

**Blue Cross and Blue Shield of Minnesota**  
**FlexRx Preventive Drug List**  
Large Group  
Updated February 1, 2025



Your employer may have elected to include a Preventive Drug coverage feature with your prescription benefit plan. Below is the list of medications available under your Preventive Drug coverage. The actual cost of the medication will be applied toward the preventive benefit offered by your employer, allowing you to receive coverage even if you have not met your deductible.

This list will be reviewed at least annually and is subject to change at any time.

The drugs listed below are grouped into broad categories. Each category includes an alphabetical list of drugs. Generic prescription drugs are shown in lower-case boldface type. Many generic drugs include mention of a brand name drug in parentheses as a reference. Some generic drugs have no reference to a brand. Brand prescription drugs are shown in capital letters followed by the generic name. Generic drugs are available for many of the brand-name drugs listed though may not be available in all strengths.

**NOTE:**

This list may not apply. Check your coverage or other plan information for benefit details.

Should this list apply to your benefit plan, your employer may not cover all categories included in this list.

Please refer to your specific coverage. Coverage information may be included in a Benefit Booklet, Certificate of Coverage, Contract, Member Handbook, or prescription drug endorsement. Or call the number on the back of your member ID card if you have questions about your coverage.

**ANTI-ANGINA**

**isosorbide dinitrate tab 5 mg (Isordil titradose)**  
**isosorbide dinitrate tab 10 mg**  
**isosorbide dinitrate tab 20 mg**  
**isosorbide dinitrate tab 30 mg**  
**isosorbide mononitrate tab 10 mg**  
**isosorbide mononitrate tab 20 mg**  
**isosorbide mononitrate tab er 24hr 30 mg**  
**isosorbide mononitrate tab er 24hr 60 mg**  
**isosorbide mononitrate tab er 24hr 120 mg**  
NITRO-BID – nitroglycerin oint 2%  
NITRO-TIME – nitroglycerin cap er 2.5 mg  
NITRO-TIME – nitroglycerin cap er 6.5 mg  
NITRO-TIME – nitroglycerin cap er 9 mg  
**nitroglycerin sl tab 0.3 mg (Nitrostat)**  
**nitroglycerin sl tab 0.4 mg (Nitrostat)**  
**nitroglycerin sl tab 0.6 mg (Nitrostat)**  
**nitroglycerin td patch 24hr 0.1 mg/hr (Nitro-dur)**  
**nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur)**  
**nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur)**  
**nitroglycerin td patch 24hr 0.6 mg/hr (Nitro-dur)**

**ANTI-ARRHYTHMICS**

**amiodarone hcl tab 100 mg**  
**amiodarone hcl tab 200 mg**  
**amiodarone hcl tab 400 mg**  
**digoxin tab 125 mcg (0.125 mg) (Lanoxin)**  
**digoxin tab 250 mcg (0.25 mg) (Lanoxin)**  
**disopyramide phosphate cap 100 mg (Norpace)**  
**disopyramide phosphate cap 150 mg (Norpace)**  
**flecainide acetate tab 50 mg**  
**flecainide acetate tab 100 mg**  
**flecainide acetate tab 150 mg**

**ANTI-ARRHYTHMICS (continued)**

**mexiletine hcl cap 150 mg**  
**mexiletine hcl cap 200 mg**  
**mexiletine hcl cap 250 mg**  
**propafenone hcl cap er 12hr 225 mg (Rythmol sr)**  
**propafenone hcl cap er 12hr 325 mg (Rythmol sr)**  
**propafenone hcl cap er 12hr 425 mg (Rythmol sr)**  
**propafenone hcl tab 150 mg**  
**propafenone hcl tab 225 mg**  
**propafenone hcl tab 300 mg**  
**quinidine gluconate tab er 324 mg**  
QUINIDINE SULFATE – quinidine sulfate tab 200 mg  
QUINIDINE SULFATE – quinidine sulfate tab 300 mg  
**sotalol hcl (afib/afl) tab 80 mg (Betapace af)**  
**sotalol hcl (afib/afl) tab 120 mg (Betapace af)**  
**sotalol hcl (afib/afl) tab 160 mg (Betapace af)**  
**sotalol hcl tab 80 mg (Betapace)**  
**sotalol hcl tab 120 mg (Betapace)**  
**sotalol hcl tab 160 mg (Betapace)**  
**sotalol hcl tab 240 mg**

**ANTI-COAGULANTS/ANTI-PLATELETS**

**anagrelide hcl cap 0.5 mg (Agrylin)**  
**anagrelide hcl cap 1 mg**  
BRILINTA – ticagrelor tab 60 mg  
BRILINTA – ticagrelor tab 90 mg  
**cilostazol tab 50 mg**  
**cilostazol tab 100 mg**  
**clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)**  
**dipyridamole tab 25 mg**  
**dipyridamole tab 50 mg**  
**dipyridamole tab 75 mg**

## ANTI-COAGULANTS/ANTI-PLATELETS

(continued)

ELIQUIS – apixaban tab 2.5 mg ELIQUIS

- apixaban tab 5 mg

ELIQUIS STARTER PACK – apixaban tab starter pack 5 mg

**prasugrel hcl tab 5 mg (base equiv) (Effient)**

**prasugrel hcl tab 10 mg (base equiv) (Effient)**

**warfarin sodium tab 1 mg**

**warfarin sodium tab 2 mg**

**warfarin sodium tab 2.5 mg**

**warfarin sodium tab 3 mg**

**warfarin sodium tab 4 mg**

**warfarin sodium tab 5 mg**

**warfarin sodium tab 6 mg**

**warfarin sodium tab 7.5 mg**

**warfarin sodium tab 10 mg**

XARELTO – rivaroxaban for susp 1 mg/ml

XARELTO – rivaroxaban tab 2.5 mg

XARELTO – rivaroxaban tab 10 mg

XARELTO – rivaroxaban tab 15 mg

XARELTO – rivaroxaban tab 20 mg

XARELTO STARTER PACK – rivaroxaban tab starter therapy pack 15 mg & 20 mg

## BREAST CANCER PRIMARY PREVENTION

**raloxifene hcl tab 60 mg (Evista)**

SOLTAMOX – tamoxifen citrate oral soln 10 mg/5ml (base equivalent)

**tamoxifen citrate tab 10 mg (base equivalent)**

**tamoxifen citrate tab 20 mg (base equivalent)**

## CONTRACEPTIVES

Barrier Method Types

### *Cervical Caps*

FEMCAP – cervical cap 22 mm

FEMCAP – cervical cap 26 mm

FEMCAP – cervical cap 30 mm

### *Diaphragms*

CAYA – diaphragm arc-spring

OMNIFLEX DIAPHRAGM – diaphragms

WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 60 mm

WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 65 mm

WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 70 mm

WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 75 mm

WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 80 mm

WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 85 mm

WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 90 mm

WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 95 mm

Emergency Method Types

### *Emergency Ella*

ELLA – ulipristal acetate tab 30 mg

## Hormonal Method Types

### *Injectable Progestin*

**medroxyprogesterone acetate im susp 150 mg/ml**

**(Depo-provera contraceptive)**

**medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contraceptive)**

### *Oral Combined*

**Afirmelle**

**Altavera**

**Alyacen**

**Apri**

**Aranelle**

**Aubra eq**

**Aurovela**

**Aurovela fe**

**Aviane**

**Ayuna**

**Azurette**

**Balziva**

**Blisovi fe**

**Briellyn**

**Charlotte 24 fe**

**Chateal eq**

**Cryselle-28**

**Cyred**

**Cyred eq**

**Dasetta**

**Delyla**

**desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg (21/5) (Mircette)**

**drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)**

**drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)**

**drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)**

**drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)**

**Elinest**

**Enpress-28**

**Enskyce**

**Estarrylla**

**ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg**

**ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg**

**Falmina**

**Finzala**

**Hailey**

**Hailey fe**

**Isibloom**

**Jasmiel**

**Juleber**

**Junel**

**Junel fe**

**Kaitlib fe**

**Kalliga**

### *Oral Combined (continued)*

Kariva  
 Kelnor  
 Kurvelo  
 Larin  
 Larin fe  
 Layolis fe  
 Leena  
 Lessina  
 Levonest  
**levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30 mg-mcg**  
**levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg**  
**levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg**  
 Levora  
**LO LOESTRIN FE**  
 Loestrin  
 Loestrin fe  
 Loryna  
 Low-ogestrel  
 Lo-zumandimine  
 Lutera  
 Marlissa  
 Merzee  
 Microgestin  
**Microgestin fe**  
 Mili  
**Mono-Linyah**  
**Necon 0.5/35**  
 NEXTSTELLIS  
 Nikki  
**norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg**  
**norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg**  
**norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg**  
**norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg**  
**norethindrone ace-ethinyl estradiol fe tab 1-20/1-30/1-35 mg-mcg**  
**norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg**  
**norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg**  
**norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg**  
 Nortrel  
 Nylia  
 Nymyo  
 Ocella  
 Philith  
 Pimtrea  
 Pirmella  
 Portia  
 Reclipsen  
 Simliya  
**Sprintec 28**  
 Sronyx  
 Syeda  
 Tarina fe eq  
 Taysofy  
 Tilia fe  
**Tri-estarylla**  
**Tri-legest fe**  
**Tri-linyah**  
**Tri-lo-estarylla**

