

CIGNA PATHWELL SPECIALTY DRUG LIST



As of January 1, 2023

Cigna Pathwell SpecialtySM 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 program¹ as of January 1, 2023.^{2,3} The drug list is updated often so it isn't a complete list of medications.

Here's some helpful information about this drug list:

- › Medications are listed alphabetically.
- › 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 need approval from Cigna (precertification) before they can be covered.
- › Certain specialty medications aren't covered (unless approved by Cigna) because they have preferred alternatives.⁴ These medications are listed at the end of this drug list.



Taking a medication that has to be administered by, or ordered from, an in-network provider?

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.



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

970847 a Pathwell Specialty 04/23

Cigna Pathwell Specialty Drug List - As of January 1, 2023

All of the medications listed here must be administered by a provider⁵ in the Cigna Pathwell Specialty Network, or ordered from an in-network specialty pharmacy, to be covered.⁶ To find an in-network provider near you, go to [Cigna.com/pathwellspecialty](https://www.cigna.com/pathwellspecialty).

Medication name

A

ABRAXANE
ACTEMRA
ADAKVEO
ADCETRIS
ADUHELM
ADVATE
ADYNOVATE
AFSTYLA
ALDURAZYME
ALIMTA
ALPHANATE
ALPHANINE SD
ALPROLIX
ALTUVIIIO
ALYMSYS
AMONDYS-45
AMVUTTRA
APRETUDE
ARALAST NP
ARANESP
ASCENIV
AVASTIN
AVEED
AVSOLA

B

BELRAPZO
BENDAMUSTINE HCL
BENDEKA
BENEFIX
BENLYSTA
BERINERT
BIVIGAM
BORTEZOMIB
BRINEURA
BRIUMVI

C

CABENUVA
CABLIVI
CEPROTIN
CEREZYME
CIMZIA VIAL
CINQAIR

CINRYZE
COAGADEx
CORIFACT
CRYSVITA
CUTAQUIG
CUVITRU
cyclophosphamide
CYRAMZA

D

DACOGEN
DARZALEX
DARZALEX FASPRO
decitabine
DOXIL
doxorubicin hcl liposome

E

ELAHERE
ELAPRASE
ELELYSO
ELIGARD
ELOCTATE
EMPLICITI
ENHERTU
ENJAYMO
ENTYVIO
EPOGEN
ERBITUX
ESPEROCT
EVENITY
EVKEEZA
EXONDYS-51

F

FABRAZYME
FASENRA
FASLODEX
FEIBA NF
FENSOLVI
FIRMAGON
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
HELIXATE FS
HEMOPIL M
HERCEPTIN
HERCEPTIN HYLECTA
HERZUMA
HIZENTRA
HUMATE-P
hydroxyprogesterone caproate
HYQVIA

I

IDELVION
ILARIS
ILUMYA
IMFINZI
IMJUDO
INFLECTRA
INFLIXIMAB
IXEMPRA
IXINITY

J

JEMPERLI
JEVTANA
JIVI

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

Cigna Pathwell Specialty Drug List - As of January 1, 2023

Medication name (cont)

K KADCYLA KALBITOR KANJINTI KANUMA KEYTRUDA KOATE KOGENATE FS KOVALTRY KRYSTEXXA KYPROLIS	OCREVUS OCTAGAM OGIVRI ONPATTRO ONTRUZANT OPDIVO OPDUALAG ORENCIA IV OXLUMO	SKYRIZI IV SOLIRIS SOMATULINE DEPOT SPEVIGO SPINRAZA STELARA IV STIMUFEND SUNLENCA SYLVANT SYNAGIS
L LAMZEDE LANREOTIDE ACETATE LEMTRADA LEQEMBI LEQVIO LEUPROLIDE DEPOT LIBTAYO LUMIZYME LUPRON DEPOT LUPRON DEPOT-PED	P PANZYGA PERJETA PHESGO PRIVIGEN PROCRIT PROFILNINE PROLASTIN C PROLIA	T TECENTRIQ temsirolimus TEPEZZA TEZSPIRE THROMBATE III TIVDAK TORISEL TRAZIMERA TREANDA TRELSTAR treprostinil TRETEN TROGARZO TRUXIMA TYSABRI TZIELD
M MAKENA MEPSEVII MIRCERA MVASI	R RADICAVA REBINYN REBLOZYL RECOMBINATE REMICADE REMODULIN RENFLEXIS RETACRIT REVCOVI RIABNI RIASTAP RITUXAN RITUXAN HYCELA RIXUBIS ROLVEDON RUCONEST RUXIENCE RYBREVANT RYPLAZIM	U UDENYCA ULTOMIRIS UPLIZNA
N NAGLAZYME NATPARA NEULASTA NEULASTA ONPRO NEXVIAZYME NOVOEIGHT NOVOSEVEN RT NPLATE NULIBRY NULOJIX NUWIQ NYVEPRIA	S SANDOSTATIN LAR DEPOT SAPHNELO SEVENFACT SIGNIFOR LAR SIMPONI ARIA	V VECTIBIX VEGZELMA VELCADE VILTEPSO VIMIZIM VIVIMUSTA VONVENDI VPRIV VYEPTI VYONDYS-53 VYVGART
O OBIZUR		

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

Cigna Pathwell Specialty Drug List - As of January 1, 2023

Medication name *(cont)*

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.

