



August 29, 2018

«Member\_First\_Name» «Member\_Last\_Name»  
«Patient\_Address\_Line\_1» «Patient\_Address\_Line\_2»  
«Patient\_City» «Patient\_State» «Patient\_Postal\_Code»

Dear «Member\_First\_Name» «Member\_Last\_Name»,

We are contacting you on behalf of your prescription drug plan, whose records with us indicate that you received a prescription for «Label\_Name». This medication has been voluntarily recalled by the manufacturer because the product may have a safety concern.

**Drug Recalled:** «Label\_Name».

**NDC Impacted:** «NDC\_11\_Digits»

**Reason for Recall:** Accord Healthcare Inc. is voluntarily recalling one lot (Lot PW05264 – 46632 Bottles, NDC 16729-182-01) of Hydrochlorothiazide Tablets USP, 12.5 mg, to the consumer level. A 100 count bottle of Hydrochlorothiazide Tablets USP 12.5 mg has been found to contain 100 Spironolactone Tablets USP 25 mg. Since the individual lot, PW05264, of the product is involved in a potential mix-up of labeling, Accord is recalling this individual lot from the market. Based on findings of both preliminary and interim investigations carried out at the manufacturing site, Accord believes that no other lots of Hydrochlorothiazide Tablets are involved in this mix-up.

**Actions for Member:** Members who have purchased this product should not open the package or use the contents. Instead, return the product to the location of purchase for a full refund, or call your pharmacy. Members should contact their physician or healthcare provider if they have experienced any problems related to taking or using this drug product.

If you have health concerns and/or questions regarding your use of «Label\_Name» please contact your physician or pharmacist.

For more information regarding this FDA Recall Notification, please be referred to the FDA website:

[https://www.fda.gov/Safety/Recalls/ucm618583.htm?utm\\_campaign=FDA%20MedWatch%20Recall%20Notice%20-%20%20Hydrochlorothiazide%20Tablets&utm\\_medium=email&utm\\_source=Eloqua](https://www.fda.gov/Safety/Recalls/ucm618583.htm?utm_campaign=FDA%20MedWatch%20Recall%20Notice%20-%20%20Hydrochlorothiazide%20Tablets&utm_medium=email&utm_source=Eloqua)

FDA contact information for reporting adverse events/quality complaints online at

<https://www.accessdata.fda.gov/scripts/medwatch/index.cfm?action=reporting.home> or call the FDA at

1-800-FDA-1088



## Notice of Non-Discrimination

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

Alliant Health Plans:

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

If you need these services, contact **Customer Service at (800) 811-4793**.

If you believe that Alliant Health Plans 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: Sabrina LeBeau, Compliance Officer, 1503 N. Tibbs Rd. Dalton, GA 30720, Ph: (706) 237-8802 or (888) 533-6507 ext 125, Fax: (706) 229-6289, Email: Compliance@AlliantPlans.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Sabrina LeBeau is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance

### English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-811-4793 (TTY: 711).

### Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-811-4793 (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 1-800-811-4793 (TTY: 711).

### 한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-811-4793 (TTY: 711)번으로 전화해 주십시오.

### 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 1-800-811-4793 (TTY: 711)。



**ગુજરાતી (Gujarati)**

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-811-4793 (TTY: 711).

**Français (French)**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-811-4793 (ATS : 711).

**አማርኛ (Amharic)**

ማሰታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-811-4793 (ማስማት ለተሰናድው: 711)።

**हिंदी (Hindi)**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-811-4793 (TTY: 711) पर कॉल करें।

**Kreyòl Ayisyen (French Creole)**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-811-4793 (TTY: 711).

**Русский (Russian)**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-811-4793 (телетайп: 711).

**العربية (Arabic)**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-811-4793 (رقم هاتف الصم والبكم: (711 TTY).

**Português (Portuguese)**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-811-4793 (TTY: 711).

**فارسی (Farsi)**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-811-4793 (TTY: 711) تماس بگیرید.

**Deutsch (German)**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-811-4793 (TTY: 711).

**日本語 (Japanese)**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-811-4793 (TTY:711) まで、お電話にてご連絡ください。