OPTUMRx®

Your 2019 Formulary

Effective January 1, 2019

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

Call the member phone number on your ID card.

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

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

Select Standard

Understanding your formulary

What is a formulary?
A formulary is a list of prescribed medications chosen by your plan for their safety, cost and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications approved by the U.S. Food and Drug Administration (FDA).

How do I use my formulary?
You and your doctor can consult the formulary to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the member phone number on your ID card.

About this formulary
Where differences exist between this formulary and your benefit plan documents, the benefit plan documents rule. This may not be a complete list of medications, and not all medications listed may be covered by your plan. Please look at the benefit plan documents provided by your employer or plan sponsor for full details.

What are tiers?
Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, determined by your employer or plan sponsor. This is how much you will pay when you fill a prescription.

When does the formulary change?
- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equivalent becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

When a medication changes tiers, you may have to pay a different amount for that medication.

Why are some medications excluded from coverage?
A medication may be excluded from coverage under your pharmacy benefit when it works the same as or similar to another prescription or over-the-counter (OTC) medication.

What if I don't agree with a decision about an excluded medication?
You (or your authorized representative) and your doctor can ask for a coverage request by calling the member phone number on your ID card.

Medication tips

What is the difference between brand-name and generic medications?
Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients.

What if my doctor writes a brand-name prescription?
If your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and could be right for you. Generic medications are usually your lowest-cost option.

Over-the-counter medications
An OTC medication may be the right treatment option for some conditions. Talk to your doctor about available OTC options. Even though these medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

What if I am taking a specialty medication?
Specialty medications treat rare or complex conditions and are typically higher cost medications. Please note, not all specialty medications are listed in the formulary. BriovaRx®, the OptumRx® specialty pharmacy, can provide most of your specialty medications along with helpful programs and services. Call BriovaRx at **1-855-4BRIOVA (1-855-427-4682)** and have your prescriptions delivered right to your home or doctor's office.

Reading your formulary

The formulary gives you choices so you and your doctor can determine your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications in lowercase (for example, clobetasol).

Tier information

Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high deductible plan, the tier cost levels will apply once you hit your deductible.

Drug Tier		Includes	Helpful Tips
Tier 1	$	**Lower-cost** generics and some brand-name	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	$$	**Mid-range cost** preferred brand-name	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
Tier 3	$$$	**Highest-cost** non-preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.

Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan determines how these medications may be covered for you.

SP	**Specialty Medication** – Medication is designated as specialty.
3P	Tier 3 preferred

Table of Contents

Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
acetaminophen-codeine oral tablet	1	
BELBUCA	3	
butalbital-apap-caffeine oral capsule	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
EMBEDA	2	
fentanyl	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	
hydromorphone hcl oral tablet	1	
HYSINGLA ER	2	
morphine sulfate er oral tablet extended release	1	
NUCYNTA	3	
oxycodone hcl oral tablet	1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	
tramadol hcl ir	1	
tramadol-acetaminophen	1	
ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	3	
Analgesics - Drugs for Pain and Inflammation		
celecoxib oral	1	
diclofenac potassium	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	
etodolac oral tablet	1	
FLECTOR	3	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
SPRIX	3	
sulindac oral	1	
Anesthetics		
lidocaine external ointment	1	
lidocaine external patch 5 %	1	
lidocaine-prilocaine external cream	1	
Anti-Addiction / Substance Abuse Treatment Agents		
BUNAVAIL	3	
buprenorphine hcl sublingual	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	
CHANTIX STARTING MONTH PAK	3	
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE SUBLINGUAL FILM	2	
ZUBSOLV	2	
Antibacterials		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
cefdinir	1	
cefuroxime axetil oral tablet	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
ciprofloxacin hcl oral	1	
clarithromycin oral tablet	1	
clindamycin hcl oral	1	

