

# Cigna Pathwell Specialty Drug List

Coverage as of April 1, 2024

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<sup>1</sup> as of April 1, 2024.

- 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<sup>SM</sup> 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.<sup>2</sup> 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, or ordered from, an in-network provider<sup>3</sup>?**

Talk with a Cigna Pathwell Specialty 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 provider<sup>3</sup> in the Cigna Pathwell Specialty Network, or ordered from a specialty pharmacy in the Cigna Pathwell Specialty Network, to be covered.<sup>4</sup> To find an in-network provider near you, go to [Cigna.com/pathwellspecialty](https://www.cigna.com/pathwellspecialty).

### Medication name

<b>A</b>	CEPROTIN CEREZYME CIMZIA VIAL CINQAIR CINRYZE COAGADEX COLUMVI CORIFACT COSENTYX IV CRYSVITA CUTAQUIG CUVITRU CYRAMZA	<b>F</b>	IDELVION ILARIS ILUMYA IMFINZI IMJUDO INFLECTRA INFLIXIMAB IXEMPRO IXINITY		
ABRAXANE ACTEMRA ADAKVEO ADCETRIS ADVATE ADYNOVATE AFSTYLA ALDURAZYME ALIMTA ALPHANATE ALPHANINE SD ALPROLIX ALTUVIIO ALYMSYS AMONDYS-45 AMVUTTRA ARALAST NP ARANESP ASCENIV AVASTIN AVEED AVSOLA	<b>D</b>	GAMASTAN GAMASTAN S-D GAMIFANT GAMMAGARD LIQUID GAMMAGARD S-D GAMMAKED GAMMAPLEX GAMUNEX-C GAZYVA GIVLAARI GLASSIA	<b>J</b>	JEMPERLI JEVTANA JIVI	
<b>B</b>	ELAHERE ELAPRASE ELELYSO ELFABRIO ELIGARD ELOCTATE ELREXFIO EMPLICITI ENHERTU ENJAYMO ENTYVIO EPKINLY EPOGEN ERBITUX ESPEROCT EVENITY EVKEEZA EXONDYS-5I	<b>G</b>	KADCYLA KALBITOR KANJINTI KANUMA KEYTRUDA KIMMTRAK KOATE KOGENATE FS KOVALTRY KRYSTEXXA KYPROLIS	<b>K</b>	
<b>C</b>		<b>H</b>	LAMZEDE LANREOTIDE ACETATE LEMTRADA LEQEMBI LEQVIO LEUPROLIDE DEPOT LIBTAYO LOQTORZI LUMIZYME LUNSUMIO	<b>L</b>	
CABENUVA CABLIVI		HALAVEN HELIXATE FS HEMOFIL M HERCEPTIN HERCEPTIN HYLECTA HERZUMA HIZENTRA HUMATE-P HYQVIA			

## Medication name

LUPRON DEPOT  
LUPRON DEPOT-PED

### M

MEPSEVII  
MIRCERA  
MVASI

### N

NAGLAZYME  
NATPARA  
NEULASTA  
NEULASTA ONPRO  
NEXVIAZYME  
NOVOEIGHT  
NOVOSEVEN RT  
NPLATE  
NULIBRY  
NULOJIX  
NUWIQ  
NYVEPRIA

### O

OBIZUR  
OCREVUS  
OCTAGAM  
OGIVRI  
OMVOH  
ONPATTRO  
ONTRUZANT  
OPDIVO  
OPDUALAG  
ORENCIA IV  
OXLUMO

### P

PANZYGA  
PERJETA

PHESGO  
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

### S

SANDOSTATIN LAR DEPOT  
SAPHNELO  
SEVENFACT  
SIGNIFOR LAR

SIMPONI ARIA  
SKYRIZI IV  
SOLIRIS  
SOMATULINE DEPOT  
SPEVIGO  
SPINRAZA  
STIMUFEND  
SUNLENCA  
SYLVANT  
SYNAGIS

### T

TALVEY  
TECENTRIQ  
TECVAYLI  
temsirolimus  
TEPEZZA  
TEZSPIRE  
THROMBATE III  
TIVDAK  
TORISEL  
TRAZIMERA  
TREANDA  
TRELSTAR  
treprostinil  
TRETEN  
TROGARZO  
TRUXIMA  
TYSABRI  
TZIELD

### U

UDENYCA  
UDENYCA AUTO-INJECTOR  
UDENYCA ONBODY  
ULTOMIRIS  
UPLIZNA

### V

VECTIBIX  
VEGZELMA  
VELCADE  
VEOPOZ  
VILTEPSO  
VIMIZIM  
VIVIMUSTA  
VONVENDI  
VPRIV  
VYEPTI  
VYONDYS-53  
VYVGART  
VYVGART HYTRULO

### W

WILATE

### X

XEMBIFY  
XENPOZYME  
XGEVA  
XOLAIR  
XYNTHA  
XYNTHA SOLOFUSE

### Y

YERVOY

### Z

ZEMAIRA  
ZIEXTENZO  
ZIRABEV  
ZOLADEX  
ZYNLONTA

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

## Medications that aren't covered – and their preferred alternative(s)<sup>2</sup>

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)
ALYMSYS*	MVASI*, ZIRABEV*
APHEXDA	PLERIXAFOR
ASCENIV*	BIVIGAM*, FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN*
AVASTIN*	MVASI*, ZIRABEV*
BERINERT*	icatibant
CINQAIR*	DUPIXENT, FASENRA PEN, NUCALA SYR/ AUTOINJECTOR, TEZSPIRE*, XOLAIR*
CUVITRU*	CUTAQUIG*, HIZENTRA*, GAMMAKED*, GAMUNEX-C*, XEMBIFY*
DDAVP	desmopressin acetate
ERWINASE	ASPARLAS, ONCASPAR
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*, PRIVIGEN*
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3
GENVISC	DUROLANE, EUFLEXXA, GELSYN-3
GRANIX	NIVESTYM, ZARXIO
HERCEPTIN*, HERCEPTIN, HYLECTA*	KANJINTI*, OGIVRI*, TRAZIMERA*
HERZUMA*	KANJINTI*, OGIVRI*, TRAZIMERA*
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3

