



Specialty Drugs

The following is a list of medications that are considered specialty drugs. Specialty drugs include self-administered injectables, medications that are high cost, and/or medications that require special handling, dispensing procedures, and/or monitoring.

Your specific out-of-pocket cost for a specialty drug is determined by your plan's outpatient prescription drug benefit. The details of your drug benefit, including any specific limitations, inclusions, or exclusions, can be found in your *Evidence of Coverage (EOC)*, *Membership Agreement*, *Group Policy* and/or *Certificate of Insurance (COI)*.

The specialty drug list below is effective June 4, 2024 and is subject to change at any time.

ARANESP ALBUMIN FREE INJ 300MCG
ABILIFY MYCI TAB 2MG STRT
ABILIFY MYCI TAB 2MG MANT
ABILIFY MYCI TAB 5MG STRT
ABILIFY MYCI TAB 5MG MANT
ABILIFY MYCI TAB 10MG STR
ABILIFY MYCI TAB 10MG MNT
ABILIFY MYCI TAB 15MG STR
ABILIFY MYCI TAB 15 MG MNT
ABILIFY MYCI TAB 20MG STR
ABILIFY MYCI TAB 20MG MNT
ABILIFY MYCI TAB 30MG STR
ABILIFY MYCI TAB 30MG MNT
ABILIFY MYCITE TAB 10 MG
ABILIFY MYCITE TAB 15 MG
ABILIFY MYCITE TAB 2 MG
ABILIFY MYCITE TAB 20 MG
ABILIFY MYCITE TAB 30 MG
ABILIFY MYCITE TAB 5 MG
ACTEMRA INJ 162/0.9
ACTIMMUNE INJ 2MU/0.5
ADAPALENE-BENZOYL PEROXIDE 0.1-2.5%
ADCIRCA TAB 20MG
ADEFOVIR DIPIVOXIL TAB 10MG (GENERIC)
ADEMPAS TAB 0.5MG
ADEMPAS TAB 1.5MG
ADEMPAS TAB 1MG
ADEMPAS TAB 2.5MG
ADEMPAS TAB 2MG
AFINITOR DISPERZ TAB 2MG
AFINITOR DISPERZ TAB 3MG
AFINITOR DISPERZ TAB 5MG
AFINITOR TAB 10MG
AFINITOR TAB 2.5MG
AFINITOR TAB 5MG
AFINITOR TAB 7.5MG
ALECENSA CAPS 150 MG
ALKINDI SPRINKLE CPSP 0.5 MG
ALKINDI SPRINKLE CPSP 1 MG
ALKINDI SPRINKLE CPSP 2 MG
ALKINDI SPRINKLE CPSP 5 MG
ALUNBRIG TABS 180 MG
ALUNBRIG TABS 30 MG
ALUNBRIG TABS 90 MG
ALUNBRIG TBPK 90 & 180 MG
AMPYRA TAB 10MG
ANCOBON CAP 250MG
ANCOBON CAP 500MG
APOKYN INJ 10MG/ML