### *Oral Combined (continued)*

**Tri-lo-marzia**  
**Tri-lo-mili**  
**Tri-lo-sprintec**  
**Tri-mili**  
**Tri-nymyo**  
**Tri-sprintec**  
**Trivora-28**  
**Tri-vylibra**  
**Tri-vylibra lo**  
**Turquoz**  
**TYBLUME**  
**Tydem**  
**VELIVET**  
**Vestura**  
**Vienva**  
**Viorele**  
**Volnea**  
**Vyfemla**  
**Vylibra**  
**Wera**  
**Wymzya fe**  
**Zovia**  
**Zumandimine**

### *Oral Extended*

**Amethyst**  
**Ashlyna**  
**Camrese**  
**Camrese lo**  
**Daysee**  
**Dolishale**  
**Fayosim**  
**Iclevia**  
**Introvale**  
**Jaimiess**  
**Jolessa**  
**levonorg-eth est tab 0.1-0.02 mg (84) & eth est tab 0.01 mg (7) (Loseasonique)**  
**levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg**  
**Lojaimiess**  
**levonorg-eth est tab 0.15-0.03 mg (84) & eth est tab 0.01 mg (7) (Seasonique)**  
**Setlakin**  
**Simpesse**

### *Oral Progestin*

**Camila**  
**Deblitane**  
**Errin**  
**Emzahh**  
**Heather**  
**Incassia**  
**Jencycla**  
**Lyleq**  
**Lyza**  
**Nora-be**  
**norethindrone tab 0.35 mg**  
**Norlyroc**  
**Sharobel**  
**SLYND**

### **Transdermal Combined**

TWIRLA

**Xulane – norelgestromin-ethynodiol dihydrogesterone transdermal system 150-35 mcg/24hr**

**Zafemy – norelgestromin-ethynodiol dihydrogesterone transdermal system 150-35 mcg/24hr**

### **Vaginal Combined**

NUVARING – etonogestrel-ethynodiol dihydrogesterone vaginal ring 0.120-0.015 mg/24hr

### DEPRESSION – SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

**citalopram hydrobromide oral soln 10 mg/5ml**

**citalopram hydrobromide tab 10 mg (base equiv) (Celexa)**

**citalopram hydrobromide tab 20 mg (base equiv) (Celexa)**

**citalopram hydrobromide tab 40 mg (base equiv) (Celexa)**

**escitalopram oxalate soln 5 mg/5ml (base equiv)**

**escitalopram oxalate tab 5 mg (base equiv) (Lexapro)**

**escitalopram oxalate tab 10 mg (base equiv) (Lexapro)**

**escitalopram oxalate tab 20 mg (base equiv) (Lexapro)**

**fluoxetine hcl cap 10 mg (Prozac)**

**fluoxetine hcl cap 20 mg (Prozac)**

**fluoxetine hcl cap 40 mg (Prozac)**

**fluoxetine hcl solution 20 mg/5ml**

**paroxetine hcl tab 10 mg (Paxil)**

**paroxetine hcl tab 20 mg (Paxil)**

**paroxetine hcl tab 30 mg (Paxil)**

**paroxetine hcl tab 40 mg (Paxil)**

**sertraline hcl tab 25 mg (Zoloft)**

**sertraline hcl tab 50 mg (Zoloft)**

**sertraline hcl tab 100 mg (Zoloft)**

### DIABETES MEDICATIONS

#### **Hypoglycemic Agents**

BAQSIMI ONE PACK – glucagon nasal powder 3 mg/dose  
BAQSIMI TWO PACK – glucagon nasal powder 3 mg/dose  
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR – glucagon (rdna) for inj kit 1 mg

GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR – glucagon hcl for inj 1 mg

GVOKE HYPOOPEN 1-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml

GVOKE HYPOOPEN 1-PACK – glucagon subcutaneous solution auto-injector 1 mg/0.2ml

GVOKE HYPOOPEN 2-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml

GVOKE HYPOOPEN 2-PACK – glucagon subcutaneous solution auto-injector 1 mg/0.2ml

GVOKE KIT – glucagon subcutaneous soln 1 mg/0.2ml

GVOKE PFS – glucagon subcutaneous soln pref syringe 1 mg/0.2ml

ZEGALOGUE – dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml

ZEGALOGUE – dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml

### **Insulin**

FIASP – insulin aspart (with niacinamide) inj 100 unit/ml

FIASP FLEXTOUCH – insulin aspart (with niacinamide) soln pen-inj 100 unit/ml

FIASP PENFILL – insulin aspart (with niacinamide) soln cartridge 100 unit/ml

HUMULIN R U 500 (CONCENTRATED) – insulin regular (human) inj 500 unit/ml

HUMULIN R U 500 KWIKPEN – insulin regular (human) soln pen injector 500 unit/ml

HUMALOG – insulin lispro inj soln 100 unit/ml

HUMALOG – insulin lispro soln cartridge 100 unit/ml

HUMALOG JUNIOR KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)

HUMALOG KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (1 unit dial)

HUMALOG KWIKPEN – insulin lispro soln pen-injector 200 unit/ml

HUMALOG MIX 50/50 – insulin lispro protamine & lispro inj 100 unit/ml (50-50)

HUMALOG MIX 50/50 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)

HUMALOG MIX 75/25 – insulin lispro prot & lispro inj 100 unit/ml (75-25)

HUMALOG MIX 75/25 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)

HUMALOG TEMPO PEN – insulin lispro soln pen-inj w/transmitter port 100 unit/ml

HUMULIN N – insulin nph (human) (isophane) inj 100 unit/ml

HUMULIN R U-500 (CONCENTRATE) – insulin regular (human) inj 500 unit/ml

HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml

HUMULIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)

HUMULIN 70/30 KWIKPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)

INSULIN GLARGINE – insulin glargine-yfgn inj 100 unit/ml

INSULIN GLARGINE – insulin glargine-yfgn soln pen-injector 100 unit/ml

LEVEMIR – insulin detemir inj 100 unit/ml

LEVEMIR FLEXPEN – insulin detemir soln pen-injector 100 unit/ml

LYUMJEV – insulin lispro-aabc inj 100 unit/ml

LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)

LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-injector 200 unit/ml

LYUMJEV TEMPO PEN – insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml

NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml

NOVOLIN N FLEXPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml

NOVOLIN N FLEXPEN RELION – insulin nph (human) (isophane) susp pen-injector 100 unit/ml

