

Cigna Pathwell Specialty Medications

Cigna Pathwell Specialty helps make specialty medications more accessible and easier to manage

Many specialty medications covered under the Cigna Healthcare® medical benefit are part of Cigna Pathwell Specialty. Most need precertification to be covered, and some have to be administered by a Cigna Pathwell Specialty covered provider.*

Use the tables below to see which medications are covered/not covered and which were recently approved by the U.S. Food and Drug Administration (FDA).

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For patients who purchase their own health plan coverage

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* Cigna Pathwell Specialty “covered providers” are providers, pharmacies and facilities that meet our quality and cost standards. This includes the specialty pharmacy you order your patient's medication from and the place where your patient is having their injection or infusion administered. Many local, affordable infusion providers participate in the Cigna Pathwell Specialty program. Go to Cigna.com/pathwellspecialty to see a list of covered providers.



Non-covered medications — and their covered alternatives.¹

This is a list of medications that aren't covered on the Cigna Pathwell Specialty Drug List.² However, there are preferred medications available that treat the same conditions. They're listed below. If you feel a preferred medication isn't right for your patient, you/your office can ask us to consider approving coverage of the non-covered 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*
CINQAIR*	DUPIXENT, FASENRA*, NUCALA*, TEZSPIRE*, XOLAIR*
CONEXXENCE*	BILDYOS*, JUBBONTI*
DDAVP INJ	desmopressin acetate
DOCIVYX	generic docetaxel

Medication Name (not covered)	Preferred Medications
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
HERCEPTIN*, HERCEPTIN HYLECTA*	KANJINTI*, OGIVRI*, TRAZIMERA*
HERCESSI*	KANJINTI*, OGIVRI*, TRAZIMERA*
HERZUMA*	KANJINTI*, OGIVRI*, TRAZIMERA*
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3

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

† 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.

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

Cigna Pathwell Specialty Program

For patients who have coverage through their employer

Non-covered medications — and their covered alternatives.^{1,2} (cont.)

Medication Name (not covered)	Preferred Medications
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*

Medication Name (not covered)	Preferred Medications
ORENCIA IV*	ADALIMUMAB-ADBIM, 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
PYZCHIVA IV	IMULDOSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK
RELEUKO	NIVESTYM, ZARXIO
REMICADE*	AVSOLA*, INFLECTRA*
REMODULIN*	treprostiniil*
RENFLIXIS*	AVSOLA*, INFLECTRA*
RITUXAN*	RIABNI*, RUXIENCE*, TRUXIMA*
RITUXAN*, RITUXAN HYCELA*	RIABNI*, RUXIENCE*, TRUXIMA*
RYLAZE	ASPARLAS, ONCASPAR

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Non-covered medications — and their covered alternatives.^{1,2} (cont.)

Medication Name (not covered)	Preferred Medications
RYTELO*	REBLOZYL*
RYZNEUTA*	FULPHILA*‡, NEULASTA*†, NYVEPRIA*, ROLVEDON*, UDENYCA*, ZIEXTENZO*‡
SAPHNELO*	BENLYSTA*
SIGNIFOR LAR*	SOMATULINE DEPOT*
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*‡
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)

Medication Name (not covered)	Preferred Medications
SYNOJOYNT	DUROLANE, EUFLEXXA, GELSYN-3
SYNVISC, 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*, 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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Cigna Pathwell Specialty Program

For patients who have coverage through their employer

Medications recently approved by the U.S. Food & Drug Administration (FDA)

The Cigna Healthcare Pharmacy and Therapeutics Committee (P&T) is currently reviewing the medications below for determination of coverage on the Cigna Pathwell Specialty Drug List. In the meantime, if you'd like your patient to use a newly approved medication, you/your office can ask us to consider approving it through the coverage review process.

Date Review Initiated	Medication Name/Class	Review Completion Date	Requires administration by a Pathwell Specialty participating provider	Plans Affected
12/17/2025	LYMPHIR (Cancer)	06/15/2026	Yes	C, I
01/14/2026	EXDENSUR (Asthma)	07/13/2026	Yes	C, I
01/21/2026	ENOBY (Bone Health)	07/20/2026	Yes	C, I
01/21/2026	GAMMAGARD LIQUID ERC (Immunodeficiency)	07/20/2026	Yes	C, I
01/21/2026	XTRENBO (Cancer)	07/20/2026	Yes	C, I
02/04/2026	LUNSUMIO VELO (Cancer)	08/03/2026	Yes	C, I
03/04/2026	QIVIGY (Immunodeficiency)	08/31/2026	Yes	C, I
03/18/2026	AUKELSO (Cancer)	09/14/2026	Yes	C, I
03/18/2026	BOSAYA (Bone Health)	09/14/2026	Yes	C, I
03/18/2026	AVLAYAH (Metabolic)	10/12/2026	Yes	C, I
03/18/2026	FESILTY (Bleeding Condition)	11/02/2026	No	C, I
03/18/2026	WAINUA PREFILLED SYRINGE (Neurologic)	11/02/2026	Yes	C, I

