Copay Assurance Plan

Generic Specialty Medications Drug List
As of January 1, 2026

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® App[1] 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-rilpivirne-tenofovir
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
eltrombopag
tranexamic acid
tranexamic acid-nacl

Blood Pressure/ Heart Medications

droxidopa
icatibant
sajazir

Blood Thinners/Anti-Clotting

argatroban-0.9% nacl
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, 2 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 1 gm, 2 gm, 200 gm, 1 gm/26.3 ml, 200 gm/5.26 ml vial
idarubicin
ifosfamide
imatinib
irinotecan
kemoplat
lapatinib
lenalidomide
leuprolide
melphalan
mercaptopurine
mesna
mitomycin vial
mitoxantrone
nelarabine
nilotinib hcl
oxaliplatin
paclitaxel
paraplatin
pazopanib
pemetrexed 100 mg, 500 mg, 750 mg, 1 gm vial

This document was last updated on 08/01/2025 and changes on a regular basis. Log in to the myCigna App or myCigna.com and use the Price a Medication tool to see if your medication is part of Copay Assurance.

Copay Assurance Plan – Generic Specialty Medications Drug List

Cancer *(Cont.)*

plerixafor
romidepsin 10 mg kit, vial
sorafenib
sunitinib
temozolomide
temsirolimus
thiotepa
toposar
topotecan
torpenz
valrubicin
vinblastine
vincasar pfs
vincristine
vinorelbine

Diabetes

mifepristone

Diuretics

tolvaptan

Eye Conditions

bevacizumab 1.25 mg/0.05 ml
biolon

Gastrointestinal/Heartburn

alosetron

Hormonal Agents

cetrorelix
deflazacort
desmopressin 0.01% nasal spray; ampule, tablet, vial
fyremadel
ganirelix
jaythari
lanreotide
octreotide
octreotide er
paricalcitol
progesterone vial

Infections

adefovir
cidofovir
entecavir
ganciclovir
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 I gram/scoop powder

Osteoporosis Products

ibandronate syringe, vial
pamidronate
teriparatide
zoledronic acid 4 mg, 4 mg/5 ml , 5 mg/100 ml

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
gengraf
mycophenolate
mycophenolic acid
sirolimus
tacrolimus capsule

Urinary Tract Conditions

tiopronin
venxxiva

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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.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group.

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

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 문의하십 시오.

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.

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: comporre il 711) o parla con il tuo fornitore.

German – Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste 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) - توجه: همچنین، وسایل و خدمات کمکی مناسب برای در دسترس است. خدمات رایگان کمک زبان برای شما صحبت می‌کنید، 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.