

# SPECIALTY PHARMACY DRUG LIST



January 2016

Specialty medications are used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. Although some are oral medications, the majority of specialty drugs are injected and may require special handling (e.g. refrigeration). As part of your pharmacy benefits plan, you have access to Cigna Specialty Pharmacy Services to deliver these medications.

## How it works

When your doctor prescribes a specialty medication, they'll call in or fax the prescription to:

### Cigna Specialty Pharmacy Services

800.351.3606 (phone)

800.351.3616 (fax)

Cigna Specialty Pharmacy Services creates a personalized experience that educates and motivates each customer to become active, accountable and confident. We offer the tools to connect and engage you along your health care journey. Our services include 24-hour phone access to nurses and pharmacists, education about your prescription medications and refill reminders.

Once your prescription order is received and processed, we'll call you to schedule a date and time for delivery. Orders will be delivered to any address you choose for delivery (e.g., home, office, doctor's office).

For all proactive refills or any orders over \$4,000, delivery arrangements need to be made and confirmed with our pharmacy before we can send them to you.

If the pharmacy is not able to reach you, they'll leave a message for you to call them back. The pharmacy can't deliver the medications without your approval, so delivery will be delayed until you reply.

If you need to fill your prescription right away, you may be able to fill your prescription at a local network retail pharmacy. However, you'll only get up to a 30-day supply and must fill the rest of your prescription through Cigna Specialty Pharmacy Services. If your plan offers out-of-network coverage, you can get your

prescription at an out-of-network pharmacy, but your out-of-pocket cost will likely be much higher.

**Please note:** Some medications listed here may need to be obtained through your doctor's office or other medical facility. In these cases, your medications will be subject to the terms of coverage under your medical benefit instead of your pharmacy benefit. This will affect the amount you pay out-of-pocket. Check your plan documents for more information.

## Health care reform and you

The Patient Protection and Affordable Care Act (PPACA), commonly referred to as "health care reform," was signed into law on March 23, 2010. This important legislation will result in changes to every American's health coverage. Some of the changes took effect in 2010, and most of the law's effects will be felt by 2014. Cigna will comply with all provisions of the law including those that impact your pharmacy coverage plan. For example, depending upon the final government regulations, coverage for medications that have not traditionally been included in pharmacy plans, such as specific over-the-counter (OTC) medications, may be made available at no cost share to you. As with all covered medications, we require a

prescription from your doctor to process the claim under your pharmacy plan (including OTC medications).

To get the most current information, visit **InformedOnReform.com** or **Cigna.com** and look for the "Informed on Reform" link.

**Together, all the way.®**



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

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## Questions?

Below is a list of medications that must be filled through Cigna Specialty Pharmacy Services to be covered under your pharmacy benefit. *Please note: This list is subject to change.* For more information, you can visit [myCigna.com](https://www.mycigna.com) or call customer service using the number on the back of your ID card at any time, and we'll be happy to help.

## Specialty Drugs

### A

Abacavir  
Abraxane  
Actemra\*  
Actemra SC  
Acthrel  
Actimmune\*  
Adagen  
Adcetris  
Adcirca\*  
Adempas  
Adrucil  
Afinitor\*  
Afinitor Disperz\*  
Agrylin\*  
Aldurazyme\*  
Alferon N\*  
Alimta  
Alkeran  
Aloxi  
Amifostine  
Aminocaproic acid\*  
Ampyra\*  
Anagrelide HCl\*  
Anzemet tablet  
Anzemet vial  
Apokyn\*  
Aptivus  
Aralast NP  
Aranesp  
Arcalyst  
Argatroban  
Arixtra  
Arzerra  
Astagraf XL\*

Atripla  
Aubagio\*  
Avastin  
Avonex\*  
Azacitidine  
Azasan\*  
Azathioprine\*

### B

Baraclude\*  
BCG Vaccine  
(Tice Strain)  
Bebulin\*  
Beleodaq  
Benlysta  
Betaseron\*  
Bethkis  
Bicalutamide\*  
BiCNU  
Bleomycin Sulfate  
Boniva syringe\*  
Bosulif\*  
Botox\*  
Busulfex

### C

Caprelsa  
Carboplatin  
Casodex\*  
Cayston  
Cellcept\*  
Ceprothin  
Cerdelga\*  
Cerezyme\*  
Cetrotide\*  
Chorionic  
Gonadotropin\*

Cidofovir  
Cimzia\*  
Cinryze  
Cisplatin  
Cladribine  
Clolar  
Combivir  
Cometriq\*  
Complera  
Copaxone  
Copegus\*  
Corifact  
Cosmegen  
Crixivan  
Cyclophosphamide\*  
Cyclosporine\*  
Cyclosporine  
modified\*  
Cyramza  
Cystadane  
Cystagon  
Cytarabine  
Cytogam  
Cytovene

