

ProCare Rx/Jai Medical Systems Managed Care Organization 2026 Therapeutic Formulary

This formulary describes the circumstances under which pharmacies participating in a particular medical benefit program will be reimbursed for medications dispensed to patients covered by the program. This formulary does not:

- a) Require or prohibit the prescribing or dispensing of any medication.
- b) Substitute for the independent professional judgment of the physician or pharmacist.
- c) Relieve the physician or pharmacist of any obligation to the patient or others.

I. Non-Prescription Medication Policy

The only over-the-counter (OTC) medications that are covered by Jai Medical Systems are listed within the program formulary. All OTC medications, with the exception of OTC emergency contraception, can be reimbursed only if it is written on a valid prescription form by a licensed prescriber. OTC emergency contraception may be obtained without a written prescription; see page 38 of the formulary for limitations.

II. Unapproved Use of Formulary Medication

Medication coverage under this program is limited to non-experimental indications as approved by the FDA. Other indications, which are accepted as safe and effective by the balance of current medical opinion and available scientific evidence, may also be covered. The Pharmacy Benefits Manager (PBM), ProCare Rx, utilizing the procedures outlined in Section IV, will make decisions about reimbursement for these other indications. Experimental, investigational drugs and drugs used for cosmetic purposes are not eligible for coverage.

III. Prior Authorization Procedure

To promote the most appropriate utilization of selected high risk and/or high-cost medication, a prior authorization procedure has been created. The criteria for this system have been established by the ProCare Rx/Jai Medical Systems Managed Care Organization program, with input from pharmacists and physician practitioners and in consideration of the available medical literature. The Pharmacy and Therapeutics Committee will have final approval responsibility for this list. In order for a dispensed prior authorization medication to be reimbursed to the pharmacy, the patient's prescribing physician must apply for pre- authorization for a specific patient and drug. The physician may phone or fax the PBM to initiate a request for prior authorization:

**ProCare Rx
Prior Authorization Desk
1267 Professional Parkway
Gainesville, Georgia 30507 (800)
555-8513
(800) 583-6010 (fax)
(866) 999-7736 (alternate fax)**

Please have patient information, including member ID number, complete diagnosis, medication history, and current medications readily available. Special request forms are required for Hepatitis C treatments and for opioids. All forms can be found online at www.jaimedicalsystems.com/providers/pharmacy/.

A completed, signed prior authorization form is needed in order for a request to be reviewed, but providers may call the ProCare Rx Prior Authorization department to request forms and for help with the prior authorization request process. These phone lines are dedicated to physicians making requests for medications that require prior authorization and non-formulary items. Members cannot be assisted if they call the prior authorization toll-free number, but they may call the ProCare Rx Customer Service Department at 800-213-5640 for help getting a prior authorization form faxed to their provider. For all requests for drugs requiring prior authorization, a decision will be provided within 24 hours of receiving the completed request. That decision will be to either approve, not approve, or request more information. The requesting provider will receive a telecommunication response informing them of this decision. If the requested information is not received, this process could take up to 14 calendar days. If the request is approved, information in the online pharmacy claims processing system will be changed to allow the specific patient to receive the requested drug. A prior authorization number will be issued to the prescribing physician and may be clearly written on the top of the prescription to inform the dispensing pharmacist of the approval. This number is for identification purposes only and does not need to be submitted for adjudication to occur. If the request is denied, information about the denial will be provided to the prescribing physician along with the patient and the patient's PCP, when appropriate.

Additionally, most injectables (except Depo-Provera, enoxaparin sodium, insulin, Glucagon Kit, and formulary epinephrine products) require prior approval. Questions about injectable drugs administered by home health or healthcare providers should be directed to ProCare Rx at 800-555-8513. If the medication will be billed on a medical claim rather than through the pharmacy, the provider may contact the Provider Relations or Utilization Management Departments at 888-524-1999 with any questions.

Our prior authorization criteria can be found on our website, www.jaimedicalsystems.com, as well as in this formulary. Any updates made to our criteria will be posted on the website above within 30 days.

