



Your 2018 Prescription Drug List

Advantage Three-Tier

This PDL is accurate as of January 2018 and is subject to change after this date. The next anticipated update will be July 2018. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Plan, River Valley and Oxford medical plans with a pharmacy benefit. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Effective Jan. 1, 2018



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We want to help you better understand your medication options.

Your pharmacy benefit offers flexibility and choice in determining the right medication for you. To help you get the most out of your pharmacy benefit, we've included some of the most commonly asked questions about the 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. Bring this list with you when you see your doctor. It makes it easier for you and your doctor to make informed decisions about your medications and may help you save money.

Please note: Where differences are noted between this PDL and your benefit plan documents, the benefit plan documents will rule. This PDL is not a complete list of medications, and not all medications listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or health plan to see which medications are covered under your plan.

What is a tier?

Tiers indicate the amount you pay for your prescription, which is determined by your employer or benefit plan. Tier 1 medications provide the highest overall value with the lowest out-of-pocket costs. Choosing medications in lower tiers may save you money. Ask your doctor if a Tier 1 or Tier 2 option could work for you.

Your Cost	Drug Tier*	What's Covered	Helpful Hints
\$ Lowest	1	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.
\$\$ Mid-range	2	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.
\$\$\$ Higher	3	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.

*Some plans may have different tiers. If you have a high deductible plan, the tier cost levels may apply once you hit your deductible.

Who decides what 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.

How is the overall value of a medication determined?

Many sources and factors are considered, including:

- **Clinical Value:** How safe and effective a medication is compared to other medications used to treat the same or similar medical conditions.
- **Cost:** How much a medication costs compared to other medications used to treat similar medical conditions.
- **Outcomes Data:** Studies that show how a medication may affect total health care costs.

Why are certain medications excluded?

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)⁺ 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 medications^{**}). 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.

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

^{**} This is not applicable for plans written in New Jersey. For New York 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 of 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?

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and if it might 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.

How often are PDLs updated?

PDL changes typically occur twice per year. However, changes that have a positive impact for you—such as 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.

Can a medication change tiers?

Yes. Tier changes may generally occur two times per year. When a medication changes tiers, you may pay more or less for that medication, depending on the tier change. If one of your medications changes tiers, speak with your doctor to determine if a lower-cost option may be available for you.

Are there other restrictions on what medications are covered?

Yes. Some medications may have additional requirements or limits depending on your benefit plan. You should review your benefit plan documents to confirm if any of these programs apply to your plan. The medications that have programs that apply are noted with letters next to them. Examples include:

May be excluded from coverage or subject to prior authorization and/or trial/failure of another medication(s). Referred to as First Start in New Jersey. (E)

Lower-cost options are available and covered.

Health Care Reform Preventive (H)

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

Health Care Reform Preventive with prior authorization (H-PA)

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

Prior Authorization (sometimes referred to as precertification)¹ (PA)

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

Refill and Save Program² (RS)

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

Specialty Medication (SP)

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.

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

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

Supply Limits (SL)

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

¹Depending on your benefit, you may have notification or medical necessity requirements for select medications.

²Not applicable to Neighborhood Health Plan and Oxford plans.

I'm taking a specialty medication. Who can I contact for more information?

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 **UHCSpecialtyRx.com** or call the toll-free phone number on your health plan 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 health plan ID card to talk with a pharmacist about finding lower-cost options or a financial assistance program.

Who can I contact if I have questions about my PDL?

Online

Log in to the member website listed on your health plan ID card. Once online, you'll have access to the following information and tools:

- Pharmacy benefit and coverage information
- Possible lower-cost medication options
- Medication interactions and side effects
- Participating retail pharmacies by ZIP code
- Your prescription history

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

Check your PDL often for updates.

By phone

Call the toll-free phone number on your health plan ID card to speak with a customer service representative. We can answer any questions you have about your pharmacy benefit plan, including lower-cost options.

