SPECIALTY DRUG LIST

Starting January 1, 2022

Specialty medications are used to treat complex medical conditions. They're typically injected or infused, and may need special handling (like refrigeration).

About this drug list

This is a list of the most commonly prescribed oral and injectable specialty medications covered as of July 1, 2021.[1,2] Medications are listed alphabetically. generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters. **This drug list is updated often so it isn't a complete list of the medications your plan covers.** Also, your specific plan may not cover all of these medications.

Some plans have specific coverage requirements for specialty medications

For example, plans may:

- Cover specialty medications under either the pharmacy or medical benefit.
- Cover specialty medications on a specialty tier.
- Limit coverage to a 30-day supply.
- Require you to fill certain medications through Accredo, a Cigna specialty pharmacy, to get coverage.[3] In this drug list, these medications have an asterisk (*) next to them.

Log in to the **myCigna**® App or **myCigna.com**, or check your plan materials, to learn more about how your plan covers specialty medications.

Consider Accredo, a Cigna specialty pharmacy[3]

Their team of specialty trained pharmacists and nurses will fill and ship your specialty medication to your home (or location of your choice).[4] They'll also provide you with the personalized care and support you need to manage your therapy – at no extra cost.

- Easily manage and track your medications on your phone or online
- 24/7 access to specialty-trained pharmacists and nurses
- Fast shipping, at no extra cost
- Easy refills and free reminders
- Personalized care services like training on how to administer your medication
- Help with applying for third-party copay assistance programs and other options

To learn more about Accredo, go to **Cigna.com/specialty**.

Together, all the way.®

Cigna®

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

893260 w Specialty OptInject 08/21

Medication Name

A

abacavir
abacavir-lamivudine
abacavir-lamivudine-zidovudine
abiraterone*
ACTIMMUNE*
ADCIRCA*
adefovir*
ADEMPAS*
AFINITOR*
AFINITOR DISPERZ
ALECENSA*
ALKERAN TABLET
alosetron*
ALUNBRIG
ALYQ*
ambrisentan*
AMICAR*
aminocaproic acid solution, tablet*
AMPYRA*
ANZEMET
APOKYN*
APTIVUS
ARANESP
ARCALYST*
ARIKAYCE
ARIXTRA
ASTAGRAF XL*
atazanavir
ATRIPLA
AUBAGIO*
AUSTEDO*
AVONEX*
AZASAN*
azathioprine tablet*

B

BALVERSA
BARACLUDE*
BETASERON*
BETHKIS*
bexarotene*
BIKTARVY
bosentan*
BOSULIF*
BRAFTOVI*
BRONCHITOL*
BUPHENYL*

C

CABLIVI
CABOMETYX*
calquence
capecitabine*
CAPRELSA
CARBAGLU*
CAYSTON*
CELLCEPT CAPSULE, SUSPENSION, TABLET*
CERDELGA*
CETROTIDE
CHENODAL
CHOLBAM
chorionic gonadotropin
CIMDUO
CIMZIA*
cinacalcet
CLOVIQUE*
COMBIVIR
COMETRIQ*
COMPLERA
COPAXONE*
COPIKTRA
COSENTYX*
COTELLIC*
CRIXIVAN
CUPRIMINE
cyclophosphamide capsule, tablet*
cyclosporine capsule*
cyclosporine modified*
CYSTADANE
CYSTAGON
CYSTARAN

D

dalfampridine er*
DARAPRIM
DAURISMO*
deferasirox*
deferiprone
DELSTRIGO
DEPEN
DESCOVY
DIACOMIT
didanosine
dimethyl*
DOJOLVI*
DOPTELET*
DOVATO
droxidopa*
DUPIXENT*

E

EDURANT
efavirenz
efavirenz/emtricitabine/tenofovir
efavirenz/lamivudine/tenofovir
EMCYT*
EMFLAZA*
emtricitabine
emtricitabine/tenofovir
EMTRIVA
ENBREL*
enoxaparin
entecavir*
ENTYVIO*
ENVARSUS XR*
EPCLUSA*
EPIDIOLEX*
EPIVIR
EPIVIR HBV
EPOGEN
EPZICOM
ERIVEDGE*
ERLEADA*
erlotinib*
ESBRIET*
etoposide capsule*
etravirine
everolimus*
EVOTAZ
EXJADE*
EXTAVIA*

