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Try Generics Drug List

The Try Generics Drug List gives you and your doctor many choices. It also helps make sure you know when a generic medication could treat your health condition. The Try Generics Drug List will help you make good choices about the medications you take. It will also help you ask your doctor or pharmacist the right questions about your medication needs. The more you know, the better choices you make!

What Is the Try Generics Drug List?

It's a list of medications that have a step-therapy requirement. Step therapy groups medications into a series of "steps" that require members to try cost-effective "First Choice" medications before more expensive "Second Choice" medications. In some cases, you can use an alternative brand-name medication without trying a First Choice medication. First Choice medications often work as well as Second Choice medications.

If none of the First Choice or alternative brand drugs are right for you, ask your doctor to call the Caremark Prior Authorization department at 800-294-5979. Caremark is an independent company that assists in the administration of the prescription drug program on behalf of BlueCross. Your doctor can also fax requests to Caremark at 888-836-0730. If your exception request is approved, your plan will cover the Second Choice medications at your highest plan's copayment. If you don't try a First Choice medication or you don't get an exception, your plan will not cover the Second Choice medications, and you will pay 100 percent of the cost for them.

We base the Try Generics Drug List on U.S. Food and Drug Administration (FDA) and manufacturer dosing guidelines, medical literature, safety, accepted medical practice, appropriate use and benefit design. The Try Generics Drug List only affects the medications your benefit plan covers. You and your doctor should make the final decision about the medications that are right for you.

What Medications Are Included?

See the First Choice and Second Choice medications by conditions they are used to treat in this chart. We list any alternative brand-name medications in the last column on the right.

Condition used to treat	You must try these first or your doctor must request an exception for you before you can get coverage for these.	Or ask your doctor about these:
	First Choice Medications	Second Choice Medications	Alternative Brand-Name Medications
Acne	generic topical tretinoin products	Avita, Fabior, Tazorac, Tretin-X, Veltin	No brand-name drugs available
Acne	generic topical tretinoin products AND generic topical adapalene	Differin, Epiduo, Epiduo Forte	No brand-name drugs available
Arthritis / Pain	generic NSAIDs	Flector, Naprelan, Sprix, Zipsor, Zorvolex	No brand-name drugs available
Asthma	No generics available: try the brand-name drugs; ProAir HFA, ProAir RespiClick	Proventil HFA, Ventolin HFA, Xopenex HFA	ProAir HFA, ProAir RespiClick
Bipolar / Schizophrenia	aripiprazole (generic Abilify), clozapine (generic Clozaril, Fazaclo), olanzapine (generic Zyprexa), paliperidone ext-rel (generic Invega), quetiapine (generic Seroquel), quetiapine ext-rel (generic Seroquel XR), risperidone (generic Risperdal), ziprasidone (generic Geodon)	Clozaril, Fanapt, Fazaclo, Geodon, Invega, Latuda, Rexulti, Risperdal, Saphris, Versacloz, Zyprexa	No brand-name drugs available
Bladder Problems	darifenacin ext-rel (generic Enablex), oxybutynin, oxybutynin ext-rel (generic Ditropan XL), tolterodine (generic Detrol), tolterodine ext-rel (generic Detrol LA), trospium, trospium ext-rel	Detrol, Detrol LA, Ditropan XL, Enablex, Myrbetriq, Oxytrol, Toviaz	Gelnique, Vesicare
Depression	desvenlafaxine succinate ext-rel (generic Pristiq), venlafaxine	desvenlafaxine ext-rel (generic Khedezla), Fetzima, Khedezla	No brand-name drugs available
Depression / Obsessive-Compulsive Disorder	citalopram (generic Celexa), escitalopram (generic Lexapro), fluoxetine (generic Prozac), fluvoxamine, fluvoxamine ext-rel, paroxetine HCl (generic Paxil), paroxetine HCl ext-rel (generic Paxil CR), sertraline (generic Zoloft)	Celexa, Paxil, Paxil CR, Pexeva	No brand-name drugs available
Gout	allopurinol, probenecid	Uloric	No brand-name drugs available

