Cigna Pathwell Specialty Drug List

Coverage as of January 1, 2026

Cigna Pathwell Specialty® is a program that helps make it easier for you to manage specialty medications and the rare and/or complex medical conditions they treat.

About this drug list

This is a list of medications that are part of the Cigna Pathwell Specialty program[1] as of January 1, 2026.

- Medications are listed in alphabetical order (A-Z).
- Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.
- All of the medications in this drug list:
  - Need approval (precertification) to be covered under the Cigna Healthcare® medical benefit and
  - Must be given to you by a provider that participates in the Cigna Pathwell Specialty program. To find a provider near you, go to **Cigna.com/pathwellspecialty.**
- **This drug list is updated often**; so, not all of the medications in the Cigna Pathwell Specialty program may be listed here. Also, your plan may not cover all of these medications. Log in to the myCigna® App[2] or **myCigna.com**® to see which ones your plan covers.

Here are some services available to you as part of the Cigna Pathwell Specialty program

- **Personalized support from a Care Manager.** Talk with a licensed, registered nurse case manager trained to support people living with a rare and/or complex medical condition.
- **Home infusions.** It's a safe and convenient way to get treatment of certain specialty medications.
- **Discounted meals from the HelloFresh® Group.** Get up to 80% off on nutritious meal kits and/or ready-made meals delivered to your door from HelloFresh, Factor and GreenChef.[3]
- **Nutritional support from Foodsmart™.** Work with a registered dietitian to create nutritious, affordable meal plans that works for you.[4]
- **Behavioral health support.** Get help managing life events and learn healthy lifestyle habits to support your mental health and well being.
- **Caregiver support.** Emotional support and advice for the people who take care of you.

cigna healthcare

Cigna Pathwell Specialty Drug List

You have to get these medications* from a provider[3] that participates in the Cigna Pathwell Specialty program. To find a provider near you, go to **Cigna.com/pathwellspecialty.**

Medication name*

A

ABRAXANE
ACTEMRA IV
ADAKVEO
ADCETRIS
ADVATE
ADYNOVATE
AFSTYLA
ALDURAZYME
ALIMTA
ALPHANATE
ALPHANINE SD
ALPROLIX
ALTUVIIIO
ALYGLO
ALYMSYS
AMONDYS-45
AMVUTTRA
ANKTIVA
ARALAST NP
ARANESP
ARRANON
ASCENIV
AVASTIN
AVEED
AVSOLA
azacitidine

B

BAVENCIO
BELRAPZO
BENDAMUSTINE HCL
BENDEKA
BENEFIX
BENLYSTA IV
BERINERT
BIVIGAM
BIZENGRI
BKEMV
BLINCYTO
BOMYNTRA
BRINEURA
BRIUMVI

C

CABENUVA
CABLIVI
CEPROTIN
CEREZYME
CIMZIA VIAL
CINQAIR
CINRYZE
cladribine
COAGADEX
COLUMVI
CONEXXENCE
CORIFACT
COSENTYX IV
CRYSVITA
CUTAQUIG
CUVITRU
CYRAMZA

D

dactinomycin
DARZALEX
DARZALEX FASPRO
DATROWAY
decitabine
DOXIL
doxorubicin hcl liposome

E

edaravone
ELAHERE
ELAPRASE
ELELYSO
ELFABRIO
ELIGARD
ELOCTATE
ELREXFIO
EMPLICITI
EMRELIS
ENHERTU
ENJAYMO
ENTYVIO
ENTYVIO PEN
EPKINLY
EPOGEN
EPYSQLI
ERBITUX
eribulin mesylate
ESPEROCT
EVENITY
EVKEEZA
EXONDYS-51

F

FABRAZYME
FASENRA SYRINGE
FASLODEX
FEIBA
FENSOLVI
FOLOTYN
FULPHILA
fulvestrant
FYARRO
FYLNETRA

Our Care Managers are here to help

877.505.3681
Monday-Friday
8:00 am-7:00 pm EST

If you call outside of these hours, leave a voice message. Someone will return your call as soon as possible.

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.
* If a brand-name medication on this list has a generic version, the generic may also have to be given to you by a provider that participates in the Cigna Pathwell Specialty program.

Cigna Pathwell Specialty Drug List

You have to get these medications* from a provider[3] that participates in the Cigna Pathwell Specialty program.

