

Cigna Pathwell Specialty Drug List

Coverage starting July 1, 2026

Cigna Pathwell Specialty® is a program that helps you to manage your specialty medication and the rare or complex medical condition it treats.

About this drug list.

This is a list of medications that are part of the Cigna Pathwell Specialty program¹ as of July 1, 2026.

- Medications are in alphabetical (A-Z) order.
- Generics are in lowercase letters. Brands are 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
 - Need to be given by a provider who participates in the Cigna Pathwell Specialty program. To find a provider near you, go to Cigna.com/pathwellspecialty.
- **This drug list changes often**, so it may not show every medication in the Cigna Pathwell Specialty program. Your plan may not cover all the medications listed here. To see what your plan covers, log in to the myCigna® app² or myCigna.com®.

Here are some ways we can support you through the Cigna Pathwell Specialty program.

- **In-home infusions.** Get certain specialty medications safely and conveniently at home.
- **Personalized support.** Talk with a licensed, registered nurse care manager who can help you manage your condition.
- **Discounted meals from the HelloFresh® Group.** Save up to 80% on nutritious meal kits or ready made meals delivered to your door from HelloFresh, Factor, and GreenChef.³
- **Nutrition help from Foodsmart™.** Work with a registered dietitian to create nutritious, lower-cost meal plans that fit your lifestyle.⁴
- **Behavioral health support.** Get help handling tough life events and building healthy habits for your mental well-being.
- **Caregiver support.** Get support and guidance for the people who help care for you.

Cigna Pathwell Specialty Drug List

For these medications* to be covered, you need to get them from a provider³ who participates in the Cigna Pathwell Specialty program. To find a provider near you, go to [Cigna.com/pathwellspecialty](https://www.cigna.com/pathwellspecialty).

Medication name*

A

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

B

BAVENCIO
BELRAPZO
BENDAMUSTINE HCL
BENDEKA

BENEFIX
BENLYSTA IV
BENLYSTA SQ
BERINERT
BILDYOS
BILPREVDA
BIVIGAM
BIZENGRI
BKEMV
BLENREP
BLINCYTO
BOMYNTRA
BRINEURA
BRIUMVI

C

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

D

dactinomycin



Questions? Care Managers are here to help.

877.505.3681

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

If you call outside these hours, you can leave a voicemail. We'll return your call as soon as possible.

DARZALEX
DARZALEX FASPRO
DATROWAY
decitabine
DOXIL
doxorubicin hcl liposome

E

EDARAVONE
ELAHERE
ELAPRASE
ELELYSO
ELFABRIO
ELOCTATE
ELREXFIO
EMPLICITI
EMRELIS
ENHERTU
ENJAYMO
ENOBY
ENTYVIO

ENTYVIO PEN
EPKINLY
EPYSQLI
ERBITUX
eribulin mesylate
ESPEROCT
EVENITY
EVENITY (2 SYRINGES)
EVKEEZA
EXDENSUR
EXONDYS-5I

F

FABRAZYME
FASENRA SYRINGE
FASLODEX
FEIBA
FENSOLVI
FLEBOGAMMA DIF
FOLOTYN
FULPHILA
fulvestrant

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* If a brand name medication on this list has a generic version, you may also need to get the generic from a provider who participates in the Cigna Pathwell Specialty program.

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Medication name*

FYARRO
FYLNETRA

G

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

H

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

I

IDELVION
ILARIS
ILUMYA
IMAAVY
IMDELLTRA
IMFINZI
IMJUDO

INFLECTRA
INFLIXIMAB
INLEXZO
IXEMPRA
IXINITY

J

JEMPERLI
JEVTANA
JIVI
JOBEVNE
JUBBONTI

K

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

L

LAMZEDE
LANREOTIDE ACETATE
LEMTRADA
LEQVIO
LIBTAYO
LOQTORZI
LUMIZYME

LUNSUMIO
LUNSUMIO VELO
LUPRON DEPOT
LUPRON DEPOT-PED
LUTRATE DEPOT
LYMPHIR
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
PAPZIMEOS
PERJETA
PHESGO
PIASKY
POLIVY
POMBILITI
PRIVIGEN
PROFILNINE
PROLASTIN C
PROLIA

