

Blue Cross and Blue Shield of Minnesota FlexRx Formulary Updates

October 2026

TRADE NAME (generic name) or generic name	Brand/Generic Product	Description of Change
AVOPEF (etoposide inj 500 mg/25ml (20 mg/ml))	Brand	Addition
BESREMI PEN (ropeginterferon alfa-2b-njft soln pen inj 500 mcg/0.5ml)	Brand	Addition
bosutinib tab 100 mg	Generic	Addition, generic for BOSULIF
bosutinib tab 400 mg	Generic	Addition, generic for BOSULIF
bosutinib tab 500 mg	Generic	Addition, generic for BOSULIF
CAVHANZA (nilotinib tab disint 60 mg)	Brand	Addition
CAVHANZA (nilotinib tab disint 80 mg)	Brand	Addition
CLIGAVYX (fulvestrant inj soln pref syr 250 mg/5ml)	Brand	Addition
CYCLOPHOSPHAMIDE (cyclophosphamide iv soln 1 gm/5ml (200 mg/ml))	Brand	Removal, generics available
CYCLOPHOSPHAMIDE (cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml))	Brand	Removal, generics available
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg	Generic	Addition, generic for XIGDUO XR
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg	Generic	Addition, generic for XIGDUO XR
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	Generic	Addition, generic for XIGDUO XR
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg	Generic	Addition, generic for XIGDUO XR
DECNUPAZ (pivekimab sunirine-pvzy for iv soln 2 mg)	Brand	Addition
EDURANT (rilpivirine hcl tab 25 mg (base equivalent))	Brand	Removal, generics available
EVDI (trabectedin iv soln 1 mg/20ml)	Brand	Addition
FARXIGA (dapagliflozin tab 10 mg)	Brand	Removal, generics available
FARXIGA (dapagliflozin tab 5 mg)	Brand	Removal, generics available
FAVLYXA (fluorouracil iv soln 2.5 gm/100ml (25 mg/ml))	Brand	Addition
FOLOTYN (pralatrexate iv inj 20 mg/ml)	Brand	Removal, generics available
FOLOTYN (pralatrexate iv inj 40 mg/2ml)	Brand	Removal, generics available
FOUNDAYO (orforglipron calcium (weight management) tab 0.8 mg)	Brand	Addition
FOUNDAYO (orforglipron calcium (weight management) tab 14.5 mg)	Brand	Addition
FOUNDAYO (orforglipron calcium (weight management) tab 17.2 mg)	Brand	Addition
FOUNDAYO (orforglipron calcium (weight management) tab 2.5 mg)	Brand	Addition
FOUNDAYO (orforglipron calcium (weight management) tab 5.5 mg)	Brand	Addition
FOUNDAYO (orforglipron calcium (weight management) tab 9 mg)	Brand	Addition
INGREZZA (valbenazine tosylate cap 40 mg (base equiv))	Brand	Addition
INGREZZA (valbenazine tosylate cap 60 mg (base equiv))	Brand	Addition
INGREZZA (valbenazine tosylate cap 80 mg (base equiv))	Brand	Addition
INGREZZA (valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21))	Brand	Addition
INGREZZA (valbenazine tosylate capsule sprinkle 40 mg (base equiv))	Brand	Addition
INGREZZA (valbenazine tosylate capsule sprinkle 60 mg (base equiv))	Brand	Addition
INGREZZA (valbenazine tosylate capsule sprinkle 80 mg (base equiv))	Brand	Addition
JAKAFI XR (ruxolitinib phosphate tab er 24hr 11 mg (base equivalent))	Brand	Addition
JAKAFI XR (ruxolitinib phosphate tab er 24hr 22 mg (base equivalent))	Brand	Addition

Continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Description of Change
JAKAFI XR (ruxolitinib phosphate tab er 24hr 33 mg (base equivalent))	Brand	Addition
JAKAFI XR (ruxolitinib phosphate tab er 24hr 44 mg (base equivalent))	Brand	Addition
JAKAFI XR (ruxolitinib phosphate tab er 24hr 55 mg (base equivalent))	Brand	Addition
JANUMET (sitagliptin phosphate-metformin hcl tab 50-1000 mg)	Brand	Removal, generics available
JANUMET (sitagliptin phosphate-metformin hcl tab 50-500 mg)	Brand	Removal, generics available
JANUVIA (sitagliptin phosphate tab 100 mg (base equiv))	Brand	Removal, generics available
JANUVIA (sitagliptin phosphate tab 25 mg (base equiv))	Brand	Removal, generics available
JANUVIA (sitagliptin phosphate tab 50 mg (base equiv))	Brand	Removal, generics available
macitentan tab 10 mg	Generic	Addition, generic for OPSUMIT
MAVENCLAD (cladribine tab therapy pack 10 mg (10 tabs))	Brand	Removal, generics available
MAVENCLAD (cladribine tab therapy pack 10 mg (4 tabs))	Brand	Removal, generics available
MAVENCLAD (cladribine tab therapy pack 10 mg (5 tabs))	Brand	Removal, generics available
MAVENCLAD (cladribine tab therapy pack 10 mg (6 tabs))	Brand	Removal, generics available
MAVENCLAD (cladribine tab therapy pack 10 mg (7 tabs))	Brand	Removal, generics available
MAVENCLAD (cladribine tab therapy pack 10 mg (8 tabs))	Brand	Removal, generics available
MAVENCLAD (cladribine tab therapy pack 10 mg (9 tabs))	Brand	Removal, generics available
mirabegron granules for oral extended release susp 8 mg/ml	Generic	Addition, generic for MYRBETRIQ
moxifloxacin hcl tab 400 mg (base equiv)	Generic	Addition
MULTAQ (dronedaronе hcl tab 400 mg (base equivalent))	Brand	Addition
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	Generic	Addition
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	Generic	Addition
POMALYST (pomalidomide cap 1 mg)	Brand	Removal, generics available
POMALYST (pomalidomide cap 2 mg)	Brand	Removal, generics available
POMALYST (pomalidomide cap 3 mg)	Brand	Removal, generics available
POMALYST (pomalidomide cap 4 mg)	Brand	Removal, generics available
PREMARIN (estrogens, conjugated vaginal cream 0.625 mg/gm)	Brand	Addition
ROMIDEPSIN (romidepsin iv soln 27.5 mg/5.5ml (5 mg/ml))	Brand	Addition
SARCLISA ESCENA (isatuximab-irfc subcutaneous soln 1400 mg/10ml)	Brand	Addition
SAVELLA (milnacipran hcl tab 100 mg)	Brand	Removal, generics available
SAVELLA (milnacipran hcl tab 12.5 mg)	Brand	Removal, generics available
SAVELLA (milnacipran hcl tab 25 mg)	Brand	Removal, generics available
SAVELLA (milnacipran hcl tab 50 mg)	Brand	Removal, generics available
SAVELLA TITRATION PACK (milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)	Brand	Removal, generics available
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5ml)	Brand	Removal
SELARSDI (ustekinumab-aekn soln prefilled syringe 90 mg/ml)	Brand	Removal
SELARSDI (ustekinumab-aekn subcutaneous soln 45 mg/0.5ml)	Brand	Removal
sitagliptin phosphate tab 100 mg (base equiv)	Generic	Addition, generic for JANUVIA
sitagliptin phosphate tab 25 mg (base equiv)	Generic	Addition, generic for JANUVIA
sitagliptin phosphate tab 50 mg (base equiv)	Generic	Addition, generic for JANUVIA
sitagliptin phosphate-metformin hcl tab 50-1000 mg	Generic	Addition, generic for JANUMET
sitagliptin phosphate-metformin hcl tab 50-500 mg	Generic	Addition, generic for JANUMET
SKYRIZI (risankizumab-rzaa soln prefilled syringe 55 mg/0.37ml)	Brand	Addition
STEQEYMA (ustekinumab-stba subcutaneous soln 45 mg/0.5ml)	Brand	Addition

Continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Description of Change
tetracycline hcl cap 250 mg	Generic	Addition
tetracycline hcl cap 500 mg	Generic	Addition
TEVIMBRA (tislelizumab-jsgr iv soln 150 mg/15ml)	Brand	Addition
tofacitinib citrate oral soln 1 mg/ml (base equivalent)	Generic	Addition, generic for XELJANZ
tofacitinib citrate tab 10 mg (base equivalent)	Generic	Addition, generic for XELJANZ
tofacitinib citrate tab 5 mg (base equivalent)	Generic	Addition, generic for XELJANZ
tofacitinib citrate tab er 24hr 11 mg (base equivalent)	Generic	Addition, generic for XELJANZ XR
tofacitinib citrate tab er 24hr 22 mg (base equivalent)	Generic	Addition, generic for XELJANZ XR
TRYNGOLZA (olezarsen sod subcut soln auto-inject 50 mg/0.8ml (base eq))	Brand	Addition
TRYNGOLZA (olezarsen sod subcut soln auto-inject 80 mg/0.8ml (base eq))	Brand	Addition
VABRINTY (leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg)	Brand	Removal
VABRINTY (leuprolide acetate (4 month) for subcutaneous inj kit 30 mg)	Brand	Removal
VABRINTY (leuprolide acetate (6 month) for subcutaneous inj kit 45 mg)	Brand	Removal
VEPPANU (vepdegestrant tab 100 mg)	Brand	Addition
VEPPANU (vepdegestrant tab 200 mg)	Brand	Addition
XIGDUO XR (dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg)	Brand	Removal, generics available
XIGDUO XR (dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg)	Brand	Removal, generics available
XIGDUO XR (dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg)	Brand	Removal, generics available
XIGDUO XR (dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg)	Brand	Removal, generics available
ZYCUBO (copper histidinate for subcutaneous soln 2.9 mg)	Brand	Addition

Notice of Nondiscrimination and Accessibility

At Blue Cross and Blue Shield of Minnesota and Blue Plus, we treat everyone fairly. We don't exclude you, or treat you less favorably, because of your race, skin color, national origin, age, disability status, or sex (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes). We follow federal civil rights laws and don't discriminate against anyone based on these traits.

If you communicate best in a language other than English, you can request free language assistance services.

If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge.

Need these services? Call **1-855-903-2583**, TTY **711** or call the number on the back of your member identification card.

Discrimination is against the law.

If we failed to provide services or discriminated in another way based on your race, skin color, national origin, age, disability status, or sex, (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes), you can file a complaint by contacting our Nondiscrimination Civil Rights Coordinator:

Email: Civil.Rights.Coord@bluecrossmn.com
Telephone: 1-800-509-5312
Mail: Blue Cross and Blue Shield of Minnesota
ATTN: Civil Rights Coordinator P3-2
PO Box 64560, Eagan, MN 55164-0560

Nondiscrimination complaint forms are available on our website at bluecrossmn.com/NDL, or from the Nondiscrimination Civil Rights Coordinator.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services

- electronically through the Office for Civil Rights complaint portal:
ocrportal.hhs.gov/ocr/portal/lobby.jsf
- by mail at: U.S. Department of Health and Human Services,
200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201
- or by phone at: 1-800-368-1019, 1-800-537-7697 (TDD)

Civil rights complaint forms are available at hhs.gov/ocr/office/file/index.html.

