



# 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.

<b>ABACAVIR SULFATE-LAMIVUDINE</b>	<i>AMYTAL SODIUM</i>	<i>BOSULIF</i>
<b>ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE</b>	<i>ANADROL-50</i>	<i>BRAFTOVI</i>
<i>ABELCET</i>	<i>ANCOBON</i>	<b>BRAVELLE</b>
<i>ABILIFY MAINTENA</i>	<i>APOKYN</i>	<i>BRONCHITOL</i>
<i>ABILIFY MYCITE</i>	<b>AQUASOL</b>	<i>BROVANA</i>
<i>ABRILADA</i>	<i>ARANESP</i>	<i>BRYHALI LOTION</i>
<i>ABSORICA LD</i>	<i>ARAKODA</i>	<i>BRIVIACT</i>
<b>ACTEMRA (INJ)</b>	<i>ARCALYST</i>	<i>BRUKINSA</i>
<i>ACTIMMUNE</i>	<i>ARIKAYCE SUSP</i>	<i>BUNAVAIL</i>
<b>ADAGEN</b>	<i>ARIXTRA</i>	<i>BUPHENYL POW</i>
<i>ADAPALENE SOLN</i>	<i>ARYMO</i>	<i>BYLVAY</i>
<b>ADBRY</b>	<b>ATAZANAVIR</b>	<i>BYNFEZIA PEN</i>
<b>ADCIRCA (Brand Only)</b>	<b>ATOVAQUONE</b>	<i>CABLIVI KIT</i>
<b>ADEFOVIR DIPIVOXIL</b>	<b>ATRIPLA</b>	<i>CABOMETYX</i>
<i>ADEMPAS</i>	<i>AUBAGIO (Brand Only)</i>	<b>CALQUENCE CAPS</b>
<i>AFINITOR</i>	<i>AUGTYRO</i>	<b>CALQUENCE TABS</b>
<i>AFINITOR DISPERZ</i>	<i>AURYXIA</i>	<i>CAMPATH</i>
<i>AKEEGA</i>	<i>AUSTEDO</i>	<i>CAMZYOS</i>
<i>AKLIEF CREAM</i>	<i>AUSTEDO XR</i>	<i>CANCIDAS</i>
<i>ALDURAZYME</i>	<i>AUVELITY</i>	<i>CAPASTAT SULFATE</i>
<i>ALFERON N</i>	<i>AUVI-Q</i>	<i>CAPLYTA</i>
<i>ALINIA</i>	<b>AVONEX</b>	<i>CAPRELSA</i>
<i>ALKINDI</i>	<i>AYVAKIT</i>	<i>CARBAGLU</i>
<i>ALUNBRIG</i>	<i>BAFIERTAM</i>	<b>CASPOFUNGIN ACETATE</b>
<b>AMBISOME</b>	<b>BAL IN OIL</b>	<i>CATAFLAM</i>
<i>AMJEVITA SOAJ 40 MG &amp; 80 MG</i>	<i>BALVERSA</i>	<b>CAYSTON</b>
<i>AMJEVITA SOSY 20 MG &amp; 40 MG</i>	<i>BANZEL</i>	<i>CERDELGA</i>
<b>AMPHADASE</b>	<i>BARACLUDE (Brand Only)</i>	<i>CETROTIDE</i>
<b>AMPHOTERICIN</b>	<i>BAXDELA</i>	<i>CHLORZOXAZONE</i>
<i>AMPYRA (Brand Only)</i>	<i>BEBULIN</i>	<i>CHOLBAM</i>
<i>AMRIX</i>	<i>BENEFIX</i>	<i>CHORIONIC GONADOTROPIN</i>
	<i>BESREMI</i>	<i>CIBINQO</i>
	<i>BETHKIS NEB</i>	<i>CIMZIA</i>
	<i>BIMZELX</i>	<b>CINACALCET</b>
	<i>BIVIGAM</i>	<i>CINQAIR</i>
	<b>BOSENTAN</b>	

