

Specialty Medical Drug List

Effective April 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	<ul style="list-style-type: none">• Beleodaq• Belrapzo• Bendamustine HCl• Bendeka• Benlysta IV• Beovu• Besponsa• Beziray• Bicnu• Bilydos• Bivigam• Bizengri• Bkernv• Bleomycin Sulfate• Blinkyto• Bomynta• Bortezomib• Botox• Brineura• Briumvi• Byooviz	<ul style="list-style-type: none">• Conexence• Cosela• Cosentyx IV• Cosmegen• Crystiva• Cyclophosphamide• Cyramza• Cytarabine• Cytogam	<ul style="list-style-type: none">• Encelto• Enhertu• Enjaymo• Entyvio IV• Envarsus XR• Enzeevu• Epkinly• Epogen• Epoprostenol Sod.• Epysqli• Erbitux• Etopophos• Euflexxa• Evenity• Evkeeza• Evomela• Exondys 51• Eylea/Eylea HD	<ul style="list-style-type: none">• Gammaked IV• Gammaplex• Gamunex-C IV• Gazyva• Gel-One• Gelsyn-3• Gemzar• Genvisc 850• Givlaari• Glassia• Granix
<ul style="list-style-type: none">• Abraxane• Actemra IV• Acthrel• Adakveo• Adcetris• Adriamycin• Aducril• Adzyna• Ahzantive• Aldurazyme• Alhemo• Alimta• Aliqopa• Alkeran• Alyglo• Alymsys• Amondys 45• Amvuttra• Anktiva• Aphexda• Aralast NP• Aranesp• Arranon• Arzerra• Asceniv• Asparlas• Aukelso• Avastin (PA required for cancer uses only)• Aved• Avgemsi• Avsola• Avtozma IV• Azacitidine IV/SC	C	D	F	H
B	<ul style="list-style-type: none">• Cabazitaxel• Cabenuva• Cablivi• Camcevi/ETM• Camptosar• Carboplatin• Carmustine• Ceprotin• Cerezyme• Cimerli• Cimzia Lyophilized powder• Cinqair• Cisplatin• Cladribine• Clolar• Columvi	<ul style="list-style-type: none">• Dacarbazine• Dacogen• Danyleza• Darzalex/Faspro• Datroway• Daunorubicin HCL• Daxxify• Decitabine IV• Depocyt• Dextenza• Docetaxel• Doxil• Duopa• Durolane• Dysport	<ul style="list-style-type: none">• Fabrazyme• Fasenra prefilled syringe• Faslodex• Fensolvi• Firmagon• Flebogamma DIF• Flolan• Floxuridine• Fludarabine Phosphate• Folutyn• Fulphila• Fulvestrant• Fusilev• Fylnetra	<ul style="list-style-type: none">• Halaven• Herceptin/Hylecta• Hercessi• Herzuma• Hizentra• Hyalgan• Hycamtin• Hymovis
<ul style="list-style-type: none">• Balfaxar• Bavencio• BCG		E	G	I
		<ul style="list-style-type: none">• Edaravone inj• Elahere• Elapraxe• Eleyso• Elevidys (&)• Elfabrio• Eligard• Ellence• Eloxatin• Elrexfio• Empliciti• Emrelis	<ul style="list-style-type: none">• Gamastan S/D• Gamifant• Gammagard liquid IV• Gammagard S/D	<ul style="list-style-type: none">• Idamycin PFS• Imdelltra• Imuldosa IV• Ifosfamide• Ilumya• Iluvien• Imaavy• Imfinzi• Imjudo• Imlygic• Inflectra• Infiximab• Infugem• Inlexzo• Istodax• Ixempra Kit• Izervay

J <ul style="list-style-type: none"> • Jemperli • Jetrea • Jevtana • Jobevne • Jubbonti 	<ul style="list-style-type: none"> • Nivestym • Nplate • Nucala vial • Nulibry • Nypozi • Nyvepria 	Q <ul style="list-style-type: none"> • Qfitlia 	<ul style="list-style-type: none"> • Synvisc/One 	<ul style="list-style-type: none"> • Veopoz • Vidaza • Viltepsa
