

Blue Cross Blue Shield of North Dakota
Restricted Use List – Prior Approval

Restricted Use Drug -A Prescription Medication or Drug that may require Prior Approval and/or be subject to a limited dispensing amount.

Key Definitions		
CE	Coverage Exception	For Qualified Health Plans (QHP), this is a Non-Formulary drug excluded from coverage. If seeking coverage, a Coverage Exception Form must be submitted for review
F	Formulary Drug	A Brand Name or Generic Prescription Drug that has been determined to be safe, therapeutically effective, high quality, and cost-effective as determined by a committee of Physicians and Pharmacists based on current data.
MED	Medical Drug	For Qualified Health Plans (QHP), this drug is covered under the medical benefit and requires Prior Approval. .
NF	Non-Formulary Drug	A Prescription Medication or Drug that is not a Formulary Drug
PA	Prior Approval	A drug that requires Prior Approval.
QHP	Qualified Health Plan	BlueCare, BlueDirect and BlueEssential/Simply Blue
*	n/a	Not all benefit plans cover Weight Loss medications. Please contact a Member Services representative for specific coverage information.

The following List of Drugs represents the drugs requiring Prior Approval (PA)

-) This entire list applies to the commercial population.
-) Specific criteria must be met before medication is covered under the pharmacy benefit. Unless otherwise noted, if a prior approval is granted, the drug will be allowed at the Formulary benefit level.
-) Both brand name drugs and generic equivalents require Prior Approval
-) Please see separate documents for drugs requiring Prior Approval, due to a Utilization Management Quantity Limit or a Step Therapy edit.

CATEGORY	BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2017	QHP 2018
ACNE & SKIN: Prior approval (PA) required for age >40	ADAPALENE	ADAPALENE	PA	PA
	ADAPALENE-BENZOYL PEROXIDE	ADAPALENE-BENZOYL PEROXIDE	PA	PA
	CLINDAMYCIN-TRETINOIN	CLINDAMYCIN-TRETINOIN	PA	CE
	EPIDUO	ADAPALENE-BENZOYL PEROXIDE	PA	PA
	FABIOR	TAZAROTENE	PA	CE
	TAZORAC	TAZAROTENE	PA	PA
	TRETINOIN	TRETINOIN	PA	PA
	VELTIN	CLINDAMYCIN-TRETINOIN	PA	PA
	ZIANA	CLINDAMYCIN-TRETINOIN	PA	CE
ANTIFUNGALS	NOXAFIL	POSACONAZOLE	PA	PA
	VFEND	VORICONAZOLE	PA	PA, CE (for Brand only)
AUTOIMMUNE INFLAMMATORY DISORDERS	ACTEMRA	TOCLIZUMAB	MED	MED
	ARCALYST	RILONACEPT	PA	PA
	CALQUENCE	ACALABRUTINIB	CE	CE
	CIMZIA	CERTOLIZUMAB	PA	PA
	COSENTYX	SECUKINUMAB	PA	PA

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CATEGORY	BRAND DRUG NAME	GENERIC DRUG NAME	QHP 2017	QHP 2018
	ENBREL	ETANERCEPT	PA	PA
	ENTYVIO	VEDOLIZUMAB	MED	MED
	HUMIRA	ADALIMUMAB	PA	PA
	ILARIS	CANAKINUMAB	PA	PA
	INFLECTRA	INFLIXIMAB-DYYB	MED	MED
	KEVZARA	SARILUMAB	CE	CE
	KINERET	ANAKINRA	PA	PA
	ORENCIA	ABATACEPT	PA	PA
	OTEZLA	APREMILAST	PA	PA
	REMICADE	INFLIXIMAB	MED	MED
	RENFLEXIS	INFLIXIMAB-ABDA	MED	MED
	RITUXAN	RITUXIMAB	MED	MED
	RITUXAN HYCELA	RITUXIMAB-HYALURONIDASE	MED	MED
	SILIQ	BRODALUMAB	CE	CE
	SIMPONI	GOLIMUMAB	PA	PA
	SIMPONI ARIA	GOLIMUMAB	MED	MED
	STELARA	USTEKINUMAB	PA	PA
	TALTZ	IXEKIZUMAB	CE	PA
	TREMFYA	GUSELKUMAB	CE	CE
	XELJANZ, XELJANZ XR	TOFACITINIB	PA	PA
CANCER— ORALLY ADMINISTERED	AFINITOR/AFINITOR DISPERZ	EVEROLIMUS	PA	PA
	ALECENSA	ALECTINIB	PA	PA
	ALUNBRIG	BRIGATINIB	PA	PA
	BOSULIF	BOSUTINIB	PA	PA
	CABOMETYX	CABOZANTINIB	PA	PA
	CAPRELSA	VANDETANIB	PA	PA
	COMETRIQ	CABOZANTINIB S-MAL	PA	PA
	COTELLIC	COBIMETINIB	PA	PA
	ERIVEDGE	VISMODEGIB	PA	PA
	ERLEADA	APALUTAMIDE	PA	PA
	FARYDAK	PANOBINOSTAT LACTATE	PA	PA
	GILOTRIF	AFATINIB DIMALEATE	PA	PA
	GLEEVEC	IMATINIB MESYLATE	PA	PA, CE (brand only)
	HYCAMTIN	TOPOTECAN	PA	PA
	IBRANCE	PALBOCICLIB	PA	PA

