

2020 Drug List Negative Changes

Updated 12/01/2020

If you are taking a drug that is removed from the formulary (also known as the Drug List), we will tell you. We will also tell you if we add any restrictions on a drug. We will tell you at least 30 days before we make these changes. This gives you time to talk to your doctor about what to do next.

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the formulary right away. We will also send you a letter telling you that.

The table below shows changes made to our 2020 formulary. Your cost share depends on your coverage stage. Your formulary tells you the tier that applies to each covered drug.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
2/1/2020	budesonide (nasal) SUSP	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2020	fluoymesterone TABS	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2020	nadolol & bendroflumethiazide Tab 80-5 MG	This drug was removed from the market.	nadolol & bendroflumethiazide tab 40-5 MG	Contact your doctor for other options.
2/1/2020	LANOXIN TAB 0.1875MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	CIPROFLOXACIN ER TAB 24HR 1000 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	CIPROFLOXACIN ER TAB 24HR 500 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	BRAFTOVI CAP 50MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	ZERIT SOL 1MG/ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	COPEGUS TAB 200MG	Removed non-Part D eligible drug (Expired marketing end date)	ribavirin tab 200 MG	Contact your doctor for other options.
2/1/2020	ESTROPIPATE TAB 0.75 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
2/1/2020	ESTROPIPATE TAB 1.5 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	theophylline tab ER 12HR 100 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	AMICAR SOL 0.25/ML	This drug was removed from the formulary.	aminocaproic acid oral soln 0.25/ML	Contact your doctor for other options.
2/1/2020	TRISENOX INJ 12MG/6ML	This drug was removed from the formulary.	arsenic trioxide IV soln 12 MG/6ML (2 MG/ML)	Contact your doctor for other options.
2/1/2020	theophylline tab ER 12HR 200 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	moexipril-hydrochlorothiazide Tab 7.5-12.5 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	moexipril-hydrochlorothiazide Tab 15-12.5 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	moexipril-hydrochlorothiazide Tab 15-25 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	VIDEXPEDIATRIC SOL 4GM	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	DAKLINZA TAB 60 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	HEXALEN CAP	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	DUZALLO TABS 200MG-300MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	KYNAMRO SOLN	Removed non-Part D eligible drug (CMS excluded labeler code)	N/A	Contact your doctor for other options.
2/1/2020	UVADEX SOLN	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2020	NOXAFIL TAB 100MG	This drug was removed from the formulary.	POSACONAZOLE TAB 100MG DR	Contact your doctor for other options.
2/1/2020	JADENU TAB 90MG	This drug was removed from the formulary.	deferasirox tab 90 MG	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
2/1/2020	JADENU TAB 360MG	This drug was removed from the formulary.	deferasirox tab 360 MG	Contact your doctor for other options.
2/1/2020	ILARIS SOLR	This drug was removed from the market.	N/A	Contact your doctor for other options.
3/1/2020	BUTISOL SODIUM	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
3/1/2020	POTASSIUM CHLORIDE ER 20 mEq	Removed non-Part D eligible drug (Expired marketing end date)	K-TAB 20 mEq	Contact your doctor for other options.
3/1/2020	ADCETRIS	Removed non-Part D eligible drug	N/A	Contact your doctor for other options.
3/1/2020	KHEDEZLA TAB 50MG ER	Removed non-Part D eligible drug (Expired marketing end date)	DESVENLAFAX TAB 50MG ER	Contact your doctor for other options.
3/1/2020	KHEDEZLA TAB 100MG ER	Removed non-Part D eligible drug (Expired marketing end date)	DESVENLAFAX TAB 100MG ER	Contact your doctor for other options.