NOVOLIN N RELION – insulin nph (human) (isophane) inj 100 unit/ml

NOVOLIN R – insulin regular (human) inj 100 unit/ml

NOVOLIN R FLEXPEN – insulin regular (human) soln pen-injector 100 unit/ml

NOVOLIN R FLEXPEN RELION – insulin regular (human) soln pen-injector 100 unit/ml

NOVOLIN R RELION – insulin regular (human) inj 100 unit/ml

### *Insulin (continued)*

NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)  
NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)  
NOVOLIN 70/30 FLEXPEN RELION – insulin nph & regular susp pen-inj 100 unit/ml (70-30)  
NOVOLIN 70/30 RELION – insulin nph isophane & regular human inj 100 unit/ml (70-30)  
NOVOLOG – insulin aspart inj soln 100 unit/ml  
NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml  
NOVOLOG FLEXPEN RELION – insulin aspart soln pen-injector 100 unit/ml  
NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml  
NOVOLOG RELION – insulin aspart inj 100 unit/ml  
NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)  
NOVOLOG MIX 70/30 PREFILLED FLEXPEN – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)  
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)  
NOVOLOG MIX 70/30 RELION – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)  
SEMGLEE – insulin glargine-yfgn inj 100 unit/ml  
SEMGLEE - insulin glargine-yfgn soln pen injector 100 unit/ml  
TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (2-unit dial)  
TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (1-unit dial)  
TRESIBA – insulin degludec inj 100 units/ml  
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml  
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml

### *Insulin Combinations*

SOLIQUA 100/33 – insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml  
XULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml

### *Oral*

**acarbose tab 25 mg**  
**acarbose tab 50 mg**  
**acarbose tab 100 mg**  
FARXIGA – dapagliflozin propanediol tab 5 mg (base equivalent)  
FARXIGA – dapagliflozin propanediol tab 10 mg (base equivalent)  
**glimepiride tab 1 mg (Amaryl)**  
**glimepiride tab 2 mg (Amaryl)**  
**glimepiride tab 4 mg (Amaryl)**  
**glipizide tab 5 mg**  
**glipizide tab 10 mg**  
**glipizide tab er 24hr 2.5 mg (Glucotrol xl)**  
**glipizide tab er 24hr 5 mg (Glucotrol xl)**  
**glipizide tab er 24hr 10 mg (Glucotrol xl)**

### *Oral (continued)*

**glipizide-metformin hcl tab 2.5-250 mg**  
**glipizide-metformin hcl tab 2.5-500 mg**  
**glipizide-metformin hcl tab 5-500 mg**  
GLYBURIDE MICRONIZED - glyburide micronized tab 1.5 mg  
GLYBURIDE MICRONIZED - glyburide micronized tab 3 mg  
GLYBURIDE MICRONIZED - glyburide micronized tab 6 mg  
**glyburide tab 1.25 mg**  
**glyburide tab 2.5 mg**  
**glyburide tab 5 mg**  
**glyburide-metformin tab 1.25-250 mg**  
**glyburide-metformin tab 2.5-500 mg**  
**glyburide-metformin tab 5-500 mg**  
GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg  
GLYXAMBI – empagliflozin-linagliptin tab 25-5 mg  
JANUMET – sitagliptin-metformin hcl tab 50-500 mg  
JANUMET – sitagliptin-metformin hcl tab 50-1000 mg  
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-500 mg  
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-1000 mg  
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 100-1000 mg  
JANUVIA – sitagliptin phosphate tab 25 mg (base equiv)  
JANUVIA – sitagliptin phosphate tab 50 mg (base equiv)  
JANUVIA – sitagliptin phosphate tab 100 mg (base equiv)  
JARDIANC – empagliflozin tab 10 mg  
JARDIANC – empagliflozin tab 25 mg  
**metformin hcl tab 500 mg**  
**metformin hcl tab 850 mg**  
**metformin hcl tab 1000 mg**  
**metformin hcl tab er 24hr 500 mg**  
**metformin hcl tab er 24hr 750 mg**  
**nateglinide tab 60 mg**  
**nateglinide tab 120 mg**  
**pioglitazone hcl tab 15mg (base equiv) (Actos)**  
**pioglitazone hcl tab 30 mg (base equiv) (Actos)**  
**pioglitazone hcl tab 45 mg (base equiv) (Actos)**  
**pioglitazone hcl-metformin hcl tab 15-500 mg**  
**pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)**  
**repaglinide tab 0.5 mg**  
**repaglinide tab 1 mg**  
**repaglinide tab 2 mg**  
RYBELSUS – semaglutide tab 3 mg  
RYBELSUS – semaglutide tab 7 mg  
RYBELSUS – semaglutide tab 14 mg  
SITAGLIPTIN/METFORMIN HYDROCHLORIDE – sitagliptin free base-metformin hcl tab 50-500 mg  
SITAGLIPTIN/METFORMIN HYDROCHLORIDE – sitagliptin free base-metformin hcl tab 50-1000 mg  
SYNJARDY – empagliflozin-metformin hcl tab 5-500 mg  
SYNJARDY – empagliflozin-metformin hcl tab 5-1000 mg  
SYNJARDY – empagliflozin-metformin hcl tab 12.5-500 mg  
SYNJARDY – empagliflozin-metformin hcl tab 12.5-1000 mg  
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 5-1000 mg  
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 10-1000 mg  
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg  
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 25-1000 mg  
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000 mg

### **Oral (continued)**

TRIJARDY XR – empagliflozin-linagliptin-metformin tab er  
24hr 10-5-1000 mg  
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er  
24hr 12.5-2.5-1000 mg  
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er  
24hr 25-5-1000 mg  
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr  
2.5-1000 mg  
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-  
500 mg  
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-  
1000 mg  
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-  
500 mg  
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-  
1000 mg

### **Other Diabetic Injectables**

MOUNJARO – tirzepatide soln auto-injector 2.5 mg/0.5ml  
MOUNJARO – tirzepatide soln auto-injector 5 mg/0.5ml  
MOUNJARO – tirzepatide soln auto-injector 7.5 mg/0.5ml  
MOUNJARO – tirzepatide soln auto-injector 10 mg/0.5ml  
MOUNJARO – tirzepatide soln auto-injector 12.5  
mg/0.5ml  
MOUNJARO – tirzepatide soln auto-injector 15 mg/0.5ml  
OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose  
(2 mg/3ml)  
OZEMPIC – semaglutide soln pen-inj 1 mg/dose (4  
mg/3ml)  
OZEMPIC – semaglutide soln pen-inj 2 mg/dose (8  
mg/3ml)  
SYMLINPEN 60 – pramlintide acetate pen-inj 1500  
mcg/1.5ml (1000 mcg/ml)  
TRULICITY – dulaglutide soln auto-injector 0.75  
mg/0.5ml  
TRULICITY – dulaglutide soln auto-injector 1.5 mg/0.5ml  
TRULICITY – dulaglutide soln auto-injector 3 mg/0.5ml  
TRULICITY – dulaglutide soln auto-injector 4.5 mg/0.5ml

### **DIABETIC SUPPLIES**

Calibration Liquid  
Insulin Syringes  
Lancets  
Lancet Devices  
Pen Needles  
Test Strips (blood glucose) associated with Bayer line  
of meters: Contour, Contour Next, Contour Next EZ,  
Contour Next GEN, Contour Next Link, Contour Next  
One

### **FLUORIDE**

#### **Dental Products & Combinations**

FLUORIDEX SENSITIVITY REL – sodium fluoride-  
potassium nitrate paste 1.1-5%  
PREVIDENT RINSE - sodium fluoride rinse 0.2%  
**sodium fluoride cream 1.1% (Prevident 5000 plus)**  
**sodium fluoride gel 1.1% (0.5% f) (Prevident  
fluoride)**

### **Dental Products & Combinations (continued)**

**sodium fluoride paste 1.1% (Prevident 5000  
boost)**  
**sodium fluoride-potassium nitrate gel 1.1-5%  
(Prevident 5000 Sensitive)**

#### **Supplements & Combinations**

**sodium fluoride rinse 0.2% (Prevident Rinse)**  
**sodium fluoride chew tab 0.25 mg f (from 0.55 mg  
naf)**  
**sodium fluoride chew tab 0.5 mg f (from 1.1 mg  
naf)**  
**sodium fluoride chew tab 1 mg f (from 2.2 mg naf)**  
**sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml  
naf)**  
SODIUM FLUORIDE – sodium fluoride tab 0.5 mg f (from  
1.1 mg naf)  
SODIUM FLUORIDE – sodium fluoride tab 1 mg f (from 2.2  
mg naf)  
SOLUVITA – sodium fluoride soln 0.5 mg/ml f (from 1.1  
mg/ml naf)

