Humana Healthy Horizons® in Indiana – Indiana PathWays for Aging
Preferred Drug List Changes

This document was updated on [11/13/2025].

To view your full drug list, **click here**. Para visualizarlo en español, **haga click aquí**.

The Preferred Drug List for Humana Healthy Horizons® in Indiana may change during the year. These changes could mean that a drug is no longer preferred or that it has new rules for us to cover it. Below is a list of drugs that have changed.

How to read your drug list changes

- **Drug list removal:** These drugs were preferred but are now being removed from the drug list. If your drug is removed from the drug list, you may have to pay the full price of your drug.
- **Prior authorization (PA):** These drugs need approval by Humana Healthy Horizons® before we will cover them. This is called prior authorization.
- **Step therapy (ST):** These drugs have a requirement to try at least one other drug first.

Your next steps

- **Talk to your healthcare provider soon.** You should share this list with your provider. They can help you decide what to do next.
- **Request approval.** If alternative drugs do not work for you, your provider must tell Humana Healthy Horizons® why you need your current drug. Your provider can find the steps to request approval at Humana.com/PA.

Humana Healthy Horizons | PathWays for Aging

Humana Healthy Horizons in Indiana is a Medicaid product of Humana Benefit Plan of Indiana, Inc.
INHM443EN

Drug list removal

Impacted drug	Alternative drug	Effective Date
ABILIFY MYCITE 10 MG MAINT KIT	Consult your provider	11/1/2025
ABILIFY MYCITE 10 MG START KIT	Consult your provider	11/1/2025
ABILIFY MYCITE 15 MG MAINT KIT	Consult your provider	11/1/2025
ABILIFY MYCITE 15 MG START KIT	Consult your provider	11/1/2025
ABILIFY MYCITE 2 MG MAINT KIT	Consult your provider	11/1/2025
ABILIFY MYCITE 2 MG START KIT	Consult your provider	11/1/2025
ABILIFY MYCITE 20 MG MAINT KIT	Consult your provider	11/1/2025
ABILIFY MYCITE 20 MG START KIT	Consult your provider	11/1/2025
ABILIFY MYCITE 30 MG MAINT KIT	Consult your provider	11/1/2025
ABILIFY MYCITE 30 MG START KIT	Consult your provider	11/1/2025
ABILIFY MYCITE 5 MG MAINT KIT	Consult your provider	11/1/2025
Bafiertam 95 mg capsule,delayed release	Consult your provider	11/1/2025
Bydureon BCise 2 mg/0.85 mL subcutaneous auto-injector	Consult your provider	11/1/2025
BYETTA 10 MCG DOSE PEN INJ	Consult your provider	11/1/2025
BYETTA 5 MCG DOSE PEN INJ	Consult your provider	11/1/2025
Nemluvio 30 mg subcutaneous pen injector	Consult your provider	11/1/2025
NORELGESTROM-EE 150-35 MCG/DAY	Xulane transdermal patch; Twirla transdermal patch	11/1/2025
Osmolex ER 129 mg tablet, extended release	Gocovri capsule,extended release; amantadine HCl tablet	11/1/2025
Osmolex ER 193 mg tablet, extended release	Gocovri capsule,extended release; amantadine HCl tablet	11/1/2025
Osmolex ER 258 mg tablet, extended release	Gocovri capsule,extended release; amantadine HCl tablet	11/1/2025
Osmolex ER 322 mg/day (129 mg and 193 mg) tablet, extended release	Gocovri capsule,extended release; amantadine HCl tablet	11/1/2025
SUMATRIPTAN 4 MG/0.5 ML CART	sumatriptan 6 mg/0.5 mL subcutaneous cartridge (refill); sumatriptan subcutaneous syringe	11/1/2025
SUMATRIPTAN 4 MG/0.5 ML INJECT	sumatriptan 6 mg/0.5 mL subcutaneous pen injector; sumatriptan subcutaneous syringe	11/1/2025
SYMBYAX 6-25 MG CAPSULE	Consult your provider	11/1/2025
TRI-NYMYO 28 TABLET	norgestimate-ethinyl estradiol tablet; Tri-Sprintec (28) tablet	11/1/2025

