



An Independent Licensee of the Blue Cross Blue Shield Association

2022 Formulary Changes – Year to Date

Health Choice Arizona may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, and/or move a drug at a higher cost-sharing tier, we will notify you of the change at least 30 days before the date that the change becomes effective. However, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary.

This table shows drugs that have been removed from the 2022 Health Choice Arizona Formulary.

Name of Drug	Description of Change	Alternative Drug	Effective Date
INTELENCE 25 MG TABLET	Formulary Deletion	(See formulary)	1/1/2022
EDURANT 25 MG TABLET	Formulary Deletion	(See formulary)	1/1/2022
VIREAD TABLET	Formulary Deletion	(See formulary)	1/1/2022
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE TABLET (SYMFI LO)	Formulary Deletion	(See formulary)	1/1/2022
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE TABLET (SYMFI)	Formulary Deletion	(See formulary)	1/1/2022
GS ATHLETE’S FOOT 1% LQ SPRAY (TOLNAFTATE SPRAY)	Formulary Deletion	(See formulary)	1/1/2022
BETAMETHASONE DP 0.05% OINTMENT	Formulary Deletion	BETAMETHASONE DP 0.05% CREAM	1/1/2022



BETAMETHASONE DP AUG 0.05% GEL/LOTION/OINTMENT	Formulary Deletion	BETAMETHASONE DP 0.05% CREAM	1/1/2022
FLUOCINONIDE 0.05% GEL	Formulary Deletion	FLUOCINONIDE 0.05% CREAM	1/1/2022
FLUOCINONIDE-E 0.05% CREAM	Formulary Deletion	FLUOCINONIDE 0.05% CREAM	1/1/2022
ALCLOMETASONE DIPRO 0.05% CREAM/OINTMENT	Formulary Deletion	HYDROCORTISONE 2.5% LOTION/OINTMENT/CREAM	1/1/2022
DESONIDE 0.05% OINTMENT/CREAM/LOTION	Formulary Deletion	HYDROCORTISONE 2.5% LOTION/OINTMENT/CREAM	1/1/2022
SCALPICIN 1% ANTI-ITCH LIQUID	Formulary Deletion	DERMA-SMOOTH-FS SCALP OIL	1/1/2022
FLUOCINOLONE 0.01% SOLUTION/CREAM	Formulary Deletion	MOMETASONE FUROATE 0.1% CREAM/OINTMENT/SOLUTION	1/1/2022
FLUOCINOLONE 0.025% CREAM	Formulary Deletion	MOMETASONE FUROATE 0.1% CREAM/OINTMENT/SOLUTION	1/1/2022
SYNALAR 0.025% OINTMENT	Formulary Deletion	MOMETASONE FUROATE 0.1% CREAM/OINTMENT/SOLUTION	1/1/2022
HYDROCORTISONE VAL 0.2% CREAM/OINTMENT	Formulary Deletion	MOMETASONE FUROATE 0.1% CREAM/OINTMENT/SOLUTION	1/1/2022
HYDROCORTISONE BUTYR 0.1% OINTMENT/CREAM/SOLUTION	Formulary Deletion	MOMETASONE FUROATE 0.1% CREAM/OINTMENT/SOLUTION	1/1/2022
PREDNICARBATE 0.1% CREAM/OINTMENT	Formulary Deletion	MOMETASONE FUROATE 0.1% CREAM/OINTMENT/SOLUTION	1/1/2022
CLOBETASOL 0.05% TOPICAL LOTN	Formulary Deletion	CLOBETASOL 0.05% OINTMENT/GEL/CREAM	1/1/2022



LEUKINE 250 MCG VIAL	Formulary Deletion		1/1/2022
ACYCLOVIR OINTMENT	Formulary Deletion	BRAND Zovirax Ointment	04/01/2022
PANCRELIPASE	Add QL of 500 capsules every 30 days		05/01/2022
CREON	Add QL of 500 capsules every 30 days		05/01/2022
ZENPEP	Add QL of 500 capsules every 30 days		05/01/2022
LEUKERAN TAB 2MG	Formulary Deletion		9/1/2022
TABLOID TAB 40MG	Formulary Deletion		9/1/2022
XARELTO SUSPENSION	Formulary Deletion		10/1/2022
GLYXAMBI	Formulary Deletion		10/1/2022
HUMULIN VIAL OTC	Formulary Deletion		10/1/2022



This table outlines the **positive** changes to our formulary that may impact you.

