



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 February 4, 2025 and is subject to change at any time.

ABILIFY MYCI TAB 2MG STRT	ALKINDI SPRINKLE CPSP 0.5 MG
ABILIFY MYCI TAB 2MG MANT	ALKINDI SPRINKLE CPSP 1 MG
ABILIFY MYCI TAB 5MG STRT	ALKINDI SPRINKLE CPSP 2 MG
ABILIFY MYCI TAB 5MG MANT	ALKINDI SPRINKLE CPSP 5 MG
ABILIFY MYCI TAB 10MG STR	ALUNBRIG TABS 180 MG
ABILIFY MYCI TAB 10MG MNT	ALUNBRIG TABS 30 MG
ABILIFY MYCI TAB 15MG STR	ALUNBRIG TABS 90 MG
ABILIFY MYCI TAB 15 MG MNT	ALUNBRIG TBPK 90 & 180 MG
ABILIFY MYCI TAB 20MG STR	AMPYRA TAB 10MG
ABILIFY MYCI TAB 20MG MNT	ANCOBON CAP 250MG
ABILIFY MYCI TAB 30MG STR	ANCOBON CAP 500MG
ABILIFY MYCI TAB 30MG MNT	APOKYN INJ 10MG/ML
ABILIFY MYCITE TAB 10 MG	ARANESP ALBUMIN FREE INJ 100MCG
ABILIFY MYCITE TAB 15 MG	ARANESP ALBUMIN FREE INJ 100MCG
ABILIFY MYCITE TAB 2 MG	ARANESP ALBUMIN FREE INJ 10MCG
ABILIFY MYCITE TAB 20 MG	ARANESP ALBUMIN FREE INJ 150MCG
ABILIFY MYCITE TAB 30 MG	ARANESP ALBUMIN FREE INJ 150MCG
ABILIFY MYCITE TAB 5 MG	ARANESP ALBUMIN FREE INJ 200MCG
ACTEMRA INJ 162/0.9	ARANESP ALBUMIN FREE INJ 25MCG
ACTHAR INJ GEL 40 UNIT/0.5ML	ARANESP ALBUMIN FREE INJ 25MCG
ACTHAR INJ GEL 80 UNIT/ML	ARANESP ALBUMIN FREE INJ 300MCG
ACTIMMUNE INJ 2MU/0.5	ARANESP ALBUMIN FREE INJ 40MCG
ADALIMU-AATY (1 PEN) AJKT 40MG/0.4ML	ARANESP ALBUMIN FREE INJ 40MCG
ADALIMU-AATY (2 PEN) AJKT 40MG/0.4ML	ARANESP ALBUMIN FREE INJ 500MCG
ADALIMU-AATY (2 PEN) AJKT 80MG/0.8ML	ARANESP ALBUMIN FREE INJ 60MCG
ADALIMU-AATY (2 SYRINGE) PSKT 20MG/0.2ML	ARANESP ALBUMIN FREE INJ 60MCG
ADALIMU-AATY (2 SYRINGE) PSKT 40MG/0.4ML	ARANESP ALBUMIN FREE SURECLICK INJ 100MCG
ADALIMU-RYVK INJ 40/0.4ML	ARANESP ALBUMIN FREE SURECLICK INJ 300MCG
ADALIMU-RYVK (2 PEN) AJKT 40MG/0.4ML	ARCALYST INJ 220MG
ADALIMU-RYVK (2 SYRINGE) PSKT 40MG/0.4ML	ARFORMOTEROL TARTRATE 15/2ML
ADAPALENE-BENZOYL PEROXIDE 0.1-2.5%	ARIKAYCE INHALATION SUSP 590 MG/8.4 ML
ADCIRCA TAB 20MG	ATOVAQUONE ORAL SUSP 750MG/5ML(GENERIC)
ADEFOVIR DIPIVOXIL TAB 10MG (GENERIC)	AUBAGIO TAB 7MG
ADEMPAS TAB 0.5MG	AUBAGIO TAB 14MG
ADEMPAS TAB 1.5MG	AUGTYRO CAP 40MG
ADEMPAS TAB 1MG	AURYXIA TAB 210MG
ADEMPAS TAB 2.5MG	AUSTEDO TABS 12 MG
ADEMPAS TAB 2MG	AUSTEDO TABS 6 MG
AFINITOR DISPERZ TAB 2MG	AUSTEDO TABS 9 MG
AFINITOR DISPERZ TAB 3MG	AUSTEDO XR TAB 18MG
AFINITOR DISPERZ TAB 5MG	AUSTEDO XR TAB 30MG