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	
Minocycline Tablet	3	E
Moxifloxacin Tablet	3	
Nitrofurantoin Capsule	1	
Nitrofurantoin Macrocrystal Capsule	1	
Ofloxacin Otic Solution	2	
Ofloxacin Tablet	1	
Oracea	3	
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	SL
Econazole Cream	3	SL
Fluconazole Tablet	1	
Itraconazole Capsule	1	SL
Ketoconazole Cream	1	
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	2	SL
Valacyclovir Tablet	1	SL
Valganciclovir	1	SL
Zovirax Cream	3	E, SL
Cancer		
Bexarotene Capsule	3	E, PA, SL, SP
Bicalutamide	1	
Bosulif	2	PA, SL, SP, ST
Cyclophosphamide Capsule	2	
Hydroxyurea Capsule	1	
Imatinib Tablet	1	PA, SL, SP
Imbruvica	2	PA, SL, SP
Leucovorin Calcium Tablet	1	
Mercaptopurine Tablet	1	
Revlimid	2	PA, SL, SP
Sutent	2	PA, SL, SP
Targretin Capsule	2	SP

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

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Targretin Gel	3	SL	Dutoprol	3	E, SL
Tasigna	2	PA, SL, SP, ST	Edarbi	3	SL
Xeloda	1	SL, SP	Edarbyclor	3	SL
Zytiga	2	PA, SL, SP	Enalapril	1	
Cardiovascular/Heart Disease: Coagulation Therapy			Furosemide	1	
Brilinta	3	SL	Guanfacine	1	
Clopidogrel	1		Hydralazine	1	
Effient	3	SL	Hydrochlorothiazide	1	
Eliquis	3	SL	Irbesartan	1	
Enoxaparin Sodium	2	SL	Labetalol	1	
Pradaxa	2	SL	Lisinopril	1	
Savaysa	3	SL	Lisinopril-Hydrochlorothiazide	1	
Warfarin Sodium	1		Losartan	1	
Xarelto	2	SL	Losartan-Hydrochlorothiazide	1	
Cardiovascular/Heart Disease: High Blood Pressure			Metoprolol Succinate Extended-Release 50, 100, 200 mg	2	
Amlodipine	1		Metoprolol Tartrate 25, 50, 100 mg	1	
Amlodipine-Benazepril	1		Nadolol	1	
Amlodipine-Valsartan	2		Nifedipine Extended-Release	1	
Atenolol	1		Olmesartan	2	SL
Atenolol-Chlorthalidone	1		Olmesartan-Hydrochlorothiazide	2	SL
Benazepril	1		Propranolol Extended-Release Capsule	2	
Benazepril-Hydrochlorothiazide	1		Propranolol Tablet	1	
Bidil	2		Quinapril	1	
Bisoprolol	1		Ramipril	1	
Bisoprolol-Hydrochlorothiazide	1		Spironolactone	1	
Bystolic	2		Telmisartan	2	
Byvalson	2	SL	Telmisartan-Hydrochlorothiazide	2	
Cartia XT	2		Terazosin	1	
Carvedilol	1		Triamterene-Hydrochlorothiazide	1	
Chlorthalidone	1		Valsartan	2	
Clonidine Tablet	1		Valsartan-Hydrochlorothiazide	1	
Diltiazem 24 Hour CD	2		Verapamil	1	
Diltiazem Sustained-Release Capsule	2		Verapamil Sustained-Release	3	
Diltiazem Sustained-Release Tablet	2				
Doxazosin	1				

Drug Name	Drug Tier	Requirements & Limits
Cardiovascular/Heart Disease: High Cholesterol		
Atorvastatin	1	H-PA, SL
Choline Fenofibrate	3	E
Ezetimibe Tablet	3	SL
Ezetimibe/Simvastatin	3	SL
Fenofibrate 43, 50, 67, 130, 134, 150, 200 mg Capsule	3	E
Fenofibrate 40, 48, 120, 145 mg Tablet	3	E
Fenofibrate 54, 160 mg Tablet	2	
Fluvastatin Extended-Release Tablet	3	SL, ST
Gemfibrozil	1	
Lipofen	3	E
Livalo	3	E, SL, ST
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 140 mg	3	PA, SL, SP, ST
Rosuvastatin	2	SL
Simvastatin	1	H-PA
Vascepa	3	PA
Welchol	2	
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Corlanor	3	PA, SL
Digoxin	1	
Entresto	3	PA, SL
Flecainide	1	