F

FARYDAK*
FENSOLVI
FERRIPROX
FIRAZYR*
FIRDAPSE
FIRMAGON*
FOLLISTIM AQ
fondaparinux
FORTEO*
fosamprenavir
FOTIVDA
FRAGMIN
FULPHILA
FUZEON

G

GALAFOLD*
ganirelix
GATTEX*
GENGRAF*
GENOTROPIN*
GENVOYA
GILENYA*
GILOTRIF*
glatiramer*
GLATOPA*
GLEEVEC*
GONAL-F
GRANIX

H

HAEGARDA*
HARVONI*
HEMLIBRA*
HEPSERA*
HETLIOZ*
HUMATROPE*
HUMIRA*
HYCAMTIN CAPSULE*

I

IBRANCE*
icatibant*
ICLUSIG
IDHIFA*
ILARIS*
ILUMYA*
imatinib*
IMBRUVICA
IMURAN*
INBRIJA
INGREZZA
INLYTA*
INREBIC*
INTELENCE
INTRON A*
INVIRASE
IRESSA*
ISENTRESS

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

*Log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about how your plan covers this medication. To get coverage, your plan may require you to fill it through Accredo, a Cigna specialty pharmacy. If so, you may be able to use an in-network retail pharmacy one or more times before switching to Accredo.

Medication Name

ISENTRESS HD

J

JADENU*
JADENU SPRINKLE*
JAKAFI*
JULUCA
JUXTAPID*
JYNARQUE

K

KALETRA
KALYDECO*
KEVEYIS
KEVZARA*
KINERET
KISQALI*
KISQALI FEMARA CO-PACK*
KITABIS PAK*
KORLYM
KUVAN*

L

lamivudine
lamivudine HBV
lamivudine-zidovudine
lapatinib*
ledipasvir-sofosbuvir*
LENVIMA*
LETAIRIS*
LEUKINE
leuprolide kit*
LEXIVA
LILETTA
LONSURF*
lopinavir-ritonavir
LORBRENA*
LOTRONEX*
LOVENOX
LUPANETA PACK
LUPRON DEPOT*
LUPRON DEPOT-PED*
LYNPARZA*
LYSTEDA

M

MATULANE
MAVENCLAD*
MAVYRET*
MAYZENT*
MAYZENT STARTER PACK*
MEKINIST*
MEKTOVI*
melphalan tablet
MENOPUR
MESNEX TABLET
miglustat*
MIRCERA
MODERIBA*
MULPLETA*
MYALEPT*
mycophenolate capsule, suspension, tablet*
mycophenolic acid*
MYFORTIC*

N

NATPARA*
NEORAL*
NERLYNX*
NEULASTA SYRINGE
NEULASTA ONPRO*
NEUPOGEN
nevirapine
nevirapine er
NEXAVAR*
NINLARO*
nitisinone*
NITYR
NIVESTYM
NORDITROPIN FLEXPRO*
NORTHERA*
NORVIR
NOURIANZ*
NOVAREL
NUBEQA*
NUPLAZID*
NUTROPIN AQ NUSPIN*
NUZYRA TABLET
NYVEPRIA

O

OCALIVA*
octreotide*
ODEFSEY
ODOMZO*
OFEV*
OLUMIANT*
OMNITROPE*
OPSUMIT*
ORENCIA CLICKJECT*
ORENCIA SYRINGE*
ORENITRAM ER*
ORFADIN
ORGOVYX
ORKAMBI*
OTEZLA*
OVIDREL
OXERVATE*

P

PALYNZIQ*
PANRETIN*
paricalcitol capsule*
PEGASYS*
penicillamine
PHESGO*
PIFELTRO
PIQRAY*
PLEGRIDY*
POMALYST*
PREGNYL
PREVYMIS TABLET*
PREZCOBIX
PREZISTA
PROCRIT
PROCYSBI*
PROGRAF CAPSULE, GRANULE PACKET*
PROMACTA*
PULMOZYME*
PURIXAN
pyrimethamine

