Note: Authorization of a service based on the clinical information provided does not guarantee payment. The claim must be properly submitted and the member must be eligible on the date of service for the claim to be payable. Coverage will be authorized for uses as described in Chapter 15 of the Medicare Benefit Policy Manual, National Coverage Determinations, or Local Coverage Determinations. Please visit cms.gov or novitas- Requests may be submitted by calling Care Management at 1-877-399-1671 or by faxing the Medical Benefit Drug Request Form along with supporting documentation to 1-855-342-9648. To facilitate the process, consult this guide and follow the required clinical criteria and information guidelines outlined here when submitting your request.

Requested service	Required clinical criteria and information
Adagen® (pegademase bovine) J2504	Please submit the following: • Diagnosis of adenosine deaminase (ADA) deficiency in a member with severe combined immunodeficiency disease (SCID) • Evidence that the member failed bone marrow transplantation or is not a suitable candidate • Clinical documentation supporting the diagnosis • Any additional pertinent medical information
Aldurazyme® (laronidase) J1931	Please submit the following: • Diagnosis of one of the following: Hurler mucopolysaccharidosis (MPS) I with moderate to severe symptoms or Hurler-Scheie MPS I with moderate to severe symptoms • Clinical documentation supporting the diagnosis such as serum assays showing enzyme deficiency of alpha-L-iduronidase and urinary glycosaminoglycans (GAGs), dermatan sulfate or heparan sulfate • Any additional pertinent medical information
Aralast NP (alpha-1 proteinase inhibitor) J0256	Please submit the following: • Evidence that member is 18 years of age or older • Clinical documentation supporting congenital deficiency of $alpha_1$-proteinase inhibitor such as serum levels of alpha-1 antitrypsin • Diagnosis of symptomatic emphysema • Any additional pertinent medical information

Note: Authorization of a service based on the clinical information provided does not guarantee payment. The claim must be properly submitted and the member must be eligible on the date of service for the claim to be payable. Coverage will be authorized for uses as described in Chapter 15 of the Medicare Benefit Policy Manual, National Coverage Determinations, or Local Coverage Determinations. Please visit cms.gov or novitas- Requests may be submitted by calling Care Management at 1-877-399-1671 or by faxing the Medical Benefit Drug Request Form along with supporting documentation to 1-855-342-9648. To facilitate the process, consult this guide and follow the required clinical criteria and information guidelines outlined here when submitting your request.

Requested service	Required clinical criteria and information
Aranesp® (darbepoetin alfa) J0881	Please submit the following: • Diagnosis • Clinical documentation supporting the diagnosis • Location at which the requested drug will be administered (e.g., clinic, home, office) • Any additional pertinent medical information
Beleodaq® (belinostat) J9032	Please submit the following: • Diagnosis of relapsed or refractory peripheral T-cell lymphoma (PTCL) • Evidence of intolerance to or progression of disease on at least one prior therapy • Names of medications previously used to treat this condition, including dosage, dates of therapy, and response to treatment • Any additional pertinent clinical information
Boniva® (ibandronate) J1740	Please submit the following: • Diagnostic evidence of osteoporosis • Previous treatments and interventions to improve bone mineral density • Any additional pertinent medical information
Botox® (botulinum toxin type A) injections J0585	Please submit the following: • Diagnosis • Previous treatment • Response to previous treatment

Note: Authorization of a service based on the clinical information provided does not guarantee payment. The claim must be properly submitted and the member must be eligible on the date of service for the claim to be payable. Coverage will be authorized for uses as described in Chapter 15 of the Medicare Benefit Policy Manual, National Coverage Determinations, or Local Coverage Determinations. Please visit cms.gov or novitas- Requests may be submitted by calling Care Management at 1-877-399-1671 or by faxing the Medical Benefit Drug Request Form along with supporting documentation to 1-855-342-9648. To facilitate the process, consult this guide and follow the required clinical criteria and information guidelines outlined here when submitting your request.

