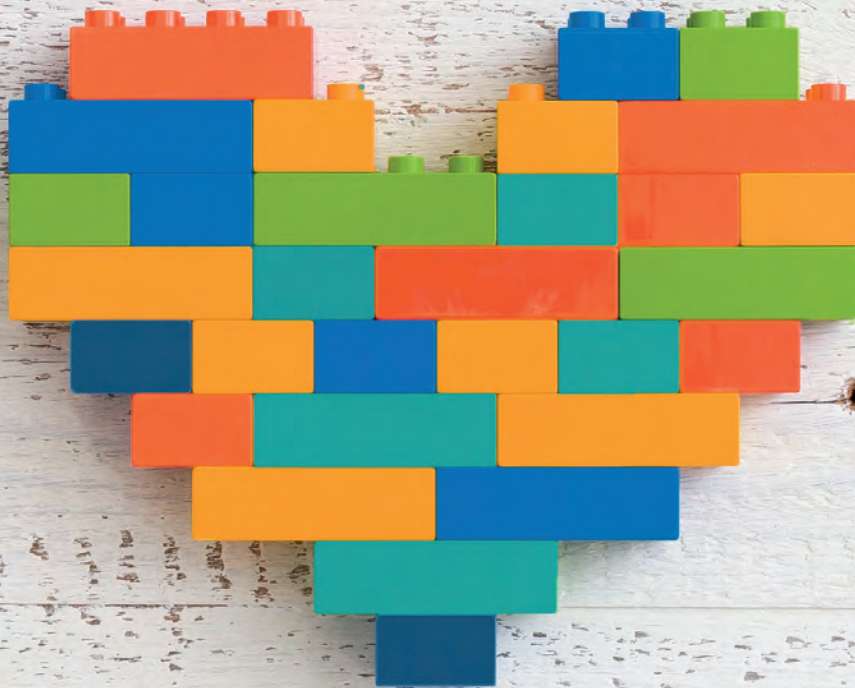


*Quality Care*  
ANYWHERE.  
ANYTIME.



2019

## Alignment Health Plan

My Choice (HMO) - 006 - San Joaquin & Stanislaus Counties

My Choice (HMO) - 007 - Santa Clara County

AllCare Preferred (HMO) - 011 - Stanislaus County



**ALIGNMENT**  
HEALTH PLAN

# IT'S YOUR HEALTH IT'S PERSONAL.

Dear Valued Consumer:

## Thank you so much for considering Alignment Health Plan for your healthcare 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.

Let us take some of that burden off of you and assure you that 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 and hassle free as possible by offering 24/7 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, please call us at **1-888-979-2247** (TTY 711 for the hearing impaired) 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. You can also visit our website at **[alignmenthealthplan.com](http://alignmenthealthplan.com)**.

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

Dawn Maroney President, Consumer Division





# ALIGNMENT

HEALTH PLAN

## YOUR FRIENDS AT ALIGNMENT HEALTH PLAN HAVE GONE GREEN!

We know that you are as concerned about preserving our natural resources as we are. So, this year we are happy to tell you that you can now receive your Annual Notice of Change (ANOC) and other plan materials by email! No more paperwork to keep track of, with most of your plan information right at your fingertips!

The ANOC notice comes to you yearly with your other plan materials.

### **Why do we think it's a good idea for you to receive your materials by email?**

When you opt-in to receiving your plan information electronically, we reduce the amount of paper used and we preserve natural resources. We want to be your green health care partner!

How to opt-in to this new service:

Call us at  
**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.

## COVERAGE AREAS

**Where Is Alignment Health Plan My Choice (HMO) - 006, My Choice (HMO) - 007 & AllCare Preferred Plan (HMO) - 011 available?**

The service area for these plans includes: San Joaquin, Stanislaus & Santa Clara Counties, CA. You must live in one of these areas to join the plan.



### **San Joaquin County**

### **Stanislaus County**

AllCare Preferred (HMO) - 011 is only available in Stanislaus County

### **Santa Clara County**

My Choice (HMO) - 007 is only available in Santa Clara County

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).

# 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.

You may enroll in a Medicare Advantage (MA) or Part D plan during the initial period when you first qualify for Medicare.

---

## **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).

## **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).

## **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:

- ▶ Fitness and fun with Silver & Fit fitness program
- ▶ Comprehensive & Preventive Dental Coverage
- ▶ 24-hour access to a registered nurse with Alignment Nurse Advice Hotline
- ▶ 24/7 On-Demand Concierge Services

**Alignment Health Plan - H3815**  
**2019 Medicare Star Ratings\***



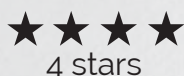
The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings 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 2019, Alignment Health Plan received the following Overall Star Rating from Medicare.



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

Health Plan Services:



Drug Plan Services:



The number of stars shows how well our plan performs.

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

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

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 888-979-2247 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 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 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).

H3815\_19130EN\_M

## 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.

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <b>Stand-alone Medicare Prescription Drug Plans (Part D)</b>                                                                                                                                                                                                                                                                                                                                                                                                     |
|                          | <b>Medicare Prescription Drug Plan (PDP)</b> — 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.                                                                                                                                                                                                             |
| <input type="checkbox"/> | <b>Medicare Advantage Plans (Part C) and Cost Plans</b>                                                                                                                                                                                                                                                                                                                                                                                                          |
|                          | <b>Medicare Health Maintenance Organization (HMO)</b> — 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).                                                                                                                                |
|                          | <b>Medicare Preferred Provider Organization (PPO) Plan</b> — 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.                                                                                                                            |
|                          | <b>Medicare Private Fee-For-Service (PFFS) Plan</b> — 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. |
|                          | <b>Medicare Special Needs Plan (SNP)</b> — 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.                                                                                                                       |
|                          | <b>Medicare Medical Savings Account (MSA) Plan</b> — 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.                                                                                                                                                                                                      |
|                          | <b>Medicare Cost Plan</b> — 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's Name:* \_\_\_\_\_

*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 and HMO SNP plan with a Medicare contract. Enrollment in Alignment Health Plan depends on contract renewal.

# BENEFITS CHART 2019

| 2019 BENEFITS                                                                                                                                     | Alignment Health Plan<br>My Choice (HMO) - 006<br>San Joaquin &<br>Stanislaus Counties                    | Alignment Health Plan<br>My Choice (HMO) - 007<br>Santa Clara County                        | Alignment Health Plan<br>AllCare Preferred Plan<br>(HMO) - 011<br>Stanislaus County                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>Premium</b>                                                  | \$0 copay                                                                                                 | \$0 copay                                                                                   | \$0 copay                                                                                                                                              |
|  <b>Doctor/<br/>Specialist</b>                                   | PCP: \$0 copay<br>Specialist: \$0 copay                                                                   | PCP: \$0 copay<br>Specialist: \$0 copay                                                     | PCP: \$0 copay<br>Specialist: \$0 copay                                                                                                                |
|  <b>Inpatient<br/>Hospitalization</b>                             | Days 1-3: \$0 copay<br>Days 4-10: \$100 copay<br>Days 11-90: \$0 copay<br>unlimited days                  | Days 1-5: \$100 copay<br>Days 6-90: \$0 copay<br>unlimited days per<br>admission            | Days 1-4: \$0 copay<br>Days 5-10: \$50 copay<br>Days 11-90 \$ copay<br>unlimited days per<br>admission                                                 |
|  <b>Emergency<br/>Care/Post<br/>Stabilization<br/>Care</b>       | \$85 copay<br>NOT waived if admitted                                                                      | \$85<br>NOT waived if admitted                                                              | \$75<br>NOT waived if admitted                                                                                                                         |
|  <b>Urgent Care</b>                                               | \$0-\$10 copay<br>waived if admitted<br>within 24 hours                                                   | \$0-\$10 copay<br>waived if admitted<br>within 24 hours                                     | \$0-\$10 copay<br>waived if admitted<br>within 24 hours                                                                                                |
|  <b>Worldwide<br/>Coverage</b>                                  | \$0 copay<br>up to \$7,500 per year                                                                       | \$0 copay<br>up to \$7,500 per year                                                         | \$0 copay<br>up to \$7,500 per year                                                                                                                    |
|  <b>24-Hour Nurse<br/>Hotline</b>                               | \$0 copay                                                                                                 | \$0 copay                                                                                   | \$0 copay                                                                                                                                              |
|  <b>Ambulance<br/>Ground and<br/>Air Ambulance<br/>Services</b> | \$100 copay<br>Waived if admitted                                                                         | \$175 copay<br>waived if admitted                                                           | \$100 copay                                                                                                                                            |
|  <b>Transportation</b>                                          | \$0 copay<br>12 one-way trips per<br>year (within a 20 mile<br>radius) to Alignment<br>Care Centers only. | Not covered                                                                                 | \$0 copay<br>26 one-way trips per<br>year (within a 20 mile<br>radius) to plan approved<br>locations.<br>Unlimited trips to<br>Alignment Care Centers. |
|  <b>Durable<br/>Medical<br/>Equipment</b>                      | 20% coinsurance                                                                                           | 0% coinsurance for<br>items \$350 or less;<br>20% coinsurance for<br>items \$350.01 or more | 0% coinsurance for<br>items \$350 or less;<br>20% coinsurance for<br>items \$350.01 or more                                                            |
|  <b>Health Club/<br/>Fitness Class<br/>Membership</b>           | \$0 copay                                                                                                 | \$0 copay                                                                                   | \$0 copay                                                                                                                                              |

# BENEFITS CHART 2019

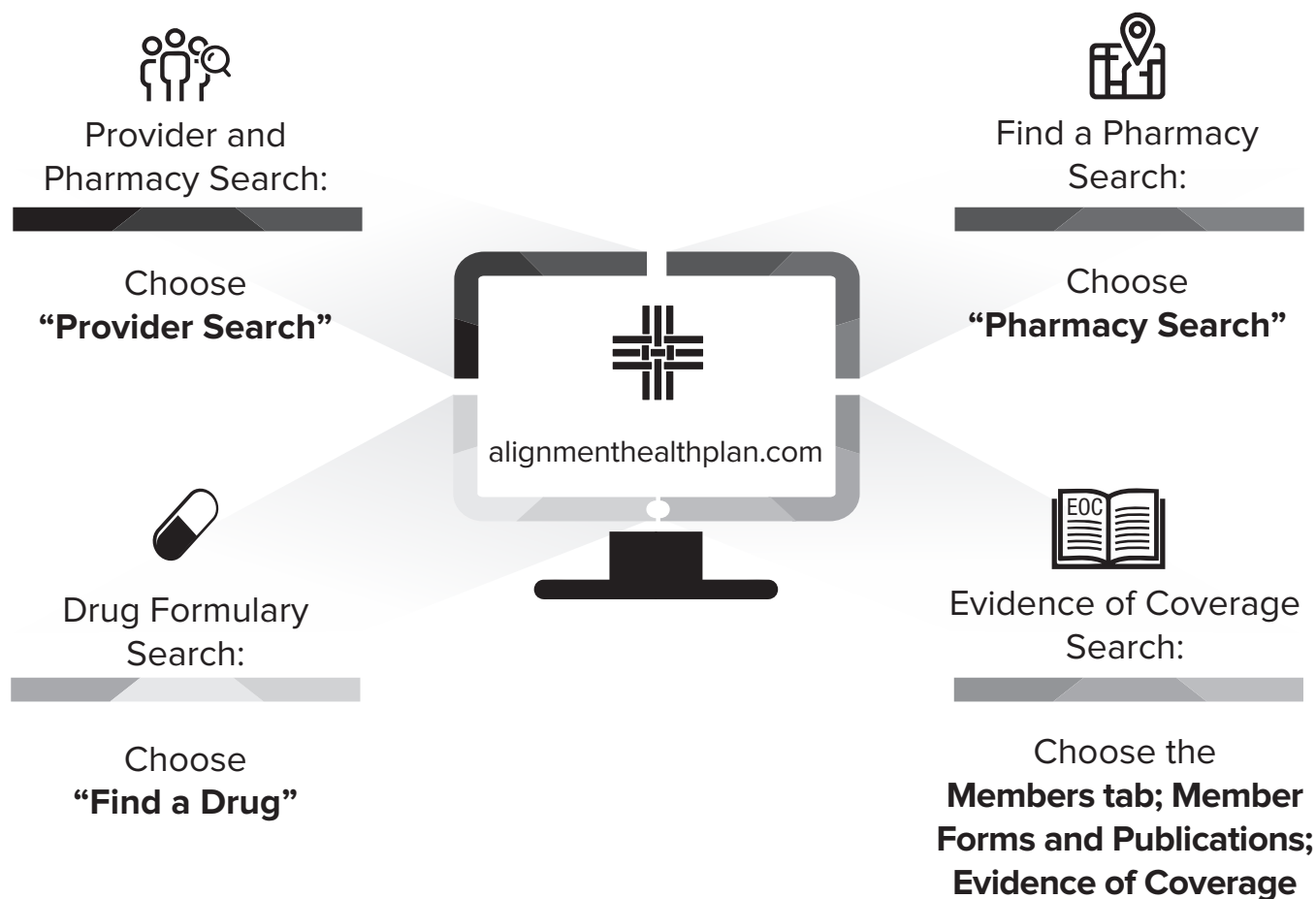
| 2019 BENEFITS                                                                                                          | Alignment Health Plan<br>My Choice (HMO) - 006<br>San Joaquin &<br>Stanislaus Counties                   | Alignment Health Plan<br>My Choice (HMO) - 007<br>Santa Clara County                                    | Alignment Health Plan<br>AllCare Preferred Plan<br>(HMO) - 011<br>Stanislaus County                     |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
|  <b>Vision Services</b>                | \$0 copay for routine eye exams (1 per year)<br>\$100 coverage limit for contacts/glasses every 2 years. | \$0 copay for routine eye exams (1 per year)<br>\$75 coverage limit for contacts/glasses every 2 years. | \$0 copay for routine eye exams (1 per year)<br>\$75 coverage limit for contacts/glasses every 2 years. |
|  <b>Hearing Services</b>              | \$0 copay for Medicare covered benefits;<br>\$0 copay for exam/fitting/evaluation 1 per year             | \$0 copay for Medicare covered benefits;<br>\$0 copay for exam/fitting/evaluation 1 per year            | \$0 copay for Medicare covered benefits;<br>\$0 copay for exam/fitting/evaluation 1 per year            |
|  <b>Dental Services</b>               | Covered<br>Refer to your Summary of Benefits for details                                                 | Covered<br>Refer to your Summary of Benefits for details                                                | Covered<br>Refer to your Summary of Benefits for details                                                |
|  <b>Re-admission Prevention Meals</b> | \$0 copay<br>28 days/56 meals                                                                            | Not covered                                                                                             | \$0 copay<br>28 days/56 meals                                                                           |
|  <b>On Demand Personalized Care</b> | \$0 copay<br>24/7 Telehealth                                                                             | \$0 copay<br>24/7 Telehealth                                                                            | \$0 copay<br>24/7 Telehealth                                                                            |
| <b>Prescription Drug Benefits (30 day preferred retail supply)</b>                                                     |                                                                                                          |                                                                                                         |                                                                                                         |
| <b>T1 - Preferred Generic Drugs</b>                                                                                    | \$5 copay                                                                                                | \$0 copay                                                                                               | \$5 copay                                                                                               |
| <b>T2 - Generic Drugs</b>                                                                                              | \$10 copay                                                                                               | \$5 copay                                                                                               | \$10 copay                                                                                              |
| <b>T3 - Preferred Brand Drugs</b>                                                                                      | \$40 copay                                                                                               | \$40 copay                                                                                              | \$40 copay                                                                                              |
| <b>T4 - Non Preferred Brand Drugs</b>                                                                                  | \$93 copay                                                                                               | \$100 copay                                                                                             | \$93 copay                                                                                              |
| <b>T5 - Specialty Drugs</b>                                                                                            | 33% coinsurance                                                                                          | 33% coinsurance                                                                                         | 33% coinsurance                                                                                         |
| <b>T6 - Select Care Drugs Coverage through the Gap</b>                                                                 | \$5 copay                                                                                                | \$5 copay                                                                                               | \$5 copay                                                                                               |

Alignment Health Plan is an HMO plan with a Medicare contract. Enrollment in Alignment Health Plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, formulary, premium and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. 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 a language other than English, 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 1-877-399-2247 (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)

# MATERIALS AVAILABLE ON-LINE!

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

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



If you need help finding a network provider, network pharmacy, medication, your Evidence of Coverage or if you would like any of these materials mailed to you, please call **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. Documents will be available on October 1, 2018.

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

# YOUR ALIGNMENT ACCESS ON-DEMAND CONCIERGE CARD

## What is an Access On-Demand Concierge card?

We provide a greater level of care and service for all of our members. We set the bar higher, because that's what our members deserve. We continue to introduce industry-first milestones, and this is one of them.

**A personalized card that gives you 24/7 access to:**



A DOCTOR  
by phone or video chat  
on your smartphone



YOUR  
BENEFITS



YOUR OWN  
CONCIERGE  
TEAM

- Fitness and fun with Silver & Fit fitness program.
- Comprehensive & Preventive Dental Coverage.
- Vision benefits including eye exams and eyewear.



**\*\*OTC only available on Plan 011.**

**You will find your On-Demand Concierge services contact information located on the back of your ACCESS card.**



## What do I do if I lose my ID card?

If you have lost your Alignment On-Demand Concierge card or need a replacement, call Member Services at **1-866-634-2247** (TTY users call 711) 8:00 a.m. to 8:00 p.m., 7 days a week.

Alignment Health Plan is an HMO plan with a Medicare contract. Enrollment in Alignment Health Plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, formulary, premium and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. 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 a language other than English, 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 1-877-399-2247 (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).

H3815\_19058EN\_MACCEPTED

# 2019 SUMMARY OF BENEFITS

This is a summary of drug and health services covered by Alignment Health Plan My Choice (HMO) - 006 January 1, 2019 - December 31, 2019.

**Alignment Health Plan My Choice (HMO) - 006** is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends 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 **Alignment Health Plan My Choice (HMO) - 006**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in California: Stanislaus and San Joaquin.

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](http://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](http://alignmenthealthplan.com).