AFINITOR TAB 10MG	AUSTEDO XR TAB 36MG
AFINITOR TAB 2.5MG	AUSTEDO XR TAB 42MG
AFINITOR TAB 5MG	AUSTEDO XR TAB 48MG
AFINITOR TAB 7.5MG	AUSTEDO XR TAB TITR KIT
ALECENSA CAPS 150 MG	AYVAKIT 25MG
	AYVAKIT 50MG

BAFIERTAM CPDR 95 MG
 BANZEL ORAL SUSP 40 MG/ML
 BANZEL TAB 200MG
 BANZEL TAB 400MG
 BARACLUDE SOL .05MG/ML
 BENLYSTA SOAJ 200 MG/ML
 BENLYSTA SOSY 200 MG/ML
 BETHKIS NEB 300/4ML
 BEXAROTENE CAPS 75 MG
 BIMZELX SOAJ 160 MG/ML
 BIMZELX SOSY 160 MG/ML
 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
 CALCITONIN INJ 400/2ML
 CALQUENCE CAPS 100 MG
 CAPRELSA TAB 100MG
 CARAC CREAM 0.5 %
 CERDELGA CAP 84MG
 CHEMET CAP 100MG
 CHOLBAM CAP 250MG
 CHOLBAM CAP 50MG
 CIBINQO TAB 50MG
 CIBINQO TAB 100MG
 CIBINQO TAB 200MG
 CIMZIA KIT 200MG/ML
 CIMZIA KIT 2 X 200 MG
 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
 CYLTEZO (2 PEN) AJKT 40MG/0.4ML
 CYLTEZO (2 PEN) AJKT 40MG/0.8ML
 CYLTEZO (2 SYRINGE) PSKT 10MG/0.2ML
 CYLTEZO (2 SYRINGE) PSKT 20MG/0.4ML
 CYLTEZO (2 SYRINGE) PSKT 40MG/0.4ML
 CYLTEZO (2 SYRINGE) PSKT 40MG/0.8ML
 CYLTEZO-CD/UC/HS START AJKT 40MG/0.4ML
 CYLTEZO-CD/UC/HS START AJKT 40MG/0.8ML
 CYLTEZO-PSOR/UV START AJKT 40MG/0.4ML
 CYLTEZO-PSOR/UV START AJKT 40MG/0.8ML
 CYSTADANE POW
 CYSTAGON CAP 150MG
 CYSTAGON CAP 50MG

DAKLINZA TAB 90MG
 DAKLINZA TAB 30MG
 DAKLINZA TAB 60MG
 DASATINIB TAB 20MG
 DASATINIB TAB 50MG
 DASATINIB TAB 70MG
 DASATINIB TAB 80MG
 DASATINIB TAB 100MG
 DASATINIB TAB 140MG
 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
 DEFLAZACORT SUS 22.75MG
 DIACOMIT CAP 250 MG
 DIACOMIT CAP 500 MG
 DIACOMIT POWDER FOR ORAL
 SUSPENSION PACKET 250MG
 DIACOMIT POWDER FOR ORAL
 SUSPENSION PACKET 500MG
 DIFICID TAB 200MG
 DOPTelet TABS 20 MG
 DUEXIS TAB 800-26.6 MG
 DUOPA 4.63/20 MG/ML ENTERAL SUSP
 DUVYZAT SUS 8.86MG
 EBGlySS INJ 250/2ML
 EDARAVONE INJ 30/100ML
 ELEPSIA XR 1000MG
 ELEPSIA XR 1500MG
 ELEVIDYS 10.0-10.4 KG KIT 10 x 10 ML
 ELEVIDYS 10.5-11.4 KG KIT 11 x 10 ML
 ELEVIDYS 11.5-12.4 KG KIT 12 x 10 ML
 ELEVIDYS 12.5-13.4 KG KIT 13 x 10 ML
 ELEVIDYS 13.5-14.4 KG KIT 14 x 10 ML
 ELEVIDYS 14.5-15.4 KG KIT 15 x 10 ML
 ELEVIDYS 15.5-16.4 KG KIT 16 x 10 ML
 ELEVIDYS 16.5-17.4 KG KIT 17 x 10 ML
 ELEVIDYS 17.5-18.4 KG KIT 18 x 10 ML
 ELEVIDYS 18.5-19.4 KG KIT 19 x 10 ML
 ELEVIDYS 19.5-20.4 KG KIT 20 x 10 ML

ELEVIDYS 20.5-21.4 KG KIT 21 x 10 ML
