ACRONYM GUIDE:

PA= Prior Authorization
QL= Quantity Limits
ST= Step Therapy
T1= Preferred Generic Drugs
T2= Generic Drugs
T3= Preferred Brand Drugs
T4= Non-Preferred Brand Drugs
T5= Specialty Drugs
T6= Select Care Drugs

Drug coverage varies by dosage form/strength. While a drug may appear on the covered drug list, the particular dosage form/strength may not meet the coverage requirements. Please refer to the Comprehensive Formulary for detailed coverage information. Most generic drugs are listed in lower case lettering. Most brand drugs are found in all caps. Tier 6 medications are available at $0 copay for a 90-100 day supply at all network pharmacies. Pharmacy Benefits are subject to change.

amikacin inj 500/2ml, T3
amilor/hctz tab 5-50, T2
amiloride tab 5mg, T2
amiodarone tab 200mg, T1
amiodarone tab 400mg, T3
AMITIZA CAP 24MCG, T3, PA
AMITIZA CAP 8MCG, T3, PA
amitriptylin tab 100mg, T2
amitriptylin tab 10mg, T2
amitriptylin tab 150mg, T2
amitriptylin tab 25mg, T2
amitriptylin tab 50mg, T2
amitriptylin tab 75mg, T2
amlod/atorva tab 10-10mg, T6
amlod/atorva tab 10-20mg, T6
amlod/atorva tab 10-40mg, T6
amlod/atorva tab 10-80mg, T6
amlod/atorva tab 2.5-10mg, T6
amlod/atorva tab 2.5-20mg, T6
amlod/atorva tab 2.5-40mg, T6
amlod/atorva tab 5-10mg, T6
amlod/atorva tab 5-20mg, T6
amlod/atorva tab 5-40mg, T6
amlod/atorva tab 5-80mg, T6
amlod/benazp cap 10-20mg, T6
amlod/benazp cap 10-40mg, T6
amlod/benazp cap 2.5-10mg, T6
amlod/benazp cap 5-10mg, T6
amlod/benazp cap 5-20mg, T6
amlod/benazp cap 5-40mg, T6
amlod/valsar tab /hctz, T6, QL
amlod/valsar tab 10-160mg, T6, QL
amlod/valsar tab 10-320mg, T6, QL
amlod/valsar tab 5-160mg, T6, QL
amlod/valsar tab 5-320mg, T6, QL
amlodipine tab 10mg, T1
amlodipine tab 2.5mg, T1
amlodipine tab 5mg, T1
ammonium lac cre 12%, T2
ammonium lac lot 12%, T2
amnesteem cap 10mg, T3
amnesteem cap 20mg, T3
amnesteem cap 40mg, T3
AMOX/K CLAV CHW 200MG, T3
AMOX/K CLAV CHW 400MG, T3
amox/k clav sus 200/5ml, T2
amox/k clav sus 400/5ml, T2
amox/k clav sus 600/5ml, T2
amox/k clav tab 250-125, T2
amox/k clav tab 500-125, T2
amox/k clav tab 875-125, T2
AMOXAPINE TAB 100MG, T3, PA
AMOXAPINE TAB 150MG, T3, PA
AMOXAPINE TAB 25MG, T3, PA
AMOXAPINE TAB 50MG, T3, PA
amoxicillin cap 250mg, T1
amoxicillin cap 500mg, T1
amoxicillin sus 125/5ml, T1
amoxicillin sus 200/5ml, T1
amoxicillin sus 250/5ml, T1
amoxicillin sus 400/5ml, T1
amoxicillin tab 500mg, T1
amoxicillin tab 875mg, T1
amp-sulbacta inj 2-1gm, T3
amphet/dextr cap 10mg er, T3, QL
amphet/dextr cap 15mg er, T3, QL
amphet/dextr cap 20mg er, T3, QL
amphet/dextr cap 25mg er, T3, QL
amphet/dextr cap 30mg er, T3, QL
amphet/dextr cap 5mg er, T3, QL
amphet/dextr tab 10mg, T2, QL
amphet/dextr tab 12.5mg, T2, QL
amphet/dextr tab 15mg, T2, QL
amphet/dextr tab 20mg, T2, QL
amphet/dextr tab 30mg, T2, QL
amphet/dextr tab 5mg, T2, QL
amphet/dextr tab 7.5mg, T2, QL
AMPHOTERICIN INJ 50MG, T3, PA
AMPICILLIN CAP 500MG, T2
ampicillin inj 10gm, T3
ampicillin inj 1gm, T3
ANADROL-50 TAB 50MG, T5, PA
anagrelide cap 0.5mg, T2
anagrelide cap 1mg, T3
anastrozole tab 1mg, T1
ANDRODERM DIS 2MG/24HR, T3, PA, QL
ANDRODERM DIS 4MG/24HR, T3, PA, QL
ANORO ELLIPT AER 62.5-25, T3, QL
apap/codeine sol 120-12/5, T2, QL
apap/codeine tab 300-15mg, T2, QL
apap/codeine tab 300-30mg, T2, QL
apap/codeine tab 300-60mg, T2, QL
APOKYN INJ 10MG/ML, T5, PA, QL
aprepitant cap 125mg, T2, PA
aprepitant cap 40mg, T3, PA
aprepitant cap 80mg, T3, PA
aprepitant pak 80 & 125, T3, PA
apri tab, T2
APRISO CAP 0.375GM, T4, QL
APTIOM TAB 200MG, T5
APTIOM TAB 400MG, T5
APTIOM TAB 600MG, T5
APTIOM TAB 800MG, T5
APTIVUS CAP 250MG, T5, QL
APTIVUS SOL, T5, QL
aranelle tab, T2
ARANESP INJ 100MCG, T5, PA
ARANESP INJ 10MCG, T4, PA
ARANESP INJ 150MCG, T5, PA
ARANESP INJ 200MCG, T5, PA
ARANESP INJ 25MCG, T4, PA
ARANESP INJ 300MCG, T5, PA
ARANESP INJ 40MCG, T4, PA
ARANESP INJ 500MCG, T5, PA
ARANESP INJ 60MCG, T5, PA
ARCALYST INJ 220MG, T5, PA
aripiprazole sol 1mg/ml, T2, PA, QL
aripiprazole tab 10mg, T2, QL
aripiprazole tab 10mg odt, T5, PA, QL
aripiprazole tab 15mg, T2, QL

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aripiprazole tab 15mg odt, T5, PA, QL
aripiprazole tab 20mg, T2, QL
aripiprazole tab 2mg, T2, QL
aripiprazole tab 30mg, T2, QL
aripiprazole tab 5mg, T2, QL
ARISTADA INJ 1064MG, T5, PA, QL
ARISTADA INJ 441MG/1., T5, PA, QL
ARISTADA INJ 662MG/2, T5, PA, QL
ARISTADA INJ 882MG/3, T5, PA, QL
ARISTADA INJ INITIO, T5, PA, QL
armodafinil tab 150mg, T3, PA, QL
armodafinil tab 200mg, T3, PA, QL
armodafinil tab 250mg, T3, PA, QL
armodafinil tab 50mg, T3, PA, QL
ARNUITY ELPT INH 100MCG, T3, QL
ARNUITY ELPT INH 200MCG, T3, QL
ARNUITY ELPT INH 50MCG, T3, QL
asa/dipyrida cap 25-200mg, T3
ashlyna tab, T2
ASMANEX 120 AER 220MCG, T3, QL
ASMANEX 30 AER 110MCG, T3, QL
ASMANEX 30 AER 220MCG, T3, QL
ASMANEX 60 AER 220MCG, T3, QL
ASMANEX HFA AER 100 MCG, T3, QL
ASMANEX HFA AER 200 MCG, T3, QL
atazanavir cap 150mg, T5, QL
atazanavir cap 200mg, T5, QL
atazanavir cap 300mg, T5, QL
atenol/chlor tab 100-25mg, T1
atenol/chlor tab 50-25mg, T1
atenolol tab 100mg, T1
atenolol tab 25mg, T1
atenolol tab 50mg, T1
atomoxetine cap 100mg, T3, QL
atomoxetine cap 10mg, T3, QL
atomoxetine cap 18mg, T3, QL
atomoxetine cap 25mg, T3, QL
atomoxetine cap 40mg, T3, QL
atomoxetine cap 60mg, T3, QL
atomoxetine cap 80mg, T3, QL
atorvastatin tab 10mg, T6, QL
atorvastatin tab 20mg, T6, QL
atorvastatin tab 40mg, T6, QL
atorvastatin tab 80mg, T6, QL
atovaq/progu tab 250-100, T3
atovaq/progu tab 62.5-25, T2
atovaquone sus 750/5ml, T5
ATRIPLA TAB, T5, QL
ATROVENT HFA AER 17MCG, T4, QL
AUBAGIO TAB 14MG, T5, PA, QL
AUBAGIO TAB 7MG, T5, PA, QL
aubra tab 0.1-0.02, T2
aug betamet cre 0.05%, T2, QL
AUG BETAMET GEL 0.05%, T3, QL
aug betamet lot 0.05%, T3, QL
aug betamet oin 0.05%, T3, QL
AURYXIA TAB 210MG, T5, PA, QL
aviane tab, T2
avita cre 0.025%, T3
avita gel 0.025%, T3
AVONEX KIT 30MCG, T5, PA, QL
AVONEX PEN KIT 30MCG, T5, PA, QL
AVONEX PREFL KIT 30MCG, T5, PA, QL
azathioprine tab 50mg, T2, PA
azelastine dro 0.05%, T2
azelastine spr 0.1%, T2, QL
azelastine spr 0.15%, T2, QL
azithromycin inj 500mg, T3
AZITHROMYCIN POW 1GM PAK, T3
azithromycin sus 100/5ml, T2
azithromycin sus 200/5ml, T2
azithromycin tab 250mg, T2
azithromycin tab 500mg, T2
azithromycin tab 600mg, T2
AZOPT SUS 1% OP, T4
aztreonam inj 1gm, T3

B

bacit/polymy oin op, T2
BACITRACIN OIN OP, T3
baclofen tab 10mg, T2
baclofen tab 20mg, T2
balsalazide cap 750mg, T3
BALVERSA TAB 3MG, T5, PA, QL
BALVERSA TAB 4MG, T5, PA, QL
BALVERSA TAB 5MG, T5, PA, QL
balziva tab, T2
BANZEL SUS 40MG/ML, T5
BANZEL TAB 200MG, T4
BANZEL TAB 400MG, T5
BARACLUDE SOL .05MG/ML, T5
BASAGLAR INJ 100UNIT, T4, QL
BCG VACCINE INJ, T3
BD PEN NEEDL MIS 29GX12.7, T2
benazep/hctz tab 10-12.5, T6
benazep/hctz tab 20-12.5, T6
benazep/hctz tab 20-25mg, T6
benazep/hctz tab 5-6.25, T6
benazepril tab 10mg, T6
benazepril tab 20mg, T6
benazepril tab 40mg, T6
benazepril tab 5mg, T6
BENLYSTA INJ 200MG/ML, T5, PA
BENZNIDAZOLE TAB 100MG, T4
BENZNIDAZOLE TAB 12.5MG, T4
benztropine tab 0.5mg, T2
benztropine tab 1mg, T2
benztropine tab 2mg, T2
BESIVANCE SUS 0.6%, T4
betameth dip cre 0.05%, T3, QL
betameth dip lot 0.05%, T2, QL
betameth dip oin 0.05%, T3, QL
betameth val cre 0.1%, T2, QL
betameth val lot 0.1%, T3, QL
betameth val oin 0.1%, T2, QL
BETASERON INJ 0.3MG, T5, PA, QL
betaxolol sol 0.5% op, T2
betaxolol tab 10mg, T2

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T6= Select Care Drugs

betaxolol tab 20mg, T2
bethanechol tab 10mg, T2
bethanechol tab 25mg, T2
bethanechol tab 50mg, T2
bethanechol tab 5mg, T2
BETOPTIC-S SUS 0.25% OP, T4
BEVYXXA CAP 40MG, T4, QL
BEVYXXA CAP 80MG, T4, QL
bexarotene cap 75mg, T5, PA
BEXSERO INJ, T3
bicalutamide tab 50mg, T2
BICILLIN L-A INJ 1200000, T4
BICILLIN L-A INJ 2400000, T4
BICILLIN L-A INJ 600000, T4
BIKTARVY TAB, T5, QL
bimatoprost sol 0.03%, T3
bisoprl/hctz tab 10/6.25, T1
bisoprl/hctz tab 2.5/6.25, T1
bisoprl/hctz tab 5-6.25mg, T1
bisoprol fum tab 10mg, T2
bisoprol fum tab 5mg, T2
blisovi 24 tab fe 1/20, T2
blisovi fe tab 1.5/30, T2
BOOSTRIX INJ, T3
bosentan tab 125mg, T5, PA, QL
bosentan tab 62.5mg, T5, PA, QL
BOSULIF TAB 100MG, T5, PA, QL
BOSULIF TAB 400MG, T5, PA, QL
BOSULIF TAB 500MG, T5, PA, QL
BRAFTOVI CAP 75MG, T5, PA, QL
BREO ELLIPTA INH 100-25, T3, QL
BREO ELLIPTA INH 200-25, T3, QL
briellyn tab, T2
BRILINTA TAB 60MG, T3
BRILINTA TAB 90MG, T3
brimonidine sol 0.15%, T3
brimonidine sol 0.2% op, T1
BRIVIACT SOL 10MG/ML, T5
BRIVIACT TAB 100MG, T5
BRIVIACT TAB 10MG, T5
BRIVIACT TAB 25MG, T5
BRIVIACT TAB 50MG, T5
BRIVIACT TAB 75MG, T5
BROMFENAC SOL 0.09% OP, T4
bromocriptin cap 5mg, T3
bromocriptin tab 2.5mg, T3
budesonide cap 3mg dr, T4, QL
budesonide sus 0.25mg/2, T3, PA
budesonide sus 0.5mg/2, T3, PA
budesonide sus 1mg/2ml, T3, PA
bumetanide inj 0.25/ml, T2
bumetanide tab 0.5mg, T2
bumetanide tab 1mg, T2
bumetanide tab 2mg, T2
bupren/nalox mis 12-3mg, T2, QL
bupren/nalox mis 2-0.5mg, T2, QL
bupren/nalox mis 4-1mg, T2, QL
bupren/nalox mis 8-2mg, T2, QL
bupren/nalox sub 2-0.5mg, T2, QL
bupren/nalox sub 8-2mg, T2, QL
buprenorphin sub 2mg, T2, QL
buprenorphin sub 8mg, T2, QL
bupropion tab 100mg, T2, QL
bupropion tab 100mg sr, T2, QL
bupropion tab 150mg sr, T2, QL
bupropion tab 150mg sr (smoking deterrent), T2
bupropion tab 200mg sr, T2, QL
bupropion tab 75mg, T2, QL
bupropn hcl tab 150mg xl, T2, QL
bupropn hcl tab 300mg xl, T2, QL
buspirone tab 10mg, T1
buspirone tab 15mg, T1
buspirone tab 30mg, T2
buspirone tab 5mg, T1
buspirone tab 7.5mg, T2
but/apap/caf cap, T3, QL
but/apap/caf tab, T3, QL
but/asa/caff cap, T3, QL
butal/apap tab 50-325mg, T3, QL
butorphanol sol 10mg/ml, T3, QL
BYDUREON BC INJ 2/0.85ML, T3, QL, ST
BYDUREON PEN INJ 2MG, T3, QL, ST

C

cabergoline tab 0.5mg, T3
CABOMETYX TAB 20MG, T5, PA, QL
CABOMETYX TAB 40MG, T5, PA, QL
CABOMETYX TAB 60MG, T5, PA, QL
calc acetate cap 667mg, T2
calc acetate tab 667mg, T2
calcipotrien cre 0.005%, T4
calcipotrien oin 0.005%, T4
calcipotrien sol 0.005%, T4
calcitonin spr 200/act, T2
calcitriol cap 0.25mcg, T2
calcitriol cap 0.5mcg, T2
calcitriol sol 1mcg/ml, T3
CALQUENCE CAP 100MG, T5, PA, QL
camila tab 0.35mg, T2
camrese lo tab, T2
candesa/hctz tab 16-12.5, T6, QL
candesa/hctz tab 32-12.5, T6, QL
candesa/hctz tab 32-25mg, T6, QL
candesartan tab 16mg, T6, QL
candesartan tab 32mg, T6, QL
candesartan tab 4mg, T6, QL
candesartan tab 8mg, T6, QL
CAPRELSA TAB 100MG, T5, PA, QL
CAPRELSA TAB 300MG, T5, PA, QL
captopril tab 100mg, T6
captopril tab 12.5mg, T6
captopril tab 25mg, T6
captopril tab 50mg, T6
CARB/LEVO 50 TAB /ENTACAP, T4
CARB/LEVO 75 TAB /ENTACAP, T4
carb/levo er tab 25-100mg, T2
carb/levo er tab 50-200mg, T2
carb/levo tab 10-100mg, T2
carb/levo tab 25-100mg, T2
carb/levo tab 25-250mg, T2
CARB/LEVO100 TAB /ENTACAP, T4

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CARB/LEVO125 TAB /ENTACAP, T4
CARB/LEVO150 TAB /ENTACAP, T4
CARB/LEVO200 TAB /ENTACAP, T4
CARBAGLU TAB 200MG, T5, PA
carbamazepin cap 100mg er, T3
carbamazepin cap 200mg er, T3
carbamazepin cap 300mg er, T3
carbamazepin chw 100mg, T2
carbamazepin sus 100/5ml, T2
carbamazepin tab 100mger, T3
carbamazepin tab 200mg, T2
carbamazepin tab 200mg er, T3
carbamazepin tab 400mg er, T3
carbidopa tab 25mg, T5
carisoprodol tab 350mg, T2
CARTEOLOL SOL 1% OP, T1
cartia xt cap 120/24hr, T2
cartia xt cap 180/24hr, T2
cartia xt cap 240/24hr, T2
cartia xt cap 300/24hr, T2
carvedilol tab 12.5mg, T1
carvedilol tab 25mg, T1
carvedilol tab 3.125mg, T1
carvedilol tab 6.25mg, T1
caspofungin inj 50mg, T5
caspofungin inj 70mg, T5
caziant pak, T2
cefaclor cap 250mg, T2
cefaclor cap 500mg, T2
cefadroxil cap 500mg, T2
cefadroxil sus 250/5ml, T2
cefadroxil sus 500/5ml, T2
cefadroxil tab 1gm, T2
cefazolin inj 10gm, T3
cefazolin inj 1gm, T3
cefazolin inj 500mg, T3
cefdinir cap 300mg, T2
cefdinir sus 125/5ml, T2
cefdinir sus 250/5ml, T2
cefepime inj 1gm, T3
cefepime inj 2gm, T3
cefoxitin inj 10gm, T3
cefoxitin inj 1gm, T3
cefoxitin inj 2gm, T3
cefpodo prox sus 100/5ml, T3
cefpodo prox sus 50mg/5ml, T2
cefpodoxime tab 100mg, T3
cefpodoxime tab 200mg, T3
cefprozil sus 125/5ml, T2
cefprozil sus 250/5ml, T3
cefprozil tab 250mg, T2
cefprozil tab 500mg, T2
ceftazidime inj 1gm, T3
ceftazidime inj 2gm, T3
ceftazidime inj 6gm, T3
ceftriaxone inj 10gm, T3
ceftriaxone inj 1gm, T3
ceftriaxone inj 250mg, T3
ceftriaxone inj 2gm, T3
ceftriaxone inj 500mg, T3
cefuroxime inj 1.5gm, T3
cefuroxime inj 7.5gm, T2
cefuroxime inj 750mg, T3
cefuroxime tab 250mg, T2
cefuroxime tab 500mg, T2
celecoxib cap 100mg, T2, QL
celecoxib cap 200mg, T2, QL
celecoxib cap 400mg, T3, QL
celecoxib cap 50mg, T2, QL
CELONTIN CAP 300MG, T4
cephalexin cap 250mg, T1
cephalexin cap 500mg, T1
cephalexin cap 750mg, T3
cephalexin sus 125/5ml, T2
cephalexin sus 250/5ml, T2
CHANTIX PAK 0.5& 1MG, T3
CHANTIX PAK 1MG, T3
CHANTIX TAB 0.5MG, T3
CHANTIX TAB 1MG, T3
CHEMET CAP 100MG, T5
CHENODAL TAB 250MG, T5, PA
chlorhex glu sol 0.12%, T1
CHLOROQUINE TAB 250MG, T3
chloroquine tab 500mg, T2
CHLOROTHIAZ TAB 250MG, T2
chlorothiaz tab 500mg, T2
chlorpromaz tab 100mg, T4, PA
chlorpromaz tab 10mg, T3, PA
chlorpromaz tab 200mg, T5, PA
chlorpromaz tab 25mg, T3, PA
chlorpromaz tab 50mg, T3, PA
chlorthalid tab 25mg, T2
chlorthalid tab 50mg, T2
cholestyram pow 4gm, T2
cholestyram pow 4gm lite, T2
ciclopirox cre 0.77%, T2
ciclopirox gel 0.77%, T3
ciclopirox sha 1%, T3
ciclopirox sol 8%, T2
ciclopirox sus 0.77%, T2
cilostazol tab 100mg, T2
cilostazol tab 50mg, T2
CIMDUO TAB 300-300, T5, QL
CIMETIDINE SOL 300/5ML, T2
cimetidine tab 200mg, T1
cimetidine tab 300mg, T2
cimetidine tab 400mg, T2
cimetidine tab 800mg, T2
cinacalcet tab 30mg, T5, PA
cinacalcet tab 60mg, T5, PA
cinacalcet tab 90mg, T5, PA
CINRYZE SOL 500 UNIT, T5, PA, QL
CIPRODEX SUS 0.3-0.1%, T4
ciprofloxacn inj 200mg, T2
ciprofloxacn sol 0.3% op, T1
ciprofloxacn sus 500mg/5, T2
CIPROFLOXACN TAB 100MG, T3
ciprofloxacn tab 250mg, T1
ciprofloxacn tab 500mg, T1
ciprofloxacn tab 750mg, T1
citalopram sol 10mg/5ml, T3, QL
citalopram tab 10mg, T1, QL
citalopram tab 20mg, T1, QL
citalopram tab 40mg, T1, QL
claravis cap 10mg, T3
claravis cap 20mg, T3