### **HEPARINS/LOW MOLECULAR WEIGHT HEPARIN**

**enoxaparin sodium inj soln pref syr 30 mg/0.3ml  
(Lovenox)**  
**enoxaparin sodium inj soln pref syr 40 mg/0.4ml  
(Lovenox)**  
**enoxaparin sodium inj soln pref syr 60 mg/0.6ml  
(Lovenox)**  
**enoxaparin sodium inj soln pref syr 80 mg/0.8ml  
(Lovenox)**  
**enoxaparin sodium inj soln pref syr 100 mg/ml  
(Lovenox)**  
**enoxaparin sodium inj soln pref syr 120 mg/0.8ml  
(Lovenox)**  
**enoxaparin sodium inj soln pref syr 150 mg/ml  
(Lovenox)**  
**enoxaparin sodium inj 300 mg/3ml (Lovenox)**

### **HIGH BLOOD PRESSURE**

**acebutolol hcl cap 200 mg**  
**acebutolol hcl cap 400 mg**  
**amiloride hcl tab 5 mg**  
AMILORIDE/HYDROCHLOROTHIA - amiloride &  
hydrochlorothiazide tab 5-50 mg  
**amlodipine besylate tab 2.5 mg (base equivalent)  
(Norvasc)**  
**amlodipine besylate tab 5 mg (base equivalent)  
(Norvasc)**  
**amlodipine besylate tab 10 mg (base equivalent)  
(Norvasc)**  
**amlodipine besylate-benzepril hcl cap 2.5-10 mg**  
**amlodipine besylate-benzepril hcl cap 5-10 mg  
(Lotrel)**  
**amlodipine besylate-benzepril hcl cap 5-20 mg  
(Lotrel)**  
**amlodipine besylate-benzepril hcl cap 5-40 mg**  
**amlodipine besylate-benzepril hcl cap 10-20 mg  
(Lotrel)**  
**amlodipine besylate-benzepril hcl cap 10-40 mg  
(Lotrel)**  
**amlodipine besylate-olmesartan medoxomil tab 5-  
20 mg (Azor)**

## [HIGH BLOOD PRESSURE \(continued\)](#)

amlodipine besylate-olmesartan medoxomil tab 5-  
40 mg (Azor)  
amlodipine besylate-olmesartan medoxomil tab 10-  
20 mg (Azor)  
amlodipine besylate-olmesartan medoxomil tab 10-  
40 mg (Azor)  
amlodipine besylate-valsartan tab 5-160 mg  
(Exforge)  
amlodipine besylate-valsartan tab 5-320 mg  
(Exforge)  
amlodipine besylate-valsartan tab 10-160 mg  
(Exforge)  
amlodipine besylate-valsartan tab 10-320 mg  
(Exforge)  
amlodipine-valsartan-hydrochlorothiazide tab 5-  
160-12.5 mg (Exforge hct)  
amlodipine-valsartan-hydrochlorothiazide tab 5-  
160-25 mg (Exforge hct)  
amlodipine-valsartan-hydrochlorothiazide tab 10-  
160-12.5 mg (Exforge hct)  
amlodipine-valsartan-hydrochlorothiazide tab 10-  
160-25 mg (Exforge hct)  
amlodipine-valsartan-hydrochlorothiazide tab 10-  
320-25 mg (Exforge hct)  
atenolol tab 25 mg (Tenormin)  
atenolol tab 50 mg (Tenormin)  
atenolol tab 100 mg (Tenormin)  
atenolol & chlorthalidone tab 50-25 mg (Tenoretic  
50)  
atenolol & chlorthalidone tab 100-25 mg (Tenoretic  
100)  
benazepril hcl tab 5 mg  
benazepril hcl tab 10 mg (Lotensin)  
benazepril hcl tab 20 mg (Lotensin)  
benazepril hcl tab 40 mg (Lotensin)  
benazepril & hydrochlorothiazide tab 5-6.25 mg  
benazepril & hydrochlorothiazide tab 10-12.5 mg  
(Lotensin hct)  
benazepril & hydrochlorothiazide tab 20-12.5 mg  
(Lotensin hct)  
benazepril & hydrochlorothiazide tab 20-25 mg  
(Lotensin hct)  
bisoprolol fumarate tab 5 mg  
bisoprolol fumarate tab 10 mg  
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg  
(Ziac)  
bisoprolol & hydrochlorothiazide tab 5-6.25 mg  
(Ziac)  
bisoprolol & hydrochlorothiazide tab 10-6.25 mg  
(Ziac)  
bumetanide tab 0.5 mg (Bumex)  
bumetanide tab 1 mg  
bumetanide tab 2 mg  
candesartan cilexetil tab 4 mg (Atacand)  
candesartan cilexetil tab 8 mg (Atacand)  
candesartan cilexetil tab 16 mg (Atacand)  
candesartan cilexetil tab 32 mg (Atacand)

## [HIGH BLOOD PRESSURE \(continued\)](#)

candesartan cilexetil-hydrochlorothiazide tab  
16-12.5 mg (Atacand hct)  
candesartan cilexetil-hydrochlorothiazide tab  
32-12.5 mg (Atacand hct)  
candesartan cilexetil-hydrochlorothiazide tab  
32-25 mg (Atacand hct)  
captopril tab 12.5 mg  
captopril tab 25 mg  
captopril tab 50 mg  
captopril tab 100 mg  
CAPTOPRIL/HYDROCHLOROTHIA – captopril &  
hydrochlorothiazide tab 25-15 mg  
CAPTOPRIL/HYDROCHLOROTHIA – captopril &  
hydrochlorothiazide tab 25-25 mg  
CAPTOPRIL/HYDROCHLOROTHIA – captopril &  
hydrochlorothiazide tab 50-15 mg  
CAPTOPRIL/HYDROCHLOROTHIA – captopril &  
hydrochlorothiazide tab 50-25 mg  
carvedilol tab 3.125 mg (Coreg)  
carvedilol tab 6.25 mg (Coreg)  
carvedilol tab 12.5 mg (Coreg)  
carvedilol tab 25 mg (Coreg)  
chlorthalidone tab 25 mg  
chlorthalidone tab 50 mg  
clonidine hcl tab 0.1 mg  
clonidine hcl tab 0.2 mg  
clonidine hcl tab 0.3 mg  
clonidine td patch weekly 0.1 mg/24hr  
(Catapres-tts-1)  
clonidine td patch weekly 0.2 mg/24hr  
(Catapres-tts-2)  
clonidine td patch weekly 0.3 mg/24hr  
(Catapres-tts-3)  
diltiazem hcl cap er 12hr 60 mg  
diltiazem hcl cap er 12hr 90 mg  
diltiazem hcl cap er 12hr 120 mg  
diltiazem hcl cap er 24hr 120 mg  
diltiazem hcl cap er 24hr 180 mg  
diltiazem hcl cap er 24hr 240 mg  
diltiazem hcl coated beads cap er 24hr 120 mg  
(Cardizem cd)  
diltiazem hcl coated beads cap er 24hr 180 mg  
(Cardizem cd)  
diltiazem hcl coated beads cap er 24hr 240  
mg (Cardizem cd)  
diltiazem hcl coated beads cap er 24hr 300  
mg (Cardizem cd)  
diltiazem hcl coated beads cap er 24hr 360 mg  
(Cardizem cd)  
diltiazem hcl extended-release beads cap er  
24hr 120 mg (Tiazac)  
diltiazem hcl extended-release beads cap er  
24hr 180 mg (Tiazac)  
diltiazem hcl extended-release beads cap er  
24hr 240 mg (Tiazac)  
diltiazem hcl extended-release beads cap er  
24hr 300 mg (Tiazac)  
diltiazem hcl extended-release beads cap er  
24hr 360 mg (Tiazac)  
diltiazem hcl extended-release beads cap er  
24hr 420 mg (Tiazac)  
diltiazem hcl tab 30 mg (Cardizem)  
diltiazem hcl tab 60 mg (Cardizem)

