



Kaiser Permanente Colorado Specialty

Kaiser Permanente utilizes a list of medications that are considered to be specialty drugs. Specialty drugs include self-administered injectables, medications that are typically high cost or medications that require special dispensing and/or monitoring. Some prescription drug plans have a different cost share for specialty drugs. The details of your prescription drug plan can be found in your *Evidence of Coverage, Membership Agreement, or Certificate of Insurance*. This listing does not apply to the Federal Employees Health Benefits (FEHB) plans.

Kaiser Permanente utilizes drug formularies. A drug formulary includes the list of prescription drugs that are preferred and have been approved for our Members. Coverage under your prescription drug plan is determined by the drug formulary; however, many drug plans have specific exclusions, copays or coinsurances that are not reflected in the drug formularies. The drug formularies can be found at **kp.org**. All drug product strengths, formulations, and package sizes &/or types of a formulary drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification, if needed. Please refer to the formulary at **kp.org** for a complete listing. Drugs designated as non-formulary are not covered unless Kaiser Permanente determines that they are medically necessary through the formulary exception process.

Kaiser Permanente Colorado Commercial Specialty Tier Drug List

Bold = Formulary & *Italics = Non-Formulary* require authorization through the formulary exception process.

The Specialty Tier drug list is subject to change at any time.

ABACAVIR SULFATE-LAMIVUDINE	<i>AMPYRA (Brand Only)</i>	<i>BETHKIS NEB</i>
ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE	AMRIX	BIMZELX
ABELCET	AMYTAL SODIUM	BIVIGAM
ABILIFY MAINTENA	ANADROL-50	BOSENTAN
ABILIFY MYCITE	ANCOBON	BOSULIF
ABRILADA	APOKYN	BRAFTOVI
ABSORICA LD	AQNEURSA PACK	BRAVELLE
ACTEMRA (INJ)	AQUASOL	BRONCHITOL
ACTHAR GEL AUTOINJ	ARANESP	BROVANA
ACTIMMUNE	ARAKODA	BRYHALI LOTION
ADAGEN	ARCALYST	BRIVIACT
ADALIMUMAB-RYVK	ARIKAYCE SUSP	BRUKINSA
ADAPALENE SOLN	ARIXTRA	BUNAVAIL
ADBRY 150 MG/ML	ARYMO	BUPHENYL POW
ADBRY 300 MG/ML	ATAZANAVIR	BYLVAY
ADCIRCA (Brand Only)	ATOVAQUONE	BYNFEZIA PEN
ADEFOVIR DIPIVOXIL	ATRIPLA	CABLIVI KIT
ADEMPAS	ATTRUBY	CABOMETYX
AFINITOR	<i>AUBAGIO (Brand Only)</i>	CALQUENCE CAPS
AFINITOR DISPERZ	AUGTYRO	CALQUENCE TABS
AGAMREE SUSP	AURYXIA	CAMPATH
AKEEGA	AUSTEDO	CAMZYOS
AKLIEF CREAM	AUSTEDO XR	CANCIDAS
ALDURAZYME	AUVELITY	CAPASTAT SULFATE
ALFERON N	AUVI-Q	CAPLYTA
ALINIA	AVONEX	CAPRELSA
ALKINDI	AYVAKIT	CARBAGLU
ALUNBRIG	BAFIERTAM	CASPOFUNGIN ACETATE
ALVAIZ	BAL IN OIL	CATAFLAM
ALYFTREK	BALVERSA	CAYSTON
AMBISOME	BANZEL	CERDELGA
AMPHADASE	<i>BARACLUDE (Brand Only)</i>	CETROTIDE
AMPHOTERICIN	BAXDELA	CHLORZOXAZONE
	BEBULIN	CHOLBAM
	BENEFIX	CHORIONIC GONADOTROPIN
	BESREMI	

