2026 Premium Standard Specialty List

Effective July 1, 2026

For the most current list of covered medications or if you have questions:

Call the number on your member ID card.

Visit your plan's website on your member ID card to:

- Find a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

About this drug list

Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

Drug Name
Anti-Addiction / Substance Abuse Treatment Agents
VIVITROL
Antibacterials
ARIKAYCE
Anticonvulsants - Drugs for Seizures
DIACOMIT
EPIDIOLEX
FINTEPLA
vigabatrin
vigadrone
VIGAFYDE
ZTALMY
Antimyasthenic Agents
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE
Antineoplastics - Drugs for Cancer
abiraterone acetate tablet 250 mg oral
abiraterone acetate tablet 250 mg oral
abirtega
ALECENSA
ALUNBRIG ORAL TABLET 180 MG, 90 MG
ALUNBRIG ORAL TABLET 30 MG
ALUNBRIG ORAL TABLET THERAPY PACK
AUGTYRO
AYVAKIT
BALVERSA
BESREMI
bexarotene
BOSULIF
BRAFTOVI
BRUKINSA
CABOMETYX ORAL TABLET 20 MG
CABOMETYX ORAL TABLET 40 MG, 60 MG
CALQUENCE
capecitabine
CAPRELSA ORAL TABLET 100 MG
CAPRELSA ORAL TABLET 300 MG
COMETRIQ
COPIKTRA
COTELLIC
DANZITEN
dasatinib
DAURISMO
EMRELIS
ENSACOVE
ERIVEDGE
ERLEADA
erlotinib hcl oral tablet 100 mg, 150 mg
erlotinib hcl oral tablet 25 mg
ETOPOSIDE ORAL
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg
everolimus oral tablet soluble
FRUZAQLA
fulvestrant
GAVRETO
gefitinib
GILOTRIF
GLEOSTINE
GOMEKLI
HERNEXEOS
HYCAMTIN ORAL
HYRNUO
IBRANCE
ICLUSIG ORAL TABLET 10 MG, 15 MG
ICLUSIG ORAL TABLET 30 MG, 45 MG
IDHIFA
imatinib mesylate oral
IMBRUVICA ORAL CAPSULE 140 MG
IMBRUVICA ORAL CAPSULE 70 MG
IMBRUVICA ORAL SUSPENSION
IMBRUVICA ORAL TABLET 420 MG
IMKELDI
INLURIYO
INLYTA
INREBIC

Drug Name
ITOVEBI ORAL TABLET 3 MG
ITOVEBI ORAL TABLET 9 MG
JAKAFI ORAL TABLET 10 MG, 5 MG
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG
JAYPIRCA ORAL TABLET 100 MG
JAYPIRCA ORAL TABLET 50 MG
KEYTRUDA QLEX
KISQALI (200 MG DOSE)
KISQALI (400 MG DOSE)
KISQALI (600 MG DOSE)
KOMZIFTI
KOSELUGO
KRAZATI
lapatinib ditosylate
LAZCLUZE ORAL TABLET 240 MG
LAZCLUZE ORAL TABLET 80 MG
lenalidomide
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG
LEUKERAN
lomustine
LONSURF
LORBRENA
LUMAKRAS
LYNOZYFIC
LYNPARZA
LYTGOBI (12 MG DAILY DOSE)
LYTGOBI (16 MG DAILY DOSE)
LYTGOBI (20 MG DAILY DOSE)
MATULANE
MEKINIST
MEKTOVI
mercaptopurine oral suspension
mesna oral
MESNEX ORAL
MODEYSO
NERLYNX