Impacted drug	Alternative drug	Effective Date
Tydemy 3 mg-0.03 mg-0.451 mg (21)(7) tablet	drospirenone-e.estradiol-lm.FA; Safyral tablet	11/1/2025
Amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	levonorgestrel/ethinyl estradiol and e.estradiol oral 3MPk	12/1/2025
Ampyra 10 mg tablet,extended release	dalfampridine ER tablet,extended release,12 hr	12/1/2025
AZITHROMYCIN 1 GM PWD PACKET	azithromycin oral suspension	12/1/2025
Chantix 1 mg tablet	varenicline tartrate tablet	12/1/2025
Chantix Continuing Month Box 1 mg tablet	varenicline tartrate tablet	12/1/2025
Chantix Starting Month Box 0.5 mg (11)-1 mg (42) tablets in dose pack	varenicline tartrate tablets in a dose pack	12/1/2025
AFLURIA QUAD 2023-2024 VIAL	Consult your provider	1/1/2026
AFLURIA QUAD 2023-24 (3YR UP)	Consult your provider	1/1/2026
AFLURIA TRIVA 2024-25 (3YR UP)	Consult your provider	1/1/2026
AFLURIA TRIVALENT 2024-25 VIAL	Consult your provider	1/1/2026
ALLOPURINOL 200 MG TABLET	allopurinol 100 mg tablet	1/1/2026
ALLOPURINOL SODIUM 500 MG VIAL	Consult your provider	1/1/2026
Aloprim 500 mg intravenous solution	Consult your provider	1/1/2026
APOKYN 10 mg/mL subcutaneous cartridge	Consult your provider	1/1/2026
APOMORPHINE 30 MG/3 ML CARTRDG	Consult your provider	1/1/2026
Aricept 10 mg tablet	donepezil tablet	1/1/2026
Aricept 23 mg tablet	donepezil tablet	1/1/2026
Aricept 5 mg tablet	donepezil tablet	1/1/2026
Aspruzyo Sprinkle 1,000 mg granules,extended release in packet	ranolazine ER tablet,extended release,12 hr	1/1/2026
Aspruzyo Sprinkle 500 mg granules,extended release in packet	ranolazine ER tablet,extended release,12 hr	1/1/2026
AURANOFIN 3 MG CAPSULE	Consult your provider	1/1/2026
Azilect 0.5 mg tablet	rasagiline tablet	1/1/2026
Azilect 1 mg tablet	rasagiline tablet	1/1/2026
Bromfed DM 2 mg-30 mg-10 mg/5 mL oral syrup	brompheniramine-pseudoephedrine-DM oral syrup	1/1/2026
Carac 0.5 % topical cream	Consult your provider	1/1/2026
COLCHICINE 0.6 MG CAPSULE	colchicine tablet	1/1/2026
Colcrys 0.6 mg tablet	colchicine tablet	1/1/2026
COMTAN 200 MG TABLET	entacapone tablet	1/1/2026

Impacted drug	Alternative drug	Effective Date
Crexont 35 mg-140 mg capsule, extended release	carbidopa-levodopa ER tablet,extended release	1/1/2026
Crexont 52.5 mg-210 mg capsule, extended release	carbidopa-levodopa ER tablet,extended release	1/1/2026
Crexont 70 mg-280 mg capsule, extended release	carbidopa-levodopa ER tablet,extended release	1/1/2026
Crexont 87.5 mg-350 mg capsule, extended release	carbidopa-levodopa ER tablet,extended release	1/1/2026
Daraprim 25 mg tablet	pyrimethamine tablet	1/1/2026
Dhivy 25 mg-100 mg tablet	carbidopa-levodopa tablet	1/1/2026
DIAZEPAM 2.5MG RECTAL GEL(2PK)	Consult your provider	1/1/2026
DILTIAZEM 24HR ER 120 MG CAP	Tiadylt ER capsule,extended release	1/1/2026
DILTIAZEM 24HR ER 420 MG CAP	Tiadylt ER capsule,extended release	1/1/2026
Duopa 4.63 mg-20 mg/mL suspension in j-tube pump	Consult your provider	1/1/2026
EC-NAPROXEN DR 500 MG TABLET	naproxen tablet,delayed release	1/1/2026
Efudex 5 % topical cream	fluorouracil 5 % topical cream	1/1/2026
Euthyrox 100 mcg tablet	levothyroxine tablet	1/1/2026
Euthyrox 112 mcg tablet	levothyroxine tablet	1/1/2026
Euthyrox 125 mcg tablet	levothyroxine tablet	1/1/2026
Euthyrox 137 mcg tablet	levothyroxine tablet	1/1/2026
Euthyrox 150 mcg tablet	levothyroxine tablet	1/1/2026
Euthyrox 175 mcg tablet	levothyroxine tablet	1/1/2026
Euthyrox 200 mcg tablet	levothyroxine tablet	1/1/2026
Euthyrox 25 mcg tablet	levothyroxine tablet	1/1/2026
Euthyrox 50 mcg tablet	levothyroxine tablet	1/1/2026
Euthyrox 75 mcg tablet	levothyroxine tablet	1/1/2026
Euthyrox 88 mcg tablet	levothyroxine tablet	1/1/2026
FLUAD QUAD 2023-2024 SYRINGE	Consult your provider	1/1/2026
FLUAD TRIVALENT 2024-2025 SYR	Consult your provider	1/1/2026
FLUARIX QUAD 2023-2024 SYRINGE	Consult your provider	1/1/2026
FLUARIX TRIVALENT 2024-25 SYRG	Consult your provider	1/1/2026
FLUBLOK QUAD 2023-2024 SYRINGE	Consult your provider	1/1/2026
FLUBLOK TRIVALENT 2024-25 SYRG	Consult your provider	1/1/2026
FLUCELVAX QUAD 2023-2024 SYR	Consult your provider	1/1/2026
FLUCELVAX QUAD 2023-2024 VIAL	Consult your provider	1/1/2026
FLUCELVAX TRIVAL 2024-2025 SYR	Consult your provider	1/1/2026
FLUCELVAX TRIVAL 2024-2025 VL	Consult your provider	1/1/2026