**PREMIUMS AND BENEFITS****Alignment Health Plan My Choice (HMO) - 006**

|                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly Plan Premium                                                                                                                                                                                                                                            | You pay nothing<br>You must continue to pay your Medicare Part B premium.                                                                                                                                                                   |
| Deductible                                                                                                                                                                                                                                                      | No deductible                                                                                                                                                                                                                               |
| Maximum Out-of-Pocket Responsibility<br>(does not include prescription drugs)                                                                                                                                                                                   | You pay no more than \$4,900 annually<br>Includes copays and other costs for medical services for the year.                                                                                                                                 |
| Inpatient Hospital <sup>1,2</sup>                                                                                                                                                                                                                               | You pay nothing per day for days 1 through 3<br>You pay \$100 per day for days 4 through 10<br>You pay nothing per day for days 11-90                                                                                                       |
| Outpatient Hospital Services                                                                                                                                                                                                                                    | You pay \$150 for Hospital services<br>You pay nothing for Observation services                                                                                                                                                             |
| Doctor Visits <ul style="list-style-type: none"> <li>• Primary</li> <li>• Specialists<sup>1,2</sup></li> </ul>                                                                                                                                                  | You pay nothing<br>You pay nothing<br>Prior authorization is required for specialist visits.                                                                                                                                                |
| Preventive Care<br>(e.g., flu vaccine, diabetic screenings)                                                                                                                                                                                                     | You pay nothing<br>Other preventive services are available. There are some covered services that have a cost                                                                                                                                |
| Emergency Care/Post-Stabilization Care                                                                                                                                                                                                                          | \$85 copay NOT waived if admitted                                                                                                                                                                                                           |
| Urgently Needed Services                                                                                                                                                                                                                                        | You pay \$0-\$10<br>If you are admitted to the hospital within 24 hours, you do not have to pay \$0-\$10.<br>\$10 copay for each visit to an urgent facility not affiliated with assigned Medical Group/IPA or outside of the service area. |
| Diagnostic Services/Labs/Imaging <sup>1,2</sup> <ul style="list-style-type: none"> <li>• Procedures and tests</li> <li>• Lab services</li> <li>• X-Ray/Diagnostic</li> <li>• Therapeutic radiology services (such as radiation treatment for cancer)</li> </ul> | You pay nothing<br>You pay nothing<br>You pay nothing<br>You pay 20% co-insurance<br>Prior authorization is required for some services                                                                                                      |
| Hearing Services <sup>1,2</sup> <ul style="list-style-type: none"> <li>• Routine hearing exam</li> <li>• Hearing aid</li> </ul>                                                                                                                                 | You pay nothing, one routine hearing exam allowed annually<br>Not covered                                                                                                                                                                   |
| Dental Services <sup>1,2</sup> <ul style="list-style-type: none"> <li>• Oral exam &amp; cleaning every six months</li> <li>• Fluoride treatment, one every six months</li> <li>• X-ray, one every three years</li> </ul>                                        | You pay nothing<br>You pay \$0-\$20<br>You pay \$0-\$30                                                                                                                                                                                     |
| Vision Services <ul style="list-style-type: none"> <li>• Routine exam (1 per year)</li> <li>• Eyewear coverage limit</li> </ul>                                                                                                                                 | You pay nothing<br>\$100 coverage limit for glasses/contacts, every two years                                                                                                                                                               |

|                                                                                              |                                                                                        |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Mental Health Services <sup>1,2</sup><br>• Outpatient Individual Therapy/Group Therapy Visit | You pay \$5 Individual therapy / \$40 Group therapy                                    |
| Skilled Nursing Facility <sup>1,2</sup>                                                      | You pay nothing for days 1 through 20<br>You pay \$50 per day for days 21 through 100  |
| Physical Therapy <sup>1</sup>                                                                | You pay nothing                                                                        |
| Ambulance Services <sup>1</sup>                                                              | You pay \$100 waived if admitted<br>Ground and Air                                     |
| Transportation                                                                               | You pay nothing<br>12 one-way trips to Alignment Care Centers only<br>within 20 miles. |
| Medicare Part B Drugs                                                                        | 20% of the cost for chemotherapy drugs<br>20% of the cost for other Part B drugs       |

### OUTPATIENT PRESCRIPTION DRUGS

| Deductible                                                                                                                                                                                                                                                                            | You pay nothing                                                                           |                                                                                             |                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                       | Preferred Retail Rx<br>30-day supply                                                      | Non-Preferred<br>Retail Rx 30-day<br>supply                                                 | Mail Order<br>100-day supply                                                                           |
| Initial Coverage<br>• Tier 1: Preferred Generic<br>• Tier 2: Generic<br>• Tier 3: Preferred Brand<br>• Tier 4: Non-Preferred Brand<br>• Tier 5: Specialty Tier<br>• Tier 6: Select Care                                                                                               | You pay \$5<br>You pay \$10<br>You pay \$40<br>You pay \$93<br>You pay 33%<br>You pay \$5 | You pay \$12<br>You pay \$17<br>You pay \$47<br>You pay \$100<br>You pay 33%<br>You pay \$5 | You pay \$12.50<br>You pay \$25<br>You pay \$100<br>You pay \$232.50<br>Not covered<br>You pay nothing |
| Gap Coverage: T6 - All Drugs<br>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

Alignment Health Plan is an HMO plan with a Medicare contract. Enrollment in Alignment Health Plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, formulary, premium and/or copayments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The formulary, pharmacy network, and/or provider 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 a language other than English, 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 1-877-399-2247 (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). H3815\_19020EN\_M ACCEPTED

# 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 **alignment healthplan.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, 2020.
- ☐ 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).

# 2019 SUMMARY OF BENEFITS

This is a summary of drug and health services covered by Alignment Health Plan My Choice (HMO) - 007 January 1, 2019 - December 31, 2019.

**Alignment Health Plan My Choice (HMO) - 007** is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends 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 **Alignment Health Plan My Choice (HMO) - 007**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in California: Santa Clara.

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](http://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](http://alignmenthealthplan.com).

**PREMIUMS AND BENEFITS**

Alignment Health Plan My Choice (HMO) - 007

|                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly Plan Premium                                                                                                                                                                                                                                             | You pay nothing<br>You must continue to pay your Medicare Part B premium.                                                                                                                                                                   |
| Deductible                                                                                                                                                                                                                                                       | No deductible                                                                                                                                                                                                                               |
| Maximum Out-of-Pocket Responsibility<br>(does not include prescription drugs)                                                                                                                                                                                    | You pay no more than \$4,900 annually<br>Includes copays and other costs for medical services for the year.                                                                                                                                 |
| Inpatient Hospital <sup>1,2</sup>                                                                                                                                                                                                                                | You pay \$100 per day for days 1 through 5<br>You pay nothing per day for days 6-90<br>(unlimited days per admission)                                                                                                                       |
| Outpatient Hospital Services                                                                                                                                                                                                                                     | You pay \$100 for Hospital services<br>You pay nothing for Observation services                                                                                                                                                             |
| Doctor Visits <ul style="list-style-type: none"> <li>• Primary</li> <li>• Specialists<sup>1,2</sup></li> </ul>                                                                                                                                                   | You pay nothing<br>You pay nothing<br>Prior authorization is required for specialist visits.                                                                                                                                                |
| Preventive Care<br>(e.g., flu vaccine, diabetic screenings)                                                                                                                                                                                                      | You pay nothing<br>Other preventive services are available. There are some covered services that have a cost                                                                                                                                |
| Emergency Care/Post-Stabilization Care                                                                                                                                                                                                                           | \$85 copay NOT waived if admitted                                                                                                                                                                                                           |
| Urgently Needed Services                                                                                                                                                                                                                                         | You pay \$0-\$10<br>If you are admitted to the hospital within 24 hours, you do not have to pay \$0-\$10.<br>\$10 copay for each visit to an urgent facility not affiliated with assigned Medical Group/IPA or outside of the service area. |
| Diagnostic Services/Labs/Imaging <sup>1,2</sup> <ul style="list-style-type: none"> <li>• Procedures and tests</li> <li>• Lab services</li> <li>• X-Ray/Diagnostics</li> <li>• Therapeutic radiology services (such as radiation treatment for cancer)</li> </ul> | You pay nothing<br>You pay nothing<br>You pay nothing<br>You pay 20% co-insurance<br>Prior authorization is required for some services                                                                                                      |
| Hearing Services <sup>1,2</sup> <ul style="list-style-type: none"> <li>• Routine hearing exam</li> <li>• Hearing aid</li> </ul>                                                                                                                                  | You pay nothing, one routine hearing exam allowed annually<br>Not covered                                                                                                                                                                   |
| Dental Services <sup>1,2</sup> <ul style="list-style-type: none"> <li>• Oral exam &amp; cleaning every six months</li> <li>• Fluoride treatment, one every six months</li> <li>• X-ray, one every three years</li> </ul>                                         | You pay nothing<br>You pay \$0-\$20<br>You pay \$0-\$30                                                                                                                                                                                     |
| Vision Services <ul style="list-style-type: none"> <li>• Routine exam (1 per year)</li> <li>• Eyewear coverage limit</li> </ul>                                                                                                                                  | You pay nothing<br>\$75 coverage limit for glasses or contacts, every two years                                                                                                                                                             |

|                                                                                              |                                                                                        |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Mental Health Services <sup>1,2</sup><br>• Outpatient group therapy/individual therapy visit | You pay nothing                                                                        |
| Skilled Nursing Facility <sup>1,2</sup>                                                      | You pay nothing for days 1 through 20<br>You pay \$100 per day for days 21 through 100 |
| Physical Therapy <sup>1</sup>                                                                | You pay nothing                                                                        |
| Ambulance Services <sup>1</sup>                                                              | You pay \$175 waived if admitted<br>Ground and Air                                     |
| Transportation                                                                               | Not covered                                                                            |
| Medicare Part B Drugs                                                                        | 20% of the cost for chemotherapy drugs<br>20% of the cost for other Part B drugs       |

| OUTPATIENT PRESCRIPTION DRUGS                                                                                                                                                                                                                                                         |                                                                                               |                                                                                            |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Deductible                                                                                                                                                                                                                                                                            | You pay nothing                                                                               |                                                                                            |                                                                                                     |
|                                                                                                                                                                                                                                                                                       | Preferred Retail Rx<br>30-day supply                                                          | Non-Preferred<br>Retail Rx 30-day<br>supply                                                | Mail Order<br>100-day supply                                                                        |
| Initial Coverage<br>• Tier 1: Preferred Generic<br>• Tier 2: Generic<br>• Tier 3: Preferred Brand<br>• Tier 4: Non-Preferred Brand<br>• Tier 5: Specialty Tier<br>• Tier 6: Select Care                                                                                               | You pay nothing<br>You pay \$5<br>You pay \$40<br>You pay \$100<br>You pay 33%<br>You pay \$5 | You pay \$7<br>You pay \$12<br>You pay \$47<br>You pay \$100<br>You pay 33%<br>You pay \$5 | You pay nothing<br>You pay \$15<br>You pay \$120<br>You pay \$300<br>Not covered<br>You pay nothing |
| Gap Coverage: T6 - All Drugs<br>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

Alignment Health Plan is an HMO plan with a Medicare contract. Enrollment in Alignment Health Plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, formulary, premium and/or copayments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The formulary, pharmacy network, and/or provider 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 a language other than English, 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 1-877-399-2247 (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). H3815\_19021EN\_M ACCEPTED

# 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 **alignment healthplan.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, 2020.
- ☐ 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).

# 2019 SUMMARY OF BENEFITS

This is a summary of drug and health services covered by Alignment Health Plan AllCare Preferred Plan (HMO) - 011 January 1, 2019 - December 31, 2019.

**Alignment Health Plan AllCare Preferred Plan (HMO) - 011** is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends 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 **Alignment Health Plan AllCare Preferred Plan (HMO) - 011**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in California: Stanislaus.

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](http://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](http://alignmenthealthplan.com).

**PREMIUMS AND BENEFITS**

Alignment Health Plan  
AllCare Preferred Plan (HMO) - 011

|                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly Plan Premium                                                                                                                                                                                                                                             | You pay nothing<br>You must continue to pay your Medicare Part B premium.                                                                                                                                                                   |
| Deductible                                                                                                                                                                                                                                                       | No deductible                                                                                                                                                                                                                               |
| Maximum Out-of-Pocket Responsibility<br>(does not include prescription drugs)                                                                                                                                                                                    | You pay no more than \$3,400 annually<br>Includes copays and other costs for medical services for the year.                                                                                                                                 |
| Inpatient Hospital <sup>1,2</sup>                                                                                                                                                                                                                                | You pay nothing per day for days 1-4<br>You pay \$50 per day for days 5-10<br>You pay nothing per day for days 11-90<br>(unlimited days per admission)                                                                                      |
| Outpatient Hospital Services                                                                                                                                                                                                                                     | You pay \$125 for Hospital services<br>You pay nothing for Observation services                                                                                                                                                             |
| Doctor Visits <ul style="list-style-type: none"> <li>• Primary</li> <li>• Specialists<sup>1,2</sup></li> </ul>                                                                                                                                                   | You pay nothing<br>You pay nothing<br>Prior authorization is required for specialist visits.                                                                                                                                                |
| Preventive Care<br>(e.g., flu vaccine, diabetic screenings)                                                                                                                                                                                                      | You pay nothing<br>Other preventive services are available. There are some covered services that have a cost.                                                                                                                               |
| Emergency Care/Post-Stabilization Care                                                                                                                                                                                                                           | \$75 copay NOT waived if admitted                                                                                                                                                                                                           |
| Urgently Needed Services                                                                                                                                                                                                                                         | You pay \$0-\$10<br>If you are admitted to the hospital within 24 hours, you do not have to pay \$0-\$10.<br>\$10 copay for each visit to an urgent facility not affiliated with assigned Medical Group/IPA or outside of the service area. |
| Diagnostic Services/Labs/Imaging <sup>1,2</sup> <ul style="list-style-type: none"> <li>• Procedures and tests</li> <li>• Lab services</li> <li>• X-Ray/Diagnostics</li> <li>• Therapeutic radiology services (such as radiation treatment for cancer)</li> </ul> | You pay nothing<br>You pay nothing<br>You pay nothing<br>You pay 20% co-insurance<br>Prior authorization is required for some services                                                                                                      |
| Hearing Services <sup>1,2</sup> <ul style="list-style-type: none"> <li>• Routine hearing exam</li> <li>• Hearing aid</li> </ul>                                                                                                                                  | You pay nothing, one routine hearing exam allowed annually<br>Not covered                                                                                                                                                                   |
| Dental Services <sup>1,2</sup> <ul style="list-style-type: none"> <li>• Oral exam &amp; cleaning every six months</li> <li>• Fluoride treatment, one every six months</li> <li>• X-ray, one every three years</li> </ul>                                         | You pay nothing<br>You pay \$0-\$20<br>You pay \$0-\$30                                                                                                                                                                                     |
| Vision Services <ul style="list-style-type: none"> <li>• Routine exam (1 per year)</li> <li>• Eyewear coverage limit</li> </ul>                                                                                                                                  | You pay nothing<br>\$75 coverage limit for glasses/contacts, every two years                                                                                                                                                                |

|                                                                                              |                                                                                                                         |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Mental Health Services <sup>1,2</sup><br>• Outpatient group therapy/individual therapy visit | You pay nothing                                                                                                         |
| Skilled Nursing Facility <sup>1,2</sup>                                                      | You pay nothing for days 1 through 20<br>You pay \$50 per day for days 21 through 100                                   |
| Physical Therapy <sup>1</sup>                                                                | You pay nothing                                                                                                         |
| Ambulance Services <sup>1</sup>                                                              | You pay \$100<br>Ground and Air                                                                                         |
| Transportation                                                                               | You pay nothing<br>26 one-way trips to plan approved locations within 20 miles.<br>Unlimited to Alignment Care Centers. |
| Medicare Part B Drugs                                                                        | 20% of the cost for chemotherapy drugs<br>20% of the cost for other Part B drugs                                        |

### OUTPATIENT PRESCRIPTION DRUGS

| Deductible                                                                                                                                                                                                                                                                                       | You pay nothing                                                                           |                                                                                             |                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                  | Preferred Retail Rx 30-day supply                                                         | Non-Preferred Retail Rx 30-day supply                                                       | Mail Order 100-day supply                                                                              |
| Initial Coverage<br>• Tier 1: Preferred Generic<br>• Tier 2: Generic<br>• Tier 3: Preferred Brand<br>• Tier 4: Non-Preferred Brand<br>• Tier 5: Specialty Tier<br>• Tier 6: Select Care                                                                                                          | You pay \$5<br>You pay \$10<br>You pay \$40<br>You pay \$93<br>You pay 33%<br>You pay \$5 | You pay \$12<br>You pay \$17<br>You pay \$47<br>You pay \$100<br>You pay 33%<br>You pay \$5 | You pay \$12.50<br>You pay \$25<br>You pay \$100<br>You pay \$232.50<br>Not covered<br>You pay nothing |
| <p>Gap Coverage: T6 - All Drugs</p> <p>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.</p> |                                                                                           |                                                                                             |                                                                                                        |

#### NOTE:

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# UNDERSTANDING THE BENEFITS & RULES



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## 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, 2020.
- ☐ 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).



