# Specialty Medical Drug List

## Effective July 1, 2026

**Most benefit plans include medical specialty drug management and prior authorization requirements. Check your plan materials to see if this information applies to you. This list may change or expand from time to time without prior notice.**

Drugs on this list may require prior authorization under the **medical benefit** through our Specialty Medical Benefit Management (SMBM) program.

To start the prior authorization process, providers should sign-in to the health plan's provider website to access the online medical prior authorization system. Providers can also request prior authorization by calling **877-440-0089** or faxing requests to **612-367-0742**.

A prior authorization does **not** guarantee eligibility or payment of a claim. Provider specialty is considered when reviewing all medical and self-administered drug prior authorization requests.

Drugs noted with an ampersand **(&)** are **excluded** from coverage.

**For members who have a medical prior authorization requirement, these drugs always require prior authorization if billed under the medical benefit unless otherwise noted (Marketplace/Affordable Care Act (ACA) lines of business does not require prior authorization for Hemophilia Treatment Products).**

### A

- Abraxane
- Actemra IV
- Adakveo
- Adcetris
- Adriamycin
- Adrucil
- Adzynma
- Ahzantive
- Aldurazyme
- Alimta
- Alkeran
- Alyglo
- Alymsys
- Amondys 45
- Amvuttra
- Anktiva
- Aphexda
- Aralast NP
- Aranesp
- Armlupeg
- Arranon
- Arzerra
- Asceniv
- Asparlas
- Aukelso
- Avastin *(PA required for cancer uses only)*
- Aveed
- Avgemsi
- Avsola
- Avtozma IV
- Azacitidine IV/SC

### B

- Balfaxar
- Bavencio
- BCG
- Beleodaq
- Belrapzo
- Bendamustine HCl
- Bendeka
- Benlysta IV
- Beovu
- Besponsa
- Beizray
- Bicnu
- Bildyos
- Bilprevda
- Bivigam
- Bizengri
- Bkemv
- Blenrep
- Bleomycin Sulfate
- Blincyto
- Bomyntra
- Boncresa
- Bortezomib
- Boruzu
- Bosaya
- Botox
- Brineura
- Briumvi
- Byooviz

### C

- Cabazitaxel
- Cabenuva
- Cablivi
- Camcevi
- Camptosar
- Carboplatin
- Carmustine
- Ceprotin
- Cerezyme
- Cimerli
- Cimzia Lyophilized powder
- Cinqair
- Cisplatin
- Cladribine
- Clolar
- Columvi
- Conexxence
- Cosela
- Cosentyx IV
- Cosmegen
- Crysvita
- Cyclophosphamide
- Cyramza
- Cytarabine
- Cytogam

### D

- Dacarbazine
- Dacogen
- Danyleza
- Darzalex/Faspro
- Datroway
- Daunorubicin HCL
- Daxxify
- Decitabine IV
- Depocyt
- Dextenza
- Docetaxel
- Docivyx
- Doxil
- Duopa
- Durolane
- Dysport

### E

- Edaravone inj
- Elahere
- Elaprase
- Elelyso
- Elevidys (&)
- Elfabrio
- Eligard
- Ellence
- Eloxatin
- Elrexfio
- Empliciti
- Emrelis
- Enhertu
- Enjaymo
- Enoby
- Entyvio IV
- Envarsus XR
- Enzeevu
- Epkinly
- Epogen
- Epoprostenol Sod.
- Epysqli
- Erbitux
- Etopophos
- Euflexxa
- Evenity
- Evkeeza
- Evomela
- Exdensur
- Exondys 51
- Eydenzelt
- Eylea/Eylea HD

### F

- Fabrazyme
- Fasenra prefilled syringe
- Faslodex
- Fensolvi
- Fesilty
- Firmagon
- Flebogamma DIF
- Flolan
- Floxuridine
- Fludarabine Phosphate
- Folotyn
- Frindovyx
- Fulphila
- Fulvestrant
- Fusilev
- Fylnetra