Name of Drug	Description of Change	Drug Coverage	Effective Date
TIVICAY PD 5 MG TAB FOR SUSP	Addition to the Formulary		1/1/2022
NORVIR 100 MG POWDER PACKET	Addition to the Formulary		1/1/2022
JULUCA 50-25 MG TABLET	Addition to the Formulary		1/1/2022
DELSTRIGO 100-300-300 MG TAB	Addition to the Formulary		1/1/2022
SYMTUZA 800-150-200-10 MG TAB	Addition to the Formulary		1/1/2022
EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (ATRIPLA)	Addition to the Formulary		1/1/2022
AUSTEDO TABLET	Addition to the Formulary	PA Required	1/1/2022
INGREZZA CAPSULE	Addition to the Formulary	PA Required	1/1/2022
KLOXXADO 8 MG NASAL SPRAY	Addition to the Formulary	PA Required	1/1/2022
DEXCOM G6 SYSTEM	Addition to the Formulary	PA required depending on age; Quantity Limit of 3 sensors every 30 days	1/1/2022
FREESTYLE LIBRE 2 SYSTEM	Addition to the Formulary	PA required depending on age; Quantity Limit of 2 sensors every 28 days	1/1/2022
CLONAZEPAM ODT	Remove PA requirement		1/1/2022
BUDESONIDE VIALS	Remove PA requirement		1/1/2022
ZOVIRAX 5% CREAM	Addition to the Formulary		4/1/2022
ZOVIRAX 5% OINTMENT	Addition to the Formulary		4/1/2022



ASACOL HD DR 800MG TABLET	Addition to the Formulary	180 tablets per 30 days	4/1/2022
CIPRO HC OTIC SUSPENSION	Addition to the Formulary		4/1/2022
PSYLLIUM POWDER 83%	Addition to the formulary		4/1/2022
DESCOVY 120/15MG	Addition to the formulary	30 tablets per 30 days	4/1/2022
DRY EYE RELIEF GEL (SYSTANE/GENTEAL)	Addition to the formulary		4/1/2022
AQUA GLYCOL CRE FACE	Addition to the formulary		6/1/2022
AQUA-CERIN CRE	Addition to the formulary		6/1/2022
AQUAPHOR OIN	Addition to the formulary		6/1/2022
AVEENO DAILY CRE FACE	Addition to the formulary		6/1/2022
AVEENO INTEN CRE RELIEF	Addition to the formulary		6/1/2022
AVEENO POSIT CRE RADIANT	Addition to the formulary		6/1/2022
AVEENO SKIN CRE RELIEF	Addition to the formulary		6/1/2022
BASLE CRE	Addition to the formulary		6/1/2022
BETA CARE CRE	Addition to the formulary		6/1/2022
BETA XMA CRE	Addition to the formulary		6/1/2022
CERAVE CRE MOISTURI	Addition to the formulary		6/1/2022
CERAVE DIABE CRE DRY SKIN	Addition to the formulary		6/1/2022
CERAVE SA CRE RGH/BMP	Addition to the formulary		6/1/2022
CETAPHIL CRE HAND	Addition to the formulary		6/1/2022