# **2019 DRUG LISTING**

## 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  
 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, T5  
 acitretin cap 17.5mg, T5  
 acitretin cap 25mg, T3  
 ACTHIB INJ, T3  
 ACTIMMUNE INJ 2MU/0.5, T5,PA  
 acyclovir cap 200mg, T2  
 acyclovir oin 5%, T4  
 acyclovir sus 200/5ml, T3  
 acyclovir tab 400mg, T2  
 acyclovir tab 800mg, T2  
 acyclovir na inj 50mg/ml, T3,PA  
 ADACEL INJ, T3  
 ADACEL INJ, T3  
 ADCIRCA TAB 20MG, T5,PA,QL  
 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  
 afeditab tab 30mg cr, T2  
 afeditab tab 60mg cr, T2  
 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  
 AFINITOR DIS TAB 2MG, T5,PA,QL  
 AFINITOR DIS TAB 3MG, T5,PA,QL  
 AFINITOR DIS TAB 5MG, T5,PA,QL  
 ala-cort cre 1%, T1  
 ala-cort cre 2.5%, T1  
 ALBENZA 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  
 alclometason oin 0.05%, T2  
 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  
 allopurinol tab 100mg, T1  
 allopurinol tab 300mg, T1  
 alosetron tab 0.5mg, T5

alosetron tab 1mg, T5  
 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  
 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  
 amethia tab, T2  
 amethia lo tab, T2  
 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

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|                                  |                                  |                                   |
|----------------------------------|----------------------------------|-----------------------------------|
| amlod/atorva tab 5-40mg, T6      | amoxicillin sus 400/5ml, T1      | aprepitant cap 125mg, T2,PA       |
| amlod/atorva tab 5-80mg, T6      | amoxicillin tab 500mg, T1        | aprepitant cap 40mg, T3,PA        |
| amlod/benazp cap 10-20mg, T6     | amoxicillin tab 875mg, T1        | aprepitant cap 80mg, T3,PA        |
| amlod/benazp cap 10-40mg, T6     | amphet/dextr cap 10mg er, T3,QL  | aprepitant pak 80 & 125, T3,PA    |
| amlod/benazp cap 2.5-10mg, T6    | amphet/dextr cap 15mg er, T3,QL  | apri tab, T2                      |
| amlod/benazp cap 5-10mg, T6      | amphet/dextr cap 20mg er, T3,QL  | APRISO CAP 0.375GM, T4            |
| amlod/benazp cap 5-20mg, T6      | amphet/dextr cap 25mg er, T3,QL  | APTiom TAB 200MG, T5              |
| amlod/benazp cap 5-40mg, T6      | amphet/dextr cap 30mg er, T3,QL  | APTiom TAB 400MG, T5              |
| amlod/valsar tab /hctz, T6,QL    | amphet/dextr cap 5mg er, T3,QL   | APTiom TAB 600MG, T5              |
| amlod/valsar tab /hctz, T6,QL    | amphet/dextr tab 10mg, T2,QL     | APTiom TAB 800MG, T5              |
| amlod/valsar tab /hctz, T6,QL    | amphet/dextr tab 12.5mg, T2,QL   | APTIVUS CAP 250MG, T5,QL          |
| amlod/valsar tab /hctz, T6,QL    | amphet/dextr tab 15mg, T2,QL     | APTIVUS SOL, T5,QL                |
| amlod/valsar tab /hctz, T6,QL    | amphet/dextr tab 20mg, T2,QL     | aranelle tab, T2                  |
| amlod/valsar tab 10-160mg, T6,QL | amphet/dextr tab 30mg, T2,QL     | ARANESP INJ 100MCG, T5,PA         |
| amlod/valsar tab 10-320mg, T6,QL | amphet/dextr tab 5mg, T2,QL      | ARANESP INJ 100MCG, T5,PA         |
| amlod/valsar tab 5-160mg, T6,QL  | amphet/dextr tab 7.5mg, T2,QL    | ARANESP INJ 10MCG, T4,PA          |
| amlod/valsar tab 5-320mg, T6,QL  | AMPHOTERICIN INJ 50MG, T3,PA     | ARANESP INJ 150MCG, T5,PA         |
| amlodipine tab 10mg, T1          | AMPICILLIN CAP 500MG, T2         | ARANESP INJ 200MCG, T5,PA         |
| amlodipine tab 2.5mg, T1         | ampicillin inj 10gm, T3          | ARANESP INJ 200MCG, T5,PA         |
| amlodipine tab 5mg, T1           | ampicillin inj 1gm, T3           | ARANESP INJ 25MCG, T4,PA          |
| ammonium lac cre 12%, T2         | amp-sulbacta inj 2-1gm, T3       | ARANESP INJ 25MCG, T4,PA          |
| ammonium lac lot 12%, T2         | AMPYRA TAB 10MG, T5,PA           | ARANESP INJ 300MCG, T5,PA         |
| amnesteem cap 10mg, T3           | ANADROL-50 TAB 50MG, T5,PA       | ARANESP INJ 300MCG, T5,PA         |
| amnesteem cap 20mg, T3           | anagrelide cap 0.5mg, T2         | ARANESP INJ 40MCG, T4,PA          |
| amnesteem cap 40mg, T3           | anagrelide cap 1mg, T3           | ARANESP INJ 40MCG, T4,PA          |
| AMOX/K CLAV CHW 200MG, T3        | anastrozole tab 1mg, T1          | ARANESP INJ 500MCG, T5,PA         |
| AMOX/K CLAV CHW 400MG, T3        | ANDRODERM DIS 2MG/24HR,          | ARANESP INJ 60MCG, T5,PA          |
| amox/k clav sus 200/5ml, T2      | T3,PA,QL                         | ARANESP INJ 60MCG, T5,PA          |
| amox/k clav sus 400/5ml, T2      | ANDRODERM DIS 4MG/24HR,          | ARCALYST INJ 220MG, T5,PA         |
| amox/k clav sus 600/5ml, T2      | T3,PA,QL                         | aripiprazole sol 1mg/ml, T2,PA,QL |
| amox/k clav tab 250-125, T2      | ANDROGEL GEL 1.62%, T3,PA,QL     | aripiprazole tab 10mg, T3,QL      |
| amox/k clav tab 500-125, T2      | ANDROGEL GEL 1.62%, T3,PA,QL     | aripiprazole tab 10mg odt,        |
| amox/k clav tab 875-125, T2      | ANDROGEL GEL 1.62%, T3,PA,QL     | T5,PA,QL                          |
| AMOXAPINE TAB 100MG, T2          | ANORO ELLIPT AER 62.5-25, T3,QL  | aripiprazole tab 15mg, T3,QL      |
| AMOXAPINE TAB 150MG, T2          | apap/codeine sol 120-12/5, T2,QL | aripiprazole tab 15mg odt,        |
| AMOXAPINE TAB 25MG, T2           | apap/codeine tab 300-15mg,       | T5,PA,QL                          |
| AMOXAPINE TAB 50MG, T2           | T2,QL                            | aripiprazole tab 20mg, T3,QL      |
| amoxicillin cap 250mg, T1        | apap/codeine tab 300-30mg,       | aripiprazole tab 2mg, T3,QL       |
| amoxicillin cap 500mg, T1        | T2,QL                            | aripiprazole tab 30mg, T3,QL      |
| amoxicillin sus 125/5ml, T1      | apap/codeine tab 300-60mg,       | aripiprazole tab 5mg, T3,QL       |
| amoxicillin sus 200/5ml, T1      | T2,QL                            | ARISTADA INJ 1064MG, T5,PA,QL     |
| amoxicillin sus 250/5ml, T1      | APOKYN INJ 10MG/ML, T5,PA,QL     | ARISTADA INJ 441MG/1., T5,PA,QL   |

#### ACRONYM GUIDE:

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ARISTADA INJ 662MG/2, T5,PA,QL  
 ARISTADA INJ 882MG/3, 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  
 asa/dipyrida cap 25-200mg, T3  
 ASACOL HD TAB 800MG, 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  
 aubra tab 0.1-0.02, T2  
 aug betamet cre 0.05%, T2  
 AUG BETAMET GEL 0.05%, T2  
 aug betamet lot 0.05%, T3  
 aug betamet oin 0.05%, T3  
 AURYXIA TAB 210MG, T5  
 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  
 AZASAN TAB 100MG, T4,PA  
 AZASAN TAB 75 MG, T4,PA  
 azathioprine tab 50mg, T2,PA  
 azelastine dro 0.05%, T2  
 azelastine spr 0.1%, T2,QL  
 azelastine spr 0.15%, T2,QL  
 AZELEX CRE 20%, T4  
 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 250mg, T2  
 azithromycin tab 500mg, 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  
 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 29GX1/2", 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  
 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  
 betameth dip lot 0.05%, T2  
 betameth dip oin 0.05%, T3  
 betameth val cre 0.1%, T2  
 betameth val lot 0.1%, T3  
 betameth val oin 0.1%, T2  
 BETASERON INJ 0.3MG, T5,PA,QL  
 betaxolol sol 0.5% op, T2  
 betaxolol tab 10mg, T2  
 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

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BICILLIN L-A INJ 2400000, T4  
 BICILLIN L-A INJ 600000, T4  
 BIKTARVY TAB, T5,QL  
 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  
 blisovi fe tab 1/20, T2  
 BOOSTRIX INJ, T3  
 BOOSTRIX INJ, T3  
 BOSULIF TAB 100MG, T5,PA,QL  
 BOSULIF TAB 400MG, T5,PA,QL  
 BOSULIF TAB 500MG, 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  
 bromocriptin cap 5mg, T3  
 bromocriptin tab 2.5mg, T3  
 budesonide cap 3mg dr, T5  
 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 sub 2-0.5mg, T3,QL  
 bupren/nalox sub 8-2mg, T3,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, T2  
 bupropion tab 150mg sr, T2,QL  
 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 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 INJ 2MG, T3,QL,ST  
 BYDUREON INJ BCISE, 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%, T3  
 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  
 CANASA SUP 1000MG, T3  
 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  
 CARAC CRE 0.5%, T5  
 carb/levo tab 10-100mg, T2  
 carb/levo tab 10-100mg, T2  
 carb/levo tab 25-100mg, T2  
 carb/levo tab 25-100mg, T3  
 carb/levo tab 25-250mg, T2  
 carb/levo tab 25-250mg, T2  
 CARB/LEVO 50 TAB /ENTACAP, T3  
 CARB/LEVO 75 TAB /ENTACAP, T3  
 carb/levo er tab 25-100mg, T2  
 carb/levo er tab 50-200mg, T2  
 CARB/LEVO100 TAB /ENTACAP, T3  
 CARB/LEVO125 TAB /ENTACAP, T3  
 CARB/LEVO150 TAB /ENTACAP, T3  
 CARB/LEVO200 TAB /ENTACAP, T3  
 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

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|                               |                              |                                 |
|-------------------------------|------------------------------|---------------------------------|
| cartia xt cap 240/24hr, T2    | ceftriaxone inj 250mg, T3    | ciclopirox sus 0.77%, T2        |
| cartia xt cap 300/24hr, T2    | ceftriaxone inj 2gm, T3      | cilostazol tab 100mg, T2        |
| carvedilol tab 12.5mg, T1     | ceftriaxone inj 500mg, T3    | cilostazol tab 50mg, T2         |
| carvedilol tab 25mg, T1       | cefuroxime inj 1.5gm, T3     | CIMETIDINE SOL 300/5ML, T2      |
| carvedilol tab 3.125mg, T1    | cefuroxime inj 7.5gm, T2     | cimetidine tab 200mg, T1        |
| carvedilol tab 6.25mg, T1     | cefuroxime inj 750mg, T3     | cimetidine tab 300mg, T2        |
| CASPOFUNGIN INJ 50MG, T5      | cefuroxime tab 250mg, T2     | cimetidine tab 400mg, T2        |
| CASPOFUNGIN INJ 70MG, T5      | cefuroxime tab 500mg, T2     | cimetidine tab 800mg, T2        |
| caziant pak, T2               | celecoxib cap 100mg, T2,QL   | CINRYZE SOL 500 UNIT, T5,PA,QL  |
| cefaclor cap 250mg, T2        | celecoxib cap 200mg, T2,QL   | CIPRODEX SUS 0.3-0.1%, T4       |
| cefaclor cap 500mg, T2        | celecoxib cap 400mg, T3,QL   | ciprofloxacin inj 200mg, T2     |
| cefadroxil cap 500mg, T2      | celecoxib cap 50mg, T2,QL    | CIPROFLOXACIN INJ 400MG, T3     |
| cefadroxil sus 250/5ml, T2    | CELONTIN CAP 300MG, T4       | ciprofloxacin sol 0.3% op, T1   |
| cefadroxil sus 500/5ml, T2    | cephalexin cap 250mg, T1     | ciprofloxacin sus 250mg/5, T2   |
| cefadroxil tab 1gm, T2        | cephalexin cap 500mg, T1     | ciprofloxacin sus 500mg/5, T2   |
| cefazolin inj 10gm, T3        | cephalexin cap 750mg, T3     | ciprofloxacin tab 1000mg, T3    |
| cefazolin inj 1gm, T3         | cephalexin sus 125/5ml, T2   | CIPROFLOXACIN TAB 100MG, T3     |
| cefazolin inj 500mg, T3       | cephalexin sus 250/5ml, T2   | ciprofloxacin tab 250mg, T1     |
| cefdinir cap 300mg, T2        | CHANTIX PAK 0.5& 1MG, T3     | ciprofloxacin tab 500mg, T1     |
| cefdinir sus 125/5ml, T2      | CHANTIX PAK 1MG, T3          | ciprofloxacin tab 500mg er, T3  |
| cefdinir sus 250/5ml, T2      | CHANTIX TAB 0.5MG, T3        | ciprofloxacin tab 750mg, T1     |
| cefepime inj 1gm, T3          | CHANTIX TAB 1MG, T3          | citalopram sol 10mg/5ml, T3,QL  |
| cefepime inj 2gm, T3          | CHEMET CAP 100MG, T4         | citalopram tab 10mg, T1,QL      |
| cefotaxime inj 1gm, T3        | CHENODAL TAB 250MG, T5,PA    | citalopram tab 20mg, T1,QL      |
| CEFOTAXIME INJ 2GM, T3        | chlorhex glu sol 0.12%, T1   | citalopram tab 40mg, T1,QL      |
| CEFOTAXIME INJ 500MG, T3      | CHLOROQUINE TAB 250MG, T3    | claravis cap 10mg, T3           |
| cefoxitin inj 10gm, T3        | chloroquine tab 500mg, T2    | claravis cap 20mg, T3           |
| cefoxitin inj 1gm, T3         | CHLOROTHIAZ TAB 250MG, T2    | claravis cap 30mg, T3           |
| cefoxitin inj 2gm, T3         | chlorothiaz tab 500mg, T2    | claravis cap 40mg, T3           |
| cefpodo prox sus 100/5ml, T3  | chlorpromaz tab 100mg, T5,PA | CLARITHROMYC SUS 125/5ML, T2    |
| cefpodo prox sus 50mg/5ml, T2 | chlorpromaz tab 10mg, T3,PA  | CLARITHROMYC SUS 250/5ML, T3    |
| cefpodoxime tab 100mg, T3     | chlorpromaz tab 200mg, T5,PA | clarithromycin tab 250mg, T2    |
| cefpodoxime tab 200mg, T3     | chlorpromaz tab 25mg, T3,PA  | clarithromycin tab 500mg, T2    |
| cefprozil sus 125/5ml, T2     | chlorpromaz tab 50mg, T3,PA  | clarithromycin tab 500mg er, T2 |
| cefprozil sus 250/5ml, T3     | chlorthalid tab 25mg, T2     | CLEMASTINE TAB 2.68MG, T3,PA    |
| cefprozil tab 250mg, T2       | chlorthalid tab 50mg, T2     | clindacin-p pad 1%, T3          |
| cefprozil tab 500mg, T2       | cholestyram pow 4gm, T2      | clindamy/ben gel 1-5%, T3       |
| ceftazidime inj 1gm, T3       | cholestyram pow 4gm lite, T2 | clindamycin cap 150mg, T2       |
| ceftazidime inj 2gm, T3       | ciclopirox cre 0.77%, T2     | clindamycin cap 300mg, T2       |
| ceftazidime inj 6gm, T3       | ciclopirox gel 0.77%, T3     | clindamycin cap 75mg, T2        |
| ceftriaxone inj 10gm, T3      | ciclopirox sha 1%, T3        | clindamycin cre 2% vag, T3      |
| ceftriaxone inj 1gm, T3       | ciclopirox sol 8%, T2        | clindamycin gel 1%, T3          |

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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 1%, T3  
clindamycin mis 1%, T3  
clindamycin sol 1%, T3  
clinisol sf inj 15%, T4,PA  
clobetasol cre 0.05%, T2  
clobetasol gel 0.05%, T4  
clobetasol oin 0.05%, T4  
clobetasol sol 0.05%, T3  
clobetasol e cre 0.05%, T3  
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  
clonazepam tab 1mg, T1  
clonazepam tab 2mg, T1  
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 15mg, T3,QL  
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  
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  
cyclobenzapr tab 7.5mg, T3,PA  
CYCLOPHOSPH CAP 25MG, T3,PA  
CYCLOPHOSPH CAP 50MG, T5,PA  
CYCLOSET TAB 0.8MG, T4,QL  
cyclosporine cap 100mg, T3,PA  
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  
CYSTADANE POW, T5  
CYSTAGON CAP 150MG, T4,PA  
CYSTAGON CAP 50MG, T4,PA  
CYSTARAN SOL 0.44%, T5

## 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

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|                               |                                  |                             |
|-------------------------------|----------------------------------|-----------------------------|
| DAKLINZA TAB 90MG, T5,PA      | desoximetas gel 0.05%, T3        | dicloxacill cap 500mg, T2   |
| DALIRESP TAB 250MCG, T4,PA,QL | desoximetas oin 0.25%, T3        | dicyclomine cap 10mg, T2    |
| DALIRESP TAB 500MCG, T4,PA,QL | desvenlafax tab 100mg er, T2,QL  | dicyclomine tab 20mg, T2    |
| DALVANCE SOL 500MG, T5        | desvenlafax tab 25mg er, T2,QL   | didanosine cap 200mg, T2,QL |
| danazol cap 100mg, T3,PA      | desvenlafax tab 50mg er, T2,QL   | didanosine cap 250mg, T2,QL |
| danazol cap 200mg, T3,PA      | DEXAMETH PHO SOL 0.1% OP, T2     | didanosine cap 400mg, T3,QL |
| danazol cap 50mg, T3,PA       | dexamethason elx 0.5/5ml, T2     | DIFICID TAB 200MG, T5       |
| dantrolene cap 100mg, T3      | dexamethason tab 0.5mg, T2       | DIFLORASONE OIN 0.05%, T3   |
| dantrolene cap 25mg, T3       | dexamethason tab 0.75mg, T2      | digitek tab 0.125mg, T2     |
| dantrolene cap 50mg, T3       | dexamethason tab 1.5mg, T2       | digitek tab 0.25mg, T2      |
| dapsone tab 100mg, T3         | DEXAMETHASON TAB 1MG, T2         | digox tab 0.125mg, T2       |
| dapsone tab 25mg, T3          | DEXAMETHASON TAB 2MG, T2         | digox tab 0.25mg, T2        |
| DAPTACEL INJ, T3              | dexamethason tab 4mg, T2         | DIGOXIN SOL 50MCG/ML, T2,QL |
| daptomycin inj 500mg, T5      | dexamethason tab 6mg, T2         | digoxin tab 0.125mg, T2     |
| DARAPRIM TAB 25MG, T5         | dexmethyolph tab 10mg, T2,QL     | digoxin tab 0.25mg, T2      |
| deblitane tab 0.35mg, T2      | dexmethyolph tab 2.5mg, T2,QL    | DILANTIN CAP 30MG, T4       |
| delyla tab 0.1-0.02, T2       | dexmethyolph tab 5mg, T2,QL      | diltiazem cap 120mg er, T2  |
| DELZICOL CAP 400MG, T3        | dextroamphet cap 10mg er, T3,QL  | diltiazem cap 120mg er, T2  |
| demeclocycl tab 150mg, T3     | dextroamphet cap 15mg er, T3,QL  | diltiazem cap 180mg er, T2  |
| demeclocycl tab 300mg, T3     | dextroamphet cap 5mg er, T2,QL   | diltiazem cap 240mg er, T2  |
| DEMSER CAP 250MG, T5          | dextroamphet tab 10mg, T3,QL     | diltiazem cap 300mg er, T2  |
| DENAVIR CRE 1%, T5            | dextroamphet tab 5mg, T3,QL      | diltiazem cap 360mg/24, T2  |
| DEPEN TITRA TAB 250MG, T5     | dextrose inj 10%, T3             | diltiazem cap 420mg/24, T2  |
| DEPO-PROVERA INJ 400/ML, T4   | dextrose inj 5%, T3              | diltiazem cap 60mg er, T2   |
| DESCOVY TAB 200/25, T5,QL     | DIASTAT ACDL GEL 12.5-20, T4,QL  | diltiazem cap 90mg er, T2   |
| desipramine tab 100mg, T3     | DIASTAT ACDL GEL 5-10MG, T4,QL   | diltiazem tab 120mg, T2     |
| desipramine tab 10mg, T3      | DIASTAT PED GEL 2.5M GEL, T4,QL  | diltiazem tab 30mg, T2      |
| desipramine tab 150mg, T3     | diazepam con 5mg/ml, T2,PA,QL    | diltiazem tab 60mg, T2      |
| desipramine tab 25mg, T3      | DIAZEPAM SOL 1MG/ML, T3,PA,QL    | diltiazem tab 90mg, T2      |
| desipramine tab 50mg, T3      | diazepam tab 10mg, T1            | dilt-xr cap 120mg, T2       |
| desipramine tab 75mg, T3      | diazepam tab 2mg, T1             | dilt-xr cap 180mg, T2       |
| desmopressin sol 0.01%, T3    | diazepam tab 5mg, T1             | dilt-xr cap 240mg, T2       |
| desmopressin spr 0.01%, T3    | diclo/misopr tab 50-0.2mg, T3,QL | DIP/TET PED INJ 25-5LFU, T3 |
| desmopressin tab 0.1mg, T2    | diclo/misopr tab 75-0.2mg, T3,QL | DIPENTUM CAP 250MG, T5      |
| desmopressin tab 0.2mg, T2    | diclofen pot tab 50mg, T2,QL     | diphen/atrop tab 2.5mg, T2  |
| deso/ethinyl tab estradio, T2 | diclofenac gel 1%, T3            | dipyridamole tab 25mg, T3   |
| deso/ethinyl tab estradio, T2 | diclofenac sol 0.1% op, T2       | dipyridamole tab 50mg, T2   |
| desonide cre 0.05%, T4        | diclofenac tab 100mg er, T2,QL   | dipyridamole tab 75mg, T2   |
| desonide lot 0.05%, T3        | diclofenac tab 25mg dr, T2,QL    | disulfiram tab 250mg, T3    |
| desonide oin 0.05%, T3        | diclofenac tab 50mg dr, T2,QL    | disulfiram tab 500mg, T2    |
| desoximetas cre 0.05%, T3     | diclofenac tab 75mg dr, T2,QL    | divalproex cap 125mg, T2    |
| desoximetas cre 0.25%, T3     | dicloxacill cap 250mg, T2        | divalproex tab 125mg dr, T2 |

