

Specialty Drug List

This is a list of most specialty medications on the specialty tiers of the ClearScript Formulary.

What are specialty drugs?

Specialty drugs are medications used to treat rare or complex conditions and often require special handling or monitoring.

To promote the safest, most clinically appropriate and cost-effective dispensing of these medications, your plan may require you to fill your prescriptions at a designated specialty pharmacy. Specialty pharmacies provide personalized care and offer convenient delivery to your home or other approved location.

Please refer to your benefit plan documents for information on your plan's coverage for specialty medications or contact ClearScript Member Services at the number on the back of your ID Card.

Important Note: This is not a complete list of all specialty medications. The drugs included on this list may not be covered by all benefit plans. Your benefit plan determines coverage for all medications. Additional coverage restrictions may apply for the medications included on this list. This list is subject to change throughout the year.

abiraterone acetate	ALIMTA	ATGAM	BETASERON
ABRAXANE	ALIQOPA	AUBAGIO	BETHKIS
ACTEMRA	ALKERAN	AUSTEDO	BEVACIZUMAB
ACTEMRA ACTPEN	ALPHANATE	AVASTIN	bexarotene
ACTHAR	ALPHANINE SD	AVONEX	BICNU
ACTHREL	ALPROLIX	AVONEX PEN	BIVIGAM
ACTIMMUNE	ALUNBRIG	AVSOLA	BLENREP
ADAGEN	alyq	AYVAKIT	bleomycin sulfate
ADAKVEO	ambrisentan	azacitidine	BLINCYTO
ADCETRIS	amifostine	BAFIERTAM	BORTEZOMIB
ADCIRCA	AMPYRA	BALVERSA	bosentan
adefovir dipivoxil	APOKYN	BARACLUDE	BOSULIF
ADEMPAS	ARALAST NP	BAVENCIO	BOTOX
adriamycin	ARANESP	BCG (TICE STRAIN)	BOTOX COSMETIC
adrucil	ARCALYST	BELEODAQ	BRAFTOVI
ADVATE	ARIKAYCE	BELRAPZO	BRINEURA
ADYNOVATE	ARIXTRA	BENDAMUSTINE HCL	BRUKINSA
AFINITOR	ARRANON	BENDEKA	BUPHENYL
AFINITOR DISPERZ	arsenic trioxide	BENEFIX	busulfan
AFSTYLA	ARZERRA	BENLYSTA	BUSULFEX
ALDURAZYME	ASCENIV	BEOVU	BYNFEZIA
ALECENSA	ASPARLAS	BERINERT	CABLIVI
ALFERON N	ASTAGRAF XL	BESPONSA	CABOMETYX