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claravis cap 30mg, T3
claravis cap 40mg, T3
CLARITHROMYC SUS 125/5ML, T2
CLARITHROMYC SUS 250/5ML, T3
clarithromyc tab 250mg, T2
clarithromyc tab 500mg, T2
clarithromyc tab 500mg er, T2
CLEMASTINE TAB 2.68MG, T3, PA
CLINDACIN-P PAD 1%, T3
clindamy/ben gel 1-5%, T3
clindamycin cap 150mg, T2
clindamycin cap 300mg, T2
clindamycin cap 75mg, T2
clindamycin cre 2% vag, T3
clindamycin gel 1%, T3
clindamycin inj 300/2ml, T2
clindamycin inj 300mg, T2
clindamycin inj 600/4ml, T2
clindamycin inj 600mg, T2
clindamycin inj 900/6ml, T2
clindamycin inj 900mg, T2
clindamycin lot 10mg/ml, T3
CLINDAMYCIN MIS 1%, T3
clindamycin sol 1%, T3
clinisol sf inj 15%, T3, PA
clobazam sus 2.5mg/ml, T3, PA, QL
clobazam tab 10mg, T3, PA, QL
clobazam tab 20mg, T3, PA, QL
clobetasol cre 0.05%, T4, QL
clobetasol e cre 0.05%, T4, QL
clobetasol gel 0.05%, T4, QL
clobetasol oin 0.05%, T4, QL
clobetasol sol 0.05%, T4, QL
clomipramine cap 25mg, T3, PA
clomipramine cap 50mg, T3, PA
clomipramine cap 75mg, T3, PA
clonazep odt tab 0.125mg, T3, QL
clonazep odt tab 0.25mg, T3, QL
clonazep odt tab 0.5mg, T3, QL
clonazep odt tab 1mg, T3, QL
clonazep odt tab 2mg, T3, QL
clonazepam tab 0.5mg, T1, QL
clonazepam tab 1mg, T1, QL
clonazepam tab 2mg, T1, QL
clonidine dis 0.1/24hr, T3
clonidine dis 0.2/24hr, T3
clonidine dis 0.3/24hr, T3
clonidine tab 0.1mg, T1
clonidine tab 0.1mg er, T3, QL
clonidine tab 0.2mg, T1
clonidine tab 0.3mg, T1
clopidogrel tab 75mg, T1
cloraz dipot tab 15mg, T2, QL
cloraz dipot tab 3.75mg, T2, QL
cloraz dipot tab 7.5mg, T2, QL
clotrim/beta cre diprop, T2
clotrim/beta lot diprop, T3
clotrimazole cre 1%, T2
clotrimazole loz 10mg, T2
clozapine tab 100/odt, T5, QL
clozapine tab 100mg, T2, QL
clozapine tab 12.5/odt, T3, QL
clozapine tab 200mg, T2, QL
clozapine tab 25mg, T2, QL
clozapine tab 25mg odt, T3, QL
clozapine tab 50mg, T2, QL
COARTEM TAB 20-120MG, T4
codeine sulf tab 30mg, T3, QL
CODEINE SULF TAB 60MG, T3, QL
COLCRYS TAB 0.6MG, T3
colestipol gra 5gm, T2
colestipol tab 1gm, T2
colistimeth inj 150mg, T5
colocort ene 100mg, T3
COMBIGAN SOL 0.2/0.5%, T3
COMBIVENT AER 20-100, T4, QL
COMETRIQ KIT 100MG, T5, PA, QL
COMETRIQ KIT 140MG, T5, PA, QL
COMETRIQ KIT 60MG, T5, PA, QL
COMPLERA TAB, T5, QL
compro sup 25mg, T3
constulose sol 10gm/15, T2
COPAXONE INJ 20MG/ML, T5, PA, QL
COPAXONE INJ 40MG/ML, T5, PA, QL
COPIKTRA CAP 15MG, T5, PA, QL
COPIKTRA CAP 25MG, T5, PA, QL
CORLANOR TAB 5MG, T3, PA, QL
CORLANOR TAB 7.5MG, T3, PA, QL
CORTISONE AC TAB 25MG, T3
COSENTYX INJ 300DOSE, T5, PA
COSENTYX PEN INJ 300DOSE, T5, PA
COTELLIC TAB 20MG, T5, PA, QL
COUMADIN TAB 10MG, T4
COUMADIN TAB 1MG, T4
COUMADIN TAB 2.5MG, T4
COUMADIN TAB 2MG, T4
COUMADIN TAB 3MG, T4
COUMADIN TAB 4MG, T4
COUMADIN TAB 5MG, T4
COUMADIN TAB 6MG, T4
COUMADIN TAB 7.5MG, T4
CREON CAP 12000UNT, T3
CREON CAP 24000UNT, T3
CREON CAP 3000UNIT, T3
CREON CAP 36000UNT, T3
CREON CAP 6000UNIT, T3
CRESEMBA CAP 186 MG, T5, PA
CRIXIVAN CAP 200MG, T3, QL
CRIXIVAN CAP 400MG, T3, QL
cromolyn sod con 100/5ml, T3
cromolyn sod neb 20mg/2ml, T3, PA
cromolyn sod sol 4% op, T1
cryselle-28 tab 28 tabs, T2
CURITY GAUZE PAD 2”X2”, T2
cyclafem tab 1/35, T2
cyclafem tab 7/7/7, T2
cyclobenzapr tab 10mg, T1, PA
cyclobenzapr tab 5mg, T1, PA
cyclophosph cap 25mg, T3, PA
cyclophosph cap 50mg, T3, PA
CYCLOSET TAB 0.8MG, T4, QL
cyclosporine cap 100mg, T3, PA

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cyclosporine cap 100mg md, T3, PA
cyclosporine cap 25mg, T3, PA
cyclosporine cap 25mg mod, T3, PA
CYCLOSPORINE CAP 50MG MOD, T3, PA
cyclosporine sol modified, T3, PA
cyred tab, T2
CYSTADANE POW, T5
CYSTAGON CAP 150MG, T4, PA
CYSTAGON CAP 50MG, T4, PA
CYSTARAN SOL 0.44%, T5, PA

D

D2.5W/NACL INJ 0.45%, T2
d5w/nacl inj 0.2%, T3
d5w/nacl inj 0.33%, T1
d5w/nacl inj 0.45%, T2
d5w/nacl inj 0.9%, T1
DAKLINZA TAB 30MG, T5, PA
DAKLINZA TAB 60MG, T5, PA
dalfampridin tab 10mg er, T5, PA
DALIRESP TAB 250MCG, T4, PA, QL
DALIRESP TAB 500MCG, T4, PA, QL
DALVANCE SOL 500MG, T5
danazol cap 100mg, T3, PA
danazol cap 200mg, T3, PA
danazol cap 50mg, T3, PA
dantrolene cap 100mg, T3
dantrolene cap 25mg, T3
dantrolene cap 50mg, T3
dapsone tab 100mg, T3
dapsone tab 25mg, T3
DAPTACEL INJ, T3
daptomycin inj 500mg, T5
DARAPRIM TAB 25MG, T5
DAURISMO TAB 100MG, T5, PA, QL
DAURISMO TAB 25MG, T5, PA, QL
deblitane tab 0.35mg, T2
deferasirox tab 125mg, T5, PA
deferasirox tab 250mg, T5, PA
deferasirox tab 500mg, T5, PA
DELSTRIGO TAB, T5, QL
delyla tab 0.1-0.02, T2
demeclocycl tab 150mg, T3
demeclocycl tab 300mg, T3
DEMSER CAP 250MG, T5
DENAVIR CRE 1%, T5
DEPEN TITRA TAB 250MG, T5
DEPO-PROVERA INJ 400/ML, T4
DESCOVY TAB 200/25, T5, QL
desipramine tab 100mg, T3
desipramine tab 10mg, T3
desipramine tab 150mg, T3
desipramine tab 25mg, T3
desipramine tab 50mg, T3
desipramine tab 75mg, T3
desmopressin spr 0.01%, T3
desmopressin tab 0.1mg, T2
desmopressin tab 0.2mg, T2
deso/ethinyl tab estradio, T2
desonide cre 0.05%, T4, QL
desonide lot 0.05%, T3, QL
desonide oin 0.05%, T3, QL
desoximetas cre 0.05%, T3, QL
desoximetas cre 0.25%, T3, QL
desoximetas gel 0.05%, T3, QL
desoximetas oin 0.25%, T3, QL
desvenlafax tab 100mg er, T2, QL
desvenlafax tab 25mg er, T2, QL
desvenlafax tab 50mg er, T2, QL
DEXAMETH PHO SOL 0.1% OP, T3
dexamethason elx 0.5/5ml, T2
dexamethason tab 0.5mg, T2
dexamethason tab 0.75mg, T2
dexamethason tab 1.5mg, T2
DEXAMETHASON TAB 1MG, T2
DEXAMETHASON TAB 2MG, T2
dexamethason tab 4mg, T2
dexamethason tab 6mg, T2
dexmethylph tab 10mg, T2, QL
dexmethylph tab 2.5mg, T2, QL
dexmethylph tab 5mg, T2, QL
dextroamphet cap 10mg er, T3, QL
dextroamphet cap 15mg er, T3, QL
dextroamphet cap 5mg er, T2, QL
dextroamphet tab 10mg, T3, QL
dextroamphet tab 5mg, T3, QL
dextrose inj 10%, T3
dextrose inj 5%, T3
DIASTAT ACDL GEL 12.5-20, T4, QL
DIASTAT ACDL GEL 5-10MG, T4, QL
DIASTAT PED GEL 2.5M GEL, T4, QL
diazepam con 5mg/ml, T2, PA, QL
DIAZEPAM SOL 5MG/5ML, T3, PA, QL
diazepam tab 10mg, T1, QL
diazepam tab 2mg, T1, QL
diazepam tab 5mg, T1, QL
diclo/misopr tab 50-0.2mg, T3, QL
diclo/misopr tab 75-0.2mg, T3, QL
diclofen pot tab 50mg, T2, QL
diclofenac gel 1%, T3
diclofenac sol 0.1% op, T2
diclofenac tab 100mg er, T2, QL
diclofenac tab 25mg dr, T2, QL
diclofenac tab 50mg dr, T2, QL
diclofenac tab 75mg dr, T2, QL
dicloxacill cap 250mg, T2
dicloxacill cap 500mg, T2
dicyclomine cap 10mg, T2
dicyclomine tab 20mg, T2
didanosine cap 200mg, T2, QL
didanosine cap 250mg, T2, QL
didanosine cap 400mg, T3, QL
DIFICID TAB 200MG, T5
diflorasone oin 0.05%, T3, QL
digitek tab 0.125mg, T2, QL
digitek tab 0.25mg, T2, QL
digox tab 0.125mg, T2, QL
digox tab 0.25mg, T2, QL
DIGOXIN SOL 50MCG/ML, T3, QL
digoxin tab 0.125mg, T2, QL
digoxin tab 0.25mg, T2, QL
DILANTIN CAP 30MG, T2
DILT-XR CAP 120MG, T2
dilt-xr cap 180mg, T2

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dilt-xr cap 240mg, T2
diltiazem cap 120mg er, T2
diltiazem cap 180mg er, T2
diltiazem cap 240mg er, T2
diltiazem cap 300mg er, T2
diltiazem cap 360mg er, T2
diltiazem cap 420mg/24, T2
diltiazem cap 60mg er, T2
diltiazem cap 90mg er, T2
diltiazem tab 120mg, T2
diltiazem tab 30mg, T2
diltiazem tab 60mg, T2
diltiazem tab 90mg, T2
DIP/TET PED INJ 25-5LFU, T3
DIPENTUM CAP 250MG, T5
diphen/atrop tab 2.5mg, T2
dipyridamole tab 25mg, T3
dipyridamole tab 50mg, T2
dipyridamole tab 75mg, T2
disulfiram tab 250mg, T3
disulfiram tab 500mg, T2
divalproex cap 125mg, T2
divalproex tab 125mg dr, T2
divalproex tab 250mg dr, T2
divalproex tab 250mg er, T2
divalproex tab 500mg dr, T2
divalproex tab 500mg er, T2
DIVIGEL GEL 1MG/GM, T4, PA
dofetilide cap 125mcg, T3
dofetilide cap 250mcg, T3
dofetilide cap 500mcg, T3
donepezil tab 10mg, T1
donepezil tab 10mg odt, T2
donepezil tab 5mg, T1
donepezil tab 5mg odt, T2
donepezil tab hcl 23mg, T3
dorzol/timol sol 22.3-6.8, T2
dorzolamide sol 2% op, T2
DOVATO TAB 50-300MG, T5, QL
doxazosin tab 1mg, T2, QL
doxazosin tab 2mg, T2, QL
doxazosin tab 4mg, T2, QL
doxazosin tab 8mg, T2, QL
doxepin hcl cap 100mg, T2
doxepin hcl cap 10mg, T2
DOXEPIN HCL CAP 150MG, T2
doxepin hcl cap 25mg, T2
doxepin hcl cap 50mg, T2
doxepin hcl cap 75mg, T2
doxepin hcl con 10mg/ml, T2
doxy 100 inj 100mg, T3
doxycyc mono cap 100mg, T2
doxycyc mono cap 150mg, T3
doxycyc mono cap 50mg, T2
doxycyc mono cap 75mg, T3
doxycyc mono tab 100mg, T2
doxycyc mono tab 150mg, T3
doxycyc mono tab 50mg, T2
doxycyc mono tab 75mg, T2
doxycycl hyc cap 100mg, T2
doxycycl hyc cap 50mg, T2
doxycycl hyc tab 100mg, T2
doxycycline tab 20mg, T2
dronabinol cap 10mg, T3, PA
dronabinol cap 2.5mg, T3, PA
dronabinol cap 5mg, T3, PA
drospir/ethi tab 3-0.03mg, T2
drospire/eth tab estr/lev, T2
drospirenone tab ethy est, T2
DUAVEE TAB 0.45-20, T4, PA
DULERA AER 100-5MCG, T4, QL
DULERA AER 200-5MCG, T4, QL
duloxetine cap 20mg, T2, QL
duloxetine cap 30mg, T2, QL
duloxetine cap 60mg, T2, QL
DUPIXENT INJ 200/1.14, T5, PA
DUPIXENT INJ 300/2ML, T5, PA
duramorph inj 0.5mg/ml, T3, PA
duramorph inj 1mg/ml, T3, PA
DUREZOL EMU 0.05%, T3
dutast/tamsu cap 0.5-0.4, T4, QL
dutasteride cap 0.5mg, T2, QL

E

econazole cre 1%, T4
EDURANT TAB 25MG, T5, QL
efavirenz cap 200mg, T5, QL
efavirenz cap 50mg, T2, QL
efavirenz tab 600mg, T5, QL
EGRIFTA SOL 1MG, T5, PA
ELIGARD INJ 22.5MG, T4, PA
ELIGARD INJ 30MG, T4, PA
ELIGARD INJ 45MG, T4, PA
ELIGARD INJ 7.5MG, T4, PA
ELIQUIS ST P TAB 5MG, T3, QL
ELIQUIS TAB 2.5MG, T3, QL
ELIQUIS TAB 5MG, T3, QL
EMCYT CAP 140MG, T5
emoquette tab, T2
EMSAM DIS 12MG/24H, T5
EMSAM DIS 6MG/24HR, T5
EMSAM DIS 9MG/24HR, T5
EMTRIVA CAP 200MG, T4, QL
EMTRIVA SOL 10MG/ML, T4, QL
enalapr/hctz tab 10-25mg, T6
enalapr/hctz tab 5-12.5mg, T6
enalapril tab 10mg, T6
enalapril tab 2.5mg, T6
enalapril tab 20mg, T6
enalapril tab 5mg, T6
ENBREL INJ 25/0.5ML, T5, PA
ENBREL INJ 25MG, T5, PA
ENBREL INJ 50MG/ML, T5, PA
ENBREL SRCLK INJ 50MG/ML, T5, PA
endocet tab 10-325mg, T3, QL
endocet tab 5-325mg, T2, QL
endocet tab 7.5-325, T2, QL
ENGERIX-B INJ 10/0.5ML, T3, PA
ENGERIX-B INJ 20MCG/ML, T3, PA
enoxaparin inj 100mg/ml, T3, QL
enoxaparin inj 120/0.8, T3, QL
enoxaparin inj 150mg/ml, T3, QL
enoxaparin inj 30/0.3ml, T3, QL
enoxaparin inj 40/0.4ml, T3, QL
enoxaparin inj 60/0.6ml, T3, QL

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enoxaparin inj 80/0.8ml, T3, QL
enpresse-28 tab, T2
enskyce tab, T2
entacapone tab 200mg, T4
entecavir tab 0.5mg, T4
entecavir tab 1mg, T4
ENTRESTO TAB 24-26MG, T3, PA, QL
ENTRESTO TAB 49-51MG, T3, PA, QL
ENTRESTO TAB 97-103MG, T3, PA, QL
enulose sol 10gm/15, T2
EPCLUSA TAB 400-100, T5, PA
EPIDIOLEX SOL 100MG/ML, T5, PA
epinastine dro 0.05%, T2
EPINEPHRINE INJ 0.15MG, T3
epinephrine inj 0.3mg, T3
epitol tab 200mg, T2
EPIVIR HBV SOL 5MG/ML, T3
eplerenone tab 25mg, T3
eplerenone tab 50mg, T3
EPOGEN INJ 10000/ML, T4, PA
EPOGEN INJ 2000/ML, T4, PA
EPOGEN INJ 20000/ML, T5, PA
EPOGEN INJ 3000/ML, T4, PA
EPOGEN INJ 4000/ML, T4, PA
ERGOLOID MES TAB 1MG ORAL, T3
ergot/caffen tab 1-100mg, T3
ERIVEDGE CAP 150MG, T5, PA, QL
ERLEADA TAB 60MG, T5, PA, QL
erlotinib tab 100mg, T5, PA, QL
erlotinib tab 150mg, T5, PA, QL
erlotinib tab 25mg, T5, PA, QL
errin tab 0.35mg, T2
ertapenem inj 1gm, T5
ery pad 2%, T2
ery/benzoyl gel 5-3%, T3
ERYTHROCIN INJ 500MG, T4
erythrom eth sus 200/5ml, T3
erythrom eth sus 400/5ml, T4
erythromycin oin op, T2
erythromycin sol 2%, T2
erythromycin tab 250mg bs, T3
erythromycin tab 500mg bs, T3
ESBRIET CAP 267MG, T5, PA, QL
ESBRIET TAB 267MG, T5, PA, QL
ESBRIET TAB 801MG, T5, PA, QL
escitalopram sol 5mg/5ml, T3, QL
escitalopram tab 10mg, T1, QL
escitalopram tab 20mg, T1, QL
escitalopram tab 5mg, T1, QL
esomepra mag cap 20mg dr, T2, QL
esomepra mag cap 40mg dr, T2, QL
estarylla tab 0.25-35, T2
estra/noreth tab 0.5-0.1, T3
estra/noreth tab 1-0.5mg, T3
estradiol cre 0.01%, T3
estradiol dis 0.025mg, T3
estradiol dis 0.0375mg, T3
estradiol dis 0.05mg, T3
estradiol dis 0.06mg, T3
estradiol dis 0.075mg, T3
estradiol dis 0.1mg, T3
estradiol tab 0.5mg, T1
estradiol tab 10mcg, T3
estradiol tab 1mg, T1
estradiol tab 2mg, T1
eszopiclone tab 1mg, T2
eszopiclone tab 2mg, T2
eszopiclone tab 3mg, T2
ethambutol tab 100mg, T2
ethambutol tab 400mg, T2
ethosuximide cap 250mg, T3
ethosuximide sol 250/5ml, T2
ethy eth est tab 1-35, T2
ethynodiol tab 1-50, T2
etodolac cap 200mg, T2, QL
etodolac cap 300mg, T2, QL
etodolac er tab 400mg, T2, QL
etodolac er tab 500mg, T2, QL
etodolac er tab 600mg, T2, QL
etodolac tab 400mg, T2, QL
etodolac tab 500mg, T2, QL
EVOTAZ TAB 300-150, T5, QL
exemestane tab 25mg, T3
ezetim/simva tab 10-10mg, T6, QL
ezetim/simva tab 10-20mg, T6, QL
ezetim/simva tab 10-40mg, T6, QL
ezetim/simva tab 10-80mg, T6, QL
ezetimibe tab 10mg, T2, QL

F

falmina tab, T2
famciclovir tab 125mg, T2
famciclovir tab 250mg, T2
famciclovir tab 500mg, T2
famotidine sus 40mg/5ml, T3
famotidine tab 20mg, T1
famotidine tab 40mg, T1
FANAPT PAK, T4, PA, QL
FANAPT TAB 10MG, T5, PA, QL
FANAPT TAB 12MG, T5, PA, QL
FANAPT TAB 1MG, T4, PA, QL
FANAPT TAB 2MG, T4, PA, QL
FANAPT TAB 4MG, T4, PA, QL
FANAPT TAB 6MG, T5, PA, QL
FANAPT TAB 8MG, T5, PA, QL
FARYDAK CAP 10MG, T5, PA, QL
FARYDAK CAP 15MG, T5, PA, QL
FARYDAK CAP 20MG, T5, PA, QL
felbamate sus 600/5ml, T5
felbamate tab 400mg, T3
felbamate tab 600mg, T3
felodipine tab 10mg er, T2
felodipine tab 2.5mg er, T2
felodipine tab 5mg er, T2
femynor tab 0.25-35, T2
fenofibrate cap 134mg, T2, QL
fenofibrate cap 200mg, T2, QL
fenofibrate cap 67mg, T2, QL
fenofibrate tab 145mg, T2, QL
fenofibrate tab 160mg, T2, QL
fenofibrate tab 48mg, T2, QL
fenofibrate tab 54mg, T2, QL
fenofibric cap 135mg dr, T2, QL

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fenofibric cap 45mg dr, T2, QL
fentanyl dis 100mcg/h, T4, PA, QL
fentanyl dis 12mcg/hr, T4, PA, QL
fentanyl dis 25mcg/hr, T4, PA, QL
fentanyl dis 50mcg/hr, T4, PA, QL
fentanyl dis 75mcg/hr, T4, PA, QL
fentanyl ot loz 1200mcg, T5, PA, QL
fentanyl ot loz 1600mcg, T5, PA, QL
fentanyl ot loz 200mcg, T5, PA, QL
fentanyl ot loz 400mcg, T5, PA, QL
fentanyl ot loz 600mcg, T5, PA, QL
fentanyl ot loz 800mcg, T5, PA, QL
FETZIMA CAP 120MG, T4, QL
FETZIMA CAP 20MG, T4, QL
FETZIMA CAP 40MG, T4, QL
FETZIMA CAP 80MG, T4, QL
FETZIMA CAP TITRATIO, T4, QL
finasteride tab 5mg, T1, QL
FIRAZYR INJ 30MG/3ML, T5, PA, QL
FIRMAGON INJ 120MG, T5
FIRMAGON INJ 80MG, T4
flac oil 0.01%, T3
flecainide tab 100mg, T2
flecainide tab 150mg, T2
flecainide tab 50mg, T2
FLOVENT DISK AER 100MCG, T3, QL
FLOVENT DISK AER 250MCG, T3, QL
FLOVENT DISK AER 50MCG, T3, QL
FLOVENT HFA AER 110MCG, T3, QL
FLOVENT HFA AER 220MCG, T3, QL
FLOVENT HFA AER 44MCG, T3, QL
fluconazole sus 10mg/ml, T3
fluconazole sus 40mg/ml, T3
fluconazole tab 100mg, T2
fluconazole tab 150mg, T2
fluconazole tab 200mg, T2
fluconazole tab 50mg, T2
fluconazole/ inj nacl 200, T3
fluconazole/ inj nacl 400, T3
flucytosine cap 250mg, T5
flucytosine cap 500mg, T5
fludrocort tab 0.1mg, T2
fluocin acet cre 0.01%, T3, QL
fluocin acet oil 0.01%, T3
fluocinonide cre e 0.05%, T3, QL
fluocinonide gel 0.05%, T3, QL
fluocinonide oin 0.05%, T3, QL
fluocinonide sol 0.05%, T3, QL
fluoromethol sus 0.1% op, T2
FLUOROURACIL CRE 0.5%, T5
fluorouracil cre 5%, T4
FLUOROURACIL SOL 2%, T3
FLUOROURACIL SOL 5%, T3
fluoxetine cap 10mg, T1, QL
fluoxetine cap 20mg, T1, QL
fluoxetine cap 40mg, T1, QL
FLUOXETINE CAP 90MG DR, T3, QL
fluoxetine sol 20mg/5ml, T2, QL
fluoxetine tab 10mg, T2, QL
fluoxetine tab 20mg, T2, QL
fluphenaz de inj 25mg/ml, T3
FLUPHENAZINE CON 5MG/ML, T3, PA
FLUPHENAZINE ELX 2.5/5ML, T3, PA
FLUPHENAZINE INJ 2.5MG/ML, T3, PA
FLUPHENAZINE TAB 10MG, T3, PA
FLUPHENAZINE TAB 1MG, T3, PA
FLUPHENAZINE TAB 2.5MG, T2, PA
FLUPHENAZINE TAB 5MG, T3, PA
FLURBIPROFEN SOL 0.03% OP, T3
flurbiprofen tab 100mg, T2, QL
flurbiprofen tab 50mg, T2, QL
flutamide cap 125mg, T3
FLUTIC/SALME INH 113/14, T3, QL
FLUTIC/SALME INH 232/14, T3, QL
FLUTIC/SALME INH 55/14, T3, QL
fluticasone cre 0.05%, T2, QL
fluticasone oin 0.005%, T2, QL
fluticasone spr 50mcg, T2, QL
fluvoxamine tab 100mg, T2, QL
fluvoxamine tab 25mg, T2, QL
fluvoxamine tab 50mg, T2, QL
fondaparinux inj 10/0.8ml, T5, QL
fondaparinux inj 2.5/0.5, T3, QL
fondaparinux inj 5/0.4ml, T5, QL
fondaparinux inj 7.5/0.6, T5, QL
FORTEO SOL 600/2.4, T5, PA
fosamprenavi tab 700mg, T5, QL
fosinop/hctz tab 10/12.5, T6
fosinop/hctz tab 20/12.5, T6
fosinopril tab 10mg, T6
fosinopril tab 20mg, T6
fosinopril tab 40mg, T6
FOSRENOL POW 1000MG, T5, QL
FOSRENOL POW 750MG, T5, QL
FULPHILA INJ 6/0.6ML, T5, PA
furosemide inj 100/10ml, T2
furosemide inj 10mg/ml, T2
furosemide sol 10mg/ml, T2
furosemide tab 20mg, T1
furosemide tab 40mg, T1
furosemide tab 80mg, T1
FUZEON INJ 90MG, T5, QL
FYCOMPA SUS 0.5MG/ML, T5
FYCOMPA TAB 10MG, T5
FYCOMPA TAB 12MG, T5
FYCOMPA TAB 2MG, T4
FYCOMPA TAB 4MG, T5
FYCOMPA TAB 6MG, T5
FYCOMPA TAB 8MG, T5