Condition used to treat	You must try these first or your doctor must request an exception for you before you can get coverage for these.	Or ask your doctor about these:
	First Choice Medications	Second Choice Medications	Alternative Brand-Name Medications
High Triglycerides	fenofibrate (generic Fenoglide, Lipofen, Tricor), fenofibric acid (generic Fibracor), fenofibric acid delayed-rel (generic Trilipix)	Antara, Fibracor, Lipofen, Tricor, Triglide, Trilipix	No brand-name drugs available
Migraine Headaches	almotriptan (generic Axert), eletriptan (generic Relpax), frovatriptan (generic Frova), naratriptan (generic Amerge), rizatriptan (generic Maxalt), sumatriptan (generic Imitrex), zolmitriptan (generic Zomig)	Alsuma, Amerge, Axert, Frova, Relpax, Treximet, Zomig	No brand-name drugs available
Muscle Relaxant	cyclobenzaprine	Amrix	No brand-name drugs available
Osteoporosis	alendronate (generic Fosamax), ibandronate (generic Boniva), risedronate (generic Actonel), risedronate delayed-rel (generic Atelvia)	Actonel, Atelvia, Binosto, Boniva, Fosamax, Fosamax Plus D	No brand-name drugs available
Psoriasis	TWO of these: alclometasone, amcinonide, betamethasone, clobetasol, Clobex, clocortolone, Cordran, Cutivate, Desonate, desonide, DesOwen, desoximetasone, diflorasone, Diprolene, Elocon, fluocinolone, fluocinonide (except cream 0.1%), flurandrenolide, fluticasone, halobetasol, Halog, hydrocortisone, Kenalog Spray, Luxiq, mometasone, Olux, prednicarbate, Temovate, Topicort, triamcinolone #, Ultravate, Verdeso	Tazorac	No brand-name drugs available

Are Generic Drugs Safe?

Absolutely! Generic drugs must meet the same strict FDA manufacturing standards as brand-name drugs. The color and shape of a generic drug may be different from its brand-name counterpart, but the active ingredients are the same for both. Generic drugs become available when patents expire on brand-name drugs. They tend to cost less than brand-name drugs because the companies that make them do not have the same development costs as makers of new drugs. When you use a generic drug, you get the same quality as a brand-name drug — at a lower cost.

Does My Plan Cover Other Drugs?

Yes! Other drugs your plan covers are listed here by the condition they're used to treat. The amount you will pay for these drugs is based on their Preferred Drug List tier. We list generics first and in *italics*. You will pay the lowest copayment or coinsurance under your plan for any generics you use. We list preferred brand-name drugs in all capital letters after the generic drugs. You will pay a higher copayment or coinsurance for any preferred brand-name drugs you use. We do not list non-preferred brand-name drugs in this brochure. You will pay the highest copayment or coinsurance for any non-preferred brand-name drugs you use.

What Is a Preferred Drug List?

A Preferred Drug List (PDL) is a list of medications chosen for their clinical value and cost-effectiveness by a group of doctors and pharmacists. A PDL gives you and your doctor the freedom to choose the medication that works best for you. Tier 1 drugs (lowercase letters) are generic drugs. For the lowest out-of-pocket expense, you should always choose Tier 1 drugs if you and your doctor decide they are right for you. Tier 2 drugs are preferred brand-name drugs. Consider Tier 2 drugs if there is not a Tier 1 drug for your condition. Tier 3 drugs are non-preferred and will usually cost you more. If you are using a Tier 3 drug, talk to your doctor about using Tier 1 and 2 drugs first. **NOTE:** When a generic becomes available, most of the time the brand-name drug will automatically move to the third tier. Since there may be more than one drug available for your medical condition, we urge you to use generic and preferred brand-name drugs whenever possible to help manage your prescription costs.