Specialty Medications

CALQUENCE	cytarabine	EPOGEN	GAMUNEX-C
CAMPATH	CYTOGAM	epoprostenol sodium	ganirelix acetate
CAMPTOSAR	D-PENAMINE	ERBITUX	GATTEX
capecitabine	dacarbazine	ERIVEDGE	GAVRETO
CAPRELSA	DACOGEN	ERLEADA	GAZYVA
CARBAGLU	dactinomycin	erlotinib hcl	GEL-ONE
carboplatin	DAKLINZA	ERWINAZE	GELSYN-3
CARIMUNE NF	dalfampridine er	ESBRIET	gemcitabine hcl
NANOFILTERED	DANYELZA	ESPEROCT	GEMZAR
carmustine	DARAPRIM	ETHYOL	gengraf
CAYSTON	DARZALEX	ETOPOPHOS	GENOTROPIN
CELLCEPT	DARZALEX FASPRO	etoposide	GENVISC 850
CEPROTIN	daunorubicin hcl	EUFLEXXA	GILENYA
CERDELGA	DAURISMO	EVENITY	GILOTRIF
CEREZYME	decitabine	EVENITY (2 SYRINGES)	GIVLAARI
CETROTIDE	DEFLUX	everolimus	GLASSIA
CHENODAL	DEPEN	EVOMELA	glatiramer acetate
CHOLBAM	dexrazoxane	EVRYSDI	glatopa
chorionic gonadotropin	DEXTENZA	EXONDYS-51	GLEEVEC
CHORIONIC	DIACOMIT	EXTAVIA	GLEOSTINE
GONADOTROPIN	dimethyl fumarate	EYLEA	GONAL-F
CIMZIA	DOCEFREZ	FABRAZYME	GONAL-F RFF
CINQAIR	docetaxel	FARYDAK	GONAL-F RFF REDI-JECT
CINRYZE	DOPTelet	FASENRA	GRANIX
CISPLATIN	DOXIL	FASENRA PEN	HAEGARDA
cisplatin	doxorubicin hcl	FASLODEX	HALAVEN
cladribine	doxorubicin hcl liposome	FEIBA NF	HARVONI
clofarabine	DUPIXENT PEN	FENSOLVI	HELIXATE FS
CLOLAR	DUPIXENT SYRINGE	FIBRYGA	HEMLIBRA
clovique	DUROLANE	FINTEPLA	HEMOFIL M
COAGADEX	DYSPORT	FIRAZYR	HEPSERA
COMETRIQ	EGRIFTA	FIRDAPSE	HERCEPTIN
COPAXONE	EGRIFTA SV	FIRMAGON	HERCEPTIN HYLECTA
COPEGUS	ELAPRASE	FLEBOGAMMA DIF	HERZUMA
COPIKTRA	ELELYSO	FLOLAN	HETLIOZ
CORIFACT	ELIGARD	floxuridine	HIZENTRA
COSENTYX (2 SYRINGES)	ELITEK	fludarabine phosphate	HUMATE-P
COSENTYX PEN	ELLEENCE	fluorouracil	HUMATROPE
COSENTYX PEN (2 PENS)	ELOCTATE	FOLLISTIM AQ	HUMIRA
COSENTYX SYRINGE	ELZONRIS	FOLOTYN	HUMIRA PEDIATRIC
COSMEGEN	EMFLAZA	fondaparinux sodium	CROHN'S
COTELLIC	EMPLICITI	FORTEO	HUMIRA PEN
CRYSVITA	ENBREL	FRAGMIN	HUMIRA PEN CROHN'S-UC-HS
CUPRIMINE	ENBREL MINI	FULPHILA	HUMIRA PEN PSOR-UVEITS-ADOL HS
CUTAQUIG	ENBREL SURECLICK	fulvestrant	HUMIRA(CF)
CUVITRU	ENHERTU	FUSILEV	HUMIRA(CF) PEDIATRIC
CYCLOPHOSPHAMIDE	enoxaparin sodium	GALAFOLD	CROHN'S
cyclophosphamide	ENSPRYNG	GALLIUM CITRATE GA-67	HUMIRA(CF) PEN
cyclosporine	entecavir	GAMASTAN	HUMIRA(CF) PEN CROHN'S-UC-HS
cyclosporine modified	ENTYVIO	GAMASTAN S-D	HUMIRA(CF) PEN PSOR-UV-ADOL HS
CYRAMZA	ENVARUS XR	GAMIFANT	HYALGAN
CYSTADANE	EPCLUSA	GAMMAGARD LIQUID	HYCAMTIN
CYSTADROPS	EPIDIOLEX	GAMMAGARD S-D	
CYSTAGON	epirubicin hcl	GAMMAKED	
CYSTARAN	EPIVIR HBV	GAMMAPLEX	