K <ul style="list-style-type: none"> • Kadcylla • Kalbitor • Kanjinti • Kanuma • Keytruda/QLEX • Khapzory • Korsuva • Kyprolis • Kyxata 	O <ul style="list-style-type: none"> • Ocrevus • Ocrevus Zunovo SC • Octagam • Ogivri • Omlyclo • Omvoh IV • Oncaspar • Onivyde • Onpattro • Ontruzant • Opdivo/Qvantig • Opdualag • Opfolda • Opuviz • Orenzia IV • Orthovisc • Osenvelt • Ospomyv • Otulfi IV • Oxlumio • Ozurdex 	R <ul style="list-style-type: none"> • Radicava injection • Rapamune • Reblozyl • Releuko • Remicade • Remodulin • Renflexis • Retacrit • Retisert • Revatio IV • Revcovi • Rezzayo • Riabni • Rituxan/Hycela • Rivfloza • Rolvedon • Romidepsin • Roxience • Rybrevant • Rykindo • Rylaze • Rytelo • Ryznueta 	T <ul style="list-style-type: none"> • Talvey • Taxotere • Tecentriq/Hybreza • Tecvayli • Temodar • Temezirolimus • 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 	<ul style="list-style-type: none"> • Vincristine Sulfate • Vinorelbine Tartrate • Visco-3 • Visudyne • Vpriv • Vumon • Vyepti • Vyloy • Vyondys 53 • Vyvgart IV • Vyvgart Hytrulo Vial • Vyxeos
L <ul style="list-style-type: none"> • Lamzede • Lanreotide • Lartruvo • Lemtrada • Leqvio • Leukine • Leuprolide • Libtayo • Loqtorzi • Lucentis • Lumizyme • Lumoxiti • Lunsumio • Lupron Depot/Ped • Lymphir • Lysozofic 	P <ul style="list-style-type: none"> • Paclitaxel • Padcev • Palynziq • Panzyga • Papzimeos • Parsabiv • Pavblu • Pedmark • Pemetrexed • Pemfexy • Perjeta • Phesgo • Photofrin • Piasky • Polivy • Pombiliti • Portrazza • Poteligeo • Prevymis injection • Prialt • Privigen • Procrit • Prolastin-C • Proleukin • Prolia • Purixan • Pyzchiva IV 	S <ul style="list-style-type: none"> • Sandostatin LAR • Saphnelo • Sarclisa • Scenesse • Selarsdi IV • Signifor LAR • Sildenafil IV • Simponi Aria • Skyrizi IV • Solesta • Soliris • Somatuline Depot • Spevigo IV • Spravato • Stelara IV • Steqeyma IV • Stimulate • Stimufend • Stoboclo • Sunlenca Injection • Supartz/FX • Supprelin LA • Susvimo • Syfovre (&) • Sylatron • Sylvant • Synagis • Synjoynt • Synribo 	U <ul style="list-style-type: none"> • Udenyca • Ultomiris • Unituxin • Unloxcyt • Uplizna • Upravi IV • Ustekinumab IV • Ustekinumab-ttwe IV • Uzedy 	W <ul style="list-style-type: none"> • Wezlana IV • Wyost X <ul style="list-style-type: none"> • Xatmep • Xbryk • Xenpozyme • Xeomin • Xgeva • Xiaflex • Xolair Y <ul style="list-style-type: none"> • Ycanth • Yervoy • Yesafili • Yesintek IV • Yimmugo • Yondelis • Yutiq
M <ul style="list-style-type: none"> • Margenza • Mepsevii • Mesnex • Mircera • Mitomycin • Mitoxantrone HCl • Monjuvi • Monovisc • Mozobil • Mustargen • Mvasi • Mylotarg • Myobloc 			V <ul style="list-style-type: none"> • Vabysmo • Valrubicin • Valstar • Varizig • Vectibix • Vegzelma • Velcade • Veletri 	Z <ul style="list-style-type: none"> • Zaltrap • Zanosar • 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, Tegsedi
Autoimmune	Actemra IV, Cimzia, Entyvio, Selarsdi IV, Simponi Aria, Skyrizi IV, Wezlana IV, Yesintek IV	Cosentyx IV, Ilumya, Imuldosa, Omvoh, Otulfi IV, Pyzchiva IV, Steqeyma IV, Tofidence IV, Tremfya IV, Tyenne IV