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	ICLUSIG	PONATINIB	PA	PA
	IDHIFA	ENASIDENIB	PA	PA
	IMBRUVICA	IBRUTINIB	PA	PA
	INLYTA	AXITINIB	PA	PA
	IRESSA	GEFITINIB	PA	PA
	JAKAFI	RUXOLITINIB	PA	PA
	KISQALI	RIBOCICLIB	PA	PA
	KISQALI/FEMARA DOSE PAK	RIBOCICLIB/LETROZOLE	PA	PA
	LENVIMA	LENVATINIB MESYLATE	PA	PA
	LONSURF	TRIFLURIDINE-TIPIRACIL	PA	PA
	LYNPARZA	OLAPARIB	PA	PA
	MEKINIST	TRAMETINIB	PA	PA
	NERLYNX	NERATINIB	PA	PA
	NEXAVAR	SORAFENIB	PA	PA
	NINLARO	IXAZOMIB	PA	PA
	ODOMZO	SONIDEGIB	PA	PA
	POMALYST	POMALIDOMIDE	PA	PA
	REVLIMID	LENALIDOMIDE	PA	PA
	RUBRACA	RUCAPARIB	PA	PA
	RYDAPT	MIDOSTAURIN	PA	PA
	SPRYCEL	DASATINIB	PA	PA
	STIVARGA	REGORAFENIB	PA	PA
	SUTENT	SUNITINIB	PA	PA
	TAFINLAR	DABRAFENIB	PA	PA
	TAGRISSO	OSIMERTINIB	PA	PA
	TARCEVA	ERLOTINIB	PA	PA
	TARGRETIN	BEXAROTENE	PA	PA, CE (brand only)
	TASIGNA	NILOTINIB	PA	PA
	TEMODAR	TEMOZOLOMIDE	PA	PA
	THALOMID	THALIDOMIDE	PA	PA
	TYKERB	LAPATINIB	PA	PA
	VENCLEXTA	VENETOCLAX	PA	PA
	VERZENIO	ABEMACICLIB	CE	CE
	VOTRIENT	PAZOPANIB	PA	PA
	XALKORI	CRIZOTINIB	PA	PA
	XELODA	CAPECITABINE	PA	PA

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	XERMELO	TELOTTRISTAT	PA	PA
	XTANDI	ENZALUTAMIDE	PA	PA
	ZEJULA	NIRAPARIB	PA	PA
	ZELBORAF	VEMURAFENIB	PA	PA
	ZOLINZA	VORINOSTAT	PA	PA
	ZYDELIG	IDELALISIB	PA	PA
	ZYKADIA	CERITINIB	PA	PA
	ZYTIGA	ABIRATERONE	PA	PA
CANCER—INJECTABLE	AVASTIN	BEVACIZUMAB	MED	MED
	HERCEPTIN	TRASTUZUMAB	MED	MED
	KADCYLA	ADO-TRASTUZUMAB EMTANSINE	MED	MED
	KYPROLIS	CARFILZOMIB	MED	MED
	PERJETA	PERTUZUMAB	MED	MED
	RITUXAN	RITUXIMAB	MED	MED
	SYNRIBO	OMACETAXINE	MED	MED
CYSTIC FIBROSIS	CAYSTON	AZTREONAM	PA	PA
	KALYDECO	IVACAFTOR	PA	PA
	ORKAMBI	LUMACAFTOR-IVACAFTOR	PA	PA
	SYMDEKO	TEZACAFTOR-IVACAFTOR	PA	PA
ENZYME DEFICIENCIES	CARBAGLU	CARGLUMIC ACID	CE	CE
	ELELYSO	TALIGLUCERASE ALFA	MED	MED
	KUVAN	SAPROPTERIN	PA	PA
	LUMIZYME	ALGLUCOSIDASE ALFA	MED	MED
	STRENSIQ	ASFOTASE ALFA	CE	PA
	VIMIZIM	ELOSULFASE ALFA	MED	MED
	VPRIV	VELAGLUCERASE ALFA	MED	MED
GROWTH HORMONES	ZAVESCA	MIGLUSTAT	PA	PA
	GENOTROPIN	SOMATROPIN	CE	CE
	HUMATROPE	SOMATROPIN	CE	CE
	NORDITROPIN	SOMATROPIN	CE	CE
	NUTROPIN/NUTROPIN AQ	SOMATROPIN	CE	CE
	OMNITROPE	SOMATROPIN	PA	PA
	SAIZEN	SOMATROPIN	CE	CE
	SEROSTIM	SOMATROPIN	CE	CE
	TEV-TROPIN	SOMATROPIN	CE	CE
ZOMACTON	SOMATROPIN	CE	CE	

