

Your 2019 Prescription Drug List

Advantage Three-Tier



Effective Jan. 1, 2019

This Prescription Drug List (PDL) is accurate as of Jan. 1 2019 and is subject to change after this date. The next anticipated update will be July 1, 2019. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Plan, River Valley, All Savers and Oxford medical plans with a pharmacy benefit subject to the Advantage Three-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.



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Understanding your Prescription Drug List (PDL)

What is a PDL?

This document is a list of the most commonly prescribed medications. It includes both brand-name and generic prescription medications approved by the Food and Drug Administration (FDA). Medications are listed by common categories or classes and placed in tiers that represent the cost you pay out-of-pocket. They are then listed in alphabetical order.

How do I use my PDL?

You and your doctor can consult the PDL to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or a brand-name, and if there are coverage requirements or limits. 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 toll-free member phone number on your health plan ID card.

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 benefit plan. This is how much you will pay when you fill a prescription. See page 6 for additional information.

When does the PDL change?

PDL changes typically occur twice per year. However, changes that have a positive impact for you — such as coverage for new medications or cost savings — may occur at any time. You can log in to the member website listed on your health plan ID card at any time to check your medication coverage and lower-cost options.

About this PDL

Where differences exist between this PDL and your benefit plan documents, the benefit plan documents rule. This PDL is not 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 health plan to see which medications are covered under your plan.

Understanding your Prescription Drug List (continued)

Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or subject to prior authorization (sometimes referred to as precertification)¹ if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications²). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your health plan ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Who decides which medications are covered?

Thousands of medications are already available and more come to the market regularly. Often, several medications are available to treat the same condition. The UnitedHealthcare[®] Pharmacy and Therapeutics Committee, which includes both internal and external physicians and pharmacists, meets regularly to provide clinical reviews of all medications. Using this information, the PDL Management Committee, which includes senior UnitedHealth Group[®] physicians and business leaders, meets to evaluate overall health care value. They also determine coverage and tier status for all medications.

1. Depending on your benefit, you may have notification or medical necessity requirements for select medications.
2. For New York and New Jersey plans, a prescription drug product that is therapeutically equivalent to an over-the-counter drug may be covered if it is determined to be medically necessary.

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. These types of medications are known as generic medications. Sometimes, the same company that makes a brand-name medication also makes the generic version.

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, but not always. For some benefit plans, if a brand-name drug is prescribed and a generic equivalent is available, your cost-share may be the copayment PLUS the cost difference between the brand-name drug and the generic equivalent.

What if I am taking a specialty medication?

Specialty medications are high-cost and are used to treat rare or complex conditions that require additional care and support. For most plans, these medications are managed through the specialty pharmacy program. Take advantage of personalized support designed to help you get the most out of your treatment plan. Visit the member website listed on your health plan ID card or call the toll-free phone number on your ID card to learn more.

Please note, not all specialty medications are listed here. If you're taking a specialty medication that is on a higher tier, call the toll-free phone number on your ID card to talk with a pharmacist about finding lower-cost options or a financial assistance program.

Over-the-counter (OTC) 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.

Reading your PDL

The PDL gives you choices so you and your doctor can determine your best course of treatment. In this PDL, brand-name medications are shown in bold type and generic medications in plain type.

Tier information.

Using lower-tier 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 may apply once you hit your deductible.

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Highest-cost Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

Reading your PDL (continued)

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.

E **May be excluded from coverage or subject to Prior Authorization in Connecticut, New Jersey and New York. (Referred to as First Start in New Jersey)**

Lower-cost options are available and covered.

H **Health Care Reform Preventive**

This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.

H-PA **Health Care Reform Preventive with Prior Authorization**

May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

PA **Prior Authorization (sometimes referred to as Precertification)³**

Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.

RS **Refill and Save Program⁴**

Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.

SP **Specialty Medication**

Specialty medications treat complex or rare conditions and may require special storage and handling. You may be required to obtain these medications from a specialty pharmacy.

ST **Step Therapy (referred to as First Start in New Jersey)**

Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

SL **Supply Limits**

Specifies the largest quantity of medication covered per copayment or in a defined period of time.

3. Depending on your benefit, you may have notification or medical necessity requirements for select medications.

4. Not applicable to Neighborhood Health Plan and Oxford plans.

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



Call the toll-free member phone number on your health plan ID card.



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

- View your pharmacy benefit and coverage information, including prescription history
- View medication interactions and side effects
- Locate a participating retail pharmacy by ZIP code
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

And, if home delivery services are included in your pharmacy benefit, you can also:

- Refill prescriptions
- Check the status of your order
- Set up reminders for refills
- Manage your account

Drug Name	Drug Tier	Requirements & Limits
Anti-Infectives: Antibiotics		
Amoxicillin Capsule, Chewable Tablet	1	
Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet	1	
Azithromycin Tablet	1	
Cefadroxil Capsule, Tablet	1	
Cefdinir Capsule	1	
Cefixime Suspension	3	
Cefprozil Tablet	1	
Cefuroxime Tablet	1	
Cephalexin Capsule	1	
Ciprodex	3	
Ciprofloxacin Tablet	1	
Clarithromycin Tablet	1	
Clindamycin Capsule	1	
Dificid	3	SL
Doxycycline Hyclate 50, 100 mg Capsule, Tablet	2	
Doxycycline Monohydrate 50, 100 mg Capsule	1	
Levofloxacin Tablet	1	
Metronidazole Tablet	1	
Minocycline Capsule	1	
Moxifloxacin Tablet	3	
Nitrofurantoin Capsule	1	
Nitrofurantoin Macrocrystal Capsule	1	
Ofloxacin Otic Solution	2	
Ofloxacin Tablet	1	
Penicillin V Potassium Tablet	1	
Sulfamethoxazole-Trimethoprim Tablet	1	
Suprax Capsule, Chewable Tablet, Tablet	3	