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

Non-covered medications — and their covered alternatives.¹

This is a list of medications that aren't covered on the Cigna Pathwell Specialty Drug List for Individual and Family Plans.² However, there are preferred medications available that treat the same conditions. They're listed below. If you feel a preferred medication isn't right for your patient, you/your office can ask us to consider approving coverage of the non-covered medication.

Medication Name (not covered)	Preferred Medication(s)
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*

Medication Name (not covered)	Preferred Medication(s)
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*
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*

* This medication must be administered by a Cigna Pathwell Specialty covered provider. Patients can go to Cigna.com/pathwellspecialty to find a covered provider.

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

Non-covered medications — and their covered alternatives.^{1,2} (cont.)

Medication Name (not covered)	Preferred Medication(s)
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-ADBM, 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

Medication Name (not covered)	Preferred Medication(s)
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*	treprostnil*
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 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

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Non-covered medications — and their covered alternatives.^{1,2} (cont.)

Medication Name (not covered)	Preferred Medication(s)	Medication Name (not covered)	Preferred Medication(s)
STELARA SC	IMULDOSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK	TRIVISC	DUROLANE, EUFLEXXA, GELSYN-3
STEQEYMA IV	IMULDOSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK	USTEKINUMAB IV	IMULDOSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK
STIMUFEND*	NEULASTA* NEULASTA ONPRO*, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*	USTEKINUMAB SC	IMULDOSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK
STOBOCLO*	BILDYOS*, JUBBONTI*	VABRINTY	ELIGARD
SUPARTZ FX	DUROLANE, EUFLEXXA, GELSYN-3	VEGZELMA*	MVASI*, ZIRABEV*
SUSVIMO	AVASTIN (repackaged, intravitreal inj)	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3
SYNOJOYNT	DUROLANE, EUFLEXXA, GELSYN-3	VYEPTI*	AIMOVIG, AJOVY, EMGALITY, QULIPTA
SYNVISC	DUROLANE, EUFLEXXA, GELSYN-3	XGEVA*	BILPREVDA*, WYOST*
SYNVISC ONE	DUROLANE, EUFLEXXA, GELSYN-3	YIMMUGO*	BIVIGAM*, GAMMAGARD LIQUID*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN*
TEPYLUTE	thiotepa	ZEMAIRA*	GLASSIA*, PROLASTIN C*
TOFIDENCE*	AVTOZMA*, TYENNE IV*	ZIEXTENZO*	NEULASTA* NEULASTA ONPRO*, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*
TRILURON	DUROLANE, EUFLEXXA, GELSYN-3		

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01/21/2026	GAMMAGARD LIQUID ERC (Immunodeficiency)	07/20/2026	Yes	C, I
01/21/2026	XTRENBO (Cancer)	07/20/2026	Yes	C, I
02/04/2026	LUNSUMIO VELO (Cancer)	08/03/2026	Yes	C, I
03/04/2026	QIVIGY (Immunodeficiency)	08/31/2026	Yes	C, I
03/18/2026	AUKELSO (Cancer)	09/14/2026	Yes	C, I
03/18/2026	BOSAYA (Bone Health)	09/14/2026	Yes	C, I
03/18/2026	AVLAYAH (Metabolic)	10/12/2026	Yes	C, I
03/18/2026	FESILTY (Bleeding Condition)	11/02/2026	No	C, I
03/18/2026	WAINUA PREFILLED SYRINGE (Neurologic)	11/02/2026	Yes	C, I

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1. These non-covered medications can be reviewed by Cigna Healthcare through the medical necessity review process. If you feel an alternative isn't right for your patient, you/your office can ask us to consider approving coverage. If your patient doesn't get approval and continues to fill this medication, it won't be covered. Your patient can still fill it (without using their plan/insurance), but they'll pay its full price at the pharmacy counter. And, if they do this, their costs can't be applied to their annual deductible or out-of-pocket maximum.
2. 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 Healthcare ID card.