Requested service	Required clinical criteria and information
Cerezyme ® (imiglucerase) J1786	Please submit the following: • Clinical documentation supporting a confirmed diagnosis of Type 1 Gaucher disease such as: o Biochemical assay of glucocerebrosidase activity in WBCs or skin fibroblasts ≤30 percent normal activity o Genotyping revealing two pathogenic mutations of the glucocerebrosidase gene • Evidence that symptomatic manifestations of the disease are present, such as anemia, thrombocytopenia, bone disease, hepatomegaly, or splenomegaly • Any additional pertinent medical information
Cyramza® (ramucirumab) J9308	Please submit the following: • Diagnosis • Any pertinent lab results or genetic testing to confirm diagnosis • Names of medications previously used to treat this condition, including dates of therapy and reason for discontinuation • Dosage of drug and frequency of administration
Dysport® (abobotulinumtoxinA) J0586	Please submit the following: • Diagnosis • Previous treatment • Response to previous treatment
Elaprase® (idursulfase) J1743	Please submit the following: • Diagnosis of Hunter syndrome (MPS II) • Clinical documentation supporting the diagnosis such as deficiency of iduronate sulfatase and urine GAGs, dermatan sulfate or heparan sulfate • Any additional pertinent medical information

Note: Authorization of a service based on the clinical information provided does not guarantee payment. The claim must be properly submitted and the member must be eligible on the date of service for the claim to be payable. Coverage will be authorized for uses as described in Chapter 15 of the Medicare Benefit Policy Manual, National Coverage Determinations, or Local Coverage Determinations. Please visit cms.gov or novitas- Requests may be submitted by calling Care Management at 1-877-399-1671 or by faxing the Medical Benefit Drug Request Form along with supporting documentation to 1-855-342-9648. To facilitate the process, consult this guide and follow the required clinical criteria and information guidelines outlined here when submitting your request.

Requested service	Required clinical criteria and information
Elelyso™ (taliglucerase alfa) J3060	Please submit the following: • Clinical documentation supporting a diagnosis of Type 1 Gaucher disease such as: o Biochemical assay of glucocerebrosidase activity in WBCs or skin fibroblasts ≤30 percent of normal activity o Genotyping revealing two pathogenic mutations of the glucocerebrosidase gene • Any additional pertinent medical information
Epogen® (epoetin alfa) J0885	Please submit the following: • Diagnosis • Clinical documentation supporting the diagnosis • Location at which the requested drug will be administered (e.g., clinic, home, office) • Any additional pertinent medical information
Euflexxa® (1% sodium hyaluronate) J7323	Please submit the following: • Diagnosis of osteoarthritis of the knee supported by radiological evidence • Documentation that conservative nonpharmacologic therapy and simple analgesics, e.g., acetaminophen have been ineffective • Any additional pertinent medical information
Eylea® (aflibercept injection) J0178	Please submit the following: • Diagnosis • Dosage of and frequency of administration • Any additional pertinent medical information

Note: Authorization of a service based on the clinical information provided does not guarantee payment. The claim must be properly submitted and the member must be eligible on the date of service for the claim to be payable. Coverage will be authorized for uses as described in Chapter 15 of the Medicare Benefit Policy Manual, National Coverage Determinations, or Local Coverage Determinations. Please visit cms.gov or novitas- Requests may be submitted by calling Care Management at 1-877-399-1671 or by faxing the Medical Benefit Drug Request Form along with supporting documentation to 1-855-342-9648. To facilitate the process, consult this guide and follow the required clinical criteria and information guidelines outlined here when submitting your request.

Requested service	Required clinical criteria and information
Fabrazyme® (agalsidase beta) J0180	Please submit the following: • Diagnosis of Fabry disease • Clinical documentation showing other conditions, such as cardioembolic stroke or dissection syndromes, have been ruled out • Clinical documentation supporting the diagnosis such as deficient activity of α- galactosidase and molecular testing for GLA mutation • Any additional pertinent medical information
Flolan® (epoprostenol sodium) J1325	Please submit the following: ☐ Clinical documentation supporting a diagnosis of pulmonary hypertension therapy (PAH) (WHO Group I) ☐ Place of patient residence (e.g., home, long-term care facility, skilled nursing facility) ☐ Whether the drug will be administered with durable medical equipment (e.g., nebulizer or infusion pump) ☐ Any additional pertinent medical information
Gel-One® (cross-linked hyaluronate) J7326	Please submit the following: • Diagnosis of osteoarthritis of the knee supported by radiological evidence • Documentation that conservative nonpharmacologic therapy and simple analgesics, e.g., acetaminophen have been ineffective • Any additional pertinent medical information
Gel-Syn™ (hyaluronic acid) J7328	Please submit the following: • Diagnosis of osteoarthritis of the knee supported by radiological evidence • Documentation that conservative nonpharmacologic therapy and simple analgesics, e.g., acetaminophen have been ineffective • Any additional pertinent medical information