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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  
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 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, T2,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  
ELIDEL CRE 1%, T4,PA  
ELIGARD INJ 22.5MG, T4  
ELIGARD INJ 30MG, T4  
ELIGARD INJ 45MG, T4  
ELIGARD INJ 7.5MG, T4  
ELIQUIS TAB 2.5MG, T3,QL  
ELIQUIS TAB 5MG, T3,QL  
ELIQUIS ST P 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  
enoxaparin inj 80/0.8ml, T3,QL  
enpresse-28 tab, T2  
enskyce tab, T2  
entacapone tab 200mg, T4  
entecavir tab 0.5mg, T5  
entecavir tab 1mg, T5  
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  
epinastine dro 0.05%, T2  
EPINEPHRINE INJ 0.15MG, T3  
EPINEPHRINE INJ 0.3MG, 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

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ERGOLOID MES TAB 1MG ORAL, T3,PA  
 ERIVEDGE CAP 150MG, T5,PA,QL  
 ERLEADA TAB 60MG, T5,PA,QL  
 errin tab 0.35mg, T2  
 ery pad 2%, T2  
 ery/benzoyl gel 5-3%, T3  
 ERYPED SUS 400/5ML, T4  
 ERY-TAB TAB 250MG EC, T4  
 ERY-TAB TAB 333MG EC, T4  
 ERY-TAB TAB 500MG EC, T4  
 ERYTHROCIN INJ 500MG, T5  
 ERYTHROCIN TAB 250MG, T4  
 erythrom eth sus 200/5ml, T3  
 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  
 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, T2  
 estradiol tab 10mcg, T2  
 estradiol tab 1mg, T2  
 estradiol tab 2mg, T2  
 ESTROPIPATE TAB 0.75MG, T2  
 ESTROPIPATE TAB 1.5MG, T2

ESTROPIPATE TAB 3MG, T2  
 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  
 ETIDRON DISD TAB 200MG, T3  
 ETIDRON DISD TAB 400MG, T3  
 etodolac cap 200mg, T2,QL  
 etodolac cap 300mg, T2,QL  
 etodolac tab 400mg, T2,QL  
 etodolac tab 500mg, T2,QL  
 etodolac er tab 400mg, T2,QL  
 etodolac er tab 500mg, T2,QL  
 etodolac er tab 600mg, T2,QL  
 EVOTAZ TAB 300-150, T5,QL  
 exemestane tab 25mg, T4  
 EXJADE TAB 125MG, T5,PA  
 EXJADE TAB 250MG, T5,PA  
 EXJADE TAB 500MG, T5,PA  
 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  
 FARESTON TAB 60MG, T5  
 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  
 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 37.5mcg, T3,PA,QL  
 fentanyl dis 50mcg/hr, T4,PA,QL  
 fentanyl dis 62.5mcg, T5,PA,QL  
 fentanyl dis 75mcg/hr, T4,PA,QL  
 fentanyl dis 87.5mcg, T5,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

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FINACEA AER 15%, T4  
 FINACEA GEL 15%, T4  
 finasteride tab 5mg, T1,QL  
 FIRAZYR INJ 30MG/3ML, T5,PA,QL  
 FIRMAGON INJ 120MG, T5  
 FIRMAGON INJ 80MG, T4  
 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  
 fluocin acet oil 0.01%, T3  
 fluocinonide cre e 0.05%, T3  
 fluocinonide gel 0.05%, T3  
 fluocinonide oin 0.05%, T3  
 fluocinonide sol 0.05%, T3  
 fluoromethol sus 0.1% op, T2  
 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  
 fluphenazine tab 2.5mg, T2,PA  
 fluphenazine tab 5mg, T3,PA  
 flurbiprofen sol 0.03% op, T1  
 flurbiprofen tab 100mg, T2,QL  
 flurbiprofen tab 50mg, T2,QL  
 flutamide cap 125mg, T3  
 fluticasone cre 0.05%, T2  
 FLUTICASONE INH SALMETER,  
 T3,QL  
 FLUTICASONE INH SALMETER,  
 T3,QL  
 FLUTICASONE INH SALMETER,  
 T3,QL  
 fluticasone oin 0.005%, T2  
 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

FOSRENOL POW 750MG, T5  
 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  
 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 10%, T5,PA  
 GAMMAPLEX INJ 10%, T5,PA  
 GAMMAPLEX INJ 5%, T5,PA  
 GAMUNEX-C INJ 1GM/10ML,  
 T5,PA  
 GARDASIL 9 INJ, T3

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|                                  |                                  |                                |
|----------------------------------|----------------------------------|--------------------------------|
| GARDASIL 9 INJ, T3               | glipizide er tab 2.5mg, T6,QL    | HAVRIX INJ 1440UNIT, T3        |
| GATTEX KIT 5MG, T5,PA            | glipizide er tab 5mg, T6,QL      | HAVRIX INJ 1440UNIT, T3        |
| gavilyte-c sol, T2               | GLUCAGEN INJ HYPOKIT, T3         | HAVRIX INJ 720UNIT, T3         |
| gavilyte-g sol, T2               | GLUCAGON KIT 1MG, T4             | HAVRIX INJ 720UNIT, T3         |
| gavilyte-n sol flav pk, T2       | glyb/metform tab 1.25-250, T6,QL | hc butyrate cre 0.1%, T2       |
| gemfibrozil tab 600mg, T1,QL     | glyb/metform tab 2.5-500, T6,QL  | hc butyrate oin 0.1%, T3       |
| generlac sol 10gm/15, T2         | glyb/metform tab 5-500mg, T6,QL  | hc butyrate sol 0.1%, T3       |
| gengraf cap 100mg, T3,PA         | glyburide tab 1.25mg, T6,QL      | hc valerate cre 0.2%, T3       |
| gengraf cap 25mg, T3,PA          | glyburide tab 2.5mg, T6,QL       | hc valerate oin 0.2%, T3       |
| gengraf sol 100mg/ml, T3,PA      | glyburide tab 5mg, T6,QL         | hc/acet acid sol otic, T3      |
| GENTAK OIN 0.3% OP, T2           | glycopyrrol tab 1mg, T2          | heparin sod inj 1000/ml, T2    |
| GENTAM/NACL INJ 100MG, T2        | glycopyrrol tab 2mg, T2          | heparin sod inj 10000/ml, T3   |
| gentam/nacl inj 60mg, T3         | GLYXAMBI TAB 10-5 MG, T4,QL      | heparin sod inj 20000/ml, T3   |
| GENTAM/NACL INJ 80MG, T3         | GLYXAMBI TAB 25-5 MG, T4,QL      | heparin sod inj 5000/ml, T3    |
| GENTAM/NACL INJ 80MG, T3         | granisetron tab 1mg, T2,PA       | HEPATAMINE SOL 8%, T3,PA       |
| gentamicin cre 0.1%, T2          | GRANIX INJ 300/0.5, T5           | HETLIOZ CAP 20MG, T5,PA,QL     |
| gentamicin inj 40mg/ml, T3       | GRANIX INJ 480/0.8, T5           | HEXALEN CAP 50MG, T5,PA        |
| gentamicin oin 0.1%, T3          | griseofulvin sus 125/5ml, T3     | HIBERIX SOL 10MCG, T3          |
| gentamicin sol 0.3% op, T2       | griseofulvin tab ultr 125, T3    | HUMALOG INJ 100/ML, T3,QL      |
| GENVOYA TAB, T5,QL               | griseofulvin tab ultr 250, T3    | HUMALOG INJ 100/ML, T3,QL      |
| GEODON INJ 20MG, T4,PA,QL        | GUANIDINE TAB 125MG, T3          | HUMALOG JR INJ 100/ML, T3,QL   |
| gianvi tab 3-0.02mg, T2          |                                  | HUMALOG KWIK INJ 100/ML,       |
| GILOTRIF TAB 20MG, T5,PA,QL      | <b>H</b>                         | T3,QL                          |
| GILOTRIF TAB 30MG, T5,PA,QL      | H.P. ACTHAR INJ 80UNIT, T5,PA    | HUMALOG KWIK INJ 200/ML,       |
| GILOTRIF TAB 40MG, T5,PA,QL      | HAEGARDA INJ 2000UNIT,           | T3,QL                          |
| glatiramer inj 20mg/ml, T5,PA,QL | T5,PA,QL                         | HUMALOG MIX INJ 50/50, T3,QL   |
| glatiramer inj 40mg/ml, T5,PA,QL | HAEGARDA INJ 3000UNIT,           | HUMALOG MIX INJ 50/50KWP,      |
| glatopa inj 20mg/ml, T5,PA,QL    | T5,PA,QL                         | T3,QL                          |
| glatopa inj 40mg/ml, T5,PA,QL    | halobetasol cre 0.05%, T4        | HUMALOG MIX INJ 75/25KWP,      |
| GLEOSTINE CAP 100MG, T5          | halobetasol oin 0.05%, T3        | T3,QL                          |
| GLEOSTINE CAP 10MG, T4           | haloper dec inj 100mg/ml, T2     | HUMALOG MIX SUS 75/25, T3,QL   |
| GLEOSTINE CAP 40MG, T4           | haloper dec inj 100mg/ml, T2     | HUMIRA INJ 10/0.1ML, T5,PA     |
| GLEOSTINE CAP 5MG, T4            | haloper dec inj 50mg/ml, T2      | HUMIRA INJ 10MG/0.2, T5,PA     |
| glimepiride tab 1mg, T6,QL       | haloper lac inj 5mg/ml, T3       | HUMIRA INJ 40/0.4ML, T5,PA     |
| glimepiride tab 2mg, T6,QL       | haloperidol con 2mg/ml, T2       | HUMIRA KIT 20MG/0.4, T5,PA     |
| glimepiride tab 4mg, T6,QL       | haloperidol inj 5mg/ml, T3       | HUMIRA KIT 40MG/0.8, T5,PA     |
| glip/metform tab 2.5-250m, T6,QL | haloperidol tab 0.5mg, T2        | HUMIRA PEDIA INJ CROHNS, T5,PA |
| glip/metform tab 2.5-500m, T6,QL | haloperidol tab 10mg, T2         | HUMIRA PEDIA INJ CROHNS, T5,PA |
| glip/metform tab 5-500mg, T6,QL  | haloperidol tab 1mg, T2          | HUMIRA PEDIA INJ CROHNS, T5,PA |
| glipizide tab 10mg, T6,QL        | haloperidol tab 20mg, T2         | HUMIRA PEDIA INJ CROHNS, T5,PA |
| glipizide tab 5mg, T6,QL         | haloperidol tab 2mg, T2          | HUMIRA PEN INJ 40/0.4ML, T5,PA |
| glipizide er tab 10mg, T6,QL     | haloperidol tab 5mg, T2          | HUMIRA PEN INJ 40MG/0.8, T5,PA |
|                                  | HARVONI TAB 90-400MG, T5,PA      |                                |

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HUMIRA PEN INJ CROHNS, T5,PA  
HUMIRA PEN INJ PSORIASI, 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, T3,QL  
HUMULIN R INJ U-500, T3,PA  
hydalazine tab 100mg, T2  
hydalazine tab 10mg, T2  
hydalazine tab 25mg, T2  
hydalazine tab 50mg, T2  
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%, T1  
hydrocort cre 2.5%, T1  
hydrocort ene 100mg, T3  
hydrocort lot 2.5%, T2  
hydrocort oin 1%, T1  
hydrocort oin 2.5%, T1  
hydrocort tab 10mg, T2  
hydrocort tab 20mg, T2  
hydrocort tab 5mg, T2  
hydromorphon inj 10mg/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,QL  
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  
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 18MU, T5  
INTRON A INJ 25MU, T5  
INTRON A INJ 50MU, T5  
introvale tab, T2  
INVANZ INJ 1GM, T5  
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

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INVEGA TRINZ INJ 546MG, T5,PA,QL  
 INVEGA TRINZ INJ 819MG, T5,PA,QL  
 INVIRASE CAP 200MG, T5,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 POW 100MG, T4,QL  
 ISENTRESS TAB 400MG, T5,QL  
 ISENTRESS HD TAB 600MG, T5,QL  
 isibloom tab 0.15-30, 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  
 ISTALOL SOL 0.5% OP, T4  
 itraconazole cap 100mg, T4  
 ivermectin tab 3mg, T2  
 IXIARO INJ, T3

## J

JADENU TAB 180MG, T5,PA  
 JADENU TAB 360MG, T5,PA  
 JADENU TAB 90MG, T5,PA  
 JADENU SPRKL GRA 180MG, T5,PA  
 JADENU SPRKL GRA 360MG, T5,PA  
 JADENU SPRKL GRA 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  
 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  
 JENTADUETO TAB XR, T4,QL  
 jolivettab 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 tab 1.5/30, T2  
 junel fe tab 1/20, T2  
 junel fe 24 tab 1/20, T2  
 JUXTAPID CAP 10MG, T5,PA  
 JUXTAPID CAP 20MG, T5,PA  
 JUXTAPID CAP 30MG, T5,PA  
 JUXTAPID CAP 40MG, T5,PA  
 JUXTAPID CAP 5MG, T5,PA  
 JUXTAPID CAP 60MG, T5,PA

## K

kaitlib fe chw, T2  
 KALETRA TAB 100-25MG, T5,QL  
 KALETRA TAB 200-50MG, T5,QL  
 KALYDECO PAK 50MG, T5,PA,QL  
 KALYDECO PAK 75MG, T5,PA,QL  
 KALYDECO TAB 150MG, T5,PA,QL  
 kariva tab 28 day, T2  
 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 tab 1/35, T2  
 kelnor 1/50 tab, T2  
 ketoconazole cre 2%, T3

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ketoconazole sha 2%, T2  
ketoconazole tab 200mg, T2  
KETOPROFEN CAP 50MG, T2,QL  
KETOPROFEN CAP 75MG, T2,QL  
ketorolac sol 0.4%, T2  
ketorolac sol 0.5%, T2  
kimidess tab, T2  
KINERET INJ, T5,PA  
KINRIX INJ, T3  
KINRIX INJ, T3  
kionex sus 15gm/60, T2  
KISQALI TAB 200DOSE, T5,PA,QL  
KISQALI TAB 400DOSE, T5,PA,QL  
KISQALI TAB 600DOSE, T5,PA,QL  
KISQALI 200 PAK FEMARA,  
T5,PA,QL  
KISQALI 400 PAK FEMARA,  
T5,PA,QL  
KISQALI 600 PAK FEMARA,  
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 10meq, 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  
KYNAMRO INJ 200MG/ML, 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  
lanthanum chw 500mg, T5  
lanthanum chw 750mg, T5  
LANTUS INJ 100/ML, T3,QL  
LANTUS INJ SOLOSTAR, T3,QL  
larin tab 1.5/30, T2  
larin tab 1/20, T2  
larin fe tab 1.5/30, T2  
larin fe 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 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 8 MG, T5,PA,QL  
lessina tab, T2  
LETAIRIS TAB 10MG, T5,PA,QL  
LETAIRIS TAB 5MG, T5,PA,QL  
letrozole tab 2.5mg, T1  
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  
leuprolide inj 1mg/0.2, T5  
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  
levobunolol sol 0.5% op, T1  
levocarnitin sol 1gm/10ml, T2  
levocarnitin tab 330mg, T3  
levocetirizi tab 5mg, T1  
levo-eth est tab 90-20mcg, T2  
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  
levonor/ethi tab estradio, T2  
levonor/ethi tab estradio, T2  
levonor/ethi tab estradio, T2  
levora-28 tab 0.15/30, T2  
levo-t tab 100mcg, T1  
levo-t tab 112mcg, T1