Medication name*

G

GAMASTAN
GAMIFANT
GAMMAGARD LIQUID
GAMMAGARD S-D
GAMMAKED
GAMMAPLEX
GAMUNEX-C
GAZYVA
GIVLAARI
GLASSIA

H

HALAVEN
HEMOFIL M
HERCEPTIN
HERCEPTIN HYLECTA
HERCESSI
HERZUMA
HIZENTRA
HUMATE-P
HYQVIA

I

IDELVION
ILARIS
ILUMYA
IMAAVY
IMDELLTRA
IMFINZI
IMJUDO
INFLECTRA
INFLIXIMAB
IXEMPRA
IXINITY

J

JEMPERLI
JEVTANA
JIVI
JOBEVNE
JUBBONTI

K

KADCYLA
KALBITOR
KANJINTI
KANUMA
KEYTRUDA
KIMMTRAK
KOATE
KOGENATE FS
KOVALTRY
KRYSTEXXA
KYPROLIS

L

LAMZEDE
LANREOTIDE ACETATE
LEMTRADA
LEQVIO
LIBTAYO
LOQTORZI
LUMIZYME
LUNSUMIO
LUPRON DEPOT
LUPRON DEPOT-PED
LUTRATE DEPOT
LYNOZYFIC

M

MEPSEVII
MIRCERA
MVASI

N

NAGLAZYME
nelarabine
NEULASTA
NEULASTA ONPRO
NEXVIAZYME
NIKTIMVO
NIPENT
NOVOEIGHT
NOVOSEVEN RT
NPLATE
NUCALA VIAL
NULIBRY
NULOJIX
NUWIQ
NYVEPRIA

O

OBIZUR
OCREVUS
OCREVUS ZUNOVO
OCTAGAM
octreotide acetate er
OGIVRI
OMVOH IV
ONPATTRO
ONTRUZANT
OPDIVO
OPDIVO QVANTIG
OPDUALAG
ORENCIA IV
OSENVELT
OXLUMO

P

paclitaxel protein-bound particles
PADCEV
PANZYGA
pemetrexed disodium (generic ALIMTA)
PERJETA
PHESGO
PIASKY
POLIVY
POMBILITI
PRIVIGEN
PROCRIT
PROFILNINE
PROLASTIN C
PROLIA

Q

QALSODY

R

RADICAVA IV
REBINYN
REBLOZYL
RECOMBINATE
REMICADE
REMODULIN
RENFLEXIS
RETACRIT

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.
* If a brand-name medication on this list has a generic version, the generic may also have to be administered by a Cigna Pathwell Specialty participating provider.

Cigna Pathwell Specialty Drug List

You have to get these medications* from a provider[3] that participates in the Cigna Pathwell Specialty program.

Medication name*

REVCOVI
RIABNI
RIASTAP
RITUXAN
RITUXAN HYCELA
RIXUBIS
ROLVEDON
RUCONEST
RUXIENCE
RYBREVANT
RYPLAZIM
RYSTIGGO
RYTELO
RYZNEUTA

S

SANDOSTATIN LAR DEPOT
SAPHNELO
SEVENFACT
SIGNIFOR LAR
SIMPONI ARIA
SKYRIZI IV
SOLIRIS
SOMATULINE DEPOT
SPEVIGO IV
SPINRAZA
STIMUFEND
STOBOCLO
SUNLENCA SC
SYLVANT
SYNAGIS

T

TALVEY
TECENTRIQ
TECENTRIQ HYBREZA
TECVAYLI
temsirolimus
TEPEZZA
TEVIMBRA
TEZSPIRE SYRINGE
THROMBATE III
TIVDAK
TOFIDENCE
TORISEL
TRAZIMERA
TREANDA
TRELSTAR
TREMFYA IV
treprostinil
TRETTEN
TRODELVY
TROGARZO
TRUXIMA
TYENNE IV
TYSABRI
TZIELD

U

UDENYCA
UDENYCA AUTO-INJECTOR
UDENYCA ONBODY
ULTOMIRIS
UNLOXCYT
UPLIZNA

V

VABRINTY
VECTIBIX
VEGZELMA
VEOPOZ
VIDAZA
VILTEPSO
VIMIZIM
VIVIMUSTA
VONVENDI
VPRIV
VYEPTI
VYLOY
VYONDYS-53
VYVGART
VYVGART HYTRULO VIAL

W

WILATE
WYOST

X

XEMBIFY
XENPOZYME
XGEVA
XOLAIR
XYNTHA
XYNTHA SOLOFUSE

Y

YERVOY

Z

ZALTRAP
ZEMAIRA
ZIEXTENZO
ZIIHERA
ZIRABEV
ZOLADEX
ZUSDURI
ZYMFENTRA
ZYNLONTA

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.
* If a brand-name medication on this list has a generic version, the generic may also have to be administered by a Cigna Pathwell Specialty participating provider.