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

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the U.S. 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.

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Discrimination is against the law

Cigna Healthcare® complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare does not exclude people or treat them less favorably differently because of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids 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 assistance services to people whose primary language is not English in a timely manner, such as:
 - Qualified interpreters
 - Information written in other languages



If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, contact the Civil Rights Coordinator.

If you believe that Cigna Healthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes, you can file a grievance with the Civil Rights Coordinator

P.O. Box 188016, Chattanooga, TN 37422,
877.822.6561 (TTY: Dial 711)

ACAGrievance@CignaHealthcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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
<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

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Proficiency of Language Assistance Services

English – ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-244-6224 (TTY: Dial 711) or speak to your provider.

Spanish – ATENCIÓN: Si habla español, los servicios de asistencia lingüística gratuitos están disponibles para usted. También están disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-800-244-6224 (TTY: Marque 711) o hable con su proveedor.

Chinese – 注意: 如果您讲中文, 我们提供免费的语言援助服务。适当的辅助设备和服务也可以免费提供, 以提供无障碍格式的信息。请拨打 1-800-244-6224 (TTY: 拨打 711) 或与您的服务提供者联系。

Vietnamese – XIN LƯU Ý: Nếu bạn nói tiếng Viet, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở định dạng có thể tiếp cận cũng có sẵn miễn phí. Gọi số 1-800-244-6224 (TTY: Gọi 711) hoặc nói chuyện với nhà cung cấp của bạn.

Korean – 주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 기기 및 서비스도 무료로 제공됩니다. 1-800-244-6224 (TTY: 711 로 전화) 로 전화하시거나 제공자에게 문의하십시오.

Tagalog – PAUNAWA: Kung ikaw ay nagsasalita ng Tagalog, ang mga libreng serbisyo ng tulong sa wika ay magagamit para sa iyo. Ang mga angkop na pantulong na kagamitan at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din ng libre. Tumawag sa 1-800-244-6224 (TTY: Tumawag sa 711) o makipag-usap sa iyong tagapagbigay.

Russian – ВНИМАНИЕ: Если вы говорите на русском, доступны бесплатные услуги языковой помощи. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах. Позвоните по телефону 1-800-244-6224 (TTY: Наберите 711) или обратитесь к вашему провайдеру.

Arabic - تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا مساعدات قابلة للوصول إليها، وذلك مجانًا. اتصل بالرقم 1-800-244-6224 (TTY: 711 اطلب) أو تحدث إلى مقدم الخدمة الخاص بك (اطلب 711).

French Creole – ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis yo disponib pou ou. Ekipman ak sèvis adisyonèl ki apwopriye pou bay enfòmasyon nan fòma ki aksesib yo disponib tou gratis. Rele 1-800-244-6224 (TTY: Rele 711) oswa pale ak founisè ou a.

French – ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles pour vous. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-244-6224 (TTY : composez le 711) ou parlez à votre fournisseur.

Portuguese – ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-244-6224 (TTY: disque 711) ou fale com seu prestador de serviços.

Polish – UWAGA: Jeśli mówisz po polsku, dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi wspierające w celu dostarczenia informacji w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-244-6224 (TTY: wybierz 711) lub skontaktuj się ze swoim dostawcą usług.

Japanese – 注意: 日本語を話す場合は、無料の言語支援サービスが利用できます。アクセス可能な形式で情報を提供するための適切な補助機器やサービスも無料で利用できます。1-800-244-6224 (TTY: 711 にダイヤル) に電話するか、提供者に話してください。

Italian – ATTENZIONE: Se parli italiano, sono disponibili per te servizi gratuiti di assistenza linguistica. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il numero 1-800-244-6224 (TTY: componi il 711) o parla con il tuo fornitore.

German – Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Geeignete Hilfsmittel und Dienste, um Informationen in barrierefreien Formaten bereitzustellen, sind ebenfalls kostenlos verfügbar. Rufen Sie 1-800-244-6224 an (TTY: Wählen Sie 711) oder sprechen Sie mit Ihrem Anbieter.

Persian (Farsi) - همچنین، وسایل و خدمات کمکی مناسب برای در دسترس است. خدمات رایگان کمک زبان برای شما صحبت می‌کنند، توجه: اگر به فارسی تماس بگیرید یا با (شماره 711 را بگیرید: TTY) ارائه اطلاعات در قالبهای قابل دسترس به صورت رایگان در دسترس هستند. با شماره 1-800-244-6224. ارائه‌دهنده خود صحبت کنید