SPECIALTY MEDICATIONS



Use Accredo, a Cigna specialty pharmacy, to fill your prescriptions

Your plan requires you to fill certain specialty medications through Accredo, a Cigna specialty pharmacy, to receive coverage. Specialty medications are used to treat complex medical conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis.

About this drug list.

This document shows the specialty medications you have to fill through Accredo as of July 1, 2020. 1.2 to receive coverage. All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed alphabetically; brandname medications are capitalized and generic medications are lowercase. The Specialty Drug List is updated often so it's important to know that this is not a complete list of the medications your plan covers. Also, your specific plan may not cover all of the medications in this document.

Some plans have specific coverage requirements for specialty medications.

For example, your plan may:

- Allow one or more fills at an in-network retail pharmacy before switching to Accredo.
- Cover certain medications under either the pharmacy or medical benefit, or under both benefits. In this drug list, these medications have an asterisk (*) next to them.
- ➤ Limit coverage to a 30-day supply.
- > Cover specialty medications on a specialty tier.

Log in to the **myCigna*** App or website, or check your plan materials, to learn more about the specialty medications your plan covers. You can also click on "Price a Medication" to see how much your medication may cost you.³

At Accredo, you're the number one focus.

Managing a complex condition isn't easy. Accredo will provide you with the personalized care and support you need to manage your therapy – at no extra cost. They'll also fill and ship your specialty medication to your home (or location of your choice).⁴

- Personalized care services Including counseling and training on how to administer your medication.
- 24/7 access to specialty-trained pharmacists and nurses experienced in complex conditions that require specialty medications.
- **Fast shipping, at no extra cost** even those that need special handling, like refrigeration.
- ➤ Easy refills and free reminders to help make sure you don't miss a dose. Refill certain prescriptions by text.⁵
- ▶ Manage your medications online and track your orders⁶ using the myCigna app or website.
- Copay assistance coordination and other options if you need help paying for your medication.

Go to Cigna.com/specialty to learn more about Accredo. To get started using Accredo, call 877.826.7657, M-F, 7:00 am-10:00 pm CST and Sat, 7:00 am-4:00 pm CST. Be sure to call about two weeks before your next refill so Accredo has time to get a new prescription from your doctor's office.

Together, all the way.



Medication Name

	Danius suisses	Face VD	Himanakus
A	Boniva syringe	Envarsus XR	Hizentra
abiraterone	bosentan	Epclusa	Humate-P
Actemra	Bosulif	Epidiolex	Humatrope
Acthar	Botox 200 unit vial	Erivedge	Humira
ACTIMMUNE	Buphenyl	Erleada	Hyalgan
Adcirca	С	erlotinib	HYCAMTIN
adefovir dipivoxil	Cala area aturu	Esbriet	Hylenex
Adempas	Cabometyx	etoposide capsule	Hymovis
Advate	capecitabine	Euflexxa	1
Adynovate	Carbaglu	everolimus	
Afinitor	CellCept capsule,	Exjade	ibandronate syringe, vial
Afstyla	suspension, tablet	Extavia	Ibrance
ALDURAZYME	Cerdelga	F	Icatibant
Alecensa	Cerezyme		Idelvion
Alferon N	Cimzia	Fabrazyme	IDHIFA
alosetron	CINRYZE	FARYDAK -	llaris
Alphanate	Clovique	Fasenra	llumya
Alphanine SD	Cometriq	Feiba NF	imatinib
Alprolix	Copaxone	Firazyr	Imuran
Alunbrig	Cosentyx	Firmagon	Inbrija
Alyq	Cotellic	Forteo	Increlex
ambrisentan	cyclophosphamide	Fuzeon	Inflectra
Amicar	capsule	G	Infugem
aminocaproic acid	cyclosporine capsule		Inlyta
Ampyra	cyclosporine modified	Galafold	Inrebic
Apokyn	D	Gamastan	Intron A
Arcalyst		Gamastan S-D	Iressa
Arestin	Dalfampridine ER	Gammagard	Ixinity
argatroban	Darzalex	Gammagard S-D	J
50mg/50ml-0.9%	Daurismo	Gammaked	
NaCl vial	deferasirox	Gamunex-C	Jadenu
Astagraf XL	docetaxel 160 mg/8ml	Gattex	Jadenu Sprinkle
Aubagio	vial	Gel-One	Jakafi
Austedo	Doptelet	Gelsyn-3	Jevtana
Avonex	Dupixent	Gengraf	Jivi
Azasan	Durolane	Genotropin	Juxtapid
azathioprine tablet	Dysport	Genvisc 850	Jynarque 15mg, 30mg
azatmoprine tablet	E	Gilenya	K
В	_	Gilotrif	K
Baraclude	Egrifta	Givlaari	Kalbitor
Belrapzo	Egrifta SV	glatiramer	Kalydeco
bendamustine	Eligard	Glatopa	Kevzara
Bendeka	ELOCTATE	Gleevec	Kisqali
Benefix	Emcyt		Kisqali Femara Co-Pack
Benlysta 200mg/ml	Emflaza	Н	Kitabis Pak
Berinert	Empliciti	Haegarda	Koate
Betaseron	Enbrel	Harvoni	Kogenate FS
Bethkis	ENHERTU	Hemlibra	Kovaltry
	entecavir	Hemofil M	Kuvan
bexarotene	Entyvio	Hepsera	Kyprolis 30mg vial

Brand-name medications are capitalized and generic medications are lowercase.