### D

Dacarbazine  
Dacogen  
Daunorubicin  
Daunoxome  
DDAVP  
Decitabine  
Depocyt  
Desmopressin  
Didanosine  
Docefrez

Docetaxel  
Doxil  
Doxorubicin  
Dysport\*

### E

Edurant  
Egrifta\*  
Elaprase  
Elelyso\*  
Eligard\*  
Elitek  
Ellence  
Eloxatin  
Elspar  
Emcyt\*  
Emend capsule  
Emend vial  
Emtriva  
Enbrel\*  
Enoxaparin  
Entyvio  
Epirubicin  
Epivir  
Epivir HBV  
Epogen  
Epoprostenol  
Sodium  
Epzicom  
Erbitux  
Erivedge\*  
Erwinaze  
Etopophos  
Etoposide  
Euflexxa\*  
Exjade

Extavia\*  
Eylea

### F

Fabrazyme\*  
Faslodex  
Firazyr\*  
Firmagon  
Flolan  
Floxuridine  
Fludarabine  
Phosphate  
Fluorouracil  
Flutamide\*  
Follistim AQ  
Folotyn  
Fondaparinux  
Sodium  
Forteo  
Fragmin  
FUdR  
Fusilev  
Fuzeon\*

### G

Ganciclovir Sodium  
Ganirelix Acetate  
Gattex  
Gazyva  
Gemcitabine HCl  
Gemzar  
Gengraf\*  
Gilenya\*  
Glassia  
Gleevec\*  
Gliadel  
Granix

<b>H</b>	Kepivance	Mustargen	Paricalcitol*	Ribasphere Ribapak 600-600mg Dosepack*
Halaven	Kineret*	Myalept	Pegasys*	Ribasphere Ribapak 400-400mg Dosepack*
Harvoni	Krystexxa	Mycophenolate	Pegasys Proclick*	Ribasphere Ribapak 600-400mg Dosepack*
Hepsera*	Kuvan*	Mofetil*	PegIntron*	Ribasphere Ribapak 600-400mg Dosepack*
Herceptin	Kynamro	Myfortic*	PegIntron Redipen*	Ribasphe
Hexalen*	Kyprolis	Myozyme	Perjeta	Ribatab
Humira*	<b>L</b>	<b>N</b>	Photofrin	Ribavirin
Hyalgan*	Lamivudine	Nabi-HB	Pomalyst	Rilutek*
Hylenex*	Lamivudine- Zidovudine	Naglazyme	Pregnyl	Rituxan
Hyperrho S-D	Letairis*	Natrecor	Prezista	<b>S</b>
<b>I</b>	Leucovorin	Navelbine	Prialt	Sabril
Ibandronate*	Calcium*	Neoral*	Procrit	Sandimmune*
Iclusig*	Leukine	Neulasta	Procysbi DR*	Sandostatin*
Idamycin PFS	Leuprolide Acetate*	Neupogen	Profilnine SD*	Sandostatin LAR*
Idarubicin HCl	Lexiva	Nevirapine	Prograf*	Selzentry
Ifex	Lipodox	Nexavar*	Prolastin	Sensipar
Ifosfamide	Lipodox 50	Nexavir	Prolastin C	Serostim*
Ifosfamide-Mesna	Lovenox	Nipent	Proleukin	Signifor
Ilaris	Lucentis	Northera	Prolia	Sildenafil*
Imbruvica*	Lumizyme	Norvir	Provisc*	Simponi*
Imuran*	Lupaneta	Novarel	Pulmozyme*	Simponi Aria*
Increlex*	Lupron Depot*	Nplate	Purixan	Simulect
Inlyta*	Lupron Depot-PED*	Nulojix	<b>R</b>	Soliris
Intelence	Lysteda	<b>O</b>	Rapamune*	Somatuline Depot
Intron A*	<b>M</b>	Octreotide Acetate*	Rasuvo	Somavert
Invirase	Macugen	Olysio*	Rebetol*	Sovaldi*
Iprivask*	Marqibo Kit*	Oncaspar	Rebif*	Sprycel*
Irinotecan HCl	Matulane	Opsumit	Rebif Rebidose*	Stavudine
Isentress	Melphalan HCl	Orencia Disp Syringe*	Reclast*	Stelara*
Istodax	Menopur	Orencia Vial*	Remicade*	Stimate
Ixempra	Mesna	Orenitram ER	Remodulin	Stivarga*
<b>J</b>	Mesnex	Orfadin	Rescriptor	Stribild
Jakafi	Methotrexate vial	Orthovisc*	Retrovir	Sucraid
Jevtana*	Methotrexate tablet*	Otezla*	Revatio*	Supartz*
Juxtapid*	Micrhogam	Otrexup	Revlimid*	Supprelin LA*
<b>K</b>	Micrhogam Plus*	Ovidrel	Reyataz	Sustiva
Kalbitor	Mitomycin	Oxaliplatin	Rheumatrex	Sutent*
Kaletra	Mitoxantrone HCl	<b>P</b>	Rhogam Plus	Sylatron*
Kalydeco*	Moderiba*	Paclitaxel	Rhophylac	Sylatron 4-Pack*
Kcentra	Monovisc	Pamidronate*	Riastap	
Kcentra Kit*	Mozobil	Panretin*	Ribasphe Ribapak*	