Q

QALSODY

R

RADICAVA IV
REBINYN
REBLOZYL

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Medication name*

| | | | |
|-----------------------|-------------------|-----------------------|-----------------|
| RECOMBINATE | SOMATULINE DEPOT | TRUXIMA | W |
| REMICADE | SPEVIGO IV | TYENNE IV | WILATE |
| REMODULIN | SPINRAZA | TYRUKO | WYOST |
| RENFLEXIS | STIMUFEND | TYSABRI | X |
| RETACRIT | STOBOCLO | TZIELD | XEMBIFY |
| REVCOVI | SUNLENCA SC | U | XENPOZYME |
| RIABNI | SYLVANT | UDENYCA | XGEVA |
| RIASTAP | T | UDENYCA AUTO-INJECTOR | XOLAIR |
| RITUXAN | TALVEY | UDENYCA ONBODY | XTRENBO |
| RITUXAN HYCELA | TECENTRIQ | ULTOMIRIS | XYNTHA |
| RIXUBIS | TECENTRIQ HYBREZA | UNLOXCYT | XYNTHA SOLOFUSE |
| ROLVEDON | TECVAYLI | UPLIZNA | Y |
| RUCONEST | temsirolimus | V | YARTEMLEA |
| RUXIENCE | TEPEZZA | VECTIBIX | YERVOY |
| RYBREVANT | TEVIMBRA | VEGZELMA | YIMMUGO |
| RYBREVANT FASPRO | TEZSPIRE SYRINGE | VEOPOZ | Z |
| RYPLAZIM | THROMBATE III | VIDAZA | ZALTRAP |
| RYSTIGGO | TIVDAK | VILTEPSO | ZEMAIRA |
| RYTELO | TOFIDENCE | VIMIZIM | ZIEXTENZO |
| RYZNEUTA | TORISEL | VIVIMUSTA | ZIIHERA |
| S | TRAZIMERA | VONVENDI | ZIRABEV |
| SANDOSTATIN LAR DEPOT | TREANDA | VPRIV | ZOLADEX |
| SAPHNELO | TRELSTAR | VYEPTI | ZUSDURI |
| SEVENFACT | TREMFYA IV | VYLOY | ZYMFENTRA |
| SIGNIFOR LAR | treprostinil | VYONDYS-53 | ZYNLONTA |
| SIMPONI ARIA | TRETEN | VYVGART | |
| SKYRIZI IV | TRODELVY | VYVGART HYTRULO VIAL | |
| SOLIRIS | TROGARZO | | |

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Medications that aren't covered – and their preferred alternatives⁵

These medications aren't covered because there are other options that treat the same condition. If you're using one of these, talk with your doctor about trying a preferred medication. If the preferred options aren't right for you, your doctor's office can ask us to cover your medication.

| Medication Name (Not covered) | Preferred Medications |
|----------------------------------|---|
| ACTEMRA IV* | AVTOZMA*, TYENNE IV* |
| ALYGLO* | BIVIGAM*, FLEBOGAMMA DIF*, GAMMAGARD LIQUID*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN* |
| ALYMSYS* | MVASI*, ZIRABEV* |
| APHEXDA | plerixafor |
| ARALAST NP* | GLASSIA*, PROLASTIN C* |
| ASCENIV* | BIVIGAM*, FLEBOGAMMA DIF*, GAMMAGARD LIQUID*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN* |
| AVASTIN* | MVASI*, ZIRABEV* |
| AVGEMSI | generic gemcitabine |
| BEIZRAY | docetaxel |
| BEIZRAY-ALBUMIN | docetaxel |
| BERINERT* | RUCONEST* |
| BOMYNTRA* | BILPREVDA*, WYOST* |
| BORUZU | BORTEZOMIB |
| CINQAIR* | DUPIXENT, FASENRA*, NUCALA*, TEZSPIRE*, XOLAIR* |
| CONEXXENCE* | BILDYOS*, JUBBONTI* |
| DDAVP INJ | desmopressin acetate |
| DOCIVYX | generic docetaxel |
| 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 S-D* | BIVIGAM*, FLEBOGAMMA DIF*, GAMMAGARD LIQUID*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN* |
| GEL-ONE | DUROLANE, EUFLEXXA, GELSYN-3 |
| GENVISC 850 | DUROLANE, EUFLEXXA, GELSYN-3 |
| GRANIX | NIVESTYM, ZARXIO |

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† This medication is preferred for everyone **except** people who use 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. For anyone using a different drug list, it's not a preferred medication.

§ This is only a preferred medication for people using the Cigna Healthcare Standard, Performance, Legacy (Standard), Legacy (Performance), and Total Savings Prescription Drug Lists. For anyone using a different drug list, it's not a preferred medication.

Medications that aren't covered – and their preferred alternatives⁵ (cont.)