G

gabapentin cap 100mg, T1, QL
gabapentin cap 300mg, T1, QL
gabapentin cap 400mg, T1, QL
gabapentin sol 250/5ml, T2, QL
gabapentin tab 600mg, T2, QL
gabapentin tab 800mg, T2, QL
galantamine cap 16mg er, T3
galantamine cap 24mg er, T3
galantamine cap 8mg er, T3
GALANTAMINE SOL 4MG/ML, T3

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galantamine tab 12mg, T2
galantamine tab 4mg, T2
galantamine tab 8mg, T2
GAMMAGARD INJ 2.5GM/25, T5, PA
GAMMAGARD SD INJ 10GM HU, T5, PA
GAMMAGARD SD INJ 5GM HU, T5, PA
GAMMAPLEX INJ 10%, T5, PA
GAMMAPLEX INJ 5%, T5, PA
GAMUNEX-C INJ 1GM/10ML, T5, PA
GARDASIL 9 INJ, T3
GATTEX KIT 5MG, T5, PA
gavilyte-c sol, T2
gavilyte-g sol, T2
gavilyte-n sol flav pk, T2
gemfibrozil tab 600mg, T1, QL
generlac sol 10gm/15, T2
gengraf cap 100mg, T3, PA
gengraf cap 25mg, T3, PA
gengraf sol 100mg/ml, T3, PA
GENTAK OIN 0.3% OP, T2
GENTAM/NACL INJ 100MG, T3
gentam/nacl inj 60mg, T3
GENTAM/NACL INJ 80MG, T3
gentamicin cre 0.1%, T2
gentamicin inj 40mg/ml, T3
gentamicin oin 0.1%, T3
gentamicin sol 0.3% op, T2
GENVOYA TAB, T5, QL
GEODON INJ 20MG, T4, PA, QL
gianvi tab 3-0.02mg, T2
GILOTRIF TAB 20MG, T5, PA, QL
GILOTRIF TAB 30MG, T5, PA, QL
GILOTRIF TAB 40MG, T5, PA, QL
glatiramer inj 20mg/ml, T5, PA, QL
glatiramer inj 40mg/ml, T5, PA, QL
glatopa inj 20mg/ml, T5, PA, QL
glatopa inj 40mg/ml, T5, PA, QL
GLEOSTINE CAP 100MG, T5
GLEOSTINE CAP 10MG, T4
GLEOSTINE CAP 40MG, T4
glimepiride tab 1mg, T6, QL
glimepiride tab 2mg, T6, QL
glimepiride tab 4mg, T6, QL
glip/metform tab 2.5-250m, T6, QL
glip/metform tab 2.5-500m, T6, QL
glip/metform tab 5-500mg, T6, QL
glipizide er tab 10mg, T6, QL
glipizide er tab 2.5mg, T6, QL
glipizide er tab 5mg, T6, QL
glipizide tab 10mg, T6, QL
glipizide tab 5mg, T6, QL
GLUCAGEN INJ HYPOKIT, T3
GLUCAGON KIT 1MG, T4
glyb/metform tab 1.25-250, T6, QL
glyb/metform tab 2.5-500, T6, QL
glyb/metform tab 5-500mg, T6, QL
glyburide tab 1.25mg, T6, QL
glyburide tab 2.5mg, T6, QL
glyburide tab 5mg, T6, QL
glycopyrrol tab 1mg, T2
glycopyrrol tab 2mg, T2
GLYXAMBI TAB 10-5 MG, T4, QL
GLYXAMBI TAB 25-5 MG, T4, QL
granisetron tab 1mg, T2, PA
GRANIX INJ 300/0.5, T5, PA
GRANIX INJ 300/1ML, T5, PA
GRANIX INJ 480/0.8, T5, PA
GRANIX INJ 480/1.6, T5, PA
griseofulvin sus 125/5ml, T3
griseofulvin tab ultr 125, T3
griseofulvin tab ultr 250, T3
GUANIDINE TAB 125MG, T3

H

HAEGARDA INJ 2000UNIT, T5, PA, QL
HAEGARDA INJ 3000UNIT, T5, PA, QL
hailey 24 tab fe, T2
halobetasol cre 0.05%, T4, QL
halobetasol oin 0.05%, T3, QL
haloper dec inj 100mg/ml, T2
haloper dec inj 50mg/ml, T2
haloper lac inj 5mg/ml, T3
haloperidol con 2mg/ml, T2
haloperidol tab 0.5mg, T2
haloperidol tab 10mg, T2
haloperidol tab 1mg, T2
haloperidol tab 20mg, T2
haloperidol tab 2mg, T2
haloperidol tab 5mg, T2
HARVONI TAB 90-400MG, T5, PA
HAVRIX INJ 1440UNIT, T3
HAVRIX INJ 720UNIT, T3
hc butyrate cre 0.1%, T2, QL
hc butyrate oin 0.1%, T3, QL
hc butyrate sol 0.1%, T3, QL
hc valerate cre 0.2%, T3, QL
hc valerate oin 0.2%, T3, QL
hc/acet acid sol otic, T3
heparin sod inj 1000/ml, T3
heparin sod inj 10000/ml, T3
heparin sod inj 20000/ml, T3
heparin sod inj 5000/ml, T3
HEPATAMINE SOL 8%, T3, PA
HETLIOZ CAP 20MG, T5, PA, QL
HIBERIX SOL 10MCG, T3
HUMALOG INJ 100/ML, T3, QL
HUMALOG JR INJ 100/ML, T3, QL
HUMALOG KWIK INJ 100/ML, T3, QL
HUMALOG KWIK INJ 200/ML, T3, QL
HUMALOG MIX INJ 50/50, T3, QL
HUMALOG MIX INJ 50/50KWP, T3, QL
HUMALOG MIX INJ 75/25KWP, T3, QL
HUMALOG MIX SUS 75/25, T3, QL
HUMIRA INJ 10/0.1ML, T5, PA
HUMIRA INJ 10MG/0.2, T5, PA
HUMIRA INJ 20/0.2ML, T5, PA

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HUMIRA INJ 40/0.4ML, T5, PA
HUMIRA KIT 20MG/0.4, T5, PA
HUMIRA KIT 40MG/0.8, T5, PA
HUMIRA PEDIA INJ CROHNS, T5, PA
HUMIRA PEN INJ 40/0.4ML, T5, PA
HUMIRA PEN INJ 40MG/0.8, T5, PA
HUMIRA PEN INJ CD/UC/HS, T5, PA
HUMIRA PEN INJ PS/UV, T5, PA
HUMIRA PEN KIT CD/UC/HS, T5, PA
HUMIRA PEN KIT PS/UV, T5, PA
HUMULIN INJ 70/30, T1, QL
HUMULIN INJ 70/30KWP, T3, QL
HUMULIN N INJ U-100, T1, QL
HUMULIN N INJ U-100KWP, T3, QL
HUMULIN R INJ U-100, T1, QL
HUMULIN R INJ U-500 (CONCENTRATE), T3, PA
HUMULIN R INJ U-500 KWIKPEN, T3, QL
hydralazine tab 100mg, T1
hydralazine tab 10mg, T1
hydralazine tab 25mg, T1
hydralazine tab 50mg, T1
hydrochlorot cap 12.5mg, T1
hydrochlorot tab 12.5mg, T1
hydrochlorot tab 25mg, T1
hydrochlorot tab 50mg, T1
hydroco/apap sol 7.5-325, T3, QL
hydroco/apap tab 10-300mg, T3, QL
hydroco/apap tab 10-325mg, T2, QL
hydroco/apap tab 5-300mg, T3, QL
hydroco/apap tab 5-325mg, T2, QL
hydroco/apap tab 7.5-300, T3, QL
hydroco/apap tab 7.5-325, T2, QL
hydrocod/ibu tab 10-200mg, T2, QL
hydrocod/ibu tab 5-200mg, T2, QL
hydrocod/ibu tab 7.5-200, T2, QL
hydrocort cre 1%, T2, QL
hydrocort cre 2.5%, T2, QL
hydrocort ene 100mg, T3
hydrocort lot 2.5%, T2, QL
hydrocort oin 1%, T1, QL
hydrocort oin 2.5%, T1, QL
hydrocort tab 10mg, T2
hydrocort tab 20mg, T2
hydrocort tab 5mg, T2
hydromorphon inj 10mg/ml, T3, PA
hydromorphon inj 2mg/ml, T3, PA
hydromorphon inj 50mg/5ml, T3, PA
hydromorphon liq 1mg/ml, T3, QL
hydromorphon tab 2mg, T3, QL
hydromorphon tab 4mg, T3, QL
hydromorphon tab 8mg, T3, QL
hydroxychlor tab 200mg, T2
hydroxyurea cap 500mg, T2
hydroxyz hcl syp 10mg/5ml, T2
hydroxyz hcl tab 10mg, T2
hydroxyz hcl tab 25mg, T2
hydroxyz hcl tab 50mg, T2
hydroxyz pam cap 25mg, T2
hydroxyz pam cap 50mg, T2

I

ibandronate tab 150mg, T2, QL
IBRANCE CAP 100MG, T5, PA, QL
IBRANCE CAP 125MG, T5, PA, QL
IBRANCE CAP 75MG, T5, PA, QL
ibu tab 600mg, T1, QL
ibu tab 800mg, T1, QL
ibuprofen sus 100/5ml, T2
ibuprofen tab 400mg, T1, QL
ibuprofen tab 600mg, T1, QL
ibuprofen tab 800mg, T1, QL
ICLUSIG TAB 15MG, T5, PA, QL
ICLUSIG TAB 45MG, T5, PA, QL
IDHIFA TAB 100MG, T5, PA, QL
IDHIFA TAB 50MG, T5, PA, QL
ILEVRO DRO 0.3% OP, T3
imatinib mes tab 100mg, T5, PA, QL
imatinib mes tab 400mg, T5, PA, QL
IMBRUVICA CAP 140MG, T5, PA, QL
IMBRUVICA CAP 70MG, T5, PA, QL
IMBRUVICA TAB 140MG, T5, PA, QL
IMBRUVICA TAB 280MG, T5, PA, QL
IMBRUVICA TAB 420MG, T5, PA, QL
IMBRUVICA TAB 560MG, T5, PA, QL
imipenem/cil inj 250mg, T3
imipenem/cil inj 500mg, T3
imipram hcl tab 10mg, T2
imipram hcl tab 25mg, T2
imipram hcl tab 50mg, T2
imiquimod cre 5%, T4
IMOVAX RABIE INJ 2.5/ML, T3, PA
incassia tab 0.35mg, T2
INCRELEX INJ 40MG/4ML, T5
INCRUSE ELPT INH 62.5MCG, T3, QL
indapamide tab 1.25mg, T2
indapamide tab 2.5mg, T2
indomethacin cap 25mg, T2, QL
indomethacin cap 50mg, T2, QL
indomethacin cap 75mg er, T3, QL
INFANRIX INJ, T3
INLYTA TAB 1MG, T5, PA, QL
INLYTA TAB 5MG, T5, PA, QL
INSULIN SYRG MIS 0.3/31G, T2
INSULIN SYRG MIS 0.5/30G, T2
INSULIN SYRG MIS 1ML/29G, T2
INSULIN SYRG MIS 1ML/31G, T2
INTELENCE TAB 100MG, T5, QL
INTELENCE TAB 200MG, T5, QL
INTELENCE TAB 25MG, T4, QL
INTRALIPID INJ 20%, T4, PA
INTRON A INJ 10MU, T5
INTRON A INJ 18MU, T5
INTRON A INJ 25MU, T5
INTRON A INJ 50MU, T5
introvale tab, T2

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INVEGA SUST INJ 117/0.75, T5, PA, QL
INVEGA SUST INJ 156MG/ML, T5, PA, QL
INVEGA SUST INJ 234/1.5, T5, PA, QL
INVEGA SUST INJ 39/0.25, T4, PA, QL
INVEGA SUST INJ 78/0.5ML, T5, PA, QL
INVEGA TRINZ INJ 273MG, T5, PA, QL
INVEGA TRINZ INJ 410MG, T5, PA, QL
INVEGA TRINZ INJ 546MG, T5, PA, QL
INVEGA TRINZ INJ 819MG, T5, PA, QL
INVIRASE TAB 500MG, T5, QL
INVOKAMET TAB 150-1000, T3, QL
INVOKAMET TAB 150-500, T3, QL
INVOKAMET TAB 50-1000, T3, QL
INVOKAMET TAB 50-500MG, T3, QL
INVOKAMET XR TAB 150-1000, T3, QL
INVOKAMET XR TAB 150-500, T3, QL
INVOKAMET XR TAB 50-1000, T3, QL
INVOKAMET XR TAB 50-500MG, T3, QL
INVOKANA TAB 100MG, T3, QL
INVOKANA TAB 300MG, T3, QL
IPOL INJ INACTIVE, T3
ipratropium sol 0.02%inh, T2, PA
ipratropium spr 0.03%, T2, QL
ipratropium spr 0.06%, T2, QL
irbesar/hctz tab 150-12.5, T6, QL
irbesar/hctz tab 300-12.5, T6, QL
irbesartan tab 150mg, T6, QL
irbesartan tab 300mg, T6, QL
irbesartan tab 75mg, T6, QL
IRESSA TAB 250MG, T5, PA, QL
ISENTRESS CHW 100MG, T3, QL
ISENTRESS CHW 25MG, T3, QL
ISENTRESS HD TAB 600MG, T5, QL
ISENTRESS POW 100MG, T4, QL
ISENTRESS TAB 400MG, T5, QL
isibloom tab, T2
isoniazid tab 100mg, T1
isoniazid tab 300mg, T1
isosorb din tab 10mg, T2
isosorb din tab 20mg, T2
ISOSORB DIN TAB 30MG, T2
isosorb din tab 5mg, T2
isosorb mono tab 10mg, T2
isosorb mono tab 120mg er, T1
isosorb mono tab 20mg, T2
isosorb mono tab 30mg er, T1
isosorb mono tab 60mg er, T1
isotretinoin cap 10mg, T3
isotretinoin cap 20mg, T3
isotretinoin cap 30mg, T3
isotretinoin cap 40mg, T3
isradipine cap 2.5mg, T2
isradipine cap 5mg, T2
itraconazole cap 100mg, T4
ivermectin tab 3mg, T2
IXIARO INJ, T3

J

JADENU SPRKL GRA 180MG, T5, PA
JADENU SPRKL GRA 360MG, T5, PA
JADENU SPRKL GRA 90MG, T5, PA
JADENU TAB 180MG, T5, PA
JADENU TAB 360MG, T5, PA
JADENU TAB 90MG, T5, PA
JAKAFI TAB 10MG, T5, PA, QL
JAKAFI TAB 15MG, T5, PA, QL
JAKAFI TAB 20MG, T5, PA, QL
JAKAFI TAB 25MG, T5, PA, QL
JAKAFI TAB 5MG, T5, PA, QL
jantoven tab 10mg, T1
jantoven tab 1mg, T1
jantoven tab 2.5mg, T1
jantoven tab 2mg, T1
jantoven tab 3mg, T1
jantoven tab 4mg, T1
jantoven tab 5mg, T1
jantoven tab 6mg, T1
jantoven tab 7.5mg, T1
JANUMET TAB 50-1000, T3, QL
JANUMET TAB 50-500MG, T3, QL
JANUMET XR TAB 100-1000, T3, QL
JANUMET XR TAB 50-1000, T3, QL
JANUMET XR TAB 50-500MG, T3, QL
JANUVIA TAB 100MG, T3, QL
JANUVIA TAB 25MG, T3, QL
JANUVIA TAB 50MG, T3, QL
JARDIANCE TAB 10MG, T3, QL
JARDIANCE TAB 25MG, T3, QL
jasmiel tab 3-0.02mg, T2
JENTADUETO TAB 2.5-1000, T4, QL
JENTADUETO TAB 2.5-500, T4, QL
JENTADUETO TAB 2.5-850, T4, QL
JENTADUETO TAB XR, T4, QL
jolivette tab 0.35mg, T2
juleber tab, T2
JULUCA TAB 50-25MG, T5, QL
junel 1.5/30 tab, T2
junel 1/20 tab, T2
junel fe 24 tab 1/20, T2
junel fe tab 1.5/30, T2
junel fe tab 1/20, T2

K

kaitlib fe chw, T2
KALETRA TAB 100-25MG, T4, QL
KALETRA TAB 200-50MG, T5, QL
KALYDECO PAK 25MG, T5, PA, QL
KALYDECO PAK 50MG, T5, PA, QL
KALYDECO PAK 75MG, T5, PA, QL
KALYDECO TAB 150MG, T5, PA, QL
kariva tab 28 day, T2

ACRONYM GUIDE:

PA= Prior Authorization
QL= Quantity Limits
ST= Step Therapy
T1= Preferred Generic Drugs
T2= Generic Drugs
T3= Preferred Brand Drugs
T4= Non-Preferred Brand Drugs
T5= Specialty Drugs
T6= Select Care Drugs

KCL/D5W/LACT INJ 20MEQ/L, T3
kcl/d5w/nacl inj .075/.45, T3
kcl/d5w/nacl inj .15-.45%, T3
KCL/D5W/NACL INJ .15/.33%, T2
kcl/d5w/nacl inj .224/.45, T2
kcl/d5w/nacl inj 0.15/0.2, T2
kcl/d5w/nacl inj 0.3/0.45, T3
kelnor 1/50 tab, T2
kelnor tab 1/35, T2
ketoconazole cre 2%, T3
ketoconazole sha 2%, T2
ketoconazole tab 200mg, T2
ketorolac sol 0.4%, T2
ketorolac sol 0.5%, T2
KINERET INJ, T5, PA
KINRIX INJ, T3
kionex sus 15gm/60, T2
KISQALI 200 PAK FEMARA, T5, PA, QL
KISQALI 400 PAK FEMARA, T5, PA, QL
KISQALI 600 PAK FEMARA, T5, PA, QL
KISQALI TAB 200DOSE, T5, PA, QL
KISQALI TAB 400DOSE, T5, PA, QL
KISQALI TAB 600DOSE, T5, PA, QL
klor-con 10 tab 10meq er, T2
klor-con 8 tab 8meq er, T2
klor-con m10 tab 10meq er, T2
klor-con m20 tab 20meq er, T2
klor-con spr cap 8meq, T2
KOMBIGLYZ XR TAB 2.5-1000, T3, QL
KOMBIGLYZ XR TAB 5-1000MG, T3, QL
KOMBIGLYZ XR TAB 5-500MG, T3, QL
KORLYM TAB 300MG, T5, PA, QL
kurvelo tab 0.15/30, T2
KUVAN POW 100MG, T5, PA
KUVAN POW 500MG, T5, PA
KUVAN TAB 100MG, T5, PA

L

labetalol tab 100mg, T2
labetalol tab 200mg, T2
labetalol tab 300mg, T2
LACRISERT MIS 5MG OP, T4
lactulose sol 10gm/15, T2
lamivud/zido tab 150-300, T3, QL
lamivudine sol 10mg/ml, T3, QL
lamivudine tab 100mg, T3
lamivudine tab 150mg, T3, QL
lamivudine tab 300mg, T3, QL
lamotrigine chw 25mg, T1
lamotrigine chw 5mg, T1
lamotrigine tab 100mg, T1
lamotrigine tab 150mg, T1
lamotrigine tab 200mg, T1
lamotrigine tab 25mg, T1
lansoprazole cap 15mg dr, T2, QL
lansoprazole cap 30mg dr, T2, QL
lanthanum chw 1000mg, T5, QL
lanthanum chw 500mg, T5, QL
lanthanum chw 750mg, T5, QL
LANTUS INJ 100/ML, T3, QL
LANTUS SOLOS INJ 100/ML, T3, QL
larin fe tab 1.5/30, T2
larin fe tab 1/20, T2
larin tab 1.5/30, T2
larin tab 1/20, T2
larissia tab, T2
latanoprost sol 0.005%, T1
LATUDA TAB 120MG, T5, PA, QL
LATUDA TAB 20MG, T5, PA, QL
LATUDA TAB 40MG, T5, PA, QL
LATUDA TAB 60MG, T5, PA, QL
LATUDA TAB 80MG, T5, PA, QL
layolis fe chw, T2
LAZANDA SPR 100MCG, T5, PA, QL
LAZANDA SPR 300MCG, T5, PA, QL
LAZANDA SPR 400MCG, T5, PA, QL
leena tab, T2
leflunomide tab 10mg, T2
leflunomide tab 20mg, T2
LENVIMA CAP 10 MG, T5, PA, QL
LENVIMA CAP 12MG, T5, PA, QL
LENVIMA CAP 14 MG, T5, PA, QL
LENVIMA CAP 18 MG, T5, PA, QL
LENVIMA CAP 20 MG, T5, PA, QL
LENVIMA CAP 24 MG, T5, PA, QL
LENVIMA CAP 4MG, T5, PA, QL
LENVIMA CAP 8 MG, T5, PA, QL
lessina tab, T2
letrozole tab 2.5mg, T2
LEUCOVOR CA TAB 10MG, T3
LEUCOVOR CA TAB 15MG, T3
leucovor ca tab 25mg, T3
leucovor ca tab 5mg, T3
LEUKERAN TAB 2MG, T5
LEUKINE INJ 250MCG, T5, PA
leuprolide inj 1mg/0.2, T5, PA
LEVEMIR INJ, T3, QL
LEVEMIR INJ FLEXTOUC, T3, QL
levetiraceta sol 100mg/ml, T2
levetiraceta tab 1000mg, T2
levetiraceta tab 250mg, T2
levetiraceta tab 500mg, T2
levetiraceta tab 750mg, T2
levo-eth est tab 90-20mcg, T2
levo-t tab 100mcg, T1
levo-t tab 112mcg, T1
levo-t tab 125mcg, T1
levo-t tab 137mcg, T1
levo-t tab 150mcg, T1
levo-t tab 175mcg, T1
levo-t tab 200 mcg, T1
levo-t tab 25mcg, T1
levo-t tab 300 mcg, T1
levo-t tab 50mcg, T1
levo-t tab 75mcg, T1
levo-t tab 88mcg, T1
levobunolol sol 0.5% op, T1
levocarnitin sol 1gm/10ml, T2
levocarnitin tab 330mg, T3
levocetirizi tab 5mg, T1