COMETRIQ	DUAKLIR PRESSAIR	EVOTAZ
<b>COMPLERA</b>	DUOBRII LOTION	EVRYSDI
COPAXONE 20MG & 40MG (Brand Only)	DUPIXENT SOSY 100 MG/0.67ML	EVZIO
COPIKTRA	<b>DUPIXENT SOSY 200 MG/1.14ML</b>	EXJADE (Brand Only)
<b>COSENTYX INJ 150 MG/ML</b>	<b>DUPIXENT SOSY 300 MG/2ML</b>	EXKIVITY
COSENTYX SOSY 75 MG/0.5ML	<b>DUPIXENT SOPN 300 MG/2ML</b>	EXSERVAN
COSENTYX UNOREADY SOAJ 300 MG/2ML	DUPIXENT SOPN 200 MG/1.14ML	EXONDYS
COXANTO	DYSPORT	FANAPT
CRESEMBA CAPS	<b>EDURANT</b>	FARYDAK
CUBICIN	EGRIFTA	<b>FASENRA PEN</b>
CUPRIMINE (Brand Only)	ELEPSIA XR	FASLODEX
CUTAQUIG SOLN	ELMIRON	FELBATOL (Brand Only)
CUVRIOR	<b>EMCYT</b>	FERRIPROX
CYLTEZO	EMFLAZA	FILSPARI
CYSTADANE	EMGALITY (100 mg / ml)	FINTEPLA
D.H.E.45 (Brand Only)	EMPAVELI SOLN	FIRAZYR
DAKLINZA	EMPLICITI	FIRDAPSE
<b>DARAPRIM</b>	EMSAM	FIRMAGON
DAURISMO	<b>ENBREL</b>	FLEBOGAMMA
DAYBUE	ENDARI	FLEQSUVY SUSP
<b>DEFEROXAMINE MESYLATE</b>	ENSPRYNG	<b>FLUCYTOSINE</b>
DELSTRIGO	ENTOCORT EC CPEP (Brand Only)	FOLLISTIM AQ
<b>DEPEN TITRATABS</b>	ENTYVIO	<b>FONDAPARINUX SODIUM</b>
<b>DESCOVY</b>	<b>EPCLUSA</b>	FORTEO
DESFERAL	EPCLUSA PACK	<b>FOSAMPRENAVIR CALCIUM</b>
<b>DEFERASIROX</b>	EPIDIOLEX	FOTIVDA
DIACOMIT	EPINEPHRINE/PF (Brand Only)	FRAGMIN
DICLOFENAC POTASSIUM TABS 25 MG	<b>EPOGEN</b>	FRUZAQLA
DICLONA GEL	EPSOLAY CREAM	FULPHILA
DIFICID	EPZICOM	FUROSCIX
<b>DIHYDROERGOTAMINE MESYLATE NASAL SOLN</b>	ERLEADA	FUZEON
DIPENTUM	ERIVEDGE	FYCOMPA
DOPTELET	<b>ERTAPENEM SODIUM</b>	FYLNETRA
DORIBAX	ESOMEPRAZOLE SODIUM	GALAFOLD
DORYX MPC	<b>ETHACRYNATE SODIUM</b>	GAMASTAN S-D
DOXYCYCLINE HYCLATE EC (80mg)	EULEXIN (Brand Only)	GAMMAGARD
	EVOMELA	GAMMAPLEX
		GAMUNEX-C 40 G/400ML
		GATTEX
		GAVRETO
		GEMZAR (Brand Only)
		GENOTROPIN