Drug Name	Drug Tier	Requirements & Limits
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
Daytrana	3	E, PA, SL
Dexmethylphenidate Extended-Release Capsule	3	E, PA, SL
Dexmethylphenidate Immediate-Release Tablet	1	PA
Dextroamphetamine-Amphetamine Extended-Release Capsule	3	E, PA, SL
Dextroamphetamine-Amphetamine Immediate-Release Tablet	1	PA
Dextroamphetamine Sulfate Immediate-Release Tablet	3	PA
Focalin XR	3	E, PA, SL
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
Methylphenidate Extended-Release Tablet (Metadate ER, generic Ritalin SR)	3	PA, SL
Methylphenidate Immediate-Release Tablet	1	PA
Vyvanse	2	PA, SL

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SL = Supply limit

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Drug Name	Drug Tier	Requirements & Limits
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)	3	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	E, 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
Rizatriptan ODT, Tablet	1	SL
Sumatriptan Nasal Spray	2	SL
Sumatriptan Succinate Tablet, Injection	1	SL

Drug Name	Drug Tier	Requirements & Limits
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
Copaxone	2	PA, SL, SP
Gilenya	3	PA, SL, SP
Glatopa	3	E, PA, SL, SP, ST
Plegridy	3	PA, SL, SP
Rebif	3	PA, SL, SP, ST
Tecfidera	2	PA, SL, SP
Zinbryta	3	PA, SL, SP
Central Nervous System: Other		
Alprazolam Extended-Release Tablet	1	
Alprazolam Tablet	1	
Aripiprazole Tablet	2	SL
Armodafinil	3	PA, SL
Buprenorphine/Naloxone Tablet (generic Suboxone)	3	E, PA, SL
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 Tablet	2	
Modafinil Tablet	3	PA, SL
Naloxone Vials	1	
Narcan Nasal Spray	2	SL
Olanzapine Tablet	1	SL
Pramipexole Tablet	1	
Quetiapine Extended-Release Tablet	3	SL

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Quetiapine Immediate-Release Tablet	1		Oxcarbazepine Tablet	1	
Risperidone Tablet	1		Phenytoin Capsule, Suspension	1	
Ropinirole Tablet	1		Topiramate Immediate-Release Tablet	1	
Suboxone Film	3	E, PA, SL	Zonisamide Capsule	1	
Tolcapone	2		Dermatology		
Xyrem	3	PA, SL	Aczone	3	SL
Zelapar	3		Adapalene 0.1%/Benzoyl Peroxide 2.5% Gel	3	E, SL
Ziprasidone Capsule	2	SL	Adapalene Cream, Gel, Lotion	3	E, PA, SL
Zubsolv	2	SL	Betamethasone Dipropionate 0.05% Augmented Lotion, Ointment	3	
Central Nervous System: Sedatives/Hypnotics			Betamethasone Dipropionate 0.05% Cream, Ointment	2	
Eszopiclone Tablet	2	SL	Calcipotriene/Betamethasone Ointment	3	SL
Temazepam Capsule	1		Carac	2	
Triazolam Tablet	1		Ciclopirox Cream, Gel, Lotion, Solution	1	
Zaleplon Capsule	1	SL	Claravis	2	PA
Zolpidem Extended-Release Tablet	3	E, SL	Clindamycin 1%/Benzoyl Peroxide 5% Gel	3	E, SL
Zolpidem Immediate-Release Tablet	1	SL	Clindamycin 1.2%/Benzoyl Peroxide 5% Gel	3	SL
Central Nervous System: Seizure Disorders			Clindamycin Gel	3	SL
Carbamazepine Extended-Release Capsule	2		Clindamycin Lotion	3	
Carbamazepine Extended-Release Tablet	3		Clindamycin Solution, Swabs	1	
Carbamazepine Immediate-Release Tablet	1		Clobetasol Propionate Cream, Ointment	2	SL
Clonazepam Tablet	1		Clobetasol Propionate Solution	1	SL
Diazepam Tablet	1		Clotrimazole-Betamethasone Cream	1	SL
Divalproex Delayed-Release Tablet	1		Clotrimazole-Betamethasone Lotion	1	
Divalproex Extended-Release Tablet	2		Desonide 0.05% Cream, Lotion, Ointment	3	SL
Gabapentin Capsule, Tablet	1		Desoximetasone Gel, Ointment	3	SL
Lamotrigine Immediate-Release Tablet	1		Diflorasone Diacetate 0.05% Cream, Ointment	3	SL
Levetiracetam Extended-Release Tablet	2		Dupixent	3	PA, SL, SP, ST
Levetiracetam Immediate-Release Tablet	1				
Lyrica	3	SL, ST			