ARANESP ALBUMIN FREE INJ 100MCG
ARANESP ALBUMIN FREE INJ 100MCG
ARANESP ALBUMIN FREE INJ 10MCG
ARANESP ALBUMIN FREE INJ 150MCG
ARANESP ALBUMIN FREE INJ 150MCG
ARANESP ALBUMIN FREE INJ 200MCG
ARANESP ALBUMIN FREE INJ 25MCG
ARANESP ALBUMIN FREE INJ 25MCG
ARANESP ALBUMIN FREE INJ 300MCG
ARANESP ALBUMIN FREE INJ 40MCG
ARANESP ALBUMIN FREE INJ 40MCG
ARANESP ALBUMIN FREE INJ 500MCG
ARANESP ALBUMIN FREE INJ 60MCG
ARANESP ALBUMIN FREE INJ 60MCG
ARANESP ALBUMIN FREE SURECLICK INJ 100MCG
ARANESP ALBUMIN FREE SURECLICK INJ 300MCG
ARCALYST INJ 220MG
ARFORMOTEROL TARTRATE 15/2ML
ARIKAYCE INHALATION SUSP 590 MG/8.4 ML
ATOVAQUONE ORAL SUSP 750MG/5ML(GENERIC)
AUBAGIO TAB 7MG
AUBAGIO TAB 14MG
AURYXIA TAB 210MG
AUSTEDO TABS 12 MG
AUSTEDO TABS 6 MG
AUSTEDO TABS 9 MG
AYVAKIT 25MG
AYVAKIT 50MG
BAFIERTAM CPDR 95 MG
BANZEL ORAL SUSP 40 MG/ML
BANZEL TAB 200MG
BANZEL TAB 400MG
BARACLUDGE SOL .05MG/ML
BENLYSTA SOAJ 200 MG/ML
BENLYSTA SOSY 200 MG/ML
BETHKIS NEB 300/4ML
BOSENTAN TAB 125 MG (GENERIC)
BOSENTAN TAB 62.5 MG (GENERIC)
BRAFTOVI CAPS 50 MG
BRAFTOVI CAPS 75 MG
BROVANA INHALATION SOLN 15MCG/2ML
BUPHENYL POW
BUPHENYL TAB 500MG
BYNFEZIA PEN INJ 2500MCG/ML
CABOMETYX TABS 20 MG
CABOMETYX TABS 40 MG
CABOMETYX TABS 60 MG
CALQUENCE CAPS 100 MG
CAPRELSA TAB 100MG
CARAC CREAM 0.5 %
CERDELGA CAP 84MG
CHEMET CAP 100MG

CHOLBAM CAP 250MG
CHOLBAM CAP 50MG
CIMZIA KIT 200MG/ML
COMETRIQ KIT 100MG
COMETRIQ KIT 140MG
COMETRIQ KIT 60MG
COPAXONE INJ 40MG/ML
COPEGUS TAB 200MG
COPIKTRA CAP 15 MG
COPIKTRA CAP 25 MG
COTELLIC TABS 20MG
CRESEMBA CAP 186 MG
CUPRIMINE CAP 250MG
CUTAQUIG INJ SOLN
CYSTADANE POW
CYSTAGON CAP 150MG
CYSTAGON CAP 50MG
DAKLINZA TAB 90MG
DAKLINZA TAB 30MG
DAKLINZA TAB 60MG
DAURISMO TAB 100 MG
DAURISMO TAB 25 MG
DEFERASIROX GRANULES PACK 180 MG
DEFERASIROX GRANULES PACK 360MG
DEFERASIROX GRANULES PACK 90
DEFERASIROX TAB 250MG (GENERIC)
DEFERASIROX TAB 500MG (GENERIC)
DEFERIPRONE TABS 500 MG
DIACOMIT CAP 250 MG
DIACOMIT CAP 500 MG
DIACOMIT POWDER FOR ORAL SUSPENSION PACKET 250MG
DIACOMIT POWDER FOR ORAL SUSPENSION PACKET 500MG
DICLOFENAC POTASSIUM TABS 50MG
DIFICID TAB 200MG
DOPTELET TABS 20 MG
DUEXIS TAB 800-26.6 MG
DUOPA 4.63/20 MG/ML ENTERAL SUSP
ELEPSIA XR 1000MG
ELEPSIA XR 1500MG
EMCYT CAP 140MG
EMFLAZA SUSP 22.75 MG/ML
EMFLAZA TABS 18 MG
EMFLAZA TABS 30 MG
EMFLAZA TABS 36 MG
EMFLAZA TABS 6 MG
EMGALITY INJ 100MG/ML
EMSAM PT24 12 MG/24HR
EMSAM PT24 6 MG/24HR
EMSAM PT24 9 MG/24HR
ENSTILAR FOAM 0.005-0.064 %
ENTOCORT EC CAP 3MG/24HR
EPCLUSA TABS 400-100 MG
EPIDIOLEX ORAL SOL 100 MG/ML
ERIVEDGE CAP 150MG
ERLEADA TABS 60 MG

