

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 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.
- **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
AUKELSO
AVASTIN
AVEED
AVLAYAH
AVSOLA
AVTOZMA IV
azacitidine

B

BAVENCIO
BELRAPZO

BENDAMUSTINE HCL
BENDEKA
BENEFIX
BENLYSTA
BERINERT
BILDYOS
BILPREVDA
BIVIGAM
BIZENGRI
BKEMV
BLENREP
BLINCYTO
BOMYNTRA
BOSAYA
BRINEURA
BRIUMVI

C

CABENUVA
CABLIVI
CEPROTIN
CEREZYME
CINQAIR
CINRYZE
cladribine iv
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
EVKEEZA
EXDENSUR
EXONDYS-5I

F

FABRAZYME
FASENRA SYRINGE
FASLODEX
FEIBA
FENSOLVI
FLEBOGAMMA DIF

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

* 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*

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
KOVALTRY
KRYSTEXXA
KYPROLIS

L

LAMZEDE
LANREOTIDE ACETATE
LEMTRADA

LEQVIO
LIBTAYO
LOARGYS
LOQTORZI
LUMIZYME
LUNSUMIO
LUNSUMIO VELO
LUPRON DEPOT II.25 MG 3
MONTH KIT, 3.75 MG KIT
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
PADCEV
PANZYGA
PAPZIMEOS
PERJETA
PHESGO
PIASKY
POLIVY
POMBILITI
pralatrexate
PRIVIGEN
PROFILNINE
PROLASTIN C
PROLIA

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Medication name*

Q

QALSODY
QIVIGY

R

RADICAVA IV
REBINYN
REBLOZYL
RECOMBINATE
REMICADE
REMODULIN
RENFLEXIS
RETACRIT
REVCOVI
RIABNI
RITUXAN
RITUXAN HYCELA
RIXUBIS
ROLVEDON
RUCONEST
RUXIENCE
RYBREVANT
RYBREVANT FASPRO
RYPLAZIM
RYSTIGGO
RYTELO
RYZNEUTA

S

SANDOSTATIN LAR DEPOT
SAPHNELO IV

SEVENFACT
SIGNIFOR LAR
SIMPONI ARIA
SKYRIZI IV
SOLIRIS
SOMATULINE DEPOT
SPEVIGO IV
SPINRAZA
STIMUFEND
STOBOCLO
SUNLENCA SC
SYLVANT

T

TALVEY
TECENTRIQ
TECENTRIQ HYBREZA
TECVAYLI
temsirolimus
TEPEZZA
TEVIMBRA
TEZSPIRE SYRINGE
THROMBATE III
TIVDAK
TOFIDENCE
TORISEL
TRAZIMERA
TREANDA
TRELSTAR
TREMIFYA IV
treprostinil
TRETEN