CETAPHIL CRE MOISTURE	Addition to the formulary	6/1/2022
CICAPLAST CRE BAUME B5	Addition to the formulary	6/1/2022
COCOA BUTTER CRE SKIN	Addition to the formulary	6/1/2022
COCONUT OIL CRE BEAUTY	Addition to the formulary	6/1/2022
COLLAGEN CRE	Addition to the formulary	6/1/2022
CVS DRY SKIN CRE THERAPY	Addition to the formulary	6/1/2022
CVS MOISTURE CRE	Addition to the formulary	6/1/2022
DERMABASE CRE	Addition to the formulary	6/1/2022
DERMAIDE CRE ALOE	Addition to the formulary	6/1/2022
DERMEND ALPH CRE BETA HYD	Addition to the formulary	6/1/2022
DIABETIDERM CRE	Addition to the formulary	6/1/2022
DIABETIDERM CRE FOOT	Addition to the formulary	6/1/2022
DML FORTE CRE	Addition to the formulary	6/1/2022
ELON SKIN CRE REPAIR	Addition to the formulary	6/1/2022
EMOLLIA-CREM CRE	Addition to the formulary	6/1/2022
EQ THERAPEUT CRE MOISTURI	Addition to the formulary	6/1/2022
EUCERIN CRE INT REPA	Addition to the formulary	6/1/2022
EUCERIN ADV CRE REPAIR	Addition to the formulary	6/1/2022
EUCERIN CALM CRE MOISTURE	Addition to the formulary	6/1/2022



EUCERIN PLUS CRE	Addition to the formulary		6/1/2022
FINGER CREAM CRE	Addition to the formulary		6/1/2022
GB DIABETICS CRE DRY SKIN	Addition to the formulary		6/1/2022
GB HEALING CRE HAND	Addition to the formulary		6/1/2022
GOLD BOND CRE HEALING	Addition to the formulary		6/1/2022
GOLD BOND CRE ROUGH	Addition to the formulary		6/1/2022
GOLD BOND CRE SOOTHING	Addition to the formulary		6/1/2022
HEALTHY SKIN CRE	Addition to the formulary		6/1/2022
HYDRASYN25 CRE	Addition to the formulary		6/1/2022
J&J BURN CRE	Addition to the formulary		6/1/2022
KERI LONG CRE LASTING	Addition to the formulary		6/1/2022
LACTINOL HX CRE VANILLA	Addition to the formulary		6/1/2022
LANOLOR CRE	Addition to the formulary		6/1/2022
LEADER FINGE CRE	Addition to the formulary		6/1/2022
LUBRIDERM CRE ADV THER	Addition to the formulary		6/1/2022
MEDERMA AG CRE FACE	Addition to the formulary		6/1/2022
MOISTURIZING CRE	Addition to the formulary		6/1/2022
NEUTROGENA CRE HAND	Addition to the formulary		6/1/2022
NIVEA CRE	Addition to the formulary		6/1/2022



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NIVEA CRE LIGHT	Addition to the formulary	6/1/2022
NIVEA SOFT CRE	Addition to the formulary	6/1/2022
NIVEA VISAGE CRE	Addition to the formulary	6/1/2022
NIVEA VISAGE CRE NIGHTTIM	Addition to the formulary	6/1/2022
NUTRADERM CRE	Addition to the formulary	6/1/2022
OKEEFFES CRE WORKING	Addition to the formulary	6/1/2022
PALMERS CRE COCOA	Addition to the formulary	6/1/2022
PALMERS CRE NIGHT	Addition to the formulary	6/1/2022
PALMERS HAND CRE COCONUT	Addition to the formulary	6/1/2022
PALMERS HAND CRE INTENSIV	Addition to the formulary	6/1/2022
PALMERS STRE CRE MARKS	Addition to the formulary	6/1/2022
PEN-KERA CRE	Addition to the formulary	6/1/2022
PRETTY FEET CRE & HANDS	Addition to the formulary	6/1/2022
RESTA CRE	Addition to the formulary	6/1/2022
RESTORATIVE CRE SKIN	Addition to the formulary	6/1/2022
ROUGHNESS CRE RELIEF	Addition to the formulary	6/1/2022
SORBOLENE CRE	Addition to the formulary	6/1/2022
STUDIO 35 CRE MOIST	Addition to the formulary	6/1/2022
THERAPEUTIC CRE DRY SKIN	Addition to the formulary	6/1/2022