 ELEVIDYS 21.5-22.4 KG KIT 22 x 10 ML
 ELEVIDYS 22.5-23.4 KG KIT 23 x 10 ML
 ELEVIDYS 23.5-24.4 KG KIT 24 x 10 ML
 ELEVIDYS 24.5-25.4 KG KIT 25 x 10 ML
 ELEVIDYS 25.5-26.4 KG KIT 26 x 10 ML
 ELEVIDYS 26.5-27.4 KG KIT 27 x 10 ML
 ELEVIDYS 27.5-28.4 KG KIT 28 x 10 ML
 ELEVIDYS 28.5-29.4 KG KIT 29 x 10 ML
 ELEVIDYS 29.5-30.4 KG KIT 30 x 10 ML
 ELEVIDYS 30.5-31.4 KG KIT 31 x 10 ML
 ELEVIDYS 31.5-32.4 KG KIT 32 x 10 ML
 ELEVIDYS 32.5-33.4 KG KIT 33 x 10 ML
 ELEVIDYS 33.5-34.4 KG KIT 34 x 10 ML
 ELEVIDYS 34.5-35.4 KG KIT 35 x 10 ML
 ELEVIDYS 35.5-36.4 KG KIT 36 x 10 ML
 ELEVIDYS 36.5-37.4 KG KIT 37 x 10 ML
 ELEVIDYS 37.5-38.4 KG KIT 38 x 10 ML
 ELEVIDYS 38.5-39.4 KG KIT 39 x 10 ML
 ELEVIDYS 39.5-40.4 KG KIT 40 x 10 ML
 ELEVIDYS 40.5-41.4 KG KIT 41 x 10 ML
 ELEVIDYS 41.5-42.4 KG KIT 42 x 10 ML
 ELEVIDYS 42.5-43.4 KG KIT 43 x 10 ML
 ELEVIDYS 43.5-44.4 KG KIT 44 x 10 ML
 ELEVIDYS 44.5-45.4 KG KIT 45 x 10 ML
 ELEVIDYS 45.5-46.4 KG KIT 46 x 10 ML
 ELEVIDYS 46.5-47.4 KG KIT 47 x 10 ML
 ELEVIDYS 47.5-48.4 KG KIT 48 x 10 ML
 ELEVIDYS 48.5-49.4 KG KIT 49 x 10 ML
 ELEVIDYS 49.5-50.4 KG KIT 50 x 10 ML
 ELEVIDYS 50.5-51.4 KG KIT 51 x 10 ML
 ELEVIDYS 51.5-52.4 KG KIT 52 x 10 ML
 ELEVIDYS 52.5-53.4 KG KIT 53 x 10 ML
 ELEVIDYS 53.5-54.4 KG KIT 54 x 10 ML
 ELEVIDYS 54.5-55.4 KG KIT 55 x 10 ML
 ELEVIDYS 55.5-56.4 KG KIT 56 x 10 ML
 ELEVIDYS 56.5-57.4 KG KIT 57 x 10 ML
 ELEVIDYS 57.5-58.4 KG KIT 58 x 10 ML
 ELEVIDYS 58.5-59.4 KG KIT 59 x 10 ML
 ELEVIDYS 59.5-60.4 KG KIT 60 x 10 ML
 ELEVIDYS 60.5-61.4 KG KIT 61 x 10 ML
 ELEVIDYS 61.5-62.4 KG KIT 62 x 10 ML
 ELEVIDYS 62.5-63.4 KG KIT 63 x 10 ML
 ELEVIDYS 63.5-64.4 KG KIT 64 x 10 ML
 ELEVIDYS 64.5-65.4 KG KIT 65 x 10 ML
 ELEVIDYS 65.5-66.4 KG KIT 66 x 10 ML
 ELEVIDYS 66.5-67.4 KG KIT 67 x 10 ML
 ELEVIDYS 67.5-68.4 KG KIT 68 x 10 ML
 ELEVIDYS 68.5-69.4 KG KIT 69 x 10 ML
 ELEVIDYS 69.5 KG PLUS KIT 70 x 10 ML
 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
 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)
 ELFABRIO SOL 5MG/2.5ML
 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
 FILSUEVZ GEL 10%
 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
 FRUZAQLA CAPS 1MG
 FRUZAQLA CAPS 5MG
 FULPHILA SOSY 6 MG/0.6ML
 GASTROCROM 100 MG/5 ML CONC
 GATTEX KIT 5MG
 GENOTROPIN INJ 12MG
 GENOTROPIN INJ 5MG
