

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 program¹ 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.² 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?³

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.³ To find a provider near you, go to Cigna.com/pathwellspecialty.

Medication name

A

ABRAXANE

ACTEMRA

ADAKVEO

ADCETRIS

ADVATE

ADYNOVATE

AFSTYLA

ALDURAZYME

ALIMTA

ALPHANATE

ALPHANINE SD

ALPROLIX

ALTUVIPIO

ALYGLO

ALYMSYS

AMONDYS-45

AMVUTTRA

ANKTIVA

ARALAST NP

ARANESP

ASCENIV

AVASTIN

AVEED

AVSOLA

B

BELRAPZO

BENDAMUSTINE HCL

BENDEKA

BENEFIX

BENLYSTA

BERINERT

BIVIGAM

BIZENGR

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-51

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	MVASI	PROCIT	STIMUFEND
IMFINZI	N	PROFILNINE	SUNLENCA
IMJUDO	NAGLAZYME	PROLASTIN C	SYLVANT
INFLECTRA	NATPARA	PROLIA	SYNAGIS
INFLIXIMAB	NEULASTA	Q	T
IXEMPRA	NEULASTA ONPRO	QALSODY	TALVEY
IXINITY	NEXVIAZYME	R	TECENTRIQ
J	NIKTIMVO	RADICAVA	TECENTRIQ HYBREZA
JEMPERLI	NOVOEIGHT	REBINYN	TECVAYLI
JEVTANA	NOVOSEVEN RT	REBLOZYL	temsirolimus
JIVI	NPLATE	RECOMBINATE	TEPEZZA
JUBBONTI	NUCALA VIAL	REMICADE	TEVIMBRA
K	NULIBRY	REMODULIN	TEZSPIRE
KADCYLA	NULOJIX	RENFLEXIS	THROMBATE III
KALBITOR	NUWIQ	RETACRIT	TIVDAK
KANJINTI	NYVEPRIA	REVCOVI	TOFIDENCE
KANUMA	O	RIABNI	TORISEL
KEYTRUDA	OBIZUR	RIASTAP	TRAZIMERA
KIMMTRAK	OCREVUS	RITUXAN	TREANDA
KOATE	OCREVUS ZUNOVO	RITUXAN HYCELA	TRELSTAR
KOGENATE FS	OCTAGAM	RIXUBIS	TREMFYA IV
KOVALTRY	OGIVRI	ROLVEDON	treprostinil
KRYSTEXXA	OMVOH	RUCONEST	TRETEN
KYPROLIS	ONPATTRO	RUXIENCE	TRODELVY
L	ONTRUZANT	RYBREVANT	TROGARZO
LAMZEDE	OPDIVO	RYPLAZIM	TRUXIMA
LANREOTIDE ACETATE	OPDIVO QVANTIG	RYSTIGGO	TYENNE
LEMTRADA	OPDUALAG	RYTELO	TYSABRI
LEQVIO	ORENCIA IV	RYZNEUTA	TZIELD
LEUPROLIDE DEPOT	OXLUMO	S	U
LIBTAYO	P	SANDOSTATIN LAR DEPOT	UDENYCA
LOQTORZI	paclitaxel protein-bound particles	SAPHNELO	UDENYCA AUTO-INJECTOR
LUMIZYME	PADCEV	SEVENFACT	UDENYCA ONBODY
LUNSUMIO	PANZYGIA	SIGNIFOR LAR	ULTOMIRIS
LUPRON DEPOT	PERJETA	SIMPONI ARIA	UPLIZNA
LUPRON DEPOT-PED	PHESGO	SKYRIZI IV	V
M	PIASKY	SOLIRIS	VECTIBIX
MEPSEVII	POMBILITI	SOMATULINE DEPOT	VEGZELMA
MIRCERA	PRIVIGEN	SPEVIGO	VEOPOZ
		SPINRAZA	VILTEPSO

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

Medication name

VIMIZIM	W	XOLAIR	ZIEXTENZO
VIVIMUSTA		XYNTHA	ZIIHERA
VONVENDI	WILATE	XYNTHA SOLOFUSE	ZIRABEV
VPRIV	WYOST		ZOLADEX
VYEPTI	X	Y	ZYMFENTRA
VYLOY		YERVOY	ZYNLONTA
VYONDYS-53	XEMBIFY		
VYVGART	XENPOZYME	Z	
VYVGART HYTRULO	XGEVA	ZEMAIRA	

Medications that aren't covered – and their preferred alternative(s)²

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)² (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)² (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.

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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.



Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc. and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc., and Cigna Health Care of Texas, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCION: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, 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).

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>

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 LUU Ý: Quý vị được cung 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 연락해주십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 디이얼 711) 번으로 전화해주십시오.

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 برجاء الاتصال بالرقم المدون على ظهر بطاقةكم الشخصية او اتصل بـ 1.800.244.6224 (TTY: اتصل بـ 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 ه گیری کنید).