

## 2021 Drug List Negative Changes

Updated 10/01/2021

The table below shows changes made to our 2021 List of Covered Drugs (Formulary).

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
10/15/2020	<i>bimatoprost (topical) SOLN</i>	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
10/15/2020	<i>dextran 70-hypromellose SOLN</i>	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
10/15/2020	IRON TABS 256MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
10/15/2020	<i>protamine sulfate SOLN</i>	Removed non-Part D eligible drug	N/A	Contact your doctor for other options.
10/15/2020	SAMSCA TAB 30MG	This drug was removed from the formulary.	<i>tolvaptan tabs 30 mg</i>	Contact your doctor for other options.
10/15/2020	JADENU SPRKL GRA 90MG	This drug was removed from the formulary.	<i>deferasirox pack</i>	Contact your doctor for other options.
10/15/2020	JADENU SPRKL GRA 180MG	This drug was removed from the formulary.	<i>deferasirox pack</i>	Contact your doctor for other options.
10/15/2020	JADENU SPRKL GRA 360MG	This drug was removed from the formulary.	<i>deferasirox pack</i>	Contact your doctor for other options.
12/07/2020	INVIRASE CAPS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
12/07/2020	PACLITAXEL CONC 100MG/16.67ML	Removed non-Part D eligible drug (not on NSDE)	N/A	Contact your doctor for other options.
12/07/2020	VINATE ONE TABS	Removed non-Part D eligible drug (not on NSDE)	TRINATAL RX 1 TABS	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
12/07/2020	BYDUREON SRER	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
12/07/2020	CARDIOTEK-RX TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
12/07/2020	<i>fexofenadine hcl SUSP 30 MG/5ML</i>	This drug was removed from the market.	N/A	Contact your doctor for other options.
12/07/2020	<i>magnesium hydroxide SUSP 2400 MG/10ML</i>	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
12/07/2020	<i>promethazine-phenylephrine-codeine SYRP</i>	This drug was removed from the market.	N/A	Contact your doctor for other options.
12/07/2020	<i>pseudoephedrine hcl LIQD 15 MG/5ML</i>	This drug was removed from the market.	N/A	Contact your doctor for other options.
12/07/2020	<i>psyllium CAPS 0.52 GM</i>	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
12/07/2020	<i>psyllium POWD 28.3 %</i>	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
12/07/2020	ZINC SULFATE CAPS OR 50 MG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
12/07/2020	AP-HIST DM LIQD	This drug was removed from the market.	N/A	Contact your doctor for other options.
12/07/2020	MULTI-DELYN/IRON LIQD	This drug was removed from the market.	N/A	Contact your doctor for other options.
12/07/2020	PEDIATRIC COUGH/COLD LIQD	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2021	LARTRUVO SOLN 190 MG/19ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	LARTRUVO SOLN 500 MG/50ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
2/1/2021	<i>chlorothiazide tabs 500 mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	JUXTAPID CAPS 40 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	JUXTAPID CAPS 60 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	BEVYXXA CAPS 40 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	BEVYXXA CAPS 80 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	PEGASYS PROCLICK SOLN 180 MCG/0.5ML	Removed non-Part D eligible drug (Expired marketing end date)	PEGASYS SOLN	Contact your doctor for other options.
2/1/2021	<i>hydrocortisone (topical) OINT 0.5 %</i>	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2021	<i>lidocaine hcl (local anesth.) SOLN 1.5 %</i>	Removed non-Part D eligible drug	<i>lidocaine hcl (local anesth.) SOLN 1 %, 2 %</i>	Contact your doctor for other options.
2/1/2021	TWINRIX SUSP	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2021	TREXIMET TABS 10 MG-60 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2021	<i>methadone hcl TBSO OR 40 MG</i>	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
2/1/2021	<i>phenylephrine-brompheniramine-dm ELIX 1 MG/5ML-2.5 MG/5ML-5 MG/5ML</i>	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2021	<i>phenylephrine-diphenhydramine-gg w/ apap MISC</i>	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
2/1/2021	NUPLAZID TABS 17 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2021	ATRIPLA TABS	This drug was removed from the formulary.	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.
2/1/2021	BETHKIS NEBU	This drug was removed from the formulary.	<i>tobramycin nebu 300mg/4ml</i>	Contact your doctor for other options.
2/1/2021	DEMSER CAPS	This drug was removed from the formulary.	<i>metyrosine caps</i>	Contact your doctor for other options.
2/1/2021	EMTRIVA CAPS 200 MG	This drug was removed from the formulary.	<i>emtricitabine caps</i>	Contact your doctor for other options.
2/1/2021	FERRIPROX TABS 500MG	This drug was removed from the formulary.	<i>deferiprone tabs</i>	Contact your doctor for other options.
2/1/2021	KUVAN POW 100MG	This drug was removed from the formulary.	<i>sapropterin dihydrochloride pack</i>	Contact your doctor for other options.