Bold type = Brand-name drug

[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

Drug Name	Drug Tier	Requirements & Limits
Elidel	3	SL, ST
Enstilar Foam	3	SL
Epiduo Forte	3	E, SL
Eucrisa	3	SL, ST
Finacea	3	
Fluocinolone Cream, Oil, Solution	3	SL
Fluocinolone Ointment	2	SL
Fluocinonide 0.05% Cream	1	
Halobetasol Ointment	2	
Hydrocortisone 2.5% Cream, Ointment	1	
Imiquimod 5% Cream	1	SL
Metronidazole 0.75% Topical Gel	1	
Minocycline Extended-Release Capsule	3	E
Mirvaso	3	SL
Mometasone Furoate Cream, Lotion, Ointment	1	
Mupirocin Ointment	1	SL
Nystatin-Triamcinolone Acetonide Cream, Ointment	3	E
Oxsoralen-Ultra	2	
Picato	3	SL
Regranex	2	PA, SL
Rhofade	3	PA, SL
Solodyn	3	E, PA
Taclonex Suspension	3	SL
Tacrolimus Ointment	2	SL, ST
Tazarotene 0.1% Cream (generic Tazorac)	3	E, PA, SL
Tazorac	3	PA, SL
Tretinoin Cream	3	PA, SL
Tretinoin Gel	3	E, PA, SL
Tretinoin Microspheres	3	E, PA, SL
Triamcinolone Acetonide Cream, Lotion, Ointment	1	
Vectical	3	SL

Drug Name	Drug Tier	Requirements & Limits
Diabetes: Blood Glucose Monitoring*		
Accu-Chek Test Strips	3	E, SL
Contour Test Strips	3	E, SL
Dexcom Continuous Glucose Monitoring System	3	PA, SL
Dexcom Sensor	3	PA, SL
Dexcom Transmitter	3	PA, SL
FreeStyle Test Strips	3	E, SL
OneTouch Test Strips	1	SL
OneTouch Ultra Meter	1	
OneTouch Ultra Mini	1	
OneTouch Ultra Test Strips	1	SL
OneTouch Verio	1	
OneTouch Verio Flex	1	
OneTouch Verio IQ	1	
OneTouch Verio Sync	1	
OneTouch Verio Test Strips	1	SL
Diabetes: Insulin*		
Afrezza	3	E, PA, SL
Basaglar	1	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
Lantus Solostar	3	E, SL
Lantus Vials	3	E, SL
Levemir FlexTouch	2	SL
Levemir Vials	2	SL
Novolin Vials (all formulations)	3	SL, ST
Novolog FlexPen (all formulations)	3	SL, ST
Novolog Vials (all formulations)	3	SL, ST
Toujeo SoloStar	3	E, SL
Tresiba FlexTouch	3	E, SL