Note: Authorization of a service based on the clinical information provided does not guarantee payment. The claim must be properly submitted and the member must be eligible on the date of service for the claim to be payable. Coverage will be authorized for uses as described in Chapter 15 of the Medicare Benefit Policy Manual, National Coverage Determinations, or Local Coverage Determinations. Please visit cms.gov or novitas- Requests may be submitted by calling Care Management at 1-877-399-1671 or by faxing the Medical Benefit Drug Request Form along with supporting documentation to 1-855-342-9648. To facilitate the process, consult this guide and follow the required clinical criteria and information guidelines outlined here when submitting your request.

Requested service	Required clinical criteria and information
GenVisc® 850 (sodium hyaluronate) Q9980	Please submit the following: • Diagnosis of osteoarthritis of the knee supported by radiological evidence • Documentation that conservative nonpharmacologic therapy and simple analgesics, • e.g., acetaminophen have been ineffective • Any additional pertinent medical information
Glassia® (alpha 1- proteinase inhibitor) J0257	Please submit the following: • Evidence that member is 18 years of age or older • Clinical documentation supporting congenital deficiency of alpha1-proteinase inhibitor such as serum levels of alpha-1 antitrypsin • Diagnosis of symptomatic emphysema • Any additional pertinent medical information
Hyalgan® (sodium hyaluronate) J7321	Please submit the following: • Diagnosis of osteoarthritis of the knee supported by radiological evidence • Documentation that conservative nonpharmacologic therapy and simple analgesics, • e.g., acetaminophen have been ineffective • Any additional pertinent medical information
Immune globulin (intravenous and subcutaneous) J1459, J1556, J1557, J1559, J1561, J1566, J1568, J1569, J1572, J1575	Please submit the following: • Clinical documentation supporting the diagnosis immune globulin will be used to treat such as disease-associated symptoms and any pertinent laboratory results or testing used to confirm diagnosis • Names of medications previously used to treat this condition, including regimens, dates of therapy, and response to treatment • Any additional pertinent medical information

Note: Authorization of a service based on the clinical information provided does not guarantee payment. The claim must be properly submitted and the member must be eligible on the date of service for the claim to be payable. Coverage will be authorized for uses as described in Chapter 15 of the Medicare Benefit Policy Manual, National Coverage Determinations, or Local Coverage Determinations. Please visit cms.gov or novitas- Requests may be submitted by calling Care Management at 1-877-399-1671 or by faxing the Medical Benefit Drug Request Form along with supporting documentation to 1-855-342-9648. To facilitate the process, consult this guide and follow the required clinical criteria and information guidelines outlined here when submitting your request.

Requested service	Required clinical criteria and information
Keytruda® (pembrolizu-mab) J9271	Please submit the following: • Diagnosis • Names of medications previously used to treat the condition, including dosage, dates of therapy, and response to treatment • Any additional pertinent medical information, including genetic testing if applicable
Lucentis® (ranibizumab injection) J2778	Please submit the following: • Diagnosis • Dosage and frequency of administration • Any additional pertinent medical information
Lumizyme® (alglucosidase alfa) J0221	Please submit the following: • Diagnosis of Pompe disease • Evidence that all other possible conditions have been ruled out • Clinical documentation supporting the diagnosis such as absence of acid alpha glucosidase (GAA) activity, through GAA mutation testing or GAA activity testing in fibroblasts or muscle; screening tests including chest X-ray, electrocardiogram (ECG), electromyogram (EMG) AND/OR creatine kinase (CK), among other laboratory tests • Any additional pertinent medical information
Monovisc® (cross-linked sodium hyaluronate) J7327	Please submit the following: • Diagnosis of osteoarthritis of the knee supported by radiological evidence • Documentation that conservative nonpharmacologic therapy and simple analgesics, e.g., acetaminophen have been ineffective • Any additional pertinent medical information