CIBINQO	DIHYDROERGOTAMINE MESYLATE NASAL SOLN	<i>EPINEPHRINE/PF (Brand Only)</i>
CIMZIA	<i>DIPENTUM</i>	EPOGEN
CINACALCET	<i>DOPTELET</i>	<i>EPSOLAY CREAM</i>
<i>CINQAIR</i>	<i>DORIBAX</i>	<i>EPZICOM</i>
<i>COBENFY</i>	<i>DORYX MPC</i>	<i>ERLEADA</i>
<i>COMETRIQ</i>	<i>DOXYCYCLINE HYCLATE EC (80mg)</i>	<i>ERIVEDGE</i>
COMPLERA	<i>DUAKLIR PRESSAIR</i>	ERTAPENEM SODIUM
<i>COPAXONE 20MG & 40MG (Brand Only)</i>	<i>DUOBRII LOTION</i>	<i>ESOMEPRAZOLE SODIUM</i>
<i>COPIKTRA</i>	<i>DUPIXENT SOSY 100 MG/0.67ML</i>	ETHACRYNATE SODIUM
COSENTYX INJ 150 MG/ML	DUPIXENT SOSY 200 MG/1.14ML	<i>EULEXIN (Brand Only)</i>
<i>COSENTYX SOSY 75 MG/0.5ML</i>	DUPIXENT SOSY 300 MG/2ML	<i>EVOMELA</i>
<i>COSENTYX UNOREADY SOAJ 300 MG/2ML</i>	DUPIXENT SOPN 300 MG/2ML	<i>EVOTAZ</i>
<i>COXANTO</i>	<i>DUPIXENT SOPN 200 MG/1.14ML</i>	<i>EVRYSDI</i>
<i>CRENESSITY</i>	<i>DUVYZAT</i>	<i>EVZIO</i>
<i>CRESEMBA CAPS</i>	<i>DYSPORT</i>	<i>EXJADE (Brand Only)</i>
<i>CUBICIN</i>	<i>EBGLYSS</i>	<i>EXKIVITY</i>
<i>CUPRIMINE (Brand Only)</i>	EDURANT	<i>EXSERVAN</i>
<i>CUTAQUIG SOLN</i>	<i>EGRIFTA</i>	<i>EXONDYS</i>
<i>CUVRIOR</i>	<i>ELEPSIA XR</i>	<i>FABHALTA</i>
<i>CYLTEZO</i>	<i>ELMIRON</i>	<i>FANAPT</i>
<i>CYSTADANE</i>	EMCYT	<i>FARYDAK</i>
<i>D.H.E.45 (Brand Only)</i>	<i>EMFLAZA</i>	FASENRA PEN
<i>DAKLINZA</i>	<i>EMGALITY (100 mg / ml)</i>	<i>FASLODEX</i>
<i>DANZITEN</i>	<i>EMPAVELI SOLN</i>	<i>FELBATOL (Brand Only)</i>
DARAPRIM	<i>EMPLICITI</i>	<i>FERRIPROX</i>
<i>DAURISMO</i>	<i>EMROSI</i>	<i>FILSPARI</i>
<i>DAYBUE</i>	<i>EMSAM</i>	<i>FILSUVEZ GEL</i>
DEFEROXAMINE MESYLATE	ENBREL	<i>FINTEPLA</i>
<i>DELSTRIGO</i>	<i>ENDARI</i>	<i>FIRAZYR</i>
DEPEN TITRATABS	<i>ENSPRYNG</i>	<i>FIRDAPSE</i>
DESCOVY	<i>ENTOCORT EC CPEP (Brand Only)</i>	<i>FIRMAGON</i>
<i>DESFERAL</i>	<i>ENTYVIO</i>	<i>FLEBOGAMMA</i>
DEFERASIROX	<i>EOHILIA SUSP</i>	<i>FLEQSUVY SUSP</i>
<i>DIACOMIT</i>	EPCLUSA	FLUCYTOSINE
<i>DICLOFENAC POTASSIUM TABS 25 MG</i>	<i>EPCLUSA PACK</i>	<i>FOLLISTIM AQ</i>
<i>DICLONA GEL</i>	<i>EPIDIOLEX</i>	FONDAPARINUX SODIUM
<i>DIFICID</i>		FOSAMPRENAVIR CALCIUM
		<i>FOTIVDA</i>
		<i>FRAGMIN</i>
		<i>FRUZAQLA</i>
		<i>FULPHILA</i>