## HIGH BLOOD PRESSURE (continued)

diltiazem hcl tab 90 mg  
diltiazem hcl tab 120 mg (Cardizem)  
doxazosin mesylate tab 1 mg (Cardura)  
doxazosin mesylate tab 2 mg (Cardura)  
doxazosin mesylate tab 4 mg (Cardura)  
doxazosin mesylate tab 8 mg (Cardura)  
enalapril maleate tab 2.5 mg (Vasotec)  
enalapril maleate tab 5 mg (Vasotec)  
enalapril maleate tab 10 mg (Vasotec)  
enalapril maleate tab 20 mg (Vasotec)  
enalapril maleate & hydrochlorothiazide tab 5-  
12.5 mg  
enalapril maleate & hydrochlorothiazide tab 10-25  
mg (Vaseretic)  
eplerenone tab 25 mg (Inspira)  
eplerenone tab 50 mg (Inspira)  
felodipine tab er 24hr 2.5 mg  
felodipine tab er 24hr 5 mg  
felodipine tab er 24hr 10 mg  
fosinopril sodium tab 10 mg  
fosinopril sodium tab 20 mg  
fosinopril sodium tab 40 mg  
fosinopril sodium & hydrochlorothiazide tab 10-  
12.5 mg  
fosinopril sodium & hydrochlorothiazide tab 20-  
12.5 mg  
furosemide oral soln 10 mg/ml  
furosemide tab 20 mg (Lasix)  
furosemide tab 40 mg (Lasix)  
furosemide tab 80 mg (Lasix)  
guanfacine hcl tab 1 mg  
guanfacine hcl tab 2 mg  
hydralazine hcl tab 10 mg  
hydralazine hcl tab 25 mg  
hydralazine hcl tab 50 mg  
hydralazine hcl tab 100 mg  
hydrochlorothiazide cap 12.5 mg  
hydrochlorothiazide tab 12.5 mg  
hydrochlorothiazide tab 25 mg  
hydrochlorothiazide tab 50 mg  
indapamide tab 1.25 mg  
indapamide tab 2.5 mg  
irbesartan tab 75 mg (Avapro)  
irbesartan tab 150 mg (Avapro)  
irbesartan tab 300 mg (Avapro)  
irbesartan-hydrochlorothiazide tab 150-12.5 mg  
(Avalide)  
irbesartan-hydrochlorothiazide tab 300-12.5 mg  
(Avalide)  
labetalol hcl tab 100 mg  
labetalol hcl tab 200 mg  
labetalol hcl tab 300 mg  
lisinopril tab 2.5 mg (Zestril)  
lisinopril tab 5 mg (Zestril)  
lisinopril tab 10 mg (Zestril)  
lisinopril tab 20 mg (Prinivil)  
lisinopril tab 30 mg (Zestril)  
lisinopril tab 40 mg (Zestril)  
lisinopril & hydrochlorothiazide tab 10-12.5 mg  
(Zestoretic)  
lisinopril & hydrochlorothiazide tab 20-12.5 mg  
(Zestoretic)  
lisinopril & hydrochlorothiazide tab 20-25 mg  
(Zestoretic)  
losartan potassium tab 25 mg (Cozaar)

## HIGH BLOOD PRESSURE (continued)

losartan potassium tab 50 mg (Cozaar)  
losartan potassium tab 100 mg (Cozaar)  
losartan potassium & hydrochlorothiazide tab  
50-12.5 mg (Hyzaar)  
losartan potassium & hydrochlorothiazide tab  
100-12.5 mg (Hyzaar)  
losartan potassium & hydrochlorothiazide tab  
100-25 mg (Hyzaar)  
METHYLDOPA - methyldopa tab 250 mg  
METHYLDOPA - methyldopa tab 500 mg  
metolazeone tab 2.5 mg  
metolazeone tab 5 mg  
metolazeone tab 10 mg  
metoprolol succinate tab er 24hr 25 mg (tartrate  
equiv) (Toprol xl)  
metoprolol succinate tab er 24hr 50 mg (tartrate  
equiv) (Toprol xl)  
metoprolol succinate tab er 24hr 100 mg (tartrate  
equiv) (Toprol xl)  
metoprolol succinate tab er 24hr 200 mg (tartrate  
equiv) (Toprol xl)  
metoprolol & hydrochlorothiazide tab 50-25 mg  
metoprolol & hydrochlorothiazide tab 100-25 mg  
metoprolol & hydrochlorothiazide tab 100-50 mg  
metoprolol tartrate tab 25 mg  
metoprolol tartrate tab 50 mg (Lopressor)  
metoprolol tartrate tab 100 mg (Lopressor)  
metoprolol & hydrochlorothiazide tab 50-25 mg  
metoprolol & hydrochlorothiazide tab 100-25 mg  
metoprolol & hydrochlorothiazide tab 100-50 mg  
minoxidil tab 2.5 mg  
minoxidil tab 10 mg  
moexipril hcl tab 7.5 mg  
moexipril hcl tab 15 mg  
nadolol tab 20 mg (Corgard)  
nadolol tab 40 mg (Corgard)  
nadolol tab 80 mg  
nifedipine tab er 24hr 30 mg  
nifedipine tab er 24hr 60 mg  
nifedipine tab er 24hr 90 mg  
nifedipine tab er 24hr osmotic release 30 mg  
(Procardia xl)  
nifedipine tab er 24hr osmotic release 60 mg  
(Procardia xl)  
nifedipine tab er 24hr osmotic release 90 mg  
(Procardia xl)  
olmesartan medoxomil tab 5 mg (Benicar)  
olmesartan medoxomil tab 20 mg (Benicar)  
olmesartan medoxomil tab 40 mg (Benicar)  
olmesartan medoxomil-hydrochlorothiazide tab  
20-12.5 mg (Benicar hct)  
olmesartan medoxomil-hydrochlorothiazide tab  
40-12.5 mg (Benicar hct)  
olmesartan medoxomil-hydrochlorothiazide tab  
40-25 mg (Benicar hct)  
PERINDOPRIL ERBUMINE - perindopril erbumine tab 2 mg  
perindopril erbumine tab 4 mg  
PERINDOPRIL ERBUMINE - perindopril erbumine tab 8 mg  
phenoxybenzamine hcl cap 10 mg (Dibenzyline)  
pindolol tab 5 mg  
pindolol tab 10 mg  
prazosin hcl cap 1 mg (Minipress)

## HIGH BLOOD PRESSURE (continued)

**prazosin hcl cap 2 mg (Minipress)**  
**prazosin hcl cap 5 mg (Minipress)**  
**propranolol hcl oral soln 20 mg/5ml**  
PROPRANOLOL HCL – propranolol hcl oral soln 40mg/5ml  
**propranolol hcl cap er 24hr 60 mg (Inderal la)**  
**propranolol hcl cap er 24hr 80 mg (Inderal la)**  
**propranolol hcl cap er 24hr 120 mg (Inderal la)**  
**propranolol hcl cap er 24hr 160 mg (Inderal la)**  
**propranolol hcl tab 10 mg**  
**propranolol hcl tab 20 mg**  
**propranolol hcl tab 40 mg**  
**propranolol hcl tab 60 mg**  
**propranolol hcl tab 80 mg**  
**quinapril hcl tab 5 mg (Accupril)**  
**quinapril hcl tab 10 mg (Accupril)**  
**quinapril hcl tab 20 mg (Accupril)**  
**quinapril hcl tab 40 mg (Accupril)**  
**quinapril-hydrochlorothiazide tab 10-12.5 mg (Accuretic)**  
**quinapril-hydrochlorothiazide tab 20-12.5 mg (Accuretic)**  
**ramipril cap 1.25 mg (Altace)**  
**ramipril cap 2.5 mg (Altace)**  
**ramipril cap 5 mg (Altace)**  
**ramipril cap 10 mg (Altace)**  
**spironolactone tab 25 mg (Aldactone)**  
**spironolactone tab 50 mg (Aldactone)**  
**spironolactone tab 100 mg (Aldactone)**  
**spironolactone & hydrochlorothiazide tab 25-25 mg**  
**telmisartan tab 20 mg (Micardis)**  
**telmisartan tab 40 mg (Micardis)**  
**telmisartan tab 80 mg (Micardis)**  
**terazosin hcl cap 1 mg (base equivalent)**  
**terazosin hcl cap 2 mg (base equivalent)**  
**terazosin hcl cap 5 mg (base equivalent)**  
**terazosin hcl cap 10 mg (base equivalent)**  
**torsemide tab 5 mg**  
**torsemide tab 10 mg**  
**torsemide tab 20 mg**  
**torsemide tab 100 mg**  
**trandolapril tab 1 mg**  
**trandolapril tab 2 mg**  
**trandolapril tab 4 mg**  
**triamterene & hydrochlorothiazide cap 37.5-25 mg**  
**triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)**  
**triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)**  
**valsartan tab 40 mg (Diovan)**  
**valsartan tab 80 mg (Diovan)**  
**valsartan tab 160 mg (Diovan)**  
**valsartan tab 320 mg (Diovan)**  
**valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)**  
**valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct)**  
**valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct)**  
**valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)**  
**valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)**