Impacted drug	Alternative drug	Effective Date
FLULAVAL QUAD 2023-2024 SYRING	Consult your provider	1/1/2026
FLULAVAL TRIVALENT 2024-25 SYR	Consult your provider	1/1/2026
FLUMIST QUAD NASAL 2023-24 VAC	Consult your provider	1/1/2026
FLUMIST TRIVALNT NASAL 2024-25	Consult your provider	1/1/2026
Fluocinonide-E 0.05 % topical cream	fluocinonide topical cream	1/1/2026
FLUOCINONIDE-E 0.05% CREAM	fluocinonide topical cream	1/1/2026
FLUOROURACIL 0.5% CREAM	Consult your provider	1/1/2026
FLUZONE HIGH-DOSE QUAD 2023-24	Consult your provider	1/1/2026
FLUZONE HIGH-DOSE TRIV 2024-25	Consult your provider	1/1/2026
FLUZONE QUAD 2023-2024 SYRINGE	Consult your provider	1/1/2026
FLUZONE QUAD 2023-2024 VIAL	Consult your provider	1/1/2026
FLUZONE TRIVALENT 2024-25 SYRG	Consult your provider	1/1/2026
FLUZONE TRIVALENT 2024-25 VIAL	Consult your provider	1/1/2026
Gloperba 0.6 mg/5 mL oral solution	colchicine tablet	1/1/2026
Gocovri 137 mg capsule,extended release	amantadine HCl capsule	1/1/2026
Gocovri 68.5 mg capsule,extended release	amantadine HCl capsule	1/1/2026
Hycamtin 0.25 mg capsule	Consult your provider	1/1/2026
Hycamtin 1 mg capsule	Consult your provider	1/1/2026
Inbrija 42 mg capsule with inhalation device	Consult your provider	1/1/2026
Inbrija 42 mg capsules for inhalation	Consult your provider	1/1/2026
LINEZOLID 100 MG/5 ML SUSP	linezolid tablet	1/1/2026
LINEZOLID 600 MG/300 ML-D5W	Consult your provider	1/1/2026
LINEZOLID 600MG/300ML-0.9%NACL	Consult your provider	1/1/2026
Matulane 50 mg capsule	Consult your provider	1/1/2026
Mesnex 400 mg tablet	mesna tablet	1/1/2026
MIRAPEX ER 0.375 MG TABLET	pramipexole tablet	1/1/2026
MIRAPEX ER 0.75 MG TABLET	pramipexole tablet	1/1/2026
Mirapex ER 1.5 mg tablet,extended release	pramipexole tablet	1/1/2026
Mirapex ER 2.25 mg tablet,extended release	pramipexole tablet	1/1/2026
Mirapex ER 3 mg tablet,extended release	pramipexole tablet	1/1/2026
Mirapex ER 3.75 mg tablet,extended release	pramipexole tablet	1/1/2026