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levoflox/d5w inj 500/100m, T3
levoflox/d5w inj 750/150, T3
levofloxacin inj 25mg/ml, T3
levofloxacin sol 25mg/ml, T3
levofloxacin tab 250mg, T1
levofloxacin tab 500mg, T1
levofloxacin tab 750mg, T1
levonest tab, T2
levonor/ethi tab, T2
levonor/ethi tab 0.1-0.02, T2
levonor/ethi tab estradio, T2
levora-28 tab 0.15/30, T2
levothyroxin tab 100mcg, T1
levothyroxin tab 112mcg, T1
levothyroxin tab 125mcg, T1
levothyroxin tab 137mcg, T1
levothyroxin tab 150mcg, T1
levothyroxin tab 175mcg, T1
levothyroxin tab 200mcg, T1
levothyroxin tab 25mcg, T1
levothyroxin tab 300mcg, T1
levothyroxin tab 50mcg, T1
levothyroxin tab 75mcg, T1
levothyroxin tab 88mcg, T1
levoxyl tab 100mcg, T1
levoxyl tab 112mcg, T1
levoxyl tab 125mcg, T1
levoxyl tab 137mcg, T1
levoxyl tab 150mcg, T1
levoxyl tab 175mcg, T1
levoxyl tab 200mcg, T1
levoxyl tab 25mcg, T1
levoxyl tab 50mcg, T1
levoxyl tab 75mcg, T1
levoxyl tab 88mcg, T1
LEXIVA SUS 50MG/ML, T4, QL
lido/prilocn cre 2.5-2.5%, T4, PA, QL
lidocaine gel 2% jelly, T4, PA, QL
lidocaine oin 5%, T4, PA, QL
lidocaine pad 5%, T4, PA, QL
lidocaine sol 2% visc, T2
lidocaine sol 4%, T3, PA, QL
LINDANE SHA 1%, T3
linezolid inj 2mg/ml, T5
linezolid sus 100/5ml, T5, PA
linezolid tab 600mg, T4
LINZESS CAP 145MCG, T3, PA
LINZESS CAP 290MCG, T3, PA
LINZESS CAP 72MCG, T3, PA
liothyronine tab 25mcg, T2
liothyronine tab 50mcg, T2
liothyronine tab 5mcg, T2
lisinop/hctz tab 10-12.5, T6
lisinop/hctz tab 20-12.5, T6
lisinop/hctz tab 20-25mg, T6
lisinopril tab 10mg, T6
lisinopril tab 2.5mg, T6
lisinopril tab 20mg, T6
lisinopril tab 30mg, T6
lisinopril tab 40mg, T6
lisinopril tab 5mg, T6
lithium carb cap 150mg, T1
lithium carb cap 300mg, T1
lithium carb cap 600mg, T1
lithium carb tab 300mg, T1
lithium carb tab 300mg er, T2
lithium carb tab 450mg er, T2
LITHIUM SOL 8MEQ/5ML, T3
LONSURF TAB 15-6.14, T5, PA, QL
LONSURF TAB 20-8.19, T5, PA, QL
loperamide cap 2mg, T2
lopin/riton sol 80-20/ml, T5, QL
lopreeza tab 1-0.5mg, T3
lorazepam tab 0.5mg, T1, QL
lorazepam tab 1mg, T1, QL
lorazepam tab 2mg, T1, QL
LORBRENA TAB 100MG, T5, PA, QL
LORBRENA TAB 25MG, T5, PA, QL
lorcet hd tab 10-325mg, T2, QL
lorcet plus tab 7.5-325, T2, QL
lorcet tab 5-325mg, T2, QL
loryna tab 3-0.02mg, T2
losartan pot tab 100mg, T6, QL
losartan pot tab 25mg, T6, QL
losartan pot tab 50mg, T6, QL
losartan/hct tab 100-12.5, T6, QL
losartan/hct tab 100-25, T6, QL
losartan/hct tab 50-12.5, T6, QL
lovastatin tab 10mg, T6, QL
lovastatin tab 20mg, T6, QL
lovastatin tab 40mg, T6, QL
low-ogestrel tab, T2
loxapine cap 10mg, T2
loxapine cap 25mg, T2
loxapine cap 50mg, T2
loxapine cap 5mg, T2
LUMIGAN SOL 0.01%, T3
LUPRON DEPOT INJ 11.25MG, T5, PA
LUPRON DEPOT INJ 22.5MG, T5, PA
LUPRON DEPOT INJ 3.75MG, T5, PA
LUPRON DEPOT INJ 30MG, T5, PA
LUPRON DEPOT INJ 45MG, T5, PA
LUPRON DEPOT INJ 7.5MG, T5, PA
lutera tab, T2
LYNPARZA TAB 100MG, T5, PA, QL
LYNPARZA TAB 150MG, T5, PA, QL
LYRICA CAP 100MG, T3, QL
LYRICA CAP 150MG, T3, QL
LYRICA CAP 200MG, T3, QL
LYRICA CAP 225MG, T3, QL
LYRICA CAP 25MG, T3, QL
LYRICA CAP 300MG, T3, QL
LYRICA CAP 50MG, T3, QL
LYRICA CAP 75MG, T3, QL
LYRICA SOL 20MG/ML, T3, QL
LYSODREN TAB 500MG, T5
lyza tab 0.35mg, T2

M

M-M-R II INJ, T3
magnesium su inj 50%, T2
malathion lot 0.5%, T3
MAPROTILINE TAB 25MG, T3, QL
MAPROTILINE TAB 50MG, T3, QL

ACRONYM GUIDE:

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T2= Generic Drugs
T3= Preferred Brand Drugs
T4= Non-Preferred Brand Drugs
T5= Specialty Drugs
T6= Select Care Drugs

MAPROTILINE TAB 75MG, T3, QL
marlissa tab 0.15/30, T2
MARPLAN TAB 10MG, T4
MATULANE CAP 50MG, T5, PA
matzim la tab 180mg/24, T3
matzim la tab 240mg/24, T3
matzim la tab 300mg/24, T3
matzim la tab 360mg/24, T3
matzim la tab 420mg/24, T3
MAVYRET TAB 100-40MG, T5, PA
meclizine tab 12.5mg, T2
meclizine tab 25mg, T2
medroxypr ac inj 150mg/ml, T2
medroxypr ac tab 10mg, T1
medroxypr ac tab 2.5mg, T1
medroxypr ac tab 5mg, T1
MEFLOQUINE TAB 250MG, T2
megestrol ac sus 40mg/ml, T2
megestrol ac tab 20mg, T2
megestrol ac tab 40mg, T2
MEKINIST TAB 0.5MG, T5, PA, QL
MEKINIST TAB 2MG, T5, PA, QL
MEKTOVI TAB 15MG, T5, PA, QL
meloxicam tab 15mg, T1, QL
meloxicam tab 7.5mg, T1, QL
memant titra pak 5-10mg, T3, PA
memantine hc sol 2mg/ml, T3, PA
memantine tab hcl 10mg, T2, PA
memantine tab hcl 5mg, T2, PA
MENACTRA INJ, T3
MENEST TAB 0.3MG, T3
MENEST TAB 0.625MG, T3
MENEST TAB 1.25MG, T3
MENVEO INJ, T3
mercaptopur tab 50mg, T3
meropenem inj 1gm, T2
meropenem inj 500mg, T3
mesalamine cap 400mg dr, T4, QL
mesalamine ene 4gm, T4
mesalamine sup 1000mg, T5
mesalamine tab 1.2gm, T4, QL
mesalamine tab 800mg dr, T4, QL
MESNEX TAB 400MG, T5
metadate tab 20mg er, T3, QL
metformin tab 1000mg, T6, QL
metformin tab 500mg, T6, QL
metformin tab 500mg er, T6, QL
metformin tab 750mg er, T6, QL
metformin tab 850mg, T6, QL
methadone tab 10mg, T2, QL
methadone tab 5mg, T2, QL
methazolamid tab 25mg, T3
methazolamid tab 50mg, T4
methenam hip tab 1gm, T3
methimazole tab 10mg, T1
methimazole tab 5mg, T1
methocarbam tab 500mg, T2
methocarbam tab 750mg, T2
methotrexate inj 25mg/ml, T2
methotrexate inj 50mg/2ml, T2
methotrexate tab 2.5mg, T2
methoxsalen cap 10mg, T5
methscopolam tab 2.5mg, T2
methscopolam tab 5mg, T3
methylphenid tab 10mg, T2, QL
methylphenid tab 20mg, T2, QL
methylphenid tab 20mg er, T3, QL
methylphenid tab 5mg, T2, QL
methylpred tab 16mg, T2
methylpred tab 32mg, T3
methylpred tab 4mg, T2
methylpred tab 8mg, T2
METHYLTESTOS CAP 10MG, T5, PA
metoclopram sol 5mg/5ml, T1
metoclopram tab 10mg, T1
metoclopram tab 5mg, T1
metolazone tab 10mg, T2
metolazone tab 2.5mg, T2
metolazone tab 5mg, T2
metoprl/hctz tab 100-25mg, T2
metoprl/hctz tab 50-25mg, T2
metoprol suc tab 100mg er, T1
metoprol suc tab 200mg er, T1
metoprol suc tab 25mg er, T1
metoprol suc tab 50mg er, T1
metoprol tar tab 100mg, T1
metoprol tar tab 25mg, T1
metoprol tar tab 50mg, T1
metron/nacl inj 500mg, T3
metronidazol cap 375mg, T3
metronidazol cre 0.75%, T3
metronidazol gel 0.75%, T3
metronidazol gel 0.75%vag, T3
metronidazol gel 1%, T4
metronidazol lot 0.75%, T3
metronidazol tab 250mg, T2
metronidazol tab 500mg, T2
MEXILETINE CAP 150MG, T3
MEXILETINE CAP 200MG, T3
MEXILETINE CAP 250MG, T3
microgestin tab 1.5/30, T2
microgestin tab 1/20, T2
microgestin tab fe 1/20, T2
microgestin tab fe1.5/30, T2
midodrine tab 10mg, T2
midodrine tab 2.5mg, T2
midodrine tab 5mg, T2
MIGERGOT SUP 2/100, T5
miglustat cap 100mg, T5, PA, QL
MIGRANAL SPR 4MG/ML, T5, QL
mili tab 0.25/35, T2
mimvey lo tab 0.5-0.1, T3
mimvey tab 1-0.5mg, T3
minitran dis 0.1mg/hr, T2
minitran dis 0.2mg/hr, T2
minitran dis 0.4mg/hr, T2
minitran dis 0.6mg/hr, T2
minocycline cap 100mg, T2
minocycline cap 50mg, T2
minocycline cap 75mg, T2
minocycline tab 100mg, T3
minocycline tab 50mg, T3
minocycline tab 75mg, T3
minoxidil tab 10mg, T2
minoxidil tab 2.5mg, T2
mirtazapine tab 15mg, T1, QL

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mirtazapine tab 15mg odt, T2, QL
mirtazapine tab 30mg, T1, QL
mirtazapine tab 30mg odt, T2, QL
mirtazapine tab 45mg, T2, QL
mirtazapine tab 45mg odt, T2, QL
mirtazapine tab 7.5mg, T2, QL
misoprostol tab 100mcg, T2
misoprostol tab 200mcg, T2
modafinil tab 100mg, T3, PA, QL
modafinil tab 200mg, T3, PA, QL
moexipril tab 15mg, T6
moexipril tab 7.5mg, T6
MOLINDONE TAB HCL 10MG, T3, PA
MOLINDONE TAB HCL 25MG, T3, PA
MOLINDONE TAB HCL 5MG, T3, PA
mometasone cre 0.1%, T2, QL
mometasone oin 0.1%, T2, QL
mometasone sol 0.1%, T2, QL
mometasone spr 50mcg, T4, QL
mondoxyne nl cap 100mg, T2
mondoxyne nl cap 75mg, T3
mononessa tab, T2
montelukast chw 4mg, T1
montelukast chw 5mg, T1
montelukast gra 4mg, T2
montelukast tab 10mg, T1
morgidox cap 1x50mg, T2
morphine sul sol 100/5ml, T3, QL
morphine sul sol 10mg/5ml, T3, QL
morphine sul sol 20mg/5ml, T3, QL
morphine sul tab 100mg er, T3, QL
MORPHINE SUL TAB 15MG, T3, QL
morphine sul tab 15mg er, T3, QL
morphine sul tab 200mg er, T3, QL
MORPHINE SUL TAB 30MG, T3, QL
morphine sul tab 30mg er, T3, QL
morphine sul tab 60mg er, T3, QL
MOVIPREP SOL, T4
MOXEZA SOL 0.5%, T4
moxifloxacin inj 400/250, T3
moxifloxacin sol hcl 0.5%, T2
moxifloxacin tab 400mg, T3
MULTAQ TAB 400MG, T3
mupirocin oin 2%, T2
MYALEPT INJ 11.3MG, T5, PA
MYCAMINE INJ 100MG, T5
MYCAMINE INJ 50MG, T5
mycophenolat cap 250mg, T2, PA
mycophenolat sus 200mg/ml, T5, PA
mycophenolat tab 500mg, T2, PA
mycophenolic tab 180mg dr, T3, PA
mycophenolic tab 360mg dr, T3, PA
myorisan cap 10mg, T3
myorisan cap 20mg, T3
myorisan cap 30mg, T3
myorisan cap 40mg, T3
MYRBETRIQ TAB 25MG, T4, QL
MYRBETRIQ TAB 50MG, T4, QL

N

nabumetone tab 500mg, T2, QL
nabumetone tab 750mg, T2, QL
nadolol tab 20mg, T2
nadolol tab 40mg, T2
nadolol tab 80mg, T2
nafcillin inj 10gm, T5
nafcillin inj 1gm, T5
nafcillin inj 2gm, T4
naloxone inj 0.4mg/ml, T2
NALOXONE INJ 0.4MG/ML (SOLN), T3
NALOXONE INJ 1MG/ML, T3
naltrexone tab 50mg, T2
naproxen dr tab 375mg, T2, QL
naproxen dr tab 500mg, T2, QL
naproxen sod tab 275mg, T3, QL
naproxen sod tab 550mg, T3, QL
naproxen sus 125/5ml, T3, QL
naproxen tab 250mg, T1, QL
naproxen tab 375mg, T1, QL
naproxen tab 500mg, T1, QL
naratriptan tab 1mg, T2, QL
naratriptan tab 2.5mg, T3, QL
NARCAN SPR, T4
NATACYN SUS 5% OP, T4
nateglinide tab 120mg, T6, QL
nateglinide tab 60mg, T6, QL
NATPARA INJ 100MCG, T5, PA, QL
NATPARA INJ 25MCG, T5, PA, QL
NATPARA INJ 50MCG, T5, PA, QL
NATPARA INJ 75MCG, T5, PA, QL
NEBUPENT INH 300MG, T4, PA
necon tab 0.5/35, T2
NEFAZODONE TAB 100MG, T3
NEFAZODONE TAB 150MG, T3
NEFAZODONE TAB 200MG, T3
NEFAZODONE TAB 250MG, T3
NEFAZODONE TAB 50MG, T3
neo/bac/poly oin op, T2
neo/poly/bac oin /hc 1%op, T2
neo/poly/dex oin 0.1% op, T2
neo/poly/dex sus 0.1% op, T2
NEO/POLY/GRA SOL OP, T2
neo/poly/hc sol 1% otic, T3
neo/poly/hc sus 1% otic, T3
neomycin tab 500mg, T2
NERLYNX TAB 40MG, T5, PA, QL
nevirapine sus 50mg/5ml, T4, QL
nevirapine tab 100mg, T3, QL
nevirapine tab 200mg, T2, QL
nevirapine tab 400mg er, T3, QL
NEXAVAR TAB 200MG, T5, PA, QL
NEXIUM GRA 10MG DR, T4, QL
NEXIUM GRA 2.5MG DR, T4, QL
NEXIUM GRA 20MG DR, T4, QL
NEXIUM GRA 40MG DR, T4, QL
NEXIUM GRA 5MG DR, T4, QL
niacin er tab 1000mg, T2, QL
niacin er tab 500mg, T2, QL
niacin er tab 750mg, T2, QL
nicardipine cap 20mg, T2
nicardipine cap 30mg, T3
NICOTROL INH, T4

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T6= Select Care Drugs

NICOTROL NS SPR 10MG/ML, T4
nifedipine cap 10mg, T2
nifedipine cap 20mg, T2
nifedipine tab 30mg er, T2
nifedipine tab 60mg er, T2
nifedipine tab 90mg er, T2
nikki tab 3-0.02mg, T2
nilutamide tab 150mg, T5
nimodipine cap 30mg, T5
NINLARO CAP 2.3MG, T5, PA, QL
NINLARO CAP 3MG, T5, PA, QL
NINLARO CAP 4MG, T5, PA, QL
nisoldipine tab 17mg er, T3
NISOLDIPINE TAB 25.5MG, T3
nisoldipine tab 34mg er, T3
nisoldipine tab 8.5mg er, T3
NITRO-BID OIN 2%, T2
nitrofur mac cap 100mg, T3
nitrofur mac cap 50mg, T3
nitrofurantn cap 100mg, T3
nitrofurantn sus 25mg/5ml, T3
nitroglycer dis 0.1mg/hr, T2
nitroglycer dis 0.2mg/hr, T2
nitroglycer dis 0.4mg/hr, T2
nitroglycer dis 0.6mg/hr, T2
nitroglyceri sub 0.6mg, T2
nitroglycern sub 0.3mg, T2
nitroglycern sub 0.4mg, T2
nitroglycrn spr 0.4mg, T3
NIVESTYM INJ 300/0.5, T5, PA
NIVESTYM INJ 300MCG, T5, PA
NIVESTYM INJ 480/0.8, T5, PA
NIVESTYM INJ 480MCG, T5, PA
nizatidine cap 150mg, T2
nizatidine cap 300mg, T2
nora-be tab 0.35mg, T2
nore/eth/fer chw 0.4mg-35, T2
noreth/ethin chw fe, T2
noreth/ethin tab 1/20, T2
noreth/ethin tab fe 1/20, T2
norethin ace tab 5mg, T2
norethindron tab 0.35mg, T2
norgest/ethi tab 0.25/35, T2
norgest/ethi tab estradio, T2
norlyroc tab 0.35mg, T2
NORMOSOL -M INJ /D5W, T4
NORTHERA CAP 100MG, T5, PA
NORTHERA CAP 200MG, T5, PA
NORTHERA CAP 300MG, T5, PA
nortrel tab 0.5/35, T2
nortrel tab 1/35, T2
nortrel tab 7/7/7, T2
nortriptylin cap 10mg, T2
nortriptylin cap 25mg, T2
nortriptylin cap 50mg, T2
nortriptylin cap 75mg, T2
NORTRIPTYLIN SOL 10MG/5ML, T2, PA
NORVIR POW 100MG, T4, QL
NORVIR SOL 80MG/ML, T4, QL
NOXAFIL SUS 40MG/ML, T5, PA
NOXAFIL TAB 100MG, T5, PA
NUCYNTA ER TAB 100MG, T3, PA, QL
NUCYNTA ER TAB 150MG, T3, PA, QL
NUCYNTA ER TAB 200MG, T3, PA, QL
NUCYNTA ER TAB 250MG, T3, PA, QL
NUCYNTA ER TAB 50MG, T3, PA, QL
NUEDEXTA CAP 20-10MG, T3, PA, QL
NUPLAZID CAP 34MG, T5, PA, QL
NUPLAZID TAB 10MG, T5, PA, QL
NUTRILIPID EMU 20%, T4, PA
nyamyc pow 100000, T3
nystat/triam cre, T4
nystat/triam oin, T4
nystatin cre 100000, T2
nystatin oin 100000, T2
nystatin pow 100000, T3
nystatin sus 100000, T2
nystatin tab 500000, T2
nystop pow 100000, T3

O

OCALIVA TAB 10MG, T5, PA, QL
OCALIVA TAB 5MG, T5, PA, QL
ocella tab 3-0.03mg, T2
octreotide inj 1000mcg, T5, PA
octreotide inj 100mcg, T3, PA
octreotide inj 200mcg, T3, PA
octreotide inj 500mcg, T5, PA
octreotide inj 50mcg/ml, T3, PA
ODEFSEY TAB, T5, QL
ODOMZO CAP 200MG, T5, PA, QL
OFEV CAP 100MG, T5, PA, QL
OFEV CAP 150MG, T5, PA, QL
ofloxacin dro 0.3% op, T2
ofloxacin dro 0.3%otic, T3
ofloxacin tab 400mg, T2
olanzapine inj 10mg, T3, PA, QL
olanzapine tab 10mg, T2, QL
olanzapine tab 10mg odt, T3, QL
olanzapine tab 15mg, T2, QL
olanzapine tab 15mg odt, T3, QL
olanzapine tab 2.5mg, T2, QL
olanzapine tab 20mg, T2, QL
olanzapine tab 20mg odt, T3, QL
olanzapine tab 5mg, T2, QL
olanzapine tab 5mg odt, T3, QL
olanzapine tab 7.5mg, T2, QL
olm med/hctz tab 20-12.5, T6, QL
olm med/hctz tab 40-12.5, T6, QL
olm med/hctz tab 40-25mg, T6, QL
olmesa medox tab 20mg, T6, QL
olmesa medox tab 40mg, T6, QL
olmesa medox tab 5mg, T6, QL
olopatadine dro 0.1%, T2
olopatadine sol 0.2%, T3
olopatadine spr 0.6%, T3, QL
omega-3-acid cap 1gm, T3
omeprazole cap 10mg, T1, QL
omeprazole cap 20mg, T1, QL
omeprazole cap 40mg, T1, QL

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OMNITROPE INJ 10/1.5ML, T5, PA
OMNITROPE INJ 5.8MG, T5, PA
OMNITROPE INJ 5/1.5ML, T5, PA
ondansetron sol 4mg/5ml, T3, PA
ondansetron tab 24mg, T3, PA
ondansetron tab 4mg, T3, PA
ondansetron tab 4mg odt, T2, PA
ondansetron tab 8mg, T3, PA
ondansetron tab 8mg odt, T2, PA
ONGLYZA TAB 2.5MG, T3, QL
ONGLYZA TAB 5MG, T3, QL
OPSUMIT TAB 10MG, T5, PA, QL
ORACEA CAP 40MG, T4
ORALAIR SUB 300 IR, T4, PA, QL
ORENCIA CLCK INJ 125MG/ML, T5, PA
ORENCIA INJ 125MG/ML, T5, PA
ORENCIA INJ 50/0.4, T5, PA
ORENCIA INJ 87.5/0.7, T5, PA
ORFADIN CAP 10MG, T5
ORFADIN CAP 20MG, T5
ORFADIN CAP 2MG, T5
ORFADIN CAP 5MG, T5
ORFADIN SUS 4MG/ML, T5
ORKAMBI GRA 100-125, T5, PA, QL
ORKAMBI GRA 150-188, T5, PA, QL
ORKAMBI TAB 100-125, T5, PA, QL
ORKAMBI TAB 200-125, T5, PA, QL
orsythia tab, T2
oseltamivir cap 30mg, T3
oseltamivir cap 45mg, T3
oseltamivir cap 75mg, T3
oseltamivir sus 6mg/ml, T3
OTEZLA TAB 10/20/30, T5, PA
OTEZLA TAB 30MG, T5, PA
oxandrolone tab 10mg, T5, PA
oxandrolone tab 2.5mg, T3, PA
oxaprozin tab 600mg, T3, QL
oxcarbazepin sus 300mg/5m, T3
oxcarbazepin tab 150mg, T2
oxcarbazepin tab 300mg, T2
oxcarbazepin tab 600mg, T2
oxybutynin syp 5mg/5ml, T2, QL
oxybutynin tab 10mg er, T2, QL
oxybutynin tab 15mg er, T2, QL
oxybutynin tab 5mg, T2, QL
oxybutynin tab 5mg er, T2, QL
oxycod/apap tab 10-325mg, T3, QL
oxycod/apap tab 2.5-325, T3, QL
oxycod/apap tab 5-325mg, T2, QL
oxycod/apap tab 7.5-325, T2, QL
oxycod/asa tab, T3, QL
oxycodone tab 10mg, T2, QL
oxycodone tab 15mg, T2, QL
oxycodone tab 20mg, T2, QL
oxycodone tab 30mg, T2, QL
oxycodone tab 5mg, T2, QL
OZEMPIC INJ 2/1.5ML, T3, QL, ST