ENGLISH ATTENTION: If you speak a language other than English, language services are available free of charge. If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge. Call 1-855-903-2583 (TTY 711).	廣東話 (Cantonese – Traditional Chinese) 請注意：如果您說 廣東話 您可要求免費語言協助服務。如果您有視力、聽力或言語障礙，我們會以最適合您的方式與您溝通。這可能包括使用手語傳譯員、免費提供大字體或點字文件、錄音或其他輔助工具。請致電 1-855-903-2583 聽障熱線 (TTY 711)。
ESPAÑOL (Spanish) ATENCIÓN: Si habla Español, puede solicitar servicios gratuitos de asistencia lingüística. Si tiene una deficiencia visual, auditiva o del habla, podemos comunicarnos de la manera que le resulte mejor a usted. Esto puede incluir el uso de intérpretes de lengua de señas, el suministro de documentos en letra grande o braille, grabaciones de audio u otras ayudas sin cargo. Llame al 1-855-903-2583 (TTY 711).	العربية (Arabic) تنبيه: إذا كنت تتحدث العربية، يمكنك لطلب بخدمات المساعدة اللغوية المجانية. إذا كنت تعاني من إعاقة بصرية أو سمعية أو نطقية، يمكننا التواصل معك بالطريقة التي تناسبك. وقد يشمل ذلك استخدام مترجمين للغة الإشارة، أو توفير المستندات بحروف كبيرة أو بطريقة برايل، أو تسجيلًا نصوتيًا، أو غيرها من الوسائل المساعدة من دون مقابل. اتصل على الرقم 1-855-903-2583 (الهاتف النصي 711).
አማርኛ (Amharic) ትኩረት ይሰጥ፡- አማርኛ ቋንቋ የሚናገሩ ከሆኑ፣ ነጻ የቋንቋ እገዛ አገልግሎቶችን መጠየቅ ይችላሉ። የማየት፣ የመስማት ወይም የመናገር ችግር ካለብዎት ለእርስዎ በተሻለ በሚሠራው መንገድ መግባባት እንችላለን። ይህ ደግሞ የምልክት ቋንቋ አስተርጓሚዎችን መጠቀም፣ በትላልቅ ህትመቶች ወይም በብሬይል የተጻፉ ሰነዶችን፣ የድምፅ ቅጂዎችን ወይም ሌሎች መርጃዎችን ያለ ክፍያ ማቅረብን ይጨምራል። 1-855-903-2583 (TTY 711) ላይ ይደውሉ።	FRANÇAIS (French) ATTENTION : Si vous parlez Français, vous pouvez demander des services d'assistance linguistique gratuits. Si vous avez une déficience visuelle, auditive ou vocale, nous pouvons communiquer de la manière qui vous convient le mieux. Il peut s'agir d'interprètes en langue des signes, de documents en gros caractères ou en braille, d'enregistrements audio ou d'autres aides gratuites. Composez le 1-855-903-2583 (ATS 711).
LUS HMOOB (Hmong) LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob, koj tuaj yeem thov cov kev pab cuam uas pab hom lus tau dawb. Yog hais tias koj qhov muag tsis pom kev zoo, tsis hnov lus, los sis hais tsis tau lus, peb tuaj yeem sib txuas lus hauv ib txoj hau kev uas ua hauj lwm tau zoo tshaj plaws rau koj. Qhov no tej zaum yuav muaj xam nrog kev siv cov neeg txhais lus piav tes, kev muab cov ntaub ntauv luam tawm ua tus ntauv loj los sis Ua Ntauv Su Rau Cov Neeg Tsis Pom Kev Siv Tau (Braille), kev kaw ua suab lus, los sis lwm yam kev pab yam tsis tau them nqi. Hu rau 1-855-903-2583 (TTY 711).	SOOMALI (Somali) XASUUSIN: Haddii aad ku hadasho Soomali, waxaad codsan kartaa adeegyada caawimaadda luqada oo bilaash ah. Haddii aad laxaad la'aan kataahy aragga, maqalka, ama hadalka, waxaanu kugula xidhiidhi karnaa habka adiga kuugu habboon. Tan waxaa ka mid ah in aan isticmaalno turjumaanada luqada dhegoolaha, in la bixiyo waraaqo ku qoran xarfaha waaweyn ama qoraalka indhoolayaasha, in la sameeyo cajalado la duubay, ama in la helo waxyaabo kale oo caawimaad ah oo bilaash ah. Wac 1-855-903-2583 (TTY 711).
ខ្មែរ (Khmer) ការជូនដំណឹង៖ ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ អ្នកអាចស្នើសុំសេវាជំនួយបកប្រែភាសាដោយឥតគិតថ្លៃ។ ប្រសិនបើអ្នកមើលមិនឃើញ ស្តាប់មិនឮ ឬនិយាយមិនបាន យើងអាចប្រាស្រ័យទាក់ទងជាមួយអ្នកតាមរបៀបផ្សេងដែលមានប្រសិទ្ធភាពល្អបំផុតសម្រាប់អ្នក។ ការប្រាស្រ័យទាក់ទងនេះអាចមានដូចជាអ្នកបកប្រែភាសាសញ្ញា ការផ្តល់ឯកសារដែលបោះពុម្ពអក្សរធំៗ ឬអក្សរស្នាប ឬការថតទុកជាសំឡេង ឬជំនួយផ្សេងទៀត ដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-855-903-2583 (TTY 711)។	한국어 (Korean) 주의: 한국어를 사용하시는 경우 귀하는 무료 언어 지원 서비스를 요청하실 수 있습니다. 시각 장애, 청각 장애 또는 언어 장애가 있는 경우 저희는 귀하에게 가장 적합한 방법으로 연락을 드릴 수 있습니다. 여기에는 수화통역사 이용, 대형 활자 또는 점자로 작성된 문서 제공, 음성 녹음 또는 기타 무료 지원이 포함될 수 있습니다. 1-855-903-2583 (TTY 711)번으로 전화하십시오.