IV. Unique Patient Needs Non-Formulary Medication

This formulary attempts to provide appropriate and cost effective drug therapy to all enrollees of the Jai Medical Systems Managed Care Organization program. If a patient requires medication that is not covered by the formulary, a request can be made for payment of the non-covered item. It is anticipated that such exceptions will be rare, and that formulary medications will be appropriate to treat the vast majority of medical conditions. Requests for non-formulary medications should be made in writing (on the prior authorization form) and mailed or faxed to:

**ProCare Rx
Prior Authorization Desk
1267 Professional Parkway
Gainesville, Georgia 30507 (800)
555-8513
(800) 583-6010 (fax)
(866) 999-7736 (alternate fax)**

Appropriate documentation must be provided to support the request. For all requests for drugs requiring prior authorization, a decision will be provided within 24 hours of receiving the request. That decision will be either to approve, not approve, or request more information. The requesting provider will receive a telecommunication response informing them of this decision. If the requested information is not received, this process could take up to 14 calendar days. Approval of non-formulary items will be considered based upon Maryland Medicaid HealthChoice Benefit Coverage, availability and appropriateness of alternative medications on the formulary, and any applicable criteria sourced or developed by the Pharmacy and Therapeutics Committee of Jai Medical Systems Managed Care Organization, Inc. and the PBM, including the FDA-approved prescribing information for the medication and other evidence-based scientific resources, such as peer reviewed clinical guidelines and databases (e.g. LexiComp).

Physicians are expected to comply with this formulary when prescribing medication for those patients covered by Jai Medical Systems Managed Care Organization, Inc. If a pharmacist receives a prescription for a non-formulary medication, the pharmacist should attempt to contact the prescribing physician to request a change to a product included in this formulary guide.

The pharmacy will not be reimbursed for non-formulary medications unless they received prior approval from Jai Medical Systems Managed Care Organization, Inc.

In an emergency situation outside of the PBM's regular business hours where the physician cannot be contacted, the pharmacist is authorized to dispense a 72-hour emergency supply of a medication, unless the medication is classified as a DESI, LTE, or specifically excluded drug category (see Section VI) product or is one of the treatments for Hepatitis C, which should not be dispensed until the member has prior authorization to begin treatment.

The pharmacist should contact the PBM's Help Desk at (800) 213-5640 to arrange for reimbursement for the emergency supply.

V. Newly Marketed Products

Standard medications will be reviewed for coverage decisions within approximately 180 calendar days of FDA approval. Priority medications will be reviewed for coverage decisions within approximately 90 calendar days of FDA approval. Newly marketed drug products will not normally be placed on the formulary during their first year on the market. Exceptions to this rule will be made on a case-by-case basis using the medical necessity procedure.

VI. Specific Exclusions

The following drug categories are not part of the Jai Medical Systems Managed Care Organization formulary and are not covered by the 72-hour emergency supply reimbursement policy:

- Antiobesity products

- Blood and blood plasma

- Cosmetic drugs

- Cough and cold products (except those listed in the formulary)

- DESI drugs

- Diagnostic products (except those listed in the formulary)

- Erectile/sexual dysfunction agents

Medical supplies and durable medical equipment (except certain diabetic supplies and specific Optichamber spacers)

Most vitamins (except those listed in the formulary)

Nutritional and dietary supplements

Research drugs

Most non-prescription medications, (except non-prescription medications listed in the formulary)

Fertility treatment medications, such as ovulation stimulants (except when covered as part of a pre-approved fertility preservation service for members at risk of iatrogenic infertility due to upcoming cancer treatment or gender affirming care)

VII. Fee-for-Service Carve-outs

In addition to the above exclusions, the following are also excluded from the formulary and are covered by the Maryland Department of Health:

Mental health drugs (refer to Section VIII). A list of Mental Health medications can be found online at: <https://health.maryland.gov/mmcp/pap/pages/paphome.aspx> under the Mental Health Formulary link

Substance use disorder medications, including, but not limited to, buprenorphine, buprenorphine/naloxone, Campral®, Chantix®, Revia®, naloxone, Nicotrol®, nicotine patches, gum, and lozenges. (Refer to Section VIII). A list of substance use disorder medications is available online at: <https://health.maryland.gov/mmcp/pap/pages/paphome.aspx> under the Substance Use Disorder Medication Clinical Criteria Final link

VIII. Behavioral Health Medication Policy

Please refer to the Maryland Department of Health's Mental Health Formulary for a complete listing of behavioral health medications. Any behavioral health medications that are covered by Jai Medical Systems Managed Care Organization are listed in the prescription formulary.