Note: Authorization of a service based on the clinical information provided does not guarantee payment. The claim must be properly submitted and the member must be eligible on the date of service for the claim to be payable. Coverage will be authorized for uses as described in Chapter 15 of the Medicare Benefit Policy Manual, National Coverage Determinations, or Local Coverage Determinations. Please visit cms.gov or novitas- Requests may be submitted by calling Care Management at 1-877-399-1671 or by faxing the Medical Benefit Drug Request Form along with supporting documentation to 1-855-342-9648. To facilitate the process, consult this guide and follow the required clinical criteria and information guidelines outlined here when submitting your request.

Requested service	Required clinical criteria and information
Myobloc® (rima-botulinumtoxin B) J0587	Please submit the following: • Diagnosis • Previous treatment • Response to previous treatment
Myozyme® (alglucosidase alfa) J0220	Please submit the following: • Diagnosis of infantile-onset Pompe disease • Evidence that all other possible conditions have been ruled out • Clinical documentation supporting the diagnosis such as absence of acid alpha glucosidase (GAA) activity, through GAA mutation testing or GAA activity testing in fibroblasts or muscle; screening tests including chest X-ray, electrocardiogram (ECG), electromyogram (EMG), AND/OR creatine kinase (CK), among other laboratory tests • Any additional pertinent medical information
Naglazyme® (galsulfase) J1458	Please submit the following: • Diagnosis of mucopolysaccharidosis (MPS) syndrome VI • Clinical documentation supporting the diagnosis such as enzyme deficiency of N- acetylgalactosamine-6-sulfate and urinary GAG - dermatan sulfate • Any additional pertinent medical information
Neulasta® (pegfilgrastim) J2505	Please submit the following: • Diagnosis • Clinical documentation supporting the diagnosis • Location at which the requested drug will be administered (clinic, home, office) • Any additional pertinent medical information

Note: Authorization of a service based on the clinical information provided does not guarantee payment. The claim must be properly submitted and the member must be eligible on the date of service for the claim to be payable. Coverage will be authorized for uses as described in Chapter 15 of the Medicare Benefit Policy Manual, National Coverage Determinations, or Local Coverage Determinations. Please visit cms.gov or novitas- Requests may be submitted by calling Care Management at 1-877-399-1671 or by faxing the Medical Benefit Drug Request Form along with supporting documentation to 1-855-342-9648. To facilitate the process, consult this guide and follow the required clinical criteria and information guidelines outlined here when submitting your request.

Requested service	Required clinical criteria and information
Opdivo® (nivolumab) J9299	Please submit the following: • Diagnosis • Names of medications previously used to treat the condition, including dosage, dates of therapy, and response to treatment • Any additional pertinent medical information, including genetic testing if applicable
Procrit® (epoetin alfa) J0885	Please submit the following: • Diagnosis • Clinical documentation supporting the diagnosis • Location at which the requested drug will be administered (e.g., clinic, home, office) • Any additional pertinent medical information
Prolastin-C® (alpha-1 proteinase inhibitor) J0256	Please submit the following: • Evidence that member is 18 years of age or older • Clinical documentation supporting congenital deficiency of Alpha1-Proteinase inhibitor such as serum levels of alpha-1 antitrypsin • Diagnosis of symptomatic emphysema • Any additional pertinent medical information
Prolia® (denosumab) J0897	Please submit the following: ☐ Diagnosis ☐ Any pertinent laboratory results or testing to confirm diagnosis such as a DEXA scan ☐ Dosage and frequency of administration ☐ Any additional pertinent medical information

Note: Authorization of a service based on the clinical information provided does not guarantee payment. The claim must be properly submitted and the member must be eligible on the date of service for the claim to be payable. Coverage will be authorized for uses as described in Chapter 15 of the Medicare Benefit Policy Manual, National Coverage Determinations, or Local Coverage Determinations. Please visit cms.gov or novitas- Requests may be submitted by calling Care Management at 1-877-399-1671 or by faxing the Medical Benefit Drug Request Form along with supporting documentation to 1-855-342-9648. To facilitate the process, consult this guide and follow the required clinical criteria and information guidelines outlined here when submitting your request.