Impacted drug	Alternative drug	Effective Date
MIRAPEX ER 4.5 MG TABLET	pramipexole tablet	1/1/2026
Mitigare 0.6 mg capsule	colchicine tablet	1/1/2026
NAPROXEN DR 375 MG TABLET	naproxen tablet	1/1/2026
NAPROXEN DR 500 MG TABLET	naproxen tablet	1/1/2026
Neupro 1 mg/24 hour transdermal 24 hour patch	Consult your provider	1/1/2026
Neupro 2 mg/24 hour transdermal 24 hour patch	Consult your provider	1/1/2026
Neupro 3 mg/24 hour transdermal 24 hour patch	Consult your provider	1/1/2026
Neupro 4 mg/24 hour transdermal 24 hour patch	Consult your provider	1/1/2026
Neupro 6 mg/24 hour transdermal 24 hour patch	Consult your provider	1/1/2026
Neupro 8 mg/24 hour transdermal 24 hour patch	Consult your provider	1/1/2026
NILUTAMIDE 150 MG TABLET	bicalutamide tablet	1/1/2026
NITROFURANTOIN 25 MG/5 ML SUSP	nitrofurantoin macrocrystal capsule	1/1/2026
Nourianz 20 mg tablet	amantadine HCl tablet; pramipexole tablet	1/1/2026
Nourianz 40 mg tablet	amantadine HCl tablet; pramipexole tablet	1/1/2026
Onapgo 4.9 mg/mL subcutaneous cartridge	amantadine HCl tablet; pramipexole tablet	1/1/2026
Ongentys 25 mg capsule	amantadine HCl tablet; pramipexole tablet	1/1/2026
Ongentys 50 mg capsule	amantadine HCl tablet; pramipexole tablet	1/1/2026
Panretin 0.1 % topical gel	Consult your provider	1/1/2026
PARLODEL 2.5 MG TABLET	bromocriptine tablet	1/1/2026
PARLODEL 5 MG CAPSULE	bromocriptine capsule	1/1/2026
PRAMIPEXOLE ER 0.375 MG TABLET	pramipexole tablet	1/1/2026
PRAMIPEXOLE ER 0.75 MG TABLET	pramipexole tablet	1/1/2026
PRAMIPEXOLE ER 1.5 MG TABLET	pramipexole tablet	1/1/2026
PRAMIPEXOLE ER 2.25 MG TABLET	pramipexole tablet	1/1/2026
PRAMIPEXOLE ER 3 MG TABLET	pramipexole tablet	1/1/2026
PRAMIPEXOLE ER 3.75 MG TABLET	pramipexole tablet	1/1/2026
PRAMIPEXOLE ER 4.5 MG TABLET	pramipexole tablet	1/1/2026
PRETOMANID 200 MG TABLET	Consult your provider	1/1/2026
Prograf 0.2 mg oral granules in packet	tacrolimus capsule, immediate-release	1/1/2026
Prograf 1 mg oral granules in packet	tacrolimus capsule, immediate-release	1/1/2026
PROMETHAZINE 50 MG SUPPOSITORY	Promethegan rectal suppository	1/1/2026

