

**Presbyterian Senior Care (HMO) / (HMO-POS)
Presbyterian Dual Plus (HMO D-SNP)
Criterios de escalonada de la lista de medicamentos cubiertos
Entra en vigor el 1º de abril del 2026**

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:



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



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

Del 1º 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

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 2028.

Anti-Convulsant

Products Affected

- 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
- Eslicarbazepine Acetate Tablet 200 MG Oral
- Eslicarbazepine Acetate Tablet 400 MG Oral
- Eslicarbazepine Acetate Tablet 600 MG Oral
- Eslicarbazepine Acetate Tablet 800 MG Oral
- Fycompa Suspension 0.5 MG/ML 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
- Perampanel Suspension 0.5 MG/ML Oral
- Perampanel Tablet 10 MG Oral
- Perampanel Tablet 12 MG Oral
- Perampanel Tablet 2 MG Oral
- Perampanel Tablet 4 MG Oral
- Perampanel Tablet 6 MG Oral
- Perampanel Tablet 8 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

Criteria	You must have taken the following drugs: two (2) formulary anti-convulsants.
-----------------	--

Y0055_MPC102526_SPAN_NSR_C_10082025

Número de identificación de la lista de medicamentos 0026395

Versión 042

Fecha la última actualización: 03/24/2026

Página | 2

Anti-Depressants

Products Affected

- Exxua Tablet Extended Release 24 Hour 18.2 MG Oral
- Exxua Tablet Extended Release 24 Hour 36.3 MG Oral
- Exxua Tablet Extended Release 24 Hour 54.5 MG Oral
- Exxua Tablet Extended Release 24 Hour 72.6 MG Oral
- Exxua Titration Pack Tablet Extended Release 24 Hour 18.2 MG Oral
- 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

Criteria	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

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

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

Y0055_MPC102526_SPAN_NSR_C_10082025

Número de identificación de la lista de medicamentos 0026395

Versión 042

Fecha la última actualización: 03/24/2026

Página | 4

Asthma

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
- 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

Criteria	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, tiotropium/olodaterol inhaled, ipratropium inhaled, or ipratropium/albuterol inhaled.
-----------------	---

Atypical Anti-Psychotics

Products Affected

- Asenapine Maleate Tablet Sublingual 10 MG Sublingual
- Asenapine Maleate Tablet Sublingual 2.5 MG Sublingual
- Asenapine Maleate Tablet Sublingual 5 MG Sublingual
- 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

Criteria	You must have taken the following drugs: two (2) atypical anti-psychotics.
-----------------	--

Belsomra (suvorexant)

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

Criteria	You must have taken one (1) of the following drugs: eszopiclone, ramelteon, temazepam, trazodone, triazolam, zaleplon or zolpidem.
----------	--

Y0055_MPC102526_SPAN_NSR_C_10082025

Número de identificación de la lista de medicamentos 0026395

Versión 042

Fecha la última actualización: 03/24/2026

Página | 7

Clozapine ODT

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

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

Hypertension

Products Affected

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

Details

Criteria	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)

Products Affected

- Dihydroergotamine Mesylate Solution 4
MG/ML Nasal

Details

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

Y0055_MPC102526_SPAN_NSR_C_10082025

Número de identificación de la lista de medicamentos 0026395

Versión 042

Fecha la última actualización: 03/24/2026

Página | 10

Prevymis (letermovir)

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.
----------	---

Y0055_MPC102526_SPAN_NSR_C_10082025

Número de identificación de la lista de medicamentos 0026395

Versión 042

Fecha la última actualización: 03/24/2026

Página | 11

Rhopressa (netarsudil)

Products Affected

- Rhopressa Solution 0.02 % Ophthalmic

Details

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

Y0055_MPC102526_SPAN_NSR_C_10082025

Número de identificación de la lista de medicamentos 0026395

Versión 042

Fecha la última actualización: 03/24/2026

Página | 12

Rivastigmine Transdermal

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

Criteria	Must have tried the oral formulations of rivastigmine within the past 180 days.
-----------------	---

Y0055_MPC102526_SPAN_NSR_C_10082025

Número de identificación de la lista de medicamentos 0026395

Versión 042

Fecha la última actualización: 03/24/2026

Página | 13

Trintellix (vortioxetine)

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).
-----------------	--

Triptans - Almotriptan, Frovatriptan, Zolmitriptan

Products Affected

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

Details

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

Vascepa (icosapent)