Kapvay – For recipients 6 -17 years old, extended-release clonidine (Kapvay) is part of the mental health formulary and billed fee-for-service. For individuals not in this age range, extended-release clonidine continues to be a part of the MCO pharmacy benefit and would require prior authorization as a non-formulary medication.

Intuniv – For recipients 6 -17 years old, extended-release guanfacine (Intuniv) is part of the mental health formulary and billed fee-for-service. For individuals not in this age range, extended-release guanfacine continues to be a part of the MCO pharmacy benefit and would require prior authorization as a non-formulary medication.

IX. Mandatory Generic Substitution & Therapeutic Interchange

Generic substitution is mandatory when a generic equivalent is available, unless the brand is specified as the preferred medication on the formulary. All branded products that have 3 or more generic equivalents available will be reimbursed at the maximum allowable cost. No other therapeutic interchange is permitted.

X. Gender Affirming Care

Certain medications, including medications on the drug list with prior authorization requirements, such as Testosterone, Nafarelin, and Leuprolide and medications that are usually excluded like Clomiphene, may be covered for gender affirming care, in accordance with the Gender-Affirming Treatment Services Under the Maryland Medicaid Program document, available on our website at <https://www.jaimedicalsystems.com/providers/pharmacy/> under Gender Affirming Care. Please ensure that all necessary documentation required under the criteria is included to show consent for treatment and medical necessity (documentation requirements may vary depending on patient age, type of treatment requested, and specialty of requesting provider).

XI. Specialty Medications

Specialty medications will be covered under the pharmacy benefit for Jai Medical Systems. All requests will undergo prior authorization review when available drug-specific prior authorization criteria will apply. When prior authorization criteria do not exist, the request will be reviewed for FDA approved indications according to Jai Medical Systems Managed Care Organization, Inc.'s approved medical necessity review process. All specialty drug requests should contain the following:

- Drug name, strength, dose, and quantity requested

- Diagnosis for use

- Any previous drug therapies tried and failed, or why medications on the drug list are not appropriate

- Any additional clinical information pertinent to the drug review

XII. High Cost, Low Utilization Medications

In accordance with the Maryland Department of Health's High Cost, Low Volume Drug Risk Mitigation Policy and the Social Security Act 1927 (d)(5), Jai Medical Systems **will not pay** for any of the aforementioned high-cost drugs that are not appropriately pre-authorized by Jai Medical Systems. The current list of NDCs and J-Codes Covered by High Cost Low Volume Risk Mitigation Policy can be found on our website at <https://www.jaimedicalsystems.com/providers/pharmacy/> under the High Cost Low Volume Drugs heading and will be updated as Maryland Medicaid updates the list.

Our health plan will not conduct any retrospective review for these drugs; they must be pre-authorized and approved by our plan beforehand. **THERE WILL BE NO EXCEPTIONS TO THE REQUIREMENT FOR PRE-AUTHORIZATION.** Please be advised that this policy includes both Physician Administered Drugs and retail pharmacy drugs.

Please be advised that this list is subject to change. If you are unsure of whether or not a medication requires prior authorization and/or pre-certification, please contact our Utilization Management Department at 1-888-JAI-1999.

XIII. General Parameters

- Members must be enrolled in Jai Medical Systems Managed Care Organization, Inc. at the time the medication is dispensed.

- Valid DEA and NPI numbers are required.

- Prescribers must be appropriately registered and active with Maryland Medicaid's ePREP system. Jai Medical Systems reserves the right to review the current ePREP status of a prescriber, in accordance with Section 6401 of the Affordable Care Act and Code of Federal Regulations section 42 CFR §

455.410(b). Jai Medical Systems may deny a prior authorization request if the prescriber is not registered and in an active status with Maryland Medicaid's ePREP system.