### G

- Gamastan S/D
- Gamifant
- Gammagard liquid IV
- Gammagard S/D
- Gammaked IV
- Gammaplex
- Gamunex-C IV
- Gazyva
- Gel-One
- Gelsyn-3
- Gemcitabine
- Gemzar
- Genvisc 850
- Givlaari
- Glassia
- Granix

### H

- Halaven
- Herceptin/Hylecta
- Hercessi
- Herzuma
- Hizentra
- Hyalgan
- Hycamtin
- Hymovis/ One

### I

- Idamycin PFS
- Imdelltra
- Imuldosa IV
- Ifosfamide
- Ilumya
- Iluvien
- Imaavy
- Imfinzi

- Imjudo
- Imlygic
- Inflectra
- Infliximab
- Infugem
- Inlexzo
- Istodax
- Ixempra Kit
- Izervay

**J**

- Jemperli
- Jetrea
- Jevtana
- Jobevne
- Jubbonti
- Jubereq

**K**

- Kadcyla
- Kalbitor
- Kanjinti
- Kanuma
- Keytruda/QLEX
- Khapzory
- Korsuva
- Kyprolis
- Kyxata

**L**

- Lamzede
- Lanreotide
- Lartruvo
- Lemtrada
- Leqvio
- Leukine
- Leuprolide
- Libtayo
- Loqtorzi
- Lucentis
- Lumizyme
- Lunsumio
- Lupron Depot/Ped
- Lymphir
- Lynozyfic

**M**

- Margenza
- Mepsevii
- Mesnex
- Mircera
- Mitomycin
- Mitoxantrone HCl
- Monjuvi
- Monovisc
- Mozobil
- Mustargen
- Mvasi
- Mylotarg
- Myobloc

**N**

- Naglazyme
- Neulasta/Onpro
- Neupogen
- Nexviazyme
- Niktimvo IV
- Nipent
- Nivestym
- Nplate
- Nucala vial
- Nufymco
- Nulibry
- Nypozi
- Nyvepria

**O**

- Ocrevus
- Ocrevus Zunovo SC
- Octagam
- Ogivri
- Omlyclo
- Omvoh IV
- Oncaspar
- Onivyde
- Onpattro
- Ontruzant
- Opdivo/Qvantig
- Opdualag
- Opfolda
- Opuviz
- Orencia IV
- Orthovisc
- Osenvelt
- Ospomyv
- Osvyrti
- Otulfi IV
- Oxlumo
- Oziltus
- Ozurdex

**P**

- Paclitaxel
- Padcev
- Palynziq
- Panzyga
- Parsabiv
- Pavblu
- Pedmark
- Pemetrexed
- Pemfexy
- Pemrydi
- Perjeta
- Phesgo
- Photofrin
- Piasky
- Polivy
- Pombiliti
- Portrazza
- Poteligeo
- Prevymis injection
- Prialt
- Privigen
- Procrit
- Prolastin-C
- Proleukin
- Prolia
- Purixan
- Pyzchiva IV

**Q**

- Qfitlia
- Qivigy

**R**

- Radicava injection
- Rapamune
- Reblozyl
- Releuko
- Remicade
- Remodulin
- Renflexis
- Retacrit
- Retisert
- Revatio IV
- Revcovi
- Rezzayo
- Riabni
- Rituxan/Hycela
- Rivfloza Prefilled Syringe
- Rivfloza Vial
- Rolvedon
- Romidepsin
- Ruxience
- Rybrevant/Faspro
- Rylaze
- Rytelo
- Ryzneuta

**S**

- Sandostatin LAR
- Saphnelo IV
- Sarclisa
- Scenesse
- Selarsdi IV
- Signifor LAR
- Sildenafil IV
- Simponi Aria
- Skyrizi IV
- Solesta
- Soliris
- Somatuline Depot
- Spevigo IV
- Spravato
- Starjemza IV
- Stelara IV
- Steqeyma IV
- Stimufend
- Stoboclo
- Sunlenca Injection
- Supartz/FX
- Supprelin LA
- Susvimo
- Syfovre
- Sylatron
- Sylvant
- Synagis
- Synojoynt
- Synribo
- Synvisc/One