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefactor
cefdinir
cephalexin

§ ERYTHROMYCINS / MACROLIDES

azithromycin
clarithromycin
clarithromycin ext-rel
erythromycins

§ FLUOROQUINOLONES

ciprofloxacin
ciprofloxacin ext-rel
levofloxacin

§ PENICILLINS

amoxicillin
amoxicillin-clavulanate
dicloxacillin
penicillin VK

§ TETRACYCLINES

doxycycline hyclate
minocycline
tetracycline

§ ANTIFUNGALS

fluconazole
itraconazole
terbinafine tablet

ANTIVIRALS

HEPATITIS C AGENTS

EPCLUSA

HARVONI

MAVYRET
VOSEVI

§ HERPES AGENTS

acyclovir
valacyclovir

§ INFLUENZA AGENTS

oseltamivir
RELENZA

§ MISCELLANEOUS

metronidazole #
sulfamethoxazole-
trimethoprim

CARDIOVASCULAR

§ ACE INHIBITORS

fosinopril
lisinopril
quinapril
ramipril

§ ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine-benazepril

§ ACE INHIBITOR / DIURETIC COMBINATIONS

fosinopril-
hydrochlorothiazide

lisinopril-
hydrochlorothiazide
quinapril-
hydrochlorothiazide

§ ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS

irbesartan / irbesartan-
hydrochlorothiazide
losartan / losartan-
hydrochlorothiazide
olmesartan / olmesartan-
hydrochlorothiazide
telmisartan / telmisartan-
hydrochlorothiazide
valsartan / valsartan-
hydrochlorothiazide

This list is subject to change at any time during the year without prior notification to members or physicians.

§ ANGIOTENSIN II RECEPTOR ANTAGONIST / CALCIUM CHANNEL BLOCKER COMBINATIONS

*amlodipine/olmesartan
telmisartan-amlodipine*

§ ANGIOTENSIN II RECEPTOR ANTAGONIST / CALCIUM CHANNEL BLOCKER / DIURETIC COMBINATIONS

*olmesartan-amlodipine-
hydrochlorothiazide*

ANTILIPEMICS

§ BILE ACID RESINS

*cholestyramine
colesevelam*

§ CHOLESTEROL ABSORPTION INHIBITORS

ezetimibe

§ FIBRATES

fenofibrate

§ HMG-CoA REDUCTASE INHIBITORS

*atorvastatin
fluvastatin
pravastatin
simvastatin*

§ NIACINS

niacin ext-rel

§ BETA-BLOCKERS

*atenolol
carvedilol
metoprolol succinate
ext-rel
metoprolol tartrate
nadolol
propranolol
BYSTOLIC*

§ CALCIUM CHANNEL BLOCKERS

*amlodipine
diltiazem ext-rel
nifedipine ext-rel
verapamil ext-rel*

§ CALCIUM CHANNEL BLOCKER / ANTILIPEMIC COMBINATIONS

amlodipine-atorvastatin

§ DIGITALIS GLYCOSIDES

digoxin

§ DIURETICS

*furosemide
hydrochlorothiazide
metolazone
spironolactone-
hydrochlorothiazide
torsemide
triamterene-
hydrochlorothiazide*

§ MISCELLANEOUS

RANEXA

CENTRAL NERVOUS SYSTEM

ANTIDEPRESSANTS

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

*citalopram
escitalopram
fluoxetine
paroxetine HCl
paroxetine HCl ext-rel
sertraline*

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)