Sylvant	Trelstar LA	Vivitrol*	Zoladex*
Synagis*	Tretten	Voraxaze	Zoledronic Acid*
Synarel*	Trexall*	VPRIV*	Zolinza
Synribo*	Trisenox	<b>W</b>	Zometa*
Synvisc*	Triumeq	Winrho SDF*	Zorbtive*
Synvisc-One*	Trizivir	<b>X</b>	Zortress*
<b>T</b>	Truvada	Xalkori*	Zydelig
Tacrolimus*	Tysabri*	Xeljanz*	Zykadia*
Tarceva*	Tyvaso	Xeloda*	Zytiga*
Targretin*	Tyzeka*	Xenazine	
Tasigna*	<b>V</b>	Xeomin*	
Taxotere	Valchlor	Xgeva	
Tecfidera*	Valstar	Xiaflex*	
Temodar*	Vectibix	Xolair*	
Temozolomide*	Velcade	Xtandi*	
Teniposide	Veletri	Xyrem	
Thalomid*	Ventavis	<b>Y</b>	
Theracys	Vidaza	Yervoy	
Thiotepa	Videx	<b>Z</b>	
Thyrogen	Videx EC	Zaltrap	
Tivicay	Vimizim	Zanosar	
Tobi	Vinblastine	Zavesca	
Tobi Podhaler*	Vincasar PFS	Zelboraf*	
Toposar	Vincristine Sulfate	Zemaira	
Topotecan HCl*	Vinorelbine	Zemplar*	
Torisel	Viracept	Zerit	
Tracleer*	Viramune	Zevalin	
Tranexamic acid	Viramune XR	Ziagen	
Treanda	Viread	Zidovudine	
Trelstar*	Vistide		
Trelstar Depot	Visudyne		

\* These medications must be obtained from a preferred specialty pharmacy. Only your first prescription can be obtained at a network retail pharmacy. All subsequent refills must be obtained through a preferred specialty pharmacy. To maximize your benefits, all other medications are available through Cigna Specialty Pharmacy Services, at a network retail pharmacy or through your doctor's office, if necessary.

^ Check your plan materials to determine if this Growth Hormone medication is covered under your plan.

## EXCLUSIONS AND LIMITATIONS

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. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

Plans typically do not provide coverage for the following, except as required by law or by the terms of your specific plan:

1. Any medications available over-the-counter (OTC) that do not require a prescription by federal or state law, and any medication that is a pharmaceutical alternative to an OTC medication other than insulin. [examples include OTC Benadryl, Maalox, Sudafed PE, etc.].
2. Medications that are therapeutically equivalent as determined by the Cigna HealthCare Pharmacy and Therapeutics Committee in which at least one of the medications within the class is available over the counter [examples include Rx equivalents to OTC Allegra, Claritin and Zyrtec (Allegra D, Clarinex, Xyzal) and Rx equivalents to OTC Prevacid, Prilosec, Zantac (Aciphex, Kapidex, Nexium, Axid, Pepcid, Zantac)].
3. Any injectable infertility medications, and any injectable medications that require health care professional supervision and are not typically considered self-administered medications. The following are examples of health care professional-supervised medications: injectables used to treat hemophilia and RSV (respiratory syncytial virus), chemotherapy injectables and endocrine and metabolic agents.
4. Any medications that are experimental or investigational within the meaning set forth in the summary plan description.
5. Food and Drug Administration (FDA) approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication in one of the standard reference compendia (The United States Pharmacopoeia Drug Information or The American Hospital Formulary Service Drug Information) or in medical literature. Medical literature means scientific studies published in a peer-reviewed national professional medical journal.
6. Any prescription and non-prescription supplies (such as ostomy supplies), devices and appliances.
7. Implantable contraceptive products.
8. Any fertility medication.
9. Any prescription vitamins (other than prenatal vitamins), dietary supplements and fluoride products.
10. Medications used for cosmetic purposes, such as medications used to reduce wrinkles, medications to promote hair growth, medications used to control perspiration and fade cream products.
11. Any diet pills or appetite suppressants (anorectics).
12. Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis (the prevention of travel-related diseases).
13. Replacement of prescription medications and related supplies due to loss or theft.
14. Medications used to enhance athletic performance.
15. Medications that are to be taken by, or administered to, a customer while the customer is a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.
16. Prescriptions more than one year from the original date of issue.

Cigna reserves the right to make changes to the Advantage Prescription 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.



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