FUROSCIX	HUMIRA PSKT 10 MG / 0.1ML	ISENTRESS HD TABS
FUZEON	HYDROCORTISONE ACE-PRAMOXINE SUPP	ISENTRESS PACK
FYCOMPA	HYLENEX	ISENTRESS TABS
FYLNETRA	HYPERHEP	ISTURISA
GABARONE	HYPERHEP B	IWILFIN
GALAFOLD	HYPERRAB	JADENU (Brand Only)
GAMASTAN S-D	HYFTOR GEL	JADENU SPRINKLE
GAMMAGARD	HYRIMOZ	JAKAFI
GAMMAPLEX	HYQVIA	JAYPIRCA
GAMUNEX-C 40 G/400ML	IBSRELA	JATENZO
GATTEX	IBRANCE	JESDUVROQ
GAVRETO	ICATIBANT ACETATE	JOENJA
GEMZAR (Brand Only)	ICLUSIG	JULUCA
GENOTROPIN	IDACIO	JUXTAPID
GILENYA 0.5 MG (Brand Only)	IDELVION	JYLAMVO
GILENYA 0.25 MG (Brand Only)	IDHIFA	JYNARQUE
GILOTRIF	ILARIS	KALBITOR
GIMOTI	IMBRUVICA	KALETRA SOLN
GLEEVEC (Brand Only)	IMBRUVICA TABS 560 MG	KALETRA TABS
GLYCATE	IMBRUVICA SUSP 70 MG/ML	KALYDECO
GOCOVRI	IMFINZI	KCENTRA
GONAL-F RFF	IMKELDI	KEPIVANCE
GONAL-F RFF REDI-JECT	IMITREX INJ (Brand Only)	KESIMPTA
GRANIX	IMPAVIDO	KEVEYIS
HADLIMA	INBRIJA	KEVZARA
HAEGARDA	INCIVEK	KINERET
HALOG	INCRELEX	KISQALI
HARVONI 45-200 MG	INDOCIN SUPP	KITABIS PAK NEB
HARVONI 90-400 MG	INFLATHERM KIT	KLISYRI OINT
HARVONI PACK	INGREZZA	KORLYM
HEMABATE	INLYTA	KOSELUGO
HEPAGAM B	INQOVI	KUVAN / JAVYGTOR
HEPSERA (Brand Only)	INREBIC	KYNAMRO
HETLIOZ	INTELENCE	KYNMOBI FILM
HEXALEN	INVANZ	LAPATINIB DITOSYLATE
HIZENTRA	INVIRASE	LATUDA (Brand Only)
HP ACTHAR	IPRIVASK	LAZCLUZE
HULIO	IQIRVO	LENVIMA
HUMATROPE	IRESSA	LETAIRIS (BRAND ONLY)
HUMIRA	ISENTRESS CHW	LEUKINE
		LEVORPHANOL TARTRATE
		LEXETTE FOAM

LEXIVA 700 MG (Brand Only)	MOUNJARO	ODOMZO
LEXIVA SUS 50MG/ML	MOZOBIL	OFEV
LIBERVANT	MULPLETA	OFIRMEV
LITFULO	MYALEPT FNL	OGSIVEO
LINEZOLID SUSP	MYCAMINE	OHTUVAYRE SUSP
LIQREV	MYCAPSSA	OJEMDA
LIVDELZI	MYCOBUTIN	OJJAARA
LIVMARLI SOLN	MYFEMBREE	OLPRUVA
LIVTENCITY	MYHIBBIN SUSP	OLUMIANT
LOKELMA	NATPARA	OLYSIO
LONHALA MAGNAIR	NATRECOR	OMEZA
LONSURF	NEMLUVIO	OMVOH
LOPINA VIR-RITONAVIR	NERLYNX	ONCASPAR
LORBRENA	NEULASTA	ONFI (Brand Only)
LUCEMYRA	NEUPOGEN	ONGENTYS
LUMAKRAS	NEXAVAR	ONUREG
LUMRYZ	NGENLA	OPSUMIT
LUPKYNIS	NINLARO	OPSYNVI
LYBALVI	NITROFURANTOIN SUSP	OPZELURA
LYNPARZA	NITYR	ORENCIA
LYTGOBI	NIVESTYM	ORENITRAM
MARAVIROC	NORDITROPIN FLEXPRO	ORFADIN
MATULANE	NORTHERA	ORGOVYX
MAVENCLAD	NORVIR	ORIAHNN
MAVYRET	NORVIR 100 MG TAB (Brand Only)	ORILISSA
MAYZENT	NOURIANZ	ORKAMBI
MEKINIST	NOXAFIL	ORLADEYO
MEKTOVI	NPLATE	ORSERDU
MENOPUR	NUBEQA	ORTIKOS
MEPRON	NUCALA SYRINGE (INJ)	OTEZLA 20 MG; 4 x 10 & 51 x20 MG pack
MESNEX	NUEDEXTA	OTEZLA 30 MG; 10 & 20 & 30 MG PACK
METASTRON	NUPLAZID	OTREXUP
METFORMIN HCL TABS 750 MG	NURTEC	OVIDREL
METHOCARBAMOL TABS 1000 MG	NUTRESTORE PACK	OXBRYTA
METYROSINE	NUTROPIN AQ	OXERVATE SOLN
MIEBO SOLN	NUTROPIN AQ NUSPIN	OZOBAX SOLN
MIGRANAL NASAL SOLN	NUZYRA	PALYNZIQ
MIPLYFFA	NYMALIZE	PALFORZIA
MIRCERA	NYPOZI	PANHEMATIN
MOTPOLY	NYVEPRIA	PANRETIN
	OALIVA	PEGASYS SOLN
	OCTAGAM	