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	ZORBTIVE	SOMATROPIN	CE	CE
HEPATITIS C	OLYSIO	SIMEPRIVIR	PA	PA
	HARVONI	LEDIPASVIR-SOFOSBUVIR	PA	PA
	SOVALDI	SOFOSBUVIR	PA	PA
	EPCLUSA	SOFOSBUVIR-VELPATASVIR	PA	PA
	MAVYRET	GLECAPREVIR-PIBRENTASVIR	PA	PA
	VOSEVI	SOFOSBUVIR-VELPATASVIR-VOXILAPREVIR	PA	PA
	ZEPATIER	ELBASVIR-GRAZOPREVIR	PA	PA
HEREDITARY ANGIOEDEMA (HAE)	BERINERT	C1 ESTERASE INHIBITOR (HUMAN)	MED	MED
	CINRYZE	C1 ESTERASE INHIBITOR (HUMAN)	MED	MED
	FIRAZYR	ICATIBANT ACETATE	PA	PA
	HAEGARDA	C1 ESTERASE INHIBITOR	CE	CE
	KALBITOR	ECALLANTIDE	MED	MED
	RUCONEST	C1 ESTERASE INHIBITOR (RECOMBINANT)	MED	MED
IDIOPATHIC IMMUNE THROMBOCYTOPENIC PURPURA (ITP)	NPLATE	ROMIPLOSTIM	PA	PA
	PROMACTA	ELTROMBOPAG	PA	PA
INSULIN	AFREZZA	INSULIN, INHALED	PA	PA
	APIDRA	INSULIN GLULISINE	PA	PA
	HUMALOG 50/50	INSULIN LISPRO	PA	PA
	HUMALOG 75/25	INSULIN LISPRO	PA	PA
	HUMALOG	INSULIN LISPRO	PA	PA
	HUMULIN 70/30	REGULAR INSULIN; ISOPHANE INSULIN (NPH)	PA	PA
	HUMULIN N	ISOPHANE INSULIN (NPH)	PA	PA
	HUMULIN R	REGULAR INSULIN	PA	PA
	HUMULIN R U-500	REGULAR INSULIN	PA	PA
LUNG DISORDERS	ARALAST NP, PROLASTIN-C, ZEMAIRA	ALPHA1-PROTEINASE INHIBITOR	MED	MED
	CINQAIR	RESLIZUMAB	MED	MED
	ESBRIET	PIRFENIDONE	PA	PA
	FASENRA	BENRALIZUMAB	MED	MED
	GLASSIA	ALPHA1-PROTEINASE INHIBITOR	MED	MED
	NUCALA	MEPOLIZUMAB	MED	MED
	OFEV	NINTEDANIB	PA	PA