**T**

- Talvey
- Taxotere
- Tecentriq/Hybreza
- Tecvayli
- Temodar
- Temsirolimus
- Tepylute
- Tevimbra
- Tezspire Prefilled Syringe
- Tezspire Vial
- Thioplex
- Thiotepa
- Thrombate III
- Thyrogen
- Tivdak
- Tofidence
- Topotecan HCl
- Torisel
- Trazimera
- Treanda
- Trelstar
- Tremfya IV
- Treprostinil
- Triluron
- Triptodur
- Trisenox
- TriVisc
- Trodelvy
- Trogarzo
- Truxima
- Tyenne IV
- Tyruko
- Tysabri

**U**

- Udenyca
- Ultomiris
- Unituxin
- Unloxcyt
- Uplizna
- Uptravi IV
- Ustekinumab IV
- Ustekinumab-aauz IV
- Ustekinumab-ttwe IV

**V**

- Vabysmo
- Valrubicin
- Valstar
- Varizig
- Vectibix
- Vegzelma
- Velcade
- Veletri
- Veopoz
- Vidaza
- Viltepso
- Vimizim
- Vinblastine Sulfate
- Vincristine Sulfate
- Vinorelbine Tartrate
- Visco-3
- Visudyne
- Vivimusta
- Vpriv
- Vumon
- Vyepti
- Vyloy
- Vyondys 53
- Vyvgart IV
- Vyvgart Hytrulo Vial
- Vyxeos

**W**

- Wezlana IV
- Wyost

**X**

- Xatmep
- Xbryk
- Xenpozyme
- Xeomin
- Xgeva
- Xiaflex
- Xolair
- Xtrenbo

**Y**

- Yartemlea
- Ycanth
- Yervoy
- Yesafili
- Yesintek IV
- Yimmugo
- Yondelis
- Yutiq

**Z**

- Zaltrap
- Zarxio
- Zemaira
- Zepzelca
- Ziextenzo
- Ziihera
- Zirabev
- Zoladex
- Zusduri
- Zynlonta
- Zynyz

## Preferred Drugs Under the Medical Benefit

Non-preferred products are only available if criteria are met, and the member has tried and failed preferred products (must have tried ONE preferred product for biosimilars and TWO preferred products for all other medications listed).