Drug Name	Drug Tier	Notes
CLINDESSE	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mupirocin external	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
penicillin v potassium oral tablet	1	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
XIFAXAN	3	
Anticoagulants		
ELIQUIS	2	
enoxaparin sodium	1	SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
PRADAXA	2	
SAVAYSA	3	
warfarin sodium oral	1	
XARELTO	2	
XARELTO STARTER PACK	2	
Anticonvulsants - Drugs for Seizures		
carbamazepine oral tablet	1	
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral tablet delayed release	1	
gabapentin oral capsule	1	
gabapentin oral tablet	1	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
oxcarbazepine oral tablet	1	
OXTELLAR XR	3	
phenytoin sodium extended	1	
topiramate er	1	
topiramate oral tablet	1	
VIMPAT	3	
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG	2	

Drug Name	Drug Tier	Notes
Antidepressants		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl)	1	
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er	1	
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	2	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	1	
paroxetine hcl oral tablet	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD ORAL TABLET	3	
VIIBRYD STARTER PACK	3	
Antiemetics - Drugs for Nausea and Vomiting		
meclizine hcl oral tablet	1	
metoclopramide hcl oral tablet	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
ondansetron hcl oral tablet	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
scopolamine	1	
VARUBI ORAL	3	
Antifungals		
fluconazole oral tablet	1	
GYNAZOLE-1	3	
JUBLIA	3	
KERYDIN	3	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	
terconazole vaginal cream	1	
Antigout Agents		
allopurinol oral	1	
COLCHICINE ORAL TABLET	3	
COLCRYS	2	
DUZALLO	3	
ULORIC	2	
ZURAMPIC	3	
Antimigraine Agents		
eletriptan hydrobromide	1	
MIGRANAL	3	
ONZETRA XSAIL	3	
rizatriptan benzoate	1	

Drug Name	Drug Tier	Notes
sumatriptan succinate oral	1	
Antineoplastics - Drugs for Cancer		
anastrozole oral	1	
CABOMETYX	2	SP
capecitabine	1	SP
IBRANCE	3	SP
letrozole oral	1	
mercaptopurine oral	1	SP
REVLIMID	3	SP
SPRYCEL	2	SP
tamoxifen citrate oral	1	
XTANDI	3	SP
ZYTIGA	3	SP
Antiparasitics		
EMVERM	2	
hydroxychloroquine sulfate oral	1	
permethrin external cream	1	
Antiparkinson Agents		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
ZELAPAR	3	
Antiplatelets		
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
Antipsychotics - Drugs for Mood Disorders		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	
aripiprazole oral tablet	1	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	3	
haloperidol oral	1	
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
LATUDA	3	
olanzapine oral tablet	1	
quetiapine fumarate	1	
REXULTI	3	
risperidone oral tablet	1	
SAPHRIS	2	
VRAYLAR	3	
ziprasidone hcl	1	
Antivirals		
abacavir sulfate-lamivudine	1	SP
acyclovir oral tablet	1	
ATRIPLA	3	SP
CIMDUO	2	SP
COMPLERA	2	SP
DESCOVY	3	SP
entecavir	1	SP
EPCLUSA	2	SP

Drug Name	Drug Tier	Notes
GENVOYA	3	SP
HARVONI	2	SP
INTELENCE	2	SP
ISENTRESS	2	SP
ISENTRESS HD	2	SP
JULUCA	2	SP
MAVYRET	2	SP
NORVIR ORAL TABLET	3	SP
ODEFSEY	3	SP
oseltamivir phosphate oral	1	
PREZCOBIX	2	SP
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	SP
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	SP
STRIBILD	3	SP
SYMFI	2	SP
SYMFI LO	2	SP
TAMIFLU ORAL CAPSULE 75 MG	3	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	
tenofovir disoproxil fumarate	1	SP
TIVICAY	2	SP
TRIUMEQ	2	SP
TRUVADA	2	SP
valacyclovir hcl oral	1	
VOSEVI	2	SP
ZOVIRAX EXTERNAL CREAM	2	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
ZOVIRAX EXTERNAL OINTMENT	3	
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	
buspirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	1	
triazolam	1	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders		
AFSTYLA	3	SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	2	SP
GRANIX	2	SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	2	SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	2	SP
NUWIQ	3	SP
PROCRIT	2	SP
ZARXIO	2	SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	2	
BYVALSON	2	
cartia xt	1	
carvedilol	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
choline fenofibrate	1	
clonidine hcl oral	1	
CORLANOR	3	
digoxin oral tablet	1	
diltiazem hcl er beads	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
diltiazem hcl oral	1	
doxazosin mesylate oral	1	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral	1	
ENTRESTO	2	
ezetimibe	1	
ezetimibe-simvastatin	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl oral	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
LIPOFEN	3	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	
losartan potassium	1	
losartan potassium-hctz	1	