Impacted drug	Alternative drug	Effective Date
Ridaura 3 mg capsule	Consult your provider	1/1/2026
ROPINIROLE HCL ER 12 MG TABLET	ropinirole tablet	1/1/2026
ROPINIROLE HCL ER 2 MG TABLET	ropinirole tablet	1/1/2026
ROPINIROLE HCL ER 4 MG TABLET	ropinirole tablet	1/1/2026
ROPINIROLE HCL ER 6 MG TABLET	ropinirole tablet	1/1/2026
ROPINIROLE HCL ER 8 MG TABLET	ropinirole tablet	1/1/2026
Rytary 23.75 mg-95 mg capsule,extended release	carbidopa-levodopa ER tablet,extended release	1/1/2026
Rytary 36.25 mg-145 mg capsule,extended release	carbidopa-levodopa ER tablet,extended release	1/1/2026
Rytary 48.75 mg-195 mg capsule,extended release	carbidopa-levodopa ER tablet,extended release	1/1/2026
Rytary 61.25 mg-245 mg capsule,extended release	carbidopa-levodopa ER tablet,extended release	1/1/2026
Sensipar 30 mg tablet	cinacalcet tablet	1/1/2026
Sensipar 60 mg tablet	cinacalcet tablet	1/1/2026
Sensipar 90 mg tablet	cinacalcet tablet	1/1/2026
Sinemet 10 mg-100 mg tablet	carbidopa-levodopa tablet	1/1/2026
Sinemet 25 mg-100 mg tablet	carbidopa-levodopa tablet	1/1/2026
Sivextro 200 mg intravenous solution	Consult your provider	1/1/2026
Sivextro 200 mg tablet	linezolid tablet	1/1/2026
STALEVO 100 TABLET	carbidopa-levodopa-entacapone tablet	1/1/2026
STALEVO 125 TABLET	carbidopa-levodopa-entacapone tablet	1/1/2026
STALEVO 150 TABLET	carbidopa-levodopa-entacapone tablet	1/1/2026
STALEVO 200 TABLET	carbidopa-levodopa-entacapone tablet	1/1/2026
STALEVO 50 TABLET	carbidopa-levodopa-entacapone tablet	1/1/2026
STALEVO 75 TABLET	carbidopa-levodopa-entacapone tablet	1/1/2026
Symfi 600 mg-300 mg-300 mg tablet	efavirenz-lamivudine-tenofovir disoproxil fumarate tablet	1/1/2026
SYMFI LO 400-300-300 MG TABLET	efavirenz-lamivudine-tenofovir disoproxil fumarate tablet	1/1/2026
SYMLINPEN 120 PEN INJECTOR	insulin aspart U-100 subcutaneous pen	1/1/2026
SYMLINPEN 60 PEN INJECTOR	insulin aspart U-100 subcutaneous pen	1/1/2026
Tasmar 100 mg tablet	pramipexole tablet; ropinirole tablet	1/1/2026
TEKTURNA HCT 150-12.5 MG TAB	lisinopril-hydrochlorothiazide tablet; losartan-hydrochlorothiazide tablet	1/1/2026
TEKTURNA HCT 150-25 MG TABLET	lisinopril-hydrochlorothiazide tablet; losartan-hydrochlorothiazide tablet	1/1/2026

Impacted drug	Alternative drug	Effective Date
TEKTURNA HCT 300-12.5 MG TAB	lisinopril-hydrochlorothiazide tablet; losartan-hydrochlorothiazide tablet	1/1/2026
TEKTURNA HCT 300-25 MG TABLET	lisinopril-hydrochlorothiazide tablet; losartan-hydrochlorothiazide tablet	1/1/2026
TOLCAPONE 100 MG TABLET	Consult your provider	1/1/2026
TOREMIFENE CITRATE 60 MG TAB	tamoxifen tablet	1/1/2026
Uloric 40 mg tablet	febuxostat tablet	1/1/2026
Uloric 80 mg tablet	febuxostat tablet	1/1/2026
Valcyte 450 mg tablet	valganciclovir tablet	1/1/2026
Valcyte 50 mg/mL oral solution	valganciclovir oral solution	1/1/2026
Xadago 100 mg tablet	pramipexole tablet; ropinirole tablet	1/1/2026
Xadago 50 mg tablet	pramipexole tablet; ropinirole tablet	1/1/2026
Zelapar 1.25 mg disintegrating tablet	selegiline tablet; selegiline capsule	1/1/2026
Zyloprim 100 mg tablet	allopurinol tablet	1/1/2026
Zyvox 100 mg/5 mL oral suspension	Consult your provider	1/1/2026
ZYVOX 200 MG/100 ML-D5W	Consult your provider	1/1/2026
ZYVOX 600 MG TABLET	linezolid tablet	1/1/2026
Zyvox 600 mg/300 mL intravenous piggyback	Consult your provider	1/1/2026

Drugs requiring prior authorization (PA)

Impacted drug	Alternative drug	Effective Date
Spravato 56 mg (28 mg x 2) nasal spray	Consult your provider	11/01/2025
Spravato 84 mg (28 mg x 3) nasal spray	Consult your provider	11/01/2025
Alvaiz 18 mg tablet	Consult your provider	1/1/2026
Alvaiz 36 mg tablet	Consult your provider	1/1/2026
Alvaiz 54 mg tablet	Consult your provider	1/1/2026
Alvaiz 9 mg tablet	Consult your provider	1/1/2026
Bethkis 300 mg/4 mL solution for nebulization	Consult your provider	1/1/2026
Bronchitol 40 mg capsule with inhalation device	Consult your provider	1/1/2026
Cayston 75 mg/mL solution for nebulization	Consult your provider	1/1/2026
Doptelet (10 tab pack) 20 mg tablet	Consult your provider	1/1/2026
Doptelet (15 tab pack) 20 mg tablet	Consult your provider	1/1/2026
Doptelet (30 tab pack) 20 mg tablet	Consult your provider	1/1/2026
Doptelet Sprinkle 10 mg capsule	Consult your provider	1/1/2026

