

Copay Assurance Plan

Generic Specialty Medications Drug List As of July 1, 2025

With the Copay Assurance plan™, you'll always know how much you'll pay for your medication at an in-network pharmacy.

About this drug list

This is a list of Tier I generic specialty medications that are part of Copay Assurance.

- **There are other tiered medications that are part of this program;** however, they're not listed here. Log in to the myCigna® App¹ or **myCigna.com**® and use the Price a Medication tool to see if your medication is included.
- Medications are listed in alphabetical order (A-Z) by condition.
- **The drug list is updated on a regular basis;** so, this document may not show all of the generic specialty medications your plan covers. Also, your plan may not cover every medication on this list.



**Pay the same low copay.
Every time you fill.²**

\$5 for generics (including specialty medications)

\$25 for preferred brand medications

\$50 for non-preferred brand medications

\$45 for brand-name specialty medications

Copay Assurance Plan – Generic Specialty Medications Drug List

AIDS/HIV

abacavir
abacavir-lamivudine
atazanavir
darunavir
didanosine
efavirenz
efavirenz-emtricitabine-tenofovir
efavirenz-lamivudine-tenofovir
emtricitabine
emtricitabine-tenofovir
etravirine
fosamprenavir
lamivudine
lamivudine-zidovudine
lopinavir-ritonavir
maraviroc
nevirapine
nevirapine er
ritonavir
stavudine
tenofovir
zidovudine

Asthma/COPD/Respiratory

alyq
ambrisentan
bosentan
epoprostenol
sildenafil oral suspension, 20 mg
tablet, vial
tadalafil 20 mg tablet
treprostinil
veletri

Blood Modifiers/ Bleeding Disorders

aminocaproic acid
tranexamic acid

tranexamic acid-nacl

Blood Pressure/ Heart Medications

droxidopa
icatibant
sajazir

Blood Thinners/Anti-Clotting

argatroban
enoxaparin
fondaparinux

Cancer

abiraterone
adrucil
arsenic trioxide
azacitidine
bendamustine
bexarotene capsule
bleomycin
bortezomib 3.5 mg vial
busulfan
capecitabine
carboplatin
carmustine 100 mg vial
cisplatin 50 mg/50 ml, 100 mg/100
ml, 200 mg/200 ml vial
cladribine
clofarabine
cyclophosphamide capsule; 500 mg,
1 gm vial
cytarabine
dacarbazine
dactinomycin
dasatinib
daunorubicin
decitabine
dexrazoxane

docetaxel
doxorubicin
doxorubicin liposome
epirubicin
eribulin
erlotinib
etoposide
everolimus 2.5 mg, 5 mg, 7.5 mg, 10
mg tablet; tablet for suspension
floxuridine
fludarabine
fluorouracil vial
fulvestrant
gefitinib
gemcitabine 200 mg, 1 gm, 2 gm, 200
mg/5.26 ml, 1 gm/26.3 ml, 2 gm/52.6
ml vial
idarubicin
ifosfamide
imatinib
irinotecan
kemoplat
lapatinib
lenalidomide
leuprolide
melphalan
mercaptopurine
mesna
mitomycin vial
mitoxantrone
nelarabine
oxaliplatin
paclitaxel
paraplatin
pazopanib
pemetrexed 100 mg, 500 mg, 750
mg, 1 gm vial
plerixafor
romidepsin 10 mg kit, vial

Copay Assurance Plan – Generic Specialty Medications Drug List

Cancer (Cont.)

sorafenib
sunitinib
temozolomide
temsirolimus
thiotepa
toposar
topotecan
torpenz
valrubicin
vinblastine
vincasar pfs
vincristine
vinorelbine

Diabetes

mifepristone 300 mg tablet

Diuretics

tolvaptan

Eye Conditions

bevacizumab 1.25 mg/0.05 ml
biolon

Gastrointestinal/Heartburn

alosetron

Hormonal Agents

cetrorelix
deflazacort
desmopressin 0.01 % , 10 mcg/0.1
spray; ampule, tablet, vial
fyremadel
ganirelix
lanreotide
octreotide
octreotide er
paricalcitol
progesterone vial

Infections

adefovir
cidofovir
entecavir
ganciclovir vial
lamivudine hbv
pyrimethamine
ribavirin
tobramycin ampule

Miscellaneous

carglumic acid
cinacalcet
deferasirox
deferiprone
deferiprone (3 times a day)
dichlorphenamide
edaravone
javygtor
miglustat
nitisinone
ormalvi
pirfenidone capsule; 267 mg, 801 mg
tablet
riluzole
sapropterin
sodium phenylbutyrate
tetrabenazine
trientine 250 mg capsule
yargesa

Multiple Sclerosis

dalfampridine er
dimethyl
fingolimod
glatiramer
glatopa
teriflunomide

Nutritional/Dietary

betaine

Osteoporosis Products

ibandronate syringe, vial
pamidronate
teriparatide 560 mcg/2.24 ml pen
zoledronic acid 4 mg, 4 mg/5 ml vial;
5 mg/100 ml iv solution

Pain Relief and Inflammatory Disease

penicillamine

Parkinson's Disease

apomorphine

Seizure Disorders

vigabatrin
vigadrone
vigpoder

Sleep Disorders/Sedatives

tasimelteon

Transplant Medications

azathioprine tablet
cyclosporine ampule, capsule
cyclosporine modified
engraf
mycophenolate
mycophenolic acid
sirolimus
tacrolimus

Urinary Tract Conditions

tiopronin
venxxiva



1. 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.

2. **This is only an example of costs under the Copay Assurance plan.** Actual discounts will vary. Copays shown here are for a 30-day supply.

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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Discrimination is against the law.

Medical coverage

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

Cigna Healthcare:

- 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 Healthcare 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 Healthcare

Nondiscrimination Complaint Coordinator
P.O. 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>



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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 연락해주시시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시시오.

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).