PEGINTRON REDIPEN	REZDIFFRA	SAPHRIS SL (Brand Only)
PEMAZYRE	REGRANEX	SCEMBLIX
PHEBURANE PLLT	RELAFEN DS	SECUADO
PHOTOFRIN	RELEUKO	SELZENTRY 25 MG & 75 MG
PIFELTRO	RELISTOR	SELZENTRY 150 MG & 300 MG
PIQRAY	RELYVRIO	SELZENTRY SOLN
PIRFENIDONE 534 MG	RETACRIT SOLN	SENSIPAR
PLEGRIDY	RETAVASE	SEROSTIM
PLEGRIDY PEN	RETIN-A MICRO PUMP GEL 0.06%	SEYSARA
POKONZA PACK	RETIN-A MICRO PUMP GEL 0.08%	SIGNIFOR
POMALYST	RETEVMO	SILIQ
PONVORY	REVATIO	SIMLANDI
PRADAXA PACK	REVATIO SUSP (Brand only)	AUTOINJECTOR
PRALUENT	REVCIVI SOLN	SIROLIMUS SOLN
PREGNYL/NOVAREL 1000 UNIT	REVLIMID	SIRTURO
PRETOMANID	REVUFORJ	SKYCLARYS
PREVYMIS	REXULTI	SKYRIZI
PREZCOBIX	REYATAZ (Brand Only)	SKYTROFA
PREZISTA	REZLIDHIA	SODIUM EDECRIN
PRIVIGEN	REZUROCK	SOFDRA GEL
PROCRIT	RILUTEK (Brand Only)	SOGROYA
PROCYSBI	RINVOQ	SOHONOS
PROMACTA	RIVFLOZA	SOMATULINE DEPOT
PROVAYBLUE	RIXUBIS	SOMAVERT
PULMOZYME	ROLVEDON	SORIATANE (Brand Only)
PURIXAN	ROXYBOND	SORILUX FOAM
PYLERA	ROZLYTREK	SOTYKTU
PYRUKYND	RUBRACA	SOVALDI PACK
QBREXZA PADS	RUKOBIA	SPEVIGO
QINLOCK	RUZURGI	SPRITAM
QULIPTA	RYBELSUS	SPRIX SOLN
RADICAVA	RYDAPT	SPRYCEL
RAPAMUNE SOLN	RYNODERM	STELARA
RAPAMUNE TABS 1mg & 2mg (Brand Only)	SABRIL	STEQEYMA
RASUVO	SAIZEN	STIVARGA
RAVICTI	SAMSCA	STRENSIQ
RAYALDEE	SANDOSTATIN LAR DEPOT	STRIBILD
RAYOS	SANDOSTATIN SOLN (Brand Only)	SUCRAID
REBIF REBIDOSE		SUMAVEL DOSEPRO
REBINYN		SUNLENCA TABS
RECORLEV		SUTENT