P

pacerone tab 200mg, T1
pacerone tab 400mg, T3
paliperidone tab er 1.5mg, T4, PA, QL
paliperidone tab er 3mg, T4, PA, QL
paliperidone tab er 6mg, T4, PA, QL
paliperidone tab er 9mg, T5, PA, QL
PALYNZIQ INJ 10/0.5ML, T5, PA
PALYNZIQ INJ 2.5/0.5, T5, PA
PALYNZIQ INJ 20MG/ML, T5, PA
PANRETIN GEL 0.1%, T5
pantoprazole tab 20mg, T1, QL
pantoprazole tab 40mg, T1, QL
paricalcitol cap 1 mcg, T3
paricalcitol cap 2 mcg, T3
paricalcitol cap 4 mcg, T3
paromomycin cap 250mg, T3
paroxetine tab 10mg, T1, QL
paroxetine tab 20mg, T1, QL
paroxetine tab 30mg, T1, QL
paroxetine tab 40mg, T1, QL
PASER GRA 4GM, T3
PAXIL SUS 10MG/5ML, T4, PA, QL
PAZEO DRO 0.7%, T3
PEDIARIX INJ 0.5ML, T3
PEDVAX HIB INJ, T3
peg 3350 sol electrol, T2
peg-3350 sol electrol, T2
peg-3350/kcl sol /sodium, T2
PEGANONE TAB 250MG, T4
PEGASYS INJ, T5, PA
PEGASYS INJ 180MCG/M, T5, PA
PEGASYS INJ PROCLICK, T5, PA
PEN G SOD INJ 5000000, T3
PENICILL GK/ INJ DEX 2MU, T3
PENICILL GK/ INJ DEX 3MU, T3
penicilln gk inj 20mu, T3
PENICILLN VK SOL 125/5ML, T2
PENICILLN VK SOL 250/5ML, T2
penicilln vk tab 250mg, T1
penicilln vk tab 500mg, T1
PENTAM 300 INJ 300MG, T4
PENTASA CAP 250MG CR, T4, QL
PENTASA CAP 500MG CR, T4, QL
pentoxifylli tab 400mg er, T2
perindopril tab 2mg, T6
perindopril tab 4mg, T6
perindopril tab 8mg, T6
permethrin cre 5%, T3
perphenazine tab 16mg, T3
perphenazine tab 2mg, T3
perphenazine tab 4mg, T3
perphenazine tab 8mg, T3
PERSERIS INJ 120MG, T5, PA, QL
PERSERIS INJ 90MG, T5, PA, QL
phenadoz sup 12.5mg, T3
phenelzine tab 15mg, T2
phenobarb elx 20mg/5ml, T2
phenobarb tab 100mg, T2
phenobarb tab 15mg, T2
phenobarb tab 16.2mg, T2
phenobarb tab 30mg, T2
phenobarb tab 32.4mg, T2
phenobarb tab 60mg, T2
phenobarb tab 64.8mg, T2
phenobarb tab 97.2mg, T2

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phenoxybenza cap 10mg, T5
phenylbutyra pow sodium, T5, PA
phenytoin chw 50mg, T2
phenytoin ex cap 100mg, T2
phenytoin ex cap 200mg, T2
phenytoin ex cap 300mg, T2
phenytoin sus 125/5ml, T2
PHOSLYRA SOL, T3
PHOSPHOLINE SOL 0.125%OP, T4
phrenilin cap forte, T3, QL
PICATO GEL 0.015%, T3, QL
PICATO GEL 0.05%, T3, QL
PIFELTRO TAB 100MG, T5, QL
pilocarpine sol 1% op, T2
pilocarpine sol 2% op, T2
pilocarpine sol 4% op, T2
pilocarpine tab 5mg, T3
pilocarpine tab 7.5mg, T3
pimecrolimus cre 1%, T4, PA
PIMOZIDE TAB 1MG, T2
PIMOZIDE TAB 2MG, T2
pimtrea tab, T2
pindolol tab 10mg, T2
pindolol tab 5mg, T2
pioglit/glim tab 30-2mg, T6, QL
pioglit/glim tab 30-4mg, T6, QL
pioglita/met tab 15-500mg, T6, QL
pioglita/met tab 15-850mg, T6, QL
pioglitazone tab 15mg, T6, QL
pioglitazone tab 30mg, T6, QL
pioglitazone tab 45mg, T6, QL
piper/tazoba inj 2-0.25gm, T2
piper/tazoba inj 3-0.375g, T3
piper/tazoba inj 4-0.5gm, T3
PIQRAY 200MG TAB DOSE, T5, PA, QL
PIQRAY 250MG TAB DOSE, T5, PA, QL
PIQRAY 300MG TAB DOSE, T5, PA, QL
pirmella tab 1/35, T2
piroxicam cap 10mg, T3, QL
piroxicam cap 20mg, T3, QL
PLEGRIDY INJ, T5, PA, QL
PLEGRIDY INJ PEN, T5, PA, QL
PLEGRIDY INJ STARTER, T5, PA, QL
PLEGRIDY PEN INJ STARTER, T5, PA, QL
plenamine inj 15%, T3, PA
podofilox sol 0.5%, T3
polymyxin b/ sol trimethp, T1
POMALYST CAP 1MG, T5, PA, QL
POMALYST CAP 2MG, T5, PA, QL
POMALYST CAP 3MG, T5, PA, QL
POMALYST CAP 4MG, T5, PA, QL
portia-28 tab, T2
pot chl/d5w inj 20meq/l, T2
POT CHL/D5W INJ 40MEQ/L, T3
pot chl/nacl inj 20meq/l, T3
pot chloride cap 10meq er, T2
pot chloride cap 8meq er, T2
pot chloride inj 2meq/ml, T2
pot chloride sol 10%, T4
pot chloride tab 10meq er, T2
POT CHLORIDE TAB 20MEQ ER, T3
pot chloride tab 8meq er, T2
pot citrate tab 1080mg, T3
pot citrate tab 1620mg, T3
pot citrate tab 540mg er, T3
pot cl micro tab 10meq cr, T2
pot cl micro tab 20meq er, T2
PRADAXA CAP 110MG, T4, QL
PRADAXA CAP 150MG, T4, QL
PRADAXA CAP 75MG, T4, QL
pramipexole tab 0.125mg, T1
pramipexole tab 0.25mg, T1
pramipexole tab 0.5mg, T1
pramipexole tab 0.75mg, T1
pramipexole tab 1.5mg, T1
pramipexole tab 1mg, T1
prasugrel tab 10mg, T3
prasugrel tab 5mg, T3
pravastatin tab 10mg, T6, QL
pravastatin tab 20mg, T6, QL
pravastatin tab 40mg, T6, QL
pravastatin tab 80mg, T6, QL
praziquantel tab 600mg, T4
prazosin hcl cap 1mg, T2
prazosin hcl cap 2mg, T2
prazosin hcl cap 5mg, T2
pred sod pho sol 5mg/5ml, T3
PREDNICARBAT CRE 0.1%, T3, QL
PREDNICARBAT OIN 0.1%, T2, QL
PREDNISOLONE SOL 15MG/5ML, T2
PREDNISOLONE SUS 1% OP, T3
prednisone pak 10mg, T1
prednisone pak 5mg, T1
PREDNISONE SOL 5MG/5ML, T2
prednisone tab 10mg, T1
prednisone tab 1mg, T1
prednisone tab 2.5mg, T1
prednisone tab 20mg, T1
PREDNISONE TAB 50MG, T1
prednisone tab 5mg, T1
PREMARIN TAB 0.3MG, T3
PREMARIN TAB 0.45MG, T3
PREMARIN TAB 0.625MG, T3
PREMARIN TAB 0.9MG, T3
PREMARIN TAB 1.25MG, T3
PREMARIN VAG CRE 0.625MG, T3
premasol sol 6%, T3, PA
PREMPHASE TAB, T3
PREMPRO TAB .625-2.5, T3
PREMPRO TAB 0.3-1.5, T3
PREMPRO TAB 0.45-1.5, T3
PREMPRO TAB 0.625-5, T3
prevalite pow 4gm pk, T2
previfem tab, T2
PREVYMIS TAB 240MG, T5, QL
PREVYMIS TAB 480MG, T5, QL
PREZCOBIX TAB 800-150, T5, QL
PREZISTA SUS 100MG/ML, T5, QL
PREZISTA TAB 150MG, T4, QL
PREZISTA TAB 600MG, T5, QL
PREZISTA TAB 75MG, T4, QL

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PREZISTA TAB 800MG, T5, QL
PRIFTIN TAB 150MG, T4
primaquine tab 26.3mg, T3
primidone tab 250mg, T2
primidone tab 50mg, T2
PROAIR HFA AER, T3, QL
PROAIR RESPI AER, T3, QL
proben/colch tab 500-0.5, T2
probenecid tab 500mg, T2
prochlorper sup 25mg, T3
prochlorper tab 10mg, T2
prochlorper tab 5mg, T2
PROCRIT INJ 10000/ML, T4, PA
PROCRIT INJ 2000/ML, T4, PA
PROCRIT INJ 20000/ML, T5, PA
PROCRIT INJ 3000/ML, T4, PA
PROCRIT INJ 4000/ML, T4, PA
PROCRIT INJ 40000/ML, T5, PA
procto-med cre hc 2.5%, T2
procto-pak cre 1%, T2
proctosol hc cre 2.5%, T2
proctozone cre -hc 2.5%, T2
progesterone cap 100mg, T2
progesterone cap 200mg, T2
PROGLYCEM SUS 50MG/ML, T4
PROGRAF GRA 0.2MG, T4, PA
PROGRAF GRA 1MG, T4, PA
PROLASTIN-C INJ 1000MG, T5, PA
PROLENSA SOL 0.07%, T4
PROLIA SOL 60MG/ML, T4, PA
PROMACTA POW 12.5MG, T5, PA
PROMACTA TAB 12.5MG, T5, PA
PROMACTA TAB 25MG, T5, PA
PROMACTA TAB 50MG, T5, PA
PROMACTA TAB 75MG, T5, PA
promethazine sup 12.5mg, T3
promethazine sup 25mg, T3
promethazine syp 6.25/5ml, T2
promethazine tab 12.5mg, T2
promethazine tab 25mg, T2
promethazine tab 50mg, T2
promethegan sup 25mg, T3
propafenone cap 225mg er, T4
propafenone cap 325mg er, T3
propafenone cap 425mg er, T3
propafenone tab 150mg, T2
propafenone tab 225mg, T2
propafenone tab 300mg, T2
propranolol cap 120mg er, T2
propranolol cap 160mg er, T2
propranolol cap 60mg er, T2
propranolol cap 80mg er, T2
propranolol tab 10mg, T2
propranolol tab 20mg, T2
propranolol tab 40mg, T2
propranolol tab 60mg, T2
propranolol tab 80mg, T2
propylthiour tab 50mg, T2
PROQUAD INJ, T3
protriptylin tab 10mg, T3, PA
protriptylin tab 5mg, T3, PA
PULMOZYME SOL 1MG/ML, T5, PA
PURIXAN SUS 20MG/ML, T5
PYLERA CAP, T5
pyrazinamide tab 500mg, T3
pyridostigm tab 60mg, T2
pyridostigmi sol 60mg/5ml, T5
pyridostigmi tab er 180mg, T4

Q

qnapril/hctz tab 10-12.5, T6
qnapril/hctz tab 20-12.5, T6
qnapril/hctz tab 20-25mg, T6
QUADRACEL INJ, T3
quetiapine tab 100mg, T2, QL
quetiapine tab 150mg er, T3, QL
quetiapine tab 200mg, T2, QL
quetiapine tab 200mg er, T3, QL
quetiapine tab 25mg, T2, QL
quetiapine tab 300mg, T2, QL
quetiapine tab 300mg er, T3, QL
quetiapine tab 400mg, T2, QL
quetiapine tab 400mg er, T3, QL
quetiapine tab 50mg, T2, QL
quetiapine tab 50mg er, T3, QL
quinapril tab 10mg, T6
quinapril tab 20mg, T6
quinapril tab 40mg, T6
quinapril tab 5mg, T6
quinidine gl tab 324mg cr, T5
QUINIDINE SU TAB 200MG, T2
QUINIDINE SU TAB 300MG, T2
QVAR REDIHA AER 80MCG, T3, QL
QVAR REDIHAL AER 40MCG, T3, QL

R

RABAVERT INJ, T3, PA
rabeprazole tab 20mg, T2, QL
raloxifene tab 60mg, T2
ramipril cap 1.25mg, T6
ramipril cap 10mg, T6
ramipril cap 2.5mg, T6
ramipril cap 5mg, T6
ranitidine cap 150mg, T2
ranitidine cap 300mg, T2
ranitidine syp 75mg/5ml, T2
ranitidine tab 150mg, T1
ranitidine tab 300mg, T1
ranolazine tab 1000mg, T3, QL
ranolazine tab 500mg er, T3, QL
rasagiline tab 0.5mg, T3
rasagiline tab 1mg, T4
REBETOL SOL 40MG/ML, T4
reclipsen tab, T2
RECOMBIVA HB INJ 10MCG/ML, T3, PA
RECOMBIVA HB INJ 5MCG/0.5, T3, PA
RECOMBIVA-HB INJ 40MCG/ML, T3, PA
RECTIV OIN 0.4%, T4
REGRANEX GEL 0.01%, T5, PA, QL
RELENZA MIS DISKHALE, T4
RELISTOR INJ 12/0.6ML, T5, PA
RELISTOR INJ 8/0.4ML, T5, PA
RELISTOR TAB 150MG, T5, PA

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repaglinide tab 0.5mg, T6, QL
repaglinide tab 1mg, T6, QL
repaglinide tab 2mg, T6, QL
REPATHA INJ 140MG/ML, T3, PA, QL
REPATHA PUSH INJ 420/3.5, T3, PA, QL
REPATHA SURE INJ 140MG/ML, T3, PA, QL
RESCRIPTOR TAB 200MG, T4, QL
RESTASIS EMU 0.05%, T3, PA, QL
RETACRIT INJ 10000UNT, T4, PA
RETACRIT INJ 2000UNIT, T4, PA
RETACRIT INJ 3000UNIT, T4, PA
RETACRIT INJ 40000UNT, T4, PA
RETACRIT INJ 4000UNIT, T4, PA
REVLIMID CAP 10MG, T5, PA, QL
REVLIMID CAP 15MG, T5, PA, QL
REVLIMID CAP 2.5MG, T5, PA, QL
REVLIMID CAP 20MG, T5, PA, QL
REVLIMID CAP 25MG, T5, PA, QL
REVLIMID CAP 5MG, T5, PA, QL
REXULTI TAB 0.25MG, T5, PA, QL
REXULTI TAB 0.5MG, T5, PA, QL
REXULTI TAB 1MG, T5, PA, QL
REXULTI TAB 2MG, T5, PA, QL
REXULTI TAB 3MG, T5, PA, QL
REXULTI TAB 4MG, T5, PA, QL
REYATAZ POW 50MG, T5, QL
RHOPRESSA SOL 0.02%, T3, ST
RIBAPAK PAK 1200/DAY, T5
ribasphere cap 200mg, T2
RIBASPHERE TAB 600MG, T5
ribavirin cap 200mg, T2
ribavirin tab 200mg, T2
RIDAURA CAP 3MG, T5
rifabutin cap 150mg, T5
rifampin cap 150mg, T2
rifampin cap 300mg, T2
rifampin inj 600 mg, T5
riluzole tab 50mg, T3
risedron sod tab 35mg dr, T3, QL
risedronate tab 150mg, T3, QL
risedronate tab 30mg, T3, QL
risedronate tab 35mg, T3, QL
risedronate tab 5mg, T3, QL
RISPERDAL INJ 12.5MG, T4, PA, QL
RISPERDAL INJ 25MG, T5, PA, QL
RISPERDAL INJ 37.5MG, T5, PA, QL
RISPERDAL INJ 50MG, T5, PA, QL
risperidone sol 1mg/ml, T3, QL
RISPERIDONE TAB 0.25 ODT, T3, QL
risperidone tab 0.25mg, T1, QL
risperidone tab 0.5mg, T1, QL
risperidone tab 0.5mg od, T3, QL
risperidone tab 1mg, T1, QL
risperidone tab 1mg odt, T3, QL
risperidone tab 2mg, T1, QL
risperidone tab 2mg odt, T3, QL
risperidone tab 3mg, T1, QL
risperidone tab 3mg odt, T3, QL
risperidone tab 4mg, T1, QL
risperidone tab 4mg odt, T3, QL
ritonavir tab 100mg, T3, QL
rivastigmine cap 1.5mg, T3
rivastigmine cap 3mg, T3
rivastigmine cap 4.5mg, T3
rivastigmine cap 6mg, T3
rivastigmine dis 13.3/24, T4
rivastigmine dis 4.6mg/24, T4
rivastigmine dis 9.5mg/24, T4
rizatriptan tab 10mg, T2, QL
rizatriptan tab 10mg odt, T2, QL
rizatriptan tab 5mg, T2, QL
rizatriptan tab 5mg odt, T2, QL
ropinirole tab 0.25mg, T2
ropinirole tab 0.5mg, T2
ropinirole tab 1mg, T2
ropinirole tab 2mg, T2
ropinirole tab 3mg, T2
ropinirole tab 4mg, T2
ropinirole tab 5mg, T2
rosuvastatin tab 10mg, T6, QL
rosuvastatin tab 20mg, T6, QL
rosuvastatin tab 40mg, T6, QL
rosuvastatin tab 5mg, T6, QL
ROTARIX SUS, T3
ROTATEQ SOL, T3
roweepra tab 1000mg, T2
roweepra tab 500mg, T2
roweepra tab 750mg, T2
RUBRACA TAB 200MG, T5, PA, QL
RUBRACA TAB 250MG, T5, PA, QL
RUBRACA TAB 300MG, T5, PA, QL
RYDAPT CAP 25MG, T5, PA, QL

S

SAMSCA TAB 15MG, T5, PA
SAMSCA TAB 30MG, T5, PA
SANDIMMUNE SOL 100MG/ML, T4, PA
SANTYL OIN 250/GM, T3, QL
SAPHRIS SUB 10MG, T4, PA, QL
SAPHRIS SUB 2.5MG, T4, PA, QL
SAPHRIS SUB 5MG, T4, PA, QL
scopolamine dis 1mg/3day, T3
selegiline cap 5mg, T3
SELEGILINE TAB 5MG, T3
selenium sul lot 2.5%, T2
SELZENTRY SOL 20MG/ML, T5, QL
SELZENTRY TAB 150MG, T5, QL
SELZENTRY TAB 25MG, T4, QL
SELZENTRY TAB 300MG, T5, QL
SELZENTRY TAB 75MG, T5, QL
SEREVENT DIS AER 50MCG, T3, QL
sertraline con 20mg/ml, T2, QL
sertraline tab 100mg, T1, QL
sertraline tab 25mg, T1, QL
sertraline tab 50mg, T1, QL
setlakin tab, T2
sevelamer pow 0.8gm, T5, QL
sevelamer pow 2.4gm, T5, QL
sevelamer tab 800mg, T3, QL
sharobel tab 0.35mg, T2
SHINGRIX INJ 50MCG, T3, QL
SIGNIFOR INJ 0.3MG/ML, T5, PA

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SIGNIFOR INJ 0.6MG/ML, T5, PA
SIGNIFOR INJ 0.9MG/ML, T5, PA
sildenafil tab 20mg, T3, PA, QL
SILENOR TAB 3MG, T3, QL
SILENOR TAB 6MG, T3, QL
silodosin cap 4mg, T3, QL
silodosin cap 8mg, T3, QL
silver sulfa cre 1%, T2
SIMBRINZA SUS 1-0.2%, T3
simvastatin tab 10mg, T6, QL
simvastatin tab 20mg, T6, QL
simvastatin tab 40mg, T6, QL
simvastatin tab 5mg, T6, QL
simvastatin tab 80mg, T6, QL
sirolimus sol 1mg/ml, T5, PA
sirolimus tab 0.5mg, T3, PA
sirolimus tab 1mg, T3, PA
sirolimus tab 2mg, T5, PA
SIRTURO TAB 100MG, T5
SIVEXTRO INJ 200MG, T5
SIVEXTRO TAB 200MG, T5, PA
smz-tmp sus 200-40/5, T3
smz-tmp tab 400-80mg, T1
smz/tmp ds tab 800-160, T1
sod chloride inj 0.45%, T3
sod chloride inj 0.9%, T2
sod poly sul pow, T2
sod poly sul sus 15gm/60, T2
sodium chlor sol 0.9% irr, T3
sodium pheny tab 500mg, T5, PA
SOLTAMOX SOL 10MG/5ML, T5
SOMATULINE INJ 120/.5ML, T5, PA
SOMATULINE INJ 60/0.2ML, T5, PA
SOMATULINE INJ 90/0.3ML, T5, PA
SOMAVERT INJ 10MG, T5, PA
SOMAVERT INJ 15MG, T5, PA
SOMAVERT INJ 20MG, T5, PA
SOMAVERT INJ 25MG, T5, PA
SOMAVERT INJ 30MG, T5, PA
SOOLANTRA CRE 1%, T3
sorine tab 120mg, T2
sorine tab 160mg, T2
sorine tab 240mg, T2
sorine tab 80mg, T2
sotalol af tab 120mg, T2
sotalol hcl tab 120mg, T2
sotalol hcl tab 160mg, T2
sotalol hcl tab 240mg, T2
sotalol hcl tab 80mg, T2
SOVALDI TAB 400MG, T5, PA
SPIRIVA AER 1.25MCG, T3, QL
SPIRIVA CAP HANDIHLR, T3, QL
SPIRIVA SPR 2.5MCG, T3, QL
spirono/hctz tab 25/25, T2
spironolact tab 100mg, T1
spironolact tab 25mg, T1
spironolact tab 50mg, T1
sprintec 28 tab 28 day, T2
SPRITAM TAB 1000MG, T4
SPRITAM TAB 250MG, T4
SPRITAM TAB 500MG, T4
SPRITAM TAB 750MG, T4
SPRYCEL TAB 100MG, T5, PA, QL
SPRYCEL TAB 140MG, T5, PA, QL
SPRYCEL TAB 20MG, T5, PA, QL
SPRYCEL TAB 50MG, T5, PA, QL
SPRYCEL TAB 70MG, T5, PA, QL
SPRYCEL TAB 80MG, T5, PA, QL
sps sus 15gm/60, T2
sronyx tab, T2
ssd cre 1%, T2
stavudine cap 15mg, T2, QL
stavudine cap 20mg, T2, QL
stavudine cap 30mg, T2, QL
stavudine cap 40mg, T2, QL
STELARA INJ 45MG/0.5, T5, PA
STELARA INJ 90MG/ML, T5, PA
STIMATE SOL 1.5MG/ML, T5
STIOLTO AER 2.5-2.5, T3, QL
STIVARGA TAB 40MG, T5, PA, QL
STREPTOMYCIN INJ 1GM, T3
STRIBILD TAB, T5, QL
sucralfate tab 1gm, T2
SULF/PRED NA SOL OP, T2
sulfacet sod sol 10% op, T2
sulfacetamid lot 10%, T3
SULFADIAZINE TAB 500MG, T3
sulfasalazin tab 500mg, T2
sulfasalazin tab 500mg dr, T2
sulindac tab 150mg, T2, QL
sulindac tab 200mg, T2, QL
sumatriptan inj 4mg/0.5 (auto-injector), T5
sumatriptan inj 4mg/0.5 (soln cartridge), T3
sumatriptan inj 6mg/0.5, T3
sumatriptan spr 20mg/act, T3, QL
sumatriptan spr 5mg/act, T3, QL
sumatriptan tab 100mg, T2, QL
sumatriptan tab 25mg, T2, QL
sumatriptan tab 50mg, T2, QL
SUPRAX CAP 400MG, T4
SUPRAX CHW 100MG, T3
SUPRAX CHW 200MG, T3
SUPREP BOWEL SOL PREP KIT, T4
SUTENT CAP 12.5MG, T5, PA, QL
SUTENT CAP 25MG, T5, PA, QL
SUTENT CAP 37.5MG, T5, PA, QL
SUTENT CAP 50MG, T5, PA, QL
syeda tab 3-0.03mg, T2
SYLATRON KIT 200MCG, T5, PA
SYLATRON KIT 300MCG, T5, PA
SYLATRON KIT 600MCG, T5, PA
SYMBICORT AER 160-4.5, T3, QL
SYMBICORT AER 80-4.5, T3, QL
SYMDEKO TAB 100-150, T5, PA, QL
SYMFI LO TAB, T5, QL
SYMFI TAB, T5, QL
SYMLINPEN 60 INJ 1000MCG, T5
SYMLNPEN 120 INJ 1000MCG, T5
SYMPAZAN MIS 10MG, T5, PA, QL
SYMPAZAN MIS 20MG, T5, PA, QL
SYMPAZAN MIS 5MG, T5, PA, QL
SYMTUZA TAB, T5, QL
SYNAREL SOL 2MG/ML, T5
SYNJARDY TAB, T3, QL