Drug Name
nilotinib hcl
NILUTAMIDE
NINLARO
NUBEQA
ODOMZO
OGSIVEO
OJEMDA
ONUREG
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300-5000 MG -UT/2.5ML
ORGOVYX
ORSERDU
pazopanib hcl
PIQRAY
pomalidomide oral capsule 1 mg, 2 mg
pomalidomide oral capsule 3 mg, 4 mg
POMALYST ORAL CAPSULE 1 MG, 2 MG
POMALYST ORAL CAPSULE 3 MG, 4 MG
QINLOCK
RETEVMO ORAL TABLET 120 MG, 160 MG
RETEVMO ORAL TABLET 40 MG
RETEVMO ORAL TABLET 80 MG
REVLIMID
REVUFORJ
ROMVIMZA
ROZLYTREK
RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1600-20000 MG-UT/10ML, 2240-28000 MG-UT/14ML
RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 2400-30000 MG-UT/15ML, 3520-44000 MG-UT/22ML
RYDAPT
SCEMBLIX ORAL TABLET 100 MG
SCEMBLIX ORAL TABLET 20 MG
SCEMBLIX ORAL TABLET 40 MG
sorafenib tosylate
STIVARGA
sunitinib malate

Drug Name
TABLOID
TABRECTA
TAFINLAR
TAGRISSO ORAL TABLET 40 MG
TAGRISSO ORAL TABLET 80 MG
temozolomide
TEPMETKO
THALOMID
TIBSOVO
torpenz
tretinoin oral
TRUQAP
TUKYSA
TURALIO
VALCHLOR
VANFLYTA
VENCLEXTA
VENCLEXTA STARTING PACK
VERZENIO
VIJOICE ORAL PACKET
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG
VITRAKVI
VIZIMPRO ORAL TABLET 15 MG
VIZIMPRO ORAL TABLET 30 MG, 45 MG
VONJO
VORANIGO ORAL TABLET 10 MG
VORANIGO ORAL TABLET 40 MG
WELIREG
XOSPATA
XPOVIO (100 MG ONCE WEEKLY)
XPOVIO (40 MG ONCE WEEKLY)
XPOVIO (40 MG TWICE WEEKLY)
XPOVIO (60 MG ONCE WEEKLY)
XPOVIO (60 MG TWICE WEEKLY)
XPOVIO (80 MG ONCE WEEKLY)
XPOVIO (80 MG TWICE WEEKLY)

Drug Name
XTANDI
ZEJULA ORAL TABLET 100 MG
ZEJULA ORAL TABLET 200 MG, 300 MG
ZELBORAF
ZOLINZA
ZYDELIG
ZYKADIA
Antiparasitics
pyrimethamine oral
Antiparkinson Agents
apomorphine hcl subcutaneous
INBRIJA
ONAPGO
Antiplatelets
CABLIVI
Antivirals
EPCLUSA ORAL PACKET 150-37.5 MG
EPCLUSA ORAL PACKET 200-50 MG
EPCLUSA ORAL TABLET
HARVONI ORAL PACKET 33.75-150 MG
HARVONI ORAL PACKET 45-200 MG
HARVONI ORAL TABLET 45-200 MG
HARVONI ORAL TABLET 90-400 MG
LIVTENCITY
MAVYRET ORAL PACKET
MAVYRET ORAL TABLET
PEGASYS
PREVYMIS ORAL
RIBAVIRIN ORAL
SOVALDI ORAL PACKET 150 MG
SOVALDI ORAL PACKET 200 MG
SOVALDI ORAL TABLET 200 MG
SOVALDI ORAL TABLET 400 MG
VOSEVI
ZEPATIER
Blood Products and Modifiers - Drugs for Blood Disorders
ALHEMO

Drug Name
ALVAIZ
AQVESME
DOPTELET
DOPTELET SPRINKLE
eltrombopag olamine
EMPAVELI
FABHALTA
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED 2 GM
HEMLIBRA
HYMPAVZI
LEUKINE
MULPLETA
NEULASTA
NEULASTA ONPRO
NIVESTYM
NPLATE
PYRUKYND
PYRUKYND TAPER PACK
QFITLIA
TAVALISSE
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE
VOYDEYA
XOLREMDI
ZARXIO
Cardiovascular Agents - Drugs for Heart and Circulation Conditions
REDEMPLO
TRYNGOLZA
VYNDAMAX
Central Nervous System Agents
SKYCLARYS
Central Nervous System Agents - Drugs for Multiple Sclerosis
AVONEX PEN
AVONEX PREFILLED
BAFIERTAM
BETASERON