Specialty Medications

hydroxyprogesterone caproate	KHAPZORY	MEPSEVII	NUTROPIN AQ NUSPIN
HYMOVIS	KINERET	mesna	NUWIQ
HYPERRHO S-D	KISQALI	MESNEX	NYVEPRIA
HYQVIA	KISQALI FEMARA CO-PACK	MICRHOGAM ULTRA-FILTERED PLUS	OBIZUR
IBRANCE	KITABIS PAK	miglustat	OCALIVA
icatibant	KOATE	MIRCERA	OCREVUS
ICLUSIG	KOGENATE FS	mitomycin	OCTAGAM
IDAMYCIN PFS	KORLYM	MITOMYCIN-STERILE WATER	octreotide acetate
idarubicin hcl	KOSELUGO	mitoxantrone hcl	ODOMZO
IDELVION	KOVALTRY	MODERIBA	OFEV
IDHIFA	KRYSTEXXA	moderiba	OGIVRI
IFEX	KUVAN	MONJUVI	OLUMIANT
ifosfamide	KYMRIAH	MONONINE	OLYSIO
ILARIS	KYNMOBI	MONOVISC	OMNITROPE
ILUMYA	KYPROLIS	MOZOBIL	ONCASPAR
ILUVIEN	lamivudine	MULPLETA	ONIVYDE
imatinib mesylate	lamivudine hbv	MUSTARGEN	ONPATTRO
IMBRUVICA	lapatinib	mutamycin	ONTRUZANT
IMFINZI	LARTRUVO	MVASI	ONUREG
IMLYGIC	LEDIPASVIR-SOFOSBUVIR	MYALEPT	OPDIVO
INBRIJA	LEMTRADA	MYCAPSSA	OPSUMIT
INCRELEX	LENVIMA	mycophenolate mofetil	ORENCIA
INFLECTRA	LETAIRIS	mycophenolic acid	ORENCIA CLICKJECT
INFUGEM	LEUKINE	MYFORTIC	ORENITRAM ER
INGREZZA	leuprolide acetate	MYLOTARG	ORFADIN
INGREZZA INITIATION PACK	LEVOLEUCOVORIN CALCIUM	MYOBLOC	ORKAMBI
INLYTA	levoleucovorin calcium	NAGLAZYME	ORLADEYO
INQOVI	LIBTAYO	NATPARA	ORTHOVISC
INREBIC	lipodox	NEORAL	OTEZLA
INTRON A	lipodox 50	NERLYNX	OVIDREL
IRESSA	LONSURF	NEULASTA	oxaliplatin
irinotecan hcl	LORBRENA	NEULASTA ONPRO	OXALIPLATIN
ISTODAX	LOVENOX	NEUPOGEN	OXBRYTA
ISTURISA	LUCENTIS	NEXAVAR	OXERVATE
IXEMPRA	LUMIZYME	NILANDRON	OXLUMO
IXINITY	LUMOXITI	nilutamide	OZURDEX
JAKAFI	LUPANETA PACK	NINLARO	paclitaxel
JELMYTO	LUPRON DEPOT	NIPENT	PADCEV
JETREA	LUPRON DEPOT-PED	nitisinone	PALFORZIA
JEVTANA	LUXTURNA	NITYR	PALYNZIQ
JIVI	LYNPARZA	NIVESTYM	pamidronate disodium
JUXTAPID	MACUGEN	NORDITROPIN FLEXPRO	PANHEMATIN
JYNARQUE	MAKENA	NORTHERA	PANZYGA
KADCYLA	MARQIBO	novarel	paraplatin
KALBITOR	MATULANE	NOVAREL	PARAPLATIN
KALYDECO	MAVENCLAD	NOVOEIGHT	PARSABIV
KANJINTI	MAVYRET	NOVOSEVEN RT	PEGASYS
KANUMA	MAYZENT	NPLATE	PEGASYS PROCLICK
KEPIVANCE	MEKINIST	NUBEQA	PEGINTRON
KESIMPTA PEN	MEKTOVI	NUCALA	PEGINTRON REDIPEN
KEVEYIS	melphalan	NULOJIX	PEMAZYRE
KEVZARA	melphalan hcl	NUTROPIN AQ	penicillamine
KEYTRUDA	MENOPUR		PERJETA
			PHESGO
			PHOTOFRIN