ကညီကျိန် (Karen) ဟ်သျှုဟ်သး- နမ့ၢ်ကတိၤ ကညီကျိန် န့ၣ်, နယုကျိၣ်ဂ့ၢ်တိတ်တိၤမၤစၢၤလၢတလၢ်ဘူးလဲ သ့န့ၣ်လီၤ- နမ့ၢ်အိၣ်ဒီးတၢ်တလၢတပွဲၤလၢ မဲၢ်တၢ်ထံၣ်, တၢ်နဟူ, မ့တမ့ၢ် တၢ်စံးကတိၤတၢ်န့ၣ် ပဆဲးကျၢဆဲးကျိးတၢ်လၢ ကျဲကဲထီၣ်လိာ်ထီၣ်အဂ့ၢ်ကတၢ်လၢနဂီၢ်သ့န့ၣ်လီၤ- တၢ်အံၤ ပၣ်ယုဒီး တၢ်စူးကါ နီၤခိက့ၢ်ဂီၤကျိၣ်အပူၤကျိၣ်ထံတၢ်တဖၣ်, တၢ်ဟ့ၣ်လံာ်လံာ်တဖၣ်လၢ အလံာ်ဖျၢၣ်ဖးဒိၣ်, မ့တမ့ၢ် ပုၤမံၣ်ဘျီၣ်အလံာ်, တၢ်ကလုာ်, မ့တမ့ၢ် တၢ်မၤစၢၤဂၤတဖၣ် လၢတလၢ်အဘူးလဲန့ၣ်လီၤ- ကိးလီတဲစိဆူ 1-855-903-2583 (TTY 711) တက့ၢ်-	မြန်မာဘာသာ (Burmese) သတိပြုရန်- သင်သည် မြန်မာဘာသာ စကားကို ပြောပါက၊ အခမဲ့ ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများကို တောင်းဆိုနိုင်ပါသည်။ သင့်တွင် အမြင်အာရုံ၊ အကြားအာရုံ သို့မဟုတ် စကားပြောခြင်း ချို့ယွင်းမှုရှိနေပါက သင့်အတွက် အသင့်လျော်ဆုံးဖြစ်မည့်နည်းလမ်းဖြင့် ကျွန်ုပ်တို့ထံသို့ ဆက်သွယ်နိုင်ပါသည်။ ၎င်းတွင် လက်ဟန်ပြဘာသာစကား စကားပြန်များကို အသုံးပြုခြင်း၊ စာရွက်စာတမ်းများကို ပုံနှိပ်စာလုံးကြီးများ သို့မဟုတ် မျက်မှန်စာဖြင့် ပံ့ပိုးပေးခြင်း၊ အသံဖမ်းယူခြင်းများ သို့မဟုတ် အခြားအထောက်အကူများဖြင့် အခမဲ့ပံ့ပိုးပေးခြင်းတို့ ပါဝင်ပါသည်။ 1-855-903-2583 (TTY 711) သို့ ဖုန်းခေါ်ဆိုပါ။
OROMOO (Oromo) Xiyyeeffannoon haa kennamu:- Oromo Afaan kan dubbatan yoo ta'e, tajaajiloota gargaarsa afaanii bilisaa gaafachuu ni dandeessu. Rakkoo ilaaluu, dhaga'u ykn dubbachuu yoo qabaattan, karaa isiniif mijatuun haala isiniif galuun mari'achuu ni dandeenya. Kunis of keessatti kan qabatu, hiiktota afaan mallattoo fayyadamuun maxxansa gurguddaa ykn bireeylii, waraabbiwwan sagalee ykn gargaarsota biroo kaffaltii tokkoo malee gaafachuu dha. 1-855-903-2583 (TTY 711) irratti bilbilaa.	РУССКИЙ (Russian) ВНИМАНИЕ: Если ваш язык — РУССКИЙ, вы можете запросить бесплатные услуги языковой поддержки. Если у вас есть нарушение зрения, слуха или речи, мы можем общаться таким образом, который лучше всего подходит вам. Это может включать бесплатное использование переводчиков на языке жестов, предоставление документов крупным шрифтом или шрифтом Брайля, использование аудиозаписей или других вспомогательных средств. Звоните по телефону 1-855-903-2583 (TTY 711).
