



## 2021 Drug List Negative Changes

Updated 12/01/2021

If you are taking a drug that is removed from 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 drug list right away. We will also send you a letter telling you that.

The table below shows changes made to our 2021 drug lists. Your cost share depends on your coverage stage. Your Drug List tells you the tier that applies to each covered drug.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Affected Drug Lists	Comments
10/15/2020	SAMSCA TAB 30MG	This drug was removed from the formulary.	<i>tolvaptan tabs 30 mg</i>	Cal MediConnect	Contact your doctor for other options.
10/15/2020	JADENU SPRKL GRA 90MG	This drug was removed from the formulary.	<i>deferasirox pack</i>	Cal MediConnect	Contact your doctor for other options.
10/15/2020	JADENU SPRKL GRA 180MG	This drug was removed from the formulary.	<i>deferasirox pack</i>	Cal MediConnect	Contact your doctor for other options.
10/15/2020	JADENU SPRKL GRA 360MG	This drug was removed from the formulary.	<i>deferasirox pack</i>	Cal MediConnect	Contact your doctor for other options.
12/07/2020	INVIRASE CAPS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
12/07/2020	PACLITAXEL CONC 100 MG/16.67ML	Removed non-Part D eligible drug (not on NSDE)	N/A	Cal MediConnect	Contact your doctor for other options.
12/07/2020	VINATE ONE TABS	Removed non-Part D eligible drug (not on NSDE)	TRINATAL RX 1 TABS	Cal MediConnect	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Affected Drug Lists	Comments
12/07/2020	BYDUREON SRER	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
2/1/2021	LARTRUVO SOLN 190 MG/19ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
2/1/2021	LARTRUVO SOLN 500 MG/50ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
2/1/2021	<i>chlorothiazide tabs 500 mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
2/1/2021	JUXTAPID CAPS 40 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
2/1/2021	JUXTAPID CAPS 60 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
2/1/2021	BEVYXXA CAPS 40 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
2/1/2021	BEVYXXA CAPS 80 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
2/1/2021	PEGASYS PROCLICK SOLN 180 MCG/0.5ML	Removed non-Part D eligible drug (Expired marketing end date)	PEGASYS SOLN	Cal MediConnect	Contact your doctor for other options.
2/1/2021	<i>lidocaine hcl (local anesth.) SOLN 1.5 %</i>	Removed non-Part D eligible drug	<i>lidocaine hcl (local anesth.) SOLN 1 %, 2 %</i>	Cal MediConnect	Contact your doctor for other options.
2/1/2021	TWINRIX SUSP	This drug was removed from the market.	N/A	Cal MediConnect	Contact your doctor for other options.
2/1/2021	TREXIMET TABS 10 MG-60 MG	This drug was removed from the market.	N/A	Cal MediConnect	Contact your doctor for other options.
2/1/2021	KONSYL ORIGINAL FORMULADAILY FIBER POWD (psyllium)	This drug was removed from the market.	<i>psyllium powd 100 %, 58.6%, 48.57 %, 28.3 %</i>	Cal MediConnect	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Affected Drug Lists	Comments
2/1/2021	CHEWABLE CALCIUM/D3 WAFR	Removed non-Medicaid and non-Part D eligible drug.	N/A	Cal MediConnect	Contact your doctor for other options.
2/1/2021	NUPLAZID TABS 17 MG	This drug was removed from the market.	N/A	Cal MediConnect	Contact your doctor for other options.
2/1/2021	ATRIPLA TABS	This drug was removed from the formulary.	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs</i>	Cal MediConnect	Contact your doctor for other options.
2/1/2021	BETHKIS NEBU	This drug was removed from the formulary.	<i>tobramycin nebu 300mg/4ml</i>	Cal MediConnect	Contact your doctor for other options.
2/1/2021	DEMSER CAPS	This drug was removed from the formulary.	<i>metyrosine caps</i>	Cal MediConnect	Contact your doctor for other options.
2/1/2021	EMTRIVA CAPS 200 MG	This drug was removed from the formulary.	<i>emtricitabine caps</i>	Cal MediConnect	Contact your doctor for other options.
2/1/2021	FERRIPROX TABS 500MG	This drug was removed from the formulary.	<i>deferiprone tabs</i>	Cal MediConnect	Contact your doctor for other options.
2/1/2021	KUVAN POW 100MG	This drug was removed from the formulary.	<i>sapropterin dihydrochloride pack</i>	Cal MediConnect	Contact your doctor for other options.
2/1/2021	KUVAN POW 500MG	This drug was removed from the formulary.	<i>sapropterin dihydrochloride pack</i>	Cal MediConnect	Contact your doctor for other options.
2/1/2021	SYMFI LO TABS	This drug was removed from the formulary.	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	Cal MediConnect	Contact your doctor for other options.
2/1/2021	SYMFI TABS	This drug was removed from the formulary.	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	Cal MediConnect	Contact your doctor for other options.