Drug Name	Drug Tier	Notes
lovastatin	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MULTAQ	3	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
pentoxifylline er	1	
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	SP
pravastatin sodium	1	
prazosin hcl oral	1	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
quinapril hcl	1	
ramipril	1	
RANEXA	2	
REPATHA	2	SP
REPATHA PUSHTRONEX SYSTEM	2	SP
REPATHA SURECLICK	2	SP
rosuvastatin calcium	1	
simvastatin oral	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
sotalol hcl oral	1	
spironolactone oral	1	
TEKTURNA	2	
TEKTURNA HCT	2	
telmisartan	1	
torsemide oral	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet	1	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral	1	
ZYPITAMAG	3	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR	3	
ADZENYS ER	3	
ADZENYS XR-ODT	3	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	
atomoxetine hcl	1	
COTEMPLA XR-ODT	3	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	
guanfacine hcl er	1	

Drug Name	Drug Tier	Notes
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg	1	
methylphenidate hcl er oral tablet extended release 24 hour	1	
methylphenidate hcl oral tablet	1	
VYVANSE	2	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	2	SP
AUBAGIO	3	SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2	SP
AVONEX VIAL INTRAMUSCULAR KIT	2	SP
BETASERON SUBCUTANEOUS KIT	2	SP
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	SP
GILENYA	3	3P; SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	SP
TECFIDERA	2	SP
Central Nervous System Agents - Miscellaneous		
ADDYI	3	
CONTRAVE	2	
GRALISE	3	
GRALISE STARTER	3	
LYRICA ORAL CAPSULE	2	
phentermine hcl oral tablet	1	
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine viscous	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	3	
ACZONE EXTERNAL GEL 5 %	3	
ACZONE EXTERNAL GEL 7.5 %	2	
adapalene external gel	1	
ATRALIN	3	
claravis	1	
CLINDAGEL	3	
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1	

Drug Name	Drug Tier	Notes
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	3	
clindamycin phosphate gel 1 % external	1	
clotrimazole-betamethasone external cream	1	
DIFFERIN EXTERNAL GEL 0.3 %	3	
DIFFERIN EXTERNAL LOTION	3	
DUPIXENT	2	SP
ELIDEL	2	
ENSTILAR	3	
EPIDUO	3	
EPIDUO FORTE	3	
EUCRISA	2	
FLUOROPLEX	3	
METROGEL EXTERNAL GEL	3	
metronidazole external gel	1	
MIRVASO	2	
myorisan	1	
ONEXTON	3	
ORACEA	3	
OXSORALEN ULTRA	2	
RETIN-A MICRO GEL 0.04 %, 0.1 %	3	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	3	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	2	
SOOLANTRA	2	
TACLONEX	3	
TAZORAC	3	
tretinoin external cream	1	
VECTICAL	3	
ZYCLARA	3	
ZYCLARA PUMP	3	
Diabetes - Antidiabetic Agents		
BYDUREON BCISE AUTOINJECTOR	2	
BYDUREON PEN	2	
BYDUREON VIAL	2	
BYETTA 10 MCG PEN	2	
BYETTA 5 MCG PEN	2	
FARXIGA	3	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	
INVOKAMET	2	
INVOKAMET XR	2	
INVOKANA	2	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	