Specialty Medications

PIQRAY	RIXUBIS	SYNVISC-ONE	TRAZIMERA
PLEGRIDY	ROMIDEPSIN	SYPRINE	TREANDA
PLEGRIDY PEN	ROZLYTREK	TABLOID	TRELSTAR
POLIVY	RUBRACA	TABRECTA	TREMFYA
POMALYST	RUCONEST	tacrolimus	treprostinil
PORTRAZZA	RUXIENCE	tadalafil 20 mg tablet (generic for adcirca)	tretinoin
POTELIGEO	RUZURGI	TAFINLAR	TRETEN
pregnyl	RYDAPT	TAGRISSO	trientine hcl
PREVYMIS	SABRIL	TAKHZYRO	TRIKAFTA
PRIALT	SAIZEN	TALTZ AUTOINJECTOR	TRILURON
PRIVIGEN	SAIZEN-SAIZENPREP	TALTZ AUTOINJECTOR (2 PACK)	TRIPTODUR
PROCRIT	SAMSCA	TALTZ AUTOINJECTOR (3 PACK)	TRISENOX
PROCYSBI	SANDIMMUNE	TALTZ SYRINGE	TRIVISC
PROFILNINE	SANDOSTATIN	TALTZ SYRINGE (2 PACK)	TRODELVY
PROGRAF	SANDOSTATIN LAR DEPOT	TALTZ SYRINGE (3 PACK)	TRUXIMA
PROLASTIN C	sapropterin dihydrochloride	TALZENNA	TUKYSA
PROLEUKIN	SARCLISA	TARCEVA	TURALIO
PROLIA	SCENESSE	TARGRETIN	TYKERB
PROMACTA	SEROSTIM	TASIGNA	TYMLOS
PROVENGE	SEVENFACT	TAVALISSE	TYSABRI
PULMOZYME	SIGNIFOR	TAXOTERE	TYVASO
PURIXAN	SIGNIFOR LAR	TAZVERIK	TYVASO INSTITUTIONAL START KIT
pyrimethamine	sildenafil citrate	TECARTUS	TYVASO REFILL KIT
QINLOCK	SILIQ	TECENTRIQ	TYVASO STARTER KIT
RADICAVA	SIMPONI	TECFIDERA	TYZEKA
RAPAMUNE	SIMPONI ARIA	TECHNIVIE	UDENYCA
RAVICTI	sirolimus	TEGSEDI	ULTOMIRIS
REBETOL	SKYRIZI (2 SYRINGES) KIT	TEMODAR	UNITUXIN
REBIF	SODIUM HYALURONATE	temozolomide	UPLIZNA
REBIF REBIDOSE	sodium phenylbutyrate	temsirolimus	UPTRAVI
REBINYN	SOFOSBUVIR-	teniposide	VALCHLOR
REBLOZYL	VELPATASVIR	TEPADINA	VANTAS
RECLAST	SOLESTA	TEPEZZA	VECTIBIX
RECOMBINATE	SOLIRIS	TERIPARATIDE	VELCADE
REMICADE	SOMATULINE DEPOT	tetrabenazine	VELETRI
REMODULIN	SOMAVERT	THALOMID	VEMLIDY
RENFLEXIS	SOVALDI	THIOLA	VENCLEXTA
RETACRIT	SPINRAZA	THIOLA EC	VENCLEXTA STARTING PACK
RETEVMO	SPRAVATO	thiotepa	VENTAVIS
RETISERT	SPRYCEL	THROMBATE III	VERZENIO
REVATIO	STELARA	THYROGEN	VIDAZA
REVCOVI	STIVARGA	TIBSOVO	VIEKIRA PAK
REVLIMID	STRENSIQ	TIGLUTIK	VIEKIRA XR
RHOGAM ULTRA- FILTERED PLUS	SUBLOCADE	TOBI	vigabatrin
RIASTAP	SUCRAID	TOBI PODHALER	vigadrone
ribasphere	SUPARTZ FX	tobramycin	VILTEPSO
RIBASPHERE	SUPPRELIN LA	TOLVAPTAN	VIMIZIM
RIBASPHERE RIBAPAK	SUTENT	toposar	vinblastine sulfate
ribatab	SYLATRON	topotecan hcl	vincasar pfs
ribavirin	SYLVANT	TORISEL	vincristine sulfate
RIDAURA	SYMDEKO	TOTECT	vinorelbine tartrate
RINVOQ	SYNAGIS	TRACLEER	
RITUXAN	SYNRIBO		
RITUXAN HYCELA	SYNVISC		

