ALAMEDA ALLIANCE WELLNESS (HMO D-SNP) NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

English

ATTENTION: If you need help in your language, call **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**). These services are free of charge.

العربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**). هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**): Այդ ծառայություններն անվճար են:

ខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពជំ ក៍អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

中文 (Chinese – Simplified)

请注意：如果您需要以您的母语提供帮助，请致电 **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**)。这些服务都是免费的。

繁體中文 (Chinese Traditional)

请注意：如果您需要以您的母语提供的帮助，請撥打 **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**)。我們可為殘障人士提供相應的輔助設施和服務，如盲文和大字印刷體格式的文件。請撥打 **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**)。此類服務均免費提供。

فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意日本語での対応が必要な場合は **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**) へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**)へお電話ください。これらのサービスは無料で提供しています。

한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian)
ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1.888.88A.DSNP** (**1.888.882.3767**) (линия TTY: **1.800.735.2929**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1.888.88A.DSNP** (**1.888.882.3767**) (линия TTY: **1.800.735.2929**). Такие услуги предоставляются бесплатно.

Español (Spanish)
ATENCIÓN: si necesita ayuda en su idioma, llame al **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**). Estos servicios son gratuitos.

Tagalog (Filipino)
ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**). Libre ang mga serbisyong ito.

ภาษาไทย (Thai)
โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)
УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**). Các dịch vụ này đều miễn phí.

2026 Alameda Medicare

2026 Step Therapy Criteria

CURRENT AS OF 11/01/2026

anticonvulsant step therapy

Products Affected

- *levetiracetam tablet disintegrating soluble 250 mg oral*
- *levetiracetam tablet disintegrating soluble 500 mg oral*
- *perampanel suspension 0.5 mg/ml oral*
- *perampanel tablet 10 mg oral*
- *perampanel tablet 12 mg oral*
- *perampanel tablet 2 mg oral*
- *perampanel tablet 4 mg oral*
- *perampanel tablet 6 mg oral*
- *perampanel tablet 8 mg oral*
- RELGAABI CAPSULE 200 MG ORAL
- RELGAABI CAPSULE 300 MG ORAL
- RELGAABI CAPSULE 400 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 250 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 500 MG ORAL
- SYMPAZAN FILM 10 MG ORAL
- SYMPAZAN FILM 20 MG ORAL
- SYMPAZAN FILM 5 MG ORAL
- XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 100 & 150 MG ORAL
- XCOPRI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL
- XCOPRI TABLET 100 MG ORAL
- XCOPRI TABLET 150 MG ORAL
- XCOPRI TABLET 200 MG ORAL
- XCOPRI TABLET 25 MG ORAL
- XCOPRI TABLET 50 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG ORAL
- ZONISADE SUSPENSION 100 MG/5ML ORAL

Details

Criteria	Step 1: First line therapy should be a documented trial, failure, or contraindication of two generic anticonvulsants. Step 2: Once two generic anticonvulsants have been tried, failed, or contraindicated patients can receive therapy with Spritam, Sympazan, Xcopri, generic perampanel, generic levetiracetam tablet for oral suspension, Relgaabi, or Zonisade oral solution.

Formulary ID 26313
Formulary Updated: 10/20/2026

antidepressant step therapy

Products Affected

- EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2 MG ORAL
- EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3 MG ORAL
- EXXUA TABLET EXTENDED RELEASE 24 HOUR 54.5 MG ORAL
- EXXUA TABLET EXTENDED RELEASE 24 HOUR 72.6 MG ORAL
- EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL
- FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL

Details

Criteria	Step 1: First line therapy should be a documented trial, failure, or contraindication of two generic antidepressants. Step 2: Once two generic antidepressants have been tried, failed, or contraindicated patient can receive therapy with Fetzima or Exxua.

Formulary ID 26313
Formulary Updated: 10/20/2026

brinzolamide and dorzolamide-timolol PF step therapy

Products Affected

- *brinzolamide suspension 1 % ophthalmic % ophthalmic*
- *dorzolamide hcl-timolol mal pf solution 2-0.5*

Details

Criteria	Step 1: First line therapy should be a documented trial, failure, or contraindication of formulary dorzolamide or dorzolamide/timolol ophthalmic solution. Step 2: Once dorzolamide or dorzolamide/timolol ophthalmic solution has been tried, failed, or contraindicated the patient can receive therapy with brinzolamide or Dorzolamide-Timolol PF Ophthalmic Solution.

Formulary ID 26313
Formulary Updated: 10/20/2026

drizalma step therapy

Products Affected

- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 MG ORAL

Details

Criteria	Step 1: First line therapy should be a documented trial, failure, or contraindication of generic formulary duloxetine. Step 2: Once generic formulary duloxetine has been tried, failed, or contraindicated the patient can receive therapy with drizalma.

Formulary ID 26313
Formulary Updated: 10/20/2026

febuxostat step therapy

Products Affected

- *febuxostat tablet 40 mg oral*
- *febuxostat tablet 80 mg oral*

Details

Criteria	Step 1: First line therapy should be a documented trial, failure, or contraindication of allopurinol tablet. Step 2: Once allopurinol tablet has been tried, failed, or contraindicated patients can receive therapy with Febuxostat.

