



PO Box 999  
Appleton, Wisconsin 54912-0999

## DRUG RECALL NOTICE

April 3, 2017

«Member\_First\_Name» «Member\_Last\_Name»  
«Member\_Address\_1» «Member\_Address\_2»  
«Member\_City», «Member\_State» «Member\_Zip»

### RE: Drug Recall Notice

Dear Navitus Health Solutions Member:

Navitus is committed to helping improve the health of you and your family. We must inform you of a drug recall.

On March 31, 2017, Meridian Medical Technologies, a Pfizer company, recalled the drug below. The company recalled the drug because the device may not work.

Product/Dosage	NDC Number	Lot Number	Expiration Date
EpiPen Jr 2-Pak® Auto-Injectors, 0.15 mg	49502-501-02	5GN767	April 2017
EpiPen Jr 2-Pak® Auto-Injectors, 0.15 mg	49502-501-02	5GN773	April 2017
EpiPen 2-Pak® Auto-Injectors, 0.3 mg	49502-500-02	5GM631	April 2017
EpiPen 2-Pak® Auto-Injectors, 0.3 mg	49502-500-02	5GM640	May 2017
EpiPen Jr 2-Pak® Auto-Injectors, 0.15 mg	49502-501-02	6GN215	September 2017
EpiPen 2-Pak® Auto-Injectors, 0.3 mg	49502-500-02	6GM082	September 2017
EpiPen 2-Pak® Auto-Injectors, 0.3 mg	49502-500-02	6GM072	September 2017
EpiPen 2-Pak® Auto-Injectors, 0.3 mg	49502-500-02	6GM081	September 2017
EpiPen 2-Pak® Auto-Injectors, 0.3 mg	49502-500-02	6GM088	October 2017
EpiPen 2-Pak® Auto-Injectors, 0.3 mg	49502-500-02	6GM199	October 2017
EpiPen 2-Pak® Auto-Injectors, 0.3 mg	49502-500-02	6GM091	October 2017
EpiPen 2-Pak® Auto-Injectors, 0.3 mg	49502-500-02	6GM198	October 2017
EpiPen 2-pak® Auto-Injectors, 0.3 mg	49502-500-02	6GM087	October 2017

The above lots were sent worldwide between December 2015 and July 2016.

If you think this recall affects you, please call the pharmacy that gave you the drug or contact your health care provider. **It is important that you keep your current EpiPen until you receive a replacement.**

If you have questions about this recall, please call Mylan Customer Relations at 1-800-796-9526. You can also email the company at [customer.service@mylan.com](mailto:customer.service@mylan.com).

Sincerely,

Navitus Health Solutions

## 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 Sabrina LeBeau.

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

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Alliant Health Plans, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al (800) 811-4793.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Alliant Health Plans, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi (800) 811-4793.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Alliant Health Plans 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 (800) 811-4793 로 전화하십시오.

如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱Alliant Health Plans ]方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 (800) 811-4793]。

તમને વિના મૂલ્યે તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો અધિકાર છે. આરોગ્ય વીમા વ્યાપારબજાર વિશે દુભાષિયા સાથે ગુજરાતીમાં વાતચીત કરવા, કોલ કરો (800) 811-4793.

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Alliant Health Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez (800) 811-4793.

አርሰዎ፣ ወይም አርሰዎ የሚገለጹት ሰለ Alliant Health Plans ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በደንብ አርዳኛ ማድረግ የሚገባችሁ መሆኑን አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ (800) 811-4793 ይደውሉ።

यदि आपके, या आप द्वारा सहायता ककए जा रहे ककसी व्यक्तत के Alliant Health Plans के बारे में प्रश्न हैं, तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। ककसी भाषण से बात करने के लिए, (800) 811-4793 पर कॉ करें।

Si oumenm oswa yon moun w a pe de gen kesyon konsènan Alliant Health Plans, se dwa w pou resevwa asistans a kenfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan (800) 811-4793.

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Alliant Health Plans, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону (800) 811-4793.

هي ان و دن م لفت غلب هير و وضل ات ام و ل ع مل او د ع مل مل اى ل ع ل و ل ح ل اى ق ح ل الئى دلف ، Alliant Health Plans م ص و ح ب ل ع ن ا ه د ع ل ل م ن ص و ح ش ي دل و ا لئى دل ن ك ن ا ب ل ع ن ا م ل ط ر ت ا م ج ر ت م ع م ث د ج ل ل . ق ل ك ت (800) 811-4793

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Alliant Health Plans, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para (800) 811-4793.

ار دوخ ن لبز هبت اع الط ا و ك هك نير اد ار ني اقح نيش لب نقش اد ، Alliant Health Plans دروم رد دل اوس ، نيركي ك ك و اب اش هكويرك لي ، اش رگ ا نوي امن ل ه احس اب . نوي امن ن ف لير دن گي ار روط هب (800) 811-4793

Falls Sie oder jemand, dem Sie helfen, Fragen zum Alliant Health Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer (800) 811-4793 an.

ご本人様、またはお客様の身の回りの方でも Alliant Health Plans についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、(800) 811-4793までお電話ください。

## TTY/TDD

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