2/1/2021	TRUVADA TABS 200 MG-300 MG	This drug was removed from the formulary.	<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	Cal MediConnect	Contact your doctor for other options.
2/1/2021	TYKERB TABS	This drug was removed from the formulary.	<i>lapatinib ditosylate tabs</i>	Cal MediConnect	Contact your doctor for other options.
3/1/2021	<i>clindamycin phosphate soln iv 300 mg/2ml</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
3/1/2021	<i>clindamycin phosphate soln iv 600 mg/4ml</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
3/1/2021	<i>clindamycin phosphate soln iv 900 mg/6ml</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Affected Drug Lists	Comments
3/1/2021	DEPO-PROVERA SUSP	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
3/1/2021	LAZANDA SOLN 100 MCG/ACT	Removed non-Part D eligible drug (Expired marketing end date)  Removed non-Part D eligible drug (CMS excluded labeler code)	N/A	Cal MediConnect	Contact your doctor for other options.
3/1/2021	LAZANDA SOLN 300 MCG/ACT	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
3/1/2021	LAZANDA SOLN 400 MCG/ACT	Removed non-Part D eligible drug (Expired marketing end date)  Removed non-Part D eligible drug (CMS excluded labeler code)	N/A	Cal MediConnect	Contact your doctor for other options.
3/1/2021	VASCEPA CAPS 1GM	This drug was removed from the formulary.	<i>icosapent ethyl caps</i>	Cal MediConnect	Contact your doctor for other options.
3/1/2021	BANZEL SUSP 40MG/ML	This drug was removed from the formulary.	<i>rufinamide susp</i>	Cal MediConnect	Contact your doctor for other options.
3/1/2021	ZYTIGA TABS 500 MG	This drug was removed from the formulary.	<i>abiraterone acetate tabs</i>	Cal MediConnect	Contact your doctor for other options.
4/1/2021	TARGRETIN GEL EX 1%	This drug had a quantity limit added.	N/A	Cal MediConnect	Contact your doctor for other options.
4/1/2021	ALINIA TABS 500 MG	This drug was removed from the formulary.	<i>nitazoxanide tabs</i>	Cal MediConnect	Contact your doctor for other options.
4/1/2021	HERCEPTIN SOLR 440 MG	Removed non-Part D eligible drug (Expired marketing end date) Removed non-Part D eligible drug (Not on NSDE)	N/A	Cal MediConnect	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Affected Drug Lists	Comments
4/1/2021	HUMIRA PSKT 10 MG/0.2ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
4/1/2021	HUMIRA PSKT 20 MG/0.4ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
4/1/2021	VIDEXPEDIATRIC SOLR 2 GM	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
4/1/2021	GLEOSTINE CAPS	Removed non-Part D eligible drug (CMS excluded labeler code)	N/A	Cal MediConnect	Contact your doctor for other options.
4/1/2021	RA CALAMINE LOTN 6.971 %-6.971 %	This drug was removed from the market.	N/A	Cal MediConnect	Contact your doctor for other options.
5/1/2021	<i>didanosine CPDR</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
5/1/2021	TRUVADA TABS 100 MG-150 MG	This drug was removed from the formulary.	<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	Cal MediConnect	Contact your doctor for other options.
5/1/2021	TRUVADA TABS 167 MG-250 MG	This drug was removed from the formulary.	<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	Cal MediConnect	Contact your doctor for other options.
5/1/2021	TRUVADA TABS 133 MG-200 MG	This drug was removed from the formulary.	<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	Cal MediConnect	Contact your doctor for other options.
5/1/2021	LOTEMAX GEL 0.5%	This drug was removed from the formulary.	<i>loteprednol etabonate gel</i>	Cal MediConnect	Contact your doctor for other options.
6/1/2021	NORTHERA CAPS 100MG	This drug was removed from the formulary.	<i>droxidopa caps 100 mg</i>	Cal MediConnect	Contact your doctor for other options.
6/1/2021	NORTHERA CAPS 200MG	This drug was removed from the formulary.	<i>droxidopa caps 200 mg</i>	Cal MediConnect	Contact your doctor for other options.
6/1/2021	NORTHERA CAPS 300MG	This drug was removed from the formulary.	<i>droxidopa caps 300 mg</i>	Cal MediConnect	Contact your doctor for other options.
6/1/2021	ANADROL-50 TABS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
6/1/2021	<i>nadolol &amp; bendroflumethiazide TABS</i>	This drug was removed from the market.	N/A	Cal MediConnect	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Affected Drug Lists	Comments
7/1/2021	CALCI-CHEW CHEW	This drug was removed from the market.	CALCIUM CARBONATE CHEW OR 500 MG, CALCIUM CHEW 500 MG	Cal MediConnect	Contact your doctor for other options.
7/1/2021	<i>cefuroxime sodium solr IJ 7.5 gm</i>	This drug was removed from the market.	N/A	Cal MediConnect	Contact your doctor for other options.
8/1/2021	<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit</i>	Removed non-Part D eligible drug (Not on NSDE)	N/A	Cal MediConnect	Contact your doctor for other options.