| Category | Preferred | Non-Preferred |
|---|---|---|
| **AHP** | Givlaari | Panhematin |
| **Alpha-PL** | Aralast NP, Glassia | Zemaira, Prolastin-C |
| **Amblyopia (lazy eye)** | Luminopia | |
| **Amyloidosis** | Amvuttra, Onpattro | Wainua |
| **Autoimmune** | Actemra IV, Cimzia, Entyvio, Selarsdi IV, Simponi Aria, Skyrizi IV, Stelara IV, Wezlana IV, Yesintek IV | Avtozma IV, Cosentyx IV, Ilumya, Imuldosa, Omvoh, Otulfi IV, Pyzchiva IV, Orencia IV, Starjemza IV, Steqeyma IV, Tofidence IV, Tremfya IV, Tyenne IV, Ustekinumab, Ustekinumab-aauz, Ustekinumab-aekn, Ustekinumab-ttwe |
| **Bevacizumab** | Mvasi, Zirabev | Alymsys, Avastin, Jobevne, Avzivi, Vegzelma |
| **Denosumab** | Jubbonti, Wyost Prolia, Xgeva | Aukelso, Bildyos, Bilprevda, Bomyntra, Bosaya, Conexxence, Osenvelt, Ospomyv, Stoboclo, Xbryk, Boncresa, Enoby, Osvyrti, Jubereq, Xtrenbo |
| **Erythropoietin – Epo Biosimilars** | Aranesp, Procrit, Retacrit | Epogen, Mircera |
| **Fabry Disease** | Elfabrio, Fabrazyme | Galafold |
| **Filgrastim – Neupogen Biosimilars** | Nivestym, Zarxio | Granix, Neupogen, Nypozi, Releuko |
| **Gaucher** | Cerezyme, Vpriv | Elelyso |
| **GnRH** | Fensolvi, Supprelin, Triptodur | Lupron Depot - Ped |
| **Hemophilia A** | Altuviiio, Eloctate, Jivi, Kovaltry, Novoeight, Nuwiq, Xyntha | Afstyla, Hemlibra, Esperoct, Adynovate, Advate, Recombinate, Hemofil M, Koate/Koate-DVI, Obizur |
| **Hemophilia B** | Alprolix, Benefix, Idelvion | Rebinyn, Profilnine, Alphanine, Rixubis, Ixinity |
| **IUDs** | Kyleena, Mirena, Skyla | |
| **IVIG** | Alyglo, Asceniv, Bivigam, Octagam, Panzyga, Privigen | Gamunex-C, Gamastan, Gammaked, Flebogamma, Gammagard/Gammagard Liquid, Gammaplex, Gammagard SD, Yimmugo, Qivigy |
| **Infantile Spasms** | | Acthar Gel, Corticotrophin |
| **Infertility** | Cetrotide, Gonal-F, Ovidrel | |
| **Infliximab – Remicade Biosimilars** | Avsola, Inflectra | Infliximab, Remicade, Renflexis |
| **Inj Asthma** | Fasenra, Nucala, Tezspire, Xolair, Exdensur | Dupixent, Cinqair |
| **Multiple Sclerosis** | Briumvi, Ocrevus, Zunovo SC, Tyruko, Tysabri | Lemtrada |
| **Myasthenia Gravis** | Imaavy, Vyvgart, Vyvgart Hytrulo, Epysqli | Rystiggo, Bkemv, Soliris, Ultomiris, Zilbrysq, Empaveli, Uplizna, Enspryng |
| **Ocular VEGF** | Byooviz, Cimerli, Lucentis, Pavblu, Vabysmo | EYLEA, Eylea HD, Vegzelma, Alymsys, Susvimo, Beovu, Enzeevu, Eydenzelt, Nufymco , Opuviz, Yesafili |
| **Oncology** | Anktiva | Adstiladrin |
| **PAH** | Treprostinil | |
| **Pegfilgrastim – Neulasta Biosimilars** | Fulphila, Neulasta, Neulasta Onpro, Udenyca, Udenyca On Body Injector | Fylnetra, Nyvepria, Rolvedon, Stimufend, Ziextenzo, Armlupeg, Leukine, Ryzneuta |
| **Pompe** | Nexviazyme | |

| Category | Preferred | Non-Preferred |
|---|---|---|
| **Primary Hyperoxaluria Type 1** | Oxlumo | |
| **Rituximab – Rituxan Biosimilars** | Riabni, Ruxience, Truxima | Rituxan, Rituxan Hycela |
| **SCIG** | Cutaquig, Hizentra, Xembify | Cuvitru, Hyqvia |
| **Substance Abuse** | Brixadi | |
| **Toxins** | Botox, Daxxify | Dysport, Myobloc. Xeomin |
| **Trastuzumab – Herceptin Biosimilars** | Kanjinti, Ogivri | Herceptin, Herceptin Hylecta, Hercessi, Herzuma, Ontruzant, Herzuma, Trazimera |
| **Viscosupplements** | Euflexxa **AND** Durolane, Gelsyn-3, Supartz FX | Gel-One, Hyalgan, Hymovis, Hymovis-One, Monovisc, Orthovisc, Synvisc, Synvisc-One, Triluron, Visco-3, Trivisc, Synojoynt, Genvisc 850 |
| **Molluscum Contagiosum** | Ycanth | |

## Drugs and Therapies Subject to Internal Utilization Management (UM) Review

The drugs below are reviewed by the health plan and not through Optum/MBMNow. **All internally reviewed drugs require Site of Care (SOC) review. SOC exception applies per member benefits**.