Impacted drug	Alternative drug	Effective Date
ELTROMBOPAG 12.5 MG SUSP PKT	Consult your provider	1/1/2026
ELTROMBOPAG 12.5 MG TABLET	Consult your provider	1/1/2026
ELTROMBOPAG 25 MG SUSP PACKET	Consult your provider	1/1/2026
ELTROMBOPAG 25 MG TABLET	Consult your provider	1/1/2026
ELTROMBOPAG 50 MG TABLET	Consult your provider	1/1/2026
ELTROMBOPAG 75 MG TABLET	Consult your provider	1/1/2026
Kisunla 17.5 mg/mL intravenous solution	Consult your provider	1/1/2026
Kitabis Pak 300 mg/5 mL solution for nebulization	Consult your provider	1/1/2026
Leqembi 100 mg/mL intravenous solution	Consult your provider	1/1/2026
LOFEXIDINE 0.18 MG TABLET	Consult your provider	1/1/2026
Lucemyra 0.18 mg tablet	Consult your provider	1/1/2026
Lysodren 500 mg tablet	Consult your provider	1/1/2026
Mulpleta 3 mg tablet	Consult your provider	1/1/2026
Nplate 125 mcg subcutaneous solution	Consult your provider	1/1/2026
Nplate 250 mcg subcutaneous solution	Consult your provider	1/1/2026
Nplate 500 mcg subcutaneous solution	Consult your provider	1/1/2026
Promacta 12.5 mg oral powder packet	Consult your provider	1/1/2026
Promacta 12.5 mg tablet	Consult your provider	1/1/2026
Promacta 25 mg oral powder packet	Consult your provider	1/1/2026
Promacta 25 mg tablet	Consult your provider	1/1/2026
Promacta 50 mg tablet	Consult your provider	1/1/2026
Promacta 75 mg tablet	Consult your provider	1/1/2026
Safyral 3 mg-0.03 mg-0.451 mg (21)/0.451 mg (7) tablet	drospirenone-ethinyl estradiol-levomefolate tablet	1/1/2026
Tobi 300 mg/5 mL solution for nebulization	Consult your provider	1/1/2026
TOBRAMYCIN 300 MG/4 ML AMPULE	Consult your provider	1/1/2026
TOBRAMYCIN 300 MG/5 ML AMPULE	Consult your provider	1/1/2026
TOBRAMYCIN PAK 300 MG/5 ML	Consult your provider	1/1/2026
Vykat XR 150 mg tablet,extended release	Consult your provider	1/1/2026
Vykat XR 25 mg tablet,extended release	Consult your provider	1/1/2026
Vykat XR 75 mg tablet,extended release	Consult your provider	1/1/2026
Wayrilz 400 mg tablet	Consult your provider	1/1/2026

Auxiliary aids and services, free of charge, are available to you. **866-274-5888 (TTY: 711)**, Monday through Friday, from 8:00 a.m. to 8:00 p.m., Eastern time.

Humana Inc. and its subsidiaries comply with Section 1557 by providing free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English Call the number above to receive free language assistance services.

Español (Spanish) Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

Deutsch (German) Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

繁體中文 (Chinese) 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

Nederlands (Dutch) Bel het bovenstaande nummer om gratis taalkundige hulp te ontvangen.

Français (French) Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Tiếng Việt (Vietnamese) Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

Tagalog (Tagalog – Filipino) Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

한국어 (Korean) 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

हिंदी (Hindi) भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

日本語 (Japanese) 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

Русский (Russian) Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

Polski (Polish) Aby skorzystać z bezpłatnej pomocy językowej, należy zadzwonić pod wyżej podany numer.

Srpsko-hrvatski (Serbo-Croatian) Nazovite gore navedeni broj ako želite besplatne usluge jezične pomoći.

Italiano (Italian) Chiamare il numero sopra indicato per ricevere servizi di assistenza linguistica gratuiti.

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