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	XOLAIR	OMALIZUMAB	MED	MED
MULTIPLE SCLEROSIS	AUBAGIO	TERIFLUNOMIDE	PA	PA
	AVONEX	INTERFERON -1a	PA	PA
	BETASERON	INTERFERON -1b	PA	PA
	COPAXONE	GLATIRAMER	PA	PA
	EXTAVIA	INTERFERON -1b	PA	CE
	GILENYA	FINGOLIMOD	PA	PA
	GLATOPA	GLATIRAMER	PA	PA
	LEMTRADA	ALEMTUZUMAB	MED	MED
	OCREVUS	OCRELIZUMAB	MED	MED
	PLEGRIDY	PEGINTERFERON BETA-1A	PA	PA
	REBIF	INTERFERON -1a	PA	PA
	TECFIDERA	DIMETHYL FUMARATE	PA	PA
	TYSABRI	NATALIZUMAB	MED	MED
	ZINBRYTA	DACLIZUMAB	CE	CE
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS (PCSK9S)	PRALUENT	ALIROCUMAB	PA	PA
	REPATHA	EVOLOCUMAB	PA	PA
PULMONARY HYPERTENSION	ADCIRCA	TADALAFIL	PA	PA
	ADEMPAS	RIOCIGUAT	PA	PA
	FLOLAN	EPOPROSTENOL	MED	MED
	LETAIRIS	AMBRISENTAN	PA	PA
	OPSUMIT	MACITENTAN	PA	PA
	ORENITRAM	TREPROSTINIL	PA	PA
	REMODULIN	TREPROSTINIL	MED	MED
	REVATIO	SILDENAFIL	PA	PA, CE (brand only)
	TRACLEER	BOSENTAN	PA	PA
	TYVASO	TREPOSTINOL	PA	PA
	UPTRAVI	SELEXIPAG	PA	PA
	VELETRI	EPOPROSTENOL	MED	MED
VENTAVIS	ILOPROST	PA	PA	
OTHERS	AUSTEDO	DEUTETRABENAZINE	PA	PA
	BENLYSTA	BELIMUMAB	MED	MED
	BRINEURA	CERLIPONASE ALFA	MED	MED
	CERDELGA	ELIGLUSTAT TARTRATE	PA	PA

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	CEREZYME	IMIGLUCERASE	MED	MED
	DUPIXENT	DUPIUMAB	PA	PA
	EMFLAZA	DEFLAZACORT	CE	CE
	ENDARI	GLUTAMINE	CE	CE
	FORTEO	TERIPARATIDE	PA	PA
	GRASTEK	TIMOTHY GRASS POLLEN ALLERGEN EXTRACT	PA	CE
	HETLIOZ	TASIMELTEON	PA	PA
	INGREZZA	VALBENZAZINE	PA	PA
	JUXTAPID	LOMITAPIDE	PA	PA
	KYNAMRO	MIPOMIRSEN	PA	PA
	MYALEPT	METRELEPTIN	PA	PA
	NATPARA	PARATHYROID HORMONE	CE	CE
	NORTHERA	DROXIDOPA	CE	CE
	OCALIVA	OBETICHOIC ACID	PA	PA
	ORALAIR	MIXED GRASS POLLENS ALLERGEN EXTRACT	PA	CE
	H P ACTHAR GEL	CORTICOTROPIN INJ GEL	PA	PA
	RADICAVA	EDAVARONE	MED	MED
	RAGWITEK	SHORT RAGWEED POLLEN ALLERGEN EXTRACT	PA	CE
	RELISTOR	METHYLNALTREXONE	PA	PA
	SAMSCA	TOLVAPTAN	PA	PA
	SENSIPAR	CINACALCET	PA	PA
	SOLIRIS	ECULIZUMAB	MED	MED
	SPINRAZA	NUSINERSEN	MED	MED
	SMYPROIC	NALDEMEDINE	CE	CE
	SYNAGIS	PALIVIZUMAB IM SOLUTION	MED	MED
	SUPPRELIN LA	HISTRELIN ACETATE	MED	MED
	TRIPTODUR	TRIPTORELIN	MED	MED
	TYMLOS	ABALOPARATIDE	PA	PA
	XENAZINE	TETRABENZAZINE	PA	PA, CE (brand only)
	XIAFLEX	COLLAGENASE	MED	MED

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<p>WEIGHT LOSS*</p> <p>Not all benefit plans cover Weight Loss medications. Please contact a Member Services representative for specific coverage information.</p> <p>If a prior approval is granted, the drug will be allowed at the non-formulary benefit level.</p>	ADIPEX-P	PHENTERMINE	BENEFIT EXCLUSION	BENEFIT EXCLUSION
	BELVIQ	LORCASERIN	BENEFIT EXCLUSION	BENEFIT EXCLUSION
	BELVIQ XR	LOCAXERIN ER	BENEFIT EXCLUSION	BENEFIT EXCLUSION
	BONTRIL PDM	PHENDIMETRAZINE	BENEFIT EXCLUSION	BENEFIT EXCLUSION
	BONTRIL SLOW RELEASE	PHENDIMETRAZINE	BENEFIT EXCLUSION	BENEFIT EXCLUSION
	CONTRAVE	NALTREXONE/BUPROPION	BENEFIT EXCLUSION	BENEFIT EXCLUSION
	DIDREX	BENZPHETAMINE	BENEFIT EXCLUSION	BENEFIT EXCLUSION
	DIETHYLPROPION	DIETHYLPROPION	BENEFIT EXCLUSION	BENEFIT EXCLUSION
	LOMAIRA	PHENTERMINE	BENEFIT EXCLUSION	BENEFIT EXCLUSION
	OSYMIA	PHENTERMINE/TOPIRAMATE	BENEFIT EXCLUSION	BENEFIT EXCLUSION
	REGIMEX	BENZPHENTAMINE	BENEFIT EXCLUSION	BENEFIT EXCLUSION
	SAXENDA	LIRAGLUTIDE	BENEFIT EXCLUSION	BENEFIT EXCLUSION
	SUPRENZA	PHENTERMINE	BENEFIT EXCLUSION	BENEFIT EXCLUSION
XENICAL	ORLISTAT	BENEFIT EXCLUSION	BENEFIT EXCLUSION	