Requested service	Required clinical criteria and information
Reclast® (zoledronic acid) J3489	Please submit the following: • Diagnostic evidence of osteoporosis • Previous treatments and interventions to improve bone mineral density • Any additional pertinent medical information
Remicade® (infliximab) J1745	Please submit the following: • Diagnosis • Any pertinent lab results or clinical documentation supporting the diagnosis • Names of medications previously used to treat this condition, including dates of therapy and reason for discontinuation • Dosage of drug and frequency of administration
Remodulin® (treprostinil) J3285	Please submit the following: ☐ Clinical documentation supporting a diagnosis of pulmonary hypertension therapy (PAH) (WHO Group I) ☐ Place of patient residence (e.g., home, long-term care facility, skilled nursing facility) ☐ Whether the drug will be administered with durable medical equipment (e.g., nebulizer or infusion pump) ☐ Any additional pertinent medical information
Supartz FX™ (sodium hyaluronate) J7321	Please submit the following: • Diagnosis of osteoarthritis of the knee supported by radiological evidence • Documentation that conservative nonpharmacologic therapy and simple analgesics, e.g., acetaminophen have been ineffective • Any additional pertinent medical information

Note: Authorization of a service based on the clinical information provided does not guarantee payment. The claim must be properly submitted and the member must be eligible on the date of service for the claim to be payable. Coverage will be authorized for uses as described in Chapter 15 of the Medicare Benefit Policy Manual, National Coverage Determinations, or Local Coverage Determinations. Please visit cms.gov or novitas- Requests may be submitted by calling Care Management at 1-877-399-1671 or by faxing the Medical Benefit Drug Request Form along with supporting documentation to 1-855-342-9648. To facilitate the process, consult this guide and follow the required clinical criteria and information guidelines outlined here when submitting your request.

Requested service	Required clinical criteria and information
Synvisc® Synvisc-One® (hylan G-F 20) J7325	Please submit the following: • Diagnosis of osteoarthritis of the knee supported by radiological evidence • Documentation that conservative nonpharmacologic therapy and simple analgesics, e.g., acetaminophen have been ineffective • Any additional pertinent medical information
Tyvaso® (treprostinil) J7686	Please submit the following: ☐ Clinical documentation supporting a diagnosis of pulmonary hypertension therapy (PAH) (WHO Group I) ☐ Place of patient residence (e.g., home, long-term care facility, skilled nursing facility) ☐ Whether the drug will be administered with durable medical equipment (e.g., nebulizer or infusion pump) ☐ Any additional pertinent medical information
Veletri® (epoprostenol) J1325	Please submit the following: ☐ Clinical documentation supporting a diagnosis of pulmonary hypertension therapy (PAH) (WHO Group I) ☐ Place of patient residence (e.g., home, long-term care facility, skilled nursing facility) ☐ Whether the drug will be administered with durable medical equipment (e.g., nebulizer or infusion pump) ☐ Any additional pertinent medical information
Vimizim® (elosulfase alfa) J1322	Please submit the following: • Diagnosis of mucopolysaccharidosis type IVA (MPS IVA; Morquio A syndrome) • Clinical documentation supporting the diagnosis such as clinical examination, skeletal radiographs, urinary GAG, and enzymatic activity of GALNS in blood cells or fibroblasts • Any additional pertinent medical information

Note: Authorization of a service based on the clinical information provided does not guarantee payment. The claim must be properly submitted and the member must be eligible on the date of service for the claim to be payable. Coverage will be authorized for uses as described in Chapter 15 of the Medicare Benefit Policy Manual, National Coverage Determinations, or Local Coverage Determinations. Please visit cms.gov or novitas- Requests may be submitted by calling Care Management at 1-877-399-1671 or by faxing the Medical Benefit Drug Request Form along with supporting documentation to 1-855-342-9648. To facilitate the process, consult this guide and follow the required clinical criteria and information guidelines outlined here when submitting your request.