| | Drug Name | JCode |
|---|---|---|
| **IV IRON** (No SOC required) | Feraheme (ferumoxytol) | Q0138 |
| | Ferrlecit (sodium ferric gluconate) | J2916 |
| | Injectafer (ferric carboxymaltose) | J1439 |
| | Monoferric (ferric derisomaltose) | J1437 |
| | Venofer (iron sucrose) | J1756 |
| | Iron dextran | J1750 |
| **IV ANTIBIOTICS** No SOC required) | Cefazolin | |
| | Cefepime | |
| | Dalbavancin | |
| | Daptomycin | |
| | Ivanz | |
| | Rocephin | |
| | Vancomycin | |
| | Zosyn | |
| Abecma (idecabtagene vicleucel) | | Q2055 |
| Adstiladrin (nadofaragene firadenovec-vncg | | J9029 |
| Amtagvi (lifileucel) | | --- |
| Aucatzyl (obecabtagene autoleucel) | | --- |
| Breyanzi (lisocabtagene maraleucel) | | Q2054 |
| Carvykti (ciltacabagene autoleucel) | | Q2056 |
| Casgevy (exagamglogene autotemcel) | | J3392 |
| Elevidys ((Delandistrogene moxeparvovec)) | | J1413 |
| Encelto (revakinagene taroretcel-lwey) | | |
| Hemgenix (etranacogene dezaparvovec-drib) | | J1411 |
| Itvisma (onasemnogene abeparvovec-brve) | | J3405 |
| Kebilidi (eladocagene exuparvovec-tneq) | | --- |
| Kimmtrak (Tebentafusp) | | J9274 |

| Drug Name | JCode |
|---|---|
| Kisunla (donanemab-azbt) | J0175 |
| Krystexxa (pegloticase) | J2507 |
| Kymriah (tisagenlecleucel) | Q2042 |
| Lantidra (donislecel-jujn) | --- |
| Lenmeldy (atidarsagene autotemcel) | --- |
| Luxturna (voretigene neparvovec) | J3398 |
| Lyfgenia (lovotibeglogene autoemcel) | J3394 |
| Omisirge (omidubicel-onlv) | --- |
| Provenge (sipuleucel-t) | Q2043 |
| Rethymic (allogeneic processed thymus tissue–agdc) | --- |
| Revcovi (Elapegademase) | --- |
| Roctavian (Valoctocogene roxaparvovec) | --- |
| Ryoncil (remestemcel-L-rknd) | --- |
| Rystiggo (Rozanolixizumab-noli) | --- |
| Skysona (elivaldogene autotemcel) | --- |
| Spinraza (nusinersen) | J2326 |
| Tecartus (brexucabtagene autoleucel) | Q2053 |
| Tecelra (afamitresgene autoleucel) | --- |
| Tepezza (teprotumumab) | J3241 |
| TZield (teplizumab-mzwv) | J9381 |
| Veopoz (Pozelimab-bbfg) | --- |
| Vyjuvek (beramagene geperpavec-svdt) | --- |
| Waskyra (etuvetidigene autotemcel) | J3386 |
| Yescarta (axicabtagene ciloleucel) | Q2041 |
| Zolgensma (onasemnogene abeparvovec) | J3399 |
| Zynteglo (betibeglogene autotemcel) | --- |

## Site of Care Specialty Drugs Covered Under the Medical Benefit

The drugs listed below require prior authorization AND may only be authorized to be administered in certain locations (sites of care), such as an infusion center or the patient's home. Note that the site-of-care requirement does not apply if the drug is being used for cancer treatment.

### A

- Actemra IV
- Actemra SC
- Adakveo
- Aldurazyme
- Alyglo
- Amondys 45
- Amvuttra
- Aralast NP
- ASCenIV
- Avsola
- Avtozma IV
- Avtozma SC

### B

- Benlysta IV
- Benlysta SC Autoinjector
- Benlysta SC Prefilled Syringe
- Berinert
- Bildyos
- Bivigam
- Bkemv
- Bomyntra
- Bosaya
- Briumvi

### C

- Cabenuva
- Cerezyme
- Cimzia Lyophilized Powder
- Cimzia Prefilled Syringe
- Cinqair
- Cinryze
- Conexxence
- Crysvita
- Cutaquig
- Cuvitru
- Cytogam

### D

- N/A

### E

- Edaravone Injection
- Elaprase
- Elelyso
- Elfabrio
- Enjaymo
- Enoby
- Entyvio IV
- Epoprostenol Injection
- Epysqli
- Evenity
- Evkeeza
- Exdensur
- Exondys 51