*duloxetine delayed-rel
venlafaxine*

§ MISCELLANEOUS AGENTS

*bupropion
bupropion ext-rel
mirtazapine*

§ HYPNOTICS, NONBENZODIAZEPINES

*zaleplon
zolpidem
ROZEREM*

MIGRAINE

§ SELECTIVE SEROTONIN AGONISTS

*naratriptan
rizatriptan
sumatriptan
zolmitriptan*

ENDOCRINE AND METABOLIC

§ ANDROGENS

*testosterone solution
ANDRODERM*

ANTIDIABETICS

§ BIGUANIDES

*metformin
metformin ext-rel **

§ BIGUANIDE / SULFONYLUREA COMBINATIONS

glipizide-metformin

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

*JANUVIA
ONGLYZA*

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS

*JANUMET
JANUMET XR
KOMBIGLYZE XR*

INCRETIN MIMETIC AGENTS

*BYDUREON
BYDUREON BCISE
VICTOZA*

INSULINS

*HUMULIN R U-500
LANTUS
NOVOLIN
NOVOLOG
TOUJEO*

§ INSULIN SENSITIZERS

pioglitazone

§ INSULIN SENSITIZER / BIGUANIDE COMBINATIONS

pioglitazone-metformin

§ INSULIN SENSITIZER / SULFONYLUREA COMBINATIONS

pioglitazone-glimepiride

§ MEGLITINIDES

*nateglinide
repaglinide*

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

*FARXIGA
JARDIANCE*

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / BIGUANIDE COMBINATIONS

*SYNJARDY
XIGDUO XR*

§ SULFONYLUREAS

*glimepiride
glipizide
glipizide ext-rel*

SUPPLIES

*BD ULTRAFINE INSULIN SYRINGES AND NEEDLES
NOVOFINE NEEDLES
NOVOTWIST NEEDLES
ONETOUCH STRIPS AND KITS*

CALCIUM REGULATORS

§ BISPHOSPHONATES

*alendronate
ibandronate*

§ CALCITONINS

calcitonin-salmon

PARATHYROID HORMONES

FORTEO

CONTRACEPTIVES

§ MONOPHASIC

*ethinyl estradiol-
drospirenone
(gianvi, ocella)
ethinyl estradiol-
levonorgestrel
(aviane, levora)*

§ TRIPHASIC

*ethinyl estradiol-
norgestimate*

§ EXTENDED CYCLE

*amethia
amethia lo
camrese
camrese lo
ethinyl estradiol-
levonorgestrel*

§ TRANSDERMAL

*ethinyl estradiol-
norelgestromin*

VAGINAL

NUVARING

ESTROGENS

§ ORAL

*estradiol
estropiate
PREMARIN*

§ TRANSDERMAL

estradiol

§ ESTROGEN / PROGESTINS, ORAL

*estradiol-norethindrone
PREMPHASE
PREMPRO*

§ PROGESTINS, ORAL

*medroxyprogesterone
progesterone, micronized*

§ SELECTIVE ESTROGEN RECEPTOR MODULATORS

raloxifene

§ THYROID SUPPLEMENTS

levothyroxine

GASTROINTESTINAL

§ H₂ RECEPTOR ANTAGONISTS

ranitidine

§ PROTON PUMP INHIBITORS

*esomeprazole
lansoprazole
omeprazole (only Rx
covered)
pantoprazole*

GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA

doxazosin

*dutasteride
finasteride
tamsulosin
terazosin*

§ URINARY ANTISPASMODICS

*oxybutynin
oxybutynin ext-rel
tolterodine
trospium
GELNIQUE
VESICARE*

HEMATOLOGIC

§ ANTICOAGULANTS

*warfarin
ELIQUIS
XARELTO*

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

*COSENTYX
ENBREL
HUMIRA
OTEZLA
STELARA*

RESPIRATORY

§ ANAPHYLAXIS TREATMENT AGENTS

epinephrine auto-injector #

§ ANTICHOLINERGICS

*ATROVENT HFA
SPIRIVA
SPIRIVA RESPIMAT*

§ ANTICHOLINERGIC / BETA AGONIST COMBINATIONS

*ipratropium-albuterol
inhalation solution
ANORO ELLIPTA
BEVESPI AEROSPHERE
COMBIVENT RESPIMAT
STIOLTO RESPIMAT*

§ ANTIHISTAMINES, LOW SEDATING

*cetirizine (generic Rx and
OTC covered)*

§ ANTIHISTAMINES, NONSEDATING

loratadine OTC †

§ ANTIHISTAMINE / DECONGESTANTS

*cetirizine-pseudoephedrine
ext-rel OTC †
loratadine-
pseudoephedrine
ext-rel OTC †*