8/1/2021	CAMPATH SOLN	This drug was removed from the market.	N/A	Cal MediConnect	Contact your doctor for other options.
8/1/2021	MAGDELAY TBEC	This drug was removed from the market.	N/A	Cal MediConnect	Contact your doctor for other options.
9/1/2021	BANZEL TABS 200 MG	This drug was removed from the formulary.	<i>rufinamide tab 200 mg</i>	Cal MediConnect	Contact your doctor for other options.
9/1/2021	BANZEL TABS 400 MG	This drug was removed from the formulary.	<i>rufinamide tab 400 mg</i>	Cal MediConnect	Contact your doctor for other options.
9/1/2021	<i>captopril &amp; hydrochlorothiazide tabs 25-15 MG</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
9/1/2021	<i>captopril &amp; hydrochlorothiazide tabs 25-25 MG</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
9/1/2021	<i>captopril &amp; hydrochlorothiazide tabs 50-15 MG</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
9/1/2021	<i>captopril &amp; hydrochlorothiazide tabs 50-25 MG</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
9/1/2021	<i>albuterol sulfate tb12 or 4 mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
9/1/2021	<i>albuterol sulfate tb12 or 8 mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
9/1/2021	PHOSPHOLINE IODIDE SOLR	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Affected Drug Lists	Comments
9/1/2021	<i>prednicarbate crea</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
9/1/2021	ERWINASE SOLR	Removed non-Part D eligible drug (CMS excluded labeler code) Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
10/1/2021	INTELENCE TABS 100 MG	This drug was removed from the formulary.	<i>etravirine tabs 100 mg</i>	Cal MediConnect	Contact your doctor for other options.
10/1/2021	INTELENCE TABS 200 MG	This drug was removed from the formulary.	<i>etravirine tabs 200 mg</i>	Cal MediConnect	Contact your doctor for other options.
10/1/2021	KALETRA TABS 100-25MG	This drug was removed from the formulary.	<i>lopinavir-ritonavir tab 100-25 mg</i>	Cal MediConnect	Contact your doctor for other options.
10/1/2021	KALETRA TABS 200-50MG	This drug was removed from the formulary.	<i>lopinavir-ritonavir tab 200-50 mg</i>	Cal MediConnect	Contact your doctor for other options.
10/1/2021	<i>maprotiline hcl tabs 25mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
10/1/2021	<i>maprotiline hcl tabs 50mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
10/1/2021	<i>maprotiline hcl tabs 75mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
10/1/2021	NAMENDA XR TITRATION PACK CP24	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
10/1/2021	<i>oxycodone-aspirin tabs</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
10/1/2021	<i>tolmetin sodium caps 400 mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
10/1/2021	<i>alendronate sodium tabs 5 mg</i>	This drug was removed from the market.	N/A	Cal MediConnect	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Affected Drug Lists	Comments
11/01/2021	SUTENT CAP 12.5MG	This drug was removed from the formulary.	<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Cal MediConnect	Contact your doctor for other options.
11/01/2021	SUTENT CAP 25MG	This drug was removed from the formulary.	<i>sunitinib malate cap 25 mg (base equivalent)</i>	Cal MediConnect	Contact your doctor for other options.
11/01/2021	SUTENT CAP 37.5MG	This drug was removed from the formulary.	<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	Cal MediConnect	Contact your doctor for other options.
11/01/2021	SUTENT CAP 50MG	This drug was removed from the formulary.	<i>sunitinib malate cap 50 mg (base equivalent)</i>	Cal MediConnect	Contact your doctor for other options.
11/01/2021	ERWINAZE SOLR	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
11/01/2021	<i>tolbutamide tabs</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
11/01/2021	AVANDIA TABS 2 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
11/01/2021	AVANDIA TABS 4 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
11/01/2021	SYLATRON KIT	This drug was removed from the market.	N/A	Cal MediConnect	Contact your doctor for other options.
12/01/2021	VIDEX EC CPDR 125 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
12/01/2021	PEGINTRON KIT	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
12/01/2021	ROMIDEPSIN SOLR 10 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	Contact your doctor for other options.
12/01/2021	GUANIDINE HCL TABS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Cal MediConnect	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 the phone number in the table at the end of this notice. Your doctor must provide a statement to support your request. For details on asking for an exception, check the sections listed below in your Evidence of Coverage or Member Handbook.