Refill too soon - 75% of the days supplied must elapse before the prescription can be refilled. For opioid medications, 85% of the days supplied must have elapsed before the prescription can be refilled.

The standard maximum allowable quantity is a 30-day supply. The allowed quantity limit for formulary asthma controller medications and certain statins on the drug list (which cost less than \$100 for a 90-day supply and when the member has already received a 30-day supply first) is a 90-day supply. The quantity limit on most medications is a 400-unit maximum limit per month. Most narcotics have individualized quantity and dosage form limitations.. If necessary, a healthcare provider may request a quantity override by contacting ProCare Rx's Prior Authorization Department. Even with an override, the quantity may not exceed a 100-day supply, except for contraceptives as described below. Opioid prescriptions have separate days' supply limits as described below.

If a member is new to opioid treatment (no pharmacy claims history of any opioid medication in the previous 90 days), their first fill is limited to no more than a 7-day supply. Effective November 1, 2021, after the initial fill, members are limited to 14-day supplies for their opioid medications unless their provider requests prior authorization, or unless they were already receiving greater than 14-day supplies when the change was implemented. If a member stops filling opioid medication for 90 days, they will be considered new to treatment and will lose their approval for greater than 14-day supplies and will need to follow the rules about initial fill limits. Opioid prescriptions cannot exceed a 30-day supply.

Oral contraceptives will be available in up to 12-month supplies when ordered by a qualified practitioner.

All generic oral contraceptives (including emergency contraceptives) and brand oral contraceptives that do not have a generic version available are formulary.

Contraceptive implants and IUDs are covered under the medical benefit and should be billed for on a medical claim. If the provider is not able to obtain the implant/IUD except through the pharmacy benefit, they need to submit a Pharmacy Prior Authorization request explaining that in order to request an exception.

Jai Medical Systems covers most common vaccines through the medical benefit and pharmacy benefit, including all COVID-19 vaccines, most flu vaccines, and most other standard age-appropriate vaccines (as determined by Maryland Medicaid.)

A current listing of HIV medications covered by Jai Medical Systems are listed on page 27.

Requests for some medications require special forms. All pharmacy prior authorization request forms can be found online at:

<http://www.jaimedicalsystems.com/providers/pharmacy/>.

Prior authorization is required for all extended-release opioid products as well as methadone prescribed for pain and any other opioids prescribed for quantities greater than 90 MMEs per day. A specialized form is required for these requests and can be found online at <http://www.jaimedicalsystems.com/providers/pharmacy/>.

Prior authorization requests for medications for the treatment of Hepatitis C require a special prior authorization request form. While prior authorization is still required, Jai Medical Systems prefers Mavyret, generic Epclusa, generic Harvoni, and Zepatier, unless they are not medically appropriate. These forms and prior authorization criteria can be found at <http://www.jaimedicalsystems.com/providers/pharmacy/>.

Prior authorization renewal requests for high cost medications require a special Continuation of Therapy for High Cost Medication request form. These forms can be found at <http://www.jaimedicalsystems.com/providers/pharmacy/>.

Vacation fill overrides may be requested by contacting Jai Medical Systems at 1-800-524-1999. Information from the prescribing doctor or primary care provider may be required before the request can be approved. Requests for vacation overrides for opioids are not generally available.

Overrides for lost or stolen prescriptions may be requested by contacting Jai Medical Systems at 1-800-524-1999. Information from the prescribing doctor or primary care provider may be required before the request can be approved. Requests for override for lost or stolen opioids are not generally available.

QUANTITY LIMITS APPLY TO ALL NARCOTIC ANALGESICS. PLEASE SEE WEBSITE FOR FULL LIST OF QUANTITY LIMITS: jaimedicalsystems.com/providers/pharmacy.

The initial fill of an opioid (initial fill = no opioid fills in the last 90 days) is limited to no more than a 7-day supply. After that it is limited to no more than 14-day supplies unless PA is approved.

PA required for methadone for pain and all extended-release opioid formulations and for quantities greater than 90 MME or to exceed quantity limits. Special PA forms are available at jaimedicalsystems.com/providers/pharmacy.