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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  
 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, T5,PA  
 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 SOL 8MEQ/5ML, T3  
 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  
 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  
 lorazepam tab 0.5mg, T1  
 lorazepam tab 1mg, T1  
 lorazepam tab 2mg, T1  
 lorcet tab 5-325mg, T2,QL  
 lorcet hd tab 10-325mg, T2,QL  
 lorcet plus tab 7.5-325, 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  
 LUPRON DEPOT INJ 22.5MG, T5  
 LUPRON DEPOT INJ 3.75MG, T5  
 LUPRON DEPOT INJ 30MG, T5  
 LUPRON DEPOT INJ 45MG, T5  
 LUPRON DEPOT INJ 7.5MG, T5  
 lutera tab, T2  
 LYNPARZA CAP 50MG, T5,PA,QL  
 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

magnesium su inj 50%, T2  
 magnesium su inj 50%, T2  
 malathion lot 0.5%, T3  
 MAPROTILINE TAB 25MG, T3,QL  
 MAPROTILINE TAB 50MG, T3,QL  
 MAPROTILINE TAB 75MG, T3,QL  
 marlissa tab 0.15/30, T2  
 MARPLAN TAB 10MG, T5  
 MATULANE CAP 50MG, T5,PA  
 matzim la tab 180mg/24, T3  
 matzim la tab 240mg/24, T3  
 matzim la tab 300mg/24, T3

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|                                |                                 |                                 |
|--------------------------------|---------------------------------|---------------------------------|
| matzim la tab 360mg/24, T3     | methazolamid tab 25mg, T3       | metronidazol gel 0.75%vag, T3   |
| matzim la tab 420mg/24, T3     | methazolamid tab 50mg, T4       | metronidazol gel 1%, T4         |
| MAVYRET TAB 100-40MG, T5,PA    | methenam hip tab 1gm, T3        | metronidazol lot 0.75%, T3      |
| meclizine tab 12.5mg, T2       | methimazole tab 10mg, T1        | metronidazol tab 250mg, T2      |
| meclizine tab 25mg, T2         | methimazole tab 5mg, T1         | metronidazol tab 500mg, T2      |
| medroxypr ac inj 150mg/ml, T2  | methocarbam tab 500mg, T2       | mexiletine cap 150mg, T3        |
| medroxypr ac inj 150mg/ml, T2  | methocarbam tab 750mg, T2       | mexiletine cap 200mg, T3        |
| medroxypr ac tab 10mg, T1      | METHOTREXATE INJ 25MG/ML, T3    | mexiletine cap 250mg, T2        |
| medroxypr ac tab 2.5mg, T1     | methotrexate inj 50mg/2ml, T3   | microgestin tab 1.5/30, T2      |
| medroxypr ac tab 5mg, T1       | methotrexate tab 2.5mg, T2      | microgestin tab 1/20, T2        |
| MEFLOQUINE TAB 250MG, T2       | methoxsalen cap 10mg, T5        | microgestin tab fe 1/20, T2     |
| megestrol ac sus 40mg/ml, T2   | methscopolam tab 2.5mg, T2      | microgestin tab fe1.5/30, T2    |
| megestrol ac tab 20mg, T2      | methscopolam tab 5mg, T3        | midodrine tab 10mg, T2          |
| megestrol ac tab 40mg, T2      | methylphenid tab 10mg, T2,QL    | midodrine tab 2.5mg, T2         |
| MEKINIST TAB 0.5MG, T5,PA,QL   | methylphenid tab 20mg, T2,QL    | midodrine tab 5mg, T2           |
| MEKINIST TAB 2MG, T5,PA,QL     | methylphenid tab 20mg er, T3,QL | MIGERGOT SUP 2/100, T5          |
| meloxicam tab 15mg, T1,QL      | methylphenid tab 5mg, T2,QL     | MIGRANAL SPR 4MG/ML, T5,QL      |
| meloxicam tab 7.5mg, T1,QL     | methylpred tab 16mg, T2         | mimvey tab 1-0.5mg, T3          |
| memant titra pak 5-10mg, T3,PA | methylpred tab 32mg, T3         | mimvey lo tab 0.5-0.1, T3       |
| memantine tab hcl 10mg, T2,PA  | methylpred tab 4mg, T2          | minitrans dis 0.1mg/hr, T2      |
| memantine tab hcl 5mg, T2,PA   | methylpred tab 4mg, T2          | minitrans dis 0.2mg/hr, T2      |
| memantine hc sol 2mg/ml, T3,PA | methylpred tab 8mg, T2          | minitrans dis 0.4mg/hr, T2      |
| MENACTRA INJ, T3               | METHYLTESTOS CAP 10MG, T5,PA    | minitrans dis 0.6mg/hr, T2      |
| MENEST TAB 0.3MG, T4,PA        | metoclopram sol 5mg/5ml, T1     | minocycline cap 100mg, T2       |
| MENEST TAB 0.625MG, T4,PA      | metoclopram tab 10mg, T1        | minocycline cap 50mg, T2        |
| MENEST TAB 1.25MG, T4,PA       | metoclopram tab 5mg, T1         | minocycline cap 75mg, T2        |
| MENVEO INJ, T3                 | metolazone tab 10mg, T2         | minocycline tab 100mg, T4       |
| mercaptapur tab 50mg, T3       | metolazone tab 2.5mg, T2        | minocycline tab 50mg, T3        |
| meropenem inj 1gm, T2          | metolazone tab 5mg, T2          | minocycline tab 75mg, T3        |
| meropenem inj 500mg, T3        | metoprl/hctz tab 100-25mg, T2   | minoxidil tab 10mg, T2          |
| mesalamine ene 4gm, T2         | metoprl/hctz tab 50-25mg, T2    | minoxidil tab 2.5mg, T2         |
| mesalamine tab 1.2gm, T4       | metoprol suc tab 100mg er, T1   | mirtazapine tab 15mg, T1,QL     |
| MESNEX TAB 400MG, T5           | metoprol suc tab 200mg er, T1   | mirtazapine tab 15mg odt, T2,QL |
| MESTINON SYP 60MG/5ML, T5      | metoprol suc tab 25mg er, T1    | mirtazapine tab 30mg, T1,QL     |
| metadate tab 20mg er, T3,QL    | metoprol suc tab 50mg er, T1    | mirtazapine tab 30mg odt, T2,QL |
| metformin tab 1000mg, T6,QL    | metoprol tar tab 100mg, T1      | mirtazapine tab 45mg, T2,QL     |
| metformin tab 500mg, T6,QL     | metoprol tar tab 25mg, T1       | mirtazapine tab 45mg odt, T2,QL |
| metformin tab 500mg er, T6,QL  | metoprol tar tab 50mg, T1       | mirtazapine tab 7.5mg, T2,QL    |
| metformin tab 750mg er, T6,QL  | metron/nacl inj 500mg, T3       | misoprostol tab 100mcg, T2      |
| metformin tab 850mg, T6,QL     | metronidazol cap 375mg, T3      | misoprostol tab 200mcg, T2      |
| methadone tab 10mg, T2,QL      | metronidazol cre 0.75%, T3      | M-M-R II INJ, T3                |
| methadone tab 5mg, T2,QL       | metronidazol gel 0.75%, T3      | modafinil tab 100mg, T3,PA,QL   |

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modafinil tab 200mg, T3,PA,QL  
 moderiba tab 200mg, T2  
 moexipr/hctz tab 15-12.5, T6  
 moexipr/hctz tab 15-25mg, T6  
 moexipr/hctz tab 7.5-12.5, T6  
 moexipril tab 15mg, T6  
 moexipril tab 7.5mg, T6  
 mometasone cre 0.1%, T2  
 mometasone oin 0.1%, T2  
 mometasone sol 0.1%, T2  
 mometasone spr 50mcg, T4,QL  
 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 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  
 naloxone inj 0.4mg/ml, T3  
 NALOXONE INJ 0.4MG/ML, T3  
 NALOXONE INJ 1MG/ML, T3  
 naltrexone tab 50mg, T2  
 naproxen sus 125/5ml, T3,QL  
 naproxen tab 250mg, T1,QL  
 naproxen tab 375mg, T1,QL  
 naproxen tab 500mg, T1,QL  
 naproxen dr tab 375mg, T2,QL  
 naproxen dr tab 500mg, T2,QL  
 naproxen sod tab 275mg, T3,QL  
 naproxen sod tab 550mg, T3,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  
 neon tab 0.5/35, T2  
 neon tab 7/7/7, 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, T2  
 neo/poly/hc sus 1% otic, T2  
 neomycin tab 500mg, T2  
 NERLYNX TAB 40MG, T5,PA,QL  
 NEULASTA INJ 6MG/0.6M, T5  
 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  
 NICOTROL NS SPR 10MG/ML, T4  
 nifedipine tab 30mg er, T2  
 nifedipine tab 30mg er, T2  
 nifedipine tab 60mg er, T2  
 nifedipine tab 60mg er, T2  
 nifedipine tab 90mg 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

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nisoldipine tab 34mg er, T3  
 nisoldipine tab 8.5mg er, T3  
 NITRO-BID OIN 2%, T4  
 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  
 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  
 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 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 CAP 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 TAB 17MG, 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, T4  
 ofloxacin tab 400mg, T2  
 olanzapine inj 10mg, T3,PA,QL

olanzapine tab 10mg, T2  
 olanzapine tab 10mg odt, T3,QL  
 olanzapine tab 15mg, T2  
 olanzapine tab 15mg odt, T3,QL  
 olanzapine tab 2.5mg, T2  
 olanzapine tab 20mg, T2  
 olanzapine tab 20mg odt, T3,QL  
 olanzapine tab 5mg, T2  
 olanzapine tab 5mg odt, T3,QL  
 olanzapine tab 7.5mg, T2  
 olm med/hctz tab 20-12.5, T6  
 olm med/hctz tab 40-12.5, T6  
 olm med/hctz tab 40-25mg, T6  
 olmesa medox tab 20mg, T6  
 olmesa medox tab 40mg, T6  
 olmesa medox tab 5mg, T6  
 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  
 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, T2,PA  
 ondansetron tab 4mg, T2,PA  
 ondansetron tab 4mg odt, T2,PA  
 ondansetron tab 8mg, T2,PA  
 ondansetron tab 8mg odt, T2,PA  
 ONFI SUS 2.5MG/ML, T5,PA,QL  
 ONFI TAB 10MG, T5,PA,QL  
 ONFI TAB 20MG, T5,PA,QL  
 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 INJ 125MG/ML, T5,PA  
 ORENCIA INJ 50/0.4, T5,PA

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ORENCIA INJ 87.5/0.7, T5,PA  
 ORENCIA CLCK INJ 125MG/ML,  
 T5,PA  
 ORFADIN CAP 10MG, T5  
 ORFADIN CAP 20MG, T5  
 ORFADIN CAP 2MG, T5  
 ORFADIN CAP 5MG, T5  
 ORFADIN SUS 4MG/ML, T5  
 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  
 OXYCONTIN TAB 10MG CR,  
 T3,PA,QL

OXYCONTIN TAB 15MG CR,  
 T3,PA,QL  
 OXYCONTIN TAB 20MG CR,  
 T3,PA,QL  
 OXYCONTIN TAB 30MG CR,  
 T3,PA,QL  
 OXYCONTIN TAB 40MG CR,  
 T3,PA,QL  
 OXYCONTIN TAB 60MG CR,  
 T3,PA,QL  
 OXYCONTIN TAB 80MG CR,  
 T3,PA,QL  
 OZEMPIC INJ 2/1.5ML, T3,QL,ST  
 OZEMPIC INJ 2/1.5ML, T3,QL,ST

## P

pacerone tab 200mg, T1  
 pacerone tab 400mg, T3  
 paliperidone tab er 1.5mg,  
 T5,PA,QL  
 paliperidone tab er 3mg, T5,PA,QL  
 paliperidone tab er 6mg, T5,PA,QL  
 paliperidone tab er 9mg, T5,PA,QL  
 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, T4  
 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  
 penicillin gk inj 20mu, T3  
 PENICILLIN VK SOL 125/5ML, T2  
 PENICILLIN VK SOL 250/5ML, T2  
 penicillin vk tab 250mg, T1  
 penicillin vk tab 500mg, T1  
 PENTAM 300 INJ 300MG, T4,PA  
 PENTASA CAP 250MG CR, T4  
 PENTASA CAP 500MG CR, T4  
 pentoxifylli tab 400mg er, T2  
 perindopril tab 2mg, T6  
 perindopril tab 4mg, T6  
 perindopril tab 8mg, T6  
 periogard sol 0.12%, T1  
 permethrin cre 5%, T3  
 perphenazine tab 16mg, T3  
 perphenazine tab 2mg, T3  
 perphenazine tab 4mg, T3  
 perphenazine tab 8mg, T3  
 phenadoz sup 12.5mg, T3  
 phenelzine tab 15mg, T2  
 phenergan sup 12.5mg, T3  
 phenergan sup 25mg, T3  
 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  
 phenoxybenza cap 10mg, T5  
 phenylbutyra pow sodium, T5,PA  
 phenytoin chw 50mg, T2  
 phenytoin sus 125/5ml, T2  
 phenytoin ex cap 100mg, T2

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|                                  |                               |                              |
|----------------------------------|-------------------------------|------------------------------|
| phenytoin ex cap 200mg, T2       | POMALYST CAP 4MG, T5,PA,QL    | PREDNISONE PAK 10MG, T1      |
| phenytoin ex cap 300mg, T2       | portia-28 tab, T2             | PREDNISONE PAK 10MG, T1      |
| PHOSLYRA SOL, T3                 | pot chl/d5w inj 20meq/l, T2   | PREDNISONE PAK 5MG, T1       |
| PHOSPHOLINE SOL 0.125%OP, T4     | POT CHL/D5W INJ 40MEQ/L, T3   | PREDNISONE PAK 5MG, T1       |
| phrenilin cap forte, T3,QL       | pot chl/nacl inj 20meq/l, T3  | PREDNISONE SOL 5MG/5ML, T2   |
| PICATO GEL 0.015%, T3,QL         | pot chloride cap 10meq er, T2 | prednisone tab 10mg, T1      |
| PICATO GEL 0.05%, T3,QL          | pot chloride cap 8meq er, T2  | prednisone tab 1mg, T1       |
| pilocarpine sol 1% op, T2        | pot chloride inj 2meq/ml, T2  | prednisone tab 2.5mg, T1     |
| pilocarpine sol 2% op, T2        | pot chloride inj 2meq/ml, T2  | prednisone tab 20mg, T1      |
| pilocarpine sol 4% op, T2        | pot chloride sol 10%, T4      | PREDNISONE TAB 50MG, T1      |
| pilocarpine tab 5mg, T3          | pot chloride tab 10meq er, T2 | prednisone tab 5mg, T1       |
| pilocarpine tab 7.5mg, T3        | POT CHLORIDE TAB 20MEQ ER, T3 | PREMARIN TAB 0.3MG, T4,PA    |
| pimozide tab 1mg, T2             | pot chloride tab 8meq er, T2  | PREMARIN TAB 0.45MG, T4,PA   |
| pimozide tab 2mg, T2             | pot citrate tab 1080mg, T3    | PREMARIN TAB 0.625MG, T4,PA  |
| pimtreea tab, T2                 | pot citrate tab 1620mg, T3    | PREMARIN TAB 0.9MG, T4,PA    |
| pindolol tab 10mg, T2            | pot citrate tab 540mg er, T3  | PREMARIN TAB 1.25MG, T4,PA   |
| pindolol tab 5mg, T2             | pot cl micro tab 10meq cr, T2 | PREMARIN VAG CRE 0.625MG, T3 |
| pioglit/glim tab 30-2mg, T6,QL   | pot cl micro tab 20meq er, T2 | premasol sol 6%, T2,PA       |
| pioglit/glim tab 30-4mg, T6,QL   | PRADAXA CAP 110MG, T4,QL      | PREMPHASE TAB, T4,PA         |
| pioglita/met tab 15-500mg, T6,QL | PRADAXA CAP 150MG, T4,QL      | PREMPRO TAB .625-2.5, T4,PA  |
| pioglita/met tab 15-850mg, T6,QL | PRADAXA CAP 75MG, T4,QL       | PREMPRO TAB 0.3-1.5, T4,PA   |
| pioglitazone tab 15mg, T6,QL     | pramipexole tab 0.125mg, T1   | PREMPRO TAB 0.45-1.5, T4,PA  |
| pioglitazone tab 30mg, T6,QL     | pramipexole tab 0.25mg, T1    | PREMPRO TAB 0.625-5, T4,PA   |
| pioglitazone tab 45mg, T6,QL     | pramipexole tab 0.5mg, T1     | prevalite pow 4gm pk, T2     |
| piper/tazoba inj 2-0.25gm, T2    | pramipexole tab 0.75mg, T1    | previfem tab, T2             |
| piper/tazoba inj 3-0.375g, T3    | pramipexole tab 1.5mg, T1     | PREVYMIS TAB 240MG, T5       |
| piper/tazoba inj 4-0.5gm, T3     | pramipexole tab 1mg, T1       | PREVYMIS TAB 480MG, T5       |
| pirmella tab 1/35, T2            | prasugrel tab 10mg, T3        | PREZCOBIX TAB 800-150, T5,QL |
| piroxicam cap 10mg, T3,QL        | prasugrel tab 5mg, T3         | PREZISTA SUS 100MG/ML, T5,QL |
| piroxicam cap 20mg, T3,QL        | pravastatin tab 10mg, T6,QL   | PREZISTA TAB 150MG, T4,QL    |
| PLEGRIDY INJ, T5,PA,QL           | pravastatin tab 20mg, T6,QL   | PREZISTA TAB 600MG, T5,QL    |
| PLEGRIDY INJ PEN, T5,PA,QL       | pravastatin tab 40mg, T6,QL   | PREZISTA TAB 75MG, T4,QL     |
| PLEGRIDY INJ STARTER, T5,PA,QL   | pravastatin tab 80mg, T6,QL   | PREZISTA TAB 800MG, T5,QL    |
| PLEGRIDY PEN INJ STARTER,        | prazosin hcl cap 1mg, T2      | PRIFTIN TAB 150MG, T4        |
| T5,PA,QL                         | prazosin hcl cap 2mg, T2      | PRIMAQUINE TAB 26.3MG, T3    |
| plenamine inj 15%, T4,PA         | prazosin hcl cap 5mg, T2      | primidone tab 250mg, T2      |
| podofilox sol 0.5%, T3           | pred sod pho sol 5mg/5ml, T3  | primidone tab 50mg, T2       |
| polyeth glyc pow 3350 nf, T2     | PREDNICARBAT CRE 0.1%, T3     | PROAIR HFA AER, T3,QL        |
| polymyxin b/ sol trimethp, T1    | PREDNICARBAT OIN 0.1%, T2     | PROAIR RESPI AER, T3,QL      |
| POMALYST CAP 1MG, T5,PA,QL       | PREDNISOLONE SOL 15MG/5ML,    | proben/colch tab 500-0.5, T2 |
| POMALYST CAP 2MG, T5,PA,QL       | T2                            | probenecid tab 500mg, T2     |
| POMALYST CAP 3MG, T5,PA,QL       | prednisolone sus 1% op, T3    | prochlorper sup 25mg, T3     |