Drug Name	Drug Tier	Requirements & Limits
Anti-Infectives: Antifungals		
Cresemba	3	
Econazole Cream	3	SL
Fluconazole Tablet	1	
Itraconazole Capsule	1	SL
Ketoconazole Cream	1	SL
Noxafil Tablet, Suspension	2	
Nystatin Cream, Ointment	1	
Terbinafine Tablet	1	SL
Anti-Infectives: Antivirals		
Acyclovir Ointment	3	PA, SL, ST
Acyclovir Tablet	1	
Famciclovir Tablet	2	
Oseltamivir Capsule, Suspension	2	SL
Valacyclovir Tablet	1	SL
Valganciclovir	1	SL
Cancer		
Alunbrig	2	PA, SL, SP
Bexarotene Capsule	3	E, SP
Bicalutamide	1	
Bosulif	2	PA, SL, SP, ST
Braftovi	3	PA, SL, SP
Calquence	2	PA, SL, SP
Cyclophosphamide Capsule	2	
Erleada	3	PA, SL, SP
Hydroxyurea Capsule	1	
Ibrance	2	PA, SL, SP
Idhifa	2	PA, SL, SP
Imatinib Tablet	1	PA, SL, SP
Imbruvica	2	PA, SL, SP
Leucovorin Calcium Tablet	1	

Bold type = Brand-name drug

[Plain type = Generic drug]

E = May be excluded from coverage

H = May be part of health care reform preventive

H-PA = May be part of health care reform preventive with prior authorization

PA = Prior authorization required

RS = May be eligible for the refill and save program

SL = Supply limit

SP = Specialty medication

ST = Step therapy

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
Mektovi	3	PA, SL, SP
Mercaptopurine Tablet	1	
Nerlynx	2	PA, SL, SP
Revlimid	2	PA, SL, SP
Rydapt	2	PA, SL, SP
Sutent	2	PA, SL, SP
Targretin Capsule	2	SP
Targretin Gel	3	SL
Tasigna	2	PA, SL, SP, ST
Verzenio	2	PA, SL, SP
Xeloda	1	SL, SP
Zykadia	2	PA, SL, SP
Zytiga	2	PA, SL, SP

Cardiovascular/Heart Disease: Coagulation Therapy

Bevyxxa	3	SL
Brilinta	3	SL
Clopidogrel	1	
Eliquis	3	SL
Enoxaparin Sodium	2	SL
Pradaxa	2	SL
Prasugrel	3	SL
Savaysa	3	SL
Warfarin Sodium	1	
Xarelto	2	SL

Cardiovascular/Heart Disease: High Blood Pressure

Amlodipine	1	
Amlodipine-Benazepril	1	
Amlodipine-Valsartan	2	
Atenolol	1	
Atenolol-Chlorthalidone	1	
Benazepril	1	
Benazepril-Hydrochlorothiazide	1	
Bidil	2	
Bisoprolol	1	

Drug Name	Drug Tier	Requirements & Limits
Bisoprolol-Hydrochlorothiazide	1	
Bystolic	2	
Byvalson	2	SL
Cartia XT	2	
Carvedilol Immediate-Release Tablet	1	
Chlorthalidone	1	
Clonidine Tablet	1	
Diltiazem 24 Hour CD	2	
Diltiazem Sustained-Release Capsule	2	
Diltiazem Sustained-Release Tablet	2	
Doxazosin	1	
Edarbi	3	SL
Edarbyclor	3	SL
Enalapril	1	
Furosemide	1	
Guanfacine	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Irbesartan	1	
Labetalol	1	
Lisinopril	1	
Lisinopril-Hydrochlorothiazide	1	
Losartan	1	
Losartan-Hydrochlorothiazide	1	
Metoprolol Succinate Extended-Release 50, 100, 200 mg	2	
Metoprolol Tartrate 25, 50, 100 mg	1	
Nadolol	1	
Nifedipine Extended-Release	1	
Olmesartan	2	SL
Olmesartan-Hydrochlorothiazide	2	SL
Propranolol Extended-Release Capsule	2	

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Drug Name	Drug Tier	Requirements & Limits
Propranolol Tablet	1	
Quinapril	1	
Ramipril	1	
Spironolactone	1	
Telmisartan	2	
Telmisartan-Hydrochlorothiazide	2	
Terazosin	1	
Triamterene-Hydrochlorothiazide	1	
Valsartan	2	
Valsartan-Hydrochlorothiazide	1	
Verapamil	1	
Verapamil Sustained-Release	3	
Cardiovascular/Heart Disease: High Cholesterol		
Atorvastatin	1	H-PA, SL
Colesevelam Packet for Suspension, Tablet (generic Welchol)	3	E
Ezetimibe Tablet	3	SL
Ezetimibe/Simvastatin	3	SL
Fenofibrate 54, 160 mg Tablet	2	
Fluvastatin Extended-Release Tablet	3	SL, ST
Gemfibrozil	1	
Lovastatin	1	H
Niacin Extended-Release Tablet	3	
Niaspan	2	
Omega-3-Acid Ethyl Esters Capsule	3	PA
Praluent	2	PA, SL, SP, ST
Pravastatin	1	
Repatha	3	PA, SL, SP, ST
Rosuvastatin	2	SL
Simvastatin	1	H-PA