SYLATRON	TENOFOVIR DISOPROXIL FUMARATE	TYVASO
SYMDEKO	TEPADINA	TYZEKA
SYMLINPEN	TEPMETKO	UCERIS
SYMPAZAN	TETRABENAZINE	UDENYCA
SYMTUZA	TETRACAINE	UKONIQ
SYNDROS ORAL SOLN	TETRACYCLINE HCL TAB 250 MG	ULTRAVATE
SYNRIBO	TEZSPIRE	UPTRAVI
SYPRINE	THIOLA	VAFSEO
TABRECTA	THIOLA EC	VALCHLOR
TACLONEX OINT (Brand Only)	THIOTEPA	VALCYTE
TACLONEX SUSP	THYROGEN	VALGANCICLOVIR
TADLIQ SUSP	TIBSOVO	VALSARTAN SOLN
TAFINLAR	TIVICAY	VANCOCIN (Brand Only)
TAGRISSO	TIVORBEX	VANFLYTA
TAKHZYRO	TOBI PODHALER	VECAMYL
TALTZ AUTOINJECTOR	TOLSURA	VELCADE
TALTZ SYRINGE	TOSYMRA	VELSIPITY
TALZENNA	TRACLEER (BRAND ONLY)	VELTASSA PACK
TARCEVA (Brand Only)	TREMFYA	VEMLIDY
TARGRETIN	TRIKAFTA TBP	VENCLEXTA
TARPEYO	TRIKAFTA THPK	VENCLEXTA STARTING PACK
TASCENSO ODT	TRISENOX	VENTAVIS 20MG
TASIGNA	TRIENTINE	VENXXIVA
TAVALISSE	TRIUMEQ	VERKAZIA EMUL
TAVNEOS	TRIUMEQ PD	VERQUVO
TAXOTERE	TRIZIVIR	VERZENIO
TAZVERIK	TRUDHESA	VESANOID
TECENTRIQ	TRULICITY	VEVYE SOLN
TECFIDERA 120 MG; 240 MG (Brand Only)	TRUQAP	VFEND SUSP/TAB (Brand Only)
TECFIDERA STARTER PACK	TRUSELTIQ	VIBATIV
TECHNIVIE	TRUVADA (Brand Only)	VIBERZI
TEFLARO	TRUXIMA	VICTRELIS
TEGLUTIK SUSP / TIGLUTIK SUSP	TRYNGOLZA	VIEKIRA PAK
TEGSEDI	TRYVIO	VIEKIRA XR
TEMIXYS	TUKYSA	VIGAFYDE SOLN
TEMODAR 5MG & 20MG (Brand Only)	TURALIO	VIJOICE
TEMOZOLOMIDE 100, 140, 180 & 250MG	TYENNE	VIMIZIM
	TYGACIL	VIRACEPT
	TYKERB	VIREAD
	TYMLOS	VIREAD 300 MG (Brand Only)

VISTOGARD	XATMEP	ZEJULA
VITAMIN K1	XCOPRI	ZELBORAF
VITEKTA	XDEMVY SOLN	ZEMBRACE SYMTOUCH
VITRAKVI	XELJANZ 5 MG	ZEPBOUND
VITRASE	XELJANZ XR 11 MG	ZEPATIER
VIZIMPRO	XELJANZ 22 MG	ZEPOSIA
VOCABRIA	XELJANZ SOLN	ZIEXTENZO
VONJO	XEMBIFY	ZILBRYSQ SOSY
VORANIGO	XENAZINE (Brand Only)	ZINBRYTA
VOTRIENT	XENLETA	ZOFRAN INJ (Brand Only)
VOWST	XEOMIN	ZOKINVY
VOXZOGO	XERMELO	ZOLINZA
VOYDEYA	XIFAXAN	ZOMACTON
VRAYLAR CPPK	XOLAIR SOSY / SOAJ	ZORBtive
VTAMA CREAM	XOLREMDI	ZORTRESS
VUMERITY	XOSPATA	ZTALMY
VYJUVEK GEL	XPHOZAH	ZUBSOLV
VYNDAMAX	XPOVIO	ZURZUVAE
VYNDAQEL	XTANDI CAPS 40 MG	ZYDELIG
WAINUA SOAJ	XTANDI TABS	ZYFLO
WAKIX	XURIDEN	ZYKADIA
WEGOVY SOAJ	XYREM	ZYMFENTRA
WELLBUTRIN XL (Brand Only)	XYWAV SOLN	ZYPREXA RELPREVV
WELIREG	YONSA	ZYTIGA 500 MG
WEZLANA	YORVIPATH	ZYTIGA 250 MG (Brand Only)
WINREVAIR	YUFLYMA	ZYVOX SUSP
WYNZORA	YUPELRI SOLN	ZYVOX 600 MG Tab (Brand Only)
XADAGO	YUSIMRY	
XALKORI	ZARXIO	
XARELTO SUSP	ZAVESCA	
	ZAVZPRET	

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal and state civil rights laws and does not discriminate, exclude people or treat them less favorably on the basis of race, color, national origin (including limited English proficiency and primary language), ancestry, age, disability, sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, gender expression, and sex stereotypes), religion, creed or marital status.

