

# Cigna Pathwell Specialty Drug List

Coverage as of July 1, 2025

Cigna Pathwell Specialty® is for patients using a specialty medication to treat a complex medical condition.

## About this drug list

This is a list of specialty medications that are part of the Cigna Pathwell Specialty program<sup>1</sup> as of July 1, 2025.

- Medications are listed alphabetically by condition.
- 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 are covered under the Cigna Healthcare® medical benefit and need approval (precertification) from Cigna Healthcare before they can be covered.
- Certain specialty medications aren't covered (unless approved by Cigna Healthcare) because they have preferred alternatives.<sup>2</sup> These medications are listed at the end of this drug list.
- **The drug list is updated often so it isn't a full list of the medications your plan covers.** Also, your specific plan may not cover all of these medications.



**Taking a medication that has to be administered by a Cigna Pathwell Specialty participating provider?<sup>3</sup>**

Talk with a Care Manager

**877.505.3681**

Monday-Friday

8:00 am-7:00 pm EST

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

## Cigna Pathwell Specialty Drug List

All of the medications listed here must be administered by a Cigna Pathwell Specialty participating provider.<sup>3</sup> To find a provider near you, go to [Cigna.com/pathwellspecialty](https://Cigna.com/pathwellspecialty).

### Medication name

#### A

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

#### B

BELRAPZO  
BENDAMUSTINE HCL  
BENDEKA  
BENEFIX  
BENLYSTA  
BERINERT

BIVIGAM

BIZENGRI

BKEMV

BLINCYTO

BRINEURA

BRIUMVI

#### C

CABAZITAXEL

CABENUVA

CABLIVI

CEPROTIN

CEREZYME

CIMZIA VIAL

CINQAIR

CINRYZE

COAGADEX

COLUMVI

CORIFACT

COSENTYX IV

CRYSVITA

CUTAQUIG

CUVITRU

CYRAMZA

#### D

DACOGEN

DARZALEX

DARZALEX FASPRO

DATROWAY

decitabine

DOXIL

doxorubicin hcl liposome

#### E

ELAHERE

ELAPRASE

ELELYSO

ELFABRIO

ELIGARD

ELOCTATE

ELREXFIO

EMRELIS

EMPLICITI

ENHERTU

ENJAYMO

ENTYVIO

ENTYVIO PEN

EPKINLY

EPOGEN

EPYSQLI

ERBITUX

eribulin mesylate

ESPEROCT

EVENITY

EVKEEZA

EXONDYS-5I

#### F

FABRAZYME

FASENRA

FASLODEX

FEIBA NF

FENSOLVI

FLEBOGAMMA DIF

FOLOTYN

FULPHILA

fulvestrant

FYARRO

FYLNETRA

#### G

GAMASTAN

GAMASTAN S-D

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

## Medication name

IMDELLTRA  
IMFINZI  
IMJUDO  
INFLECTRA  
INFLIXIMAB  
IXEMPRA  
IXINITY

### J

JEMPERLI  
JEVTANA  
JIVI  
JUBBONTI

### K

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

### L

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

### M

MEPSEVII  
MIRCERA

MVASI

### N

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

### O

OBIZUR  
OCREVUS  
OCREVUS ZUNOVO  
OCTAGAM  
OGIVRI  
OMVOH  
ONPATTRO  
ONTRUZANT  
OPDIVO  
OPDIVO QVANTIG  
OPDUALAG  
ORENCIA IV  
OXLUMO

### P

paclitaxel protein-bound  
particles  
PADCEV  
PANZYGA  
PERJETA  
PHESGO  
PIASKY  
POMBILITI  
PRIVIGEN

PROCRIT  
PROFILNINE  
PROLASTIN C  
PROLIA

### Q

QALSODY

### R

RADICAVA  
REBINYN  
REBLOZYL  
RECOMBINATE  
REMICADE  
REMODULIN  
RENFLEXIS  
RETACRIT  
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  
SPINRAZA