Drug Name	Drug Tier	Requirements & Limits
Vascepa	3	PA
Welchol Packet for Suspension, Tablet	2	
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Corlanor	3	PA, SL
Digoxin	1	
Entresto	3	PA, SL
Flecainide	1	
Isosorbide Mononitrate ER	1	
Multaq	3	PA
Nitroglycerin Sublingual Tablet	1	
Ranexa	2	
Sotalol	1	
Central Nervous System: Attention Deficit Disorder		
Adderall XR	2	PA, SL
Amphetamine Salt Combo	1	PA
Atomoxetine	3	SL
Concerta	2	PA, SL
Dexmethylphenidate Immediate-Release Tablet	1	PA
Dextroamphetamine-Amphetamine Immediate-Release Tablet	1	PA
Dextroamphetamine Sulfate Immediate-Release Tablet	3	PA
Guanfacine Extended-Release	2	SL
Methylphenidate Chewable Tablet	3	PA
Methylphenidate Extended-Release Capsule (generic Metadate CD, Ritalin LA)	2	PA, SL
Methylphenidate Extended-Release Tablet (generic Concerta)	3	E, PA, SL

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Drug Name	Drug Tier	Requirements & Limits
Methylphenidate Extended-Release Tablet (Metadate ER, generic Ritalin SR)	3	PA, SL
Methylphenidate Immediate-Release Tablet	1	PA
Vyvanse	2	PA, SL
Central Nervous System: Depression		
Amitriptyline Tablet	1	
Bupropion Extended-Release Tablet	1	
Bupropion Sustained-Release Tablet	1	
Bupropion Tablet	1	
Citalopram Tablet	1	
Desvenlafaxine Extended-Release Tablet (generic Pristiq)	2	SL
Doxepin	1	
Duloxetine Capsule	3	SL
Escitalopram Tablet	1	
Fetzima	3	SL, ST
Fluoxetine Capsule (generic Prozac)	1	
Fluvoxamine Tablet	1	
Mirtazapine Tablet	1	
Nortriptyline Capsule	1	
Paroxetine Tablet	1	
Sertraline Tablet	1	
Trazodone Tablet	1	
Trintellix	3	SL, ST
Venlafaxine Extended-Release Capsule	1	
Venlafaxine Tablet	1	
Viibryd	3	SL
Central Nervous System: Migraine		
Acetaminophen/Butalbital/Caffeine 325 mg/50 mg/40 mg	1	SL
Eletriptan	2	SL
Frovatriptan	3	SL
Naratriptan	1	SL

Drug Name	Drug Tier	Requirements & Limits
Rizatriptan ODT, Tablet	1	SL
Sumatriptan Nasal Spray	2	SL
Sumatriptan Succinate Tablet, Injection	1	SL
Central Nervous System: Multiple Sclerosis		
Ampyra	2	PA, SL, SP
Aubagio	3	PA, SL, SP
Avonex	2	PA, SL, SP
Betaseron	2	PA, SL, SP
Gilenya	3	PA, SL, SP
Glatiramer (generic Copaxone) [Mylan version only]	2	PA, SL, SP
Plegridy	3	PA, SL, SP
Rebif	3	PA, SL, SP, ST
Tecfidera	2	PA, SL, SP
Central Nervous System: Other		
Alprazolam Extended-Release Tablet	1	
Alprazolam Tablet	1	
Aripiprazole Tablet	2	SL
Armodafinil	3	PA, SL
Austedo	2	PA, SL, SP
Buprenorphine Sublingual Tablet	1	
Buspirone Tablet	1	
Carbidopa-Levodopa	1	
Diazepam Tablet	1	
Donepezil 5, 10 mg ODT, Tablet	1	
Latuda	3	SL
Lithium Capsule	1	
Lorazepam Tablet	1	
Memantine Immediate-Release Tablet	2	
Modafinil	3	PA, SL
Naloxone Vials	1	
Narcan Nasal Spray	2	SL