Bevacizumab	Mvasi, Zirabev	Alymsys, Avastin, Jobevne, Avzivi, Vegzelma
Denosumab	Jubbonti, Wyost Prolia, Xgeva	Aukelso, Bildyos, Bilprevda, Bomynta, Bosaya, Conexence, Osenvelt, Ospomyv, Stoboclo, Xbryk
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	Altuviio, Eloctate, Jivi, Kogenate, Kovaltry, Novoeight, Nuwiq, Xyntha	Afstyla, Hemlibra, Esperoct, Adynovate, Advate, Recombinate, Hemofil M, Koate/Koate-DVI, Obizur
Hemophilia B	Alprolix, Benefix, Idelvion	Rebinynt, Profilnine, Alphanine, Fidanacogene, Rixubis, Ixinity
IUDs	Kyleena, Mirena, Skyla	
IVIG	Alyglo, Asceniv, Bivigam, Octagam, Panzyga, Privigen	Gamunex-C, Gamastan, Gamastan, Flebogamma, Gammagard/Gammagard Liquid, Gammaplex, Gammagard SD, ,
Infantile Spasms		Acthar Gel, Corticotrophin
Infertility	Cetrotide, Gonal-F, Ovidrel	
Infliximab – Remicade Biosimilars	Avsola, Inflectra	Infliximab, Remicade, Renflexis
Inj Asthma	Fasenra, Nucala, Tezspire, Xolair	Dupixent, Cinqair
Multiple Sclerosis	Briumvi, Ocrevus, Zunovo SC, Tyruko, Tysabri	Lemtrada
Myasthenia Gravis	Imaavy, Vyvgart, Vyvgart Hytrulo, Epysqli	Rystiggo, Bkemvi, Soliris, Ultomiris, Zilbrysq, Empaveli, Uplizna, Enspryng
Ocular VEGF	Byooviz, Cimerli, Lucentis, Pavblu, Vabysmo	EYLEA, Eylea HD, Vegzelma, Alymsys, Susvimo
Oncology	Anktiva	Adstiladrin
PAH	Treprostinil	
Pegfilgrastim – Neulasta Biosimilars	Fulphila, Neulasta, Neulasta Onpro, Udenyca, Udenyca On Body Injector	Fynetra, Nyvepria, Rolvedon, Stimufend, Ziextenzo
Pompe	Nexviazyme	
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

Category	Preferred	Non-Preferred
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, Monovisc, Orthovisc, Synvisc, Synvisc-One, Triluron, Visco-3, Trivisc, Synvisc-One, 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
	Monoferic (ferric derisomaltose)	J1437
	Venofer (iron sucrose)	J1756
	Iron dextran	J1750
IV ANTI-BIOTICS (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
	Beqvez (fidanacogene elaparvovec-dzkt)	---
	Carvykti (ciltacabagene autoleucel)	Q2056
	Casgevvy (exagamglogene autotemcel)	J3392
	Elevidys ((Delandistrogene moxeparvovec))	J1413
	Encelto (revakinagene taroretcel-lwey)	J3403
	Hemgenix (etranacogene dezaparvovec-drib)	J1411
	Itivisma (onasemnogene abeparvovec-brve)	J3590
	Kebilidi (eladocogene exuparvovec-tneq)	---

Drug Name	JCode
Kimtrak (Tebentafusp)	J9274
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)	---
Ryonicil (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)	---
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 <hr/> <ul style="list-style-type: none">• Actemra IV• Actemra SC• Adakveo• Aldurazyme• Alyglo• Amondys 45• Amvuttra• Aralast NP• ASCenIV• Avsola• Avtozma IV	<ul style="list-style-type: none">• Elaprase• Elelyso• Elfabrio• Enjaymo• Entyvio IV• Epoprostenol Injection• Epysqli• Evenity• Evkeeza• Exondys 51	J <hr/> <ul style="list-style-type: none">• Jubbonti	R <hr/> <ul style="list-style-type: none">• Radicava Injection• Reblozyl• Remicade• Renflexis• Rivfloza Prefilled Syringe• Rivfloza Vial• Ruconest	U <hr/> <ul style="list-style-type: none">• Ultomiris• Uplizna• Ustekinumab IV• Ustekinumab SC• Ustekinumab-Aekn SC• Ustekinumab-Ttwe SC