3/1/2020	PENTAM 300 INJ 300MG	This drug was removed from the formulary.	pentamidine isethionate for soln 300 MG	Contact your doctor for other options.
3/1/2020	NEBUPENT INH 300MG	This drug was removed from the formulary.	pentamidine inh 300mg	Contact your doctor for other options.
3/1/2020	AFINITOR TAB 2.5MG	This drug was removed from the formulary.	everolimus tab 2.5 MG	Contact your doctor for other options.
3/1/2020	AFINITOR TAB 5MG	This drug was removed from the formulary.	everolimus tab 5 MG	Contact your doctor for other options.
3/1/2020	AFINITOR TAB 7.5MG	This drug was removed from the formulary.	everolimus tab 7.5 MG	Contact your doctor for other options.
3/1/2020	NUVARING MIS	This drug was removed from the formulary.	etonogestrel-ethinyl estradiol VA ring 0.120-0.015 MG/24HR	Contact your doctor for other options.
3/1/2020	SILENOR TAB 3MG	This drug was removed from the formulary.	doxepin HCl (sleep) tab 3 MG	Contact your doctor for other options.
3/1/2020	SILENOR TAB 6MG	This drug was removed from the formulary.	doxepin HCl (sleep) tab 6 MG	Contact your doctor for other options.
4/1/2020	SUPRAX CAP 400MG	This drug was removed from the formulary.	cefixime cap 400MG	Contact your doctor for other options.
4/1/2020	RANEXA TAB 500MG	This drug was removed from the formulary.	ranolazine 500 MG tab	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
4/1/2020	RANEXA TAB 1000MG	This drug was removed from the formulary.	ranolazine 1000 MG tab	Contact your doctor for other options.
4/1/2020	TEKTURNA 150 MG	This drug was removed from the formulary.	aliskiren fumarate tab 150 MG	Contact your doctor for other options.
4/1/2020	TEKTURNA 300 MG	This drug was removed from the formulary.	aliskiren fumarate tab 300 MG	Contact your doctor for other options.
4/1/2020	LETAIRIS TAB 5MG	This drug was removed from the formulary.	ambrisentan tab 5 MG	Contact your doctor for other options.
4/1/2020	LETAIRIS TAB 10MG	This drug was removed from the formulary.	ambrisentan tab 10 MG	Contact your doctor for other options.
4/1/2020	ROZEREM TAB 8MG	This drug was removed from the formulary.	ramelteon 8 MG tab	Contact your doctor for other options.
4/1/2020	LYRICA CAP 25MG	This drug was removed from the formulary.	pregabalin cap 25 MG	Contact your doctor for other options.
4/1/2020	LYRICA CAP 50MG	This drug was removed from the formulary.	pregabalin cap 50MG	Contact your doctor for other options.
4/1/2020	LYRICA CAP 75MG	This drug was removed from the formulary.	pregabalin cap 75MG	Contact your doctor for other options.
4/1/2020	LYRICA CAP 100MG	This drug was removed from the formulary.	pregabalin cap 100MG	Contact your doctor for other options.
4/1/2020	LYRICA CAP 150MG	This drug was removed from the formulary.	pregabalin cap 150MG	Contact your doctor for other options.
4/1/2020	LYRICA CAP 200MG	This drug was removed from the formulary.	pregabalin cap 200MG	Contact your doctor for other options.
4/1/2020	LYRICA CAP 225MG	This drug was removed from the formulary.	pregabalin cap 225MG	Contact your doctor for other options.
4/1/2020	LYRICA CAP 300MG	This drug was removed from the formulary.	pregabalin cap 300MG	Contact your doctor for other options.
4/1/2020	LYRICA SOL 20MG/ML	This drug was removed from the formulary.	pregabalin soln 20 MG/ML	Contact your doctor for other options.
4/1/2020	FIRAZYR INJ 30MG/3ML	This drug was removed from the formulary.	icatibant acetate inj 30 MG/3ML	Contact your doctor for other options.
4/1/2020	EXJADE TAB 125MG	This drug was removed from the formulary.	deferasirox tab 125mg	Contact your doctor for other options.
4/1/2020	EXJADE TAB 250MG	This drug was removed from the formulary.	deferasirox tab 250mg	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
4/1/2020	EXJADE TAB 500MG	This drug was removed from the formulary.	deferasirox tab 500mg	Contact your doctor for other options.
