

**Presbyterian Senior Care (HMO) / (HMO-POS)  
Presbyterian UltraFlex (HMO-POS)  
Presbyterian Dual Plus (HMO D-SNP)  
Criterios de terapia escalonada de la lista de medicamentos cubiertos  
Entra en vigor el 1° de abril del 2025**

Puede cambiar en cualquier momento la lista de medicamentos cubiertos [*formulary*]. Recibirá un aviso cuando sea necesario.

Para conseguir la lista de medicamentos más reciente, la información sobre cómo obtener una excepción o determinación de la cobertura u otras preguntas, favor de ponerse en contacto con el Centro de Servicio al Cliente de Presbyterian.

**Presbyterian Senior Care y  
Presbyterian UltraFlex:**



(505) 923-6060  
1-800-797-5343  
(TTY 711)



**Del 1° de octubre al 31° de marzo:**  
De las 8 a.m. a las 8 p.m., los siete días  
de la semana (salvo los días feriados)

**Del 1° de abril al 30 de septiembre:**  
De las 8 a.m. a las 8 p.m., de lunes a  
viernes (salvo los días feriados)

**Presbyterian Dual Plus:**



(505) 923-7675  
1-8855-465-7737  
(TTY 711)



[www.phs.org/Medicare](http://www.phs.org/Medicare)

**Infórmese más a fondo acerca del aviso de no discriminación de Presbyterian y los servicios de intérpretes.**

Basado en la revisión del modelo de atención médica, el Comité Nacional de Control de Calidad [*National Committee for Quality Assurance, NCQA*] ha aprobado a Presbyterian Dual Plus (HMO D-SNP) para operar un plan de necesidades especiales [*Special Needs Plan, SNP*] hasta el 2025.

# Anti-Convulsant

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## Products Affected

- Aptiom Tablet 200 MG Oral
- Aptiom Tablet 400 MG Oral
- Aptiom Tablet 600 MG Oral
- Aptiom Tablet 800 MG Oral
- Briviact SOLUTION 10 MG/ML ORAL
- Briviact TABLET 10 MG ORAL
- Briviact TABLET 100 MG ORAL
- Briviact TABLET 25 MG ORAL
- Briviact TABLET 50 MG ORAL
- Briviact TABLET 75 MG ORAL
- Diacomit Capsule 250 MG Oral
- Diacomit Capsule 500 MG Oral
- Diacomit Packet 250 MG Oral
- Diacomit Packet 500 MG Oral
- Eprontia Solution 25 MG/ML Oral
- Fycompa Suspension 0.5 MG/ML Oral
- Fycompa Tablet 10 MG Oral
- Fycompa Tablet 12 MG Oral
- Fycompa Tablet 2 MG Oral
- Fycompa Tablet 4 MG Oral
- Fycompa Tablet 6 MG Oral
- Fycompa Tablet 8 MG Oral
- Lacosamide Solution 10 MG/ML Oral
- Lacosamide Tablet 100 MG Oral
- Lacosamide Tablet 150 MG Oral
- Lacosamide Tablet 200 MG Oral
- Lacosamide Tablet 50 MG Oral
- Xcopri (250 MG Daily Dose) Tablet Therapy Pack 100 & 150 MG Oral
- Xcopri (250 MG Daily Dose) Tablet Therapy Pack 50 & 200 MG Oral
- Xcopri (350 MG Daily Dose) Tablet Therapy Pack 150 & 200 MG Oral
- Xcopri Tablet 100 MG Oral
- Xcopri Tablet 150 MG Oral
- Xcopri Tablet 200 MG Oral
- Xcopri Tablet 25 MG Oral
- Xcopri Tablet 50 MG Oral
- Xcopri Tablet Therapy Pack 14 x 12.5 MG & 14 x 25 MG Oral
- Xcopri Tablet Therapy Pack 14 x 150 MG & 14 x 200 MG Oral
- Xcopri Tablet Therapy Pack 14 x 50 MG & 14 x 100 MG Oral

## Details

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|                 |  |
|-----------------|--|
| <b>Criteria</b> | You must have taken the following drugs: two (2) formulary anti-convulsants. |
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# Anti-Depressants