THERAPEUTIC CRE MOISTUR	Addition to the formulary		6/1/2022
UDDERLY CRE SMOOTH	Addition to the formulary		6/1/2022
VANICREAM CRE	Addition to the formulary		6/1/2022
VITAMIN E W/ CRE PANTHENO	Addition to the formulary		6/1/2022
MARAVIROC	Addition to the formulary	PA required	7/1/2022
LACOSAMIDE	Addition to the formulary	PA required	7/1/2022
LENALIDOMIDE	Addition to the formulary	PA required	7/1/2022
TRIUMEQ PD	Addition to the formulary		7/1/2022
LASTACFT OTC	Addition to the formulary		7/1/2022
MAVYRET	Remove PA	One 8-week treatment per lifetime	10/1/2022
SOFOSBUVIR/VELPATASVIR (Generic EPCLUSA)	Remove PA	One 12-week treatment per lifetime	10/1/2022
INVEGA HAFYERA	Addition to the formulary	One injection every 6 months	10/1/2022
ORENCIA CLICKJET	Addition to the formulary	PA required	10/1/2022
GVOKE PEN	Addition to the formulary	One per 30 days	10/1/2022
PANCREAZE	Addition to the formulary	500 per 30 days	10/1/2022
JANUMET	Remove PA; add Step Therapy	No PA required if there has been a trial of Metformin	10/1/2022
JANUMET XR	Remove PA; add Step Therapy	No PA required if there has been a trial of Metformin	10/1/2022
JANUVIA	Remove PA; add Step Therapy	No PA required if there has been a trial of Metformin	10/1/2022



JENTADUETO	Remove PA; add Step Therapy	No PA required if there has been a trial of Metformin	10/1/2022
JENTADUETO XR	Remove PA; add Step Therapy	No PA required if there has been a trial of Metformin	10/1/2022
KAZANO	Remove PA; add Step Therapy	No PA required if there has been a trial of Metformin	10/1/2022
KOMBIGLYZE XR	Remove PA; add Step Therapy	No PA required if there has been a trial of Metformin	10/1/2022
NESINA	Remove PA; add Step Therapy	No PA required if there has been a trial of Metformin	10/1/2022
ONGLYZA	Remove PA; add Step Therapy	No PA required if there has been a trial of Metformin	10/1/2022
OSENI	Remove PA; add Step Therapy	No PA required if there has been a trial of Metformin	10/1/2022
TRADJENTA	Remove PA; add Step Therapy	No PA required if there has been a trial of Metformin	10/1/2022
TRIJARDY XR	Remove PA; add Step Therapy	No PA required if there has been a trial of Metformin	10/1/2022
INVOKANA	Remove PA; add Step Therapy	No PA required if there has been a trial of Metformin	10/1/2022
FARXIGA	Remove PA; add Step Therapy	No PA required if there has been a trial of Metformin	10/1/2022
JARDIANCE	Remove PA; add Step Therapy	No PA required if there has been a trial of Metformin	10/1/2022
INVOKAMET	Remove PA; add Step Therapy	No PA required if there has been a trial of Metformin	10/1/2022
JANUMET	Remove PA; add Step Therapy	No PA required if there has been a trial of Metformin	10/1/2022
SYNJARDY	Remove PA; add Step Therapy	No PA required if there has been a trial of Metformin	10/1/2022
XIGDUO XR	Remove PA; add Step Therapy	No PA required if there has been a trial of Metformin	10/1/2022



This table outlines the changes to Prior Authorization Criteria that may impact you.