PHYSICIANS

Formulary Questions: ProCare Rx (800) 555-8513

Medical Necessity: ProCare Rx (800) 555-8513

Prior Authorization: ProCare Rx (800) 555-8513

Provider Relations: Jai Medical Systems
Managed Care Organization, Inc. (888) JAI-1999

PHARMACISTS

Provider Network Questions: ProCare Rx (800) 213-5640

Provider Relations: ProCare Rx (800) 213-5640

XV. Reference

The formulary is available online at Formulary Navigator. This is updated monthly and will have the most up-to-date information. Formulary access is free and available at:

<https://client.formularynavigator.com/Search.aspx?siteCode=9386334079>

Links to all Maryland Medicaid Managed Care Organization Formulary Navigator pages can be found on the website listed below:

<https://health.maryland.gov/mmcp/pap/pages/Weblinks-for-Providers.aspx>

A link to a pdf copy of the Jai Medical Systems formulary and copies of our recent formulary change notices is also available in the Providers section of our homepage:

<http://www.jaimedicalsystems.com/providers/pharmacy/>

XVI. Copays

Beginning on May 1, 2024, HealthChoice MCOs are required to charge the following pharmacy copays:

Copayment Charge	New and Refill Drug Type
\$3.00	Non-preferred and non-formulary brand name drugs
\$1.00	All generic drugs (preferred and non-preferred)
\$1.00	Preferred brand name drugs
\$1.00	HIV/AIDS drugs

Individuals under the age of 21, pregnant individuals, individuals in long-term care facilities, and Native Americans are not required to pay copayments for prescription drugs in HealthChoice because of other federal and state statutory requirements. Copayments also do not apply to family planning drugs and adult vaccines and their administration, provided that the vaccine is approved by the FDA for use by adults and is administered in accordance with recommendations of the Advisory Committee on Immunization Practices (ACIP). COVID-19 prescription drugs and vaccinations temporarily have copayments waived until further federal guidance is issued. Additionally, in alignment with Medicaid fee-for-service regulations, pharmacy providers are not permitted to deny prescriptions to any Medicaid participant who is unable to pay the copayments.

XVII. Prior Authorization Auto-Renewal

Jai Medical Systems offers automatic prior authorization renewals for generic Advair and Wixela. For members with a current approved prior authorization, claims will continue to process as long as the member has filled for that medication within the last 4 months. No yearly renewal will be needed for compliant members. Prior authorization will be required for members new to the plan, new to therapy, or with no claim history of that medication within the last 4 months.

XVIII. Formulary List

This Formulary List is a guide. It is not a comprehensive list of prescription drugs that are on formulary. Brand-name drugs may move higher co-pay level if a generic version becomes available during the year. Generics should be considered the first line of prescribing. If there is no generic available, there may be more than one brand name medication to treat your condition. The preferred brand name medications are listed to help identify products that are clinically appropriate and cost-effective. The List represents branded products in CAPS and preferred products in level 1. Non-preferred products are classified in level 2. Products that fall under more than one category will have a combination of these.

XIX. Notice of Non-Discrimination

NON-DISCRIMINATION STATEMENT AND ACCESSIBILITY REQUIREMENTS

Jai Medical Systems Managed Care Organization, Inc. and The Maryland Department of Health (the Department) comply with applicable Federal civil right laws and do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, or sex.

Jai Medical Systems Managed Care Organization, upon request

- Provides free aids and services to people with disabilities to communicate effectively with Department staff, such as, but not limited to:
 - Qualified sign language interpreters

- Writing information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides **NO COST, FREE** language services to people whose primary language is not English, such as but not limited to:
 - Qualified interpreters
 - Information written in other languages.

If you need these services, please contact the Department’s health program, service, local health department or health insurance marketplace directly.

If you believe that the Department 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 with: Jai Medical Systems Managed Care Organization, Inc., Non-Discrimination Compliance Coordinator, 301 International Circle, Hunt Valley, MD 21030, 410-433-2200 (voice), 1-888-524-1999 (TTY 711)(toll free), 410-433-4615 (fax), customerservice@jaimedical.com (email)) or The Maryland Department of Health, Office of Equal Opportunity Programs, Equal Access Compliance Unit (EACU), 201 West Preston Street, Room 422, Baltimore, Maryland 21201, 410-767-6600 (Voice) 410-333-5337 (Fax), mdh.oeop@maryland.gov (email). Deaf and hard of hearing individuals may use MD Relay 7-1-1.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, staff are 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/smartscreen/main.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, 1-800-868-1019, 800-537-7697(TDD).