### F

- Fabrazyme
- Fasenra Pen
- Fasenra Prefilled Syringe
- Flebogamma Dif
- Flolan Injection

### G

- Gamifant
- Gammagard Liquid IV
- Gammagard Liquid SC
- Gammagard S/D
- Gammaked IV
- Gammaked SC
- Gammaplex
- Gamunex-C IV
- Gamunex-C SC
- Givlaari
- Glassia

### H

- Hizentra
- Hyqvia

### I

- Ilaris
- Ilumya
- Imaavy
- Imuldosa IV
- Imuldosa SC
- Inflectra
- Infliximab

### J

- Jubbonti

### K

- Kalbitor
- Kanuma

### L

- Lemtrada
- Leqvio

### M

- N/A

### N

- Naglazyme
- Niktimvo IV
- Nucala Prefilled
- Nucala Vial

### O

- Ocrevus
- Ocrevus Zunovo
- Octagam
- Omlyclo
- Omvoh IV
- Onpattro
- Orencia IV
- Orencia SC
- Osenvelt
- Ospomyv
- Osvyrti
- Otulfi IV
- Otulfi SC
- Oxlumo

### P

- Panzyga
- Piasky
- Privigen
- Prolastin-C
- Prolia
- Pyzchiva IV
- Pyzchiva SC

### Q

- Qivigy

### R

- Radicava Injection
- Reblozyl
- Remicade
- Renflexis
- Rivfloza Prefilled Syringe
- Rivfloza Vial
- Ruconest

### S

- Saphnelo IV
- Saphnelo SC
- Selarsdi IV
- Selarsdi SC
- Simponi
- Simponi Aria
- Skyrizi IV
- Skyrizi SC
- Soliris
- Spevigo IV
- Starjemza IV
- Starjemza SC
- Stelara IV
- Stelara SC
- Steqeyma IV
- Steqeyma SC
- Stoboclo
- Susvimo

### T

- Tezspire Prefilled Pen
- Tezspire Prefilled Syringe
- Tezspire Vial
- Tofidence IV
- Tremfya IV
- Tremfya SC Auto-Injector
- Tremfya SC Prefilled Syringe
- Trogarzo
- Tyenne IV
- Tyenne SC
- Tyruko
- Tysabri

### U

- Ultomiris
- Uplizna
- Ustekinumab IV
- Ustekinumab SC
- Ustekinumab-aauz IV
- Ustekinumab-aauz SC
- Ustekinumab-Aekn SC
- Ustekinumab-ttwe IV
- Ustekinumab-Ttwe SC

### V

- Veletri
- Viltepso
- Vimizim
- VprIV
- Vyepti
- Vyondys 53
- Vyvgart
- Vyvgart Hytrulo Vial

### W

- Wezlana IV
- Wezlana SC
- Wyost

### X

- Xbryk
- Xembify
- Xolair Prefilled Syringe
- Xolair Vial

### Y

- Yesintek IV
- Yesintek SC
- Yimmugo

### Z

- Zemaira

## Self-Administered Specialty Drugs Covered Under the Pharmacy Benefit

The drugs listed below are typically covered under the **pharmacy** benefit. If a member's benefit allows these drugs to be billed under the medical benefit, prior authorization is required.

### A

- Actemra SC
- Acthar Gel
- Actimmune
- Adbry
- Advate
- Adynovate
- Afstyla
- Alhemo
- Alphanate
- Alphanine Sd
- Alprolix
- Altuviiio
- Amjevita
- Apokyn
- Apomorphine
- Arcalyst
- Avonex
- Avtozma SC

### B

- Benefix
- Benlysta SC Autoinjector
- Benlysta SC Prefilled Syringe
- Berinert
- Betaseron
- Bimzelx

### C

- Cayston
- Cetrorelix
- Cetrotide
- Chorionic Gonadotropin
- Cimzia Prefilled Syringe
- Cinryze
- Coagadex
- Copaxone
- Corifact
- Cortrophin Gel
- Cosentyx SC
- Cutaquig
- Cuvitru
- Cyltezo