Name of Drug	Description of Change	Effective Date
Continuous Glucose Monitors	Added Libre 2 system	1/1/2022
Dupixent	New Indication	4/1/2022
Rinvoq	New Indication	4/1/2022
Otezla	New Indication	4/1/2022
Entresto	Revised to remove t/f enalapril	4/1/2022
Cosentyx	New Indication	4/1/2022
Eucrisa	New Indication	4/1/2022
Vimpat	New Indication	4/1/2022
Non-Formulary Criteria: Oral CGRP	Add Qulipta	4/1/2022
Lupkynis	New Criteria	4/1/2022
Xeljanz	New Indication	4/1/2022
Recorlev	New Criteria	4/1/2022
Adbry	New Criteria	4/1/2022
Austedo	New Criteria	4/1/2022
Livtencity	New Criteria	4/1/2022
Rinvoq	New Indication	7/1/2022
Epidolex	Add Fintepla	7/1/2022
CGM	New Indication	7/1/2022
Belsomra	Add Quviviq	7/1/2022
Jardiance	New Indication	7/1/2022
Skyrizi	New Criteria	7/1/2022

EFFECTIVE 10/1/22, HEALTH CHOICE ARIZONA WILL UTILIZE AHCCCS FFS PRIOR AUTHORIZATION CRITERIA. PLEASE VISIT https://www.azahcccs.gov/Resources/Downloads/PharmacyUpdates/FFS_PharmaPriorAuthCriteria.pdf FOR A COPY OF ALL CURRENT PA CRITERIA.

Notice of Non-Discrimination



Health
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In Compliance with Section 1557 of the Affordable Care Act

Health Choice Arizona complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Health Choice Arizona does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Health Choice Arizona:

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:

Health Choice Arizona
Address:
410 N. 44th Street, Ste. 900,
Phoenix, AZ 85008
Phone: **1-800-322-8670**, TTY: **711**
Fax: **480-760-4739**
Email: **HCHComments@azblue.com**

If you believe that Health Choice Arizona has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). You can file a grievance with:

Health Choice Arizona
Address:
410 N. 44th Street, Ste. 900,
Phoenix, AZ 85008
Phone: **1-800-322-8670**, TTY: **711**
Fax: **480-760-4739**
Email: **HCH.GrievanceForms@azblue.com**

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

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

Notificación de no discriminación



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En cumplimiento con la Sección 1557 de la Ley de Cuidado de Salud de Bajo Costo

Health Choice Arizona cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género). Health Choice Arizona no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género).

Health Choice Arizona:

Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:

- Intérpretes de lenguaje de señas capacitados.
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).

Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:

- Intérpretes capacitados.
- Información escrita en otros idiomas.

Si necesita recibir estos servicios, con el Coordinador de Derechos Civiles, 410 N. 44th Street, Ste. 900, Phoenix, AZ 85008, Teléfono: **1-800-322-8670**, TTY: **711** Fax: **480-760-4739** Email: **HCHComments@azblue.com**

Si considera que Health Choice Arizona no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género). Puede presentar un reclamo a la siguiente persona:

Coordinador de Derechos Civiles,
410 N. 44th Street, Ste. 900,
Phoenix, AZ 85008,
Teléfono: **1-800-322-8670**, TTY: **711**
Fax: **480-760-4739**
Email: **HCH.GrievanceForms@azblue.com**

Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, el Coordinador de Derechos Civiles está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services
200 Independence Avenue,
SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web **<http://www.hhs.gov/ocr/office/file/index.html>**.

Multi-Language Interpreter Services



Health
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as required by Section 1557
of the Affordable Care Act

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-800-322-8670** (TTY: **711**), 8 a.m. – 5 p.m., Monday through Friday (except holidays).

ATENCIÓN: Si usted habla español, tiene a su disposición servicios de asistencia lingüística sin cargo. Llame al **1-800-322-8670** (TTY: **711**).

請注意：若您使用繁體中文，您可以接受免費的語言協助服務。請致電 **1-800-322-8670** (TTY: **711**)。

Bilag1ana bizaad doo bee y1n7ti' dago d00 saad n1n1 [a' bee y1n7ti'go, saad bee ata' hane', t'1 1 n7k'e h, n1 bee ah00ti' . Koj8 hod77nih **1-800-322-8670** (TTY: **711**).