Drug Name
cladribine (10 tabs)
cladribine (4 tabs)
cladribine (5 tabs)
cladribine (6 tabs)
cladribine (7 tabs)
cladribine (8 tabs)
cladribine (9 tabs)
dalfampridine er
dimethyl fumarate oral
dimethyl fumarate starter pack
fingolimod hcl
GILENYA ORAL CAPSULE 0.25 MG
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml
glatopa subcutaneous solution prefilled syringe 20 mg/ml
glatopa subcutaneous solution prefilled syringe 40 mg/ml
KESIMPTA
MAVENCLAD
MAYZENT ORAL TABLET 0.25 MG
MAYZENT ORAL TABLET 1 MG, 2 MG
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG
teriflunomide
TYRUKO
VUMERITY
ZEPOSIA
ZEPOSIA 7-DAY STARTER PACK
ZEPOSIA STARTER KIT
Central Nervous System Agents - Miscellaneous
AUSTEDO
AUSTEDO XR
AUSTEDO XR PATIENT TITRATION
INGREZZA ORAL CAPSULE

Drug Name
INGREZZA ORAL CAPSULE SPRINKLE
INGREZZA ORAL CAPSULE THERAPY PACK
RADICAVA ORS
RADICAVA ORS STARTER KIT
tetrabenazine
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR
Dermatological Agents - Drugs for Skin Conditions
ADBRY
CIBINQO
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML
EBGLYSS
FILSUVEZ
LEQSELVI
LITFULO
NEMLUVIO
Electrolytes / Minerals / Metals / Vitamins
carglumic acid
tolvaptan
tolvaptan (hyponatremia)
trientine hcl oral capsule 250 mg
TRIENTINE HCL ORAL CAPSULE 500 MG
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions
CTEXLI
GATTEX
IQIRVO
LIVDELZI
SEROSTIM
XERMELO

Drug Name
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment
betaine
CERDELGA
CHOLBAM
CYSTADANE
CYSTAGON
EVRYSDI ORAL SOLUTION RECONSTITUTED
EVRYSDI ORAL TABLET
FORZINITY
GALAFOLD
javygtor
miglustat
MYALEPT
nitisinone
NITYR
OPFOLDA
ORFADIN
PHEBURANE
sapropterin dihydrochloride
sodium phenylbutyrate oral
STRENSIQ
SUCRAID
VOXZOGO
XURIDEN
yargesa
zelvysia
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions
DEPEN TITRATABS
FILSPARI
penicillamine oral tablet
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML
THIOLA
THIOLA EC

Drug Name
tiopronin
VANRAFIA
VOYXACT
Hormonal Agents - Adrenal
AGAMREE
Hormonal Agents - Pituitary
ACTHAR
ACTHAR GEL
CORTROPHIN
CORTROPHIN GEL
CRENESSITY ORAL CAPSULE 100 MG
CRENESSITY ORAL CAPSULE 25 MG, 50 MG
CRENESSITY ORAL SOLUTION
EGRIFTA SV
EGRIFTA WR
ELIGARD SUBCUTANEOUS KIT 22.5 MG
ELIGARD SUBCUTANEOUS KIT 30 MG
ELIGARD SUBCUTANEOUS KIT 45 MG
ELIGARD SUBCUTANEOUS KIT 7.5 MG
FIRMAGON
FIRMAGON (240 MG DOSE)
INCRELEX
leuprolide acetate injection
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG
LUPRON DEPOT-PED (1-MONTH)
LUPRON DEPOT-PED (3-MONTH)
LUPRON DEPOT-PED (6-MONTH)
NGENLA