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## Products Affected

- Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 120 MG Oral
- Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 20 MG Oral
- Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 40 MG Oral
- Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 80 MG Oral
- Fetzima Titration Capsule ER 24 Hour Therapy Pack 20 & 40 MG Oral
- Vilazodone HCl Tablet 10 MG Oral
- Vilazodone HCl Tablet 20 MG Oral
- Vilazodone HCl Tablet 40 MG Oral

## Details

|                 |  |
|-----------------|--|
| <b>Criteria</b> | You must have taken two (2) of the following drugs: a selective serotonin reuptake inhibitor (SSRI) or a serotonin norepinephrine reuptake inhibitor (SNRI). |
|-----------------|--|

# Anti-Seizure

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## Products Affected

- cloBAZam Suspension 2.5 MG/ML Oral
- cloBAZam Tablet 10 MG Oral
- cloBAZam Tablet 20 MG Oral
- Rufinamide Suspension 40 MG/ML Oral
- Rufinamide Tablet 200 MG Oral
- Rufinamide Tablet 400 MG Oral
- Sympazan Film 10 MG Oral
- Sympazan Film 20 MG Oral
- Sympazan Film 5 MG Oral

## Details

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| Criteria   |
|--|
| You must have taken lamotrigine and topiramate within the past 180 days. |

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# Asthma

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## Products Affected

- Advair HFA Aerosol 115-21 MCG/ACT Inhalation
- Advair HFA Aerosol 230-21 MCG/ACT Inhalation
- Advair HFA Aerosol 45-21 MCG/ACT Inhalation
- Fluticasone-Salmeterol Aerosol Powder Breath Activated 100-50 MCG/ACT Inhalation
- Fluticasone-Salmeterol Aerosol Powder Breath Activated 100-50 MCG/DOSE Inhalation
- Fluticasone-Salmeterol Aerosol Powder Breath Activated 250-50 MCG/ACT Inhalation
- Fluticasone-Salmeterol Aerosol Powder Breath Activated 250-50 MCG/DOSE Inhalation
- Fluticasone-Salmeterol Aerosol Powder Breath Activated 500-50 MCG/ACT Inhalation
- Fluticasone-Salmeterol Aerosol Powder Breath Activated 500-50 MCG/DOSE Inhalation
- Wixela Inhub Aerosol Powder Breath Activated 100-50 MCG/ACT Inhalation
- Wixela Inhub Aerosol Powder Breath Activated 100-50 MCG/DOSE Inhalation
- Wixela Inhub Aerosol Powder Breath Activated 250-50 MCG/ACT Inhalation
- Wixela Inhub Aerosol Powder Breath Activated 250-50 MCG/DOSE Inhalation
- Wixela Inhub Aerosol Powder Breath Activated 500-50 MCG/ACT Inhalation
- Wixela Inhub Aerosol Powder Breath Activated 500-50 MCG/DOSE Inhalation

## Details

|                 |  |
|-----------------|--|
| <b>Criteria</b> | You must have taken one of the following drugs in the past 150 days: beclomethasone inhaled, mometasone inhaled, budesonide inhaled, budesonide/formoterol inhaled, tiotropium inhaled, ipratropium inhaled, or ipratropium/albuterol inhaled. |
|-----------------|--|

# Atypical Anti-Psychotics

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## Products Affected

- Asenapine Maleate Tablet Sublingual 10 MG Sublingual
- Asenapine Maleate Tablet Sublingual 2.5 MG Sublingual
- Asenapine Maleate Tablet Sublingual 5 MG Sublingual
- Fanapt Tablet 1 MG Oral
- Fanapt Tablet 10 MG Oral
- Fanapt Tablet 12 MG Oral
- Fanapt Tablet 2 MG Oral
- Fanapt Tablet 4 MG Oral
- Fanapt Tablet 6 MG Oral
- Fanapt Tablet 8 MG Oral
- Lurasidone HCl Tablet 120 MG Oral
- Lurasidone HCl Tablet 20 MG Oral
- Lurasidone HCl Tablet 40 MG Oral
- Lurasidone HCl Tablet 60 MG Oral
- Lurasidone HCl Tablet 80 MG Oral
- Paliperidone ER Tablet Extended Release 24 Hour 1.5 MG Oral
- Paliperidone ER Tablet Extended Release 24 Hour 3 MG Oral
- Paliperidone ER Tablet Extended Release 24 Hour 6 MG Oral
- Paliperidone ER Tablet Extended Release 24 Hour 9 MG Oral