ATENÇÃO: Se você fala português brasileiro, oferecemos serviços gratuitos de assistência para idiomas. Ligue para **1-800-322-8670** (TTY: **711**).

CHÚ Ý: Nếu quý vị nói [Tiếng Việt], chúng tôi sẽ cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Hãy gọi số **1-800-322-8670** (TTY: **711**).

تنبيه: إذا كنت تتحدث العربية، فسوف تتوفر لديك خدمات المساعدة اللغوية، مجانًا. اتصل على **1-800-322-8670** (هاتف نصي: **711**)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-322-8670** (TTY: **711**).

ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang, gratis, disponib pou ou. Rele **1-800-322-8670** (TTY: **711**).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen ein kostenloser Fremdsprachenservice zur Verfügung. Rufen Sie **1-800-322-8670** (TTY: **711**) an.

ΠΡΟΣΟΧΗ: εάν μιλάτε Ελληνικά, μπορείτε να λάβετε δωρεάν υπηρεσίες γλωσσικής βοήθειας. Καλέστε τον αριθμό **1-800-322-8670** (TTY: **711**).

સૂચના: જો તમે બોલતા હોવ, તો તમારા માટે મફત ભાષા સહાયતા સેવાઓ ઉપલબ્ધ છે. સંપર્ક **1-800-322-8670** (TTY: **711**).

ध्यान दें: यदि आप हिन्दी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। **1-800-322-8670** (TTY: **711**) पर कॉल करें।

ATTENZIONE: Se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiami il numero **1-800-322-8670** (TTY: **711**).

Multi-Language Interpreter Services



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as required by Section 1557
of the Affordable Care Act

注意：日本語を話される場合、無料で言語支援サービスをご利用いただけます。次の番号までお電話してください：**1-800-322-8670 (TTY: 711)**

주의: 한국어를 사용하는 경우, 언어 지원 서비스가 무료로 제공됩니다. **1-800-322-8670 (TTY: 711)** 번으로 전화하십시오.

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើលោកអ្នកនិយាយភាសា ខ្មែរ យើងខ្ញុំមានសេវាកម្មជំនួយភាសាដល់លោកអ្នកដោយមិនគិតថ្លៃនោះទេ។ សូមហៅទូរស័ព្ទមកលេខ **1-800-322-8670 (TTY: 711)**។

नेपाली – बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध छन् । ध्यान दिनुहोस्: तपाईं
1-800-322-8670 (TTY: 711) मा कल गर्नुहोस् ।

توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات زبانی رایگان به شما ارائه می‌شود. **1-800-322-8670 (TTY: 711)**. تماس
بگیرید.

UWAGA: Jeżeli mówi Pan/Pani po polsku, oferujemy bezpłatne usługi pomocy językowej. Prosimy o kontakt pod numerem **1-800-322-8670 (telefon tekstowy (TTY: 711))**.

ВНИМАНИЕ! Если вы говорите на Русский, вам бесплатно доступны услуги языковой поддержки. Звоните **1-800-322-8670 (телетайп: 711)**.

PAŽNJA: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su Vam besplatno. Pozovite **1-800-322-8670 (TTY: 711)**.

مَعِيرَةٌ: اَيْنَ بَعَالَتُكَ دَمَخِكَةَ (لِسْنَا أُسُورِيًّا) وَبِمَجَن دَلَا أَجْرًا بِنَيْشًا دَؤَشْمِشَةً وَعَدْرَنَةً. **1-800-322-8670 (TTY: 711)** عَبُودَ شَقَلَيْبٍ لَلَّاءِ بِنِّ
مِنِّيَّا.

ATENSIYON: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, na walang singil, ay magagamit mo. Tumawag sa **1-800-322-8670 (TTY: 711)**.

โปรดทราบ: หากคุณพูดภาษาไทย คุณจะสามารรถใช้บริการความช่วยเหลือด้านภาษาได้โดยไม่มีค่าใช้จ่าย โทร **1-800-322-8670 (TTY: 711)**

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai **1-800-322-8670 (TTY: 711)**.