Products Affected

- Icosapent Ethyl Capsule 1 GM Oral

Details

Criteria	Member has had an inadequate response to omega-3=acid ethyl esters oral capsules
-----------------	--

Y0055_MPC102526_SPAN_NSR_C_10082025

Número de identificación de la lista de medicamentos 0026395

Versión 042

Fecha la última actualización: 03/24/2026

Página | 16

Xopenex HFA (levalbuterol)

Products Affected

- Levalbuterol Tartrate Aerosol 45
MCG/ACT Inhalation

Details

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

Y0055_MPC102526_SPAN_NSR_C_10082025

Número de identificación de la lista de medicamentos 0026395

Versión 042

Fecha la última actualización: 03/24/2026

Página | 17

Index

A

Advair HFA Aerosol 115-21 MCG/ACT	
Inhalation	5
Advair HFA Aerosol 230-21 MCG/ACT	
Inhalation	5
Advair HFA Aerosol 45-21 MCG/ACT	
Inhalation	5
Aliskiren Fumarate Tablet 150 MG Oral....	9
Aliskiren Fumarate Tablet 300 MG Oral....	9
Almotriptan Malate Tablet 12.5 MG Oral	15
Almotriptan Malate Tablet 6.25 MG Oral	15
Asenapine Maleate Tablet Sublingual 10	
MG Sublingual.....	6
Asenapine Maleate Tablet Sublingual 2.5	
MG Sublingual.....	6
Asenapine Maleate Tablet Sublingual 5 MG	
Sublingual	6

B

Belsomra TABLET 10 MG ORAL.....	7
Belsomra TABLET 15 MG ORAL.....	7
Belsomra TABLET 20 MG ORAL.....	7
Belsomra TABLET 5 MG ORAL.....	7
Briviact Solution 10 MG/ML Oral	2
Briviact Tablet 10 MG Oral.....	2
Briviact Tablet 100 MG Oral.....	2
Briviact Tablet 25 MG Oral.....	2
Briviact Tablet 50 MG Oral.....	2
Briviact Tablet 75 MG Oral.....	2

C

cloBAZam Suspension 2.5 MG/ML Oral...	4
cloBAZam Tablet 10 MG Oral.....	4
cloBAZam Tablet 20 MG Oral.....	4
cloZAPine Tablet Dispersible 100 MG Oral	
.....	8
cloZAPine Tablet Dispersible 12.5 MG Oral	
.....	8
cloZAPine Tablet Dispersible 150 MG Oral	
.....	8
cloZAPine Tablet Dispersible 200 MG Oral	
.....	8
cloZAPine Tablet Dispersible 25 MG Oral	8

D

DayVigo Tablet 10 MG Oral	7
DayVigo Tablet 5 MG Oral	7
Diacomit Capsule 250 MG Oral	2
Diacomit Capsule 500 MG Oral	2
Diacomit Packet 250 MG Oral	2
Diacomit Packet 500 MG Oral	2
Dihydroergotamine Mesylate Solution 4	
MG/ML Nasal.....	10

E

Eprontia Solution 25 MG/ML Oral.....	2
Eslicarbazepine Acetate Tablet 200 MG	
Oral	2
Eslicarbazepine Acetate Tablet 400 MG	
Oral	2
Eslicarbazepine Acetate Tablet 600 MG	
Oral	2
Eslicarbazepine Acetate Tablet 800 MG	
Oral	2
Exxua Tablet Extended Release 24 Hour	
18.2 MG Oral.....	3
Exxua Tablet Extended Release 24 Hour	
36.3 MG Oral	3
Exxua Tablet Extended Release 24 Hour	
54.5 MG Oral	3
Exxua Tablet Extended Release 24 Hour	
72.6 MG Oral	3
Exxua Titration Pack Tablet Extended	
Release 24 Hour 18.2 MG Oral	3

F

Fetzima CAPSULE EXTENDED	
RELEASE 24 HOUR 120 MG Oral	3
Fetzima CAPSULE EXTENDED	
RELEASE 24 HOUR 20 MG Oral	3
Fetzima CAPSULE EXTENDED	
RELEASE 24 HOUR 40 MG Oral	3
Fetzima CAPSULE EXTENDED	
RELEASE 24 HOUR 80 MG Oral	3
Fetzima Titration Capsule ER 24 Hour	
Therapy Pack 20 & 40 MG Oral.....	3