Medications that aren't covered – and their preferred alternative(s)[5]

Your plan doesn't cover these specialty medications because there are other medications available that treat the same condition (listed below). If your medication isn't covered, talk with your doctor about switching to a preferred option. If your doctor feels a preferred medication isn't right for you, your doctor's office can ask us to cover the non-covered medication.

Medication Name (Not covered)	Preferred Medication(s)
ALYGLO*	BIVIGAM*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN*
ALYMSYS*	MVASI*, ZIRABEV*
APHEXDA	PLERIXAFOR
ARALAST NP*	GLASSIA* PROLASTIN C*
ASCENIV*	BIVIGAM*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN*
AVASTIN*	MVASI*, ZIRABEV*
BERINERT*	icatibant
BORUZU	bortezomib
CINQAIR*	DUPIXENT, FASENRA*, NUCALA*, TEZSPIRE*, XOLAIR*
DDAVP INJ	desmopressin acetate
DOCIVYX	docetaxel
ERWINASE	ASPARLAS, ONCASPAR
FULPHILA*^	NEULASTA*+, NEULASTA ONPRO*+, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*
FYLNETRA*	FULPHILA*^, NEULASTA*+, NEULASTA ONPRO*+, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*, ZIEXTENZO*^
GAMMAGARD LIQUID*,	BIVIGAM*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, HYQVIA*, OCTAGAM*, PANZYGA*, PRIVIGEN*
GAMMAGARD S/D*	BIVIGAM*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN*
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3
GENVISC	DUROLANE, EUFLEXXA, GELSYN-3
GRANIX	NIVESTYM, ZARXIO
HERCEPTIN*, HERCEPTIN HYLECTA*	KANJINTI*, OGIVRI*, TRAZIMERA*
HERCESSI*	KANJINTI*, OGIVRI*, TRAZIMERA*

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.
* This medication must be given to you by a provider that participates in the Cigna Pathwell Specialty program.
+ This is a preferred medication for everyone **except** those using the Cigna Healthcare Total Savings Prescription Drug List.
^ This is only a preferred medication for people using the Cigna Healthcare Total Savings Prescription Drug List.

Medications that aren't covered – and their preferred alternative(s)[5] *(cont.)*

Medication Name (Not covered)	Preferred Medication(s)
HERZUMA*	KANJINTI*, OGIVRI*, TRAZIMERA*
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3
HYMOVIS	DUROLANE, EUFLEXXA, GELSYN-3
IMULDOSA IV (Accord)	SELSARSDI IV, USTEKINUMAB-TTWE IV, YESINTEK IV
INFLIXIMAB*	AVSOLA*, INFLECTRA*
IVRA	melphalan
KALBITOR*	icatibant
KISUNLA*	Talk to your doctor about other options.
LEMTRADA*	AVONEX+, BAFIERTAM+, BETASERON, BRIUMVI*, dimethyl fumarate, fingolimod, glatiramer acetate, glatopa, KESIMPTA+, MAYZENT+, OCREVUS*, PLEGRIDY+, PONVORY+, REBIF+, teriflunomide, TYSABRI*, VUMERITY+, ZEPOSIA
LEQVIO*	REPATHA
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3
NEULASTA*+	FULPHILA*^, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*, ZIEXTENZO*^
NEULASTA ONPRO*+	FULPHILA*^, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*, ZIEXTENZO*^
NEUPOGEN	NIVESTYM, ZARXIO
NYPOZI	NIVESTYM, ZARXIO
octreotide acetate er*	SOMATULINE DEPOT*
ONTRUZANT*	KANJINTI*, OGIVRI*, TRAZIMERA*
OPDIVO QVANTIG*	OPDIVO IV*
ORENCIA IV*	ACTEMRA*, ADALIMUMAB-ADBM, ADALIMUMAB-RYVK, CYLTEZO, ENBREL, OTEZLA, RINVOQ, SELARSDI, SIMLANDI, SKYRIZI, STELARA SC, TALTZ, TREMFYA, TYENNE*, USTEKINUMAB-TTWE, XELJANZ, YESINTEK
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3
OTULFI IV	SELARSDI IV, USTEKINUMAB-TTWE IV, YESINTEK IV
PIASKY*	SOLIRIS*, ULTOMIRIS*
PYZCHIVA VIAL	SELARSDI, STELARA SC, USTEKINUMAB-TTWE, YESINTEK
RELEUKO	NIVESTYM, ZARXIO
REMICADE*	AVSOLA*, INFLECTRA*
REMODULIN*	treprostinil*
RENFLEXIS*	AVSOLA*, INFLECTRA*
REVATIO	sildenafil