BETA AGONISTS, INHALANTS

§ SHORT ACTING
*albuterol inhalation
solution
PROAIR HFA
PROAIR RESPICLIK*

**LONG ACTING
SEREVENT**

**§ LEUKOTRIENE
RECEPTOR
ANTAGONISTS**

*montelukast
zafirlukast*

**§ NASAL
ANTIHISTAMINES**

azelastine

§ NASAL STEROIDS

*flunisolide
mometasone
triamcinolone*
FLONASE ALLERGY
RELIEF OTC †

**STEROID / BETA
AGONIST COMBINATIONS**

ADVAIR
BREQ ELLIPTA
SYMBICORT

§ STEROID INHALANTS

budesonide suspension
ASMANEX
FLOVENT
PULMICORT FLEXHALER
QVAR

**TOPICAL
DERMATOLOGY**

§ ACNE
*adapalene
clindamycin solution*

*clindamycin-benzoyl
peroxide
erythromycin solution
erythromycin-benzoyl
peroxide
tretinoin
tretinoin gel microsphere*

OPHTHALMIC

§ ANTIALLERGICS
azelastine

§ ANTI-INFECTIVES
gatifloxacin

**§ ANTI-
INFLAMMATORIES,
STEROIDAL**
DUREZOL

**§ BETA-BLOCKERS,
NONSELECTIVE**
timolol maleate solution

**BETA-BLOCKERS,
SELECTIVE**
BETOPTIC S

**§ CARBONIC
ANHYDRASE INHIBITORS**
AZOPT

DRY EYE DISEASE
RESTASIS
XIIDRA

§ PROSTAGLANDINS
latanoprost
TRAVATAN Z
ZIOPTAN

§ SYMPATHOMIMETICS
brimonidine
ALPHAGAN P

**SYMPATHOMIMETIC /
BETA-BLOCKER
COMBINATIONS**
COMBIGAN

§ Generics are available in this class and should be considered the first line of prescribing.

* Listing does not include generic FORTAMET and generic GLUMETZA.

Select drugs from certain manufacturers are excluded.

† Your benefit document defines actual benefits available and may exclude over-the-counter (OTC) drug coverage. Check your benefit information to verify coverage, or view personal benefit information through our website.

The drug names listed here are the registered and/or unregistered trademarks of third-party pharmaceutical companies. These trademarks are included here for informational purposes only and are not intended to imply or suggest any affiliation with any such third-party pharmaceutical companies.

What if My Drug Is Not Listed in This Brochure?

This brochure is a listing of the most commonly prescribed drugs that treat certain health conditions. If your drug is not listed, it may well be that:

1. Your drug is a generic and all generics are preferred drugs.
2. Your drug is not a preferred drug and is available at the highest copayment or coinsurance.
3. Your drug is preferred, but is not included in this brochure.
4. There are a few drugs for which your doctor may need to request prior authorization before you fill the prescription. This is to make sure your benefit plan covers them. Visit our website for more details.
5. Your drug is available over the counter or is not covered by your plan. For many conditions, an over-the-counter medication may be the appropriate treatment. Talk to your doctor about over-the-counter medications. They may be a good choice for you and may cost you less.

Keep in mind this list is subject to change at any time during the year without prior notice to members or doctors. Your benefit document defines your actual benefit and may exclude coverage for certain drugs listed in this brochure. Please see your plan's website for a list of excluded drugs. Some drugs have quantity limits on them. This means you can only receive a limited amount at one time or during a specific time period. Your pharmacist can tell you if your benefit plan puts any limits on your prescriptions. Pharmacy law requires a valid prescription for the purchase of needles and syringes in certain states. If covered in the pharmacy benefit, OTC products require a valid prescription.

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Effective 07/01/2018

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Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD: 711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。 (Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839. (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

Ni da doodago t'áá háida biká'aná nilwo'ígíí díí Béeso Ách'ááh naa'nilígi háá'ída yí na' ídíł kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'ishíí bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é ła' bich'í' ha desdzih nínízingo, koji' béésh bee hółne' 1-844-516-6328. (Navajo)