Kaiser Health Plan:

- Provides no-cost auxiliary aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, braille, and accessible electronic formats
- Provides no-cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-632-9700** (TTY **711**).

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, age, disability, sex, (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, gender expression, and sex stereotypes), religion, creed, or marital status, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 10350 E. Dakota Ave, Denver, CO 80247, or by phone at Member Services **1-800-632-9700** (TTY **711**).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, (TTY **1-800-537-7697**). Complaint forms are available at hhs.gov/ocr/office/file/index.html.

This notice is available at

<https://healthy.kaiserpermanente.org/colorado/language-assistance/nondiscrimination-notice>

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-800-632-9700** (TTY **711**).

አማርኛ (Amharic) ትኩረት: አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-800-632-9700** ይደውሉ (TTY **711**)።

العربية (Arabic) تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم **1-800-632-9700** (TTY **711**).

Bàsòò Wùḍù (Bassa) Mbi sog: nia maa Bàsàa, njàl mbom a ka maa njàng ndol ni mbom mi tsoṅ ni soṅ, niṅ ma kénṅen yé, mbi èyem. Wò nàṅ **1-800-632-9700** (TTY **711**)

中文 (Chinese) 注意事項: 如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-800-632-9700** (TTY **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید، «تسهیلات زبانی»، از جمله کمک‌ها و خدمات پشتیبانی مناسب، به صورت رایگان در دسترس‌تان است با **1-800-632-9700** (TTY (تلفن متنی) **711**) تماس بگیرید.

Français (French) ATTENTION: si vous parlez français, des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le **1-800-632-9700** (TTY **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistentz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-800-632-9700** an (TTY **711**).

Igbo (Igbo) TINYE UCHE: Ọ bụrụ na ị na-asụ Igbo, Ọrụ enyemaka nke asụsụ gụnyere udi enyemaka na ọrụ kwesiri ekwesị, n'efu, dị nye gị. Kpọọ **1-800-632-9700** (TTY **711**).

日本語 (Japanese) 注意: 日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。 **1-800-632-9700** までお電話ください (TTY : **711**)。

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-800-632-9700** 로 전화해 주세요(TTY **711**).

Naabeehó (Navajo) DÍÍ BAA AKÓ NÍNÍZIN: Díí saad bee yánítí'go Diné Bizaad, saad bee áká'ánída'áwo'déé', biniit'aa da beeso ndinish'aah t'aala'I bí'aa 'anashwo' doo biniit'aa, t'aadoo baahilinigoo bits'aadoo yeel, t'áá jiik'eh, éí ná hóló, koji' hódíílnih **1-800-632-9700** (TTY **711**).

नेपाली (Nepali) ध्यान दिनुहोस्: यदि तपाईं नेपाली बोल्नुहुन्छ भने, उपयुक्त सहायक सहायता र सेवाहरू सहित भाषा सहायता सेवाहरू, निःशुल्क उपलब्ध छन्। फोन **1-800-632-9700** (TTY: **711**)।

Afaan Oromoo (Oromo) XIYYEEFFANNOO: Yoo Afaan Oromo dubbattu ta'e, Tajaajila gargaarsa afaanii, gargaarsota dabalataa fi tajaajiloota barbaachisoo kaffaltii irraa bilisa ta'an, isiniif ni jira. **1-800-632-9700** irratti bilbilaa (TTY **711**)

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-800-632-9700** (TTY **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-800-632-9700** (TTY **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-800-632-9700** (TTY **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-800-632-9700 (TTY 711)**.

Yorùbá (Yoruba) ÀKÍYÈSÍ: Tí o bá n sọ èdè Yorùbá, àwọn isẹ̀ irànlọ̀wọ̀ èdè tó fi kún àwọn ohun èlò irànlọ̀wọ̀ tó yẹ àti àwọn isẹ̀ láisí idíyelé wà fún ọ. Pe **1-800-632-9700 (TTY 711)**.