Plan Name	Section
Health Net Cal MediConnect Plan (Medicare-Medicaid Plan)	Chapter 9, section E2

If you don't agree with our decision, you may file a complaint with us. To file a complaint, call us at the phone number in the table that follows. You may also send your complaint to us in writing at the address or fax number listed for your plan.

State	Plan	Address, Phone and Fax Number	Hours of Operation
California	Cal MediConnect Los Angeles County	Health Net Cal MediConnect Plan (Medicare-Medicaid Plan) Appeals & Grievances Medicare Operations P.O. Box 10422 Van Nuys, CA 91410-0422 1-855-464-3571 TTY: 711 Fax: 1-877-713-6189	Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day.
	Cal MediConnect San Diego County	Health Net Cal MediConnect Plan (Medicare-Medicaid Plan) Appeals & Grievances Medicare Operations P.O. Box 10422 Van Nuys, CA 91410-0422 1-855-464-3572 TTY: 711 Fax: 1-877-713-6189	

Health Net Community Solutions, Inc. is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

# Nondiscrimination Notice

Health Net Community Solutions, Inc. (Health Net Cal MediConnect Plan (Medicare-Medicaid Plan)) complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

## Health Net Cal MediConnect:

- 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 the Health Net Cal MediConnect Customer Contact Center at 1-855-464-3571 (Los Angeles County), 1-855-464-3572 (San Diego County) (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends, and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free.

If you believe that Health Net Cal MediConnect has failed to provide these services or discriminated in another way, you can file a grievance by calling the number above and telling them you need help filing a grievance; the Health Net Cal MediConnect Customer Contact Center 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) if there is a concern of discrimination based on race, color, national origin, age, disability, or sex.

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

## Multi-Language Insert

### Multi-language Interpreter Services

**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Spanish:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Chinese Mandarin:** 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 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711)。

**Chinese Cantonese:** 注意：如果您說中文，您可獲得免費的語言協助服務。請致電 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711)。

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711). 번으로 전화해 주십시오.

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Arabic:** ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل بالرقم 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Hindi:** ध्यान दें: यदि आप बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711). पर कॉल करें।

**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。1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711). まで、お電話にてご連絡ください。

**Farsi:** توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Thai:** เรียน: ถ้านคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Armenian:** ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, սպասե՛ք անվճար կարող ենք ստանալու լեզվական աջակցության ծառայություններ: Զանգահարեք 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711)

**Cambodian:** ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Punjabi:** ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**Laotian:** ໄປດຊາຍ: ຖ້າທ່ານເວົ້າພາສາອັງກິດ, ການຊ່ວຍເຫຼືອດ້ານພາສາທີ່ບໍ່ເສຍຄ່າມີພ້ອມໃຫ້ທ່ານ. ກະລຸນາໂທ 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).