Complaint forms are available at <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

XX. Equal Employment Opportunity Statement

Jai Medical Systems Managed Care Organization, Inc. provides equal employment opportunity for everyone regardless of language, age, sex, color, creed, national origin, pregnancy, ancestry, marital status, political belief, genetic information, and physical or mental disability that does not prohibit performance of essential job functions. In addition, Jai Medical Systems Managed Care Organization, Inc. complies with Section 1557 of the Affordable Care Act, all applicable federal, state, and local anti-discrimination laws. This policy is reflected in all of Jai Medical Systems Managed Care Organization, Inc.’s practices and policies regarding hiring, training, promotions, transfers, rates of pay, layoffs, and other forms of compensation. All matters relating to employment are based upon ability to perform the job, as well as dependability and reliability once hired.

If you believe that Jai Medical Systems Managed Care Organization, Inc. has failed to provide these services or discriminated on the basis of language, age, race, color, sex or sexual orientation, national origin, disability, medical condition, or religion, you can file a grievance with:

Non-Discrimination Compliance Coordinator
 Jai Medical Systems Managed Care Organization, Inc.
 301 International Circle, Hunt Valley, MD 21030
 Phone: 410-433-2200 | Fax: 410-433-4615 | Email: <customerservice@jaimedical.com>

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Non-Discrimination Compliance Coordinator is available to help you. Grievances must be submitted to the Coordinator within sixty days of the date you become aware of the alleged discrimination.

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>, and by mail or phone at:

U.S. Department of Health and Human Services,
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019, 800-537-7697 (TDD)

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

XXI. Language Accessibility Statement

**If you speak English, language assistance services, free of charge, are available to you.
Call: 1-888-524-1999 (TTY: 1-800-735-2258).**

Español/Spanish

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al: 1-888-524-1999 (TTY: 1-800-735-2258).

አማርኛ/Amharic

የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶቻችን በገጻ ለ የግዛታት ተዘጋጅተዋል። ወደ ማከተለው ቁጥር ይደውሉ 1-888-524-1999 (መስማት ለተሰናቸው፡ TTY: 1-800-735-2258)።

Arabic/العربية

1-888-524-1999 (TTY: 1-800-735-2258)؛ الرقم الصم هاتف رقم) بالمتاح لك لتوافر اللغوية المساعدة خدمات فإن اللغة اذكر تتحدث كنت اذا ملحوظة

Bàsɔ̀ɔ́ -wùdù-po-nyò (Bassa)

Dè de nià kè dyédé gbo: ɔ̄ jù kè m̄ [Bàsɔ̀ɔ́ -wùdù-po-nyò] jù ní, ní, à wudu kà kò dò po-poòbèin̄ m̄ gbo kpáá. 1-888-524-1999 (TTY: 1-800-735-2258)

中文/Chinese

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 1-888-524-1999 (TTY: 1-800-735-2258)

Farsi/فارسی

توجه: اگر زبان فارسی گفتگو می کنی، در بسیاری از زبان‌های بصورت رایگان برای شما
داری می‌توانی 1-888-524-1999 (TTY: 1-800-735-2258) یا با شماره 1-800-735-2258

Français/French

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le: 1-888-524-1999 (ATS: 1-800-735-2258).

ગુજરાતી/Gujarati

જો તમે ગુજરાતી બોલો છો તો તમારા માટે ભાષા સહાય સેવાઓ મફતમાં ઉપલબ્ધ છે કોલ કરો: 1-888-524-1999 (TTY: 1-800-735-2258).

kreyòl ayisyen/Haitian Creole

Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-524-1999 (TTY: 1-800-735-2258).

Igbo

O buru na asu lbo asusu. enyemaka diri gi site na call 1-888-524-1999 (TTY: 1-800-735-2258)