4/1/2020	doxycycline hyclate for inj 100 MG	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	mupirocin oint 2%	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	mupirocin calcium cream 2%	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	nystatin topical powder 100000 unit/GM	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	nystatin cream 100000 unit/GM	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	nystatin oint 100000 unit/GM	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	ketoconazole cream 2%	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	ketoconazole foam 2%	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	ketoconazole shampoo 2%	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	REPAGLINIDE/METFORMIN HYDROCHLORIDE TAB 1-500 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2020	REPAGLINIDE/METFORMIN HYDROCHLORIDE TAB 2-500 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2020	ISOSORBIDE DINITRATE ER TAB 40 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2020	TOLMETIN SODIUM TAB 200 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2020	NITROGLYCERIN LINGUAL AEROSOL	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2020	ZOXYDOL ER CAP 50MG	This drug was removed from the formulary.	hydrocodone cap 50MG ER	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
4/1/2020	ZOHYDRO ER CAP 40MG	This drug was removed from the formulary.	hydrocodone cap 40MG ER	Contact your doctor for other options.
4/1/2020	ZOHYDRO ER CAP 30MG	This drug was removed from the formulary.	hydrocodone cap 30MG ER	Contact your doctor for other options.
4/1/2020	ZOHYDRO ER CAP 20MG	This drug was removed from the formulary.	hydrocodone cap 20MG ER	Contact your doctor for other options.
4/1/2020	ZOHYDRO ER CAP 15MG	This drug was removed from the formulary.	hydrocodone cap 15MG ER	Contact your doctor for other options.
4/1/2020	ZOHYDRO ER CAP 10MG	This drug was removed from the formulary.	hydrocodone cap 10MG ER	Contact your doctor for other options.
4/1/2020	DEPEN TITRA TAB 250MG	This drug was removed from the formulary.	penicillamine tab 250 MG	Contact your doctor for other options.
4/1/2020	CAMPTOSAR INJ 300/15ML	This drug was removed from the formulary.	irinotecan HCl inj 300 MG/15ML	Contact your doctor for other options.
5/1/2020	CESAMET CAP 1MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
5/1/2020	FAZACLO ODT 150 MG	Removed non-Part D eligible drug (Expired marketing end date)	CLOZAPINE ODT 150 MG	Contact your doctor for other options.
5/1/2020	ranitidine hcl cap 150 MG	This drug was removed from the market.	famotidine tabs 20 MG, 40 MG	Contact your doctor for other options.
5/1/2020	ranitidine hcl cap 300 MG	This drug was removed from the market.	famotidine tabs 20 MG, 40 MG	Contact your doctor for other options.
5/1/2020	ranitidine hcl syrup 15 MG/ML (75 MG/5ML)	This drug was removed from the market.	famotidine susr 40 MG/5ML	Contact your doctor for other options.
5/1/2020	ranitidine hcl tab 150 MG	This drug was removed from the market.	famotidine tabs 20 MG, 40 MG	Contact your doctor for other options.
5/1/2020	ranitidine hcl tab 300 MG	This drug was removed from the market.	famotidine tabs 20 MG, 40 MG	Contact your doctor for other options.
5/1/2020	TOLAZAMIDE TAB 250MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
5/1/2020	TOLAZAMIDE TAB 500MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
6/1/2020	prednisolone SYRP 15 MG/5ML	This drug was removed from the market.	prednisolone SOLN	Contact your doctor for other options.
6/1/2020	ZORTRESS TAB 0.75MG	This drug was removed from the formulary.	everolimus tab 0.75MG	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
6/1/2020	ZORTRESS TAB 0.5MG	This drug was removed from the formulary.	everolimus tab 0.5MG	Contact your doctor for other options.
6/1/2020	ZORTRESS TAB 0.25MG	This drug was removed from the formulary.	everolimus tab 0.25MG	Contact your doctor for other options.
6/1/2020	NEXIUM PACK 10MG	This drug was removed from the formulary.	esomeprazole magnesium pack 10 MG	Contact your doctor for other options.
6/1/2020	NEXIUM PACK 20MG	This drug was removed from the formulary.	esomeprazole magnesium pack 20 MG	Contact your doctor for other options.
6/1/2020	NEXIUM PACK 40MG	This drug was removed from the formulary.	esomeprazole magnesium pack 40 MG	Contact your doctor for other options.
7/1/2020	econazole nitrate crea	This drug had a quantity limit added	N/A	Contact your doctor for other options.