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prochlorper tab 10mg, T2  
 prochlorper tab 5mg, T2  
 PROCIT INJ 10000/ML, T4,PA  
 PROCIT INJ 2000/ML, T4,PA  
 PROCIT INJ 20000/ML, T5,PA  
 PROCIT INJ 3000/ML, T4,PA  
 PROCIT INJ 4000/ML, T4,PA  
 PROCIT INJ 40000/ML, T5,PA  
 procto-med cre hc 2.5%, T1  
 procto-pak cre 1%, T1  
 proctosol hc cre 2.5%, T1  
 proctozone cre -hc 2.5%, T1  
 PROGLYCEM SUS 50MG/ML, T4  
 PROLASTIN-C INJ 1000MG, T5,PA  
 PROLENSA SOL 0.07%, T4  
 PROLIA SOL 60MG/ML, T4,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  
 prometegan sup 25mg, T3  
 propafenone cap 225mg er, T4  
 propafenone cap 325mg er, T3  
 propafenone cap 425mg sr, 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 tab er 180mg, T5

## Q

qnapril/hctz tab 10-12.5, T6  
 qnapril/hctz tab 20-12.5, T6  
 qnapril/hctz tab 20-25mg, T6  
 QUADRACEL INJ, T3  
 quasense tab, T2  
 quetiapine tab 100mg, T2  
 quetiapine tab 150mg er, T2,PA,QL  
 quetiapine tab 200mg, T2  
 quetiapine tab 200mg er, T2,PA,QL  
 quetiapine tab 25mg, T2  
 quetiapine tab 300mg, T2  
 quetiapine tab 300mg er, T2,PA,QL  
 quetiapine tab 400mg, T2  
 quetiapine tab 400mg er, T2,PA,QL  
 quetiapine tab 50mg, T2  
 quetiapine tab 50mg er, T2,PA,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 AER 40MCG, T3,QL  
 QVAR AER 80MCG, T3,QL  
 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  
 RANEXA TAB 1000MG, T3,QL  
 RANEXA TAB 500MG, T3,QL  
 ranitidine cap 150mg, T2  
 ranitidine cap 300mg, T2  
 ranitidine syp 75mg/5ml, T2  
 ranitidine tab 150mg, T1  
 ranitidine tab 300mg, T1  
 RAPAFLO CAP 4MG, T3,QL  
 RAPAFLO CAP 8MG, T3,QL  
 RAPAMUNE SOL 1MG/ML, T5,PA  
 rasagiline tab 0.5mg, T3  
 rasagiline tab 1mg, T4  
 REBETOL SOL 40MG/ML, T4  
 reclusen tab, T2  
 RECOMBIVA HB INJ 10MCG/ML, T3,PA  
 RECOMBIVA HB INJ 10MCG/ML, T3,PA  
 RECOMBIVA HB INJ 5MCG/0.5, T3,PA  
 RECOMBIVA-HB INJ 40MCG/ML, T3,PA  
 REGRANEX GEL 0.01%, T5,PA,QL  
 RELENZA MIS DISKHALE, T4  
 RELISTOR INJ 12/0.6ML, T5,PA  
 RELISTOR INJ 12/0.6ML, T5,PA  
 RELISTOR INJ 8/0.4ML, T5,PA  
 RELISTOR TAB 150MG, T5,PA  
 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 100 MG, T4,QL  
 RESCRIPTOR TAB 200MG, T4,QL

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RESTASIS EMU 0.05%, T3,PA,QL  
 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  
 RIBAPAK PAK 1200/DAY, T5  
 RIBAPAK PAK 800/DAY, T5  
 ribasphere cap 200mg, T2  
 ribasphere tab 200mg, T2  
 RIBASPHERE TAB 400MG, T5  
 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 35mg, 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

risperidone tab 0.5mg, T1  
 risperidone tab 0.5mg od, T3,QL  
 risperidone tab 1mg, T1  
 risperidone tab 1mg odt, T3,QL  
 risperidone tab 2mg, T1  
 risperidone tab 2mg odt, T3,QL  
 risperidone tab 3mg, T1  
 risperidone tab 3mg odt, T3,QL  
 risperidone tab 4mg, T1  
 risperidone tab 4mg odt, T3,QL  
 ritonavir tab 100mg, T5,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

SABRIL TAB 500MG, T5  
 SAMSCA TAB 15MG, T5,PA  
 SAMSCA TAB 30MG, T5,PA  
 SANDIMMUNE SOL 100MG/ML, T4,PA  
 SANTYL OIN 250/GM, T3  
 SAPHRIS SUB 10MG, T4,PA,QL  
 SAPHRIS SUB 2.5MG, T4,PA,QL  
 SAPHRIS SUB 5MG, T4,PA,QL  
 scopolamine dis 1mg/3day, T4  
 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  
 SENSIPAR TAB 30MG, T5,PA  
 SENSIPAR TAB 60MG, T5,PA  
 SENSIPAR TAB 90MG, T5,PA  
 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  
 sevelamer pow 2.4gm, T5  
 sevelamer tab 800mg, T3  
 sharobel tab 0.35mg, T2  
 SHINGRIX INJ 50MCG, T3,QL  
 SIGNIFOR INJ 0.3MG/ML, T5,PA  
 SIGNIFOR INJ 0.6MG/ML, T5,PA  
 SIGNIFOR INJ 0.9MG/ML, T5,PA  
 sildenafil tab 20mg, T4,PA,QL  
 SILENOR TAB 3MG, T3,QL  
 SILENOR TAB 6MG, T3,QL  
 silver sulfa cre 1%, T2  
 SIMBRINZA SUS 1-0.2%, T3  
 simvastatin tab 10mg, T6,QL

## ACRONYM GUIDE:

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 ST= Step Therapy

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 T5= Specialty Drugs  
 T6= Select Care Drugs

|                                |                               |                                 |
|--------------------------------|-------------------------------|---------------------------------|
| simvastatin tab 20mg, T6,QL    | spironolact tab 100mg, T1     | sumatriptan inj 4mg/0.5, T5     |
| simvastatin tab 40mg, T6,QL    | spironolact tab 25mg, T1      | sumatriptan inj 6mg/0.5, T3     |
| simvastatin tab 5mg, T6,QL     | spironolact tab 50mg, T1      | sumatriptan inj 6mg/0.5, T3     |
| simvastatin tab 80mg, T6,QL    | sprintec 28 tab 28 day, T2    | sumatriptan inj 6mg/0.5, T3     |
| sirolimus tab 0.5mg, T3,PA     | SPRITAM TAB 1000MG, T4        | sumatriptan spr 20mg/act, T3,QL |
| sirolimus tab 1mg, T3,PA       | SPRITAM TAB 250MG, T4         | sumatriptan spr 5mg/act, T3,QL  |
| sirolimus tab 2mg, T5,PA       | SPRITAM TAB 500MG, T4         | sumatriptan tab 100mg, T2,QL    |
| SIRTURO TAB 100MG, T5          | SPRITAM TAB 750MG, T5         | sumatriptan tab 25mg, T2,QL     |
| SIVEXTRO INJ 200MG, T5         | SPRYCEL TAB 100MG, T5,PA,QL   | sumatriptan tab 50mg, T2,QL     |
| SIVEXTRO TAB 200MG, T5,PA      | SPRYCEL TAB 140MG, T5,PA,QL   | SUPRAX CAP 400MG, T4            |
| smz/tmp ds tab 800-160, T1     | SPRYCEL TAB 20MG, T5,PA,QL    | SUPRAX CHW 100MG, T4            |
| smz-tmp sus 200-40/5, T3       | SPRYCEL TAB 50MG, T5,PA,QL    | SUPRAX CHW 200MG, T4            |
| smz-tmp tab 400-80mg, T1       | SPRYCEL TAB 70MG, T5,PA,QL    | SUPREP BOWEL SOL PREP KIT, T4   |
| sod chloride inj 0.45%, T3     | SPRYCEL TAB 80MG, T5,PA,QL    | SUTENT CAP 12.5MG, T5,PA,QL     |
| sod chloride inj 0.9%, T2      | sps sus 15gm/60, T2           | SUTENT CAP 25MG, T5,PA,QL       |
| sod poly sul pow, T2           | sronyx tab, T2                | SUTENT CAP 37.5MG, T5,PA,QL     |
| sod sulfacet sol 10% op, T2    | ssd cre 1%, T2                | SUTENT CAP 50MG, T5,PA,QL       |
| sodium chlor sol 0.9% irr, T3  | stavudine cap 15mg, T2,QL     | syeda tab 3-0.03mg, T2          |
| sodium pheny tab 500mg, T5,PA  | stavudine cap 20mg, T2,QL     | SYLATRON KIT 200MCG, T5,PA      |
| SOLTAMOX SOL 10MG/5ML, T5      | stavudine cap 30mg, T2,QL     | SYLATRON KIT 300MCG, T5,PA      |
| SOMATULINE INJ 120/.5ML, T5,PA | stavudine cap 40mg, T2,QL     | SYLATRON KIT 600MCG, T5,PA      |
| SOMATULINE INJ 60/0.2ML, T5,PA | STELARA INJ 45MG/0.5, T5,PA   | SYMBICORT AER 160-4.5, T3,QL    |
| SOMATULINE INJ 90/0.3ML, T5,PA | STELARA INJ 45MG/0.5, T5,PA   | SYMBICORT AER 80-4.5, T3,QL     |
| SOMAVERT INJ 10MG, T5,PA       | STELARA INJ 90MG/ML, T5,PA    | SYMDEKO TAB 100-150, T5,PA,QL   |
| SOMAVERT INJ 15MG, T5,PA       | STIMATE SOL 1.5MG/ML, T5      | SYMFI LO TAB, T5,QL             |
| SOMAVERT INJ 20MG, T5,PA       | STIOLTO AER 2.5-2.5, T3,QL    | SYMLINPEN 60 INJ 1000MCG, T5    |
| SOMAVERT INJ 25MG, T5,PA       | STIVARGA TAB 40MG, T5,PA,QL   | SYMLNPEN 120 INJ 1000MCG, T5    |
| SOMAVERT INJ 30MG, T5,PA       | STREPTOMYCIN INJ 1GM, T3      | SYNAREL SOL 2MG/ML, T5          |
| SOOLANTRA CRE 1%, T3           | STRIBILD TAB, T5,QL           | SYNJARDY TAB, T3,QL             |
| sorine tab 120mg, T2           | SUBOXONE MIS 12-3MG, T3,QL    | SYNJARDY TAB 12.5-500, T3,QL    |
| sorine tab 160mg, T2           | SUBOXONE MIS 2-0.5MG, T3,QL   | SYNJARDY TAB 5-1000MG, T3,QL    |
| sorine tab 240mg, T2           | SUBOXONE MIS 4-1MG, T3,QL     | SYNJARDY TAB 5-500MG, T3,QL     |
| sorine tab 80mg, T2            | SUBOXONE MIS 8-2MG, T3,QL     | SYNRIBO INJ 3.5MG, T5,PA        |
| sotalol af tab 120mg, T2       | sucalfate tab 1gm, T2         | SYNTHROID TAB 100MCG, T4        |
| sotalol hcl tab 160mg, T2      | sulf/pred na sol op, T2       | SYNTHROID TAB 112MCG, T4        |
| sotalol hcl tab 240mg, T2      | sulfacetamid lot 10%, T3      | SYNTHROID TAB 125MCG, T4        |
| sotalol hcl tab 80mg, T2       | SULFADIAZINE TAB 500MG, T3    | SYNTHROID TAB 137MCG, T4        |
| SOVALDI TAB 400MG, T5,PA       | sulfasalazin tab 500mg, T2    | SYNTHROID TAB 150MCG, T4        |
| SPIRIVA AER 1.25MCG, T3,QL     | sulfasalazin tab 500mg dr, T2 | SYNTHROID TAB 175MCG, T4        |
| SPIRIVA CAP HANDHLR, T3,QL     | sulindac tab 150mg, T2,QL     | SYNTHROID TAB 200MCG, T4        |
| SPIRIVA SPR 2.5MCG, T3,QL      | sulindac tab 200mg, T2,QL     | SYNTHROID TAB 25MCG, T4         |
| spirono/hctz tab 25/25, T2     | sumatriptan inj 4mg/0.5, T3   | SYNTHROID TAB 300MCG, T4        |

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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  
TAFINLAR CAP 50MG, T5,PA,QL  
TAFINLAR CAP 75MG, T5,PA,QL  
TAGRISSO TAB 40MG, T5,PA,QL  
TAGRISSO TAB 80MG, T5,PA,QL  
tamoxifen tab 10mg, T2  
tamoxifen tab 20mg, T2  
tamsulosin cap 0.4mg, T1,QL  
TARCEVA TAB 100MG, T5,PA,QL  
TARCEVA TAB 150MG, T5,PA,QL  
TARCEVA TAB 25MG, T5,PA,QL  
TARGRETIN GEL 1%, T5  
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  
tazicef inj 1gm, T3  
tazicef inj 2gm, T3  
tazicef inj 6gm, T3  
TAZORAC CRE 0.05%, T4  
TAZORAC GEL 0.05%, T4  
TAZORAC GEL 0.1%, T4  
taztia xt cap 120mg/24, T2  
taztia xt cap 180mg/24, T2  
taztia xt cap 240mg/24, T2  
taztia xt cap 300mg/24, T2  
taztia xt cap 360mg/24, T2  
TECFIDERA CAP 120MG, T5,PA,QL  
TECFIDERA CAP 240MG, T5,PA,QL  
TECFIDERA MIS STARTER, T5,PA,QL  
TECHNIVIE TAB, T5,PA  
TEFLARO INJ 400MG, T5

TEFLARO INJ 600MG, T5  
TEKTRNA TAB 150MG, T3,QL  
TEKTRNA TAB 300MG, T3,QL  
TEKTRNA HCT TAB 150-12.5,  
T3,QL  
TEKTRNA HCT TAB 150-25MG,  
T3,QL  
TEKTRNA HCT TAB 300-12.5,  
T3,QL  
TEKTRNA 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  
tenofovir tab 300mg, T5,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,PA  
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,  
T3,PA,QL  
TET/DIP TOX INJ 2-2 LF, T3  
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  
thiothixene cap 5mg, T3  
tiagabine tab 12mg, T4  
tiagabine tab 16mg, T4  
tiagabine tab 2mg, T3  
tiagabine tab 4mg, T3  
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, T2  
TIMOLOL MAL TAB 20MG, T2  
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

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|                                   |                                  |                                  |
|-----------------------------------|----------------------------------|----------------------------------|
| tizanidine cap 6mg, T3            | tranex acid tab 650mg, T3        | tri-lo tab estaryl, T2           |
| tizanidine tab 2mg, T2            | tranylcyprom tab 10mg, T3        | tri-lo- tab sprintec, T2         |
| tizanidine tab 4mg, T2            | TRAVATAN Z DRO 0.004%, T3        | trilyte sol, T2                  |
| tobra/dexame sus 0.3-0.1%, T3     | trazodone tab 100mg, T1          | trimethoprim tab 100mg, T2       |
| TOBRADEX OIN 0.3-0.1%, T4         | trazodone tab 150mg, T1          | trimipramine cap 100mg, T3,PA    |
| TOBRAMYCIN INJ 10MG/ML, T3        | trazodone tab 300mg, T3          | trimipramine cap 25mg, T3,PA     |
| tobramycin inj 40mg/ml, T3        | trazodone tab 50mg, T1           | trimipramine cap 50mg, T3,PA     |
| tobramycin neb 300/5ml, T5,PA     | TRECTOR TAB 250MG, T4            | trinessa tab, T2                 |
| tobramycin sol 0.3% op, T2        | TRELEGY AER ELLIPTA, T3,QL       | TRINTELLIX TAB 10MG, T4,QL       |
| tolcapone tab 100mg, T5           | TRELSTAR MIX INJ 11.25MG, T5,PA  | TRINTELLIX TAB 20MG, T4,QL       |
| TOLMETIN SOD CAP 400MG, T3,QL     | TRELSTAR MIX INJ 22.5MG, T5,PA   | TRINTELLIX TAB 5MG, T4,QL        |
| tolterodine cap 2mg er, T3,QL     | TRELSTAR MIX INJ 3.75MG, T5,PA   | tri-previfem tab, T2             |
| tolterodine cap 4mg er, T3,QL     | TRESIBA FLEX INJ 100UNIT, T3,QL  | tri-sprintec tab, T2             |
| tolterodine tab 1mg, T3,QL        | TRESIBA FLEX INJ 200UNIT, T3,QL  | TRIUMEQ TAB, T5,QL               |
| tolterodine tab 2mg, T3,QL        | tretinoin cap 10mg, T5,PA        | trivora-28 tab, T2               |
| topiramate cap 15mg, T3           | tretinoin cre 0.025%, T3         | tri-vylibra tab, T2              |
| topiramate cap 25mg, T2           | tretinoin cre 0.05%, T3          | trospium chl cap 60mg er, T2,QL  |
| topiramate tab 100mg, T1          | tretinoin cre 0.1%, T3           | trospium cl tab 20mg, T2,QL      |
| topiramate tab 200mg, T1          | tretinoin gel 0.01%, T3          | TRULICITY INJ 0.75/0.5, T4,QL,ST |
| topiramate tab 25mg, T1           | tretinoin gel 0.025%, T3         | TRULICITY INJ 1.5/0.5, T4,QL,ST  |
| topiramate tab 50mg, T1           | triamcinolon aer 55mcg/ac, T3,QL | TRUMENBA INJ, T3                 |
| torsemide tab 100mg, T1           | triamcinolon cre 0.025%, T2      | TRUVADA TAB 100-150, T5,QL       |
| torsemide tab 10mg, T1            | triamcinolon cre 0.1%, T2        | TRUVADA TAB 133-200, T5,QL       |
| torsemide tab 20mg, T1            | triamcinolon cre 0.5%, T2        | TRUVADA TAB 167-250, T5,QL       |
| torsemide tab 5mg, T1             | triamcinolon lot 0.025%, T2      | TRUVADA TAB 200-300, T5,QL       |
| TOUJEO SOLO INJ 300IU/ML, T3,QL   | triamcinolon lot 0.1%, T2        | TWINRIX INJ, T3                  |
| TOUJEO SOLO INJ 300IU/ML, T3,QL   | triamcinolon oin 0.025%, T2      | TYBOST TAB 150MG, T3,QL          |
| TOVIAZ TAB 4MG, T3,QL             | triamcinolon oin 0.1%, T2        | tydemy tab, T3                   |
| TOVIAZ TAB 8MG, T3,QL             | triamcinolon oin 0.5%, T2        | TYKERB TAB 250MG, T5,PA,QL       |
| TRACLEER TAB 125MG, T5,PA,QL      | triamcinolon pst den 0.1%, T3    | TYPHIM VI INJ, T3                |
| TRACLEER TAB 32MG, T5,PA,QL       | triamt/hctz cap 37.5-25, T1      | TYPHIM VI INJ, T3                |
| TRACLEER TAB 62.5MG, T5,PA,QL     | triamt/hctz tab 37.5-25, T1      |                                  |
| TRADJENTA TAB 5MG, T4,QL          | triamt/hctz tab 75-50mg, T1      |                                  |
| tramadol/apap tab 37.5-325, T3,QL | triazolam tab 0.25mg, T3         |                                  |
| tramadol hcl tab 100mg er, T3,QL  | triderm cre 0.1%, T2             |                                  |
| tramadol hcl tab 200mg er, T3,QL  | trientine cap 250mg, T5,PA,QL    |                                  |
| tramadol hcl tab 300mg er,        | trifluoperaz tab 10mg, T3        |                                  |
| T2,PA,QL                          | trifluoperaz tab 1mg, T3         |                                  |
| tramadol hcl tab 50mg, T1,QL      | trifluoperaz tab 2mg, T3         |                                  |
| trandolapril tab 1mg, T6          | trifluoperaz tab 5mg, T3         |                                  |
| trandolapril tab 2mg, T6          | trifluridine sol 1% op, T3       |                                  |
| trandolapril tab 4mg, T6          | tri-legest tab fe, T2            |                                  |