Drug Name
NORDITROPIN FLEXPRO
NUTROPIN AQ NUSPIN 10
octreotide acetate injection
OCTREOTIDE ACETATE SUBCUTANEOUS
OMNITROPE
SKYTROFA
SOGROYA
SOMAVERT
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG
Immunological Agents - Drugs for Immune System Stimulation or Suppression
ACTEMRA ACTPEN
ACTEMRA SUBCUTANEOUS
ACTIMMUNE
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS
AMJEVITA-PED 15KG TO <30KG
ANDEMBRY
ARCALYST
AURANOFIN
AVTOZMA INTRAVENOUS
AVTOZMA SUBCUTANEOUS
BENLYSTA SUBCUTANEOUS
BERINERT
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML

Drug Name
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML
CIMZIA
CIMZIA (1 SYRINGE)
CIMZIA (2 SYRINGE)
CIMZIA-STARTER
DAWNZERA
ENBREL
ENBREL MINI
ENBREL SURECLICK
ENSPRYNG
ENTYVIO PEN
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML
icatibant acetate
ILARIS
KALBITOR
KEVZARA
KINERET
OLUMIANT
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE
OMVOH SUBCUTANEOUS
ORENCIA CLICKJECT
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML
ORLADEYO
OTEZLA ORAL TABLET

Drug Name
OTEZLA ORAL TABLET THERAPY PACK
OTEZLA XR
OTEZLA/OTEZLA XR INITIATION PK
RHAPSIDO
RIDAURA
RINVOQ
RINVOQ LQ
RUCONEST
SILIQ
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML
SKYRIZI PEN
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE
SOTYKTU
SPEVIGO SUBCUTANEOUS
STARJEMZA INTRAVENOUS
STARJEMZA SUBCUTANEOUS SOLUTION
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML

Drug Name
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML
TREMFYA ONE-PRESS
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML
TREMFYA-CD/UC INDUCTION
VELSIPITY
WEZLANA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS
WEZLANA SUBCUTANEOUS SOLUTION
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML
XELJANZ ORAL SOLUTION
XELJANZ ORAL TABLET
XELJANZ XR
YESINTEK SUBCUTANEOUS SOLUTION
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML
Metabolic Bone Disease Agents
OSENVELT
Miscellaneous Therapeutic Agents
AQNEURSA
BYLVAY
BYLVAY (PELLETS)
IWILFIN
MIPLYFFA
SOHONOS ORAL CAPSULE 1 MG
SOHONOS ORAL CAPSULE 1.5 MG
SOHONOS ORAL CAPSULE 10 MG
SOHONOS ORAL CAPSULE 2.5 MG
SOHONOS ORAL CAPSULE 5 MG
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG

Drug Name
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 294 MCG/0.98ML
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 420 MCG/1.4ML
ZILBRYSQ
ZOKINVY
Ophthalmic Agents - Drugs for Glaucoma
dichlorphenamide
KEVEYIS
ormalvi
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions
CYSTADROPS
CYSTARAN
OXERVATE
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions
EXDENSUR
FASENRA PEN
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML
GLASSIA INTRAVENOUS SOLUTION 4 GM/200ML, 5 GM/250ML
nintedanib esylate
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED
OFEV
pirfenidone oral capsule

Drug Name
pirfenidone oral tablet 267 mg
pirfenidone oral tablet 801 mg
TEZSPIRE
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis
ALYFTREK ORAL TABLET 10-50-125 MG
ALYFTREK ORAL TABLET 4-20-50 MG
KALYDECO ORAL PACKET
KALYDECO ORAL TABLET
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG
ORKAMBI ORAL PACKET 75-94 MG
ORKAMBI ORAL TABLET
PULMOZYME
SYMDEKO
TOBI PODHALER
tobramycin inhalation nebulization solution 300 mg/4ml
tobramycin nebulization solution 300 mg/5ml inhalation
TRIKAFTA ORAL TABLET THERAPY PACK
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension
ADEMPAS
alyq
ambrisentan
bosentan oral tablet
bosentan oral tablet soluble
OPSUMIT
ORENITRAM
ORENITRAM MONTH 1
ORENITRAM MONTH 2
ORENITRAM MONTH 3
sildenafil citrate oral suspension reconstituted
sildenafil citrate oral tablet 20 mg
tadalafil (pah)
TYVASO
TYVASO DPI INSTITUTIONAL KIT
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG
TYVASO DPI TITRATION KIT
TYVASO REFILL KIT
TYVASO STARTER KIT
UPTRAVI ORAL
UPTRAVI TITRATION
WINREVAIR
YUTREPIA INHALATION CAPSULE 106 MCG
YUTREPIA INHALATION CAPSULE 26.5 MCG, 53 MCG
YUTREPIA INHALATION CAPSULE 79.5 MCG
Sleep Disorder Agents
sodium oxybate
tasimelteon
WAKIX
XYWAV