2/1/2021	KUVAN POW 500MG	This drug was removed from the formulary.	<i>sapropterin dihydrochloride pack</i>	Contact your doctor for other options.
2/1/2021	SYMFI LO TABS	This drug was removed from the formulary.	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.
2/1/2021	SYMFI TABS	This drug was removed from the formulary.	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.
2/1/2021	TRUVADA TABS 200 MG- 300 MG	This drug was removed from the formulary.	<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.
2/1/2021	TYKERB TABS	This drug was removed from the formulary.	<i>lapatinib ditosylate tabs</i>	Contact your doctor for other options.
3/1/2021	<i>clindamycin phosphate soln iv 300 mg/2ml</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
3/1/2021	<i>clindamycin phosphate soln iv 600 mg/4ml</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
3/1/2021	<i>clindamycin phosphate soln iv 900 mg/6ml</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
3/1/2021	DEPO-PROVERA SUSP	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
3/1/2021	LAZANDA SOLN 100 MCG/ACT	Removed non-Part D eligible drug (Expired marketing end date) Removed non-Part D eligible drug (CMS excluded labeler code)	N/A	Contact your doctor for other options.
3/1/2021	LAZANDA SOLN 300 MCG/ACT	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
3/1/2021	LAZANDA SOLN 400 MCG/ACT	Removed non-Part D eligible drug (Expired marketing end date) Removed non-Part D eligible drug (CMS excluded labeler code)	N/A	Contact your doctor for other options.
3/1/2021	VASCEPA CAPS 1GM	This drug was removed from the formulary.	<i>icosapent ethyl caps</i>	Contact your doctor for other options.
3/1/2021	BANZEL SUSP 40MG/ML	This drug was removed from the formulary.	<i>rufinamide susp</i>	Contact your doctor for other options.
3/1/2021	ZYTIGA TABS 500 MG	This drug was removed from the formulary.	<i>abiraterone acetate tabs</i>	Contact your doctor for other options.
3/1/2021	BROTAPP DM LIQD	This drug was removed from the market.	N/A	Contact your doctor for other options.
3/1/2021	POTABA CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
4/1/2021	TARGRETIN GEL EX 1%	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2021	ALINIA TABS 500 MG	This drug was removed from the formulary.	<i>nitazoxanide tabs</i>	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
4/1/2021	HERCEPTIN SOLR 440 MG	Removed non-Part D eligible drug (Expired marketing end date) Removed non-Part D eligible drug (Not on NSDE)	N/A	Contact your doctor for other options.
4/1/2021	HUMIRA PSKT 10 MG/0.2ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2021	HUMIRA PSKT 20 MG/0.4ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2021	VIDEXPEDIATRIC SOLR 2 GM	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2021	GLEOSTINE CAPS	Removed non-Part D eligible drug (CMS excluded labeler code)	N/A	Contact your doctor for other options.
4/1/2021	<i>acetaminophen</i> TABS OR 500 MG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
4/1/2021	<i>docusate sodium</i> TABS OR 100 MG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
4/1/2021	ED CHLORPED LIQD	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2021	<i>pseudoephedrine-chlorphen-dm</i> LIQD	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2021	RA CALCIUM/MAGNESIUM/ZINC/COPPER TABS	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2021	TANDEM CAPS	This drug was removed from the market.	N/A	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
4/1/2021	TANDEM PLUS CAPS	This drug was removed from the market.	<i>fe fum-iron polysacch complex-fa-b complex-czn-mn-cu caps</i>	Contact your doctor for other options.
5/1/2021	<i>didanosine CPDR</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
5/1/2021	TRUVADA TABS 100 MG-150 MG	This drug was removed from the formulary.	<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.
5/1/2021	TRUVADA TABS 167 MG-250 MG	This drug was removed from the formulary.	<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.
5/1/2021	TRUVADA TABS 133 MG-200 MG	This drug was removed from the formulary.	<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.
5/1/2021	LOTEMAX GEL 0.5%	This drug was removed from the formulary.	<i>loteprednol etabonate gel</i>	Contact your doctor for other options.
5/1/2021	<i>phenylephrine-dm-gg w/ apap LIQD 10 MG/10ML-200 MG/10ML-325 MG/10ML-5 MG/10ML</i>	This drug was removed from the market.	N/A	Contact your doctor for other options.
6/1/2021	NORTHERA CAPS 100MG	This drug was removed from the formulary.	<i>droxidopa caps 100 mg</i>	Contact your doctor for other options.
6/1/2021	NORTHERA CAPS 200MG	This drug was removed from the formulary.	<i>droxidopa caps 200 mg</i>	Contact your doctor for other options.
6/1/2021	NORTHERA CAPS 300MG	This drug was removed from the formulary.	<i>droxidopa caps 300 mg</i>	Contact your doctor for other options.
6/1/2021	ANADROL-50 TABS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
6/1/2021	<i>nadolol &amp; bendroflumethiazide TABS</i>	This drug was removed from the market.	N/A	Contact your doctor for other options.