B <hr/> <ul style="list-style-type: none">• Benlysta IV• Benlysta SC Autoinjector• Benlysta SC Prefilled Syringe• Berinert• Bivigam• Bkembv• Bomynta• Briumvi	F <hr/> <ul style="list-style-type: none">• Fabrazyme• Fasenra Pen• Fasenra Prefilled Syringe• Flebogamma Dif• Flolan Injection	K <hr/> <ul style="list-style-type: none">• Kalbitor• Kanuma	S <hr/> <ul style="list-style-type: none">• Saphnelo• Selarsdi IV• Selarsdi SC• Simponi• Simponi Aria• Skyrizi IV• Skyrizi SC• Soliris• Spevigo IV• Stelara IV• Stelara SC• Steqeyma IV• Steqeyma SC• Stoboclo• Susvimo	V <hr/> <ul style="list-style-type: none">• Veletri• Viltepso• Vimizim• VprlV• Vyepti• Vyondys 53• Vyvgart• Vyvgart Hytrulo Vial
C <hr/> <ul style="list-style-type: none">• Cabenuva• Cerezyme• Cimzia Lyophilized Powder• Cimzia Prefilled Syringe• Cinqair• Cinryze• Conexence• Crysvita• Cutaquig• Cuvitru• Cytogam	G <hr/> <ul style="list-style-type: none">• Gamifant• Gammagard Liquid IV• Gammagard Liquid SC• Gammagard S/D• Gammaked IV• Gammaked SC• Gammaplex• Gamunex-C IV• Gamunex-C SC• Givlaari• Glassia	L <hr/> <ul style="list-style-type: none">• Lemtrada• Leqvio	T <hr/> <ul style="list-style-type: none">• 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	W <hr/> <ul style="list-style-type: none">• Wezlana IV• Wezlana SC• Wyost
D <hr/> <ul style="list-style-type: none">• N/A	H <hr/> <ul style="list-style-type: none">• Hizentra• Hyqvia	M <hr/> <ul style="list-style-type: none">• N/A		X <hr/> <ul style="list-style-type: none">• Xbryk• Xembify• Xolair Prefilled Syringe• Xolair Vial
E <hr/> <ul style="list-style-type: none">• Edaravone Injection	I <hr/> <ul style="list-style-type: none">• Ilaris• Ilumya• Imuldosa IV• Imuldosa SC• Inflectra• Infliximab	N <hr/> <ul style="list-style-type: none">• Naglazyme• Niktimvo IV• Nucala Prefilled• Nucala Vial		Y <hr/> <ul style="list-style-type: none">• Yesintek IV• Yesintek SC
		O <hr/> <ul style="list-style-type: none">• Ocrevus• Ocrevus Zunovo• Octagam• Omlyclo• Omvoh IV• Onpattro• Orenzia IV• Orenzia SC• Osenvelt• Ospomyv• Otulfi IV• Otulfi SC• Oxlumo		Z <hr/> <ul style="list-style-type: none">• Zemaira
		P <hr/> <ul style="list-style-type: none">• Panzyga• Piasky• Privigen• Prolastin-C• Prolia• Pyzchiva IV• Pyzchiva SC		
		Q <hr/> <ul style="list-style-type: none">• N/A		

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 <hr/> <ul style="list-style-type: none">Actemra SCActhar GelActimmuneAdbryAdvateAdynovateAfstylaAlhemoAlphanateAlphanine SdAlprolixAltuviioAmjevitaApokynApomorphineArcalystAvonexAvtozma SC	E <hr/> <ul style="list-style-type: none">EbglyssEgriftaEgrifta SVEloctateEmpaveliEnbrelEnspryngEntyvio SCEsperoctExtavia F <hr/> <ul style="list-style-type: none">Fasenra PenFeiba NFFeiba VHFirazyrFollistim AQForteoFyremadel G <hr/> <ul style="list-style-type: none">Gammagard Liquid SCGammaked SCGamunex-C SCGanirelix AcetateGattexGenotropinGlatiramer AcetateGlatopaGonal-FGonal-F RFF H <hr/> <ul style="list-style-type: none">HadlimaHaegardaHelixate FSHemlibraHemofil MHumate-PHumatropeHumiraHypmavziHyqviaHyrimoz I <hr/> <ul style="list-style-type: none">IcatibantIdacioIdelvionIlaris	<ul style="list-style-type: none">ImcivreeImuldosa SCIncrelexInqoviIxinity J <hr/> <ul style="list-style-type: none">Jivi K <hr/> <ul style="list-style-type: none">KesimptaKevzaraKineretKoateKoate-DVIKogenate FSKovaltryKynamro L <hr/> <ul style="list-style-type: none">Liqrev M <hr/> <ul style="list-style-type: none">MenopurMonoclote-PMononineMyalept N <hr/> <ul style="list-style-type: none">Norditropin FlexproNovarelNovoeightNovoseven RTNucala PrefilledNutropin AQ NuspunNuwiq O <hr/> <ul style="list-style-type: none">ObizurOctreotideQfitliaOmnitropeOmvoH SCOnapgoOrencia SCOtrexupOtulfi SCOvidrel P <hr/> <ul style="list-style-type: none">PegasyS	<ul style="list-style-type: none">PlegridyPregnylProfilnine SDPulmozymePzychiva SC Q <hr/> <ul style="list-style-type: none">N/A R <hr/> <ul style="list-style-type: none">RasuvoRebifRebif RebidoseRebinynRecombinateRelistor InjectionRiastapRixubisRuconest S <hr/> <ul style="list-style-type: none">SaizenSaizenprepSajazirSandostatinSelarsdi SCSerostimSevenfactSignifor SCSiliqSimlandiSimponiSkyrizi SCSkytrofaSomavertSpevigo SCStelara SCSteqeymaSCStrensiqSunlenca T <hr/> <ul style="list-style-type: none">TakhzyroTaltzTegsediTeriparatideTezspire Prefilled PenTremfya SC Auto-InjectorTremfya SC Prefilled Syringe	<ul style="list-style-type: none">TrettenTryngolzaTyenne SCTymlosTyvaso Inhalation Solution <ul style="list-style-type: none">Tyvaso Refill Inhalation SolutionTyvaso Starter Inhalation Solution U <hr/> <ul style="list-style-type: none">Ustekinumab SCUstekinumab-Aekn SCUstekinumab-Ttwe SC V <hr/> <ul style="list-style-type: none">VentavisVonvendiVoxzogoVyalevVyleesiVyvgart Hytrulo Prefilled Syringe W <hr/> <ul style="list-style-type: none">WainuaWezlana SCWilateWinrevair X <hr/> <ul style="list-style-type: none">XembifyXynthaXyntha Solofuse Y <hr/> <ul style="list-style-type: none">Yesintek SCYusimry Z <hr/> <ul style="list-style-type: none">ZilbrysqZomactonZorbtiveZymfentra
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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 đỡ 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 تساعدك أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 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 باره ی این برنامه ی 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 شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

Ni da doodago t'áá háída biká'aná nílwo'ígíí díí Béeso Ách'ááh naa'níligi háá'ída yí na' ídíl kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'íshíí bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é la' bich'í' ha desdzhíh nínizingo, kojí' béesh 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)