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Drug Name	Drug Tier	Requirements & Limits
Olanzapine Tablet	1	SL
Pramipexole Tablet	1	
Quetiapine Extended-Release Tablet	3	SL
Quetiapine Immediate-Release Tablet	1	
Risperidone Tablet	1	
Ropinirole Tablet	1	
Suboxone Film	3	E, PA, SL
Tolcapone	2	
Xyrem	3	PA, SL, SP
Zelapar	3	
Ziprasidone Capsule	2	SL
Zubsolv	2	SL
Central Nervous System: Sedatives/Hypnotics		
Eszopiclone Tablet	2	SL
Temazepam Capsule	1	
Triazolam Tablet	1	
Zaleplon Capsule	1	SL
Zolpidem Immediate-Release Tablet	1	SL
Central Nervous System: Seizure Disorders		
Carbamazepine Extended-Release Capsule	2	
Carbamazepine Extended-Release Tablet	3	
Carbamazepine Immediate-Release Tablet	1	
Clonazepam Tablet	1	
Diazepam Tablet	1	
Divalproex Delayed-Release Tablet	1	
Divalproex Extended-Release Tablet	2	
Gabapentin Capsule, Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Lamotrigine Immediate-Release Tablet	1	
Levetiracetam Extended-Release Tablet	2	
Levetiracetam Immediate-Release Tablet	1	
Lyrica	3	SL, ST
Lyrica CR	3	E, SL, ST
Oxcarbazepine Tablet	1	
Phenytoin Capsule, Suspension	1	
Topiramate Immediate-Release Tablet	1	
Zonisamide Capsule	1	
Dermatology		
Aczone	3	SL
Betamethasone Dipropionate 0.05% Augmented Lotion, Ointment	3	
Betamethasone Dipropionate 0.05% Cream, Ointment	2	
Calcipotriene/Betamethasone Ointment	3	SL
Carac	2	
Ciclopirox Cream, Gel, Lotion, Solution	1	
Claravis	2	PA
Clindamycin 1.2%/Benzoyl Peroxide 5% Gel	3	SL
Clindamycin Gel	3	SL
Clindamycin Lotion	3	
Clindamycin Solution	1	SL
Clindamycin Swabs	1	
Clobetasol Propionate Cream, Ointment	2	SL
Clobetasol Propionate Solution	1	SL
Clotrimazole-Betamethasone Cream	1	SL

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[Plain type = Generic drug]

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H-PA = May be part of health care reform preventive with prior authorization

PA = Prior authorization required

RS = May be eligible for the refill and save program

SL = Supply limit

SP = Specialty medication

ST = Step therapy

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Drug Name	Drug Tier	Requirements & Limits
Clotrimazole-Betamethasone Lotion	1	
Dapsone 5% Gel	3	E, SL
Desonide 0.05% Cream, Lotion, Ointment	3	SL
Desoximetasone Gel, Ointment	3	SL
Diflorasone Diacetate 0.05% Cream, Ointment	3	SL
Dupixent	3	PA, SL, SP, ST
Elidel	3	SL, ST
Enstilar Foam	3	SL
Eucrisa	3	SL, ST
Finacea	3	
Fluocinolone Cream, Oil, Solution	3	SL
Fluocinolone Ointment	2	SL
Fluocinonide 0.05% Cream	1	
Fluorouracil 0.5% Cream	3	SL
Halobetasol Ointment	2	SL
Hydrocortisone 2.5% Cream, Ointment	1	
Imiquimod 5% Cream	1	SL
Metronidazole 0.75% Topical Gel	1	
Minocycline Extended-Release (generic Solodyn)	3	E, PA
Mirvaso	3	SL
Mometasone Furoate Cream, Lotion, Ointment	1	
Mupirocin Ointment	1	SL
Oracea	3	
Oxsoralen-Ultra	2	
Picato	3	SL
Regranex	2	PA, SL
Rhofade	3	PA, SL
Taclonex Suspension	3	SL
Tacrolimus Ointment	2	SL, ST
Tazarotene 0.1% Cream (generic Tazorac)	3	E, PA, SL
Tazorac	3	PA, SL

Drug Name	Drug Tier	Requirements & Limits
Tretinoin Cream	3	PA, SL
Triamcinolone Acetonide Cream, Lotion, Ointment	1	
Vectical	3	SL
Diabetes: Blood Glucose Monitoring⁵		
Accu-Chek Test Strips	3	E, SL
Contour Next EZ Meter	2	
Contour Next Meter	2	
Contour Next One Meter	2	
Contour Next Test Strips	2	SL
Contour Test Strips	3	E, SL
FreeStyle Test Strips	3	E, SL
OneTouch Ultra 2 Meter	1	
OneTouch Ultra Test Strips	1	SL
OneTouch UltraMini Meter	1	
OneTouch Verio Flex Meter	1	
OneTouch Verio IQ Meter	1	
OneTouch Verio Meter	1	
OneTouch Verio Sync Meter	1	
OneTouch Verio Test Strips	1	SL
⁵ Diabetic supplies and prescription medications may be subject to different cost-share arrangements for Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for specifics. Medications that require step therapy may require prior authorization (sometimes referred to as precertification) if covered under another benefit.		
Diabetes: Insulin⁵		
Admelog SoloStar, Vials	3	E, SL
Apidra SoloStar, Vials	3	E, SL
Basaglar	1	SL
Fiasp FlexTouch, Vials	3	E, SL
Humalog KwikPens (all formulations)	2	SL
Humalog Vials (all formulations)	1	SL
Humulin KwikPens (all formulations)	2	SL
Humulin Vials (all formulations)	1	SL

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Drug Name	Drug Tier	Requirements & Limits
Lantus SoloStar	3	E, SL
Lantus Vials	3	E, SL
Levemir FlexTouch, Vials	3	SL
Novolin Vials (all formulations)	3	E, SL
Novolog FlexPen, Vials (all formulations)	3	E, SL
Tresiba FlexTouch	2	SL