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SYNJARDY TAB 12.5-500, T3, QL
SYNJARDY TAB 5-1000MG, T3, QL
SYNJARDY TAB 5-500MG, T3, QL
SYNJARDY XR TAB, T3, QL
SYNJARDY XR TAB 10-1000, T3, QL
SYNJARDY XR TAB 25-1000, T3, QL
SYNJARDY XR TAB 5-1000MG, T3, QL
SYNRIBO INJ 3.5MG, T5, PA
SYNTHROID TAB 100MCG, T4
SYNTHROID TAB 112MCG, T4
SYNTHROID TAB 125MCG, T4
SYNTHROID TAB 137MCG, T4
SYNTHROID TAB 150MCG, T4
SYNTHROID TAB 175MCG, T4
SYNTHROID TAB 200MCG, T4
SYNTHROID TAB 25MCG, T4
SYNTHROID TAB 300MCG, T4
SYNTHROID TAB 50MCG, T4
SYNTHROID TAB 75MCG, T4
SYNTHROID TAB 88MCG, T4

T

TABLOID TAB 40MG, T4
tacrolimus cap 0.5mg, T3, PA
tacrolimus cap 1mg, T3, PA
tacrolimus cap 5mg, T3, PA
tacrolimus oin 0.03%, T3, PA
tacrolimus oin 0.1%, T3, PA
tadalafil tab 20mg, T5, PA, QL
TAFINLAR CAP 50MG, T5, PA, QL
TAFINLAR CAP 75MG, T5, PA, QL
TAGRISSO TAB 40MG, T5, PA, QL
TAGRISSO TAB 80MG, T5, PA, QL
TALZENNA CAP 0.25MG, T5, PA, QL
TALZENNA CAP 1MG, T5, PA, QL
tamoxifen tab 10mg, T2
tamoxifen tab 20mg, T2
tamsulosin cap 0.4mg, T1, QL
TARGRETIN GEL 1%, T5
tarina 24 fe tab, T2
tarina fe tab 1/20, T2
TASIGNA CAP 150MG, T5, PA, QL
TASIGNA CAP 200MG, T5, PA, QL
TASIGNA CAP 50MG, T5, PA, QL
tazarotene cre 0.1%, T3, PA
tazicef inj 1gm, T3
tazicef inj 2gm, T3
tazicef inj 6gm, T3
TAZORAC CRE 0.05%, T4, PA
TAZORAC GEL 0.05%, T4, PA
TAZORAC GEL 0.1%, T4, PA
taztia xt cap 120mg/24, T2
taztia xt cap 180mg/24, T2
taztia xt cap 240mg/24, T2
taztia xt cap 300mg er, T2
taztia xt cap 360mg/24, T2
TDVAX INJ 2-2 LF, T3, PA
TECFIDERA CAP 120MG, T5, PA, QL
TECFIDERA CAP 240MG, T5, PA, QL
TECFIDERA MIS STARTER, T5, PA, QL
TEFLARO INJ 400MG, T5
TEFLARO INJ 600MG, T5
TEKTURNA HCT TAB 150-12.5, T3, QL
TEKTURNA HCT TAB 150-25MG, T3, QL
TEKTURNA HCT TAB 300-12.5, T3, QL
TEKTURNA HCT TAB 300-25MG, T3, QL
telmisa/hctz tab 40-12.5, T6, QL
telmisa/hctz tab 80-12.5, T6, QL
telmisa/hctz tab 80-25mg, T6, QL
telmisartan tab 20mg, T6, QL
telmisartan tab 40mg, T6, QL
telmisartan tab 80mg, T6, QL
temazepam cap 15mg, T1, QL
temazepam cap 30mg, T1, QL
TENCON TAB 50-325MG, T3, PA, QL
TENIVAC INJ 5-2LF, T3, PA
tenofovir tab 300mg, T4, QL
terazosin cap 10mg, T1, QL
terazosin cap 1mg, T1, QL
terazosin cap 2mg, T1, QL
terazosin cap 5mg, T1, QL
terbinafine tab 250mg, T1
terbutaline tab 2.5mg, T3
terbutaline tab 5mg, T3
terconazole cre 0.4%, T3
TERCONAZOLE CRE 0.8%, T3
terconazole sup 80mg, T3
testost cyp inj 100mg/ml, T2
testost cyp inj 200mg/ml, T2
testost enan inj 200mg/ml, T3
testosterone gel 1.62%, T4, PA, QL
testosterone gel 1%(25mg), T4, PA, QL
testosterone gel 1%(50mg), T4, PA, QL
TESTOSTERONE GEL PUMP 1%, T4, PA, QL
testosterone sol 30mg/act, T4, PA, QL
tetrabenazin tab 12.5mg, T5, PA, QL
tetrabenazin tab 25mg, T5, PA, QL
tetracycline cap 250mg, T3
tetracycline cap 500mg, T3
THALOMID CAP 100MG, T5, PA, QL
THALOMID CAP 150MG, T5, PA, QL
THALOMID CAP 200MG, T5, PA, QL
THALOMID CAP 50MG, T5, PA, QL
theophylline tab 100mg cr, T2
theophylline tab 200mg cr, T2
theophylline tab 300mg er, T2
theophylline tab 400mg er, T2
theophylline tab 600mg er, T2
thioridazine tab 100mg, T2
thioridazine tab 10mg, T2
thioridazine tab 25mg, T2
thioridazine tab 50mg, T2
thiothixene cap 10mg, T3
thiothixene cap 1mg, T3
thiothixene cap 2mg, T3

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thiothixene cap 5mg, T3
tiagabine tab 12mg, T3
tiagabine tab 16mg, T3
tiagabine tab 2mg, T3
tiagabine tab 4mg, T3
TIBSOVO TAB 250MG, T5, PA, QL
tigecycline inj 50mg, T5
TIMOLOL GEL SOL 0.25% OP, T3
TIMOLOL GEL SOL 0.5% OP, T3
timolol mal sol 0.25% op, T1
timolol mal sol 0.5% op, T1
TIMOLOL MAL TAB 10MG, T3
TIMOLOL MAL TAB 20MG, T3
timolol mal tab 5mg, T2
timolol male sol 0.5%, T3
TIVICAY TAB 10MG, T4, QL
TIVICAY TAB 25MG, T5, QL
TIVICAY TAB 50MG, T5, QL
tizanidine cap 2mg, T3
tizanidine cap 4mg, T3
tizanidine cap 6mg, T3
tizanidine tab 2mg, T2
tizanidine tab 4mg, T2
tobra/dexame sus 0.3-0.1%, T3
TOBRADEX OIN 0.3-0.1%, T4
TOBRAMYCIN INJ 10MG/ML, T3
tobramycin inj 40mg/ml, T3
tobramycin neb 300/5ml, T5, PA
tobramycin sol 0.3% op, T2
tolcapone tab 100mg, T5
TOLMETIN SOD CAP 400MG, T3, QL
tolterodine cap 2mg er, T3, QL
tolterodine cap 4mg er, T3, QL
tolterodine tab 1mg, T3, QL
tolterodine tab 2mg, T3, QL
topiramate cap 15mg, T3
topiramate cap 25mg, T2
topiramate tab 100mg, T1
topiramate tab 200mg, T1
topiramate tab 25mg, T1
topiramate tab 50mg, T1
toremifene tab 60mg, T5
torsemide tab 100mg, T1
torsemide tab 10mg, T1
torsemide tab 20mg, T1
torsemide tab 5mg, T1
TOUJEO MAX INJ 300IU/ML, T3, QL
TOUJEO SOLO INJ 300IU/ML, T3, QL
TOVIAZ TAB 4MG, T3, QL
TOVIAZ TAB 8MG, T3, QL
TRACLEER TAB 32MG, T5, PA, QL
TRADJENTA TAB 5MG, T4, QL
tramadl/apap tab 37.5-325, T3, QL
tramadol hcl tab 100mg er, T3, QL
tramadol hcl tab 200mg er, T3, QL
tramadol hcl tab 300mg er, T2, PA, QL
tramadol hcl tab 50mg, T1, QL
trandolapril tab 1mg, T6
trandolapril tab 2mg, T6
trandolapril tab 4mg, T6
tranex acid tab 650mg, T3
tranylcyprom tab 10mg, T3
TRAVATAN Z DRO 0.004%, T3
trazodone tab 100mg, T1
trazodone tab 150mg, T1
trazodone tab 300mg, T3
trazodone tab 50mg, T1
TRECATOR TAB 250MG, T4
TRELEGY AER ELLIPTA, T3, QL
TRELSTAR MIX INJ 11.25MG, T5, PA
TRELSTAR MIX INJ 22.5MG, T5, PA
TRELSTAR MIX INJ 3.75MG, T5, PA
TRESIBA FLEX INJ 100UNIT, T3, QL
TRESIBA FLEX INJ 200UNIT, T3, QL
TRESIBA INJ 100UNIT, T3, QL
tretinoin cap 10mg, T5, PA
tretinoin cre 0.025%, T3
tretinoin cre 0.05%, T3
tretinoin cre 0.1%, T3
tretinoin gel 0.01%, T3
tretinoin gel 0.025%, T3
tri-estaryll tab, T2
tri-legest tab fe, T2
tri-lo tab estaryll, T2
tri-lo- tab sprintec, T2
tri-mili tab, T2
tri-previfem tab, T2
tri-sprintec tab, T2
tri-vylibra tab, T2
tri-vylibra tab lo, T2
triamcinolon cre 0.025%, T2, QL
triamcinolon cre 0.1%, T2, QL
triamcinolon cre 0.5%, T2, QL
triamcinolon lot 0.025%, T2, QL
triamcinolon lot 0.1%, T2, QL
triamcinolon oin 0.025%, T2, QL
triamcinolon oin 0.1%, T2, QL
triamcinolon oin 0.5%, T2, QL
triamcinolon pst den 0.1%, T3
triamt/hctz cap 37.5-25, T1
triamt/hctz tab 37.5-25, T1
triamt/hctz tab 75-50mg, T1
triazolam tab 0.25mg, T3
triderm cre 0.1%, T2, QL
trientine cap 250mg, T5, PA, QL
trifluoperaz tab 10mg, T3
trifluoperaz tab 1mg, T3
trifluoperaz tab 2mg, T3
trifluoperaz tab 5mg, T3
TRIFLURIDINE SOL 1% OP, T3
trihexyphen tab 2mg, T2
trihexyphen tab 5mg, T2
trilyte sol, T2
trimethoprim tab 100mg, T2
trimipramine cap 100mg, T3, PA
trimipramine cap 25mg, T3, PA
trimipramine cap 50mg, T3, PA
TRINTELLIX TAB 10MG, T4, QL
TRINTELLIX TAB 20MG, T4, QL
TRINTELLIX TAB 5MG, T4, QL
TRIUMEQ TAB, T5, QL
trivora-28 tab, T2
trospium chl cap 60mg er, T2, QL

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trospium cl tab 20mg, T2, QL
TRULICITY INJ 0.75/0.5, T3, QL, ST
TRULICITY INJ 1.5/0.5, T3, QL, ST
TRUMENBA INJ, T3
TRUVADA TAB 100-150, T5, QL
TRUVADA TAB 133-200, T5, QL
TRUVADA TAB 167-250, T5, QL
TRUVADA TAB 200-300, T5, QL
TWINRIX INJ, T3
TYBOST TAB 150MG, T3, QL
tydemy tab, T3
TYKERB TAB 250MG, T5, PA, QL
TYMLOS INJ, T5, PA
TYPHIM VI INJ, T3

U

UDENYCA INJ 6MG/.6ML, T5, PA
unithroid tab 100mcg, T1
unithroid tab 112mcg, T1
unithroid tab 125mcg, T1
unithroid tab 150mcg, T1
unithroid tab 175mcg, T1
unithroid tab 200mcg, T1
unithroid tab 25mcg, T1
unithroid tab 300mcg, T1
unithroid tab 50mcg, T1
unithroid tab 75mcg, T1
unithroid tab 88mcg, T1
UPTRAVI TAB 1000MCG, T5, PA, QL
UPTRAVI TAB 1200MCG, T5, PA, QL
UPTRAVI TAB 1400MCG, T5, PA, QL
UPTRAVI TAB 1600MCG, T5, PA, QL
UPTRAVI TAB 200/800, T5, PA, QL
UPTRAVI TAB 200MCG, T5, PA, QL
UPTRAVI TAB 400MCG, T5, PA, QL
UPTRAVI TAB 600MCG, T5, PA, QL
UPTRAVI TAB 800MCG, T5, PA, QL
ursodiol cap 300mg, T4
ursodiol tab 250mg, T2
ursodiol tab 500mg, T2

V

valacyclovir tab 1gm, T2
valacyclovir tab 500mg, T2
VALCHLOR GEL 0.016%, T5
valganciclov sol 50mg/ml, T5
valganciclov tab 450mg, T5
valproic acd cap 250mg, T2
valproic acd sol 250/5ml, T2
valsart/hctz tab 160-12.5, T6, QL
valsart/hctz tab 160-25mg, T6, QL
valsart/hctz tab 320-12.5, T6, QL
valsart/hctz tab 320-25mg, T6, QL
valsart/hctz tab 80-12.5, T6, QL
valsartan tab 160mg, T6, QL
valsartan tab 320mg, T6, QL
valsartan tab 40mg, T6, QL
valsartan tab 80mg, T6, QL
vancomycin cap 125mg, T3, QL
vancomycin cap 250mg, T5, QL
vancomycin inj 1000mg, T3
vancomycin inj 10gm, T3
VANCOMYCIN INJ 250MG, T4
vancomycin inj 500mg, T3
vancomycin inj 750mg, T3
vandazole gel 0.75%, T3
VAQTA INJ 25/0.5ML, T3
VAQTA INJ 50UNT/ML, T3
VARIVAX INJ, T3
VASCEPA CAP 0.5GM, T3
VASCEPA CAP 1GM, T3
velivet pak, T2
VELTASSA POW 16.8GM, T5
VELTASSA POW 25.2GM, T5
VELTASSA POW 8.4GM, T5
VENCLEXTA TAB 100MG, T5, PA, QL
VENCLEXTA TAB 10MG, T4, PA, QL
VENCLEXTA TAB 50MG, T5, PA, QL
VENCLEXTA TAB START PK, T5, PA, QL
venlafaxine cap 150mg er, T1, QL
venlafaxine cap 37.5 er, T1, QL
venlafaxine cap 75mg er, T1, QL
venlafaxine tab 100mg, T2, QL
venlafaxine tab 150mg er, T4, QL
venlafaxine tab 225mg er, T4, QL
venlafaxine tab 25mg, T2, QL
venlafaxine tab 37.5 er, T4, QL
venlafaxine tab 37.5mg, T2, QL
venlafaxine tab 50mg, T2, QL
venlafaxine tab 75mg, T2, QL
venlafaxine tab 75mg er, T4, QL
VENTAVIS SOL 10MCG/ML, T5, PA, QL
VENTAVIS SOL 20MCG/ML, T5, PA, QL
VENTOLIN HFA AER, T3, QL
verapamil cap 100mg er, T2
verapamil cap 120mg er, T2
verapamil cap 180mg er, T2
verapamil cap 200mg er, T2
verapamil cap 240mg er, T2
VERAPAMIL CAP 300MG ER, T2
VERAPAMIL CAP 360MG SR, T2
verapamil tab 120mg, T1
verapamil tab 120mg er, T1
verapamil tab 180mg er, T1
verapamil tab 240mg er, T1
verapamil tab 40mg, T1
verapamil tab 80mg, T1
VERSACLOZ SUS 50MG/ML, T5, PA, QL
VERZENIO TAB 100MG, T5, PA, QL
VERZENIO TAB 150MG, T5, PA, QL
VERZENIO TAB 200MG, T5, PA, QL
VERZENIO TAB 50MG, T5, PA, QL
vicodin es tab 7.5-300, T3, QL
vicodin hp tab 10-300mg, T3, QL
vicodin tab 5-300mg, T3, QL
VICTOZA INJ 18MG/3ML, T3, QL, ST
VIDEX EC CAP 125MG, T4, QL
VIDEX EC CAP 200MG, T4, QL
VIDEX EC CAP 250MG, T4, QL
VIDEX EC CAP 400MG, T4, QL
VIDEX SOL 4GM, T4, QL
VIEKIRA PAK TAB, T5, PA

Drug coverage varies by dosage form/strength. While a drug may appear on the covered drug list, the particular dosage form/strength may not meet the coverage requirements. Please refer to the Comprehensive Formulary for detailed coverage information. Most generic drugs are listed in lower case lettering. Most brand drugs are found in all caps. Tier 6 medications are available at $0 copay for a 90-100 day supply at all network pharmacies. Pharmacy Benefits are subject to change.

vienva tab 0.1-20, T2
vigabatrin pak 500mg, T5, QL
vigabatrin tab 500mg, T5, QL
vigadrone pow 500mg, T5, QL
VIIBRYD KIT STARTER, T4, QL
VIIBRYD TAB 10MG, T4, QL
VIIBRYD TAB 20MG, T4, QL
VIIBRYD TAB 40MG, T4, QL
VIMPAT SOL 10MG/ML, T3
VIMPAT TAB 100MG, T3
VIMPAT TAB 150MG, T3
VIMPAT TAB 200MG, T3
VIMPAT TAB 50MG, T3
VIRACEPT TAB 250MG, T5, QL
VIRACEPT TAB 625MG, T5, QL
VIREAD POW 40MG/GM, T5, QL
VIREAD TAB 150MG, T5, QL
VIREAD TAB 200MG, T5, QL
VIREAD TAB 250MG, T5, QL
VITRAKVI CAP 100MG, T5, PA, QL
VITRAKVI CAP 25MG, T5, PA, QL
VITRAKVI SOL 20MG/ML, T5, PA, QL
VIVITROL INJ 380MG, T5
VIZIMPRO TAB 15MG, T5, PA, QL
VIZIMPRO TAB 30MG, T5, PA, QL
VIZIMPRO TAB 45MG, T5, PA, QL
voriconazole inj 200mg, T3, PA
voriconazole sus 40mg/ml, T5, PA
voriconazole tab 200mg, T5, PA
voriconazole tab 50mg, T5, PA
VOSEVI TAB, T5, PA
VOTRIENT TAB 200MG, T5, PA, QL
VRAYLAR CAP 1.5MG, T4, PA, QL
VRAYLAR CAP 3MG, T5, PA, QL
VRAYLAR CAP 4.5MG, T5, PA, QL
VRAYLAR CAP 6MG, T4, PA, QL
vyfemla tab 0.4-35, T2
vylibra tab 0.25-35, T2

W

warfarin tab 10mg, T1
warfarin tab 1mg, T1
warfarin tab 2.5mg, T1
warfarin tab 2mg, T1
warfarin tab 3mg, T1
warfarin tab 4mg, T1
warfarin tab 5mg, T1
warfarin tab 6mg, T1
warfarin tab 7.5mg, T1
wymzya fe chw 0.4mg-35, T2

X

XALKORI CAP 200MG, T5, PA, QL
XALKORI CAP 250MG, T5, PA, QL
XARELTO STAR TAB 15/20MG, T3, QL
XARELTO TAB 10MG, T3, QL
XARELTO TAB 15MG, T3, QL
XARELTO TAB 2.5MG, T3, QL
XARELTO TAB 20MG, T3, QL
XATMEP SOL 2.5MG/ML, T4, PA
XELJANZ TAB 10MG, T5, PA
XELJANZ TAB 5MG, T5, PA
XGEVA INJ, T5, PA
XIFAXAN TAB 550MG, T5, PA, QL
XOFLUZA TAB 20MG, T4
XOFLUZA TAB 40MG, T4
XOLAIR INJ 150MG/ML, T5, PA
XOLAIR INJ 75/0.5, T5, PA
XOLAIR SOL 150MG, T5, PA
XOPENEX HFA AER, T4, QL
XOSPATA TAB 40MG, T5, PA, QL
XTAMPZA ER CAP 13.5MG, T3, QL
XTAMPZA ER CAP 18MG, T3, QL
XTAMPZA ER CAP 27MG, T3, QL
XTAMPZA ER CAP 36MG, T3, QL
XTAMPZA ER CAP 9MG, T3, QL
XTANDI CAP 40MG, T5, PA, QL
XYREM SOL 500MG/ML, T5, PA, QL

Y

YF-VAX INJ, T3
YONSA TAB 125MG, T5, PA, QL
yuvafem tab 10mcg, T3

Z

zafirlukast tab 10mg, T3
zafirlukast tab 20mg, T3
zaleplon cap 10mg, T2, QL
zaleplon cap 5mg, T2, QL
zarah tab 3-0.03mg, T2
zebutal cap, T3, QL
ZEJULA CAP 100MG, T5, PA, QL
ZELBORAF TAB 240MG, T5, PA, QL
zenatane cap 10mg, T3
zenatane cap 20mg, T3
zenatane cap 30mg, T3
zenatane cap 40mg, T3
ZENPEP CAP 10000UNT, T3
ZENPEP CAP 15000UNT, T3
ZENPEP CAP 20000UNT, T3
ZENPEP CAP 25000, T3
ZENPEP CAP 3000UNIT, T3
ZENPEP CAP 40000, T3
ZENPEP CAP 5000UNIT, T3
zenzedi tab 10mg, T3, QL
zenzedi tab 5mg, T3, QL
ZEPATIER TAB 50-100MG, T5, PA
zidovudine cap 100mg, T2, QL
zidovudine syp 50mg/5ml, T3, QL
zidovudine tab 300mg, T2, QL
ziprasidone cap 20mg, T2, QL
ziprasidone cap 40mg, T2, QL
ziprasidone cap 60mg, T2, QL
ziprasidone cap 80mg, T2, QL
ZOHYDRO ER CAP 10MG, T4, PA, QL
ZOHYDRO ER CAP 15MG, T4, PA, QL
ZOHYDRO ER CAP 20MG, T4, PA, QL
ZOHYDRO ER CAP 30MG, T4, PA, QL
ZOHYDRO ER CAP 40MG, T4, PA, QL

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ZOHYDRO ER CAP 50MG, T4, PA, QL
ZOLINZA CAP 100MG, T5, PA, QL
zolpidem er tab 12.5mg, T3, QL
zolpidem er tab 6.25mg, T3, QL
zolpidem tab 10mg, T1, QL
zolpidem tab 5mg, T1, QL
zonisamide cap 100mg, T2
zonisamide cap 25mg, T2
zonisamide cap 50mg, T2
ZONTIVITY TAB 2.08MG, T4
ZORTRESS TAB 0.25MG, T5, PA
ZORTRESS TAB 0.5MG, T5, PA
ZORTRESS TAB 0.75MG, T5, PA
ZORTRESS TAB 1MG, T5, PA
ZOSTAVAX INJ, T3, QL
zovia 1/35e tab, T2
ZYDELIG TAB 100MG, T5, PA, QL
ZYDELIG TAB 150MG, T5, PA, QL
ZYKADIA CAP 150MG, T5, PA, QL
ZYKADIA TAB 150MG, T5, PA, QL
ZYPREXA RELP INJ 210MG, T5, PA, QL
ZYTIGA TAB 500MG, T5, PA, QL

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ALIGNMENT
HEALTH PLAN

For enrollment questions, please call

1-888-979-2247 (TTY users call 711)

8am to 8pm., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31 and Monday to Friday (except holidays) from April 1 through September 30 or visit alignmenthealthplan.com

Alignment Health Plan is an HMO, PPO and an HMO SNP plan with a Medicare contract. Enrollment in Alignment Health Plan depends on contract renewal. The formulary, and/or pharmacy network may change at any time. You will receive notice when necessary. Alignment Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-877-399-2247 (TTY 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-399-2247 (TTY 711).