| Medication Name (Not covered) | Preferred Medications |
|----------------------------------|---|
| HERCEPTIN* | KANJINTI*, OGIVRI*, TRAZIMERA* |
| HERCEPTIN HYLECTA* | KANJINTI*, OGIVRI*, TRAZIMERA* |
| HERCESSI* | KANJINTI*, OGIVRI*, TRAZIMERA* |
| HERZUMA* | KANJINTI*, OGIVRI*, TRAZIMERA* |
| HYALGAN | DUROLANE, EUFLEXXA, GELSYN-3 |
| HYMOVIS | DUROLANE, EUFLEXXA, GELSYN-3 |
| HYMOVIS ONE | DUROLANE, EUFLEXXA, GELSYN-3 |
| INFLIXIMAB* | AVSOLA*, INFLECTRA* |
| IVRA | generic melphalan |
| JOBEVNE* | MVASI*, ZIRABEV* |
| KALBITOR* | icatibant |
| KEYTRUDA QLEX* | KEYTRUDA IV* |
| KISUNLA | Talk to your doctor about other options. |
| LEMTRADA* | AVONEX†, BAFIERTAM†, BETASERON, BRIUMVI*, cladribine*, dimethyl fumarate, fingolimod, glatiramer acetate, glatopa, KESIMPTA†, MAYZENT†, OCREVUS*, PLEGRIDY†, PONVORY†, REBIF†, teriflunomide, TYRUKO*, TYSABRI*, VUMERITY†, ZEPOSIA |
| 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 |
| ONTRUZANT* | KANJINTI*, OGIVRI*, TRAZIMERA* |
| OPDIVO QVANTIG* | OPDIVO IV* |
| ORENCIA IV* | ADALIMUMAB-ADBM, ADALIMUMAB-RYVK, AVTOZMA, CYLTEZO, ENBREL, IMULDOSA (by Accord), OTEZLA, RINVOQ, SELARSDI, SIMLANDI, SKYRIZI*, STELARA SYRINGE§, TALTZ, TREMFYA*, TYENNE*, USTEKINUMAB-TTWE, XELJANZ, YESINTEK |
| ORTHOVISC | DUROLANE, EUFLEXXA, GELSYN-3 |
| OSENVELT* | BILPREVDA*, WYOST* |
| OTULFI (SC) VIAL | IMULDOSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK |
| OTULFI IV | IMULDOSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK |
| PIASKY* | BKEMV*, EPYSQLI*, SOLIRIS*, ULTOMIRIS* |
| PROLIA* | BILDYOS*, JUBBONTI* |
| PYZCHIVA (SC) VIAL | IMULDOSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK |

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Medications that aren't covered – and their preferred alternatives⁵ (cont.)

| Medication Name (Not covered) | Preferred Medications |
|----------------------------------|---|
| PYZCHIVA IV | IMULDOSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK |
| RELEUKO | NIVESTYM, ZARXIO |
| REMICADE* | AVSOLA*, INFLECTRA* |
| REMODULIN* | treprostinil* |
| RENFLEXIS* | AVSOLA*, INFLECTRA* |
| RITUXAN* | RIABNI*, RUXIENCE*, TRUXIMA* |
| RITUXAN HYCELA* | RIABNI*, RUXIENCE*, TRUXIMA* |
| RYLAZE | ASPARLAS, ONCASPAR |
| RYTELO* | REBLOZYL* |
| RYZNEUTA* | FULPHILA*†, NEULASTA*†, NYVEPRIA*, ROLVEDON*, UDENYCA*, ZIEXTENZO*‡ |
| SAPHNELO* | BENLYSTA* |
| SIGNIFOR LAR* | octreotide acetate lar*, LANREOTIDE ACETATE*, SANDOSTATIN LAR*, SOMATULINE DEPOT* |
| STARJEMZA (SC) VIAL | IMULDOSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK |
| STARJEMZA IV | IMULDOSA (by Accord), SELARSDI IV, USTEKINUMAB-TTWE IV, YESINTEK IV |
| STELARA IV | IMULDOSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK |
| STELARA SC | IMULDOSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK |
| STEQEYMA IV | IMULDOSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK |
| STIMUFEND* | FULPHILA*†, NEULASTA*†, NEULASTA ONPRO*†, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*, ZIEXTENZO*‡ |
| STOBOCLO* | BILDYOS*, JUBBONTI* |
| SUPARTZ FX | DUROLANE, EUFLEXXA, GELSYN-3 |
| SUSVIMO | AVASTIN (repackaged, intravitreal inj) |
| SYNOJOYNT | DUROLANE, EUFLEXXA, GELSYN-3 |
| SYNVISC | DUROLANE, EUFLEXXA, GELSYN-3 |
| SYNVISC ONE | DUROLANE, EUFLEXXA, GELSYN-3 |
| TEPYLUTE | thiotepa |
| TOFIDENCE* | AVTOZMA*, TYENNE IV* |
| TRILURON | DUROLANE, EUFLEXXA, GELSYN-3 |
| TRIVISC | DUROLANE, EUFLEXXA, GELSYN-3 |
| USTEKINUMAB IV | IMULDOSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK |
| USTEKINUMAB SC | IMULDOSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK |
| VABRINTY | ELIGARD |
| VEGZELMA* | MVASI*, ZIRABEV* |

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Medications that aren't covered – and their preferred alternatives⁵ (cont.)

| Medication Name (Not covered) | Preferred Medications |
|----------------------------------|--|
| VISCO-3 | DUROLANE, EUFLEXXA, GELSYN-3 |
| VYEPTI* | AIMOVIG, AJOVY, EMGALITY, QULIPTA |
| XGEVA* | BILPREVDA*, WYOST* |
| YIMMUGO* | BIVIGAM*, GAMMAGARD LIQUID*, GAMMAPLEX*, GAMMAKED*, GAMMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN* |
| ZEMAIRA* | GLASSIA*, PROLASTIN C* |
| ZIEXTENZO*‡ | NEULASTA*† , NEULASTA ONPRO*† , NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY* |

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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. 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 medication isn't covered and your doctor doesn't think a different option is right for you, your doctor's office can contact us to see if it can be approved the coverage review (precertification) process.
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.