Drug Name	Drug Tier	Notes
metformin hcl er	1	
metformin hcl er (mod)	1	
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	1	
metformin hcl oral tablet	1	
ONGLYZA	3	
OZEMPIC	2	
pioglitazone hcl	1	
QTERN	3	
SOLIQUA	2	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
TRULICITY	2	
VICTOZA	2	
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	2	
ACCU-CHEK AVIVA PLUS	2	
ACCU-CHEK COMPACT PLUS CARE KIT	2	
ACCU-CHEK COMPACT PLUS TEST STRIPS	2	
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK FASTCLIX LANCETS	2	
ACCU-CHEK GUIDE	2	
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	2	
ACCU-CHEK MULTICLIX LANCETS	2	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	2	
ACCU-CHEK SMARTVIEW TEST STRIPS	2	
ACCU-CHEK SOFT TOUCH LANCETS	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER DEVICE	3	
DEXCOM G4 PLATINUM RECEIVER, SENSOR, TRANSMITTER DEVICE	3	
DEXCOM G5 SENSOR, TRANSMITTER, MOBILE RECEIVER	3	
ONETOUCH ULTRA 2 KIT W/DEVICE	2	
ONETOUCH ULTRA BLUE TEST STRIPS	2	
ONETOUCH ULTRA MINI KIT W/DEVICE	2	
ONETOUCH VERIO	2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	2	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	2	
ONETOUCH VERIO STRIP IN VITRO	2	
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	

Drug Name	Drug Tier	Notes
Diabetes - Glycemic Agents		
GLUCAGON EMERGENCY	2	
Diabetes - Insulins		
HUMALOG U-100 AND U-200 KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	2	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMALOG U-100 VIAL AND CARTRIDGE	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	2	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	2	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL (CONCENTRATED)	2	
HUMULIN R VIAL	2	
LANTUS U-100 SOLOSTAR	2	
LANTUS U-100 VIAL	2	
LEVEMIR U-100 FLEXTOUCH	2	
LEVEMIR U-100 VIAL	2	
NOVOFINE AUTOCOVER PEN NEEDLE	2	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
NOVOFINE PEN NEEDLE 32G X 6 MM	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOLIN 70/30 VIAL	2	
NOVOLIN N VIAL	2	
NOVOLIN R VIAL	2	
NOVOLOG U-100 FLEXPEN	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG MIX 70/30 VIAL	2	
NOVOLOG U-100 PENFILL	2	
NOVOLOG U-100 VIAL	2	
NOVOTWIST PEN NEEDLE 32G X 5 MM	2	
TOUJEO SOLOSTAR	2	
TRESIBA FLEXTOUCH	2	
Electrolytes / Minerals / Metals / Vitamins		
cyanocobalamin injection	1	
folic acid oral tablet 1 mg	1	
klor-con m20	1	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 50000 unit	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
DEXILANT	2	
esomeprazole magnesium	1	

Drug Name	Drug Tier	Notes
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule delayed release	1	
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral	1	
rabeprazole sodium	1	
ranitidine hcl oral capsule	1	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 150 mg, 300 mg	1	
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	3	
CLENPIQ	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-g	1	
LINZESS	2	
MOVANTIK	2	
MOVIPREP	3	
OMECLAMOX-PAK	2	
polyethylene glycol 3350 oral powder	1	
PREPOPIK	3	
PYLERA	2	
RELISTOR ORAL	3	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	3	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	
TRULANCE	3	
VIBERZI	3	
Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment		
CERDELGA	3	SP
CREON	2	
NITYR	3	SP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
CIALIS	2	
DEPEN TITRATABS	2	SP
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENVELA	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	3	