ພາສາລາວ (Lao) ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າ ພາສາລາວ, ທ່ານສາມາດຂໍບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ. ຖ້າທ່ານມີຄວາມບໍ່ກ່ຽວຂ້ອງດ້ານສາຍຕາ, ການໄດ້ເອິ້ນ ຫຼື ການບາກເວົ້າ, ພວກເຮົາສາມາດສື່ສານດ້ວຍວິທີທີ່ເໝາະສົມກັບທ່ານທີ່ສຸດ. ອັນນີ້ອາດຈະລວມເຖິງການໃຊ້ນ້ຳຍພາສາມື, ການຈັດກຽມເອກະສານເປັນໂຕພິມໃຫຍ່ ຫຼື ອັກສອນນູນ, ການບັນທຶກສຽງ ຫຼື ການຊ່ວຍເຫຼືອດ້ານສື່ອື່ນໆໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໂທ 1-855-903-2583 (TTY 711).	Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang humingi ng mga libreng serbisyo na tulong sa wika. Kung may kapansanan ka sa paningin, pandinig, o pananalita, maaari tayong mag-usap sa paraan na pinakamabuti para sa iyo. Maaaring kabilang dito ang paggamit ng mga interpreter ng sign language, pagbibigay ng mga dokumento na malalaki ang pagkaprinta o Braille, mga audio recording, o iba pang mga tulong nang walang bayad. Tumawag sa 1-855-903-2583 (TTY 711).
VIETNAMESE (Vietnamese) LƯU Ý: Nếu quý vị nói Vietnamese, quý vị có thể yêu cầu dịch vụ hỗ trợ ngôn ngữ miễn phí. Nếu quý vị bị khiếm thị, khiếm thính hoặc khuyết tật về âm ngữ, chúng tôi có thể giao tiếp theo cách phù hợp nhất với quý vị. Điều này có thể bao gồm việc sử dụng thông dịch viên ngôn ngữ ký hiệu, cung cấp tài liệu dạng bản in cỡ chữ lớn hoặc chữ nổi, bản ghi âm hoặc các phương tiện hỗ trợ khác miễn phí. Xin gọi số 1-855-903-2583 (TTY 711).	简体中文 (Chinese Simplified) 注意：如果您说普通话，则可以免费申请语言协助服务。如果您有视力、听力或语言障碍，我们可以用最适合您的方式与您交流。这可能包括免费提供手语翻译、大字体或盲文文件、录音或其他辅助工具。请致电 1-855-903-2583（文字电话 711）。