GILENYA 0.5 MG (Brand Only)	IDACIO	<b>KALETRA TABS</b>
GILENYA 0.25 MG (Brand Only)	IDELVION	KALYDECO
GILOTRIF	IDHIFA	KCENTRA
GIMOTI	ILARIS	KEPIVANCE
GLEEVEC (Brand Only)	<b>IMBRUVICA</b>	KESIMPTA
GLYCATE	IMBRUVICA SUSP 70 MG/ML	KEVEYIS
GOCOVRI	<b>IMFINZI</b>	KEVZARA
GONAL-F RFF	IMITREX INJ (Brand Only)	<b>KINERET</b>
GONAL-F RFF REDI-JECT	IMPAVIDO	KISQALI
GRANIX	INBRIJA	KITABIS PAK NEB
HADLIMA	INCIVEK	KLISYRI OINT
HAEGARDA	INCRELEX	KORLYM
HALOG	<b>INDOCIN SUPP</b>	KOSELUGO
HARVONI 45-200 MG	INFLATHERM KIT	KUVAN / JAVYGTOR
<b>HARVONI 90-400 MG</b>	INGREZZA	KYNAMRO
HARVONI PACK	INLYTA	KYNMOBI FILM
<b>HEMABATE</b>	INQOVI	<b>LAPATINIB DITOSYLATE</b>
HEPAGAM B	INREBIC	LATUDA (Brand Only)
HEPSERA (Brand Only)	<b>INTELENCE</b>	LENVIMA
HETLIOZ	INVANZ	LETAIRIS (BRAND ONLY)
<b>HEXALEN</b>	<b>INVIRASE</b>	LEUKINE
HIZENTRA	IPRIVASK	LEVORPHANOL TARTRATE
<b>HP ACTHAR</b>	IRESSA	LEXETTE FOAM
HULIO	ISENTRESS CHW	LEXIVA 700 MG (Brand Only)
HUMATROPE	ISENTRESS HD TABS	LEXIVA SUS 50MG/ML
HUMIRA	ISENTRESS PACK	LITFULO
<b>HUMIRA PSKT 10 MG / 0.1ML</b>	<b>ISENTRESS TABS</b>	<b>LINEZOLID SUSP</b>
HYDROCORTISONE ACE-PRAMOXINE SUPP	ISTURISA	LIQREV
HYLENEX	IWILFIN	LIVMARLI SOLN
HYPERHEP	JADENU (Brand Only)	LIVTENCITY
HYPERHEP B	JADENU SPRINKLE	<b>LOKELMA</b>
HYPERRAB	JAKAFI	LONHALA MAGNAIR
HYFTOR GEL	JAYPIRCA	LONSURF
HYRIMOZ	JATENZO	<b>LOPINAVIR-RITONAVIR</b>
<b>HYQVIA</b>	JESDUVROQ	LORBRENA
IBSRELA	JOENJA	LUCEMYRA
<b>IBRANCE</b>	JULUCA	LUMAKRAS
<b>ICATIBANT ACETATE</b>	JUXTAPID	LUMRYZ
ICLUSIG	JYLAMVO	LUPKYNIS
	JYNARQUE	LYBALVI
	KALBITOR	LYNPARZA
	<b>KALETRA SOLN</b>	

