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 get coverage. Specialty medications are used to treat complex medical conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. They're typically injected or infused, and may need special handling (like refrigeration).

About this drug list.

This is a list of the specialty medications that have be filled through Accredo as of July 1, 2021^{1,2} Medications are listed alphabetically. Brand-name medications are capitalized and generic medications are lowercase. **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:

- 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 **myCigna.com** or check your plan materials, to learn more about the specialty medications your plan covers.

Accredo delivers specialty medications and personalized support.

When it comes to specialty medications, you need a pharmacy that's focused on complex medical conditions. Their team of specialty trained pharmacists and nurses will find and ship your specialty medication to your home (or location of your choice).³ They'll also provide you with the personalized care and support you need to manage your therapy - at not extra cost. Here are come of the services they provide.

- 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. 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

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

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

^{*} Log into the myCigna App or myCigna.com, or check your plan materials, to learn more about how your plan covers this medication. It 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, you may not be required to use Accredo to get coverage.

Medication Name

Kuvan	Nucala	Remicade	т
Kyprolis 30mg vial	Nuplazid	Remodulin	
Typrons sorrig viai	Nutropin AQ Nuspin	RENFLEXIS	tacrolimus capsule
L	Nuwig	Revatio	tadalafil 20mg
lapatinib	r ta m q	Revlimid	Tafinlar
ledipasvir-sofosbuvir	0	Ribasphere	Tagrisso
Lemtrada	Ocaliva	ribavirin	TAKHZYRO
Lenvima	Ocrevus	Rilutek	Taltz
Letairis	octreotide*	riluzole	Talzenna
leuprolide*	Odomzo	Rinvoq ER	Tarceva
Lonsurf	Ofev	Rixubis	Targretin
Lorbrena	Olumiant	Rozlytrek	Tasigna
Lotronex	Omnitrope	Ruconest	Tecentriq
Lupaneta Pack*	Opdivo	Rydapt	Tecfidera
Lupron Depot*	Opsumit		Tegsedi
LUPRON DEPOT-PED	Orencia	S	Temodar capsule
Luxturna	Orenitram ER	Sabril	temozolomide
Lynparza	ORKAMBI	Saizen	TEPEZZA
	ORTHOVISC	Sandimmune capsule,	tetrabenazine
M	Otezla	solution	Thalomid
Macrilen	_	Sandostatin	TOBI Dadhalar
Mavenclad	Р	sapropterin	TOBI Podhaler
Mavyret	Palynziq*	Serostim	tobramycin ampule
Mayzent 0.25mg, 2mg	pamidronate	SEVENFACT	topotecan
tablet	Panretin	sildenafil suspension,	Tracleer
Mekinist	paricalcitol capsule	20mg tablet, vial	Trelstar
miglustat	Pegasys	Siliq	Tremfya treprostinil
Moderiba	PegIntron	Simponi	trientine
Mononine	PHESGO	Simponi Aria	Trikafta
Monoclate-P	Piqray	sirolimus	Triluron
MONOVISC	Plegridy	Skyrizi	Tykerb
Mulpleta	POLIVY	sodium phenylbutyrate	Tymlos
Myalept	Pomalyst	sofosbuvir-velpatasvir	Tysabri
mycophenolate capsule,	Prevymis tablet	Somatuline Depot	Tyvaso
suspension, tablet	Privigen	Somavert	Tyvaso
mycophenolic acid	Procysbi	Sovaldi	U
Myfortic	Profilnine	Spinraza	Ultomiris
NI	progesterone vial	Sprycel	Uptravi
N	Prograf capsule, granule	Stelara	Optiavi
Natpara	packet	Stivarga	V
Neoral	Promacta	Supartz FX	Valchlor
Nerlynx	Pulmozyme	Supprelin LA	Vantas
Neulasta Onpro Kit*	В	Sutent	Veletri
Nexavar	R	Sylatron	Vemlidy
Ninlaro	Rapamune	Symdeko	Ventavis
nitisinone	Ravicti	Synagis	Verzenio
Norditropin FlexPro	Rebif	Synarel	Viekira Pak
Northera	Rebif Rebidose	Synvisc	vigabatrin
Novoeight	Rebinyn	Synvisc-One	Virazole
NovoSeven RT	Reclast	Syprine	Visco-3
Nubeqa	Recombinate		V 1300 0

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Medication Name

Vitrakvi X Vivitrol Xalkori Vizimpro Xelianz Vonvendi

Xeljanz XR 11mg Vosevi

Z Xeloda Votrient Xenazine Zarxio **VPRIV** Xeomin Zavesca Vyndamax Xolair* Zelboraf

Vyndagel Xtandi Zemplar capsule

Zepatier **Xyntha** W **XYREM** Zoladex Wilate

zoledronic acid

WinRho SDF

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Y

Yervov

Yonsa



Zolinza

Zomacton

Zorbtive

Zortress

Zvdelia

Zykadia

Zytiga

- 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. 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.



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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 (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).