### D

- Dawnzera
- Desmopressin
- Dupixent

### E

- Ebglyss
- Egrifta WR
- Egrifta SV
- Eloctate
- Empaveli
- Enbrel
- Enspryng
- Entyvio SC
- Esperoct
- Extavia

### F

- Fasenra Pen
- Feiba NF
- Feiba VH
- Firazyr
- Follistim AQ
- Forteo
- Fyremadel

### G

- Gammagard Liquid SC
- Gammaked SC
- Gamunex-C SC
- Ganirelix Acetate
- Gattex
- Genotropin
- Glatiramer Acetate
- Glatopa
- Gonal-F
- Gonal-F RFF

### H

- Hadlima
- Haegarda
- Helixate FS
- Hemlibra
- Hemofil M
- Humate-P
- Humatrope
- Humira
- Hympavzi
- Hyqvia
- Hyrimoz

### I

- Icatibant
- Idacio
- Idelvion
- Ilaris
- Imcivree
- Imuldosa SC
- Increlex
- Inqovi
- Ixinity

### J

- Jivi

### K

- Kesimpta
- Kevzara
- Kineret
- Koate
- Koate-DVI
- Kogenate FS
- Kovaltry
- Kynamro

### L

- Liqrev

### M

- Menopur
- Monoclate-P
- Mononine
- Myalept

### N

- Norditropin Flexpro
- Novarel
- Novoeight
- Novoseven RT
- Nucala Prefilled
- Nutropin AQ Nuspin
- Nuwiq

### O

- Obizur
- Octreotide
- Omnitrope
- Omvoh SC
- Onapgo
- Orencia SC
- Otrexup
- Otulfi SC
- Ovidrel

### P

- Pegasys
- Plegridy
- Pregnyl
- Profilnine SD
- Pulmozyme
- Pyzchiva SC

### Q

- Qfitlia

### R

- Rasuvo
- Rebif
- Rebif Rebidose
- Rebinyn
- Recombinate
- Relistor Injection
- Riastap
- Rixubis
- Ruconest

### S

- Saizen
- Saizenprep
- Sajazir
- Sandostatin
- Saphnelo SC
- Selarsdi SC
- Serostim
- Sevenfact
- Signifor SC
- Siliq
- Simlandi
- Simponi
- Skyrizi SC
- Skytrofa
- Somavert
- Spevigo SC
- Starjemza SC
- Stelara SC
- SteqeymaSC
- Strensiq

### T

- Takhzyro
- Taltz
- Teriparatide
- Tezspire Prefilled Pen
- Tremfya SC Auto-Injector
- Tremfya SC Prefilled Syringe
- Tretten
- Tryngolza
- Tyenne SC
- Tymlos
- Tyvaso Inhalation Solution
- Tyvaso Refill Inhalation Solution
- Tyvaso Starter Inhalation Solution

### U

- Ustekinumab SC
- Ustekinumab-aauz SC
- Ustekinumab-Aekn SC
- Ustekinumab-Ttwe SC

### V

- Ventavis
- Vonvendi
- Voxzogo
- Vyalev
- Vyleesi
- Vyvgart Hytrulo Prefilled Syringe

### W

- Wainua
- Wezlana SC
- Wilate
- Winrevair

### X

- Xembify
- Xyntha
- Xyntha Solofuse

### Y

- Yesintek SC
- Yusimry

### Z

- Zilbrysq
- Zomacton
- Zorbtive
- Zymfentra

# Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD: 711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

---

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，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 1-844-396-0188。(Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đở với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839. (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعده أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة.للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険 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、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره‌ی این برنامه‌ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره‌ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

Ni da doodago t'áá háída bíká'aná nílwo'ígíí díí Béeso Ách'ą́ąh naa'nilígi háá'ída yí na' ídíł kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'íshíį́ bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é ła' bich'į' ha desdzih nínízingo, kojį' béésh bee hólne' 1-844-516-6328. (Navajo)

Vann du adda ebbah es du am helfa bisht, ennichi questions hend veyyich *deah health plan*, hend diah's recht fa hilf un information greeya in eiyah aykni shprohch unni kosht. Fa shvetza mitt en interpreter, roof deah nummah oh 1-833-584-1829. (Pennsylvania Dutch)