LYTGOBI	NOVAREL	OTREXUP
LYVISPAH PACK	NOXAFIL	OVIDREL
<b>MARAVIROC</b>	NPLATE	OXBRYTA
<b>MATULANE</b>	NUBEQA	OXERVATE SOLN
MAVENCLAD	NUCALA SYRINGE (INJ)	OZOBAX SOLN
MAVYRET	NUEDEXTA	PALYNZIQ
MAYZENT	NUPLAZID	PALFORZIA
MEKINIST	NURTEC	PANHEMATIN
MEKTOVI	NUTRESTORE PACK	PANRETIN
<b>MENOPUR</b>	NUTROPIN AQ	<b>PEGASYS SOLN</b>
MEPRON	NUTROPIN AQ NUSPIN	PEGINTRON REDIPEN
METASTRON	NUZYRA	PEMAZYRE
METHOCARBAMOL TABS 1000 MG	NYMALIZE	PHEBURANE PLLT
METYROSINE	NYVEPRIA	PHOTOFRIN
MIEBO SOLN	OCALIVA	PIFELTRO
MIGRANAL NASAL SOLN	<b>OCTAGAM</b>	PIQRAY
MIRCERA	ODOMZO	PIRFENIDONE 534 MG
MOTPOLY	OFEV	PLEGRIDY
MOUNJARO	OFIRMEV	PLEGRIDY PEN
MOZOBIL	OGSIVEO	POKONZA PACK
MULPLETA	OJJAARA	POMALYST
MYALEPT FNL	OLPRUVA	PONVORY
MYCAMINE	OLUMIANT	PRADAXA PACK
MYCAPSSA	OLYSIO	PRALUENT
MYCOBUTIN	OMEZA	<b>PREGNYL</b>
MYFEMBREE	OMVOH	PRETOMANID
NATPARA	ONCASPAR	PREVYMIS
NATRECOR	ONFI (Brand Only)	PREZCOBIX
NERLYNX	ONGENTYS	<b>PREZISTA</b>
NEULASTA	ONUREG	PRIVIGEN
NEUPOGEN	<b>OPSUMIT</b>	<b>PROCRIT</b>
NEXAVAR	OPZELURA	PROCYSBI
NINLARO	<b>ORENCIA</b>	PROMACTA
NITROFURANTOIN SUSP	ORENITRAM	PROVAYBLUE
NITYR	ORFADIN	<b>PULMOZYME</b>
<b>NIVESTYM</b>	ORGOVYX	<b>PURIXAN</b>
NORDITROPIN FLEXPRO	ORIAHNN	PYLERA
NORTHERA	<b>ORLISSA</b>	PYRUKYND
NORVIR	ORKAMBI	QBREXZA PADS
NORVIR 100 MG TAB (Brand Only)	ORLADEYO	QINLOCK
NOURIANZ	ORSERDU	QULIPTA
	ORTIKOS	RADICAVA
	<b>OTEZLA</b>	RAPAMUNE SOLN

RAPAMUNE TABS 1mg & 2mg (Brand Only)	SABRIL	SUTENT
RASUVO	SAIZEN	SYLATRON
RAVICTI	SAMSCA	SYMDEKO
RAYALDEE	<b>SANDOSTATIN LAR DEPOT</b>	SYMLINPEN
RAYOS	SANDOSTATIN SOLN (Brand Only)	SYMPAZAN
REBIF REBIDOSE	SAPHRIS SL (Brand Only)	SYMTUZA
REBINYN	SCSEMBLIX	SYNDROS ORAL SOLN
RECORLEV	SECUADO	SYNRIBO
RETACRIT SOLN	<b>SELZENTRY 25 MG &amp; 75 MG</b>	SYPRINE
REVCovi SOLN	SELZENTRY 150 MG & 300 MG	TABRECTA
REGRANEX	SELZENTRY SOLN	TACLONEX OINT (Brand Only)
RELAFEN DS	SENSIPAR	TACLONEX SUSP
RELEUKO	SEROSTIM	TADLIQ SUSP
RELISTOR	SEYSARA	TAFINLAR
RELYVRIO	SIGNIFOR	TAGRISSO
RETACRIT	SILIQ	TAKHZYRO
RETAVASE	SIROLIMUS SOLN	TALTZ AUTOINJECTOR
RETIN-A MICRO PUMP GEL 0.06%	SIRTURO	TALTZ SYRINGE
RETIN-A MICRO PUMP GEL 0.08%	SKYCLARYS	TALZENNA
RETEVMO	SKYRIZI	<b>TARCEVA (Brand Only)</b>
REVATIO	SKYTROFA	TARGETIN
REVATIO SUSP (Brand only)	SODIUM EDECIN	TARPEYO
<b>REVLIMID</b>	SOGROYA	TASCENSO ODT
REXULTI	SOHONOS	TASIGNA 50MG
REYATAZ (Brand Only)	SOMATULINE DEPOT	<b>TASIGNA 150MG &amp; 200MG</b>
REZLIDHIA	SOMAVERT	TAVALISSE
REZUROCK	SORIATANE (Brand Only)	TAVNEOS
RILUTEK (Brand Only)	SORILUX FOAM	TAXOTERE
RINVOQ	SOTYKTU	TAZVERIK
RIXUBIS	SOVALDI PACK	TECENTRIQ
ROLVEDON	SPRITAM	TECFIDERA 120 MG; 240 MG (Brand Only)
ROXYBOND	SPRIX SOLN	TECFIDERA STARTER PACK
ROZLYTREK	<b>SPRYCEL</b>	TECHNIVIE
RUBRACA	STELARA	TEFLARO
RUKOBIA	STIVARGA	TEGSEDI
RUZURGI	STRENSIQ	TEMIXYS
RYBELSUS	<b>STRIBILD</b>	TEMODAR 5MG & 20MG (Brand Only)
RYDAPT	SUCRAID	
RYNODERM	SUMAVEL DOSEPRO	