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6/1/2021	CALCIUM CHEW 500 MG	Removed non-Medicaid and non-Part D eligible drug.	CALCIUM CARBONATE CHEW 500 MG	Contact your doctor for other options.
6/1/2021	<i>magnesium oxide</i> TABS 250 MG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
7/1/2021	<i>cefuroxime sodium solr IJ</i> 7.5 gm	This drug was removed from the market.	N/A	Contact your doctor for other options.
7/1/2021	MENTHOL ZINC OINT	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
7/1/2021	<i>miconazole nitrate vaginal supp</i> 100 mg	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
7/1/2021	<i>phenylephrine hcl soln</i>	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
7/1/2021	RISACAL-D TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
8/1/2021	<i>biotin tabs</i> 300 mcg	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
8/1/2021	<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit</i>	Removed non-Part D eligible drug (Not on NSDE)	N/A	Contact your doctor for other options.
8/1/2021	CAMPATH SOLN	This drug was removed from the market.	N/A	Contact your doctor for other options.
8/1/2021	<i>psyllium powd</i> 48.57 %	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
8/1/2021	RA OYSTER SHELL CALCIUM/VIT AMIN D TABS	This drug was removed from the market.	N/A	Contact your doctor for other options.
8/1/2021	TUSSIONEX PENNKINETIC EXTENDED RELEASE SUER	This drug was removed from the market.	<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	Contact your doctor for other options.



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8/1/2021	VANACOF-8 LIQD	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
8/1/2021	WHITE PETROLATUM OINT EX	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
9/1/2021	BANZEL TABS 200 MG	This drug was removed from the formulary.	<i>rufinamide tab 200 mg</i>	Contact your doctor for other options.
9/1/2021	BANZEL TABS 400 MG	This drug was removed from the formulary.	<i>rufinamide tab 400 mg</i>	Contact your doctor for other options.
9/1/2021	<i>captopril &amp; hydrochlorothiazide tabs 25-15 MG</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2021	<i>captopril &amp; hydrochlorothiazide tabs 25-25 MG</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2021	<i>captopril &amp; hydrochlorothiazide tabs 50-15 MG</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2021	<i>captopril &amp; hydrochlorothiazide tabs 50-25 MG</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2021	<i>albuterol sulfate tb12 or 4 mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2021	<i>albuterol sulfate tb12 or 8 mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2021	PHOSPHOLINE IODIDE SOLR	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.

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9/1/2021	<i>prednicarbate crea</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2021	ERWINASE SOLR	Removed non-Part D eligible drug (CMS excluded labeler code) Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2021	INTELENCE TABS 100 MG	This drug was removed from the formulary.	<i>etravirine tabs 100 mg</i>	Contact your doctor for other options.
10/1/2021	INTELENCE TABS 200 MG	This drug was removed from the formulary.	<i>etravirine tabs 200 mg</i>	Contact your doctor for other options.
10/1/2021	KALETRA TABS 100-25MG	This drug was removed from the formulary.	<i>lopinavir-ritonavir tab 100-25 mg</i>	Contact your doctor for other options.
10/1/2021	KALETRA TABS 200-50MG	This drug was removed from the formulary.	<i>lopinavir-ritonavir tab 200-50 mg</i>	Contact your doctor for other options.
10/1/2021	<i>maprotiline hcl tabs 25mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2021	<i>maprotiline hcl tabs 50mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2021	<i>maprotiline hcl tabs 75mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2021	NAMENDA XR TITRATION PACK CP24	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2021	<i>oxycodone-aspirin tabs</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2021	<i>tolmetin sodium caps 400 mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2021	<i>alendronate sodium tabs 5 mg</i>	This drug was removed from the market.	N/A	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
10/1/2021	CORVITE TABS	This drug was removed from the market.	<i>multiple vitamins w/ minerals &amp; folic acid tabs</i>	Contact your doctor for other options.
10/1/2021	<i>dimethicone (topical) lotn</i>	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
10/1/2021	VORTEX HOLDING CHAMBER/MASK/CHILDS DEVI	Removed non-Medicaid and non-Part D eligible drug.	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	Contact your doctor for other options.
10/1/2021	VORTEX HOLDING CHAMBER/MASK/CHILDS/FR OG DEVI	Removed non-Medicaid and non-Part D eligible drug.	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	Contact your doctor for other options.
10/1/2021	VORTEX HOLDING CHAMBER/MASK/TODDLER DEVI	Removed non-Medicaid and non-Part D eligible drug.	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	Contact your doctor for other options.
10/1/2021	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	Removed non-Medicaid and non-Part D eligible drug.	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	Contact your doctor for other options.

Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-896-1844 (TTY: 711) de 8 a. m. a 8 p. m., lunes a viernes. Después de horas hábiles, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Le devolveremos la llamada el próximo día hábil. La llamada es gratuita.

## Statement of Non-Discrimination

Superior HealthPlan (Superior) STAR+PLUS Medicare-Medicaid Plan (MMP) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Superior STAR+PLUS MMP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### Superior STAR+PLUS MMP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Superior STAR+PLUS MMP's Member Services at 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

If you believe that Superior STAR+PLUS MMP 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 by calling the number above and telling them you need help filing a grievance; Superior STAR+PLUS MMP's Member Services 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, DC 20201  
1-800-368-1019, (TDD: 1-800-537-7697)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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## Declaración de no discriminación

Superior HealthPlan (Superior) STAR+PLUS Medicare-Medicaid Plan (MMP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por cuestiones de raza, color, nacionalidad, edad, discapacidad o sexo. Superior STAR+PLUS MMP no excluye a ninguna persona ni la trata de manera diferente por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

### Superior STAR+PLUS MMP:

- Proporciona servicios y dispositivos gratuitos a personas con discapacidades para que se comuniquen eficazmente con nosotros, como intérpretes calificados de lengua de señas e información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles y otros formatos).
- Brinda servicios lingüísticos gratis a aquellas personas cuya lengua materna no es el inglés, como intérpretes calificados e información escrita en otros idiomas.

Si necesita estos servicios, póngase en contacto con Servicios para afiliados de Superior STAR+PLUS MMP al 1-866-896-1844 (los usuarios de TTY deben llamar al 711) de 8 a. m. a 8 p. m., lunes a viernes. Después de horas hábiles, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Le devolveremos su llamada el próximo día hábil. La llamada es gratuita.

Si usted considera que Superior STAR+PLUS MMP no le ha brindado estos servicios o lo ha discriminado de alguna otra manera debido a su raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo llamando al número que aparece arriba e informando que necesita ayuda para presentar el reclamo; el Departamento de Servicios para afiliados de Superior STAR+PLUS MMP está disponible para ayudarlo.

También puede presentar una queja sobre derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Sociales de los EE. UU. de manera electrónica a través del Office for Civil Rights Complaint Portal (Portal de quejas de la Oficina de Derechos Civiles) disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo electrónico o a los teléfonos que figuran a continuación:

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

Los formularios de quejas se encuentran disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.

ENGLISH: Language assistance services, auxiliary aids and services, and other alternative formats are available to you free of charge. To obtain this, call 1-866-896-1844 (TTY: 711).

SPANISH: Tiene a su disposición sin costo alguno servicios de ayuda con el idioma, servicios y dispositivos auxiliares, y otros formatos alternativos. Para obtenerlos, llame al 1-866-896-1844 (TTY: 711).

SPANISH: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-896-1844 (TTY: 711).

VIETNAMESE: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-896-1844 (TTY: 711).

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 1-866-896-1844 (TTY: 711)。

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-896-1844 (TTY: 711) 번으로 전화해 주십시오.

ARABIC: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-896-1844 (رقم هاتف الصم والبكم: 711).

URDU: خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-866-896-1844 (TTY: 711).

TAGALOG: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-896-1844 (TTY: 711).

FRENCH: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-896-1844 (ATS : 711).

HINDI: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-896-1844 (TTY : 711) पर कॉल करें।

PERSIAN/  
FARSI: توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-896-1844 (TTY : 711) تماس بگیرید.

GERMAN: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-896-1844 (TTY: 711).

<b>GUJARATI:</b>	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-896-1844 (TTY: 711).
<b>RUSSIAN:</b>	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-896-1844 (телетайп: 711).
<b>JAPANESE:</b>	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-896-1844 (TTY: 711) まで、お電話にてご連絡ください。
<b>LAOTIAN:</b>	ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄ່າມິພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-896-1844 (TTY: 711).