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Diabetes: Non-Insulin⁵

Adlyxin	3	SL
Bydureon, Bydureon Bcise	2	SL
Byetta	2	SL
Farxiga	3	E, SL, ST
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glyburide	1	
Glyxambi	2	SL, ST
Invokamet, Invokamet XR	2	SL
Invokana	2	SL, ST
Janumet	3	SL, ST
Januvia	3	SL, ST
Jardiance	2	SL, ST
Jentadueto	2	SL
Jentadueto XR	2	SL
Kazano	2	SL
Kombiglyze XR	2	SL

Drug Name	Drug Tier	Requirements & Limits
Metformin	1	
Metformin Extended-Release Tablet (generic Glucophage XR)	1	
Nesina	2	SL
Onglyza	2	SL
Oseni	2	SL
Ozempic	3	SL
Pioglitazone	1	SL
Qtern	3	E, SL, ST
Segluromet	3	E, SL, ST
Soliqua	2	PA, SL
Steglatro	3	E, SL, ST
Steglujan	3	E, SL, ST
Synjardy, Synjardy XR	2	SL
Tradjenta	2	SL
Trulicity	3	SL
Victoza 2-Pak	2	SL
Victoza 3-Pak	3	SL
Xigduo XR	3	E, SL, ST

⁵Diabetic supplies and prescription medications may be subject to different cost-share arrangements for Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for specifics. Medications that require step therapy may require prior authorization (sometimes referred to as precertification) if covered under another benefit.

Endocrine: Growth Hormone⁶

Nutropin, Nutropin AQ	2	PA, SL, SP
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⁶Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans.

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Drug Name	Drug Tier	Requirements & Limits
Endocrine: Other		
Calcitriol Capsule	1	
Desmopressin Tablet	1	
Dexamethasone Tablet	1	
Methylprednisolone Tablet	1	
Prenisolone Oral Solution	1	
Prednisone Tablet	1	
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine Sodium Tablet	1	
Liothyronine Sodium Tablet	2	
Methimazole Tablet	1	
NP Thyroid Tablet	1	
Synthroid	2	
Eye Conditions: Allergies		
Azelastine 0.05% Ophthalmic Solution	1	
Lastacaft	3	SL
Olopatadine 0.1% Ophthalmic Solution	3	SL
Eye Conditions: Antibiotics		
Erythromycin 0.5% Ophthalmic Ointment	1	
Gentamicin Ophthalmic Ointment, Solution	1	
Moxeza	3	
Moxifloxacin Ophthalmic Solution	3	
Ofloxacin 0.3% Ophthalmic Solution	1	
Tobramycin/Dexamethasone 0.3%-0.1% Ophthalmic Suspension	2	
Tobramycin Ophthalmic Solution	1	

Drug Name	Drug Tier	Requirements & Limits
Eye Conditions: Dry Eye Disease		
Restasis Single Use Vials	3	PA, SL
Xiidra	3	PA, SL
Eye Conditions: Glaucoma		
Alphagan P 0.1%	2	SL
Azopt	2	SL
Combigan	2	SL
Latanoprost 0.005% Ophthalmic Solution	1	
Lumigan	2	SL
Timolol 0.25%, 0.5% Ophthalmic Solution (generic Timoptic)	1	
Travatan Z	2	SL
Gastrointestinal: Acid Suppression		
Dexilant	3	SL
Omeclamox-Pak	3	SL
Omeprazole Capsule	1	
Pantoprazole Tablet	1	
Pylera	3	SL
Ranitidine Syrup	1	
Rabeprazole Tablet	3	SL
Sucralfate Tablet	1	
Gastrointestinal: Nausea/Vomiting		
Akynzeo	3	SL
Aprepitant Capsule	2	SL
Emend Suspension	2	SL
Ondansetron	1	
Scopolamine Transdermal Patch	3	
Varubi	2	SL

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Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal: Other		
Amitiza	3	PA, SL, ST
Apriso	2	
Budesonide Extended-Release Tablet (generic Uceris)	3	E
Canasa	2	
Clenpiq	3	
Cortifoam	2	
Creon	2	
Diphenoxylate-Atropine Tablet	1	
Golytely	2	
Hyoscyamine Tablet	1	
Lialda	2	
Linzess	2	PA, SL
Mesalmine Delayed-Release Tablet (generic Lialda)	3	E
Metoclopramide Tablet	1	
Movantik	3	E, PA, SL
Moviprep	3	
Polyethylene Glycol 3350	2	
Prepopik	3	
Sulfasalazine Tablet	1	
Suprep	3	
Symproic	2	PA, SL
Uceris Foam	2	
Uceris Tablet	3	
Viberzi	3	PA, SL
Zenpep	2	

Drug Name	Drug Tier	Requirements & Limits
Gout		
Allopurinol Tablet	1	
Duzallo	3	PA, SL
Mitigare	2	
Uloric	3	SL, ST
Zurampic	3	PA, SL
Hepatitis C		
Daklinza	3	PA, SL, SP, ST
Epclusa	2	PA, SL, SP
Harvoni	2	PA, SL, SP
Mavyret	2	PA, SL, SP
Ribavirin Tablet	1	SP
Sovaldi	3	PA, SL, SP, ST
Technivie	3	PA, SL, SP, ST
Viekira Pak	3	PA, SL, SP, ST
Viekira XR	3	PA, SL, SP, ST
Vosevi	2	PA, SL, SP
Zepatier	3	PA, SL, SP, ST
HIV/AIDS		
Abacavir-Lamivudine	2	SP
Atazanavir Capsule	2	SP
Atripla	3	E, SP
Cimduo	2	SP
Complera	3	SP
Descovy	3	SP
Efavirenz	2	SP
Evotaz	2	SP
Genvoya	3	SP
Intelence	2	SP