 GENOTROPIN MINIQUEICK INJ 0.4MG
 GENOTROPIN MINIQUEICK INJ 0.6MG
 GENOTROPIN MINIQUEICK INJ 0.8MG
 GENOTROPIN MINIQUEICK INJ 1.2MG
 GENOTROPIN MINIQUEICK INJ 1.4MG
 GENOTROPIN MINIQUEICK INJ 1.6MG
 GENOTROPIN MINIQUEICK INJ 1.8MG
 GENOTROPIN MINIQUEICK INJ 1MG
 GENOTROPIN MINIQUEICK INJ 2MG
 GEFITINIB TAB 250MG
 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
 GLUTAMINE POWD PACK 5GM
 GOCOVRI CP24 137 MG
 GOCOVRI CP24 68.5 MG

H.P. ACTHAR INJ 80UNIT	ICLUSIG TAB 10MG
HAEGARDA SOLR 2000 UNIT	ICLUSIG TAB 15MG
HAEGARDA SOLR 3000 UNIT	ICLUSIG TAB 30MG
HALOG TOPICAL SOLN 0.1%	ICLUSIG TAB 45MG
HARVONI PAK 33.75-150 MG	IDACIO (2 PEN) AJKT 40MG/0.8ML
HARVONI PAK 45-200MG	IDACIO (2 SYRINGE) PSKT 80MG/0.8ML
HARVONI TAB 45-200MG	IDACIO-CR/UC START AJKT 40MG/0.8ML
HARVONI TAB 90-400MG	IDACIO-PSOR START AJKT 40mg/0.8ml
HEPSERA TAB 10MG	IDHIFA TABS 100 MG
HETLIOZ CAP 20MG	IDHIFA TABS 50 MG
HETLIOZ LQ 4MG/ML	ILARIS SOLN 150MG/ML
HEXALEN CAP 50MG	IMBRUVICA CAP 140MG
HIZENTRA INJ 1GM/5ML	IMBRUVICA CAPS 70 MG
HIZENTRA INJ 2GM/10ML	IMBRUVICA TABS 140 MG
HIZENTRA INJ 4GM/20ML	IMBRUVICA TABS 280 MG
HIZENTRA SOLN 10 GM/50ML	IMBRUVICA TABS 420 MG
HULIO (2 PEN) AJKT 40MG/0.8ML	IMBRUVICA TABS 560 MG
HULIO (2 SYRINGE) PSKT 20MG/0.4ML	IMDELLTRA INJ 1MG
HULIO (2 SYRINGE) PSKT 40MG/0.8ML	IMDELLTRA INJ 10MG
HUMATROPE COMBO PACK INJ 5MG	INBRIJA INHALATION POWDER CAPS 42 MG
HUMATROPE INJ 12MG	INCRELEX INJ 40MG/4ML
HUMATROPE INJ 24MG	INGREZZA CAP PK 40 & 80 MG
HUMATROPE INJ 6MG	INGREZZA CAPS 60MG
HUMIRA (2 SYRINGE) PSKT 10MG/0.1ML	INGREZZA CAPS 40 MG
HUMIRA (2 SYRINGE) PSKT 20MG/0.2ML	INGREZZA CAPS 80 MG
HUMIRA (2 SYRINGE) PSKT 40MG/0.8ML	INLYTA TAB 1MG
HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML	INLYTA TAB 5MG
HUMIRA (2 PEN) AJKT 40MG/0.8ML	INREBIC CAP 100 MG
HUMIRA (2 PEN) AJKT 40MG/0.4ML	INTRON-A INJ 18MU
HUMIRA (2 PEN) AJKT 80MG/0.8ML	INTRON-A INJ 18MU
HUMIRA CD/UC/HS STARTER AJKT 40MG/0.8ML	INTRON-A INJ 25MU
HUMIRA-PED CD STR PSKT 80MG/0.8ML & 40MG/0.4ML	INTRON-A KIT 10MU/ML
HUMIRA-PED UC STARTER AJKT 80MG/0.8ML	INTRON-A W/DILUENT INJ 10MU
HUMIRA-PED CR STARTER PSKT 80MG/0.8ML	INTRON-A W/DILUENT INJ 50MU
HUMIRA-CD/UC/HS STARTER AJKT 80MG/0.8ML	IQIRVO TAB 80MG
HUMIRA PS/UV/ADOL HS STARTER AJKT 40MG/0.8ML	JADENU SPRINKLE PACK 180 MG
HUMIRA -PS/UV STR AJKT 80MG/0.8ML & 40MG/0.4ML	JADENU SPRINKLE PACK 360 MG