<b>TEMOZOLOMIDE 100, 140, 180 &amp; 250MG</b>	UCERIS	VIZIMPRO
<b>TENOFOVIR DISOPROXIL FUMARATE</b>	UDENYCA	VOCABRIA
TEPADINA	UKONIQ	VONJO
TEPMETKO	ULTRAVATE	<b>VOTRIENT</b>
<b>TETRABENAZINE</b>	UPTRAVI	VOWST
TETRACAINE	VALCHLOR	VOXZOGO
TEZSPIRE	VALCYTE	VRAYLAR CPPK
<b>THIOLA</b>	<b>VALGANCICLOVIR</b>	VTAMA CREAM
THIOLA EC	VALSARTAN SOLN	VUMERITY
<b>THIOTEPA</b>	VANCOCIN (Brand Only)	VYJUVEK GEL
THYROGEN	VANFLYTA	VYNDAMAX
TIBSOVO	VECAMYL	VYNDAQEL
TIGLUTIK SUSP	VELCADE	WAKIX
<b>TIVICAY</b>	VELSIPITY	WEGOVIY SOAJ
TIVORBEX	VELTASSA PACK	WELLBUTRIN XL (Brand Only)
TOBI PODHALER	VEMLIDY	WELIREG
TOLSURA	<b>VENCLEXTA</b>	WYNZORA
TOSYMRA	<b>VENCLEXTA STARTING PACK</b>	XADAGO
TRACLEER (BRAND ONLY)	VENTAVIS 20MG	XALKORI
TREMFYA	VERKAZIA EMUL	XARELTO SUSP
TRIKAFTA TBP	VERQUVO	XATMEP
TRIKAFTA THPK	VERZENIO	XCOPRI
TRISENOX	VESANOID	XDEMVIY SOLN
TRIENTINE	VEVYE SOLN	<b>XELJANZ 5 MG</b>
TRIUMEQ	VFEND SUSP/TAB (Brand Only)	<b>XELJANZ XR 11 MG</b>
TRIUMEQ PD	VIBATIV	XELJANZ 22 MG
TRIZIVIR	VIBERZI	XELJANZ SOLN
TRUDHESA	VICTRELIS	XEMBIFY
TRULICITY	VIEKIRA PAK	XENAZINE (Brand Only)
TRUQAP	VIEKIRA XR	XENLETA
TRUSELTIQ	VIJOICE	XEOMIN
<b>TRUVADA (Brand Only)</b>	VIMIZIM	XERMELO
<b>TRUXIMA</b>	<b>VIRACEPT</b>	XIFAXAN
TUKYSA	VIREAD	XOLAIR SOSY
TURALIO	VIREAD 300 MG (Brand Only)	XOSPATA
TYGACIL	VISTOGARD	XPHOZAH
TYKERB	<b>VITAMIN K1</b>	XPOVIO
TYMLOS	VITEKTA	<b>XTANDI CAPS 40 MG</b>
TYVASO	VITRAKVI	XTANDI TABS
TYZEKA	<b>VITRASE</b>	XURIDEN
		XYREM
		XYWAV SOLN