## Details

|                 |  |
|-----------------|--|
| <b>Criteria</b> | You must have taken the following drugs: two (2) atypical anti-psychotics. |
|-----------------|--|

# Belsomra (suvorexant)

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## Products Affected

- Belsomra TABLET 10 MG ORAL
- Belsomra TABLET 15 MG ORAL
- Belsomra TABLET 20 MG ORAL
- Belsomra TABLET 5 MG ORAL
- DayVigo Tablet 10 MG Oral
- DayVigo Tablet 5 MG Oral

## Details

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|                 |  |
|-----------------|--|
| <b>Criteria</b> | You must have taken one (1) of the following drugs: eszopiclone, ramelteon, temazepam, trazodone, triazolam, zaleplon or zolpidem. |
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# Clozapine ODT

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## Products Affected

- CloZAPine Tablet Dispersible 100 MG Oral
- cloZAPine Tablet Dispersible 12.5 MG Oral
- cloZAPine Tablet Dispersible 150 MG Oral
- cloZAPine Tablet Dispersible 200 MG Oral
- CloZAPine Tablet Dispersible 25 MG Oral

## Details

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| Criteria | Must have taken the non-ODT form of clozapine within the past 180 days |
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|----------|--|

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# Delzicol (mesalamine)

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## Products Affected

- Mesalamine Capsule Delayed Release 400 MG Oral

## Details

|                 |  |
|-----------------|--|
| <b>Criteria</b> | You must have taken one (1) of the following drugs: balsalazide or sulfasalazine within the past 120 days. |
|-----------------|--|

# Diabetes

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## Products Affected

- Alogliptin Benzoate Tablet 12.5 MG Oral
- Alogliptin Benzoate Tablet 25 MG Oral
- Alogliptin Benzoate Tablet 6.25 MG Oral
- Alogliptin-metFORMIN HCl Tablet 12.5-1000 MG Oral
- Alogliptin-metFORMIN HCl Tablet 12.5-500 MG Oral
- Alogliptin-Pioglitazone Tablet 12.5-15 MG Oral
- Alogliptin-Pioglitazone Tablet 12.5-30 MG Oral
- Alogliptin-Pioglitazone Tablet 12.5-45 MG Oral
- MG Oral
- Alogliptin-Pioglitazone Tablet 25-15 MG Oral
- Alogliptin-Pioglitazone Tablet 25-30 MG Oral
- Alogliptin-Pioglitazone Tablet 25-45 MG Oral
- Repaglinide-metFORMIN HCl Tablet 1-500 MG Oral
- Repaglinide-metFORMIN HCl Tablet 2-500 MG Oral
- Tradjenta Tablet 5 MG Oral

## Details

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| Criteria  |
|---|
| You must have taken metformin within the past 180 days. |

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# Hypertension

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## Products Affected

- Aliskiren Fumarate Tablet 150 MG Oral
- Aliskiren Fumarate Tablet 300 MG Oral

## Details

|                 |  |
|-----------------|--|
| <b>Criteria</b> | You must have taken two (2) of the following drugs: a formulary angiotensin converting enzyme inhibitor (ACE inhibitor), an ACE inhibitor-diuretic combination, an angiotensin II receptor blocker (ARB) or an ARB-diuretic combination. |
|-----------------|--|

# Migranal (dihydroergotamine)

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## Products Affected

- Dihydroergotamine Mesylate Solution 4 MG/ML Nasal

## Details

|                 |   |
|-----------------|---|
| <b>Criteria</b> | Inadequate response to at least two of the following: almotriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan. |
|-----------------|---|

# Over Active Bladder

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## Products Affected

- Tolterodine Tartrate ER Capsule Extended Release 24 Hour 2 MG Oral
- Tolterodine Tartrate ER Capsule Extended Release 24 Hour 4 MG Oral
- Trospium Chloride ER Capsule Extended Release 24 Hour 60 MG Oral

## Details

|                 |   |
|-----------------|---|
| <b>Criteria</b> | You must have taken two (2) of the following drugs: oxybutynin immediate release tablets, oxybutynin extended release tablets, oxybutynin syrup or tolterodine immediate release tablets. |
|-----------------|---|