ERLOTINIB TAB 100MG (GENERIC)
ERLOTINIB TAB 150MG (GENERIC)
ERLOTINIB TAB 25MG (GENERIC)
ESBRIET CAP 267MG
EXJADE TAB 125MG
EXJADE TAB 250MG
EXJADE TAB 500MG
EXSERVAN 50MG
FANAPT TAB 1 MG
FANAPT TAB 12 MG
FANAPT TAB 2 MG
FANAPT TAB 4 MG
FANAPT TAB 6 MG
FANAPT TAB 8 MG
FARESTON TAB 60 MG
FARYDAK CAP 10MG
FARYDAK CAP 15MG
FARYDAK CAP 20MG
FASENRA PEN INJ 30MG/ML
FERRIPROX TAB 500MG
FERRIPROX TABS 1000 MG
FINTEPLA SOLN 2.2 MG/ML
FIRAZYR INJ 30MG/3ML
FIRDAPSE TAB 10 MG
FORTEO SOL 600/2.4
FOSRENOL CHW 500MG
FOTIVDA CAP 0.89MG
FOTIVDA CAP 1.34MG
FULPHILA SOSY 6 MG/0.6ML
GASTROCROM 100 MG/5 ML CONC
GATTEX KIT 5MG
GENOTROPIN INJ 12MG
GENOTROPIN INJ 5MG
GENOTROPIN MINIQWICK INJ 0.4MG
GENOTROPIN MINIQWICK INJ 0.6MG
GENOTROPIN MINIQWICK INJ 0.8MG
GENOTROPIN MINIQWICK INJ 1.2MG
GENOTROPIN MINIQWICK INJ 1.4MG
GENOTROPIN MINIQWICK INJ 1.6MG
GENOTROPIN MINIQWICK INJ 1.8MG
GENOTROPIN MINIQWICK INJ 1MG
GENOTROPIN MINIQWICK INJ 2MG
GILENYA CAP 0.25 MG
GILENYA CAP 0.5MG
GILOTRIF TAB 20MG
GILOTRIF TAB 30MG
GILOTRIF TAB 40MG
GLEEVEC TAB 100MG
GLEEVEC TAB 400MG
GLEOSTINE CAP 100 MG
GLEOSTINE CAP 40 MG
GOCOVRI CP24 137 MG
GOCOVRI CP24 68.5 MG