* 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.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Diabetes: Non-Insulin*			Synjardy XR	2	SL
Adlyxin	3	SL	Tanzeum	2	SL
Bydureon	2	SL	Tradjenta	2	SL
Byetta	2	SL	Trulicity	3	SL
Farxiga	3	SL, ST	Victoza 2-Pak	2	SL
Glimepiride	1		Victoza 3-Pak	3	SL
Glipizide	1		Xigduo XR	3	E, SL, ST
Glipizide Extended-Release	1		Xultophy	3	E, SL
Glyburide	1		Endocrine: Growth Hormone**		
Glyxambi	3	E, SL, ST	Nutropin, Nutropin AQ	2	PA, SL, SP
Invokamet	2	SL	Endocrine: Other		
Invokamet XR	2	SL	Calcitriol Capsule	1	
Invokana	2	SL, ST	Desmopressin Tablet	1	
Janumet	3	SL, ST	Dexamethasone Tablet	1	
Januvia	3	SL, ST	Methylprednisolone Tablet	1	
Jardiance	2	SL, ST	Prenisolone Oral Solution	1	
Jentadueto	2	SL	Prednisone Tablet	1	
Jentadueto XR	2	SL	Royaldee	3	E
Kazano	2	SL	Endocrine: Thyroid Hormone Replacement		
Kombiglyze XR	2	SL	Armour Thyroid	3	
Metformin	1		Levothyroxine Sodium Tablet	1	
Metformin Extended-Release Tablet (generic Glucophage XR)	1		Liothyronine Sodium Tablet	2	
Nesina	2	SL	Methimazole Tablet	1	
Onglyza	2	SL	NP Thyroid Tablet	1	
Oseni	2	SL	Synthroid	2	
Pioglitazone	1	SL	Eye Conditions: Allergies		
Soliqua	2	PA, SL	Azelastine 0.05% Ophthalmic Solution	1	
Synjardy	2	SL	Lastacraft	3	SL

* 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.

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Drug Name	Drug Tier	Requirements & Limits
Olopatadine 0.1% Ophthalmic Solution	3	SL
Olopatadine 0.2% Ophthalmic Solution	3	E, 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	
Eye Conditions: Dry Eye Disease		
Restasis MultiDose	3	E, PA, SL
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 Maleate 0.25%, 0.5% Ophthalmic Solution	1	
Travatan Z	2	SL
Gastrointestinal: Acid Suppression		
Dexilant	3	SL
Esomeprazole Capsule	3	E, SL
Lansoprazole Capsule	3	E, SL
Omeclamox-Pak	3	SL
Omeprazole Capsule	1	
Pantoprazole Tablet	1	
Pylera	3	SL
Ranitadine Syrup	1	
Rabeprazole Tablet	3	SL
Sucralfate Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal: Nausea/Vomiting		
Akynzeo	3	SL
Aprepitant Capsule	2	SL
Emend Suspension	2	SL
Ondansetron	1	
Ondansetron ODT	1	
Scopolamine Transdermal Patch	3	
Varubi	2	SL
Gastrointestinal: Other		
Amitiza	3	PA, SL, ST
Apriso	2	
Asacol HD Tablet	3	E
Canasa	2	
Cortifoam	2	
Creon	2	
Delzicol	3	E
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	2	PA, SL
Moviprep	3	
Polyethylene Glycol 3350	2	
Prepopik	3	
Suclear	3	
Sulfasalazine Tablet	1	
Suprep	3	
Uceris Foam	2	
Uceris Tablet	3	
Viberzi	3	PA, SL
Zenpep	2	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Gout			Lamivudine-Zidovudine	1	SP
Allopurinol Tablet	1		Lopinavir-Ritonavir Oral Solution	2	SP
Colcrys	3	E	Nevirapine	1	SP
Mitigare	2		Nevirapine Extended-Release	3	E, SP
Uloric	3	SL, ST	Norvir	2	SP
Zurampic	3	PA, SL	Odefsey	3	SP
Hepatitis C			Prezcobix	2	SP
Daklinza	3	PA, SL, SP, ST	Prezista	2	SP
Epclusa	2	PA, SL, SP	Reyataz	2	SP
Harvoni	2	PA, SL, SP	Selzentry	2	PA, SP
Mavyret	2	PA, SL, SP	Stribild	3	SP, ST
Ribavirin Tablet	1	SP	Sustiva	2	SP
Sovaldi	3	PA, SL, SP, ST	Tivicay	3	SP
Technivie	3	PA, SL, SP, ST	Triumeq	2	SP
Viekira Pak	3	PA, SL, SP, ST	Truvada	3	SP
Viekira XR	3	PA, SL, SP, ST	Tybost	2	SP
Vosevi	2	PA, SL, SP	Viread	2	SP
Zepatier	3	PA, SL, SP, ST	Vitekta	2	SP
HIV/AIDS			Infertility**		
Abacavir-Lamivudine	2	SP	Cetrotide	2	SP
Atripla	2	SP	Clomiphene	1	SP
Complera	3	SP	Gonal-F	2	SP
Descovy	3	SP	Gonal-F RFF	2	SP
Epzicom	3	E, SP	Ovidrel	3	SP
Evotaz	2	SP			
Genvoya	3	SP, ST			
Intelence	2	SP			
Isentress	2	SP			
Kaletra Tablet	2	SP			