Drug Name	Drug Tier	Notes
VESICARE	2	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
RAPAFLO	2	
tamsulosin hcl	1	
terazosin hcl oral	1	
Hormonal Agents - Adrenal		
ala-cort external cream 1 %	1	
betamethasone valerate external cream	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
CLOBEX SPRAY	3	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fluocinonide external cream	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 2.5 %	1	
hydrocortisone in absorbase	1	
hydrocortisone oral	1	
methylprednisolone oral	1	
mometasone furoate external cream	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
Hormonal Agents - Men's Health		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	2	
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	2	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	
Hormonal Agents - Osteoporosis		
OSPHENA	3	
raloxifene hcl	1	
Hormonal Agents - Pituitary		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	2	SP
GONAL-F	2	SP
GONAL-F RFF	2	SP

Drug Name	Drug Tier	Notes
GONAL-F RFF REDIJECT	2	SP
HP ACTHAR	2	SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	SP
NORDITROPIN FLEXPRO	2	SP
NUTROPIN AQ NUSPIN 10	2	SP
NUTROPIN AQ NUSPIN 20	2	SP
NUTROPIN AQ NUSPIN 5	2	SP
OMNITROPE	2	SP
OVIDREL	3	SP
Hormonal Agents - Sex Hormones and Birth Control		
apri	1	
aviane	1	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
CLIMARA PRO	2	
cryselle-28	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
DIVIGEL	3	
drospirenone-ethinyl estradiol	1	
DUAVEE	2	
ELESTRIN	3	
ENDOMETRIN	2	
enskyce oral tablet 0.15-30 mg-mcg	1	
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal cream	1	
gianvi	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	
LO LOESTRIN FE	3	
loryna	1	
low-ogestrel	1	
MAKENA INTRAMUSCULAR	3	SP
medroxyprogesterone acetate intramuscular	1	
medroxyprogesterone acetate oral	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe 1/20	1	
MINIVELLE	3	
mono-linyah	1	

Drug Name	Drug Tier	Notes
mononessa	1	
NATAZIA	2	
nikki	1	
norethindrone acet-ethinyl est oral tablet	1	
norethindrone oral	1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	
norgestimate-ethinyl estradiol triphasic	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
NUVARING	2	
ocella	1	
portia-28	1	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone micronized oral	1	
sprintec 28	1	
tri-estarylla	1	
tri-linyah	1	
tri-lo-marzia	1	
trinessa (28)	1	
trinessa lo	1	
tri-previfem	1	
tri-sprintec	1	
vienva	1	
viorele	1	
xulane	1	
yuvafem	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
levo-t	1	
levothyroxine sodium oral	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	3	
SYNTHROID	3	
TIROSINT	3	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
azathioprine oral	1	
CIMZIA PREFILLED KIT	2	SP
CIMZIA STARTER KIT	2	SP
CIMZIA VIAL KIT	2	SP
COSENTYX 150 MG/ML	3	3P; SP
COSENTYX 300 DOSE	3	3P; SP
COSENTYX SENSOREADY 300 DOSE	3	3P; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	3	3P; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	SP
HAEGARDA	3	SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	2	SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	2	SP
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	SP
HUMIRA PEN-PS/UV STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	3P; SP
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	SP
mycophenolate mofetil oral tablet	1	SP
mycophenolate sodium	1	SP
OTEZLA ORAL TABLET	2	SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
OTEZLA ORAL TABLET THERAPY PACK	2	SP
PROGRAF ORAL	3	SP
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	2	
REMICADE	2	SP
SIMPONI ARIA	2	SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	SP
STELARA INTRAVENOUS	2	SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	SP
tacrolimus oral	1	SP
TREMFYA	2	SP
XELJANZ ORAL TABLET 5 MG	3	3P; SP
XELJANZ XR	3	3P; SP