STIMUFEND  
SUNLENCA  
SYLVANT  
SYNAGIS

### T

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

### U

UDENYCA  
UDENYCA AUTO-INJECTOR  
UDENYCA ONBODY  
ULTOMIRIS  
UPLIZNA

### V

VECTIBIX  
VEGZELMA  
VEOPOZ  
VILTEPSO

## Medication name

VIMIZIM  
VIVIMUSTA  
VONVENDI  
VPRIV  
VYEPTI  
VYLOY  
VYONDYS-53  
VYVGART  
VYVGART HYTRULO

## W

WILATE  
WYOST

## X

XEMBIFY  
XENPOZYME  
XGEVA

XOLAIR  
XYNTHA  
XYNTHA SOLOFUSE

## Y

YERVOY

## Z

ZEMAIRA

ZIEXTENZO  
ZIIHERA  
ZIRABEV  
ZOLADEX  
ZYMFENTRA  
ZYNLONTA

## Medications that aren't covered – and their preferred alternative(s)<sup>2</sup>

These specialty medications aren't covered on the Cigna Pathwell Specialty Drug List. **However, there are preferred medications available that are used to treat the same condition.** They're listed below. If your doctor feels a preferred medication isn't right for you, he or she can ask Cigna Healthcare to consider approving coverage of the non-covered medication.

Medication Name (Not covered)	Preferred Medication(s)
ALYGLO*	BIVIGAM*, FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN*
ALYMSYS*	MVASI*, ZIRABEV*
APHEXDA	PLERIXAFOR
ARALAST NP*	GLASSIA*, PROLASTIN C*
ASCENIV*	BIVIGAM*, FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN*
AVASTIN*	MVASI*, ZIRABEV*
BERINERT*	icatibant
BORUZU	bortezomib, VELCADE
CINQAIR*	DUPIXENT, FASENRA PEN, NUCALA SYRINGE/AUTO-INJECTOR, TEZSPIRE*, XOLAIR*
DDAVP	desmopressin acetate
DOCIVYX	docetaxel

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

\*This medication must be administered by a Cigna Pathwell Specialty participating provider.

## Medications that aren't covered – and their preferred alternative(s)<sup>2</sup> (cont.)

Medication Name (Not covered)	Preferred Medication(s)
ERWINASE	ASPARLAS, ONCASPAR
FULPHILA*	NEULASTA* NEULASTA ONPRO*, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*
FYLNETRA*	NEULASTA* NEULASTA ONPRO*, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*
GAMMAGARD LIQUID*, GAMMAGARD S/D*	BIVIGAM*, FLEBOGAMMA DIF*, 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*
HERZUMA*	KANJINTI*, OGIVRI*, TRAZIMERA*
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3
HYMOVIS	DUROLANE, EUFLEXXA, GELSYN-3
HYQVIA*	CUTAQUIG*, CUVITRU*, HIZENTRA*, GAMMAKED*, GAMUNEX-C*, XEMBIFY*
INFLIXIMAB*	AVSOLA*, INFLECTRA*
INFUGEM	gemcitabine (generic GEMZAR)
KALBITOR*	icatibant
KISUNLA*	Talk to your doctor about other options.
LEMTRADA*	AVONEX, BRIUMVI*, dimethyl fumarate, fingolimod, glatiramer acetate, glatopa, OCREVUS*, teriflunomide, TYSABRI*
LEQVIO*	REPATHA
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3
NEUPOGEN	NIVESTYM, ZARXIO
NYPOZI	NIVESTYM, ZARXIO
ONTRUZANT*	KANJINTI*, OGIVRI*, TRAZIMERA*
OPDIVO QVANTIG*	OPDIVO*
ORENCIA IV*	ADALIMUMAB-ADAZ, CYLTEZO, ENBREL, HADLIMA, HUMIRA, HYRIMOZ, RINVOQ, XELJANZ, XELJANZ XR
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

\*This medication must be administered by a Cigna Pathwell Specialty participating provider.