## HIGH BLOOD PRESSURE (continued)

**verapamil hcl cap er 24hr 120 mg (Verelan)**  
**verapamil hcl cap er 24hr 180 mg (Verelan)**  
**verapamil hcl cap er 24hr 240 mg (Verelan)**  
**verapamil hcl tab 40 mg**  
**verapamil hcl tab 80 mg**  
**verapamil hcl tab 120 mg**  
**verapamil hcl tab er 120 mg (Calan sr)**  
**verapamil hcl tab er 180 mg (Calan sr)**  
**verapamil hcl tab er 240 mg (Calan sr)**

## HIGH CHOLESTEROL

**atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)**  
**atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)**  
**atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)**  
**atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)**  
**cholestyramine light powder 4 gm/dose (Questran light)**  
**cholestyramine powder 4 gm/dose (Questran)**  
**colesevelam hcl tab 625 mg (Welchol)**  
**colestipol hcl granules 5 gm (Colestid flavored)**  
**colestipol hcl tab 1 gm (Colestid)**  
**ezetimibe tab 10 mg (Zetia)**  
**ezetimibe-simvastatin tab 10-10 mg (Vytorin)**  
**ezetimibe-simvastatin tab 10-20 mg (Vytorin)**  
**ezetimibe-simvastatin tab 10-40 mg (Vytorin)**  
**ezetimibe-simvastatin tab 10-80 mg (Vytorin)**  
**fenofibrate micronized cap 67 mg**  
**fenofibrate micronized cap 134 mg**  
**fenofibrate micronized cap 200 mg**  
**fenofibrate tab 48 mg (Tricor)**  
**fenofibrate tab 54 mg**  
**fenofibrate tab 145 mg (Tricor)**  
**fenofibrate tab 160 mg**  
**gemfibrozil tab 600 mg (Lopid)**  
**lovastatin tab 10 mg**  
**lovastatin tab 20 mg**  
**lovastatin tab 40 mg**  
**NEXLETOL – bempedoic acid tab 180 mg**  
**NEXLIZET – bempedoic acid-ezetimibe tab 180-10 mg**  
**niacin tab er 500 mg (antihyperlipidemic)**  
**niacin tab er 750 mg (antihyperlipidemic)**  
**niacin tab er 1000 mg (antihyperlipidemic)**  
**omega-3-acid ethyl esters cap 1 gm (Lovaza)**  
**pravastatin sodium tab 10 mg**  
**pravastatin sodium tab 20 mg**  
**pravastatin sodium tab 40 mg**  
**pravastatin sodium tab 80 mg**  
**rosuvastatin calcium tab 5 mg (Crestor)**  
**rosuvastatin calcium tab 10 mg (Crestor)**  
**rosuvastatin calcium tab 20 mg (Crestor)**  
**rosuvastatin calcium tab 40 mg (Crestor)**  
**simvastatin tab 5 mg**  
**simvastatin tab 10 mg (Zocor)**  
**simvastatin tab 20 mg (Zocor)**  
**simvastatin tab 40 mg (Zocor)**

## HIGH CHOLESTEROL (continued)

### **simvastatin tab 80 mg**

VASCEPA – icosapent ethyl cap 0.5 gm  
VASCEPA – icosapent ethyl cap 1gm

## INFANT EYE OINTMENT (for newborns)

### **erythromycin ophth oint 5 mg/gm**

## OSTEOPOROSIS

ALENDRONATE SODIUM – alendronate sodium tab 5 mg  
**alendronate sodium tab 10 mg**  
**alendronate sodium tab 35 mg**  
**alendronate sodium tab 70 mg (Fosamax)**  
**calcitonin (salmon) nasal soln 200 unit/act**  
**ibandronate sodium tab 150 mg (base equivalent)  
(Boniva)**  
**raloxifene hcl tab 60 mg (Evista)**

## PRENATAL VITAMINS

KOSHER PRENATAL PLUS IRON  
PRENATAL 19  
PRENATAL-U  
PRENATAL VITAMINS PLUS LOW IRON  
PRENATAL PLUS  
PRENATOL  
TRINATE

## RESPIRATORY

### **acetylcysteine inhal soln 10%**

### **acetylcysteine inhal soln 20%**

ADVAIR HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/act

ADVAIR HFA – fluticasone-salmeterol inhal aerosol 115-21 mcg/act

ADVAIR HFA – fluticasone-salmeterol inhal aerosol 230-21 mcg/act

AIRSUPRA - albuterol-budesonide inhal aerosol 90-80 mcg/act

### **albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)**

### **albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)**

### **albuterol sulfate soln nebu 0.5% (5 mg/ml)**

### **albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)**

### **albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)**

### **albuterol sulfate syrup 2 mg/5ml**

ANORO ELLIPTA – umeclidinium vilanterol aero pow dba 62.5-25 mg

ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 100 mcg/act

ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 200 mcg/act

ASMANEX HFA – mometasone furoate inhal aerosol suspension 50 mcg/act

## RESPIRATORY (continued)

ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act

ASMANEX HFA – mometasone furoate inhal aerosol suspension 200 mcg/act

ASMANEX TWISTHALER 30 METERED DOSES – mometasone furoate inhal powd 110 mcg/inh (breath activated)

ASMANEX TWISTHALER 30 METERED DOSES – mometasone furoate inhal powd 220 mcg/inh (breath activated)

ASMANEX TWISTHALER 60 METERED DOSES – mometasone furoate inhal powd 220 mcg/inh (breath activated)

ASMANEX TWISTHALER 120 METERED DOSES – mometasone furoate inhal powd 220 mcg/inh (breath activated)

ATROVENT HFA – ipratropium bromide hfa inhal aerosol 17 mcg/act

BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 50-25 mcg/inh

BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh

BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh

BRETZRI AEROSPHERE – budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act

### **budesonide inhalation susp 0.25 mg/2ml (Pulmicort)**

### **budesonide inhalation susp 0.5 mg/2ml (Pulmicort)**

### **budesonide inhalation susp 1 mg/2ml (Pulmicort)**

COMBIVENT RESPIMAT – ipratropium-albuterol inhal aerosol soln 20-100 mcg/act

### **cromolyn sodium soln nebu 20 mg/2ml**

DULERA – mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act

DULERA – mometasone-furoate-formoterol aerosol 100-5 mcg/act

DULERA – mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act

FLUTICASONE PROPIONATE/SALMETEROL – fluticasone-salmeterol aer powder ba 55-14 mcg/act

FLUTICASONE PROPIONATE/SALMETEROL – fluticasone-salmeterol aer powder ba 113-14 mcg/act

FLUTICASONE PROPIONATE/SALMETEROL – fluticasone-salmeterol aer powder ba 232-14 mcg/act

FLUTICASONE PROPIONATE HF – fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)

FLUTICASONE PROPIONATE HF – fluticasone propionate hfa inhal aero 110 mcg/act

FLUTICASONE PROPIONATE HF – fluticasone propionate hfa inhal aero 220 mcg/act

### **fluticasone-salmeterol aer powder ba 100-50 mcg/dose (Advair diskus)**

## RESPIRATORY (continued)

**fluticasone-salmeterol aer powder ba 250-50 mcg/dose (Advair diskus)**  
**fluticasone-salmeterol aer powder ba 500-50 mcg/dose (Advair diskus)**  
INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/inh (base eq)  
**ipratropium bromide inhal soln 0.02%**  
**ipratropium-albuterol nebu soln 0.5-2.5 (3) mg/3ml**  
**levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)**  
**levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)**  
**levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)**  
**levalbuterol hcl soln nebu concentrate 1.25 mg/ 0.5 ml (base equiv)**  
**montelukast sodium chew tab 4 mg (base equiv) (Singulair)**  
**montelukast sodium chew tab 5 mg (base equiv) (Singulair)**  
**montelukast sodium oral granules packet 4 mg (base equiv) (Singulair)**  
**montelukast sodium tab 10 mg (base equiv) (Singulair)**  
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act  
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 80 mcg/act  
SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)  
SPIRIVA HANDIHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)  
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act  
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act  
STIOLTO RESPIMAT – tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act  
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act  
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act  
**theophylline tab er 12hr 300 mg**  
**theophylline tab er 12hr 450 mg**  
**theophylline tab er 24hr 400 mg**  
**theophylline tab er 24hr 600 mg**  
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act  
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act  
VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90 mcg base equiv)  
**zafirlukast tab 10 mg (Accolate)**  
**zafirlukast tab 20 mg (Accolate)**