Y0055_MPC102526_SPAN_NSR_C_10082025

Número de identificación de la lista de medicamentos 0026395

Versión 042

Fecha la última actualización: 03/24/2026

Página | 18

Fluticasone-Salmeterol Aerosol Powder Breath Activated 100-50 MCG/ACT Inhalation	5	Perampanel Tablet 4 MG Oral.....	2
Fluticasone-Salmeterol Aerosol Powder Breath Activated 100-50 MCG/DOSE Inhalation	5	Perampanel Tablet 6 MG Oral.....	2
Fluticasone-Salmeterol Aerosol Powder Breath Activated 250-50 MCG/ACT Inhalation	5	Perampanel Tablet 8 MG Oral.....	2
Fluticasone-Salmeterol Aerosol Powder Breath Activated 250-50 MCG/DOSE Inhalation	5	Prevymis Tablet 240 MG Oral.....	11
Fluticasone-Salmeterol Aerosol Powder Breath Activated 500-50 MCG/ACT Inhalation	5	Prevymis Tablet 480 MG Oral.....	11
Fluticasone-Salmeterol Aerosol Powder Breath Activated 500-50 MCG/DOSE Inhalation	5	R	
Frovatriptan Succinate Tablet 2.5 MG Oral	15	Rhopressa Solution 0.02 % Ophthalmic ...	12
Fycompa Suspension 0.5 MG/ML Oral.....	2	Rivastigmine Patch 24 Hour 13.3 MG/24HR Transdermal	13
I		Rivastigmine Patch 24 Hour 4.6 MG/24HR Transdermal	13
Icosapent Ethyl Capsule 1 GM Oral	16	Rivastigmine Patch 24 Hour 9.5 MG/24HR Transdermal	13
L		Rufinamide Suspension 40 MG/ML Oral...	4
Lacosamide Solution 10 MG/ML Oral.....	2	Rufinamide Tablet 200 MG Oral.....	4
Lacosamide Tablet 100 MG Oral	2	Rufinamide Tablet 400 MG Oral.....	4
Lacosamide Tablet 150 MG Oral	2	S	
Lacosamide Tablet 200 MG Oral	2	Sympazan Film 10 MG Oral.....	4
Lacosamide Tablet 50 MG Oral	2	Sympazan Film 20 MG Oral.....	4
Levalbuterol Tartrate Aerosol 45 MCG/ACT Inhalation	17	Sympazan Film 5 MG Oral.....	4
P		T	
Paliperidone ER Tablet Extended Release 24 Hour 1.5 MG Oral.....	6	Trintellix Tablet 10 MG Oral.....	14
Paliperidone ER Tablet Extended Release 24 Hour 3 MG Oral.....	6	Trintellix Tablet 20 MG Oral.....	14
Paliperidone ER Tablet Extended Release 24 Hour 6 MG Oral.....	6	Trintellix Tablet 5 MG Oral.....	14
Paliperidone ER Tablet Extended Release 24 Hour 9 MG Oral.....	6	V	
Perampanel Suspension 0.5 MG/ML Oral..	2	Vilazodone HCl Tablet 10 MG Oral.....	3
Perampanel Tablet 10 MG Oral.....	2	Vilazodone HCl Tablet 20 MG Oral.....	3
Perampanel Tablet 12 MG Oral.....	2	Vilazodone HCl Tablet 40 MG Oral.....	3
Perampanel Tablet 2 MG Oral.....	2	W	
		Wixela Inhub Aerosol Powder Breath Activated 100-50 MCG/ACT Inhalation	5
		Wixela Inhub Aerosol Powder Breath Activated 100-50 MCG/DOSE Inhalation	5
		Wixela Inhub Aerosol Powder Breath Activated 250-50 MCG/ACT Inhalation	5
		Wixela Inhub Aerosol Powder Breath Activated 250-50 MCG/DOSE Inhalation	5
		Wixela Inhub Aerosol Powder Breath Activated 500-50 MCG/ACT Inhalation	5
		Wixela Inhub Aerosol Powder Breath Activated 500-50 MCG/DOSE Inhalation	5

Y0055_MPC102526_SPAN_NSR_C_10082025

Número de identificación de la lista de medicamentos 0026395

Versión 042

Fecha la última actualización: 03/24/2026

Página | 19

X

Xcopri (250 MG Daily Dose) Tablet Therapy Pack 100 & 150 MG Oral.....	2
Xcopri (250 MG Daily Dose) Tablet Therapy Pack 50 & 200 MG Oral.....	2
Xcopri (350 MG Daily Dose) Tablet Therapy Pack 150 & 200 MG Oral.....	2
Xcopri Tablet 100 MG Oral.....	2
Xcopri Tablet 150 MG Oral.....	2
Xcopri Tablet 200 MG Oral.....	2
Xcopri Tablet 25 MG Oral.....	2