YONSA	ZEPATIER	ZUBSOLV
YUFLYMA	ZEPOSIA	ZURZUVAE
YUPELRI SOLN	ZIEXTENZO	<b>ZYDELIG</b>
YUSIMRY	ZINBRYTA	ZYFLO
ZARXIO	ZOFRAN INJ ( <i>Brand Only</i> )	ZYKADIA
ZAVESCA	ZOKINVY	ZYPREXA RELPREVV
ZAVZPRET	ZOLINZA	ZYTIGA 500 MG
ZEJULA	ZOMACTON	ZYTIGA 250 MG ( <i>Brand Only</i> )
<b>ZELBORAF</b>	ZORBTIVE	ZYVOX SUSP
ZEMBRACE SYMTOUCH	ZORTRESS	ZYVOX 600 MG Tab ( <i>Brand Only</i> )
ZEPBOUND	ZTALMY	



## NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no-cost 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, and accessible electronic formats
- Provide 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, age, disability, or sex, 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](https://hhs.gov/ocr/office/file/index.html).

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## HELP IN YOUR LANGUAGE

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

**አማርኛ (Amharic) ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-800-632-9700** (TTY **711**)።

**لغة عربية (Arabic) ملحوظة:** إذا كنت تتحدث بحديث عربي فإن خدمات المساعدة اللغوية متوفرة لك مجاناً. لتصل برفق **1-800-632-9700** (TTY **711**)

**Bàsòò Wùdù (Bassa) Dè dɛ nià kɛ dyédé gbo:** ɔ jũ ké ñ Bàsòò-wùdù-po-nyò jũ ní, níí, à wùdù kà kò dò po-poò béin ñ gbo kpáa. Đá **1-800-632-9700** (TTY **711**)

**中文 (Chinese) 注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-632-9700** (TTY **711**)。

فارسى (Farsi) توجه: اگر بھ زبان فارسی سیکھتے ہو میکی ہنس ہیات نزل وی صورت واکٹا برای  
ش مہر ام میٹل دبا 1-800-632-9700 (TTY 711) تہا بگی ید.

**Français (French) ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-632-9700 (TTY 711)**.

**Deutsch (German) ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.  
Rufnummer: **1-800-632-9700 (TTY 711)**.

**Igbo (Igbo) NRUBAMA:** O bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi.  
Kpọọ **1-800-632-9700 (TTY 711)**.

**日本語 (Japanese) 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-632-9700 (TTY 711)** まで、お電話にてご連絡ください。

**한국어 (Korean) 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-632-9700 (TTY 711)** 번으로 전화해 주십시오.

**Naabeehó (Navajo) Díí baa akó nínízin:** Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kóji' hódíílnih **1-800-632-9700 (TTY 711)**.

**नेपाली (Nepali) ध्यान दिनुहोस्:** तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । **1-800-632-9700 (TTY: 711)** ( फोन गर्नुहोस् ।

**Afaan Oromoo (Oromo) XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-632-9700 (TTY 711)**.

**Русский (Russian) ВНИМАНИЕ:** если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-632-9700 (TTY 711)**.

**Español (Spanish) ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-632-9700 (TTY 711)**.

**Tagalog (Tagalog) PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.  
Tumawag sa **1-800-632-9700 (TTY 711)**.

**Tiếng Việt (Vietnamese) CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-632-9700 (TTY 711)**.

**Yorùbá (Yoruba) AKIYESI:** Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-632-9700 (TTY 711)**.