HUMIRA INJ 10MG/0.2ML	JADENU SPRINKLE PACK 90 MG
HUMIRA KIT 20MG/0.4ML	JADENU TAB 180MG
HYCAMTIN 0.25 MG CAP	JADENU TAB 360MG
HYCAMTIN 1 MG CAP	JADENU TAB 90MG
HYQVIA KIT 10 GM/100ML	JAKAFI TAB 10MG
HYQVIA KIT 20 GM/200ML	JAKAFI TAB 15MG
HYQVIA KIT 30 GM/300ML	JAKAFI TAB 20MG
HYQVIA KIT 5 GM/50ML	JAKAFI TAB 25MG
HYRIMOZ SOAJ 40MG/0.4ML	JAKAFI TAB 5MG
HYRIMOZ SOAJ 40MG/0.8ML	JUXTAPID CAP 10MG
HYRIMOZ SOAJ 80MG/0.8ML	JUXTAPID CAP 20MG
HYRIMOZ SOSY 10 MG/0.1ML	JUXTAPID CAP 5MG
HYRIMOZ SOSY 20MG/0.2ML	JUXTAPID CAPS 30 MG
HYRIMOZ SOSY 40MG/0.4ML	JUXTAPID CAPS 40 MG
HYRIMOZ SOSY 40MG/0.8ML	JUXTAPID CAPS 60 MG
HYRIMOZ-CR/UC START SOAJ 80MG/0.8ML	KEVEYIS 50MG TAB
HYRIMOZ-PED/CR SOSY 80MG/0.8ML & 40MG/0.4ML	KEVZARA SOAJ 150 MG/1.14ML
HYRIMOZ-PED CR START SOSY 80MG/0.8ML	KEVZARA SOAJ 200 MG/1.14ML
HYRIMOZ-PL/PS/UV SOAJ 80MG/0.8ML & 40MG/0.4ML	KEVZARA SOSY 150 MG/1.14ML
IBRANCE CAP 100MG	KEVZARA SOSY 200 MG/1.14ML
IBRANCE CAP 125MG	KINERET SOSY 100MG/0.67ML
IBRANCE CAP 75MG	KISQALI 200 DOSE TABS 200 MG
IBRANCE TABS 100 MG	KISQALI 400 DOSE TABS 200 MG
IBRANCE TABS 125 MG	KISQALI 600 DOSE TABS 200 MG
IBRANCE TABS 75 MG	KISQALI FEMARA 200 DOSE TBPk 200 & 2.5 MG
	KISQALI FEMARA 400 DOSE TBPk 200 & 2.5 MG
	KISQALI FEMARA 600 DOSE TBPk 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
 LAPATINIB DITOSYLATE TAB 250MG
 LAZCLUZE TAB 80MG
 LAZCLUZE TAB 240MG
 LEDIPASVIR-SOFOSBUVIR 90-400MG
 LENALIDOMIDE CAPS 2.5 MG
 LENALIDOMIDE CAPS 5 MG
 LENALIDOMIDE CAPS 10 MG
 LENALIDOMIDE CAPS 15 MG
 LENALIDOMIDE CAPS 20 MG
 LENALIDOMIDE CAPS 25 MG
 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%
 LIBTAYO SOLN 350MG/7ML
 LIVDELZI CAP 10MG
 LIVMARLI SOL 19MG/ML
 LOFEXIDINE TAB 0.18MG
 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 PACK 50-20MG
 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
 MYHIBBIN SUS 200MG/ML
 NATPARA INJ 100MCG
 NATPARA INJ 25MCG
 NATPARA INJ 50MCG
 NATPARA INJ 75MCG
 NAYZILAM NASAL SPR 5MG
 NEMLUVIO INJ 30MG
 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
 OGSIVEO TAB 50MG
 OGSIVEO TAB 100MG
 OGSIVEO TAB 150MG
 OHTUVAYRE SUS 3MG/2.5ML
 OJJAARA TABS 100MG
 OJJAARA TABS 150MG
 OJJAARA TABS 200MG
 OLUMIANT TABS 1MG
 OLUMIANT TABS 2 MG
 OLUMIANT TABS 4MG
 OLYSIO CAP 150MG
 OMVOH SOAJ 100 MG/ML
 OMVOH SOLN 300MG/15ML