## U

ULORIC TAB 40MG, T3,ST  
ULORIC TAB 80MG, T3,ST  
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

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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 acid cap 250mg, T2  
 valproic acid 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  
 vancomycin cap 250mg, T5  
 vancomycin inj 1000mg, T4  
 vancomycin inj 10gm, T3  
 vancomycin inj 500mg, T3  
 vandazole gel 0.75%, T3  
 VAQTA INJ 25/0.5ML, T3  
 VAQTA INJ 25/0.5ML, T3  
 VAQTA INJ 50UNT/ML, T3  
 VAQTA INJ 50UNT/ML, T3

VARIVAX INJ, T3  
 VASCEPA CAP 0.5GM, T3  
 VASCEPA CAP 1GM, T3  
 velivet pak, T2  
 VENCLEXTA TAB 100MG, T5,PA,QL  
 VENCLEXTA TAB 10MG, T3,PA,QL  
 VENCLEXTA TAB 50MG, T4,PA,QL  
 VENCLEXTA TAB START PK,  
 T5,PA,QL  
 venlafaxine cap 150mg er, T2,QL  
 venlafaxine cap 37.5 er, T2,QL  
 venlafaxine cap 75mg er, T2,QL  
 venlafaxine tab 100mg, T2,QL  
 venlafaxine tab 150mg er, T4,QL  
 venlafaxine tab 25mg, T2,QL  
 venlafaxine tab 37.5 er, T3,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  
 vestura tab 3-0.02mg, T2  
 vicodin tab 5-300mg, T3,QL  
 vicodin es tab 7.5-300, T3,QL  
 vicodin hp tab 10-300mg, T3,QL  
 VICTOZA INJ 18MG/3ML, T3,QL,ST  
 VIDEX SOL 4GM, T4,QL  
 VIDEX EC CAP 125MG, T4,QL  
 VIDEX EC CAP 200MG, T4,QL  
 VIDEX EC CAP 250MG, T4,QL  
 VIDEX EC CAP 400MG, T4,QL  
 VIEKIRA PAK TAB, T5,PA  
 VIEKIRA XR TAB, T5,PA  
 vienna tab 0.1-20, T2  
 vigabatrin pak 500mg, T5  
 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  
 VIRAMUNE SUS 50MG/5ML, T4,QL  
 VIREAD POW 40MG/GM, T5,QL  
 VIREAD TAB 150MG, T5,QL  
 VIREAD TAB 200MG, T5,QL  
 VIREAD TAB 250MG, T5,QL  
 VIVITROL INJ 380MG, T5  
 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, T5,PA,QL  
 VRAYLAR CAP 3MG, T5,PA,QL  
 VRAYLAR CAP 4.5MG, T5,PA,QL

## 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

VRAYLAR CAP 6MG, T5,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 TAB 10MG, T3,QL  
XARELTO TAB 15MG, T3,QL  
XARELTO TAB 20MG, T3,QL  
XARELTO STAR TAB 15/20MG,  
T3,QL  
XATMEP SOL 2.5MG/ML, T5,PA  
XGEVA INJ, T5,PA  
XIFAXAN TAB 550MG, T5  
XOLAIR SOL 150MG, T5,PA  
XOPENEX HFA AER, T4,QL  
XTANDI CAP 40MG, T5,PA,QL  
XYREM SOL 500MG/ML, T5,PA,QL

## Y

YF-VAX INJ, T3

yuvaferm tab 10mcg, T2

## Z

zafirlukast tab 10mg, T3  
zafirlukast tab 20mg, T3  
zaleplon cap 10mg, T2  
zaleplon cap 5mg, T2  
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  
zenchent tab, T2  
ZENPEP CAP 10000UNT, T3  
ZENPEP CAP 10000UNT, T3  
ZENPEP CAP 15000UNT, T3  
ZENPEP CAP 20000UNT, T3  
ZENPEP CAP 25000, T3  
ZENPEP CAP 25000UNT, T3  
ZENPEP CAP 3000UNIT, T3  
ZENPEP CAP 40000, T3  
ZENPEP CAP 5000UNIT, T3  
ZENPEP CAP 5000UNIT, T3  
zenzedi tab 10mg, T3,QL  
zenzedi tab 5mg, T3,QL  
ZEPATIER TAB 50-100MG, T5,PA  
ZERIT SOL 1MG/ML, T4,QL  
zidovudine cap 100mg, T2,QL  
zidovudine syp 50mg/5ml, T3,QL  
zidovudine tab 300mg, T2,QL

ziprasidone cap 20mg, T2  
ziprasidone cap 40mg, T2  
ziprasidone cap 60mg, T2  
ziprasidone cap 80mg, T2  
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  
ZOHYDRO ER CAP 50MG, T4,PA,QL  
ZOLINZA CAP 100MG, T5,PA,QL  
zolpidem tab 10mg, T1  
zolpidem tab 5mg, T1  
zolpidem er tab 12.5mg, T3  
zolpidem er tab 6.25mg, T3  
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  
ZOSTAVAX INJ, T3,QL  
zovia 1/35e tab, T2,  
zovia 1/50e tab, T2,  
ZYDELIG TAB 100MG, T5,PA,QL  
ZYDELIG TAB 150MG, T5,PA,QL  
ZYKADIA CAP 150MG, T5,PA,QL  
ZYPREXA RELP INJ 210MG,  
T5,PA,QL  
ZYTIGA TAB 250MG, T5,PA,QL  
ZYTIGA TAB 500MG, T5,PA,QL,



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](http://alignmenthealthplan.com)

Alignment Health Plan is an HMO and an HMO SNP plan with a Medicare contract. Enrollment in Alignment Health Plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. The formulary, and/or pharmacy network may change at any time. You will receive notice when necessary.

H3815\_19032EN\_M ACCEPTED



**2019**

# **DENTAL BENEFITS**



# Liberty Dental Benefit Highlights



The benefit information provided is a brief summary, not a complete description of benefits. Please refer to your Dental Directory for a complete listing of covered/excluded benefits, dental providers and access to care.

Alignment Health Plan proudly offers dental services through LIBERTY 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. Attached is a list of the dental benefits available to you.

## ➤ 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.

For more information about your dental benefits, call LIBERTY Dental Plan's Member Services Department toll-free at **1-888-273-3183**, Monday through Friday between the hours of 8:00 am and 5:00 pm. Hearing or speech impaired members may call TTY/TDD **1-800-735-2929**.

# Covered Benefits

LIBERTY Dental Plan of California, Inc. Alignment Preferred Dental Plan



| CODE                | DESCRIPTION                                                              | MEMBER<br>CO-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                          | \$2.00               |
| D0230               | Intraoral, periapical, each additional radiographic image                | \$2.00               |
| D0240               | Intraoral, occlusal radiographic image                                   | \$5.00               |
| D0250               | Extra-oral 2D projection radiographic image, stationary radiation source | \$15.00              |
| D0251               | Extra-oral posterior dental radiographic image                           | \$8.00               |
| D0270               | Bitewing, single radiographic image                                      | \$2.00               |
| D0272               | Bitewings, two radiographic images                                       | \$2.00               |
| D0273               | Bitewings, three radiographic images                                     | \$5.00               |
| D0274               | Bitewings, four radiographic images                                      | \$2.00               |
| D0277               | Vertical bitewings, 7 to 8 radiographic images                           | \$30.00              |
| D0330               | Panoramic radiographic image                                             | \$10.00              |
| D0460               | Pulp vitality tests                                                      | \$10.00              |
| D0470               | Diagnostic casts                                                         | \$20.00              |
| PREVENTIVE SERVICES |                                                                          |                      |
| D1110               | Prophylaxis, adult                                                       | \$0.00               |
| D1206               | Topical application of fluoride varnish                                  | \$20.00              |
| 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                                                       | \$10.00              |
| D1352               | Preventive resin restoration, permanent tooth                            | \$10.00              |
| D1353               | Sealant repair, per tooth                                                | \$0.00               |
| D1510               | Space maintainer, fixed, unilateral                                      | \$60.00              |
| D1515               | Space maintainer, fixed, bilateral                                       | \$90.00              |
| D1520               | Space maintainer, removable, unilateral                                  | \$70.00              |
| D1525               | Space maintainer, removable, bilateral                                   | \$90.00              |

| CODE               | DESCRIPTION                                                           | MEMBER<br>CO-PAYMENT |
|--------------------|-----------------------------------------------------------------------|----------------------|
| D1550              | Re-cement or re-bond space maintainer                                 | \$20.00              |
| D1555              | Removal of fixed space maintainer                                     | \$25.00              |
| <b>RESTORATIVE</b> |                                                                       |                      |
| 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 substrate                                    | \$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, $\frac{3}{4}$ cast high noble metal                            | \$350.00*            |
| D2781              | Crown, $\frac{3}{4}$ cast predominantly base metal                    | \$325.00             |
| D2782              | Crown, $\frac{3}{4}$ 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              |

| CODE               | DESCRIPTION                                                             | MEMBER<br>CO-PAYMENT |
|--------------------|-------------------------------------------------------------------------|----------------------|
| 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              |
| <b>ENDODONTICS</b> |                                                                         |                      |
| 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, bicuspid tooth (excluding final restoration)        | \$255.00             |
| D3330              | Endodontic therapy, molar (excluding final restoration)                 | \$295.00             |
| D3346              | Retreatment of previous root canal therapy, anterior                    | \$165.00             |
| D3347              | Retreatment of previous root canal therapy, bicuspid                    | \$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, bicuspid (first root)                                      | \$195.00             |
| D3425              | Apicoectomy, molar (first root)                                         | \$225.00             |
| 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              |

| CODE                | DESCRIPTION                                                                                                                                            | MEMBER<br>CO-PAYMENT |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| <b>ENDODONTICS</b>  |                                                                                                                                                        |                      |
| 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, bicuspid tooth (excluding final restoration)                                                                                       | \$255.00             |
| D3330               | Endodontic therapy, molar (excluding final restoration)                                                                                                | \$295.00             |
| D3346               | Retreatment of previous root canal therapy, anterior                                                                                                   | \$165.00             |
| D3347               | Retreatment of previous root canal therapy, bicuspid                                                                                                   | \$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, bicuspid (first root)                                                                                                                     | \$195.00             |
| 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              |
| <b>PERIODONTICS</b> |                                                                                                                                                        |                      |
| 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               | Distal or proximal wedge procedure                                                                                                                     | \$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              |
|                     | <b>GUIDELINE for Codes D4341/D4342:</b> No more than two (2) quadrants of periodontal scaling and root planing per appointment/ per day are allowable. |                      |
| D4355               | Full mouth debridement                                                                                                                                 | \$50.00              |
| D4381               | Localized delivery of antimicrobial agent/per tooth                                                                                                    | \$35.00              |
| D4910               | Periodontal maintenance                                                                                                                                | \$40.00              |

| CODE                              | DESCRIPTION                                                                    | MEMBER<br>CO-PAYMENT |
|-----------------------------------|--------------------------------------------------------------------------------|----------------------|
| D4920                             | Unscheduled dressing change (other than treating dentist or staff)             | \$20.00              |
| <b>PROSTHODONTICS - REMOVABLE</b> |                                                                                |                      |
| 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             |
| 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 clasp, 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             |

| CODE                          | DESCRIPTION                                                 | MEMBER<br>CO-PAYMENT |
|-------------------------------|-------------------------------------------------------------|----------------------|
| 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             |
| <b>IMPLANT SERVICES</b>       |                                                             |                      |
| D6092                         | Re-cement or re-bond implant/abutment supported crown       | \$45.00              |
| D6093                         | Re-cement or re-bond implant/abutment supported FPD         | \$65.00              |
| <b>PROSTHODONTICS - FIXED</b> |                                                             |                      |
| 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, $\frac{3}{4}$ cast high noble metal         | \$295.00*            |
| D6781                         | Retainer crown, $\frac{3}{4}$ cast predominantly base metal | \$310.00             |
| D6782                         | Retainer crown, $\frac{3}{4}$ 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*            |

| CODE                                  | DESCRIPTION                                                           | MEMBER<br>CO-PAYMENT |
|---------------------------------------|-----------------------------------------------------------------------|----------------------|
| 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              |
| <b>ORAL AND MAXILLOFACIAL SURGERY</b> |                                                                       |                      |
| D7111                                 | Extraction, coronal remnants, deciduous tooth                         | \$25.00              |
| D7140                                 | Extraction, erupted tooth or exposed root                             | \$35.00              |
| D7210                                 | Surgical removal of erupted tooth                                     | \$48.00              |
| D7220                                 | Removal of impacted tooth, soft tissue                                | \$68.00              |
| 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                                 | Surgical removal residual tooth roots, cutting procedure              | \$70.00              |
| D7260                                 | Oroantral fistula closure                                             | \$250.00             |
| D7270                                 | Tooth reimplantation and/or stabilization, accident                   | \$185.00             |
| D7280                                 | Surgical access 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              |
| <b>ADJUNCTIVE GENERAL SERVICES</b>    |                                                                       |                      |
| 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               |

| CODE  | DESCRIPTION                                       | MEMBER<br>CO-PAYMENT |
|-------|---------------------------------------------------|----------------------|
| D9440 | Office visit, after regularly scheduled hours     | \$20.00              |
| D9450 | Case presentation, detailed & extensive treatment | \$0.00               |
| D9910 | Application of desensitizing medicament           | \$15.00              |
| D9940 | Occlusal guard, by report                         | \$150.00             |
| D9941 | Fabrication of athletic mouthguard                | \$175.00             |
| D9942 | Repair and/or relines 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               |

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\*Base metal is the benefit. If noble metal, high noble metal, titanium alloy and titanium are used; an additional charge to the member will be applied for lab cost of the noble metal, high noble metal, titanium alloy or titanium.

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. Exception: Implants and all services associated with implants are listed at the actual member co-payment amount. No additional fee is allowable for resin or porcelain for procedures associated with implants.

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.

LIBERTY Dental Plan will arrange for you to receive services from a Contracted Dental Specialist if the necessary treatment is outside the scope of General Dentistry. Your General Dentist will initiate the referral process with LIBERTY Dental Plan. The proper referral process must be utilized for specialty services to be covered under your plan. X-rays for diagnostic purposes are benefits in the General Dentist's office only. The member pays 80% of the dentist's Usual and Customary fee for all specialty treatment.

LIBERTY Dental Plan of California, Inc.  
P.O. Box 26110  
Santa Ana, CA 92799-6110  
[www.libertydentalplan.com](http://www.libertydentalplan.com)

# Excluded Dental Procedures



| CODE                       | DESCRIPTION |
|----------------------------|-------------|
| <b>DIAGNOSTIC SERVICES</b> |             |

## Radiographs/Diagnosis Imaging

|       |                                                          |
|-------|----------------------------------------------------------|
| D0290 | Posterior-anterior or lateral skull & facial bone survey |
| D0310 | Sialography                                              |
| D0320 | TMJ arthrogram, including injection                      |
| D0321 | Other TMJ films by report                                |
| D0322 | Tomographic survey                                       |
| D0350 | Oral/facial photographic images                          |
| D0360 | Cone beam ct, craniofacial data capture                  |
| D0362 | Cone beam, 2-dimensional image reconstruction            |
| D0363 | Cone beam, 3-dimensional image reconstruction            |

## Test and Examinations

|       |                                                       |
|-------|-------------------------------------------------------|
| D0415 | Collection of microorganisms for culture              |
| D0416 | Viral culture                                         |
| D0421 | Genetic test for susceptibility to oral disease       |
| D0425 | Caries susceptibility tests                           |
| D0431 | Adjunctive pre-diagnostic test, mucosal abnormalities |

## Oral Pathology Laboratory

|       |                                                               |
|-------|---------------------------------------------------------------|
| D0472 | Accession of tissue, gross exam, prep & written report        |
| D0473 | Accession of tissue, gross & microscopic exam, prep & report  |
| D0474 | Accession of tissue, gross & microscopic exam, provide report |
| D0480 | Accession of exfoliative cytologic smears                     |
| D0486 | Accession of brush biopsy sample                              |
| D0475 | Decalcification procedure                                     |
| D0476 | Special stains for microorganisms                             |
| D0477 | Special stains, not for microorganisms                        |
| D0478 | Immunohistochemical stains                                    |
| D0479 | Tissue in-situ hybridization                                  |
| D0481 | Electron microscopy, diagnostic                               |
| D0482 | Direct immunofluorescence                                     |

| CODE               | DESCRIPTION                                               |
|--------------------|-----------------------------------------------------------|
| D0483              | Indirect immunofluorescence                               |
| D0484              | Consultation on slides prepared elsewhere                 |
| D0485              | Consultation, including preparation of slides from biopsy |
| D0502              | Other oral pathology procedures (by report)               |
| <b>RESTORATIVE</b> |                                                           |

|       |                                                           |
|-------|-----------------------------------------------------------|
| D0483 | Indirect immunofluorescence                               |
| D0484 | Consultation on slides prepared elsewhere                 |
| D0485 | Consultation, including preparation of slides from biopsy |
| D0502 | Other oral pathology procedures (by report)               |

## RESTORATIVE

### Gold Foil Restorations

|       |                       |
|-------|-----------------------|
| D2410 | Gold foil, 1 surface  |
| D2420 | Gold foil, 2 surfaces |
| D2430 | Gold foil, 3 surfaces |