Medication Name (Not covered)	Preferred Medication(s)
HYMOVIS	DUROLANE, EUFLEXXA, GELSYN-3
HYQVIA*	CUTAQUIG*, HIZENTRA*, GAMMAKED*, GAMUNEX-C*, XEMBIFY*
INFUGEM	gemcitabine (generic GEMZAR)
KALBITOR*	icatibant
LEMRADA*	AVONEX+, AUBAGIO+, BAFIERTAM+, BETASERON, dalfampridine, dimethyl, EXTAVIA+, GILENYA+, glatiramer, glatopa, KESIMPTA+, MAYZENT+, OCREVUS*, PLEGRIDY+, PONVORY+, REBIF+, VUMERITY+
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
ONTRUZANT*	KANJINTI*, OGIVRI*, TRAZIMERA*
ORENCIA IV*	ADALIMUMAB-ADAZ, CYLTEZO, ENBREL, HADLIMA, HUMIRA, HYRIMOZ, OTEZLA, RINVOQ, STELARA SC, TALTZ, TREMFYA, XELJANZ, XELJANZ XR
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3
RELEUKO	NIVESTYM, ZARXIO
REMICADE*	AVSOLA*, INFLECTRA*
REMODULIN*	treprostinil*
RENFLEXIS*	AVSOLA*, INFLECTRA*

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 provider in the Cigna Pathwell Specialty Network, or ordered from a specialty pharmacy in the Cigna Pathwell Specialty Network, for it to be covered. To find an in-network provider near you, go to [Cigna.com/pathwellspecialty](https://www.cigna.com/pathwellspecialty).

+ 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)<sup>2</sup>

Medication Name (Not covered)	Preferred Medication(s)
REVATIO	sildenafil
RITUXAN*, RITUXAN HYCELA*	RIABNI*, RUXIENCE*, TRUXIMA*
RUCONEST*	icatibant
RYLAZE	ASPARLAS, ONCASPAR
SANDOSTATIN LAR DEPOT*	SOMATULINE DEPOT*
SAPHNELO*	BENLYSTA*
SIGNIFOR LAR*	SOMATULINE DEPOT*
STIMUFEND*	FULPHILA* <sup>^</sup> , NYVEPRIA*, NEULASTA* <sup>++</sup> , NEULASTA ONPRO* <sup>++</sup> , UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*, ZIEXTENZO* <sup>^</sup>
SUPARTZ FX	DUROLANE, EUFLEXXA, GELSYN-3
SUSVIMO	AVASTIN (repackaged, intravitreal inj)
SYNOJOYNT	DUROLANE, EUFLEXXA, GELSYN-3
SYNVISC	DUROLANE, EUFLEXXA, GELSYN-3
TRILURON	DUROLANE, EUFLEXXA, GELSYN-3

Medication Name (Not covered)	Preferred Medication(s)
TRIVISC	DUROLANE, EUFLEXXA, GELSYN-3
TYSABRI* <i>(when used to treat Crohn's Disease)</i>	ADALIMUMAB-ADAZ, AVSOLA*, CIMZIA SYRINGE, CIMZIA VIAL*, CYLTEZO, HADLIMA, HYRIMOZ, HUMIRA, INFLECTRA*
TYSABRI* <i>(when used to treat Multiple Sclerosis)</i>	AVONEX <sup>+</sup> , AUBAGIO <sup>+</sup> , BAFIERTAM <sup>+</sup> , BETASERON, dalfampridine, dimethyl fumarate, EXTAVIA <sup>+</sup> , GILENYA <sup>+</sup> , glatiramer acetate, GLATOPA, KESIMPTA <sup>+</sup> , MAYZENT <sup>+</sup> , OCREVUS*, PLEGRIDY <sup>+</sup> , PONVORY <sup>+</sup> , REBIF <sup>+</sup> , VUMERITY <sup>+</sup>
VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3
VYEPTI*	AIMOVIG, AJOVY, EMGALITY
ZIEXTENZO* <sup>++</sup>	NYVEPRIA*, NEULASTA* <sup>++</sup> , NEULASTA ONPRO* <sup>++</sup> , UDENYCA*, UDENYCA AUTO- INJECTOR*, UDENYCA ONBODY*

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 provider in the Cigna Pathwell Specialty Network, or ordered from a specialty pharmacy in the Cigna Pathwell Specialty Network, for it to be covered. To find an in-network provider near you, go to [Cigna.com/pathwellspecialty](https://www.cigna.com/pathwellspecialty).

+ 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.



1. Cigna Pathwell Specialty provides coverage for many specialty medications, including but not limited to, a) those that must be administered by a provider in the Cigna Pathwell Specialty Network (or ordered from a specialty pharmacy in the Cigna Pathwell Specialty Network), 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. "Provider" means an in-network specialty pharmacy your doctor orders your medication from, or the place (location) where you're having your treatment done.
4. Some states require out-of-network coverage. To find out if these state laws apply to your plan, please call customer service using the number on your ID card.

**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.

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 complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- 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 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](mailto:ACAGrievance@Cigna.com) or by writing to the following address:

Cigna  
Nondiscrimination Complaint Coordinator  
PO 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](mailto: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>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, 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). ATENCIÓN: 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).



## 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 LỜI 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 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

**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 ناشنوايان: شماره 711 را شماره‌گیری کنید).