Formulary ID 26313
Formulary Updated: 10/20/2026

netarsudil step therapy

Products Affected

- RHOPRESSA SOLUTION 0.02 % OPHTHALMIC
- ROCKLATAN SOLUTION 0.02-0.005 % OPHTHALMIC

Details

Criteria	Step 1: First line therapy should be a documented trial, failure, or contraindication of latanoprost or travoprost. Step 2: Once latanoprost or travoprost has been tried, failed, or contraindicated patients can receive therapy with Rhopressa or Rocklatan.

Formulary ID 26313
Formulary Updated: 10/20/2026

ongentys step therapy

Products Affected

- ONGENTYS CAPSULE 25 MG ORAL
- ONGENTYS CAPSULE 50 MG ORAL

Details

Criteria	Step 1: First line therapy should be a documented trial, failure, or contraindication of entacapone or carbidopa-levodopa-entacapone. Step 2: Once entacapone or carbidopa-levodopa-entacapone has been tried, failed, or contraindicated patients can receive therapy with Ongentys.

Formulary ID 26313
Formulary Updated: 10/20/2026

savella step therapy

Products Affected

- SAVELLA TITRATION PACK 12.5 & 25 & 50 MG ORAL

Details

Criteria	Step 1: First line therapy should be a documented trial, failure, or contraindication to duloxetine, milnacipran or pregabalin. Step 2: Once duloxetine, milnacipran or pregabalin has been tried, failed or contraindicated patients can receive therapy with Savella.

Formulary ID 26313
Formulary Updated: 10/20/2026

topical immunomodulators step therapy

Products Affected

- *pimecrolimus cream 1 % external*
- *tacrolimus ointment 0.03 % external*
- *tacrolimus ointment 0.1 % external*

Details

Criteria	Step 1: First line therapy should be a documented trial, failure, or contraindication of two topical corticosteroids. Step 2: Once two topical corticosteroids have been tried, failed, or contraindicated patients can receive therapy with generic pimecrolimus or generic topical tacrolimus.

Formulary ID 26313
Formulary Updated: 10/20/2026

urinary incontinence agents step therapy

Products Affected

- *darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral*
- *darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral*
- *trospium chloride er capsule extended release 24 hour 60 mg oral*

Details

Criteria	Step 1: First line therapy should be a documented trial, failure or contraindication of 2 of the following: oxybutynin, oxybutynin ER, trospium, tolterodine, tolterodine ER, fesoterodine ER, or solifenacin. Step 2: Once two of the medications listed in Step 1 have been tried, failed, or contraindicated, patients can receive therapy with trospium ER or darifenacin ER

Formulary ID 26313
Formulary Updated: 10/20/2026

Index

brinzolamide suspension 1 % ophthalmic 3
darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral 10
darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral 10
dorzolamide hcl-timolol mal pf solution 2-0.5 % ophthalmic 3
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL 4
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL 4
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL 4
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 MG ORAL 4
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2 MG ORAL 2
EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3 MG ORAL 2
EXXUA TABLET EXTENDED RELEASE 24 HOUR 54.5 MG ORAL 2
EXXUA TABLET EXTENDED RELEASE 24 HOUR 72.6 MG ORAL 2
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2 MG ORAL 2
febuxostat tablet 40 mg oral 5
febuxostat tablet 80 mg oral 5
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL 2
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL 2
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL 2
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL 2
FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL 2
levetiracetam tablet disintegrating soluble 250 mg oral 1
levetiracetam tablet disintegrating soluble 500 mg oral 1
ONGENTYS CAPSULE 25 MG ORAL 7
ONGENTYS CAPSULE 50 MG ORAL 7
perampanel suspension 0.5 mg/ml oral 1
perampanel tablet 10 mg oral 1
perampanel tablet 12 mg oral 1
perampanel tablet 2 mg oral 1
perampanel tablet 4 mg oral 1
perampanel tablet 6 mg oral 1
perampanel tablet 8 mg oral 1
pimecrolimus cream 1 % external 9
RELGAABI CAPSULE 200 MG ORAL 1
RELGAABI CAPSULE 300 MG ORAL 1
RELGAABI CAPSULE 400 MG ORAL 1
RHOPRESSA SOLUTION 0.02 % OPHTHALMIC 6
ROCKLATAN SOLUTION 0.02-0.005 % OPHTHALMIC 6
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG ORAL 8
SPRITAM TABLET DISINTEGRATING SOLUBLE 250 MG ORAL 1
SPRITAM TABLET DISINTEGRATING SOLUBLE 500 MG ORAL 1
SYMPAZAN FILM 10 MG ORAL 1
SYMPAZAN FILM 20 MG ORAL 1
SYMPAZAN FILM 5 MG ORAL 1
tacrolimus ointment 0.03 % external 9
tacrolimus ointment 0.1 % external 9
trospium chloride er capsule extended release 24 hour 60 mg oral 10
XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 100 & 150 MG ORAL 1
XCOPRI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL 1
XCOPRI TABLET 100 MG ORAL 1
XCOPRI TABLET 150 MG ORAL 1
XCOPRI TABLET 200 MG ORAL 1
XCOPRI TABLET 25 MG ORAL 1
XCOPRI TABLET 50 MG ORAL 1
XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL 1

XCOPRI TABLET THERAPY PACK 14
X 150 MG & 14 X200 MG ORAL.....1
XCOPRI TABLET THERAPY PACK 14
X 50 MG & 14 X100 MG ORAL.....1
ZONISADE SUSPENSION 100 MG/5ML
ORAL..... 1