Bivigam

Entyvio

Hepsera

Hetlioz

Kyprolis 30mg vial

^{*} This medication may be covered under either your pharmacy or medical benefit, or under both benefits. If it's covered under your medical benefit and you're getting it from your health care provider, your plan may not require you to use Accredo to receive coverage. Log in to the myCigna app or website, or check your plan materials, to learn more about how your plan covers this medication.

Medication Name

L	0	Revlimid	Tagrisso
ledipasvir-sofosbuvir	Ocaliva	ribavirin	TAKHZYRO
Lemtrada	Ocrevus	Rilutek	Taltz
Lenvima	Octagam	riluzole	Talzenna
Letairis	octreotide	Rinvoq ER	Tarceva
leuprolide	Odomzo	Rixubis	Targretin
Lonsurf	Ofev	Rozlytrek	Tasigna
Lorbrena	Olev Olumiant	Ruconest	Tecentriq
Lotronex		Rydapt	Tecfidera
	Omnitrope		Tegsedi
Lupaneta Pack	Opdivo	S	Temodar capsule
Lupron Depot	Opsumit	Sabril	temozolomide
Luxturna	Orencia	Saizen	tetrabenazine
Lynparza	Orenitram ER	Samsca	Thalomid
M	ORKAMBI	Sandimmune capsule,	TOBI
	ORTHOVISC	solution	TOBI Podhaler
Macrilen	Otezla	Sandostatin	tobramycin ampule
Mavenclad	Р	Serostim	topotecan
Mavyret	-	Signifor	Tracleer
Mayzent 0.25mg, 2mg	Palynziq	Signifor LAR	Trelstar
tablet	pamidronate	sildenafil suspension,	Tremfya
Mekinist	Panretin	20mg tablet, vial	Treprostinil
miglustat	paricalcitol capsule	Siliq	trientine
Mononine	Pegasys	Simponi	Trikafta
MONOVISC	PegIntron	Simponi Aria	Triluron
Mulpleta	Piqray	sirolimus	Trivisc
Myalept	Plegridy		
mycophenolate capsule,	Pomalyst	sodium phenylbutyrate	Trogarzo
suspension, tablet	Prevymis tablet	sofosbuvir-velpatasvir	Tykerb
mycophenolic acid	Privigen	Somatuline Depot	Tymlos
Myfortic	Procysbi	Somavert	Tysabri
	Profilnine	Sovaldi	Tyvaso
N	progesterone vial	Spinraza	U
Natpara	Prograf capsule, granule	Sprycel	
Neoral	packet	Stelara	Ultomiris
Nerlynx	Promacta	Stivarga	Uptravi
Neulasta Onpro Kit	Pulmozyme	Supartz FX	V
Nexavar	-	Supprelin LA	-
Ninlaro	R	Sutent	Valchlor
Norditropin FlexPro	Rapamune	Sylatron	Vantas
Northera	Ravicti	Symdeko	Veletri
Novoeight	Rebif	Synagis	Vemlidy
NovoSeven RT	Rebif Rebidose	Synarel	Ventavis
Nubega	Rebinyn	Synvisc	Verzenio
Nucala	Reclast	Synvisc-One	Viekira Pak
Nuplazid	Recombinate	Syprine	vigabatrin
Nutropin AQ Nuspin	Remicade	-	Virazole
Nuwiq	Remodulin	Т	Visco-3
14G WIQ	RENFLEXIS	tacrolimus capsule	Vitrakvi
		tadalafil 20mg	Vivitrol
	Revatio	Tafinlar	Vizimpro

Brand-name medications are capitalized and generic medications are lowercase.

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Medication Name

Vonvendi X Y Zoladex Vosevi zoledror

Vosevi Xalkori Yondelis Zolinza

Votrient Xeljanz Yonsa Zolinza

VPRIV Zomacton Xeljanz XR 11mg Z Zorbtive Vyndamax Xeloda Vyndaqel Zortress Xenazine Zarxio Zydelig Zavesca Xeomin W Zykadia

Xolair Zelboraf Zykadia
Wilate Xtandi Zamplar cansula Zytiga

WinRho SDF Xtandi Zemplar capsule Zepatier

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- 1. State laws in **Texas** and **Louisiana** 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.
- 2. 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.
- 3. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
- 4. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
- 5. The ability to refill prescriptions by text is only available for certain medications. To get text messages, you'll have to sign up for Accredo's texting service. You can do this when you call Accredo to refill your prescription. Once you sign up, simply reply to their welcome text to get started. Standard text messaging rates apply.
- 6. You'll see your first order in the myCigna App or website once Accredo ships it.

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.

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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, Cigna 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 연락해주십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주십시오.

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 (ТТҮ: 711).

Arabic - برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب TTY).

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 می شود. 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 ناشنوایان: شماره 711 را شمارهگیری کنید).