GRANIX INJ 300 MCG/ML
 GRANIX INJ 300/0.5
 GRANIX INJ 480 MCG/1.6 ML
 GRANIX INJ 480/0.8
 H.P. ACTHAR INJ 80UNIT
 HAEGARDA SOLR 2000 UNIT
 HAEGARDA SOLR 3000 UNIT
 HALOG TOPICAL SOLN 0.1%
 HARVONI PAK 33.75-150 MG
 HARVONI PAK 45-200MG
 HARVONI TAB 45-200MG
 HARVONI TAB 90-400MG
 HEPSERA TAB 10MG
 HETLIOZ CAP 20MG
 HETLIOZ LQ 4MG/ML
 HEXALEN CAP 50MG
 HIZENTRA INJ 1GM/5ML
 HIZENTRA INJ 2GM/10ML
 HIZENTRA INJ 4GM/20ML
 HIZENTRA SOLN 10 GM/50ML
 HUMATROPE COMBO PACK INJ 5MG
 HUMATROPE INJ 12MG
 HUMATROPE INJ 24MG
 HUMATROPE INJ 6MG
 HYCAMTIN 0.25 MG CAP
 HYCAMTIN 1 MG CAP
 HYQVIA KIT 10 GM/100ML
 HYQVIA KIT 20 GM/200ML
 HYQVIA KIT 30 GM/300ML
 HYQVIA KIT 5 GM/50ML
 IBRANCE CAP 100MG
 IBRANCE CAP 125MG
 IBRANCE CAP 75MG
 IBRANCE TABS 100 MG
 IBRANCE TABS 125 MG
 IBRANCE TABS 75 MG
 ICLUSIG TAB 10MG
 ICLUSIG TAB 15MG
 ICLUSIG TAB 30MG
 ICLUSIG TAB 45MG
 IDHIFA TABS 100 MG
 IDHIFA TABS 50 MG
 IMBRUVICA CAP 140MG
 IMBRUVICA CAPS 70 MG
 IMBRUVICA TABS 140 MG
 IMBRUVICA TABS 280 MG
 IMBRUVICA TABS 420 MG
 IMBRUVICA TABS 560 MG
 INBRIJA INHALATION POWDER CAPS 42 MG
 INCRELEX INJ 40MG/4ML
 INGREZZA CAP PK 40 & 80 MG
 INGREZZA CAPS 60MG
 INGREZZA CAPS 40 MG
 INGREZZA CAPS 80 MG
 INLYTA TAB 1MG
 INLYTA TAB 5MG
 INREBIC CAP 100 MG
 INTRON-A INJ 18MU
 INTRON-A INJ 18MU
 INTRON-A INJ 25MU
 INTRON-A KIT 10MU/ML
 INTRON-A W/DILUENT INJ 10MU
 INTRON-A W/DILUENT INJ 50MU
 JADENU SPRINKLE PACK 180 MG
 JADENU SPRINKLE PACK 360 MG
 JADENU SPRINKLE PACK 90 MG
 JADENU TAB 180MG
 JADENU TAB 360MG
 JADENU TAB 90MG
 JAKAFI TAB 10MG
 JAKAFI TAB 15MG
 JAKAFI TAB 20MG
 JAKAFI TAB 25MG
 JAKAFI TAB 5MG
 JUXTAPID CAP 10MG
 JUXTAPID CAP 20MG
 JUXTAPID CAP 5MG
 JUXTAPID CAPS 30 MG
 JUXTAPID CAPS 40 MG
 JUXTAPID CAPS 60 MG
 KEVEYIS 50MG TAB
 KEVZARA SOAJ 150 MG/1.14ML
 KEVZARA SOAJ 200 MG/1.14ML
 KEVZARA SOSY 150 MG/1.14ML
 KEVZARA SOSY 200 MG/1.14ML
 KISQALI 200 DOSE TABS 200 MG
 KISQALI 400 DOSE TABS 200 MG
 KISQALI 600 DOSE TABS 200 MG
 KISQALI FEMARA 200 DOSE TBP 200 & 2.5 MG
 KISQALI FEMARA 400 DOSE TBP 200 & 2.5 MG
 KISQALI FEMARA 600 DOSE TBP 200 & 2.5 MG
 KITABIS PAK NEB 300/5ML
 KORLYM TAB 300MG
 KUVAN PACK 500 MG
 KUVAN POW 100MG
 KUVAN TAB 100MG
 KYNAMRO INJ 200MG/ML
 KYNMOBI FILM 10 MG
 KYNMOBI FILM 15 MG
 KYNMOBI FILM 20 MG
 KYNMOBI FILM 25 MG
 KYNMOBI FILM 30 MG
 LEDIPASVIR-SOFOSBUVIR 90-400MG

LENVIMA CAP 18MG
LENVIMA CAP 8MG
LENVIMA 10MG DAILY DOSE CAP 10MG
LENVIMA 14MG DAILY DOSE CAP 14MG
LENVIMA 20MG DAILY DOSE CAP 20MG
LENVIMA 24MG DAILY DOSE CAP 24MG
LENVIMA CAP 12 MG
LENVIMA CAP 4 MG
LETAIRIS TAB 10MG
LETAIRIS TAB 5MG
LEUKINE 500 MCG/ML VIAL
LEUKINE INJ 250MCG
LEXETTE FOAM 0.05%
LONSURF TABS 15-6.14 MG
LONSURF TABS 20-8.19 MG
LORBRENA TAB 100 MG
LORBRENA TAB 25 MG
LOTRONEX TAB 1MG
LUPKYNIS 7.9MG TAB
LUPRON DEPOT-PED INJ 11.25MG
LUPRON DEPOT-PED INJ 11.25MG
LUPRON DEPOT-PED INJ 15MG
LUPRON DEPOT-PED INJ 30MG
LUPRON DEPOT-PED INJ 7.5MG
LYNPARZA CAP 50MG
LYNPARZA TABS 100 MG
LYNPARZA TABS 150 MG
MATULANE CAP 50MG
MAVYRET TABS 100-40 MG
MEKINIST TAB 0.5MG
MEKINIST TAB 2MG
MEKTOVI TABS 15 MG
MEPRON ORAL SUSP750MG/5ML
MODERIBA 1200 DOSE PACK PAK 1200/DAY
MODERIBA PAK 600/DAY
MULPLETA TAB 3MG
MYFEMBREE 40-1-0.5MG
NATPARA INJ 100MCG
NATPARA INJ 25MCG
NATPARA INJ 50MCG
NATPARA INJ 75MCG
NAYZILAM NASAL SPR 5MG
NERLYNX TABS 40 MG
NEULASTA INJ 6MG/0.6M
NEUMEGA INJ 5MG
NEUPOGEN INJ 300/0.5
NEUPOGEN INJ 300MCG
NEUPOGEN INJ 480/0.8
NEUPOGEN INJ 480MCG
NEXAVAR TAB 200MG
NINLARO CAPS 2.3 MG
NINLARO CAPS 3 MG
NINLARO CAPS 4 MG