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ST = Step therapy

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Drug Name	Drug Tier	Requirements & Limits
Isentress	2	SP
Juluca	2	SP
Kaletra Tablet	2	SP
Lamivudine-Zidovudine	1	SP
Lopinavir-Ritonavir Oral Solution	2	SP
Nevirapine	1	SP
Nevirapine Extended-Release	3	E, SP
Odefsey	3	SP
Prezcobix	2	SP
Prezista	2	SP
Ritonavir Tablet	2	SP
Selzentry	2	PA, SP
Stribild	3	SP
Symfi	2	SP
Symfi Lo	2	SP
Tenofovir Tablet	2	SP
Tivicay	3	SP
Triumeq	2	SP
Truvada	3	SP
Tybost	2	SP
Vitekta	2	SP
Infertility^{6, 7}		
Cetrotide	2	PA, SP
Clomiphene	1	PA
Endometrin	2	PA
Gonal-F	2	PA, SP
Gonal-F RFF	2	PA, SP
Ovidrel	3	PA, SP

⁶Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans.

⁷This is not a covered benefit for Neighborhood Health Plan.

Drug Name	Drug Tier	Requirements & Limits
Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis		
Actemra	3	PA, SL, SP, ST
Cimzia	2	PA, SL, SP
Cosentyx	3	PA, SL, SP, ST
Enbrel	3	PA, SL, SP, ST
Humira	2	PA, SL, SP
Hydroxychloroquine Sulfate	1	
Kevzara	3	PA, SL, SP, ST
Leflunomide	1	
Methotrexate Tablet	1	
Orencia	3	PA, SL, SP, ST
Otezla	2	PA, SL, SP
Rasuvo	3	SL, ST
Siliq	3	PA, SL, SP, ST
Simponi	2	PA, SL, SP
Stelara	2	PA, SL, SP
Taltz	3	PA, SL, SP, ST
Tremfya	2	PA, SL, SP
Xeljanz, Xeljanz XR	3	PA, SL, SP, ST
Medications for Sexual Dysfunction⁶		
Addyi	3	PA, SL
Cialis	3	SL
Intrarosa	3	SL
Levitra	3	SL
Osphena	3	SL
Sildenafil Tablet (generic Viagra)	3	SL
Stendra	3	PA, SL

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Drug Name	Drug Tier	Requirements & Limits
Men's Health: Prostate		
Alfuzosin Tablet	1	
Doxazosin Tablet	1	
Dutasteride Capsule	3	
Finasteride Tablet	1	
Rapaflo	3	
Tamsulosin Capsule	1	
Terazosin Capsule, Tablet	1	
Men's Health: Testosterone Therapy		
Androderm	2	PA, SL
Androgel	3	E, PA, SL
Methyltestosterone Capsule	2	
Testim	2	PA, SL
Testosterone 1% Topical Gel	3	E, PA, SL
Testosterone Cypionate Injection	1	
Miscellaneous		
Anastrozole Tablet	1	
Aranesp	2	SL, SP
Auryxia	3	
Bethkis	2	PA, SL, SP
Cayston	2	PA, SL, SP
Cerdelga	2	PA, SP
Chlorhexidine Gluconate	1	
Chlorpheniramine/Hydrocodone/ Pseudoephedrine Solution	2	PA, SL
Epinephrine (generic EpiPen/ EpiPen-Jr.)	2	SL
EpiPen/EpiPen-Jr.	3	E, SL
Hydrocodone/Chlorpheniramine Suspension	3	PA, SL
Lanthanum Chewable Tablet	3	
Letrozole Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Lidocaine Transdermal Patch (generic Lidoderm)	3	PA, SL
Nityr	2	PA, SP
Nuedexta	2	PA
Obredon	3	PA, SL, ST
Pegasys	2	PA, SP, SL
Phenazopyridine	1	
Procrit	2	SL, SP
Promethazine/Codeine	1	PA, SL
Promethazine/Dextromethorphan	1	
Pulmozyme	2	PA, SL, SP
Rectiv	3	SL
Rezira	3	
Sevelamer	2	
Syprine	3	PA, SP
Tobi Podhaler	3	PA, SL, SP
Trientine (generic Syprine)	3	E, PA, SP
Velphoro	2	
Veltassa	3	PA, SL
Zarxio	2	SP
Musculoskeletal: Muscle Spasms		
Baclofen Tablet	1	
Carisoprodol 350 mg Tablet	1	
Cyclobenzaprine	1	
Metaxalone Tablet	3	
Methocarbamol Tablet	1	
Tizanidine Tablet	1	