Xcopri Tablet 50 MG Oral.....	2
Xcopri Tablet Therapy Pack 14 x 12.5 MG & 14 x 25 MG Oral.....	2
Xcopri Tablet Therapy Pack 14 x 150 MG & 14 x200 MG Oral.....	2
Xcopri Tablet Therapy Pack 14 x 50 MG & 14 x100 MG Oral.....	2

Z

ZOLMitriptan Tablet 2.5 MG Oral.....	15
ZOLMitriptan Tablet 5 MG Oral.....	15

Notice of Availability

English	ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-592-7737 (TTY: 711) or speak to your provider.
Spanish Español	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-592-7737 (TTY: 711) o hable con su proveedor.
Navajo Diné	SHOOH: Diné bee yánítí'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiiik'eh ná hóló. Bee ahíł hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'í'ígíí éí t'áá jiiik'eh hóló. Kohjí' 1-855-592-7737 (TTY:711) hodíilnih doodago nika'análwo'í bich'í' hanidziih.
Vietnamese Việt	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-855-592-7737 (Người khuyết tật: TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.
German Deutsch	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-855-592-7737 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
Chinese Simplified 简体中文	注意：如果您使用简体中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以提供无障碍格式版信息。请拨打 1-855-592-7737 (TTY: 711) 或咨询您的服务提供者。
Chinese Traditional 繁體中文	注意：如果您使用繁體中文，我們將免費為您提供語言協助服務。我們還免費提供適當的輔助工具和服务，以提供無障礙格式版資訊。請致電 1-855-592-7737 (TTY:711) 或諮詢您的服務提供者。
Japanese 日本語	注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-855-592-7737 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。
Filipino	ATTENTION: Kung marunong kang magsalita ng Filipino, makakagamit ka ng mga libreng serbisyo sa tulong sa wika. Ang mga angkop na karagdagang tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din nang libre. Tumawag sa 1-855-592-7737 (TTY: 711) o makipag-usap sa iyong provider.
Korean 한국어	주의: 한국어를 사용하는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구 및 서비스도 무료로 제공됩니다. 1-855-592-7737(TTY: 711)로 전화하거나 서비스 제공업체에 문의하세요.

French Français	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-592-7737 (TTY : 711) ou parlez à votre fournisseur.
Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-592-7737 (TTY: 711) o makipag-usap sa iyong provider.
Russian РУССКИЙ	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-592-7737 (TTY: 711) или обратитесь к своему поставщику услуг.
Urdu اردو	توجہ دیں: اگر آپ اردو بولتے ہیں تو، مفت لسانی اعانت کی خدمات آپ کے لیے دستیاب ہیں۔ مناسب ضمنی امداد اور خدمات بھی قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے بلا معاوضہ دستیاب ہیں۔ (TTY: 711) 1-855-592-7737 پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Nepali नेपाली	ध्यान दिनुहोस्: तपाईं नेपाली बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायक सहायताहरू र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-855-592-7737 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।
Bengali বাংলা	মনোযোগ দিন: আপনি যদি বাংলায় কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা আপনার জন্য উপলব্ধ। অ্যাক্সেসযোগ্য ফর্ম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সहाয়তা এবং পরিষেবাগুলিও বিনামূল্যে পাওয়া যায়। 1-855-592-7737 (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।
Hindi हिंदी	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक सहायताएँ और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-855-592-7737 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Arabic اللغة العربية	تنبيه: إذا كنت تتحدث العربية، فمتاح لك خدمات لغوية بالمجان. و متاح بالمجان أيضًا مساعدات وخدمات إضافية مناسبة لتقديم المعلومات بتنسيقات يسهل الحصول عليها. اتصل بالرقم (1-855-592-7737) خدمة الهاتف النصي أو تحدث إلى مزود الخدمة المعني بك.
Turkish Türkçe	DİKKATİNİZE: Türkçe biliyorsanız, ücretsiz dil destek hizmetlerinden faydalanabilirsiniz. Ayrıca ücretsiz olarak, uygun yardımcı araçlarla ve hizmetlerle erişilebilir formatlarda bilgi de sağlanmaktadır. 1-855-592-7737 (TTY (İşitme ve Konuşma Engelli Destek Hattı): 711) numaralı telefondan bize ulaşabilir veya hizmet sağlayıcınız ile görüşebilirsiniz.