Drug Name	Drug Tier	Notes
Immunological Agents - Drugs for Vaccination		
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
SHINGRIX	3	
Inflammatory Bowel Disease Agents		
APRISO	2	
CANASA	2	
DELZICOL	3	
DIPENTUM	3	
mesalamine oral	1	
PENTASA	3	
PROCTOFOAM HC	2	
sulfasalazine oral tablet	1	
UCERIS	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet	1	
BINOSTO	3	
calcitriol oral capsule	1	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	2	SP
ibandronate sodium oral	1	
TYMLOS	2	SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
Miscellaneous Therapeutic Agents		
BOTOX	2	Non-Cosmetic; SP
CETYLEV	3	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	SP
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	SP
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	
BESIVANCE	3	
BROMSITE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
gentamicin sulfate ophthalmic solution	1	
ILEVRO	3	
ketorolac tromethamine ophthalmic	1	
MOXEZA	2	
moxifloxacin hcl ophthalmic	1	
NEVANAC	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PAZEO	2	
prednisolone acetate ophthalmic	1	

Drug Name	Drug Tier	Notes
PROLENSA	2	
tobramycin ophthalmic	1	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P	2	
AZOPT	2	
BETIMOL	3	
BETOPTIC-S	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
COSOPT PF	3	
dorzolamide hcl-timolol mal	1	
latanoprost ophthalmic	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
TIMOPTIC OCUDOSE	3	
TRAVATAN Z	2	
ZIOPTAN	3	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
LASTACAFT	3	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
polymyxin b-trimethoprim	1	
RESTASIS	2	
RESTASIS MULTIDOSE	2	
tobramycin-dexamethasone	1	
XIIDRA	2	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	2	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
ASTEPRO NASAL SOLUTION 0.15 %	3	
azelastine hcl nasal	1	
benzonatate	1	
cetirizine hcl oral solution	1	
desloratadine oral tablet	1	
DYMISTA	2	
fluticasone propionate nasal	1	
hydrocodone polst-cpm polst er oral suspension extended release 10-8 mg/5ml	1	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	1	
OMNARIS	3	
promethazine hcl oral tablet	1	
promethazine-codeine oral syrup	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
QNASL	3	

Drug Name	Drug Tier	Notes
QNASL CHILDRENS	3	
XOLAIR	2	SP
ZETONNA	3	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR DISKUS	2	
ADVAIR HFA	2	
albuterol sulfate inhalation	1	
ANORO ELLIPTA	2	
ARMONAIR RESPICLICK 113	3	
ARMONAIR RESPICLICK 232	3	
ARMONAIR RESPICLICK 55	3	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	2	
BEVESPI AEROSPHERE	3	
BREO ELLIPTA	2	
budesonide inhalation	1	
COMBIVENT RESPIMAT	2	
EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML	3	Made by Impax
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	3	Made by Impax

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	Made by Mylan
FLOVENT DISKUS	2	
FLOVENT HFA	2	
INCRUSE ELLIPTA	2	
ipratropium bromide inhalation	1	
ipratropium-albuterol	1	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
PERFOROMIST	3	
PROAIR HFA	2	
PROAIR RESPICLICK	2	
PROVENTIL HFA	3	
PULMICORT FLEXHALER	2	
SEEBRI NEOHALER	3	
SEREVENT DISKUS	2	
SPIRIVA HANDIHALER	2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	
SYMBICORT	2	
UTIBRON NEOHALER	3	
VENTOLIN HFA	2	

Drug Name	Drug Tier	Notes
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	2	SP
TOBI PODHALER	3	SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	3	SP
ADEMPAS	2	SP
LETAIRIS	2	SP
OPSUMIT	2	SP
ORENITRAM	3	SP
sildenafil citrate oral tablet 20 mg	1	SP
TRACLEER	2	SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
LORZONE	3	
metaxalone	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
tizanidine hcl oral tablet	1	
Sleep Disorder Agents		
eszopiclone	1	
modafinil	1	
SILENOR	3	
temazepam	1	
zolpidem tartrate er	1	
zolpidem tartrate oral	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

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ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語**(Japanese)**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。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते है, आपको भाषा सहायता सेबाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។
សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka›anída›awo›ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee nééhozinígíí bine'dęę› t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

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