# Prevymis (letermovir)

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## Products Affected

- Prevymis Tablet 240 MG Oral
- Prevymis Tablet 480 MG Oral

## Details

| Criteria | ST applies to new starts only - You must have taken valganciclovir. |
|----------|---|
|----------|---|

# Reyvow (lasmiditan)

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## Products Affected

- Reyvow Tablet 100 MG Oral
- Reyvow Tablet 50 MG Oral

## Details

|                 |  |
|-----------------|--|
| <b>Criteria</b> | You must have taken sumatriptan, naratriptan, rizatriptan, almotriptan, frovatriptan, and zolmitriptan |
|-----------------|--|

# Rhopressa (netarsudil)

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## Products Affected

- Rhopressa Solution 0.02 % Ophthalmic

## Details

|                 |  |
|-----------------|--|
| <b>Criteria</b> | You must have taken one (1) of the following drugs in the last 120 days: latanoprost, Lumigan (bimatoprost), travoprost. |
|-----------------|--|



# Rivastigmine Transdermal

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## Products Affected

- Rivastigmine Patch 24 Hour 13.3 MG/24HR Transdermal
- Rivastigmine Patch 24 Hour 4.6 MG/24HR Transdermal
- Rivastigmine Patch 24 Hour 9.5 MG/24HR Transdermal

## Details

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|                 |   |
|-----------------|---|
| <b>Criteria</b> | Must have tried the oral formulations of rivastigmine within the past 180 days. |
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# Trintellix (vortioxetine)

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## Products Affected

- Trintellix Tablet 10 MG Oral
- Trintellix Tablet 20 MG Oral
- Trintellix Tablet 5 MG Oral

## Details

| Criteria | You must have taken the following drugs: two(2) formulary selective serotonin reuptake inhibitors(SSRI). |
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|----------|--|

# Triptans - Almotriptan, Frovatriptan, Zolmitriptan

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## Products Affected

- Almotriptan Malate Tablet 12.5 MG Oral      Oral
- Almotriptan Malate Tablet 6.25 MG Oral      • ZOLMitriptan Tablet 2.5 MG Oral
- Frovatriptan Succinate Tablet 2.5 MG      • ZOLMitriptan Tablet 5 MG Oral

## Details

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|                 |  |
|-----------------|--|
| <b>Criteria</b> | You must have taken any two (2) of the following in the past 180 days: sumatriptan (tablets, nasal spray, or injection), naratriptan or rizatriptan. |
|-----------------|--|

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# Vascepa (icosapent)

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## Products Affected

- Icosapent Ethyl Capsule 1 GM Oral

## Details

|                 |  |
|-----------------|--|
| <b>Criteria</b> | Member has had an inadequate response to omega-3=acid ethyl esters oral capsules |
|-----------------|--|

# Xopenex HFA (levalbuterol)

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## Products Affected

- Levalbuterol Tartrate Aerosol 45 MCG/ACT Inhalation

## Details

| Criteria |   |
|----------|---|
|          | You must have taken albuterol within the past 120 days. |

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Número de identificación de la lista de medicamentos 0025429

Versión 030

Fecha la última actualización: 03/19/2025

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|   |   |
|---|---|
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**Z**

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## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-592-7737 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-592-7737 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Navajo/Diné:** Díí ats'íís dóó azeé' bínda'í dííkidgo, Dinék'ehjí yadalt'iigi ła' bich'í' hadíídzih. Béésh bee hane'é t'áá jíí'k'e be' hódíílnih 1-855-592-7737 (TTY: 711).

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-592-7737 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-592-7737 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-592-7737 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-592-7737 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-855-592-7737 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-592-7737 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-592-7737 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-592-7737 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-855-592-7737 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे 4 या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मु 4 दुर्भाग्य सेवाएँ उपलब्ध हैं। एक दुर्भाग्य प्रारम्भ करने के लिए, बस हम 1-855-592-7737 (TTY: 711) पर फोन करें। कोई भी जो हिंदी बोलता है आपकी मदद कर सकता है। यह एक मु 4 सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-592-7737 (TTY: 711). Un nostro incaricato che parla Italiani fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-592-7737 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-592-7737 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-592-7737 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-855-592-7737 (TTY: 711) にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。