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Drug Name	Drug Tier	Requirements & Limits
Musculoskeletal: Osteoporosis		
Alendronate Sodium Tablet	1	
Forteo	3	PA, SP
Ibandronate Tablet	2	SL
Raloxifene Tablet	2	
Risedronate Sodium Tablet	3	SL
Tymlos	3	PA, SP
Musculoskeletal: Pain Relief		
Acetaminophen/Codeine Tablet	1	SL
Belbuca	3	PA, SL
Celecoxib	2	SL
Diclofenac Tablet	1	
Etodolac Capsule	1	
Fentanyl 12, 25, 50, 75, 100 mcg Patch	2	PA, SL, ST
Fentanyl Citrate Lozenge	2	PA, SL
Hydrocodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL
Hydrocodone/Ibuprofen Tablet	1	
Hydromorphone Immediate-Release Tablet	1	
Ibuprofen Tablet	1	
Indomethacin Capsule	1	
Ketorolac Tablet	1	
Lazanda	3	PA, SL
Meloxicam Tablet	1	
Methadone Tablet, Oral Solution, Concentrate Solution	1	PA, SL
Morphine Sulfate Extended-Release Tablet	1	PA, SL
Morphine Sulfate Oral Solution	1	
Nabumetone Tablet	1	
Naproxen Tablet	1	
Nucynta	3	SL
Nucynta ER	3	PA, SL
Oxycodone Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Oxycodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL
Oxycontin	3	E, PA, SL, ST
Sprix	3	
Tramadol-Acetaminophen	1	SL
Tramadol Immediate-Release Tablet	1	
Tramadol Sustained-Release Tablet	2	SL
Trezip	3	SL
Vicodin 5/300, 7.5/300, 10/300 mg Tablet	3	E, SL
Voltaren Gel	2	
Xtampza ER	2	PA, SL
Zohydro ER	3	PA, SL, ST
Overactive Bladder		
Dicyclomine Tablet	1	
Oxybutynin Extended-Release Tablet	2	
Oxybutynin Tablet	1	
Toviaz	3	
Respiratory: Allergies		
Azelastine 0.1% Nasal Spray	3	
Fluticasone Nasal Spray	2	SL
Zetonna	3	SL
Respiratory: Asthma/COPD		
Advair Diskus/HFA	3	RS, SL
Albuterol Nebs	1	
Alvesco	1	SL
Anoro Ellipta	3	SL
Arnuity Ellipta	3	SL
Asmanex TwistHaler, HFA	1	SL
Bevespi Aerosphere	2	SL
Breo Ellipta	3	RS, SL
Budesonide Nebs	2	SL
Combivent Respimat	3	SL

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Drug Name	Drug Tier	Requirements & Limits
Flovent Diskus/HFA	3	SL
Fluticasone/Salmeterol RespiClick (generic AirDuo RespiClick)	2	SL
Incruse Ellipta	2	SL
Ipratropium-Albuterol Nebs	2	
Ipratropium Nebs	1	
Montelukast Chewable Tablet, Tablet	1	
Montelukast Granules	2	
Perforomist	3	SL
ProAir HFA/RespiClick	3	SL
Proventil HFA	3	SL
Pulmicort Flexhaler	3	SL, ST
QVAR Redihaler	1	SL
Seebri Neohaler	3	SL, ST
Serevent Diskus	3	SL
Spiriva Handihaler/Respimat	2	SL
Striverdi Respimat	2	SL
Symbicort	3	RS, SL
Trelegy Ellipta	3	RS, SL
Tudorza	2	SL
Ventolin HFA	2	SL
Xopenex HFA	3	SL
Respiratory: Pulmonary Arterial Hypertension		
Adempas	2	PA, SL, SP
Letairis	2	PA, SL, SP
Opsumit	2	PA, SL, SP
Orenitram	3	PA, SL, SP
Sildenafil Tablet (generic Revatio)	1	PA, SL, SP

Drug Name	Drug Tier	Requirements & Limits
Tadalafil (generic Addirca)	3	PA, SL, SP
Tracleer	2	PA, SL, SP
Tyvaso	2	PA, SP
Uptravi	3	PA, SL, SP
Smoking Cessation		
Bupropion Sustained-Release Tablet	1	H-PA
Chantix Tablet	3	H-PA
Nicoderm CQ	3	H-PA
Nicorette Gum	3	H-PA
Nicorette Lozenge	2	H-PA
Nicorette Mini-Lozenge	2	H-PA
Nicotine Gum	1	H-PA
Nicotine Lozenge	1	H-PA
Nicotine Patch	1	H-PA
Nicotrol Inhaler	3	H-PA
Nicotrol Nasal Spray	3	H-PA
Transplant		
Azathioprine Tablet	1	
Cyclosporine Modified Capsule	1	SP
Mycophenolate Capsule, Suspension	1	SP
Mycophenolic Acid Tablet	2	SP
Sirolimus Tablet	1	SP
Tacrolimus Capsule	1	SP

