

# 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 program<sup>1</sup> as of January 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](https://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® app<sup>2</sup> or [myCigna.com](https://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.<sup>3</sup>
- **Nutrition help from Foodsmart™.** Work with a registered dietitian to create nutritious, lower-cost meal plans that fit your lifestyle.<sup>4</sup>
- **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 provider<sup>3</sup> 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



**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.

#### D

dactinomycin  
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-51

#### F

FABRAZYME  
FASENRA SYRINGE  
FASLODEX

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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.

## Cigna Pathwell Specialty Drug List

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### Medication name\*

FEIBA

FENSOLVI

FLEBOGAMMA DIF

FOLOTYN

FULPHILA

fulvestrant

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

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## Cigna Pathwell Specialty Drug List

For these medications\* to be covered, you need to get them from a provider<sup>3</sup> 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\*

PIASKY

POLIVY

POMBILITI

PRIVIGEN

PROFILNINE

PROLASTIN C

PROLIA

### Q

QALSODY

### R

RADICAVA IV

REBINYN

REBLOZYL

RECOMBINATE

REMICADE

REMODULIN

RENFLEXIS

RETACRIT

REVCOVI

RIABNI

RIASTAP

RITUXAN

RITUXAN HYCELA

RIXUBIS

ROLVEDON

RUCONEST

RUXIENCE

RYBREVANT

RYBREVANT FASPRO

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

### T

TALVEY

TECENTRIQ

TECENTRIQ HYBREZA

TECVAYLI

temsirrolimus

TEPEZZA

TEVIMBRA

TEZSPIRE SYRINGE

THROMBATE III

TIVDAK

TOFIDENCE

TORISEL

TRAZIMERA

TREANDA

TRELSTAR

TREMFYA IV

treprostinil

TRETTEN

TRODELVY

TROGARZO

TRUXIMA

TYENNE IV

TYRUKO

TYSABRI

TZIELD

### U

UDENYCA

UDENYCA AUTO-INJECTOR

UDENYCA ONBODY

ULTOMIRIS

UNLOXCYT

UPLIZNA

### V

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

XTRENBO

XYNTHA

XYNTHA SOLOFUSE

### Y

YARTEMLEA

YERVOY

YIMMUGO

### Z

ZALTRAP

ZEMAIRA

ZIEXTENZO

ZIIHERA

ZIRABEV

ZOLADEX

ZUSDURI

ZYMFENTRA

ZYNLONTA

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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.

## Medications that aren't covered – and their preferred alternatives<sup>5</sup>

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*	NEULASTA* NEULASTA ONPRO*, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*
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
HERCEPTIN*	KANJINTI*, OGIVRI*, TRAZIMERA*
HERCEPTIN HYLECTA*	KANJINTI*, OGIVRI*, TRAZIMERA*
HERCESSI*	KANJINTI*, OGIVRI*, TRAZIMERA*
HERZUMA*	KANJINTI*, OGIVRI*, TRAZIMERA*

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\* For this medication to be covered, you need to get it from a provider who participates in the Cigna Pathwell Specialty program.

## Medications that aren't covered – and their preferred alternatives<sup>5</sup> (cont.)

Medication Name (Not covered)	Preferred Medications
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3
HYMOVIS	DUROLANE, EUFLEXXA, GELSYN-3
HYMOVIS ONE	DUROLANE, EUFLEXXA, GELSYN-3
INFLIXIMAB*	AVSOLA*, INFLECTRA*
IVRA	melphalan vial
JOBEVNE*	MVASI*, ZIRABEV*
KALBITOR*	icatibant
KEYTRUDA QLEX*	KEYTRUDA IV*
KISUNLA	Talk to your doctor about other options.
LEMTRADA*	AVONEX, BRIUMVI*, dimethyl fumarate, fingolimod, glatiramer acetate, glatopa, OCREVUS*, teriflunomide, TYRUKO*, TYSABRI*
LEQVIO*	REPATHA
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3
NEUPOGEN	NIVESTYM, ZARXIO
NYPOZI	NIVESTYM, ZARXIO
ONTRUZANT*	KANJINTI*, OGIVRI*, TRAZIMERA*
OPDIVO QVANTIG*	OPDIVO IV*
ORENCIA IV*	ADALIMUMAB-ADBIM, ADALIMUMAB-RYVK, AVTOZMA*, COSENTYX*, CYLTEZO, ENBREL, IMULDOSA (by Accord), OTEZLA, RINVOQ, SELARSDI, SIMLANDI, SKYRIZI*, STELARA SC, 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
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

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\* For this medication to be covered, you need to get it from a provider who participates in the Cigna Pathwell Specialty program.

## Medications that aren't covered – and their preferred alternatives<sup>5</sup> (cont.)

Medication Name (Not covered)	Preferred Medications
RYTELO*	REBLOZYL*
RYZNEUTA*	NEULASTA* NEULASTA ONPRO*, NYVEPRIA*, UDENYCA*, UDENYCA ONBODY*
SAPHNELO*	BENLYSTA*
SIGNIFOR LAR*	LANREOTIDE ACETATE*, octreotide acetate lar*, 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*	NEULASTA* NEULASTA ONPRO*, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*
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*
VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3
VYEPTI*	AIMOVIG, AJOVY, EMGALITY, QULIPTA
XGEVA*	BILPREVDA*, WYOST*
YIMMUGO*	BIVIGAM*, GAMMAGARD LIQUID*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN*
ZEMAIRA*	GLASSIA*, PROLASTIN C*
ZIEXTENZO*	NEULASTA* NEULASTA ONPRO*, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*

Generics are in lowercase letters. Brands are in ALL CAPITAL letters.

\* For this medication to be covered, you need to get it from a provider who participates in the Cigna Pathwell Specialty program.



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.

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