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^ This is only a preferred medication for people using the Cigna Healthcare Total Savings Prescription Drug List.

Medications that aren't covered – and their preferred alternative(s)[5] *(cont.)*

Medication Name (Not covered)	Preferred Medication(s)
RITUXAN*, RITUXAN HYCELA*	RIABNI*, RUXIENCE*, TRUXIMA*
RUCONEST*	icatibant
RYLAZE	ASPARLAS, ONCASPAR
RYTELO*	REBLOZYL*
SANDOSTATIN LAR DEPOT*	SOMATULINE DEPOT*
SAPHNELO*	BENLYSTA*
SIGNIFOR LAR*	SOMATULINE DEPOT*
STELARA IV	SELARSDI IV, USTEKINUMAB-TTWE IV, YESINTEK IV
STEQEYMA IV	SELARSDI IV, USTEKINUMAB-TTWE IV, YESINTEK IV
STIMUFEND*	FULPHILA*^, NEULASTA*+, NEULASTA ONPRO*+, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*, ZIEXTENZO*^
SUPARTZ FX	DUROLANE, EUFLEXXA, GELSYN-3
SUSVIMO	AVASTIN* (repackaged, intravitreal inj)
SYNOJOYNT	DUROLANE, EUFLEXXA, GELSYN-3
SYNVISC, SYNVISC ONE	DUROLANE, EUFLEXXA, GELSYN-3
TEPYLUTE	thiotepa
TOFIDENCE	ACTEMRA IV*, TYENNE IV*
TRILURON	DUROLANE, EUFLEXXA, GELSYN-3
TRIVISC	DUROLANE, EUFLEXXA, GELSYN-3
USTEKINUMAB IV	SELARSDI IV, USTEKINUMAB-TTWE IV, YESINTEK IV
VEGZELMA*	MVASI*, ZIRABEV*
VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3
VYEPTI*	AIMOVIG, AJOVY, EMGALITY
ZEMAIRA*	GLASSIA*, PROLASTIN C*
ZIEXTENZO*^	NYVEPRIA*, NEULASTA*+, NEULASTA ONPRO*+, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*

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* This medication must be given to you by a provider that participates in the Cigna Pathwell Specialty program.
+ This is a preferred medication for everyone **except** those using the Cigna Healthcare Total Savings Prescription Drug List.
^ This is only a preferred medication for people using the Cigna Healthcare Total Savings Prescription Drug List.

1. Cigna Pathwell Specialty provides coverage for many specialty medications, including but not limited to, a) those that must be administered by a Cigna Pathwell Specialty participating provider, b) were recently approved by the U.S. Food and Drug Administration (FDA) and c) high-cost brand-name specialty medications that have lower-cost alternatives that can be used to treat the same condition.
2. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
3. Discount will vary depending on the meal plan you select.
4. Depending on your plan, your visits with a dietitian may be $0.
5. If your doctor wants you to use a non-covered medication instead of a preferred alternative, your doctor can ask Cigna Healthcare to consider approving it through the coverage review (precertification) process. Your doctor's office knows how the process works and will take care of everything for you.
6. Certain medications must be administered by a provider who participates in the Cigna Pathwell Specialty program (or ordered from a participating specialty pharmacy) to be covered. Cigna Pathwell Specialty participating providers are providers, pharmacies and facilities that meet our quality and cost standards.

Para obtener ayuda en español llame al número en su tarjeta de Cigna Healthcare.

Cigna Healthcare reserves the right to make changes to this drug list without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna Healthcare does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna Healthcare may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna Healthcare. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group.