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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, SP, SL
Hydroxychloroquine Sulfate	1	
Leflunomide	1	
Methotrexate Tablet	1	
Orencia	3	PA, SL, SP, ST
Otezla	2	PA, SL, SP
Otrexup	3	E, SL, ST
Rasuvo	3	SL, ST
Simponi	2	PA, SL, SP
Stelara	2	PA, SL, SP
Taltz	3	PA, SL, SP, ST
Xeljanz	3	PA, SL, SP, ST
Xeljanz XR	3	PA, SL, SP, ST
Medications for Sexual Dysfunction**		
Addyi	3	PA, SL
Cialis	3	SL
Levitra	3	SL
Osphena	3	
Stendra	3	PA, SL
Viagra	3	SL
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	

Drug Name	Drug Tier	Requirements & Limits
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	
Auvi-Q	3	E, SL
Benzonatate Capsule	1	
Bethkis	2	PA, SL, SP
Cayston	2	PA, SL
Cerdelga	2	PA, SP
Chlorhexidine Gluconate	1	
Chlorpheniramine/Hydrocodone/ Pseudoephedrine Solution	2	SL
Epinephrine (generic EpiPen/ EpiPen-Jr.)	2	SL
EpiPen/EpiPen-Jr.	3	E, SL
Fosrenol	3	
Hydrocodone/Chlorpheniramine Suspension	3	SL
Letrozole Tablet	1	
Lidocaine Transdermal Patch (generic Lidoderm)	3	PA, SL
Nuedexta	2	
Obredon	3	SL, ST
Pegasys	2	PA, SP, SL
Phenazopyridine	1	
Procrit	2	SL, SP
Promethazine/Codeine	1	
Promethazine/Dextromethorphan	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Pulmozyme	2	PA, SL, SP	Etodolac Capsule	1	
Rectiv	3	SL	Fentanyl 12, 25, 50, 75, 100 mcg Patch	2	SL
Rezira	3		Fentanyl Citrate Lozenge	2	PA, SL
Sevelamer	2		Hydrocodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL
Tobi Podhaler	3	PA, SL, SP	Hydrocodone/Ibuprofen Tablet	1	
Tobramycin Nebulized Solution	3	E, PA, SL, SP	Hydromorphone Immediate-Release Tablet	1	
Velphoro	2		Hysingla	3	E, PA, SL, ST
Veltassa	3	PA, SL	Ibuprofen Tablet	1	
Zarxio	2	SP	Indomethacin Capsule	1	
Musculoskeletal: Muscle Spasms			Ketorolac Tablet	1	
Baclofen Tablet	1		Lazanda	3	PA, SL
Carisoprodol 350 mg Tablet	1		Meloxicam Tablet	1	
Cyclobenzaprine	1		Methadone Tablet, Oral Solution, Concentrate Solution	1	SL
Metaxalone Tablet	3		Morphine Sulfate Extended-Release Tablet	1	SL
Methocarbamol Tablet	1		Morphine Sulfate Oral Solution	1	
Tizanidine Tablet	1		Nabumetone Tablet	1	
Musculoskeletal: Osteoporosis			Naproxen Tablet	1	
Alendronate Sodium Tablet	1		Nucynta	3	SL
Forteo	3	PA, SP	Nucynta ER	3	PA, SL
Ibandronate Tablet	2	SL	Opana ER	3	E, PA, SL
Raloxifene Tablet	2		Oxycodone Tablet	1	
Risedronate Sodium Tablet	3	SL	Oxycodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL
Tymlos	3	PA, SP	Oxycontin	3	E, PA, SL, ST
Musculoskeletal: Pain Relief			Sprix	3	
Acetaminophen/Codeine Tablet	1	SL	Subsys	3	E, PA, SL
Arymo ER	3	E, PA, SL, ST	Tramadol-Acetaminophen	1	
Belbuca	3	PA, SL, ST	Tramadol Immediate-Release Tablet	1	
Butrans	3	E, PA, SL, ST	Tramadol Sustained-Release Tablet	2	SL
Celecoxib	2	SL	Trezix	3	SL
Diclofenac Tablet	1				
Embeda	3	E, PA, SL, ST			

