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[1] 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.

Offered by: Cigna Health and Life Insurance Company or its affiliates.

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
ALTUVIIIO
ALYGLO
ALYMSYS
AMONDYS-45
AMVUTTRA
ANKTIVA
ARALAST NP
ARANESP
ARRANON
ASCENIV
AVASTIN
AVEED
AVSOLA

B

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

C

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

D

DACOGEN
DARZALEX
DARZALEX FASPRO
DATROWAY
decitabine
DOXIL
doxorubicin hcl liposome

E

ELAHERE
ELAPRASE
ELELYSO
ELFABRIO
ELIGARD
ELOCTATE
ELREXFIO
EMPLICITI
EMRELIS
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
IMDELLTRA
IMFINZI

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.

Medication name*

IMJUDO
INFLECTRA
INFLIXIMAB
IXEMPRA
IXINITY

J

JEMPERLI
JEVTANA
JIVI
JUBBONTI

K

KADCYLA
KALBITOR
KANJINTI
KANUMA
KEYTRUDA
KIMMTRAK
KOATE
KOGENATE FS
KOVALTRY
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
NIPENT
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
POLIVY
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
TREMFYA IV
treprostinil
TRETTEN
TRODELVY
TROGARZO
TRUXIMA
TYENNE
TYSABRI
TZIELD

U

UDENYCA
UDENYCA AUTO-INJECTOR
UDENYCA ONBODY
ULTOMIRIS
UPLIZNA

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.

Medication name*

V

VECTIBIX
VEGZELMA
VEOPOZ
VIDAZA
VILTEPSO
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

ZALTRAP
ZEMAIRA
ZIEXTENZO
ZIIHERA
ZIRABEV
ZOLADEX
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)[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
ARALASP NP*	PROLASTIN C*, GLASSIA*
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
ERWINASE	ASPARLAS, ONCASPAR

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.
+ This does not apply to patients using the Cigna Healthcare Total Savings Prescription Drug List.
^ This only applies to patients using the Cigna Healthcare Total Savings Prescription Drug List.

Medications that aren't covered – and their preferred alternative(s)[2] *(cont.)*

Medication Name (Not covered)	Preferred Medication(s)
FULPHILA*+	NYVEPRIA*, NEULASTA*+, NEULASTA ONPRO*+, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*
FYLNETRA*	FULPHILA*^, NYVEPRIA*, NEULASTA*+, NEULASTA ONPRO*+, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*, ZIEXTENZO*^
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+, 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 ONBODY*^	FULPHILA*^, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*, ZIEXTENZO*^
NEUPOGEN	NIVESTYM, ZARXIO
NYPOZI	NIVESTYM, ZARXIO
ONTRUZANT*	KANJINTI*, OGIVRI*, TRAZIMERA*
OPDIVO QVANTIG*	OPDIVO IV*
ORENCIA IV*	ADALIMUMAB-ADAZ, CYLTEZO, ENBREL, HADLIMA, HUMIRA, HYRIMOZ, OTEZLA, RINVOQ, STELARA SC, TALTZ, TREMFYA, XELJANZ, XELJANZ XR
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3

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

+ This does not apply to patients using the Cigna Healthcare Total Savings Prescription Drug List.

^ This only applies to patients using the Cigna Healthcare Total Savings Prescription Drug List.

Medications that aren't covered – and their preferred alternative(s)[2] *(cont.)*

Medication Name (Not covered)	Preferred Medication(s)
PIASKY*	SOLIRIS*, ULTOMIRIS*
PYZCHIVA IV	STELARA IV, SELARSDI 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*
SANDOSTATIN LAR DEPOT*	SOMATULINE DEPOT*
SAPHNELO*	BENLYSTA*
SIGNIFOR LAR*	SOMATULINE DEPOT*
STEQEYMA IV	STELARA IV, SELARSDI IV, ustekinumab-ttwe IV, YESINTEK IV
STIMUFEND*	FULPHILA*^, NYVEPRIA*, NEULASTA*+, NEULASTA ONPRO*+, 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
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*	PROLASTIN C*, GLASSIA*
ZIEXTENZO*+	NYVEPRIA*, NEULASTA*+, NEULASTA ONPRO*+, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*
ZIIHERA*	ENHERTU*, trastuzumab* + TUKYSA, trastuzumab* + PERJETA*

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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.

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.

Product availability may vary by location and plan type and is subject to change. All group 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, or sex. Cigna Healthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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
http://www.hhs.gov/ocr/office/file/index.html

cigna healthcare

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Proficiency of Language Assistance Services

English – ATTENTION: 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).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. 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).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 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, 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 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주십시오.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, 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, 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 الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل 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 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, 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 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 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 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-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 می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای 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 شمارەگیری کنید).