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Vitamins/Electrolytes			Errin	1	H
Fluoride	1		Estarylla	1	H
Folic Acid	1		Fallback	1	H
Klor-Con M10	1		Falmina	1	H
Klor-Con M20	1		Heather	1	H
Potassium Chloride	1		Introvale	2	H
Potassium Citrate	1		Isibloom	1	H
Women's Health: Contraceptives			Jencycla	1	H
Aftera	1	H	Jolessa	2	H
Altavera	1	H	Jolivette	1	H
Alyacen 7/7/7, 1/35	1	H	Juleber	1	H
Apri	1	H	Junel	2	
Aranelle	1	H	Junel Fe	1	H
Aubra	1	H	Kelnor 1/35	1	H
Aviane	1	H	Kurvelo	1	H
Azurette	2		Larin Fe	1	H
Blisovi Fe	1	H	Larissia	1	H
Camila	1	H	Leena	1	H
Caziant	1	H	Lessina	1	H
Chateal	1	H	Levonest	1	H
Cryselle	1	H	Levonorgestrel 1.5 mg	1	H
Cyclafem 7/7/7, 1/35	1	H	Levonorgestrel-Ethinyl Estradiol (generic Alesse, Nordette, Triphasil)	1	H
Cyred	1	H	Levonorgestrel-Ethinyl Estradiol (generic Seasonale)	2	H
Dasetta 7/7/7, 1/35	1	H	Levora-28	1	H
Deblitane	1	H	Lillow	1	H
Delyla	1	H	Lo Loestrin Fe	3	
Desogestrel-Ethinyl Estradiol (generic Ortho-Cept)	1	H	Loryna	3	
Econtra EZ	1	H	Low-Ogestrel	1	H
Elinest	1	H	Lutera	1	H
Ella	1	H, SL	Lyza	1	H
Emoquette	1	H	Marlissa	1	H
Enpresse	1	H	Medroxyprogesterone Acetate	1	H
Enskyce	1	H			

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Microgestin	2		Reclipsen	1	H
Microgestin Fe	1	H	Setlakin	2	H
Mono-Linyah	1	H	Sharobel	1	H
MonoNessa	1	H	Solia	1	H
My Choice	1	H	Sprintec	1	H
My Way	1	H	Sronyx	1	H
Myzilra	1	H	Take Action	1	H
Natazia	2		Tarina Fe	1	H
Necon 7/7/7, 0.5/35, 1/35, 1/50, 10/11	1	H	Tri Femynor	1	H
Next Choice One Choice	1	H	Tri-Estarylla	1	H
Nora BE	1	H	Tri-Linyah	1	H
Norethindrone 0.35 mg	1	H	Tri-Lo-Estarylla	2	
Norethindrone-Ethinyl Estradiol-Ferrous Fumarate	1	H	Tri-Lo-Marzia	2	
Norgestimate-Ethinyl Estradiol (generic Ortho-Cyclen, Ortho Tri-Cyclen)	1	H	Tri-Lo-Sprintec	2	
Norgestimate-Ethinyl Estradiol Lo (generic Ortho Tri-Cyclen Lo)	2		Tri-Previfem	1	H
Norlyda	1	H	Tri-Sprintec	1	H
Norlyroc	1	H	Tri-Vylibra	1	H
Nortrel 7/7/7, 0.5/35, 1/35	1	H	Trinessa	1	H
Nuvaring	2	H	Trinessa Lo	2	
Opcicon One Step	1	H	Trivora-28	1	H
Option 2	1	H	Velivet	1	H
Orsythia	1	H	Vestura	3	
Pirmella 7/7/7, 1/35	1	H	Vienva	1	H
Plan B One Step	1	H	Viorele	2	
Portia	1	H	Vylibra	1	H
Previfem	1	H	Wera	1	H
Quasense	2	H	Xulane	3	H
Rajani	3	E	Yasmin 28	2	
React	1	H	Yaz	2	
			Zovia 1/35E, 1/50E	1	H

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Drug Name	Drug Tier	Requirements & Limits
Women's Health: Hormone Replacement		
Climara Pro	3	SL
Divigel	3	
Duavee	3	SL
Estrace Cream	3	
Estradiol Cream (generic Estrace)	3	E
Estradiol/Norethindrone Acetate Tablet	2	
Estradiol Tablet	1	
Estradiol Twice-Weekly Transdermal Patch (generic Vivelle-Dot)	3	E, SL
Estradiol Weekly Transdermal Patch (generic Climara)	1	SL
Estring	2	SL
Estrogen/Methyltestosterone Tablet	1	
Evamist	2	
Medroxyprogesterone	1	
Minivelle	3	SL
Premarin	3	
Premphase	3	
Prempro	3	
Progesterone Micronized Capsule	2	
Vivelle-Dot	2	SL
Yuvafem	2	

Drug Name	Drug Tier	Requirements & Limits
Women's Health: Miscellaneous		
Raloxifene	2	H-PA
Tamoxifen	1	H-PA
Women's Health: Prenatal Vitamins		
Brand Prenatal Vitamins	3	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

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<http://www.hhs.gov/ocr/office/file/index.html>

Phone: Toll-free **1-800-368-1019**, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue,
SW Room 509F, HHH Building
Washington, D.C. 20201

We provide free services to help you communicate with us, including letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意: 如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LU'U Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبیه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia **l'italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

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 हैं, आपको भाषा सहायता सेवाएं, 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**ខ្មែរ(Khmer)**សំដៅនូវភាសាដើមរបស់អ្នកនិយាយគឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីមានលេខទូរស័ព្ទឃ្លាញាណាចំណុំលេខសម្រាប់អ្នក។

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.

DÍI BAA'AKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'igo, saad beę áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shqodí ninaaltsoos niit'izí bee nééhozinígíí bine'déę t'áa jíík'ehgo béesh 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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