### Inlay/Onlay Restorations

|       |                                                  |
|-------|--------------------------------------------------|
| D2610 | Inlay, porcelain/ceramic, 1 surface              |
| D2620 | Inlay, porcelain/ceramic, 2 surfaces             |
| D2630 | Inlay, porcelain/ceramic, 3 or more surfaces     |
| D2642 | Onlay, porcelain/ceramic, 2 surfaces             |
| D2643 | Onlay, porcelain/ceramic, 3 surfaces             |
| D2644 | Onlay, porcelain/ceramic, 4 or more surfaces     |
| D2650 | Inlay, resin-based composite, 1 surface          |
| D2651 | Inlay, resin-based composite, 2 surfaces         |
| D2652 | Inlay, resin-based composite, 3 or more surfaces |
| D2662 | Onlay, resin-based composite, 2 surfaces         |
| D2663 | Onlay, resin-based composite, 3 surfaces         |
| D2664 | Onlay, resin-based composite, 4 or more surfaces |

### Crowns-Single Restorations Only

|       |                                           |
|-------|-------------------------------------------|
| D2712 | Crown, ¾ resin-based composite (indirect) |
| D2783 | Crown, ¾ porcelain/ceramic                |
| D2799 | Provisional crown                         |

### Other Restorative Services

|       |                                                              |
|-------|--------------------------------------------------------------|
| D2934 | Prefabricated esthetic coated stainless steel crown, primary |
|-------|--------------------------------------------------------------|

| CODE               | DESCRIPTION                                                   |
|--------------------|---------------------------------------------------------------|
| D2960              | Labial veneer (resin laminate), chairside                     |
| D2961              | Labial veneer (resin laminate), laboratory                    |
| D2962              | Lavial veneer (porcelain laminate), laboratory                |
| D2970              | Temporary crown                                               |
| D2971              | Additional procedures to construct new crown/existing partial |
| D2975              | Coping                                                        |
| <b>ENDODONTICS</b> |                                                               |

#### Pulpotomy

|       |                                               |
|-------|-----------------------------------------------|
| D3221 | Pulpal debridement, primary & permanent teeth |
|-------|-----------------------------------------------|

#### Endodontic Therapy

|       |                                                          |
|-------|----------------------------------------------------------|
| D3331 | Treatment of root canal obstruction, non-surgical access |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable  |
| D3333 | Internal root repair of perforation defects              |

#### Apicoectomy/Periradicular Services

|       |                                                            |
|-------|------------------------------------------------------------|
| D3460 | Endodontic endosseous implant                              |
| D3470 | Intentional reimplantation (including necessary splinting) |

#### Other Endodontic Procedures

|       |                                                           |
|-------|-----------------------------------------------------------|
| D3910 | Surgical procedure for isolation of tooth with rubber dam |
| D3950 | Canal preparation & fitting of preformed dowel or post    |

#### PERIODONTICS

##### Surgical Services (Including Usual Postoperative Care)

|       |                                                          |
|-------|----------------------------------------------------------|
| D4230 | Anatomical crown exposure (4 + teeth per quadrant)       |
| D4231 | Anatomical crown exposure (1-3 teeth per quadrant)       |
| D4245 | Apically positioned flap                                 |
| D4249 | Clinical crown lengthening, hard tissue                  |
| D4263 | Bone replacement graft, 1st site in quadrant             |
| D4264 | Bone replacement graft, each additional site in quadrant |

| CODE  | DESCRIPTION                                                |
|-------|------------------------------------------------------------|
| D4265 | Biologic materials to aid in tissue regeneration           |
| D4266 | Guided tissue regeneration, resorbable barrier, per site   |
| D4267 | Guided tissue regeneration, non-resorbable barrier         |
| D4268 | Surgical revision procedure, per tooth                     |
| D4270 | Pedicle soft tissue graft procedure                        |
| D4271 | Free soft tissue graft procedure (including donor site)    |
| D4273 | Subepithelial connective tissue graft procedure, per tooth |
| D4275 | Soft tissue allograft                                      |
| D4276 | Combined connective tissue & double pedicle graft          |

#### Non-Surgical Periodontal Services

|       |                                       |
|-------|---------------------------------------|
| D4320 | Provisional splinting, intracoronaral |
| D4321 | Provisional splinting, extracoronaral |

#### PROSTHODONTICS – REMOVABLE

##### Partial Dentures (Including Routine Post-Delivery Care)

|       |                                           |
|-------|-------------------------------------------|
| D5225 | Maxillary partial denture, flexible base  |
| D5226 | Mandibular partial denture, flexible base |

##### Repairs to Partial Dentures

|       |                                                         |
|-------|---------------------------------------------------------|
| D5670 | Replace teeth & acrylic on cast metal frame, maxillary  |
| D5671 | Replace teeth & acrylic on cast metal frame, mandibular |

##### Other Removable Prosthetic Services

|       |                                                         |
|-------|---------------------------------------------------------|
| D5861 | Overdenture, partial, by report                         |
| D5862 | Precision attachment, by report                         |
| D5867 | Replacement of replaceable part of precision attachment |

#### IMPLANT SERVICES

##### Surgical Services

|       |                                                       |
|-------|-------------------------------------------------------|
| D6010 | Surgical placement of implant body, endosteal implant |
|-------|-------------------------------------------------------|

##### Implant Supported Prosthetics – Supporting Structures

|       |                                            |
|-------|--------------------------------------------|
| D6056 | Prefabricated abutment, includes placement |
|-------|--------------------------------------------|

| CODE                                                              | DESCRIPTION                                         |
|-------------------------------------------------------------------|-----------------------------------------------------|
| Implant Supported Prosthetics – Single Crowns, Abutment Supported |                                                     |
| D6058                                                             | Abutment supported porcelain/ceramic crown          |
| D6059                                                             | Abutment supported porcelain/high noble metal crown |
| D6060                                                             | Abutment supported porcelain/base metal crown       |
| D6061                                                             | Abutment supported porcelain/noble metal crown      |
| D6062                                                             | Abutment supported cast metal crown, high noble     |
| D6063                                                             | Abutment supported cast metal crown, base metal     |
| D6064                                                             | Abutment supported cast metal crown, noble metal    |
| D6094                                                             | Abutment supported crown, titanium                  |

Implant Supported Prosthetics – Single Crowns, Implant Supported

|       |                                           |
|-------|-------------------------------------------|
| D6065 | Implant supported porcelain/ceramic crown |
| D6066 | Implant supported porcelain/metal crown   |
| D6067 | Implant supported metal crown             |

Implant Supported Prosthetics – Fixed Partial Denture, Abutment Supported

|       |                                                          |
|-------|----------------------------------------------------------|
| D6068 | Abutment supported retainer for porcelain/ceramic FPD    |
| D6069 | Abutment supported retainer porc./metal FPD, high noble  |
| D6070 | Abutment supported retainer porc./metal FPD, base metal  |
| D6071 | Abutment supported retainer porc./metal FPD, noble metal |
| D6072 | Abutment supported retainer cast metal FPD, high noble   |
| D6073 | Abutment supported retainer cast metal FPD, base metal   |
| D6074 | Abutment supported retainer cast metal FPD, noble metal  |
| D6194 | Abutment supported retainer crown FPD, titanium          |

Implant Supported Prosthetics – Fixed Partial Denture, Implant Supported

| CODE  | DESCRIPTION                                        |
|-------|----------------------------------------------------|
| D6075 | Implant supported retainer for ceramic FPD         |
| D6076 | Implant supported retainer for porcelain/metal FPD |
| D6077 | Implant supported retainer for cast metal FPD      |

**PROSTHODONTICS – FIXED**

Fixed Partial Denture Pontics

|       |                                        |
|-------|----------------------------------------|
| D6205 | Pontic, indirect resin based composite |
| D6245 | Pontic, porcelain/ceramic              |
| D6253 | Provisional pontic                     |

Fixed Partial Denture Retainers – Inlays/Onlays

|       |                                                               |
|-------|---------------------------------------------------------------|
| D6548 | Retainer, porcelain/ceramic for resin bonded fixed prosthesis |
| D6600 | Inlay, porcelain/ceramic, 2 surfaces                          |
| D6601 | Inlay, porcelain/ceramic, 3 or more surfaces                  |
| D6602 | Inlay, cast high noble metal, 2 surfaces                      |
| D6603 | Inlay, cast high noble metal, 3 or more surfaces              |
| D6604 | Inlay, cast predominantly base metal, 2 surfaces              |
| D6605 | Inlay, cast predominantly base metal, 3 or more surfaces      |
| D6606 | Inlay, cast noble metal, 2 surfaces                           |
| D6607 | Inlay, cast noble metal, 3 or more surfaces                   |
| D6624 | Inlay, titanium                                               |
| D6608 | Onlay, porcelain/ceramic, 2 surfaces                          |
| D6609 | Onlay, porcelain/ceramic, 3 or more surfaces                  |
| D6610 | Onlay, cast high noble metal, 2 surfaces                      |
| D6611 | Onlay, cast high noble metal, 3 or more surfaces              |
| D6612 | Onlay, cast predominantly base metal, 2 surfaces              |
| D6613 | Onlay, cast predominantly base metal, 3 or more surfaces      |
| D6614 | Onlay, cast noble metal, 2 surfaces                           |
| D6615 | Onlay, cast noble metal, 3 or more surfaces                   |
| D6634 | Onlay, titanium                                               |

Fixed Partial Denture Retainers – Crowns

| CODE  | DESCRIPTION                           |
|-------|---------------------------------------|
| D6710 | Crown, indirect resin based composite |
| D6740 | Crown, porcelain/ceramic              |
| D6783 | Crown, ¾ porcelain/ceramic            |
| D6793 | Provisional retainer crown            |

#### Other Fixed Partial Denture Services

|       |                      |
|-------|----------------------|
| D6940 | Stress breaker       |
| D6950 | Precision attachment |
| D6975 | Coping               |

### ORAL AND MAXILLOFACIAL SURGERY

#### Other Surgical Procedures

|       |                                                             |
|-------|-------------------------------------------------------------|
| D7261 | Primary closure of a sinus perforation                      |
| D7272 | Tooth transplantation                                       |
| D7282 | Mobilization of erupted/malpositioned tooth, aid eruption   |
| D7283 | Placement of device to facilitate eruption impacted tooth   |
| D7287 | Exfoliative cytological sample collection                   |
| D7288 | Brush biopsy, transepithelial sample collection             |
| D7291 | Transseptal fiberotomy/supra crestal fiberotomy             |
| D7292 | Surgical placement, temporary anchorage device, screw/plate |
| D7393 | Surgical placement, temporary anchorage device/flap         |
| D7294 | Surgical placement, temporary anchorage device, no flap     |

#### Alveoloplasty – Surgical Preparation of Ridge for Dentures

|       |                                                         |
|-------|---------------------------------------------------------|
| D7340 | Vestibuloplasty, ridge extension, 2nd epithelialization |
| D7350 | Vestibuloplasty, ridge extension                        |

#### Surgical Excision of Soft Tissue Lesions

|       |                                                      |
|-------|------------------------------------------------------|
| D7412 | Excision of benign lesion, complicated               |
| D7413 | Excision of malignant lesion up to 1.25 cm           |
| D7414 | Excision of malignant lesion greater than 1.25 cm    |
| D7415 | Excision of malignant lesion, complicated            |
| D7465 | Destruction of lesion(s) by physical/chemical method |

#### Surgical Excision of Intra-Osseous Lesions

| CODE  | DESCRIPTION                                          |
|-------|------------------------------------------------------|
| D7440 | Excision of malignant tumor up to 1.25 cm            |
| D7441 | Excision of malignant tumor greater than 1.25 cm     |
| D7450 | Removal of benign odontogenic cyst/tumor to 1.25 cm  |
| D7451 | Removal of benign odontogenic cyst/tumor >1.25 cm    |
| D7460 | Removal of benign nonodontogenic cyst/tumor <1.25 cm |
| D7461 | Removal of benign nonodontogenic cyst/tumor >1.25 cm |

#### Excision of Bone Tissue

|       |                                          |
|-------|------------------------------------------|
| D7472 | Removal of torus palatinus               |
| D7473 | Removal of torus mandibularis            |
| D7485 | Surgical reduction of osseous tuberosity |
| D7490 | Radical resection of maxilla or mandible |

#### Surgical Incision

|       |                                                        |
|-------|--------------------------------------------------------|
| D7511 | Incision/drainage abscess, intraoral soft, complicated |
| D7521 | Incision/drainage abscess, extraoral soft, complicated |
| D7530 | Removal of foreign body                                |
| D7540 | Removal or reaction producing foreign bodies           |
| D7550 | Partial ostectomy/sequestrectomy, non-vital bone       |
| D7560 | Maxillary sinusotomy, remove tooth/foreign body        |

#### Other Repair Procedure

|       |                                        |
|-------|----------------------------------------|
| D7963 | Frenuloplasty                          |
| D7980 | Sialolithotomy                         |
| D7981 | Excision of salivary gland (by report) |
| D7982 | Sialodochoplasty                       |
| D7983 | Closure of salivary fistula            |

### ADJUNCTIVE GENERAL SERVICES

#### Unclassified Treatment

|       |                                  |
|-------|----------------------------------|
| D9120 | Fixed partial denture sectioning |
|-------|----------------------------------|

#### Anesthesia

|       |                                                              |
|-------|--------------------------------------------------------------|
| D9220 | Deep sedation/general anesthesia, 1st 30 minutes             |
| D9221 | Deep sedation/general anesthesia, each additional 15 minutes |

| CODE  | DESCRIPTION                                                         |
|-------|---------------------------------------------------------------------|
| D9230 | Analgesia, anxiolysis, nitrous oxide                                |
| D9241 | Intravenous conscious sedation/<br>analgesia, 1st 30 minutes        |
| D9242 | Intravenous conscious sedation/<br>analgesia, additional 15 minutes |
| D9248 | Non-intravenous conscious sedation                                  |

#### Professional Visits

|       |                                   |
|-------|-----------------------------------|
| D9410 | House/extended care facility call |
| D9420 | Hospital call                     |

#### Drugs

|       |                                                       |
|-------|-------------------------------------------------------|
| D9610 | Therapeutic parenteral drug, single<br>administration |
| D9612 | Therapeutic parenteral drug, 2 +<br>administrations   |
| D9630 | Other drugs and/or medicaments, by<br>report          |

#### Miscellaneous Services

|       |                                                       |
|-------|-------------------------------------------------------|
| D9911 | Application of desensitizing resin, per<br>tooth      |
| D9920 | Behavior management, by report                        |
| D9930 | Treatment of complications, post<br>surgical, unusual |
| D9950 | Occlusion analysis, mounted case                      |
| D9970 | Enamel microabrasion                                  |
| D9971 | Odontoplasty, 1-2 teeth                               |
| D9971 | External bleaching, per arch                          |
| D9973 | External bleaching, per tooth                         |
| D9974 | Internal bleaching, per tooth                         |

# STEPS TO AN EASY ENROLLMENT

Steps to enroll  
what you will need:



Your Medicare ID card



A list of medications you take



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](http://alignmenthealthplan.com) to complete our online enrollment form.



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## Enroll by Phone

Call Alignment Health Plan at  
**1-888-979-2247** (TTY users call 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, Drug Formulary, and a Dental Schedule and Directory. It will also include information on how to access or request your Evidence of Coverage, Provider 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.

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

H3815\_19064EN\_M ACCEPTED

# 2019 MEDICARE ADVANTAGE INDIVIDUAL ENROLLMENT FORM



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.

- ☐ **001-My Choice Plan (HMO)** .....\$0/month ☐ **011-AllCare Preferred Plan (HMO)** .....\$0/month  
 Los Angeles, Orange, Riverside and Stanislaus County  
 San Bernardino Counties
- ☐ **006-My Choice Plan (HMO)** .....\$0/month ☐ **013-smarHMO (HMO)** .....\$0/month  
 San Joaquin and Stanislaus Counties Los Angeles County
- ☐ **007-My Choice Plan (HMO)** .....\$0/month ☐ **015 -Platinum Plan (HMO)** .....\$0/month  
 Santa Clara County San Bernardino and Riverside Counties
- ☐ **008-Platinum Plan (HMO)** .....\$0/month ☐ **016 - Platinum Plan (HMO)** .....\$0/month  
 Los Angeles and Orange Counties San Diego County
- ☐ **009- CalPlus Plan (HMO)** ....\$0/month Part C \$30.50/month Part D\*  
 Los Angeles, Orange, Riverside, San Bernardino,  
 San Joaquin, Santa Clara, Stanislaus & San Diego Counties

*\*For CalPlus (HMO) depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for your part D premium.*

## 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). 8am-8pm, 7 days a week (except Thanksgiving and Christmas) from October 1 - March 31 and Monday through Friday (except holidays) from April 1 through September 30.**

What Is Your Primary Language? (Check One)

☐ English ☐ Spanish ☐ Other \_\_\_\_\_

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

Email: \_\_\_\_\_

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)**

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

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). 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 the 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](http://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 Alignment Health Plan coverage begins, I must get all of my health care from Alignment Health Plan, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by Alignment Health Plan and other services contained in my Alignment Health Plan Evidence of Coverage document (also known as a member

contract or subscriber agreement) will be covered. Without authorization, NEITHER MEDICARE NOR ALIGNMENT HEALTH PLAN 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: \_\_\_\_\_

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:
  - o Qualified sign language interpreters
  - o 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:
  - o Qualified interpreters
  - o Information written in other languages

If you need these services, contact 1-866-634-2247

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: 1-844-215-2444, (TTY: 711)  
Fax: 562-207-4621  
Email: [Compliance@ahcusa.com](mailto:Compliance@ahcusa.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Compliance and Regulatory Affairs 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, DC 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).

**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)。

**Հայերեն (Armenian):** ՈՒՇԱՂՈՒԹՅՈՒՆ՝: Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական օգնությունների ծառայություններ: Չանգահարեք 1-866-634-2247 (TTY (հեռախոս)՝ 711):

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

**ខ្មែរ (Cambodian, Mon-Khmer):** ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-866-634-2247 (TTY: 711)។

**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).

**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।

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

**Tagalog (Tagalog – Filipino):** 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).

**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).

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

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

**Arabic :**

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

**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。

**Farsi:** : امش یارب ناگیار ترو صرب ینابز تالی هست، دینک یم وگت فگ یراف نابز هب 1-866-634-2247 (TTY: 711) دیریگب سامت اب. دشاب یم مهارف.



## Translator / Witness Statement

### Check One:

- ☐ Non-Speaking English
- ☐ Hearing Impaired
- ☐ Blind
- ☐ 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.  
Suite 1600  
Orange, CA 92868

For Enrollment questions please call:

**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.

**[alignmenthealthplan.com](http://alignmenthealthplan.com)**

Alignment Health Plan is an HMO plan with a Medicare contract. Enrollment in Alignment Health Plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The formulary pharmacy network, and/or provider 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.

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