 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 20MG
 OTEZLA TAB 30MG
 OTEZLA TBPk 10 & 20 MG Starter pack
 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)
 PIASKY INJ 340/2ML
 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
 RETEVMO TAB 40MG
 RETEVMO TAB 80MG
 RETEVMO TAB 120MG
 RETEVMO TAB 160MG
 REVATIO TAB 20MG

REVLIMID CAP 10MG
 REVLIMID CAP 15MG
 REVLIMID CAP 2.5MG
 REVLIMID CAP 20MG
 REVLIMID CAP 25MG
 REVLIMID CAP 5MG
 REXULTI TABS 0.25 MG
 REXULTI TABS 0.5 MG
 REXULTI TABS 1 MG
 REXULTI TABS 2 MG
 REXULTI TABS 3 MG
 REXULTI TABS 4 MG
 REZDIFFRA TAB 60MG
 REZDIFFRA TAB 80MG
 REZDIFFRA TAB 100MG
 REZLIDHIA CAP 150MG
 RIBASPHERE RIBAPAK PAK 1200/DAY
 RIBASPHERE RIBAPAK PAK 600/DAY
 RIBATAB TAB 1200/DAY
 RILUTEK TAB 50MG
 RINVOQ TAB 24 15 MG
 RINVOQ TAB 24 30 MG
 RINVOQ TAB 24 45 MG
 RINVOQ LQ SOL 1MG/ML
 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
 RYSTIGGO INJ 420/3ML
 RYSTIGGO INJ 560/4ML
 RYSTIGGO INJ 840/6ML
 RYTELIO INJ 47MG
 RYTELO INJ 188MG
 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
 SCEMBLIX TAB 20 MG
 SCEMBLIX TAB 40 MG
 SCEMBLIX TAB 100 MG
 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
 SKYRIZI INJ 180MG/1.2ML
 SKYRIZI INJ 360MG/2.4ML
 SKYRIZI SOLN 600MG/10ML
 SOFOSBUVIR-VELPATASVIR TABS 400-100 MG
 SOHONOS CAPS 1MG
 SOHONOS CAPS 1.5MG
 SOHONOS CAPS 2.5MG
 SOHONOS CAPS 5MG
 SOHONOS CAPS 10MG
 SOMAVERT INJ 10MG SOMAVERT INJ 15MG
 SOMAVERT INJ 20MG SOMAVERT INJ 25MG
 SOMAVERT INJ 30MG SOVALDI TAB 400MG
 SORAFENIB TOSYLATE TABS 200 MG
 SOTYKTU TAB 6MG
 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
 STELARA SOLN 130MG/26ML
 STIVARGA TAB 40MG
 SUNITINIB MALATE CAPS 12.5 MG
 SUNITINIB MALATE CAPS 25 MG
 SUNITINIB MALATE CAPS 37.5 MG
 SUNITINIB MALATE CAPS 50 MG
 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 INJ 20/0.25ML
 TALTZ INJ 40/0.5ML
 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
 TANLOR TAB 1000 MG
 TECENTRIQ INJ HYBREZA
 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
 TEVIMBRA INJ 100/10ML
 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
 TIOPRONIN 100MG DR
 TIOPRONIN 300MG DR
 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 INJ 200 MG/ML
 TRETINOIN CAPS 10 MG
 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
 TYENNE INJ 162MG/0.9ML