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

WAINUA PREFILLED
SYRINGE
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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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 IV*, TYENNE IV*
ALYGLO*	BIVIGAM*, FLEBOGAMMA DIF*, GAMMAGARD LIQUID*, GAMMAGARD LIQUID ERC*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN*
ALYMSYS*	MVASI*, ZIRABEV*
APHEXDA	plerixafor
ARALAST NP*	GLASSIA*, PROLASTIN C*
ASCENIV*	BIVIGAM*, FLEBOGAMMA DIF*, GAMMAGARD LIQUID*, GAMMAGARD LIQUID ERC*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN*
AUKELSO*	BILPREVDA*, WYOST*
AVASTIN*	MVASI*, ZIRABEV*
AVGEMSI	generic gemcitabine
BEIZRAY	docetaxel
BEIZRAY-ALBUMIN	docetaxel
BERINERT*	RUCONEST*
BOMYNTRA*	BILPREVDA*, WYOST*
BORUZU	BORTEZOMIB
BOSAYA*	BILDYOS*, JUBBONTI*
CINQAIR*	DUPIXENT, FASENRA*, NUCALA*, TEZSPIRE*, XOLAIR*
CONEXXENCE*	BILDYOS*, JUBBONTI*
DDAVP INJ	desmopressin acetate
DOCIVYX	generic docetaxel
ENOBY*	BILDYOS*, JUBBONTI*
EXDENSUR*	FASENRA SYRINGE*, NUCALA VIAL*
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*, GAMMAGARD LIQUID ERC*, 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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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	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-AATY, ADALIMUMAB-ADB, ADALIMUMAB-RYVK, AVTOZMA*, COSENTYX*, CYLTEZO, ENBREL, IMULDOSA (by Accord), OTEZLA, RINVOQ, SELARSDI, SIMLANDI, SKYRIZI*, TREMFYA*, TYENNE*, USTEKINUMAB-TTWE, XELJANZ, YESINTEK
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3
OSENVELT*	BILPREVDA*, WYOST*
OTULFI IV	IMULDOSA IV (by Accord), SELARSDI IV, USTEKINUMAB-TTWE IV, YESINTEK IV
OTULFI (SC) VIAL	IMULDOSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK
PIASKY*	SOLIRIS*, ULTOMIRIS*
PROLIA*	BILDYOS*, JUBBONTI*
PYZCHIVA IV	IMULDOSA IV (by Accord), SELARSDI IV, USTEKINUMAB-TTWE IV, YESINTEK IV
PYZCHIVA (SC) VIAL	IMULDOSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK
QIVIGY*	BIVIGAM*, FLEBOGAMMA DIF*, GAMMAGARD LIQUID*, GAMMAGARD LIQUID ERC*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN*
RELEUKO	NIVESTYM, ZARXIO

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

Medication Name (Not covered)	Preferred Medications
REMICADE*	AVSOLA*, INFLECTRA*
REMODULIN*	treprostinil*
RENFLEXIS*	AVSOLA*, INFLECTRA*
RITUXAN*	RIABNI*, RUXIENCE*, TRUXIMA*
RITUXAN HYCELA*	RIABNI*, RUXIENCE*, TRUXIMA*
RYLAZE	ASPARLAS, ONCASPAR
RYTELO*	REBLOZYL*
RYZNEUTA*	NEULASTA* NEULASTA ONPRO*, NYVEPRIA*, UDENYCA*, UDENYCA ONBODY*
SAPHNELO*	BENLYSTA*
SIGNIFOR LAR*	LANREOTIDE ACETATE*, octreotide er*, SANDOSTATIN LAR*, SOMATULINE DEPOT*
STARJEMZA IV	IMULDOSA IV (by Accord), SELARSDI IV, USTEKINUMAB-TTWE IV, YESINTEK IV
STARJEMZA (SC) VIAL	IMULDOSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK
STELARA IV	IMULDOSA IV (by Accord), SELARSDI IV, USTEKINUMAB-TTWE IV, YESINTEK IV
STELARA (SC) VIAL	IMULDOSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK
STEQEYMA IV	IMULDOSA IV (by Accord), SELARSDI IV, USTEKINUMAB-TTWE IV, YESINTEK IV
STEQEYMA (SC) VIAL	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 IV*, TYENNE IV*
TRILURON	DUROLANE, EUFLEXXA, GELSYN-3
TRIVISC	DUROLANE, EUFLEXXA, GELSYN-3
USTEKINUMAB IV	IMULDOSA IV (by Accord), SELARSDI IV, USTEKINUMAB-TTWE IV, YESINTEK IV
USTEKINUMAB (SC) VIAL	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*

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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.

Medication Name (Not covered)	Preferred Medications
XTRENBO*	BILPREVDA*, WYOST*
YIMMUGO*	BIVIGAM*, GAMMAGARD LIQUID*, GAMMAGARD LIQUID ERC*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, FLEBOGAMMA DIF*, OCTAGAM*, PANZYGA*, PRIVIGEN*
ZEMAIRA*	GLASSIA*, PROLASTIN C*
ZIENTENZO*	NEULASTA* NEULASTA ONPRO*, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*



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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