NITYR TABS 10 MG
NITYR TABS 2 MG
NITYR TABS 5 MG
NORDITROPIN FLEXPOR INJ 10/1.5ML
NORTHERA CAP 100MG
NORTHERA CAP 200MG
NORTHERA CAP 300MG
NOXAFIL SUS 40MG/ML
NOXAFIL TAB 100MG
NUBEQA TAB 300MG
NUCYNTA ER TAB 12 200 MG
NUCYNTA ER TAB 12 250 MG
NUCYNTA TAB 100 MG
NUPLAZID CAPS 34 MG
NUPLAZID TABS 10 MG
NUPLAZID TABS 17MG
NUSPIN 20 SOLN 20 MG/2ML
NUTROPIN AQ
NUTROPIN AQ PEN INJ 20MG/2ML
NYMALIZE ORAL SOLN 6MG/ML
NYMALIZE ORAL SOLN 6MG/ML
NYVEPRIA 6MG/0.6ML
OCALIVA TAB 10 MG
OCALIVA TAB 5MG
ODOMZO 200MG CAPSULES
OFEV CAP 100MG
OFEV CAP 150MG
OLUMIANT TABS 2 MG
OLYSIO CAP 150MG
ONUREG TABS 200 MG
ONUREG TABS 300 MG
OPSUMIT TAB 10MG
ORENCIA CLCK INJ 125MG/ML
ORENCIA INJ 125MG/ML
ORENCIA SOSY 50 MG/0.4ML
ORENCIA SOSY 87.5 MG/0.7ML
ORENITRAM TAB 0.125MG
ORENITRAM TAB 0.25MG
ORENITRAM TAB 1MG
ORENITRAM TAB 2.5MG
ORENITRAM TBCR 5 MG
ORFADIN CAP 10MG
ORFADIN CAP 2MG
ORFADIN CAP 5MG
OTEZLA TAB 30MG
OTEZLA TBPK 10 & 20 & 30 MG - 28 day Starter pack
OXANDROLONE TAB 10MG (GENERIC)
OXYCODONE-ACETAMINOPHEN 10-300 MG/5ML