Cigna Pathwell Specialty Drug List - As of January 1, 2023

Medications that aren't covered – and their preferred alternative(s)⁶

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 to consider approving coverage of the non-covered medication.

MEDICATION NAME (not covered)	PREFERRED MEDICATION(S)
ASCENIV* BIVIGAM* GAMMAGARD LIQUID* GAMMAGARD S/D* PANZYGA*	FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN*
AVASTIN* ALYMSYS*	MVASI*, ZIRABEV*
BERINERT* RUCONEST* KALBITOR*	icatibant
CUVITRU* HYQVIA*	CUTAQUIG*, HIZENTRA*, GAMUNEX-C*, GAMMAKED*, XEMBIFY*
DDAVP	desmopressin acetate
ERWINASE RYLAZE	ASPARLAS, ONCASPAR
FULPHILA** UDENYCA**	NEULASTA**, NYVEPRIA*, ZIEXTENZO*
FYLNETRA* STIMUFEND*	FULPHILA*^, NEULASTA*+, NYVEPRIA*, UDENYCA*^, ZIEXTENZO*
GEL-ONE GENVISC HYALGAN HYMOVIS MONOVISC ORTHOVISC SYNOJOYNT SYNVISC SUPARTZ FX TRILURON TRIVISC VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3
GRANIX NEUPOGEN RELEUKO	NIVESTYM, ZARXIO

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 an in-network specialty pharmacy, 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 Total Savings Prescription Drug List.

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

Cigna Pathwell Specialty Drug List - As of January 1, 2023

Medications that aren't covered – and their preferred alternative(s)⁶ (cont)

MEDICATION NAME (not covered)	PREFERRED MEDICATION(S)
HERCEPTIN* HERCEPTIN HYLECTA* HERZUMA* OGIVRI* ONTRUZANT*	KANJINTI*, TRAZIMERA*
INFUGEM	gemcitabine (generic GEMZAR)
LEMTRADA*	AVONEX+, AUBAGIO+, BAFIERTAM+, BETASERON, dalfampridine, dimethyl fumarate, EXTAVIA+, GILENYA+, glatiramer acetate, glatopa, KESIMPTA+, MAYZENT+, OCREVUS*, PLEGRIDY+, PONVORY+, REBIF+, VUMERITY+
LEQVIO*	REPATHA
MAKENA*	hydroxyprogesterone caproate*
NEULASTA*^	FULPHILA*^, NYVEPRIA*, UDENYCA*^, ZIEXTENZO*
ORENCIA IV*	ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA SC, TALTZ, TREMFYA, XELJANZ, XELJANZ XR
REMICADE* RENFLEXIS*	AVSOLA*, INFLECTRA*
REMODULIN*	treprostinil*
REVATIO	sildenafil
RITUXAN* RITUXAN HYCELA*	RIABNI*, RUXIENCE*, TRUXIMA*
SANDOSTATIN LAR DEPOT* SIGNIFOR LAR*	SOMATULINE DEPOT*
SAPHNELO*	BENLYSTA*
TYSABRI* (when used to treat Crohn's Disease)	AVSOLA*, CIMZIA SYRINGE, CIMZIA VIAL*, HUMIRA, INFLECTRA*
TYSABRI* (when used to treat Multiple Sclerosis)	AVONEX+, AUBAGIO+, BAFIERTAM+, BETASERON, dalfampridine, dimethyl fumarate, EXTAVIA+, GILENYA+, glatiramer acetate, glatopa, KESIMPTA+, MAYZENT+, OCREVUS*, PLEGRIDY+, PONVORY+, REBIF+, VUMERITY+
VYEPTI*	AIMOVIG, AJOVY, EMGALITY

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 an in-network specialty pharmacy, 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 Total Savings Prescription Drug List.

^ This only applies to patients using the Cigna 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 an in-network specialty pharmacy), 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. State laws in **Connecticut, Louisiana, New York, and Texas** may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
3. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
4. If your doctor wants you to use a non-covered medication instead of a preferred alternative, your doctor can ask Cigna 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.
5. "Provider" means an in-network specialty pharmacy your doctor orders your medication from, or the place (location) where you're having your treatment done.
6. 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 Cigna ID card.

Para obtener ayuda en español llame al número en su tarjeta de Cigna.

Cigna 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 does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna 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. 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 (or administered by a licensed health care professional, depending on the drug) 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 copay, 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. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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 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. 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 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 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 (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).