## TOBACCO CESSATION

**bupropion hcl (smoking deterrent) tab er 12hr 150 mg**  
**nicotine polacrilex gum 2 mg**  
**nicotine polacrilex gum 4 mg**  
**nicotine polacrilex lozenge 2 mg**  
**nicotine polacrilex lozenge 4 mg**  
**nicotine td patch 24hr 7 mg/24hr**

## TOBACCO CESSATION (continued)

**nicotine td patch 24hr 14 mg/24hr**  
**nicotine td patch 24 hr 21 mg/24hr**  
NICOTINE TRANSDERMAL SYSTEM - nicotine td patch 24 hr kit 21-14-7 mg/24hr  
NICOTROL INHALER – nicotine inhaler system 10 mg (4mg delivered)  
NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray)  
**varenicline tartrate tablet 0.5 mg (base equiv)**  
**varenicline tartrate tablet 1 mg (base equiv)**  
**varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack**



## Notice of Nondiscrimination and Accessibility

At Blue Cross and Blue Shield of Minnesota and Blue Plus, we treat everyone fairly. We don't exclude you, or treat you less favorably, because of your race, skin color, national origin, age, disability status, or sex (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes). We follow federal civil rights laws and don't discriminate against anyone based on these traits.

If you communicate best in a language other than English, you can request free language assistance services.

If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge.

**Need these services? Call 1-855-903-2583, TTY 711 or call the number on the back of your member identification card.**

### Discrimination is against the law.

If we failed to provide services or discriminated in another way based on your race, skin color, national origin, age, disability status, or sex, (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes), you can file a complaint by contacting our Nondiscrimination Civil Rights Coordinator:

**Email:** [Civil.Rights.Coord@bluecrossmn.com](mailto:Civil.Rights.Coord@bluecrossmn.com)

**Telephone:** 1-800-509-5312

**Mail:** Blue Cross and Blue Shield of Minnesota  
ATTN: Civil Rights Coordinator P3-2  
PO Box 64560, Eagan, MN 55164-0560

Nondiscrimination complaint forms are available on our website at [bluecrossmn.com/NDL](http://bluecrossmn.com/NDL), or from the Nondiscrimination Civil Rights Coordinator.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services

- electronically through the Office for Civil Rights complaint portal:  
[ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf)
- by mail at: U.S. Department of Health and Human Services,  
200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201
- or by phone at: 1-800-368-1019, 1-800-537-7697 (TDD)

Civil rights complaint forms are available at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

<p><b>ENGLISH</b></p> <p>ATTENTION: If you speak a language other than English, language services are available free of charge. If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge. Call 1-855-903-2583 (TTY 711).</p>	<p><b>廣東話 (Cantonese – Traditional Chinese)</b></p> <p>請注意：如果您說 廣東話 您可要求免費語言協助服務。如果您有視力、聽力或言語障礙，我們會以最適合您的方式與您溝通。這可能包括使用手語傳譯員、免費提供大字體或點字文件、錄音或其他輔助工具。請致電 1-855-903-2583 聽障熱線 (TTY 711)。</p>
<p><b>ESPAÑOL (Spanish)</b></p> <p>ATENCIÓN: Si habla Español, puede solicitar servicios gratuitos de asistencia lingüística. Si tiene una deficiencia visual, auditiva o del habla, podemos comunicarnos de la manera que le resulte mejor a usted. Esto puede incluir el uso de intérpretes de lengua de señas, el suministro de documentos en letra grande o braille, grabaciones de audio u otras ayudas sin cargo. Llame al 1-855-903-2583 (TTY 711).</p>	<p><b>العربية (Arabic)</b></p> <p>تنبيه: إذا كنت تتحدث العربية، يمكنك طلب خدمات المساعدة اللغوية المجانية. إذا كنت تعاني من إعاقة بصرية أو سمعية أو نطقية، يمكننا التواصل معك بالطريقة التي تناسبك. وقد يشمل ذلك استخدام مترجمين للغة الإشارة، أو توفير المستندات بحروف كبيرة أو بطريقة برايل، أو تسجيلات صوتية، أو غيرها من الوسائل المساعدة من دون مقابل. اتصل على الرقم 1-855-903-2583 (الهاتف النصي 711).</p>
<p><b>አማርኛ (Amharic)</b></p> <p>ክትናት ይሰራ:- አማርኛ ቅኑም የሚኖሩ ካሆን፣ እኔ የቃነዬ እኩ አገልግሎቶችን መጠዋቱ ይችላለ፡፡ የሚኖሩ፡ የመስማት መይም የሚኖሩ ኅጌር ካለበጥት ለእርስዥ በተሳሳ ስሜው መግባድ መግባት እኩቶች፡፡ ይህ ይግባኝ የሚፈለት ቅኑም አስተዳደርም መጠቀምና፡፡ በተሳሳ በተመወች መይም በጠረፈና የተኞች ተከራክሩ፡፡ የድጋፍ ቅኑም መይም ለአቶ መረጃዎችን የለ ክፍያ ማቅረብን ይጠየሙና፡፡ 1-855-903-2583 (TTY 711) ላይ ይደውሉ፡፡</p>	<p><b>FRANÇAIS (French)</b></p> <p>ATTENTION : Si vous parlez Français, vous pouvez demander des services d'assistance linguistique gratuits. Si vous avez une déficience visuelle, auditive ou vocale, nous pouvons communiquer de la manière qui vous convient le mieux. Il peut s'agir d'interprètes en langue des signes, de documents en gros caractères ou en braille, d'enregistrements audio ou d'autres aides gratuites. Composez le 1-855-903-2583 (ATS 711).</p>
<p><b>LUS HMOOB (Hmong)</b></p> <p>LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob, koj tuaj yeem thov cov kev pab cuam uas pab hom lus tau dawb. Yog hais tias koj qhov muag tsis pom kev zoo, tsis hnov lus, los sis hais tsis tau lus, peb tuaj yeem sib txuas lus hauv ib txoj hau kev uas ua hauj lwm tau zoo tshaj plaws rau koj. Qhov no tej zaum yuav muaj xam nrog kev siv cov neeg txhais lus piav tes, kev muab cov ntaub ntawv luam tawm ua tus ntawv loj los sis Ua Ntawv Su Rau Cov Neeg Tsis Pom Kev Siv Tau (Braille), kev kaw ua suab lus, los sis lwm yam kev pab yam tsis tau them nqi. Hu rau 1-855-903-2583 (TTY 711).</p>	<p><b>SOOMALI (Somali)</b></p> <p>XASUUSIN: Haddii aad ku hadasho Soomali, waxaad codsan kartaa adeegyada caawimaadda luqada oo bilaash ah. Haddii aad laxaad la'aan kataahy aragga, maqalka, ama hadalka, waxaanu kugula xidhiidhi karnaa habka adiga kuugu habboon. Tan waxaa ka mid ah in aan isticmaalno turjumaanada luuqada dhigoolaha, in la bixiyo waraaqo ku qoran xarfaha waaweyn ama qoraalka indhoolayaasha, in la sameeyo cajalado la duubay, ama in la helo waxyaabo kale oo caawimaad ah oo bilaash ah. Wac 1-855-903-2583 (TTY 711).</p>
<p><b>ខ្មែរ (Khmer)</b></p> <p>ការផ្តល់ជីវិត: ប្រសិនបើអ្នកអាចពេញឈាយភាសាខ្មែរបានត្រឹមត្រូវ ប្រសិនបើ សោរជីនិយបកប្រព័ន្ធសាស្ត្រយកតិចតិចឡើង ប្រសិនបើ អ្នកមិនមិនមែនយើង ស្ថាប័ណ្ណិនិយបក បុគ្គលិកមិនបាន យើងអាច ប្រាស់យទាក់ទងជាមួយអ្នកតាមរបៀប បានដោយបាន ប្រសិទ្ធភាពលូបជុំសម្រាប់អ្នក។ ការប្រាស់យទាក់ទងនេះអាច មានអ្នកប្រព័ន្ធសាស្ត្រ ការផ្តល់ជីវិតរបស់ គ្នា: ពួកអ្នករួចរាល់ ប្រាស់យទាក់ទងនេះ ប្រចាំខែ ឬ ឬឆ្នាំទៀត ដោយភកតិចតិចឡើង។ ទូរសព្ទទៅលើ 1-855-903-2583 (TTY 711)។</p>	<p><b>한국어 (Korean)</b></p> <p>주의: 한국어를 사용하시는 경우 귀하는 무료 언어 지원 서비스를 요청하실 수 있습니다. 시각 장애, 청각 장애 또는 언어 장애가 있는 경우 저희는 귀하에게 가장 적합한 방법으로 연락을 드릴 수 있습니다. 여기에는 수화통역사 이용, 대형 활자 또는 점자로 작성된 문서 제공, 음성 녹음 또는 기타 무료 지원이 포함될 수 있습니다. 1-855-903-2583 (TTY 711)번으로 전화하십시오.</p>