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Drugs with Benefit Quantity Limits: The following list represents the drugs subject to a limited dispensing amount.				
MULTIPLE SCLEROSIS				
BRAND NAME	GENERIC NAME	FORMULARY STATUS	Quantity Limit	
AMPYRA*	DALFAMPRIDINE	NF	2 tabs/day	
ERECTILE DYSFUNCTION**, ORAL			Daily and as-needed use prescriptions are not allowed concomitantly	
BRAND NAME	GENERIC NAME	FORMULARY STATUS	Quantity Limit	
CIALIS 10 mg, 20 mg	TADALAFIL	NF	A Combined Total of 18 tablets per 90 Days	A member can receive <u>up to</u> a combined total of 18 tablets per 90 days. The claims system will not allow any quantity >18 in any 90-day claims period.
LEVITRA	VARDENAFIL	NF		
STAXYN	VARDENAFIL	NF		
STENDRA	AVANAFIL	NF		
VIAGRA	SILDENAFIL	NF		
CIALIS Once-Daily Use 2.5 mg, 5 mg**	TADALAFIL	NF	1 tab/day	

*Ampyra is Tier 4 on the OHP formulary

**Medications used to treat erectile dysfunction are a benefit exclusion under Qualified Health Plans. Cialis Once-Daily 5mg may be eligible for a Coverage Exception under Qualified Health Plans to treat benign prostatic hypertrophy (BPH).



In accordance with federal regulations, Blue Cross Blue Shield of North Dakota is required to provide you the following disclosure:

Blue Cross Blue Shield of North Dakota complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of North Dakota does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross Blue Shield of North Dakota:

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

If you need these services, please call Member Services at 1-800-342-4718 (toll-free) or through the North Dakota Relay at 1-800-366-6888 or 711.

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

Civil Rights Coordinator

4510 13th Ave S

Fargo, ND 58121

701-297-1638 or North Dakota Relay at 800-366-6888 or 711

701-282-1804 (fax)

CivilRightsCoordinator@bcbsnd.com (email)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC 20201

800-368-1019 or 800-537-7697 (TDD)

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

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-342-4718 (TTY: 1-800-366-6888 o 711).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-342-4718 (TTY: 1-800-366-6888 oder 711).

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-342-4718 (TTY: 1-800-366-6888 或 711)。

Oroomiffa (Oromo)

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-342-4718 (TTY: 1-800-366-6888 ykn 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-342-4718 (TTY: 1-800-366-6888 hoặc 711).

Ikirundi (Bantu – Kirundi)

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-342-4718 (TTY: 1-800-366-6888 canke 711).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-342-4718 (رقم هاتف الصم والبكم: 1-800-366-6888 أو 711).

Kiswahili (Swahili)

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-800-342-4718 (TTY: 1-800-366-6888 au 711).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-342-4718 (телетайп: 1-800-366-6888 или 711).

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-342-4718 (TTY: 1-800-366-6888 または 711) まで、お電話にてご連絡ください。

नेपाली (Nepali)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-800-342-4718 (टिटिवाइ: 1-800-366-6888 वा 711)।

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-342-4718 (ATS : 1-800-366-6888 ou 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-342-4718 (TTY: 1-800-366-6888 또는 711)번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-342-4718 (TTY: 1-800-366-6888 o 711).

Norsk (Norwegian)

MERK: Hvis du snakker norsk, er gratis språkassistanstjenester tilgjengelige for deg. Ring 1-800-342-4718 (TTY: 1-800-366-6888 eller 711).

Diné Bizaad (Navajo)

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíílnih 1-800-342-4718 (TTY: 1-800-366-6888 éí doodagó 711.)