R

RAPAMUNE*
RAVICTI*
REBIF*
REBIF REBIDOSE*
REMICADE*
RETACRIT
REVATIO SUSPENSION, TABLET*
REVLIMID*
REYATAZ
RIBASPHERE 200MG CAPSULE, TABLET*
RIBASPHERE 400MG, 600MG TABLET
RIBASPHERE RIBAPAK*
ribavirin capsule, tablet*
RILUTEK*
riluzole*
RINVOQ ER*
ritonavir
ROZLYTREK*
RUBRACA
RUZURGI
RYDAPT*

S

SABRIL*
SAIZEN*
SAIZEN SAIZENPREP*
SAMSCA*
SANDIMMUNE CAPSULE, SOLUTION*
SANDOSTATIN*
SANDOSTATIN LAR DEPOT
sapropterin*
SELZENTRY
SENSIPAR
SEROSTIM
SIGNIFOR
SIGNIFOR LAR
sildenafil suspension, 20mg tablet*
SILIQ*
SIMPONI*
SIMPONI ARIA*
sirolimus*
sirolimus solution, tablet*
SIRTURO
SKYLA
SKYRIZI*
sodium phenylbutyrate*
sofosbuvir-velpatasvir*
SOMATULINE DEPOT*
SOMAVERT*
SOVALDI*
SPRYCEL*
stavudine

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Medication Name

STELARA SYRINGE, 45mg/0.5ml VIAL*
STIMATE
STIVARGA*
STRENSIQ
STRIBILD
SUCRAID
SUSTIVA
SUTENT*
SYMDEKO*
SYMFI
SYMFI LO
SYMTUZA
SYNAREL*
SYPRINE*

T

tacrolimus capsule*
tadalafil 20mg tablet*
TAFINLAR*
TAGRISSO*
TAKHZYRO*
TALTZ*
TALZENNA*
TARCEVA*
TARGRETIN*
TASIGNA*
TAVALISSE
TECFIDERA*
TEGSEDI*
TEMIXYS
TEMODAR CAPSULE*
temozolomide*
tenofovir
TEPMETKO
tetrabenazine*
THALOMID*
THIOLA
THIOLA EC
TIBSOVO
TIGLUTIK
TIVICAY
TOBI*
TOBI PODHALER*
tobramycin ampule*
tolvaptan
TRACLEER*
tranexamic acid tablet
TREMFYA*
trientine*
TRIKAFTA*
TRIUMEQ
TRIZIVIR
TRUVADA
TURALIO
TYBOST
TYKERB*
TYMLOS*
TYVASO*

U

UKONIQ
UPTRAVI TABLET*
UPTRAVI TITRATION PACK*

V

VALCHLOR*
VEMLIDY*
VENCLEXTA
VENTAVIS*
VERZENIO*
VIDEX EC
vigabatrin*
VIGADRONE
VIRACEPT
VIRAMUNE
VIRAMUNE XR
VIREAD
VISTOGARD
VITRAKVI*
VIZIMPRO*
VOSEVI*
VOTRIENT*
VYNDAMAX*
VYNDAQEI*

X

XALKORI*
XELJANZ*
XELJANZ XR*
XELODA*
XENAZINE*
XERMELO
XOLAIR*
XOSPATA
XPOVIO
XTANDI*
XURIDEN
XYREM*
XYWAV*

Y

YONSA*

Z

ZARXIO*
ZAVESCA*
ZEJULA
ZELBORAF*
ZEMPLAR CAPSULE*
ZEPATIER*
ZIAGEN
ZIDOVUDINE
ZIEXTENZO
ZOKINVY
ZOLADEX*
ZOLINZA*
ZOMACTON*
ZORBTIVE*
ZORTRESS*
ZYDELIG*
ZYKADIA*
ZYTIGA*

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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. Not all plans offer Accredo as a covered pharmacy option. Please log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about the pharmacies in your plan's network.
4. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.

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, 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).

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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 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 (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 ناشنوایان: شماره 711 را شماره‌گیری کنید).