## Medications that aren't covered – and their preferred alternative(s)<sup>2</sup> (cont.)

Medication Name (Not covered)	Preferred Medication(s)
OTULFI IV	SELARSDI IV, STELARA IV, ustekinumab-ttwe IV, YESINTEK IV
PIASKY*	SOLIRIS*, ULTOMIRIS*
PYZCHIVA IV	SELARSDI IV, STELARA IV, ustekinumab-ttwe IV, YESINTEK IV
RELEUKO	NIVESTYM, ZARXIO
REMICADE*	AVSOLA*, INFLECTRA*
REMODULIN*	treprostinil*
RENFLEXIS*	AVSOLA*, INFLECTRA*
REVATIO	sildenafil
RITUXAN*, RITUXAN HYCELA*	RIABNI*, RUXIENCE*, TRUXIMA*
RUCONEST*	icatibant
RYLAZE	ASPARLAS, ONCASPAR
RYTELO*	REBLOZYL*
SAPHNELO*	BENLYSTA*
SIGNIFOR LAR*	SOMATULINE DEPOT*
STEQEYMA IV	SELARSDI IV, STELARA IV, ustekinumab-ttwe IV, YESINTEK IV
STIMUFEND*	NEULASTA* NEULASTA ONPRO*, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*
SUPARTZ FX	DUROLANE, EUFLEXXA, GELSYN-3
SUSVIMO	AVASTIN (repackaged, intravitreal inj)
SYNOJOYNT	DUROLANE, EUFLEXXA, GELSYN-3
SYNVISC, SYNVISC ONE	DUROLANE, EUFLEXXA, GELSYN-3
TOFIDENCE IV	ACTEMRA IV*, TYENNE IV*
TRILURON	DUROLANE, EUFLEXXA, GELSYN-3
TRIVISC	DUROLANE, EUFLEXXA, GELSYN-3
VEGZELMA*	MVASI*, ZIRABEV*
VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3
VYEPTI*	AIMOVIG, AJOVY, EMGALITY
ZEMAIRA*	GLASSIA*, PROLASTIN C*
ZIEXTENZO*	NEULASTA* NEULASTA ONPRO*, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*
ZIIHERA*	ENHERTU*, trastuzumab* + PERJETA*, trastuzumab* + TUKYSA

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

\* This medication must be administered by a Cigna Pathwell Specialty participating provider.



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. 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.
3. 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.

Cigna Healthcare reserves the right to make changes to this drug list without notice. Your plan may cover additional medications; please refer to your policy/service agreement for details. Cigna Healthcare does not take responsibility for any medication decisions made by the doctor or pharmacist.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the U.S. Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. 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.

Product availability may vary by location and plan type and is subject to change. All health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

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

# Discrimination is against the law

## Medical coverage

Cigna Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation. Cigna Healthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity or sexual orientation.

### Cigna Healthcare:

- Provides free aids and services to people with disabilities 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 services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.



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, or sex, you can file a grievance by sending an email to **ACAGrievance@Cigna.com** or by writing to the following address:

### Cigna Healthcare

Nondiscrimination Complaint Coordinator  
P.O. Box 188016 Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to **ACAGrievance@Cigna.com**. 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>**

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## Proficiency of Language Assistance Services

**English** – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna Healthcare customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

**Spanish** – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna Healthcare, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

**Chinese** – 注意：我們可為您免費提供語言協助服務。對於 Cigna Healthcare 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

**Vietnamese** – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna Healthcare, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

**Korean** – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna Healthcare 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

**Tagalog** – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna Healthcare, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

**Russian** – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna Healthcare, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

**Arabic** – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna Healthcare الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتص ب 1.800.244.6224 (TTY: اتصل ب 711).

**French Creole** – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna Healthcare yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

**French** – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna Healthcare, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

**Portuguese** – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna Healthcare atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

**Polish** – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna Healthcare mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

**Japanese** – 注意事項：日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在の Cigna Healthcare のお客様は、ID カード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711) まで、お電話にてご連絡ください。

**Italian** – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna Healthcare attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

**German** – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna Healthcare-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

**Persian (Farsi)** – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می شود. برای مشتریان فعلی Cigna Healthcare، لطفاً با شماره ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوایان: شماره 711 را شماره گیری کنید).