7/1/2020	ONCASPAR SOLN	Removed non-Part D eligible drug (Expired marketing end date and CMS Excluded Labeler Code)	N/A	Contact your doctor for other options.
7/1/2020	EPROSARTAN MESYLATE TABS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
7/1/2020	DARAPRIM TAB 25MG	This drug was removed from the formulary.	pyrimethamine tab 25 MG	Contact your doctor for other options.
7/1/2020	PROGLYCEM SUS 50MG/ML	This drug was removed from the formulary.	diazoxide susp 50 MG/ML	Contact your doctor for other options.
8/1/2020	DAKLINZA TABS 30 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
8/1/2020	ZYKADIA CAPS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
8/1/2020	promethazine & phenylephrine SOLN	Removed non-Part D eligible drug (Expired marketing end date)	promethazine & phenylephrine SYRP	Contact your doctor for other options.
8/1/2020	ORFADIN CAP 2MG	This drug was removed from the formulary.	nitisinone 2 MG	Contact your doctor for other options.
8/1/2020	ORFADIN CAP 5MG	This drug was removed from the formulary.	nitisinone 5 MG	Contact your doctor for other options.
8/1/2020	ORFADIN CAP 10MG	This drug was removed from the formulary.	nitisinone 10 MG	Contact your doctor for other options.
8/1/2020	JADENU TAB 180MG	This drug was removed from the formulary.	deferasirox 180 MG	Contact your doctor for other options.
8/1/2020	GEODON INJ 20MG	This drug was removed from the formulary.	ziprasidone mesylate for inj 20 MG	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
8/1/2020	MYCAMINE INJ 50MG	This drug was removed from the formulary.	micafungin sodium for IV soln 50 MG	Contact your doctor for other options.
8/1/2020	MYCAMINE INJ 100MG	This drug was removed from the formulary.	micafungin sodium for IV soln 100 MG	Contact your doctor for other options.
9/1/2020	TARGRETIN GEL EX 1%	This drug had a quantity limit and prior authorization added.	N/A	Contact your doctor for other options.
9/1/2020	GEMCITABINE HYDROCHLORIDE SOLN 200 MG/2ML	Removed non-Part D eligible drug (CMS excluded labeler code)	N/A	Contact your doctor for other options.
10/1/2020	SAMSCA TAB 30MG	This drug was removed from the formulary.	tolvaptan tab 30 MG	Contact your doctor for other options.
10/1/2020	flurbiprofen tabs 50 mg	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2020	RESCRIPTOR TABS 200 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2020	TETANUS/DIPHTERIA TOXOIDS-ADSORBED ADULT	Removed non-Part D eligible drug (CMS excluded labeler code)	TDVAX SUSP	Contact your doctor for other options.
10/1/2020	FAZACLO TBDP 200 MG	Removed non-Part D eligible drug (Expired marketing end date)	clozapine tbdp 200 mg	Contact your doctor for other options.
10/1/2020	isoniazid & rifampin CAPS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2020	RIFATER TABS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2020	fluconazole in dextrose soln	This drug was removed from the market.	N/A	Contact your doctor for other options.
11/1/2020	CIPRODEX SUS 0.3-0.1%	This drug was removed from the formulary.	ciprofloxacin-dexamethasone susp 0.3-0.1%	Contact your doctor for other options.
11/1/2020	JADENU SPRKL GRA 180MG	This drug was removed from the formulary.	deferasirox pack 180 MG	Contact your doctor for other options.
11/1/2020	JADENU SPRKL GRA 360MG	This drug was removed from the formulary.	deferasirox pack 360 MG	Contact your doctor for other options.
11/1/2020	JADENU SPRKL GRA 90MG	This drug was removed from the formulary.	deferasirox pack 90 MG	Contact your doctor for other options.
12/1/2020	INVIRASE CAPS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
12/1/2020	PACLITAXEL CONC 100 MG/16.67ML	Removed non-Part D eligible drug (not on NSDE)	N/A	Contact your doctor for other options.
12/1/2020	AVONEX KIT 30 MCG/VIAL	This drug was removed from the market.	N/A	Contact your doctor for other options.
12/1/2020	FERRIPROX TAB 500MG	This drug was removed from the formulary.	deferiprone tab 500 MG	Contact your doctor for other options.
12/1/2020	EMTRIVA CAP 200MG	This drug was removed from the formulary.	emtricitabine caps 200 MG	Contact your doctor for other options.
12/1/2020	polyethylene glycol 3350 pack 17gm	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.