Specialty Medications

VISCO-3	ZIEXTENZO
VISUDYNE	ZINBRYTA
VITRAKVI	ZINECARD
VIVITROL	ZIRABEV
VIZIMPRO	ZOLADEX
VONVENDI	zoledronic acid
VOSEVI	ZOLGENSMA
VOTRIENT	ZOLINZA
VPRIV	ZOMACTON
VUMERITY	ZOMETA
VUMERITY DR 231 MG CAP	ZORBTIVE
VYNDAMAX	ZORTRESS
VYNDAQEL	ZULRESSO
VYONDYS-53	ZYDELIG
VYXEOS	ZYKADIA
WAKIX	ZYTIGA
WILATE	
WINRHO SDF	
XALKORI	
XELJANZ	
XELJANZ XR	
XELODA	
XEMBIFY	
XENAZINE	
XENON XE-133	
XEOMIN	
XERMELO	
XGEVA	
XIAFLEX	
XOLAIR	
XOSPATA	
XPOVIO	
XTANDI	
XURIDEN	
XYNTHA	
XYNTHA SOLOFUSE	
XYREM	
XYWAV	
YERVOY	
YESCARTA	
YONDELIS	
YONSA	
YUTIQ	
ZALTRAP	
ZANOSAR	
ZARXIO	
ZAVESCA	
ZEJULA	
ZELBORAF	
ZEMAIRA	
ZEPATIER	
ZEPOSIA	
ZEPZELCA	
ZEVALIN	

PreferredOne Insurance Company Nondiscrimination Notice

PreferredOne Insurance Company (“PIC”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PIC:

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, contact a Grievance Specialist.

If you believe that PIC 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:

Grievance Specialist
PreferredOne Insurance Company
PO Box 59212
Minneapolis, MN 55459-0212
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
Email: customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist 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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Y: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

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 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາບ: ຖ້າວ່າທ່ານບໍ່ເຂົ້າໃຈພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອອັດຕະໂນມາສາ, ໂດຍບໍ່ເສຍຄ່າ, ຄວນມາພົວພັນໃຫ້ທ່ານ. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች: በነጻ ሊያግዝዎት ተዘጋጅተዋል: ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስመራት ለተሳናቸው: 763.847.4013) .

တံသိုလ်သး- နမူကတိ ကညီ ကိုဆိဆိ, နမူနို ကိုဆိဆိမစာလော တလက်ဘူလ်လ်စု၊ နိုတမံဘိုသုနုလ်လ်စု၊ ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយភ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013) ។

ملحوظة: إذا كنت تتحدث أذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).

PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan (“PCHP”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PCHP:

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, contact a Grievance Specialist.

If you believe that PCHP 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:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist 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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

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 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາວ: ຖ້າວ່າທ່ານບໍ່ເຂົ້າໃຈພາສາອັງກฤษ, ການບໍລິການຊ່ວຍເຫຼືອອັງກິດພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຈະມີຮັບໃຫ້ທ່ານ. ໂທສ

1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች: በነጻ ሊያገዝዎት ተዘጋጅተዋል: ወደ ሚክተለው ቁጥር ይደውሉ 1.800.940.5049

(ማስማት ለተሳናቸው: 763.847.4013) .

တံသ့ၣ်တံသး- နမူကတိၣ် ကညီ ကိုၣ်အထိ, နမူနာ ကိုၣ်အတိၣ်မစၢလၢ တလၢဘၣ်သ့ၣ်လၢဘၣ်စၢ နီတမံၤဘၣ်သ့ၣ်န့ၣ်လီၤ. ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយភ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013) ។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).