 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

VABYSMO INJ 6/0.5ML
 VAFSEO TAB 300MG
 VALCHLOR GEL 0.016%
 VALCYTE SOL 50MG/ML
 VALCYTE TAB 450MG
 VANCOCIN HCL CAP 125MG
 VANCOCIN HCL CAP 250MG
 VECAMYL TAB 2.5MG
 VELSPITY TAB 2MG
 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
 VIGAFYDE SOL 100MG/ML
 VIJOICE GRA 50MG
 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
 VORANIGO TAB 10MG
 VORANIGO TAB 40MG
 VOSEVI TABS 400-100-100 MG
 VOTRIENT TAB 200MG
 WINREVAIR KIT 2 X 45MG
 WINREVAIR KIT 45MG
 WINREVAIR KIT 60MG
 WINREVAIR KIT 2 X 60MG
 WYNZORA 0.0050.064%
 XALKORI CAP 200MG
 XALKORI CAP 250MG
 XDEMVI SOLN 0.25%
 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
 XOLREMDI CAP 100 MG
 XOSPATA TAB 40 MG
 XPHOZAH TAB 20MG
 XPHOZAH TAB 30MG
 XTANDI CAP 40MG
 XTANDI TAB 40MG
 XTANDI TAB 80MG
 XYREM SOL 500MG/ML

YONSA TABS 125 MG
 YORVIPATH INJ 168/0.56ML
 YORVIPATH INJ 294/0.98ML
 YORVIPATH INJ 420/1.4ML
 YUFLYMA (1 PEN) AJKT 40MG/0.4ML
 YUFLYMA (2 PEN) AJKT 40MG/0.4ML
 YUFLYMA (1 PEN) AJKT 80MG/0.8ML
 YUFLYMA (2 SYRINGE) PSKT 40MG/0.4ML
 YUFLYMA (2 SYRINGE) PSKT 20MG/0.2ML
 YUFLYMA-CD/UC/HS STARTER AJKT 80MG/0.8ML
 YUPELRI INHALATION SOLN 175 MCG/3 ML
 YUSIMRY SOAJ 40MG/0.8ML
 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
 ZEPOSIA CAP 0.92MG
 ZEPOSIA 7-DAY STARTER PACK CPPK 4 x 0.23MG & 3 X 0.46MG
 ZEPOSIA STARTER KIT CPPK 0.23MG & 0.46MG 0.92MG(21)
 ZEPOSIA STARTER KIT CPPK 0.23MG & 0.46MG & 0.92MG
 ZILBRYSQ SOSY 32.4 MG/0.81ML
 ZILBRYSQ SOSY 23 MG/0.574ML
 ZILBRYSQ SOSY 16.6 MG/0.416ML
 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
 ZURZUVAE CAP 20MG
 ZURZUVAE CAP 25MG
 ZURZUVAE CAP 30MG
 ZYDELIG TAB 100MG
 ZYDELIG TAB 150MG
 ZYFLO CR TAB 600MG
 ZYKADIA CAP 150MG
 ZYKADIA TAB 150 MG
 ZYMFENTRA (2 PEN) AJKT 120MG/ML
 ZYMFENTRA (2 SYRINGE) PSKT 120MG/ML
 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: 1-800777-7902, 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 nìà kɛ dyédɛ gbo: ɔ jũ ké m̩ [Bàsò ò -wùdù-po-nyò] jũ ní, n̩í, à wuɖu kà kò dò po-poò bé in m̩ gbo kpáa. Dá 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 بگیرید 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).

ગુજરાતી/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 bụrụ na asụ Ibo, asụsụ 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).