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Drug Name	Drug Tier	Requirements & Limits
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	
Tolterodine Extended-Release Tablet	3	E
Tolterodine Tablet	3	E
Toviaz	3	
Vesicare	3	E
Respiratory: Allergies		
Azelastine 0.1% Nasal Spray	3	
Clarinex	3	E
Clarinex-D	3	E
Cyproheptadine Tablet	1	
Fluticasone Nasal Spray	2	SL
Hydroxyzine Capsule, Tablet	1	
Levocetirizine Tablet	1	
Promethazine Tablet	1	
Zetonna	3	SL
Respiratory: Asthma/COPD		
Advair Diskus/HFA	3	RS, SL
Aerospan	3	SL
AirDuo RespiClick	3	E, 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

Drug Name	Drug Tier	Requirements & Limits
Combivent Respimat	3	SL
Dulera	3	E, SL, ST
Flovent Diskus/HFA	3	SL
Fluticasone/Salmeterol RespiClick (generic AirDuo RespiClick)	2	SL
Incruse Ellipta	2	SL
Ipratropium-Albuterol Nebs	1	
Ipratropium Nebs	1	
Levalbuterol Nebs	3	E, SL
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 MDI	1	SL
Serevent Diskus	3	SL
Spiriva Handihaler/Respimat	3	SL
Stiolto Respimat	3	E, SL
Striverdi Respimat	2	SL
Symbicort	3	RS, SL
Tudorza	2	SL
Ventolin HFA	2	SL
Xopenex HFA	3	SL
Respiratory: Pulmonary Arterial Hypertension		
Adcirca	3	PA, SL, SP
Adempas	2	PA, SL, SP
Letairis	2	PA, SL, SP
Opsumit	2	PA, SL, SP
Orenitram	3	PA, SL, SP
Sildenafil Tablet	1	PA, SL, SP
Tracleer	2	PA, SL, SP
Tyvaso	2	PA, SP
Uptravi	3	PA, SL, SP

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Smoking Cessation			Apri	1	H
Bupropion Sustained-Release Tablet	1	H-PA	Aranelle	1	H
Chantix Tablet	3	H-PA	Aubra	1	H
Nicoderm CQ	3	H-PA	Aviane	1	H
Nicorette Gum	3	H-PA	Azurette	2	
Nicorette Lozenge	3	H-PA	Blisovi Fe	1	H
Nicorette Mini-Lozenge	3	H-PA	Camila	1	H
Nicotine Gum	1	H-PA	Caziant	1	H
Nicotine Lozenge	1	H-PA	Cesia	1	H
Nicotine Patch	1	H-PA	Chateal	1	H
Nicotrol Inhaler	3	H-PA	Cryselle	1	H
Nicotrol Nasal Spray	3	H-PA	Cyclafem 7/7/7, 1/35	1	H
Thrive Gum	1	H-PA	Cyred	1	H
Transplant			Dasetta 7/7/7, 1/35	1	H
Azathioprine Tablet	1		Deblitane	1	H
Cyclosporine Modified Capsule	1	SP	Delyla	1	H
Mycophenolate Capsule, Suspension	1	SP	Desogestrel-Ethinyl Estradiol (generic Ortho-Cept)	1	H
Mycophenolic Acid Tablet	2	SP	Drospirenone-Ethinyl Estradiol-Levomefolate Calcium	3	E
Sirolimus Tablet	1	SP	Econtra EZ	1	H
Tacrolimus Capsule	1	SP	Elinest	1	H
Vitamins/Electrolytes			Ella	1	H, SL
Fluoride	1		Emoquette	1	H
Folic Acid	1		Enpresse	1	H
Klor-Con M10	1		Enskyce	1	H
Klor-Con M20	1		Errin	1	H
Potassium Chloride	1		Estarylla	1	H
Potassium Citrate	1		Fallback	1	H
Women's Health: Contraceptives			Falmina	1	H
Aftera	1	H	Fayosim	3	E
Altavera	1	H	Gildess	2	
Alyacen 7/7/7, 1/35	1	H			