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Notice of Nondiscrimination

Discrimination Is Against the Law

Blue Cross® Blue Shield® of Arizona (AZ Blue) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes). **AZ Blue** does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

AZ Blue:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 602-864-4884 for Spanish and 1-877-475-4799 for all other languages and other aids and services.

If you believe that **AZ Blue** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Section 1557 Coordinator
P.O. Box 13466
Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711
or email us at **crc@azblue.com**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **AZ Blue Section 1557 Coordinator** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
This notice is available at AZ Blue's website: azblue.com/nondiscrimination-notice.

BlueCross BlueShield Arizona

Un licenciatario independiente de Blue Cross Blue Shield Association

Aviso de no discriminación

La discriminación es ilegal

Blue Cross® Blue Shield® of Arizona (AZ Blue) cumple con las leyes federales de derechos civiles vigentes y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad ni sexo (de conformidad con el alcance de la discriminación sexual descrita en la Sección 92.101[a][2] del Título 45 del Código de Regulaciones Federales [CFR]) (o sexo, que incluye las características sexuales, como rasgos intersexuales, embarazo o condiciones relacionadas, orientación sexual, identidad de género y estereotipos sexuales). **AZ Blue** no excluye a las personas ni las trata de manera menos favorable por motivos de raza, color, nacionalidad, edad, discapacidad ni sexo.

AZ Blue:

- Brinda a las personas con discapacidades modificaciones razonables y ayudas y servicios auxiliares gratuitos y apropiados para comunicarse de manera eficaz con nosotros, tales como:
  - Intérpretes de lenguaje de señas calificados.
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Ofrece servicios gratuitos de asistencia lingüística a personas cuyo idioma principal no es el inglés, que pueden incluir:
  - Intérpretes calificados.
  - Información escrita en otros idiomas

Si necesita modificaciones razonables, ayudas y servicios auxiliares apropiados o servicios de asistencia lingüística, llame al 602-864-4884 para español y al 1-877-475-4799 para todos los demás idiomas y otras ayudas y servicios**.**

Si considera que **AZ Blue** no ha proporcionado estos servicios o ha discriminado de cualquier otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja ante:

Section 1557 Coordinator
P.O. Box 13466
Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711

o bien, envíenos un correo electrónico a **crc@azblue.com**

Puede presentar una queja en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para presentar una queja, el **Coordinador de la Sección 1557 de AZ Blue** está disponible para ayudar.

También puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. de manera electrónica a través del Portal de reclamos de la Oficina de Derechos Civiles, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o por correo o teléfono a:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Los formularios de reclamos están disponibles en http://www.hhs.gov/ocr/office/file/index.html. Este aviso está disponible en el sitio web de AZ Blue: azblue.com/nondiscrimination-notice.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-475-4799.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 602-864-4884.

Navajo: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 1-877-475-4799.

Chinese Simplified: 如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-877-475-4799 。

Chinese Traditional: 如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-877-475-4799。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-475-4799.

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-475-4799.

Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-475-4799.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-475-4799.

Korean: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-475-4799.

Russian: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-475-4799.

Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-475-4799.

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-475-4799 ।

Farsi (Persian)

توجه: اگر فارسی صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-877-475-4799.

Thai: หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-475-4799 หรือปรึกษาผู้ให้บริการของคุณ”

Japanese: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-475-4799 。

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association