Discrimination is against the law

Cigna Healthcare® complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare does not exclude people or treat them less favorably differently because of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English in a timely manner, such as:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, contact the Civil Rights Coordinator.

If you believe that Cigna Healthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes, you can file a grievance with the Civil Rights Coordinator
P.O. Box 188016, Chattanooga, TN 37422,
877.822.6561 (TTY: Dial 711)

ACAGrievance@CignaHealthcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue,
SW Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at
https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

Proficiency of Language Assistance Services

English – ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-244-6224 (TTY: Dial 711) or speak to your provider.

Spanish – ATENCIÓN: Si habla español, los servicios de asistencia lingüística gratuitos están disponibles para usted. También están disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-800-244-6224 (TTY: Marque 711) o hable con su proveedor.

Chinese – 注意：如果您讲中文，我们提供免费的语言援助服务。适当的辅助设备和服务也可以免费提供，以提供无障碍格式的信息。请拨打 1-800-244-6224（TTY：拨打 711）或与您的服务提供者联系。

Vietnamese – XIN LƯU Ý: Nếu bạn nói tiếng Viet, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở định dạng có thể tiếp cận cũng có sẵn miễn phí. Gọi số 1-800-244-6224 (TTY: Gọi 711) hoặc nói chuyện với nhà cung cấp của bạn).

Korean – 주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 기기 및 서비스도 무료로 제공됩니다. 1-800-244-6224 (TTY: 711 로 전화) 로 전화하시거나 제공자에게 문의하십 시오.

Tagalog – PAUNAWA: Kung ikaw ay nagsasalita ng Tagalog, ang mga libreng serbisyo ng tulong sa wika ay magagamit para sa iyo. Ang mga angkop na pantulong na kagamitan at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din ng libre. Tumawag sa 1-800-244-6224 (TTY: Tumawag sa 711) o makipag-usap sa iyong tagapagbigay.

Russian – ВНИМАНИЕ: Если вы говорите на русском, доступны бесплатные услуги языковой помощи. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах. Позвоните по телефону 1-800-244-6224 (TTY: Наберите 711) или обратитесь к вашему провайдеру.

Arabic - تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا مساعدات قابلة للوصول إليها، وذلك مجانًا. اتصل بالرقم 1-800-244-6224 (TTY: 711 اطلب) أو تحدث إلى مقدم الخدمة الخاص بك.

French Creole – ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis yo disponib pou ou. Ekipman ak sèvis adisyonèl ki apwopriye pou bay enfòmasyon nan fòma ki aksesib yo disponib tou gratis. Rele 1-800-244-6224 (TTY: Rele 711) oswa pale ak founisè ou a.

French – ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles pour vous. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-244-6224 (TTY : composez le 711) ou parlez à votre fournisseur.

Portuguese – ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-244-6224 (TTY: disque 711) ou fale com seu prestador de serviços.

Polish – UWAGA: Jeśli mówisz po polsku, dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi wspierające w celu dostarczenia informacji w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-244-6224 (TTY: wybierz 711) lub skontaktuj się ze swoim dostawcą usług.

Japanese – 注意: 日本語を話す場合は、無料の言語支援サービスが利用できます。アクセス可能な形式で情報を提供するための適切な補助機器やサービスも無料で利用できます。1-800-244-6224（TTY: 711 にダイヤル）に電話するか、提供者に話してください。

Italian – ATTENZIONE: Se parli italiano, sono disponibili per te servizi gratuiti di assistenza linguistica. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il numero
1-800-244-6224 (TTY: comporre il 711) o parla con il tuo fornitore.

German – Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienste, um Informationen in barrierefreien Formaten bereitzustellen, sind ebenfalls kostenlos verfügbar. Rufen Sie 1-800-244-6224 an (TTY: Wählen Sie 711) oder sprechen Sie mit Ihrem Anbieter.

Persian (Farsi) - توجه: همچنین، وسایل و خدمات کمکی مناسب برای در دسترس است. خدمات رایگان کمک زبان برای شما صحبت می‌کنید، اگر به فارسی تماس بگیرید یا با (شماره 711 را بگیرید :TTY) ارائه اطلاعات در قالبهای قابل دسترس به صورت رایگان در دسترس هستند. با شماره 1-800-244-6224 ارائه‌دهنده خود صحبت کنید.