PAZOPANIB HCL TABS 200MG
 PEGASYS INJ
 PEGASYS INJ
 PEGASYS INJ 180MCG/M
 PEGASYS KIT
 PEGASYS PROCLICK INJ PROCLICK
 PENICILLAMINE CAP 250 MG (GENERIC)
 PIQRAY 200 MG DAILY DOSE TAB PK 200 MG
 PIQRAY 250 MG DAILY DOSE TAB PK 200 & 50 MG
 PIQRAY 300 MG DAILY DOSE TAB PK 2x150 MG
 PLEGRIDY INJ
 PLEGRIDY INJ PEN
 PLEGRIDY STARTER PACK INJ STARTER
 PLEGRIDY STARTER PACK INJ STARTER
 POMALYST CAP 1MG
 POMALYST CAP 2MG
 POMALYST CAP 3MG
 POMALYST CAP 4MG
 POSACONAZOLE ORAL SUS 40MG/ML (GENERIC)
 POSACONAZOLE TAB 100MG (GENERIC)
 PROCYSBI CAP 25MG
 PROCYSBI CAP 75MG
 PROLATE 10-300 MG/5ML
 PURIXAN 20MG/ML SUSP
 QDOLO SOLN 5 MG/ML
 QINLOCK TAB 50MG
 RAPAMUNE ORAL SOLN 1 MG/ML
 RAVICTI LIQ 1.1GM/ML
 RELTONE 200MG
 RELTONE 400MG
 RETEVMO CAP 40MG
 RETEVMO CAP 80MG
 REVATIO TAB 20MG
 REVLIMID CAP 10MG
 REVLIMID CAP 15MG
 REVLIMID CAP 2.5MG
 REVLIMID CAP 20MG
 REVLIMID CAP 25MG
 REVLIMID CAP 5MG
 REXULTI TAB 0.25 MG
 REXULTI TAB 0.5 MG
 REXULTI TAB 1 MG
 REXULTI TAB 2 MG
 REXULTI TAB 3 MG
 REXULTITABS 4 MG
 RIBASPHERE RIBAPAK PAK 1200/DAY
 RIBASPHERE RIBAPAK PAK 600/DAY
 RIBATAB TAB 1200/DAY
 RILUTEK TAB 50MG
 RINVOQ TAB 24 15 MG
 RUBRACA TABS 200 MG
 RUBRACA TABS 250 MG
 RUBRACA TABS 300 MG
 RUFINAMIDE TAB 200MG
 RUFINAMIDE TAB 400MG
 RUFINAMIDE SUSP 40 MG/ML
 RUZURGI TAB 10 MG
 RYDAPT CAPS 25 MG
 SABRIL POW 500MG
 SABRIL TAB 500MG
 SAIZEN INJ 5MG (must use NDC)
 SAIZENPREP SOLR 8.8 MG (Must use NDC)
 SANDOSTATIN INJ 100MCG
 SANDOSTATIN INJ 200MCG
 SAPROPTERIN DIHYDROCHLORIDE PACK 100MG
 SAPROPTERIN DIHYDROCHLORIDE PACK 500MG
 SAPROPTERIN DIHYDROCHLORIDE TBSO 100MG
 SEYSARA TAB 100 MG
 SEYSARA TAB 150 MG
 SEYSARA TAB 60 MG
 SIGNIFOR INJ 0.3MG/ML
 SIGNIFOR INJ 0.6MG/ML
 SIGNIFOR INJ 0.9MG/ML
 SIKLOS TAB 1000 MG
 SILIQ SOSY 210 MG/1.5ML
 SIMPONI INJ 100MG/ML
 SIMPONI INJ 100MG/ML
 SIMPONI INJ 50/0.5ML
 SIMPONI INJ 50/0.5ML
 SIROLIMUS ORAL SOLN 1 MG/ML (GENERIC)
 SIRTURO TAB 100MG
 SIRTURO TABS 20 MG
 SIVEXTRO TAB 200MG
 SKYRIZI INJ (150 MG DOSE) 75 MG/0.83 ML
 SKYRIZI AUTOINJECTOR 150MG/ML
 SKYRIZI PREFILLED SYRINGE 150MG/ML
 SOFOSBUVIR-VELPATASVIR TABS 400-100 MG
 SOMAVERT INJ 10MG SOMAVERT INJ 15MG
 SOMAVERT INJ 20MG SOMAVERT INJ 25MG
 SOMAVERT INJ 30MG SOVALDI TAB 400MG
 SOVALDI TAB 200MG SOVALDI PAK 150MG
 SOVALDI PAK 200MG SPRYCEL TAB 100MG
 SPRYCEL TAB 140MG SPRYCEL TAB 20MG
 SPRYCEL TAB 50MG SPRYCEL TAB 70MG
 SPRYCEL TAB 80MG