Requested service	Required clinical criteria and information
VPRIV® (velaglucerase alfa) J3385	Please submit the following: • Clinical documentation supporting the diagnosis of Type 1 Gaucher disease such as: o Biochemical assay of glucocerebrosidase activity in WBCs or skin fibroblasts ≤30 percent of normal activity o Genotyping revealing two pathogenic mutations of the glucocerebrosidase gene • Any additional pertinent medical information
Xeomin® (incobo-tulinumtoxinA) J0588	Please submit the following: • Diagnosis • Previous treatment • Response to previous treatment
Xgeva™ (denosumab) J0897	Please submit the following: • Diagnosis • Any pertinent laboratory results or testing to confirm diagnosis • Dosage and frequency of administration • Any additional pertinent medical information
Xiaflex® (collagenase clostridium histolyticum) J0775	Please submit the following: • Evidence that member is 18 years of age or older • Diagnosis of Dupuytren's contracture with a palpable cord or Peyronie's disease with a palpable plaque and curvature deformity of at least 30 degrees at the start of therapy • Any additional pertinent medical information

Note: Authorization of a service based on the clinical information provided does not guarantee payment. The claim must be properly submitted and the member must be eligible on the date of service for the claim to be payable. Coverage will be authorized for uses as described in Chapter 15 of the Medicare Benefit Policy Manual, National Coverage Determinations, or Local Coverage Determinations. Please visit cms.gov or novitas- Requests may be submitted by calling Care Management at 1-877-399-1671 or by faxing the Medical Benefit Drug Request Form along with supporting documentation to 1-855-342-9648. To facilitate the process, consult this guide and follow the required clinical criteria and information guidelines outlined here when submitting your request.

Requested service	Required clinical criteria and information
Zemaira® (alpha-1 proteinase inhibitor) J0256	Please submit the following: • Evidence that member is 18 years of age or older • Clinical documentation supporting congenital deficiency of alpha1-proteinase inhibitor such as serum levels of alpha-1 antitrypsin • Diagnosis of symptomatic emphysema • Any additional pertinent medical information

BlueCross BlueShield Nebraska

An independent licensee of the Blue Cross and Blue Shield Association

Multi-language Interpreter Services

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-488-9850 (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 1-888-488-9850 (TTY: 711).

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 1-888-488-9850（TTY: 711）。

Arabic: ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-488-9850 (رقم هاتف الصم والبكم: 711).

Karen: ဟ်သူဉ်ဟ်သး– နမ့်ကတိၤ ကညီ ကျိာ်အယိ. နမၤန့်ၣ် ကျိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘူဉ်လၢာ်စ့ၤ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး 1-888-488-9850 (TTY: 711)

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-488-9850 (ATS: 711).

Cushite: XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-488-9850 (TTY: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-488-9850 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-488-9850 (TTY: 711) 번으로 전화해 주십시오.

Nepali: ध्यान दिनुहोस्: यदि तपाईंले नेपाली बोल्नुहुन्छ भने, तपाईंको लागि भाषा सहायता सेवाहरू नि:शुल्क उपलब्ध छन्। 1-888-488-9850 (TTY: 711) मा फोन गर्नुहोस्।

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-488-9850 (телетайп: 711).

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-888-488-9850 (TTY: 711).

Kurdish: ئاگاداری: ئەگەر بە زمانی کوردی قسە دەکەیت خزمەتگوزاریەکانی یارمەتی زمان، بەخۆڕایی بۆ تۆ بەردەستە. پەیوەندی بە 1-888-488-9850 (TTY: 711) بکە.

Persian: توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات و کمک‌های زبانی رایگان برای شما موجود است. برای کسب اطلاعات بیشتر، با شماره 1-888-488-9850 (TTY: 711) تماس بگیرید.

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。
1-888-488-9850（TTY: 711）まで、お電話にてご連絡ください。