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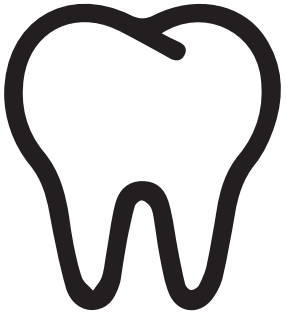

2020 DENTAL BENEFIT GUIDE

ALIGNMENT HEALTH PLAN

Introduction
SECTION 1

Alignment Health Plan (AHP) proudly offers Alignment Dental Plan. This comprehensive dental plan has no monthly premium, no deductibles and low cost co-payments for more than 250 procedures that include checkups, cleanings, gum care, and restorative work.

This directory provides a list of Alignment Health Plan's covered dental benefits.

AHP contracts with LIBERTY Dental Plan of California Inc. (LDP) to provide your dental and administrative services.

Alignment Dental Plan is affordable and easy to use! There are virtually no claim forms to complete, and this full service dental plan offers up to 50% discounted fees on basic services. Specialty referral benefits have no annual or lifetime maximum.

You automatically become a member of Alignment Dental Plan when you become a member of AHP. Your enrollment is effective the first day of the month, following the date you signed up for services. For example, if you sign up on September 15th, your effective date will be October 1st. If you sign up during an Initial Enrollment Period or during the Annual Election Period, your effective date may vary.

You are not required to select a specific dentist at the time of enrollment. However, you must use LDP's contracted providers to utilize dental benefits. These contracted providers are listed in the Provider Directory. Some network providers may have been added or removed from our network after the directory was printed. We do not guarantee that each provider is still accepting new members. The most current provider information may also be found on the Alignment Health Plan's website at alignmenthealthplan. com. Always check with your dental office before receiving services to make sure they are a LIBERTY Dental Plan contracted provider.

Your dentist will determine the appropriate care that you may need. The co-payments listed in the chart apply for services only when prescribed by a contracted LDP provider as a necessary, adequate and appropriate procedure for your dental condition.

For more recent information or other questions, please contact LIBERTY Dental via telephone toll free at (866) 454-3008 Monday through Friday between the hours of 8:00 am and 5:00 pm (excluding holidays). LIBERTY Dental Plan has bilingual representatives that can assist in the language most convenient for you. The chart listed in this section shows all your covered dental procedures and co-payments. Not all benefits may be suitable for you.

Benefit Guidelines
SECTION 2

➤ HOW TO RECEIVE CARE

Dental benefits are covered only if they are provided by a contracted LIBERTY Dental Plan provider. The only time you may receive care outside of the LIBERTY Dental Plan network is for emergency dental services described later in this section. Remember to always check with your dental office before receiving services to make sure the office is a LIBERTY Dental Plan provider.

➤ EMERGENCY DENTAL CARE

All affiliated LIBERTY Dental Plan primary care dental offices provide emergency dental services 24 hours a day, 7 days a week.

In the event you require emergency dental care, contact your Primary Care Dentist to schedule an immediate appointment. For urgent or unexpected dental conditions that occur after hours or on weekends, contact your Primary Care Dentist for instructions on how to proceed.

If your Primary Care Dentist is unavailable, simply contact any licensed dentist to receive care. LIBERTY Dental Plan will reimburse you for dental expenses up to a maximum of $75, less applicable co-payments.

Alignment Health Plan provides coverage for emergency dental services only if the services are required to alleviate severe pain or bleeding, or if you reasonably believe that the condition, if not diagnosed or treated, may lead to disability, dysfunction or permanent damage to your health.

➤ HOW TO OBTAIN EMERGENCY DENTAL CARE

Emergency dental services and care which are covered by LIBERTY Dental Plan include, as defined in the Health & Safety Code, a dental screening, an examination, an evaluation by a dentist or a dental specialist to determine if an emergency dental condition exists, and to provide care that would be acknowledged as within professionally recognized standards of care and in order to alleviate any emergency symptoms in a dental office. Medical and/ or psychiatric emergencies are not covered by LIBERTY Dental Plan if the services are rendered in a hospital setting which are covered by Alignment Health Plan, or if LIBERTY Dental Plan determines the services were not dental in nature.

At the time of your appointment, your dentist may recommend other dental procedures that are not covered benefits. Services that are not covered can include implants, specialized metals used for fillings and crowns, or other services. If your dentist recommends dental services not covered by this plan, you can talk with your dentist to see if there are other treatment options that are covered. If you choose to accept dental services that are not covered by this plan, you will need to pay for those services.

➤ OPTIONAL DENTAL TREATMENT

Optional dental treatment is any procedure that is:

- A dental laboratory upgrade of a standard covered material(s) (members may be charged a surcharge based on the additional laboratory costs) or
- A more extensive covered service that is an alternative to an adequate, but more conservative, covered dental service. If you choose a more extensive treatment than what is recommended by your dentist or that is an alternative to an adequate, but more conservative covered dental service, you must pay the difference between your selected dental office's usual and customary fee for the more extensive treatment, and the usual and customary fee for the covered benefit. You must also pay the co-payment for the covered benefits that are listed in the dental procedures chart.

Sometimes, there are several clinical options that are

professionally recognized and could be considered for you by your dentist. To ensure that you receive acceptable dental benefits in a consistent manner, LDP publishes its Governing Administrative Policies (GAPs), and other clinical criteria and guidelines, and distributes them to contracted dentists.

This document is revised periodically to incorporate guidelines under which some treatments should be considered covered or optional. Your dentist may refer to these guidelines to determine the treatment plan to be utilized.

➤ EMERGENCY DENTAL CARE

Emergency dental care is any dental service (provided inside or outside the Alignment Health Plan service area) required for treatment of severe pain, swelling, bleeding, or the diagnosis and treatment of unforeseen dental conditions which, if not treated immediately, may lead to disability, dysfunction, or permanent damage to your health.

➤ IN-AREA EMERGENCY DENTAL CARE

If you feel you require emergency dental care and you are within your Alignment Health Plan service area, call your selected general dentist immediately. The dental office personnel will advise you what to do. Your dental office is available in an emergency 24 hours a day, 7 days a week.

➤ OUT-OF-AREA EMERGENCY DENTAL CARE

If you are outside your Alignment Health Plan service area and are in need of emergency dental care, you may go to any licensed dentist. The services you receive from the out- of-area dentist are covered up to $75 (minus any applicable member co-payments) as long as a transfer to a network provider is a risk to your health. To obtain reimbursement, submit your request for reimbursement, payment receipt, and description of services rendered in writing to:

Alignment Health Plan
Attn: Member Services Department
1100 W. Town and Country Rd., Suite 300
Orange, CA 92868

There are time limits for filing claims for reimbursement. Generally, bills for reimbursement must be submitted to LDP within 6 months of the date of service, unless there is a reason for filing later.

➤ DENIAL OF A REIMBURSEMENT CLAIM FOR OUT-OF-AREA EMERGENCY DENTAL CARE

If your claim for reimbursement of out-of-area emergency dental care is partially or fully denied, LDP will notify you in writing of the decision. The notice states the specific reason for the denial and informs you that you may request a reconsideration of the denial.

To request a review of the denial or partial denial, submit a written notice to Alignment Health Plan within sixty (60) days of receiving the denial notice.

➤ GETTING A REFERRAL TO A DENTAL SPECIALIST

Your selected primary care dentist will assess whether you need a referral to a dental specialist. In cases involving dental emergencies that need the care of a specialist, your selected primary care dentist will contact LDP by telephone to request an emergency referral. For non-emergency referrals, the following procedures apply:

- Your selected primary care dentist completes a written referral form for you and mails it to LDP.
- LDP staff processes the referral request and has a dentist review the request. The referral, if approved by LDP, is made to a specialist contracted with LDP who practices in your area. If there are no contracted specialists located in your area, LDP may approve treatment by a noncontracted specialist in your area.

For dental benefits to be covered by a LDP specialist, you must first obtain a referral from your LDP primary care dentist.

When approved, specialty services are provided,

and your responsibility is limited to applicable co-payments:

- There is no annual maximum for covered specialty care services.

If LDP has not authorized your referral to a specialist, in writing and in advance, LDP is not obligated to pay for services performed.

➤ OBTAINING A SECOND OPINION FOR DENTAL CARE

You may request a second opinion about your dental care from another dentist who contracts with LDP if:

- You are not satisfied with treatment you received from your selected dentist;
- You are uncertain about a proposed treatment plan;
- You do not agree with the recommendations of your selected dentist and/or the LDP Director; or
- You are dissatisfied with the quality of dental work being performed.

Price comparison regarding a proposed procedure or treatment plan is not sufficient grounds for obtaining a second opinion.

➤ SELECTING ANOTHER DENTIST

You may select any provider within LPD's provider network.

Note: If you owe your dentist any money at the time you want to transfer to another dentist, you must first pay any monies owed to your current dentist. If you transfer dentists, you are responsible for a nominal fee for the duplication and transfer of X-rays or other records to your new dentist.

Contracted dentists may terminate a member from their practice when a breakdown in a workable doctor-patient relationship occurs or cannot be established. LDP cannot compel or require a contracted dentist to treat any member for any reason. LDP customer service representatives will assist members in selecting a new dentist; please contact Member Services at 1-866-454-3008.

LDP will notify you at least thirty (30) days prior to the dentist's effective termination date so that you may select another dentist.

If you are notified by LDP or by the dentist that this has occurred, fees for the duplication and transfer of X-rays or other records are waived.

Members may not usually transfer dentists while in the middle of a multi-visit procedure where a final impression for a fabrication of a dental appliance has occurred, unless exceptional cause can be shown. This includes crowns, inlays and onlays (advanced restorative procedures), removable partial dentures and complete dentures (removable prosthodontics) and components of bridges (fixed prosthodontics).

In cases where LDP allows for transfer in mid procedure, you may be charged for laboratory charges incurred by the dentist in fabricating the dental appliance. The charges may not exceed the listed co-payments for the covered procedures. In addition, you may be charged for laboratory charges for optional features ordered for you by your dentist.

➤ IF YOUR DENTIST NO LONGER CONTRACTS WITH LIBERTY DENTAL PLAN OF CALIFORNIA, INC.

If the dentist is unable to continue to contract with LDP or if LDP cancels the contract, LDP will notify you at least thirty (30) days prior to the dentist's effective termination date. Your fees for the duplication and transfer of X-rays or other records will be waived.

Exclusions & Limitations

SECTION 2

➤ *GUIDELINES FOR INLAYS, ONLAYS, CROWNS, PONTICS AND ABUTMENTS

The maximum amount chargeable to the Member to upgrade to resin or porcelain on molar teeth (teeth number 1-3, 14-19, 30-32) and/or upgrade to noble metal, high noble metal, titanium alloy or titanium is $250.00.

Brand name restorations, (e.g. Sunrise, Captek, Vitadure-N, Hi-Ceram, Optec, HSP, In-Ceram, Empress, Cerec, AllCeram, Procera, Lava, etc.), may be considered elective upgraded procedures if their related CPT procedure codes are not listed as covered benefits.

Resin, porcelain and any resin to metal or porcelain to metal crowns and pontics are a benefit on anterior (teeth numbers 6-11, 22-27), first bicuspid (teeth numbers 5, 12, 21, and 28) and second bicuspid (teeth numbers 4, 13, 20, and 29) teeth only. The member will be charged the additional lab cost to add resin or porcelain to all molar (teeth numbers 1-3, 14-19, 30-32) crowns and pontics.

Cast base metal restorations are covered benefits for molar teeth. Resin-based composite and porcelain to metal crowns may be considered elective upgraded procedures. Adding a porcelain margin may be considered an elective upgraded procedure.

If elected, noble, high noble metal, or titanium may be considered an elective upgraded procedure.

➤ GUIDELINES FOR PERIODONTAL SERVICES

No more than two (2) quadrants of Periodontal scaling and root planning per appointment/per day are allowed.

➤ LIMITATIONS

1. Prophylaxis are covered once every six consecutive months.
2. Full mouth X-rays are limited to once every thirty six (36) consecutive months.
3. Fluoride treatments are covered once every six (6) months.
4. Sealants and sealant repairs are covered only on the first and second permanent molars and up to the fourteenth (14th) birth date.
5. Crowns, jackets, inlays and outlays are benefits on the same tooth only once every five (5) years and consistent with professionally recognized standards of dental practice.
6. Replacement of existing full and partial dentures are covered once, per dental arch, every five (5) years, except when they cannot be made functional through reline or repairs.
7. Denture relines are covered twice per year, and only when consistent with professional recognized standards of dental practice.
8. Any routine dental services performed by general dentist (DDS) or doctor of dental surgery or a doctor of dental medicine (DMD) in an inpatient/outpatient hospital setting, under certain circumstances, will be considered for coverage.

➤ EXCEPTIONS

1. Any procedure not specifically listed as a Covered Service.
2. Replacement of lost or stolen prosthetics or appliances including crowns, bridges, partial dentures, full dentures, and orthodontic appliances.

3. Any treatment requested, or appliances made, which are either not necessary for maintaining or improving dental health, or are for cosmetic purposes unless otherwise covered as a benefit;
4. Procedures considered experimental, treatment involving implants or pharmacological regimens other than listed as Covered Service (See “Independent Medical Review” in the Group Evidence of Coverage and Disclosure Form);
5. Oral surgery requiring the setting of bone fractures or bone dislocations;
6. Hospitalization;
7. Out-patient services;
8. Ambulance services;
9. Durable Medical Equipment;
10. Mental Health services;
11. Chemical Dependency services;
12. Home Health services;
13. General anesthesia, analgesia, intravenous/ intramuscular sedation or the services of an anesthesiologist other than listed as Covered Service;
14. Treatment started before the member was eligible, or after the member was no longer eligible;
15. Procedures, appliances, or restorations to correct congenital, developmental or medically induced dental disorder, including but not limited to: myofunctional(e.g. speech therapy), myoskeletal, or temporomandibular joint dysfunctions (e.g. adjustments/ corrections to the facial bones) unless otherwise covered as an orthodontic benefit;
16. Procedures which are determined not to be dentally necessary consistent with professionally recognized standards of dental practice;
17. Treatment of malignancies, cysts, or neoplasms;
18. Orthodontic treatment started prior to member’s effective date of coverage;
19. Appliances needed to increase vertical dimension or restore occlusion;
20. Any services performed outside of your assigned dental office, unless expressly authorized by Liberty Dental Plan, or unless as outlined and covered in “Emergency Dental Care” section.

Benefit Table
SECTION 2

No Annual Deductible, No Annual Maximum

CDT CODE	DESCRIPTION	MEMBER COST-SHARING PAYMENT
DIAGNOSTIC SERVICES		
D0120	Periodic oral evaluation	$0.00
D0140	Limited oral evaluation	$0.00
D0150	Comprehensive oral evaluation	$0.00
D0160	Oral evaluation, problem focused	$0.00
D0170	Re-evaluation, limited, problem focused	$0.00
D0171	Re-evaluation, post operative office visit	$0.00
D0180	Comprehensive periodontal evaluation	$0.00
D0210	Intraoral, complete series of radiographic images	$0.00
D0220	Intraoral, periapical, first radiographic image	$0.00
D0230	Intraoral, periapical, each add 'l radiographic image	$0.00
D0240	Intraoral, occlusal radiographic image	$0.00
D0250	Extra-oral 2D projection radiographic image, stationary radiation source	$0.00
D0251	Extra-oral posterior dental radiographic image	$0.00
D0270	Bitewing, single radiographic image	$0.00
D0272	Bitewings, two radiographic images	$0.00
D0273	Bitewings, three radiographic images	$0.00
D0274	Bitewings, four radiographic images	$0.00
D0277	Vertical bitewings, 7 to 8 radiographic images	$0.00
D0330	Panoramic radiographic image	$0.00
D0460	Pulp vitality tests	$0.00
D0470	Diagnostic casts	$0.00
PREVENTIVE SERVICES		
D1110	Prophylaxis, adult	$0.00
D1206	Topical application of fluoride varnish	$0.00
D1208	Topical application of fluoride, excluding varnish	$0.00
D1310	Nutritional counseling for control of dental disease	$0.00
D1320	Tobacco counseling, control/prevention oral disease	$0.00
D1330	Oral hygiene instruction	$0.00
D1351	Sealant, per tooth	$0.00
D1352	Preventive resin restoration, permanent tooth	$0.00
D1353	Sealant repair, per tooth	$0.00

CDT CODE	DESCRIPTION	MEMBER COST-SHARING PAYMENT
D1510	Space maintainer, fixed, unilateral	$0.00
D1516	Space maintainer – fixed – bilateral, maxillary	$0.00
D1517	Space maintainer – fixed – bilateral, mandibular	$0.00
D1520	Space maintainer, removable, unilateral	$0.00
D1526	Space maintainer – removable – bilateral, maxillary	$0.00
D1527	Space maintainer – removable – bilateral, mandibular	$0.00
D1550	Re-cement or re-bond space maintainer	$0.00
D1555	Removal of fixed space maintainer	$0.00
RESTORATIVE SERVICES		
D2140	Amalgam, one surface, primary or permanent	$29.00
D2150	Amalgam, two surfaces, primary or permanent	$34.00
D2160	Amalgam, three surfaces, primary or permanent	$39.00
D2161	Amalgam, four or more surfaces, primary or permanent	$44.00
D2330	Resin-based composite, one surface, anterior	$25.00
D2331	Resin-based composite, two surfaces, anterior	$39.00
D2332	Resin-based composite, three surfaces, anterior	$44.00
D2335	Resin-based composite, four or more surfaces, involving incisal angle	$49.00
D2390	Resin-based composite crown, anterior	$49.00
D2391	Resin-based composite, one surface, posterior	$85.00
D2392	Resin-based composite, two surfaces, posterior	$120.00
D2393	Resin-based composite, three surfaces, posterior	$140.00
D2394	Resin-based composite, four or more surfaces, posterior	$165.00
D2510	Inlay, metallic, one surface	$230.00
D2520	Inlay, metallic, two surfaces	$250.00
D2530	Inlay, metallic, three or more surfaces	$275.00
D2542	Onlay, metallic, two surfaces	$300.00
D2543	Onlay, metallic, three surfaces	$325.00
D2544	Onlay, metallic, four or more surfaces	$325.00
D2710	Crown, resin-based composite (indirect)	$150.00*
D2720	Crown, resin with high noble metal	$250.00*
D2721	Crown, resin with predominantly base metal	$225.00*
D2722	Crown, resin with noble metal	$250.00*
D2740	Crown, porcelain/ceramic	$250.00*
D2750	Crown, porcelain fused to high noble metal	$350.00*
D2751	Crown, porcelain fused to predominantly base metal	$325.00*
D2752	Crown, porcelain fused to noble metal	$350.00*
D2780	Crown, ¾ cast high noble metal	$350.00*
D2781	Crown, ¾ cast predominantly base metal	$325.00

CDT CODE	DESCRIPTION	MEMBER COST-SHARING PAYMENT
D2782	Crown, ¾ cast noble metal	$350.00*
D2790	Crown, full cast high noble metal	$350.00*
D2791	Crown, full cast predominantly base metal	$325.00
D2792	Crown, full cast noble metal	$350.00*
D2794	Crown, titanium	$350.00*
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	$20.00
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	$32.00
D2920	Re-cement or re-bond crown	$20.00
D2930	Prefabricated stainless steel crown, primary tooth	$38.00
D2931	Prefabricated stainless steel crown, permanent tooth	$50.00
D2932	Prefabricated resin crown	$60.00
D2933	Prefabricated stainless steel crown with resin window	$50.00
D2940	Protective restoration	$20.00
D2950	Core buildup, including any pins when required	$42.00
D2951	Pin retention, per tooth, in addition to restoration	$27.00
D2952	Post and core in addition to crown, indirectly fabricated	$65.00
D2953	Each additional indirectly fabricated post, same tooth	$50.00
D2954	Prefabricated post and core in addition to crown	$50.00
D2955	Post removal	$30.00
D2957	Each additional prefabricated post, same tooth	$50.00
D2980	Crown repair necessitated by restorative material failure	$25.00
ENDODONTIC SERVICES		
D3110	Pulp cap, direct (excluding final restoration)	$15.00
D3120	Pulp cap, indirect (excluding final restoration)	$15.00
D3220	Therapeutic pulpotomy (excluding final restoration)	$26.00
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	$30.00
D3240	Pulpal therapy, posterior, primary tooth (excluding finale restoration)	$30.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	$195.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	$255.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	$295.00
D3346	Retreatment of previous root canal therapy, anterior	$165.00
D3347	Retreatment of previous root canal therapy, premolar	$255.00
D3348	Retreatment of previous root canal therapy, molar	$295.00
D3351	Apexification/recalcification, initial visit	$42.00
D3352	Apexification/recalcification, interim medication replacement	$22.00
D3353	Apexification/recalcification, final visit	$22.00
D3410	Apicoectomy, anterior	$180.00
D3421	Apicoectomy, premolar (first root)	$195.00

CDT CODE	DESCRIPTION	MEMBER COST-SHARING PAYMENT
D3425	Apicoectomy, molar (first root)	$225.00
D3426	Apicoectomy, (each additional root)	$75.00
D3430	Retrograde filling, per root	$60.00
D3450	Root amputation, per root	$95.00
D3920	Hemisection, not including root canal therapy	$95.00
PERIODONTAL SERVICES		
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	$195.00
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	$60.00
D4212	Gingivectomy or gingivoplasty, restorative procedure, per tooth	$0.00
D4240	Gingival flap procedure, four or more teeth per quadrant	$300.00
D4241	Gingival flap procedure, one to three teeth per quadrant	$300.00
D4260	Osseous surgery, four or more teeth per quadrant	$375.00
D4261	Osseous surgery, one to three teeth per quadrant	$375.00
D4274	Mesial/distal wedge procedure, single tooth	$195.00
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	$45.00
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	$45.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit	$50.00
D4381	Localized delivery of antimicrobial agent/per tooth	$35.00
D4910	Periodontal maintenance	$40.00
D4920	Unscheduled dressing change (other than treating dentist or staff)	$20.00
REMOVABLE PROSTHODONTIC SERVICES		
D5110	Complete denture, maxillary	$385.00
D5120	Complete denture, mandibular	$385.00
D5130	Immediate denture, maxillary	$385.00
D5140	Immediate denture, mandibular	$385.00
D5211	Maxillary partial denture, resin base	$360.00
D5212	Mandibular partial denture, resin base	$360.00
D5213	Maxillary partial denture, cast metal, resin base	$420.00
D5214	Mandibular partial denture, cast metal, resin base	$420.00
D5221	Immediate maxillary partial denture, resin base	$360.00
D5222	Immediate mandibular partial denture, resin base	$360.00
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	$420.00
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	$420.00
D5282	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary	$295.00