STELARA INJ 45MG/0.5
 STELARA INJ 90MG/ML
 STELARA SOLN 45 MG/0.5ML
 STIVARGA TAB 40MG
 SUTENT CAP 12.5MG
 SUTENT CAP 25MG
 SUTENT CAP 37.5MG
 SUTENT CAP 50MG
 SYLATRON KIT 296MCG (200mcg Sylatron)
 SYLATRON KIT 444MCG (300mcg Sylatron))
 SYLATRON KIT 888MCG (600mcg Sylatron))
 SYMDEKO TBPK 100-150 & 150 MG
 SYMDEKO TAB PK 50-75 & 75 MG
 SYMPAZAN ORAL FILM 10 MG
 SYMPAZAN ORAL FILM 20 MG
 TABRECTA TAB 150MG
 TABRECTA TAB 200MG
 TACLONEX TOPICAL SUSP 0.005-0.064 %
 TAFINLAR CAP 50MG
 TAFINLAR CAP 75MG
 TAGRISSO TABS 40 MG
 TAGRISSO TABS 80 MG
 TALTZ SOAJ 80MG/ML
 TALTZ SOSY 80MG/ML
 TARCEVA TAB 100MG
 TARCEVA TAB 150MG
 TARCEVA TAB 25MG
 TARGRETIN CAP 75MG
 TASIGNA CAP 150MG
 TASIGNA CAP 200MG
 TASIGNA CAPS 50 MG
 TECFIDERA CAP 120MG
 TECFIDERA CAP 240MG
 TECFIDERA STARTER PACK MIS STARTER
 TECHNIVIE TABS 12.5-75-50 MG
 TEMODAR CAP 100MG
 TEMODAR CAP 140MG
 TEMODAR CAP 180MG
 TEMODAR CAP 20MG
 TEMODAR CAP 250MG
 TEMODAR CAP 5MG
 TEPMETKO 225MG TAB
 THALOMID CAP 100MG
 THALOMID CAP 150MG
 THALOMID CAP 200MG
 THALOMID CAP 50MG
 THIOLA EC TAB 100 MG
 THIOLA EC TAB 300 MG
 THIOLA TAB 100MG
 TIBSOVO TABS 250 MG
 TIGLUTIK ORAL SUSP 50 MG/10 ML
 TIKOSYN CAP 125MCG
 TIKOSYN CAP 250MCG
 TIKOSYN CAP 500MCG
 TIOPRONIN 100MG
 TOBI NEB 300/5ML
 TOBI PODHALER CAP 28MG
 TOBI PODHALER CAP 28MG
 TOLSURA CAP 65 MG
 TOSYMRA NASAL SOL 10MG
 TRACLEER TAB 125MG
 TRACLEER TAB 62.5MG
 TRACLEER TABS FOR ORAL SUSPENSION 32MG
 TREMFYA INJ 100 MG/ML
 TREMFYA SOSY 100 MG/ML
 TRIKAFTA TAB 100-50-75 mg &150 mg
 TRIKAFTA TAB 50-25-37.5 & 75MG
 TRUSELTIQ 50MG
 TRUSELTIQ 75MG
 TRUSELTIQ 100MG
 TRUSELTIQ 125MG
 TURALIO CAPS 200 MG
 TYKERB TAB 250MG
 TYMLOS SOPN 3120 MCG/1.56ML
 UDENYCA INJ 6 MG/0.6 ML
 UPTRAVI TABS 1000 MCG
 UPTRAVI TABS 1200 MCG
 UPTRAVI TABS 1400 MCG
 UPTRAVI TABS 1600 MCG
 UPTRAVI TABS 200 MCG
 UPTRAVI TABS 400 MCG
 UPTRAVI TABS 600 MCG
 UPTRAVI TABS 800 MCG
 UPTRAVI TBPK 200 & 800 MCG Titration pack
 VALCHLOR GEL 0.016%
 VALCYTE SOL 50MG/ML
 VALCYTE TAB 450MG
 VANCOCIN HCL CAP 125MG
 VANCOCIN HCL CAP 250MG
 VECAMYL TAB 2.5MG
 VENTAVIS SOL 10MCG/ML
 VENTAVIS SOL 20MCG/ML
 VERZENIO TABS 100 MG
 VERZENIO TABS 150 MG
 VERZENIO TABS 200 MG
 VERZENIO TABS 50 MG
 VIEKIRA PAK TAB
 VIEKIRA XR TB24 200-8.33-50- 33.33 MG
 VITRAKVI CAP 100 MG
 VITRAKVI CAP 25 MG
 VITRAKVI ORAL SOLN 20 MG/ML
 VIZIMPRO TAB 15 MG
 VIZIMPRO TAB 30 MG
 VIZIMPRO TAB 45 MG
 VOSEVI TABS 400-100-100 MG
 VOTRIENT TAB 200MG