<p><b>ကည်းကျိုး (Karen)</b></p> <p>ဟန္တသူ့ပေါ်သူ့- နမ့်ကတိ၊ ကည်းကျိုး နှင့်၊ နပ္ပါကျိုးဂုဏ်ပိုင်တိစာမေစာလာတလ်ဘူးလဲ သုန္တုလီ။ နမ့်အိုဒီးတိတလာတပဲ့လာ မဲ့တိတ်း၊ တိန်းဟူ၊ မူတမ်း တိစံးကတိတိန္တု ပဆဲးကျေခဲးကျိုးတိတလာ ကျေကဲထိုလိုထိုအရာကတိလာနှင့်သုန္တုလီ။ တိဘံး ပုံးယုံးတိုးကိုနှင့်ကျိုးအပူးကျိုးထံတိတဖုံး၊ တိဟုံးလိုးတဖုံးလာ အလိုးဖျော်ဖူးဒီ။ မူတမ်း ပူးမူးသူ့အလုံး၊ တိကလုံး၊ မူတမ်း တိမေစာဂျာတိတဖုံး လာတလ်အဘူးလဲန္တုလီ။ ကိုလီတဲ့ဖူး 1-855-903-2583 (TTY 711) တကုံး</p>	<p><b>မြန်မာဘာသာ (Burmese)</b></p> <p>သတိပြုရန်- သင်သည် မြန်မာဘာသာ စကားကို ပြောပါက၊ အခဲ့ ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများကို တောင်းဆိုနိုင်ပါသည်။ သင့်တွင် အမြင်အာရုံး အကြားအာရုံး သို့မဟုတ် စကားပြောခြင်း ချို့ယွင်းမှုရှိနေပါက သင့်အတွက် အသင့်လျှပ်ဆုံးဖြစ်မည့်နည်းလမ်းဖြင့် ကျွန်ုပ်တို့ထံသို့ ဆက်သွယ်နိုင်ပါသည်။ ငါးတွင် လက်ဟန်ပြာဘာသာစကား စကားပြန်များကို အသုံးပြုခြင်း၊ စာရွက်စာတမ်းများကို ပုံနိုင်စာလုံးကြီးများ သို့မဟုတ် မျက်မမြင်စာဖြင့် ပုံးပိုးပေးခြင်း၊ အသံဖွံ့ဖြိုးခြင်းများ သို့မဟုတ် အခြားအထောက်အကူများဖြင့် အခဲ့ပုံးပိုးပေးခြင်းတို့ ပါဝင်ပါသည်။ 1-855-903-2583 (TTY 711) သို့ ဖုန်းခေါ်လိုပါ။</p>
<p><b>OROMOO (Oromo)</b></p> <p>Xiyyeffannoona ha kennamu:- Oromo Afan kan dubbatan yoo ta'e, tajaajiloota gargaarsa afaanii bilisaa gaafachuu ni dandeessu. Rakkoo ilaaluu, dhaga'u ykn dubbachuu yoo qabaattan, karaa isiniif mijatuun haala isiniif galuun mari'achuu ni dandeenyaa. Kunis of keessatti kan qabatu, hiiktota afaan mallattoo fayyadamuun maxxansa gurguddaa ykn bireeylii, waraabbiwwan sagalee ykn gargaarsota biroo kaffaltii tokkoo malee gaafachuu dha. 1-855-903-2583 (TTY 711) irratti bilbilaa.</p>	<p><b>РУССКИЙ (Russian)</b></p> <p><b>ВНИМАНИЕ:</b> Если ваш язык — РУССКИЙ, вы можете запросить бесплатные услуги языковой поддержки. Если у вас есть нарушение зрения, слуха или речи, мы можем общаться таким образом, который лучше всего подходит вам. Это может включать бесплатное использование переводчиков на языке жестов, предоставление документов крупным шрифтом или шрифтом Брайля, использование аудиозаписей или других вспомогательных средств. Звоните по телефону 1-855-903-2583 (TTY 711).</p>
<p><b>ພາສາລາວ (Lao)</b></p> <p>ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າ ພາສາລາວ, ທ່ານສາມາດຂໍບໍວການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ດໍາລັບໜ່າຍຄ່າ. ຖ້າທ່ານມີຄວາມປົກຜ່ອງດ້ານສາຍາຕາ, ການໄດ້ຍືນ ຫຼື ການປາກເວົ້າ, ພວກເຮົາສາມາດຊໍ້ສານວັດໝາຍວິທີທີ່ເຫັນວັນທີ່ສູດ. ອັນນີ້ອ້າດຈະເວມຕັ້ງການໃຊ້ນໍາຍພາສາມີ, ການຈັດການເອກະສານເປັນໂຕຜົມໃຫຍ່ ຫຼື ອັກສອນນຸ່ນ, ການບັນທຶກສຽງ ຫຼື ການຊ່ວຍເຫຼືອດ້ານສື່ອັ້ນງົດໝາຍຄ່າໃຊ້ຈ່າຍໃດງ່າ. ໃຫ້ 1-855-903-2583 (TTY 711).</p>	<p><b>Tagalog (Tagalog)</b></p> <p><b>PAUNAWA:</b> Kung nagsasalita ka ng Tagalog, maaari kang humingi ng mga libreng serbisyo na tulong sa wika. Kung may kapansanan ka sa paningin, pandinig, o pananalita, maaari tayong mag-usap sa paraan na pinakamabuti para sa iyo. Maaaring kabilang dito ang paggamit ng mga interpreter ng sign language, pagbibigay ng mga dokumento na malalaki ang pagkaprinta o Braille, mga audio recording, o iba pang mga tulong nang walang bayad. Tumawag sa 1-855-903-2583 (TTY 711).</p>
<p><b>VIETNAMESE (Vietnamese)</b></p> <p><b>LƯU Ý:</b> Nếu quý vị nói Vietnamese, quý vị có thể yêu cầu dịch vụ hỗ trợ ngôn ngữ miễn phí. Nếu quý vị bị khiếm thị, khiếm thính hoặc khuyết tật về âm ngữ, chúng tôi có thể giao tiếp theo cách phù hợp nhất với quý vị. Điều này có thể bao gồm việc sử dụng thông dịch viên ngôn ngữ ký hiệu, cung cấp tài liệu dạng bản in cỡ chữ lớn hoặc chữ nổi, bản ghi âm hoặc các phương tiện hỗ trợ khác miễn phí. Xin gọi số 1-855-903-2583 (TTY 711).</p>	<p><b>简体中文 (Chinese Simplified)</b></p> <p><b>注意:</b> 如果您说普通话，则可以免费申请语言协助服务。 如果您有视力、听力或语言障碍，我们可以用最适合您的方式与您交流。这可能包括免费提供手语翻译、大字体或盲文文件、录音或其他辅助工具。请致电 1-855-903-2583（文字电话 711）。</p>