CDT CODE	DESCRIPTION	MEMBER COST-SHARING PAYMENT
D5283	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	$295.00
D5410	Adjust complete denture, maxillary	$20.00
D5411	Adjust complete denture, mandibular	$20.00
D5421	Adjust partial denture, maxillary	$20.00
D5422	Adjust partial denture, mandibular	$20.00
D5511	Repair broken complete denture base, mandibular	$55.00
D5512	Repair broken complete denture base, maxillary	$55.00
D5520	Replace missing or broken teeth, complete denture	$25.00
D5611	Repair resin partial denture base, mandibular	$35.00
D5612	Repair resin partial denture base, maxillary	$35.00
D5621	Repair cast partial framework, mandibular	$35.00
D5622	Repair cast partial framework, maxillary	$35.00
D5630	Repair or replace broken retentive clasping materials – per tooth	$25.00
D5640	Replace broken teeth, per tooth	$25.00
D5650	Add tooth to existing partial denture	$30.00
D5660	Add clasp to existing partial denture, per tooth	$30.00
D5710	Rebase complete maxillary denture	$165.00
D5711	Rebase complete mandibular denture	$165.00
D5720	Rebase maxillary partial denture	$145.00
D5721	Rebase mandibular partial denture	$145.00
D5730	Reline complete maxillary denture, chairside	$135.00
D5731	Reline complete mandibular denture, chairside	$135.00
D5740	Reline maxillary partial denture, chairside	$85.00
D5741	Reline mandibular partial denture, chairside	$85.00
D5750	Reline complete maxillary denture, laboratory	$140.00
D5751	Reline complete mandibular denture, laboratory	$140.00
D5760	Reline maxillary partial denture, laboratory	$130.00
D5761	Reline mandibular partial denture, laboratory	$130.00
D5810	Interim complete denture, maxillary	$425.00
D5811	Interim complete denture, mandibular	$425.00
D5820	Interim partial denture, maxillary	$165.00
D5821	Interim partial denture, mandibular	$165.00
D5850	Tissue conditioning, maxillary	$40.00
D5851	Tissue conditioning, mandibular	$40.00
D5863	Overdenture, complete, maxillary	$425.00
D5865	Overdenture, complete, mandibular	$425.00

CDT CODE	DESCRIPTION	MEMBER COST-SHARING PAYMENT
IMPLANT SERVICES		
D6092	Re-cement or re-bond implant/abutment supported crown	$45.00
D6093	Re-cement or re-bond implant/abutment supported FPD	$65.00
FIXED PROSTHODONTIC SERVICES		
D6210	Pontic, cast high noble metal	$220.00*
D6211	Pontic, cast predominantly base metal	$220.00
D6212	Pontic, cast noble metal	$220.00*
D6214	Pontic, titanium	$220.00*
D6240	Pontic, porcelain fused to high noble metal	$220.00*
D6241	Pontic, porcelain fused to predominantly base metal	$280.00*
D6242	Pontic, porcelain fused to noble metal	$280.00*
D6250	Pontic, resin with high noble metal	$250.00*
D6251	Pontic, resin with predominantly base metal	$225.00*
D6252	Pontic, resin with noble metal	$195.00*
D6545	Retainer, cast metal for resin bonded fixed prosthesis	$140.00*
D6549	Resin retainer, for resin bonded fixed prosthesis	$140.00
D6720	Retainer crown, resin with high noble metal	$250.00*
D6721	Retainer crown, resin with predominantly base metal	$225.00*
D6722	Retainer crown, resin with noble metal	$250.00*
D6750	Retainer crown, porcelain fused to high noble metal	$325.00*
D6751	Retainer crown, porcelain fused to predominantly base metal	$295.00*
D6752	Retainer crown, porcelain fused to noble metal	$310.00*
D6780	Retainer crown, ¾ cast high noble metal	$295.00*
D6781	Retainer crown, ¾ cast predominantly base metal	$310.00
D6782	Retainer crown, ¾ cast noble metal	$310.00*
D6790	Retainer crown, full cast high noble metal	$325.00*
D6791	Retainer crown, full cast predominantly base metal	$250.00
D6792	Retainer crown, full cast noble metal	$295.00*
D6794	Retainer crown, titanium	$325.00*
D6920	Connector bar	$130.00
D6930	Re-cement or re-bond fixed partial denture	$40.00
D6980	Fixed partial denture repair, restorative material failure	$40.00
ORAL & MAXILLOFACIAL SERVICES		
D7111	Extraction, coronal remnants, primary tooth	$25.00
D7140	Extraction, erupted tooth or exposed root	$35.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	$48.00
D7220	Removal of impacted tooth, soft tissue	$68.00

CDT CODE	DESCRIPTION	MEMBER COST-SHARING PAYMENT
D7230	Removal of impacted tooth, partially bony	$100.00
D7240	Removal of impacted tooth, completely bony	$130.00
D7241	Removal impacted tooth, complete bony, complication	$140.00
D7250	Removal of residual tooth roots (cutting procedure)	$70.00
D7260	Oroantral fistula closure	$250.00
D7270	Tooth reimplantation and/or stabilization, accident	$185.00
D7280	Exposure of an unerupted tooth	$130.00
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	$95.00
D7286	Incisional biopsy of oral tissue, soft	$130.00
D7290	Surgical repositioning of teeth	$115.00
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	$75.00
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	$75.00
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	$105.00
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	$105.00
D7410	Excision of benign lesion, up to 1.25 cm	$140.00
D7411	Excision of benign lesion, greater than 1.25 cm	$140.00
D7471	Removal of lateral exostosis, maxilla or mandible	$165.00
D7510	Incision & drainage of abscess, intraoral soft tissue	$60.00
D7520	Incision & drainage of abscess, extraoral soft tissue	$165.00
D7960	Frenulectomy (frenectomy or frenotomy), separate procedure	$85.00
D7970	Excision of hyperplastic tissue, per arch	$165.00
D7971	Excision of pericoronal gingiva	$85.00
ADJUNCTIVE GENERAL SERVICES		
D9110	Palliative (emergency) treatment, minor procedure	$20.00
D9210	Local anesthesia not in conjunction, operative or surgical procedures	$0.00
D9211	Regional block anesthesia	$0.00
D9212	Trigeminal division block anesthesia	$0.00
D9215	Local anesthesia in conjunction with operative or surgical procedures	$0.00
D9310	Consultation, other than requesting dentist	$20.00
D9311	Consultation with a medical health care professional	$0.00
D9430	Office visit, observation, regular hours, no other services	$0.00
D9440	Office visit, after regularly scheduled hours	$20.00
D9450	Case presentation, detailed & extensive treatment	$0.00
D9910	Application of desensitizing medicament	$15.00
D9944	Occlusal guard – hard appliance, full arch	$150.00
D9945	Occlusal guard – soft appliance, full arch	$150.00
D9946	Occlusal guard – hard appliance, partial arch	$150.00
D9941	Fabrication of athletic mouthguard	$175.00

CDT CODE	DESCRIPTION	MEMBER COST-SHARING PAYMENT
D9942	Repair and/or reline of occlusal guard	$65.00
D9951	Occlusal adjustment, limited	$35.00
D9952	Occlusal adjustment, complete	$60.00
D9986	Missed appointment	$0.00
D9987	Cancelled appointment	$0.00

ALIGNMENT HEALTH PLAN

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.

☐ **Stand-alone Medicare Prescription Drug Plans (Part D)**
Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.
☐ **Medicare Advantage Plans (Part C) and Cost Plans**
Medicare Health Maintenance Organization (HMO) —A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).
Medicare 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 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.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

_____

Signature:

_____

Signature Date:

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

*Representative'sName:*_____

Your Relationship to the Beneficiary: _____

To be completed by Agent:

Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone (Optional):
Beneficiary Address (Optional):	
Initial Method of Contact (Indicate here if beneficiary was a walk-in.):	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	
Date Appointment Completed:	
Plan Use Only:	

*Scope of Appointment documentation is subject to CMS record retention requirements *

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

_____

_____

_____

Alignment Health Plan is an HMO, PPO and HMO SNP plan with a Medicare contract. Enrollment in Alignment Health Plan depends on contract renewal.

H3815_16094EN Accepted

2020 MEDICARE ADVANTAGE INDIVIDUAL ENROLLMENT FORM

ALIGNMENT HEALTH PLAN

You may not select your effective date of coverage. Alignment Health Plan will formally notify you when you may begin using plan services.

Effective Date: _____

Please check which Alignment Health Plan option you want to enroll in.

Sutter Advantage (HMO)

☐ **019-** Sacramento, Placer, Yolo Counties: **$19/month**

☐ **020-** Santa Clara County: **$49/month**

☐ **021-** Santa Cruz County: **$59/month**

☐ **022-** San Mateo County: **$46/month**

☐ **023-** Sonoma County: **$48/month**

☐ **024-** San Francisco County: **$44/month**

Tell Us About Yourself (Please Print)

Name As It Appears On Your Medicare Card (Last)			(First)	(M.I.)
Permanent Residence Address			City	Zip Code
Mailing Address (If different from above)			City	Zip Code
Home Telephone Number	Sex	Birthday (MM/DD/YY)	*Your E-mail Address (Optional)	

By giving my email address, I agree to receive emails about my benefits, health programs and other plan services. I understand I may change my email preferences at any time by calling 1-866-634-2247 (TTY 711).

What Is Your Primary Language? (Check One)

☐ English ☐ Spanish ☐ Other _____

How would you prefer to receive your member information: ☐ Print ☐ E-mail ☐ Website

Please contact Alignment Health Plan at 1-866-634-2247 (TTY 711) if you need information in another format or language than what is listed above. Our office hours are 8am - 8pm, 7 days a week (except Thanksgiving and Christmas) from October 1 - March 31 and Monday - Friday (except holidays) from April 1 - September 30.

Please Provide Your Medicare Insurance Information

Please take out your Medicare card to complete this section.

- Please fill in these blanks so they match your red, white and blue Medicare card

- OR -

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

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

Name (as it appears on your Medicare card):

_____

Member Number/Medicare Beneficiary Identifier (MBI):

__ __ __ __ __ - __ __ __ __ ____

Is Entitled To	Effective Date
HOSPITAL (PART A)	_____
MEDICAL (PART B)	_____

Medical Group	Personal Primary Care Physician Name	IPA/Primary Care Physician ID Number

Check either **Yes** or **No** to each question:

1. Do you have End Stage Renal Disease (ESRD)? ☐ Yes ☐ No
   If you have had a successful kidney transplant and/or you don't need regular dialysis any more, *please attach a note or records* from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.

2. Are you a resident in a long-term care facility, such as a nursing home? ☐ Yes ☐ No
   If yes, name of institution _____ Telephone number of institution _____
   Address of institution (number and street) _____

3. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits or State pharmaceuticals assistance programs.
   Will you have other prescription drug coverage in addition to Alignment Health Plan? ☐ Yes ☐ No
   If "Yes" please list your coverage and your identification (ID) number(s) for this coverage:
   Name of other coverage _____
   Group # for this coverage _____ ID # for this coverage _____

4. Are you eligible for State Medicaid (Medi-Cal) ☐ Yes ☐ No

5. Are you enrolled in your State Medicaid Program (Medi-Cal)? ☐ Yes ☐ No
   If yes, please provide your Medi-Cal Number _____

6. Do you or your spouse work? ☐ Yes ☐ No

7. I understand that by selecting my Personal Primary Care Physician I am also selecting the physician group, hospitals and specialists associated with my Personal Primary Care Physician. ☐ Yes ☐ No

8. Have you been given a Alignment Health Plan Summary of Benefits and instructions on how to obtain a Provider Directory? ☐ Yes ☐ No

Paying your Plan Premium: You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay Alignment Health Plan the Part D-IRMAA.

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% of drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY/TDD users should call 1-800-325-0778. You can also apply for extra help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover. If you don't select a payment option, you will get a bill each month.

Please select a plan premium and/or late enrollment payment option:

☐ Get a bill

☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. (The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

Please Read This Important Information

If you currently have health coverage from an employer or union, joining Alignment Health Plan could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Alignment Health Plan. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Please Read and Sign Below

By completing this enrollment application, I agree to the following:

Alignment Health Plan is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 – December 7 of every year), or under certain special circumstances.

Alignment Health Plan serves a specific service area. If I move out of the area that Alignment Health Plan serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Alignment Health Plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Alignment Health Plan when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date that my Sutter Advantage (HMO) coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. Services **authorized by** Sutter Advantage (HMO) contained in my plans Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. **Without authorization,** NEITHER MEDICARE NOR Sutter Advantage (HMO) WILL PAY FOR THE SERVICES.

I understand that if I am getting assistance from a sales agent, broker or other individual employed by or contracted with Alignment Health Plan, he/she may be paid based on my enrollment in Alignment Health Plan.

Release of Information: By joining this Medicare health plan, I acknowledge that Alignment Health Plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Alignment Health Plan will release my information, including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment 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.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Signature_____ Today's Date_____

If you are the authorized representative, you must sign above and provide the following information:

Name_____ Address_____

Phone Number_____ Relationship to Enrollee_____

Name of Emergency Contact_____ Emergency Contact Telephone Number_____

Emergency Contact E-Mail_____ Relationship to Enrollee_____

Name of Sales Representative (if assisted with Enrollment):

Enrolling Sales Representative's Signature_____ Sales #ID_____

Print Name_____ Date_____

Phone Number_____

Office Use Only:

ICEP/IEP:_____ AEP:_____ SEP(Type):_____ Not Eligible:_____

ATTESTATION OF ELIGIBILITY FOR AN ENROLLMENT PERIOD

ALIGNMENT HEALTH PLAN

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare,
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date)_____.
- ☐ I recently was released from incarceration. I was released on (insert date) _____.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date)_____.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date)_____.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but haven't had a change.
- ☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date)_____.
- ☐ I recently left a PACE program on (insert date)_____.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date)_____.
- ☐ I am leaving employer or union coverage on (insert date)_____.
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date)_____.
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
- ☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management. Agency (FE.M.A). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you or you're not sure, please contact Alignment Health Plan at 866-634-2247 (TTY users should call 711) to see if you are eligible to enroll. We are open 8am-8pm, seven days a week (except Thanksgiving and Christmas) from October 1 to March 31 and 8am-8pm Monday through Friday (except holidays) from April 1 through September 30.

CONTINUITY OF CARE APPLICATION

ALIGNMENT HEALTH PLAN

What is Continuity of Care?

Continuity of Care (COC) ensures that Alignment Health Plan maintains the care you are currently receiving as you transition you into Alignment Health Plan. This acts as a bridge for coverage until we are able to establish care with participating providers. You must be new to Alignment Health Plan or currently in an active course of treatment from a terminating provider. Alignment Health Plan and/or your doctor(s) must determine continuity of care for the following, but not limited to:

- Chronic disease
- Terminal Illness
- Scheduled surgery / procedure
- Acute condition – sudden onset that requires immediate medical attention
- In a hospital or skilled nursing facility
- Durable Medical Equipment / Home Health

Why is it important to complete a COC?

Alignment Health Plan wants to ensure that there are no gaps in your care or coverage. You must complete this form at the time of enrollment.

Medication Lists

Please review Chapter 5, section 5.2 of the Evidence of Coverage for details about temporary coverage of medications by Alignment Health Plan during the ninety-day transition of care period. Please list all of your current medications to ensure continuity of care.

Return this Continuity of Care form to:
Alignment Health Plan
Attn: Membership Department
Address: 1100 W. Town and Country Rd. Suite 1600 Orange, CA 92868
Fax #: (562) 207-4623

CONTINUITY OF CARE FORM

ALIGNMENT HEALTH PLAN

Member Information		
Name:	DOB:	Language:
Address:		Phone #: _____ ❑ Mobile ❑ Home
Who Cares for You Most Often?	Name/Phone#:	
Have you ever served, or currently serve, in the US military	❑ Previously Served ❑ Currently Serving ❑ No ❑ Not Able to Obtain ❑ Refused to Answer	
Provider Information		
Medical Group:	PCP Name/Phone #:	

1. Do you currently rent any of the following durable medical equipment or medical supplies?			**❑ N/A**
Wheelchair	Name of Supplier:	Phone #:	❑ Own
Hospital Bed	Name of Supplier:	Phone #:	❑ Own
Oxygen	Name of Supplier:	Phone #:	❑ Own
Power Operated Vehicle	Name of Supplier:	Phone #:	❑ Own
Nebulizer	Name of Supplier:	Phone #:	❑ Own
CPAP	Name of Supplier:	Phone #:	❑ Own
Ostomy Supplies	Name of Supplier:	Phone #:	❑ Own
Glucometer (brand of glucometer)	Name of Supplier:	Phone #:	❑ Own
Other:	Name of Supplier:	Phone #:	❑ Own

2. Do you currently see any specialists			**❑ N/A**
Specialty 1:	Provider:	Phone #:	Appts?
Specialty 2:	Provider:	Phone #:	Appts?
Specialty 3:	Provider:	Phone #:	Appts?
Are you receiving any chemotherapy or radiation services?	❑ Yes ❑ No If Yes, Provider Name and Phone #:		
Are you receiving any home health Services by a nurse or physical therapist	❑ Yes ❑ No If Yes, Provider Name and Phone #:		
Any other procedure or surgeries that are scheduled for ON or AFTER your effective date?	Procedure: _____ Date: _____ Provider: _____ Phone #: _____		

3. Medications (Dose / Frequency):	**❑ N/A**

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION FOR CONTINUITY OF CARE

ALIGNMENT HEALTH PLAN

Authorization: I authorize any current or past medical professional, medical care institution, pharmacy or other medical caregiver that has treated me or provided medical services or supplies to me to disclose my protected health information to Alignment Health Plan.

Effective Period: This authorization for release of information covers past, present and future periods of health care.

Extent of Authorization:

❑ I authorize the release of my complete health record (including records relating to mental healthcare, communicable diseases, HIV or AIDS and treatment of alcohol or drug abuse); OR

❑ Only the following records or types of health information (include any dates):

_____

Use: Alignment Health Plan will use this medical information for coordination and transition of care as allowed by CMS and other federal guidelines.

Benefits: I understand that my treatment, payment, enrollment or eligibility for benefits will not be conditioned on whether I sign this authorization

Rights and Responsibilities: Federal and state laws protect the privacy of medical records and personal health information. Alignment Health Plan protects personal health information as required by these laws. More details on member privacy rules and regulations can be found in the Evidence of Coverage Chapter 8, section 1.4. This authorization is in effect until I choose to revoke it. I can do that at any time by submitting a request in writing to Alignment Health Plan.

SIGNATURE

_____ _____

Signature of Member or Personal Representative Date

_____

Name of Member or Personal Representative

_____

If signed by someone other than the patient, state your legal relationship to the patient:

_____

Witness

Return this Continuity of Care form to:
Alignment Health Plan
Attn: Membership Department
Address: 1100 W. Town and Country Rd. Suite 1600 Orange, CA 92868
Fax #: (562) 207-4623
Continuity of Care Form

Steps to an Easy Enrollment

Steps to enroll what you will need:

1. **Your Medicare ID card**
2. **A list of medications you take**
3. **Your primary care physician name & telephone number**

4 How to Enroll Online

Medicare beneficiaries may enroll in Alignment Health Plan through our website. Please visit **alignmenthealthplan.com** to complete our online enrollment form.

5 Enroll by Phone

Call Alignment Health Plan at **1-888-979-2247** (TTY 711)
8am. to 8pm., 7 days a week (except Thanksgiving and Christmas) from Oct. 1 - Mar. 31, and Mon. - Fri. (except holidays) from Apr. 1 - Sep. 30.

6 Enroll in person

Enroll in person with a local AHP representative

ENROLLMENT

What to Expect After You Enroll

Enrollment Forms Received by Alignment Health Plan
Once your enrollment is received by Alignment Health Plan by phone, mail, fax, agent or via the Internet, we will begin the immediate processing of your enrollment into our Medicare Advantage plan.

Confirmation
Within 10 days of enrollment, you will receive a confirmation of enrollment letter in the mail. This letter will also serve as confirmation that Medicare has approved your enrollment form.

Enrollment Verification Notice
Within 15 days of enrollment you will receive a notification by mail or phone explaining the guidelines and procedures of enrolling into a Medicare Advantage plan, this is called the "Outbound Enrollment and Verification Requirements."

Member ID Card
Within 10 days of your confirmed enrollment you will receive your Member ID card. Bring your new Member ID card with you to all your doctor, hospital and pharmacy visits.

Welcome to your new Health Plan
You will receive a large envelope containing important plan documents. The envelope will include a Member Resource Guide and information on how to access or request your Evidence of Coverage, Provider Directory, Dental Directory or Pharmacy Directory, on-line or by mail.

Extra Help
If you qualify for "Extra Help" from the state, you will receive an "LIS" (Low Income Subsidy) letter within 10 days of verified enrollment.

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Discrimination is against the law

Alignment Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Alignment Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Alignment Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Member Services at 1-866-634-2247 (TTY 711).

If you believe that Alignment Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Compliance and Regulatory Affairs
1100 W. Town and Country Rd, Suite 1600
Orange, CA 92868
Phone: 1-844-297-5948, TTY: 711
Fax: 562-207-4621
Email: Compliance@ahcusa.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-399-2247 (TTY: 711).

العربية (Arabic):
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-634-2247(رقم هاتف الصم والبكم: 711).

Հայերեն (Armenian): ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-866-634-2247 (TTY (հեռատիպ)՝ 711):

繁體中文(Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-634-2247 (TTY: 711)。

हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-634-2247 (TTY: 711).पर कॉल करें।

Hmoob (Hmong): LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-634-2247 (TTY: 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-634-2247 (TTY: 711) まで、お電話にてご連絡ください。

한국어(Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-634-2247 (TTY: 711) 번으로 전화해 주십시오.

ខ្មែរ (Cambodian): ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-866-634-2247 (TTY: 711)។

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-866-634-2247 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

فارسی (Farsi):
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-634-2247 (TTY: 711) تماس بگیرید.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-634-2247 (телетайп: 711).

Tagalog (Tagalog): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-634-2247 (TTY: 711).

ภาษาไทย (Thai): เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-866-634-2247 (TTY: 711).

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-634-2247 (TTY: 711).

Translator / Witness Statement

Check One:

- o Non-Speaking English
- o Hearing Impaired
- o Blind
- o Other

I, _____, have witnessed the verification process for
(Translator/Witness Name)

_____. As a neutral party involved in this process, I verify that
(Enrollee's Name)

the enrollee mentioned above has answered the required questions for enrollment.

In my opinion, the prospective member has given affirmative responses indicating a thorough understanding of program requirements, responsibilities and benefits.

_____ _____
Translator/Witness (Print Name) Translator/Witness (Signature)

_____ _____
Relationship to member Date

_____ _____
Address City State Zip code

_____ _____
Telephone Number Language (if non-English speaking)

_____ _____
Enrollee (Print Name) Enrollee Signature

_____
Date

ALIGNMENT
HEALTH PLAN

CORPORATE OFFICE ADDRESS
1100 W. Town and Country Rd.
Orange, CA 92868

For enrollment questions please call:

1-888-979-2247
(TTY USERS CALL 711)

8am - 6pm, seven days a week.
alignmenthealthplan.com

Alignment Health Plan is an HMO, PPO and HMO SNP plan with a Medicare contract. Enrollment in Alignment Health Plan depends on contract renewal. Alignment Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-877-399-2247 (TTY 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-399-2247 (TTY 711).

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