WYNZORA 0.0050.064%
XALKORI CAP 200MG
XALKORI CAP 250MG
XELJANZ TAB 5MG
XELJANZ TABS 10 MG
XELJANZ XR TB24 11 MG
XELODA TAB 500MG
XEMBIFY INJ 10G/50ML
XEMBIFY INJ 1GM/5ML
XEMBIFY INJ 4GM/20ML
XEMBIFY INJ 2GM/10ML
XENAZINE TAB 12.5MG
XENAZINE TAB 25MG
XERMELO TABS 250 MG
XGEVA INJ
XIFAXAN TAB 200 MG
XIFAXAN TAB 550 MG
XOSPATA TAB 40 MG
XTANDI CAP 40MG
XTANDI TAB 40MG
XTANDI TAB 80MG
XYREM SOL 500MG/ML
YONSA TABS 125 MG
YUPELRI INHALATION SOLN 175 MCG/3 ML
ZARXIO 300MCG/.5ML
ZARXIO 480MCG/.8ML
ZAVESCA CAP 100MG
ZEJULA CAPS 100MG
ZEJULA TABS 100MG
ZEJULA TABS 200MG
ZEJULA TABS 300MG
ZELBORAF TAB 240MG
ZEPATIER TABS 50MG/100MG
ZINBRYTA SOSY 150 MG/ML
ZOLINZA CAP 100MG
ZOMACTON SOLR 10 MG (must use NDC)
ZOMACTON SOLR 10 MG (must use NDC)
ZORBTIVE INJ 8.8MG (must use NDC)
ZORTRESS TAB 0.5MG
ZORTRESS TAB 0.75MG
ZORTRESS TAB 1 MG
ZYDELIG TAB 100MG
ZYDELIG TAB 150MG
ZYFLO CR TAB 600MG
ZYKADIA CAP 150MG
ZYKADIA TAB 150 MG
ZYTIGA TAB 250MG
ZYTIA TABS 500 MG
ZYVOX SUS 100MG/5M
ZYVOX TAB 600MG

Nondiscrimination Statement

It is the policy of Kaiser Foundation Health Plan of the Mid-Atlantic, Inc. (Kaiser Health Plan) not to discriminate on the basis of race, color, national origin, sex, age or disability. Kaiser Health Plan has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Kaiser Civil Rights Coordinator, 2101 East Jefferson Street, Rockville, MD 20852, telephone number: 1-800-777-7902, who has been designated to coordinate the efforts of the Kaiser Health Plan to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for Kaiser Health Plan to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of Kaiser Health Plan relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of

discrimination electronically through the Office for Civil Rights Complaint Portal, which is 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, DC 20201. Toll free#:800-368-1019 TDD: 800-537-7697

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

Kaiser Health Plan will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

Language Accessibility Statement

Interpreter Services Are Available for Free

ATTENTION: *If you speak [language], language assistance services, free of charge, are available to you. Call 855-249-5019 (TTY: 711).*

Español/Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-249-5019 (TTY: 711).

አማርኛ/Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 855-249-5019 (መስማት ለተሳናቸው: 711)።

العربية/Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 855-249-5019 (رقم هاتف الصم والبكم: -711).

Bàsòò-wùdù-po-nyò /Bassa

Dè dɛ nià kɛ dyédé gbo: ɔ jũ ké m̄ [Bàsò ò -wùdù-po-nyò] jũ ní, n̄í, à wuɖu kà kò d̄ò po-poò bé in m̄ gbo kpáa. Đá 855-249-5019 (TTY: 711).

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855-249-5019 (TTY: 711)。

فارسی/Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما بگنیرید تماس -855-249-5019 (TTY: 711) با. باشد می فر

Français/French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 855-249-5019 (ATS: 711).

ગજરાતી/Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

ફોન કરો

855-249-5019 (TTY: 711).

kreyòl ayisyen/Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele - 855-249-5019 (TTY: 711).

Igbo

Ntị: Ọ buru na asu Ibo, asusu aka ọasụ n'efu, defu, aka. Call 855-249-5019 (TTY: 711).

한국어/Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 855-249-5019 (TTY: 711.)번으로 전화해 주십시오.

Português/Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 855-249-5019 (TTY: 711).

Русский/Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 855-249-5019 (телетайп: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 855-249-5019 (TTY: 711).

اردو/Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال

کریں۔(855-249-5019 (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 855-249-5019 (TTY: 711).

Yorùbá/Yoruba

AKIYESI: Bi o ba nsọ èdè Yorùbú ọfẹ ni iranlọwọ lori èdè wa fun yin o. E pe ẹrọ-ibanisọrọ yi 1-855-249-5019 (TTY: 711).