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Gildess Fe	1	H	Myzila	1	H
Heather	1	H	Natazia	2	
Introvale	2	H	Necon 7/7/7, 0.5/35, 1/35, 1/50, 10/11	1	H
Jencycla	1	H	Next Choice	1	H
Jolessa	2	H	Nora BE	1	H
Jolivet	1	H	Norethindrone 0.35 mg	1	H
Juleber	1	H	Norethindrone-Ethinyl Estradiol-Ferrous Fumarate	1	H
Junel	2		Norgestimate-Ethinyl Estradiol (generic Ortho-Cyclen, Ortho Tri-Cyclen)	1	H
Junel Fe	1	H	Norgestimate-Ethinyl Estradiol Lo (generic Ortho Tri-Cyclen Lo)	2	
Kurvelo	1	H	Norlyroc	1	H
Kelnor 1/35	1	H	Nortrel 7/7/7, 0.5/35, 1/35	1	H
Larin Fe	1	H	Nuvaring	2	H
Larissia	1	H	Opcicon	1	H
Leena	1	H	Orsythia	1	H
Lessina	1	H	Ortho Tri-Cyclen Lo	3	E
Levonest	1	H	Pirmella 7/7/7, 1/35	1	H
Levonorgestrel 1.5 mg	1	H	Plan B One Step	1	H
Levonorgestrel-Ethinyl Estradiol (generic Alesse, Nordette, Triphasil)	1	H	Portia	1	H
Levonorgestrel-Ethinyl Estradiol (generic Seasonale)	2	H	Previfem	1	H
Levora-28	1	H	Quasense	2	H
Lo Loestrin Fe	3		Rajani	3	E
Loryna	3		React	1	H
Low-Ogestrel	1	H	Reclipsen	1	H
Lutera	1	H	Rivelsa	3	E
Lyza	1	H	Setlakin	2	H
Marlissa	1	H	Sharobel	1	H
Medroxyprogesterone Acetate	1	H	Solia	1	H
Mibelas 24 Fe Chewable Tablet	3	E	Sprintec	1	H
Microgestin	2		Sronyx	1	H
Microgestin Fe	1	H	Take Action	1	H
Mono-Linyah	1	H	Tarina Fe	1	H
MonoNessa	1	H	Taytulla	3	E
My Way	1	H			

Drug Name	Drug Tier	Requirements & Limits
Tri-Estarylla	1	H
Tri-Linyah	1	H
Tri-Lo-Estarylla	2	
Tri-Lo-Marzia	2	
Tri-Lo-Sprintec	2	
Tri-Previfem	1	H
Tri-Sprintec	1	H
Trinessa	1	H
Trinessa Lo	2	
Trivora-28	1	H
Velivet	1	H
Vestura	3	
Vienva	1	H
Viorele	2	
Wera	1	H
Xulane	3	H
Yasmin 28	2	
Yaz	2	
Zovia 1/35E, 1/50E	1	H
Women's Health: Hormone Replacement		
Climara	2	SL
Climara Pro	3	SL
Divigel	3	
Duavee	3	
Estrace Cream	3	
Estradiol/Norethindrone Acetate Tablet	2	
Estradiol Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Estradiol Twice-Weekly Transdermal Patch	3	E, 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
Yuvaferm	2	
Women's Health: Miscellaneous		
Raloxifene	2	H-PA
Tamoxifen	1	H-PA
Women's Health: Prenatal Vitamins		
Brand Prenatal Vitamins	3	

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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 LÜ'Y: 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.

تنبيه: 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. لطفاً 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, निःशुल्क 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 xovtooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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 yáníłt'ígo, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'í. T'áá shóqdí ninaaltsoos nítł'izí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béesh bee hane'í bik'áígíí bee hodíłnìh.

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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