If you or your doctor disagrees with the change to your drug, you may request an exception. To request an exception, call us at 1-844-867-1156, TTY: 711. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays. Your doctor must provide a statement to support your request. For details on asking for an exception, check your *Evidence of Coverage*.

If you don't agree with our decision, you may file a complaint with us. To file a complaint, call us at 1-844-867-1156, TTY: 711. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays. Your doctor must provide a statement to support your request. You may also send your complaint to us in writing at the following address.

Trillium Medicare Advantage
Attn: Medicare Appeals & Grievances
7700 Forsyth Boulevard
St. Louis, MO 63105

The Formulary may change at any time. You will receive notice when necessary.

Section 1557 Non-Discrimination Language
Notice of Non-Discrimination



Trillium Medicare Advantage complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Trillium Medicare Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Trillium Medicare Advantage:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Trillium Medicare Advantage's Member Services at: 1-844-867-1156 (HMO SNP), (TTY: 711). From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Trillium Medicare Advantage 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 calling the number above and telling them you need help filing a grievance; Trillium Medicare Advantage's Member Services is available to help you.

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 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Oregon | For Medicare: 1-844-867-1156, (TTY: 711)

English: Language assistance services, auxiliary aids and services, and other alternative formats are available to you free of charge. To obtain this, please call the number above.

Español (Spanish): Servicios de asistencia de idiomas, ayudas y servicios auxiliares, y otros formatos alternativos están disponibles para usted sin ningún costo. Para obtener esto, llame al número de arriba.

Tiếng Việt (Vietnamese): Các dịch vụ trợ giúp ngôn ngữ, các trợ cụ và dịch vụ phụ thuộc, và các dạng thức thay thế khác hiện có miễn phí cho quý vị. Để có được những điều này, xin gọi số điện thoại nêu trên

简体中文(Chinese): 可以免费为您提供语言协助服务、辅助用具和服务以及其他格式。如有需要, 请拨打上述电话号码。

Русский язык (Russian): Вам могут быть бесплатно предоставлены услуги по переводу, вспомогательные средства и услуги, а также материалы в других, альтернативных, форматах. Чтобы получить их, позвоните, пожалуйста, по указанному выше номеру телефона.

KOREAN: 알림 사항: 귀하가 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 받으실 수 있습니다. 가입자 서비스 전화번호 표에 있는 귀하의 주 가입자 서비스 안내번호로 전화하십시오.

Українська мова (Ukrainian): Вам можуть бути безкоштовно надані послуги з перекладу, допоміжні засоби та послуги, а також матеріали в інших, альтернативних, форматах. Щоб одержати їх, зателефонуйте, будь ласка, за номером телефону, який зазначений вище.

日本語 (Japanese): 言語支援サービス、補助器具と補助サービス、その他のオプション形式を無料でご利用いただけます。ご利用をお考えの方は、上記の番号にお電話ください。

(Arabic): لك مجاناً. للحصول عليها خدمات المساعدة اللغوية والمعينات والخدمات الإضافية وغيرها من الأشكال البديلة متاحة، العربية. يرجى الاتصال بالرقم أعلاه

Română (Romanian): Servicii de asistență lingvistică, ajutoare și servicii auxiliare, precum și alte formate alternative vă stau la dispoziție în mod gratuit. Pentru a le obține, apălați numărul de mai sus.

ខ្មែរ (Mon-Khmer, Cambodian): សេវាកម្មជំនួយភាសា ជំនួយជំនួរ និងសេវាកម្មផ្សេងៗ ដទៃទៀត ដែលមានសេវាសម្រាប់អ្នកដែលមានការប្រើប្រាស់ភាសាផ្សេងៗ ផ្សេងទៀត។ សេវាកម្មទាំងនេះ ទទួលបានឥតគិតថ្លៃ។

Cushite (Cushite): Tajaajila qarqaarsa afaanii, qarqaarsa deeggarsaa fi tajaajilaa, fi qarqaarsi akkaataa biroo bilisaan siif laatama. Tajaajila kanniin argachuuf maaloo lakkoofsa asii olii bilbili.

Deutsch (German): Sprachunterstützung, Hilfen und Dienste für Hörbehinderte und Gehörlose sowie weitere alternative Formate werden Ihnen kostenlos zur Verfügung gestellt. Um eines dieser Serviceangebote zu nutzen, wählen Sie die o. a. Rufnummer.

فارسي (Persian): خدمات ترجمه، حمایت های و خدمات کمکی؛ خط درشت تر و ترجمی شفاهی و سایر انواع دیگر خدمات به صورت رایگان در اختیار شما قرار می گیرند. برای دست یابی به این خدمات، لطفاً با شماره تلفن بالا تماس بگیرید.

Français (French) : Des services gratuits d'assistance linguistique, ainsi que des services d'assistance supplémentaires et d'autres formats sont à votre disposition. Pour y accéder, veuillez appeler le numéro ci-dessus.

ไทย (Thai): บริการช่วยเหลือด้านภาษา อุปกรณ์และบริการเสริม รวมทั้งรูปแบบทางเลือกอื่น ๆ มีให้ท่านใช้ได้โดยไม่เสียค่าใช้จ่าย หากต้องการขอรับบริการเหล่านี้ กรุณาติดต่อทางโทรศัพท์ที่หมายเลขข้างต้น