

Specialty Drug List

Medications filled through Accredo

Your plan requires you to fill certain specialty medications through Accredo® specialty pharmacy to be covered.

About this drug list

This is a list of the specialty medications that have been filled through Accredo as of July 1, 2024.

- Medications are listed **alphabetically**.
- **Generic medications are listed in all lowercase letters** and brand-name medications are listed in all capital letters.
- **The drug list is updated often so it isn't a full 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.
- Limit coverage to a **30-day supply**.
- Cover specialty medications on a **specialty tier**.

- Cover certain medications **under the pharmacy benefit, medical benefit or under both benefits.** Medications that you fill at the pharmacy and take yourself are typically covered under the pharmacy benefit. Medications that are injected or infused and are given to you at a doctor's office, an infusion center or at home are typically covered under the medical benefit.

The way the medication is covered may affect how much it costs, if it needs approval from Cigna HealthcareSM before your plan will cover it and/or if it has to be filled at a specific pharmacy to be covered.

In this drug list, **medications that are covered under both benefits have an asterisk (*)** next to them.

Log in to the **myCigna® App**¹ or **myCigna.com**[®], or check your plan materials, to learn more about how your plan covers specialty medications.

Medication name

A

abiraterone
ACTEMRA
ACTHAR
ACTIMMUNE
ADALIMUMAB-AACF(CF)
PEN*
ADALIMUMAB-ADAZ(CF)
ADALIMUMAB-ADAZ(CF)
PEN
ADALIMUMAB-ADB(CF)
PEN CROHNS*
ADALIMUMAB-ADB(CF)
PEN PS-UV*
ADALIMUMAB-ADB(CF)*
ADALIMUMAB-FKJP(CF)
ADBRY
ADCIRCA
adefovir
ADEMPAS
ADUHELM
ADVATE*
ADYNOVATE*
AFINITOR
AFSTYLA*
ALDURAZYME
ALECENSA
ALFERON N
alosetron
ALPHANATE*
ALPHANINE SD
ALPROLIX
ALTUVIIO*
ALYQ
ambrisentan
AMICAR
aminocaproic acid*
AMJEVITA(CF)
AMJEVITA(CF)
AUTOINJECTOR
AMPYRA
APOKYN
ARESTIN
argatroban-0.9% nacl
ASTAGRAF XL
AUBAGIO
AUSTEDO

AUSTEDO XR
AUSTEDO XR TITRATION KIT
(WEEK 1-4)
AVONEX
AVSOLA*
AZASAN
azathioprine tablet

B

BAFIERTAM
BARACLUDE
BELRAPZO
BENDEKA
BENEFIX
BENLYSTA*
BERINERT
betaine anhydrous
BETASERON
BETHKIS
bexarotene
BIMZELX
BIMZELX AUTOINJECTOR
BIVIGAM
bosentan
BOSULIF
BOTOX 200 UNIT VIAL
BRAFTOVI
BRIXADI
BRONCHITOL
BYLVAY

C

CABOMETYX
CAMZYOS
capecitabine
CARBAGLU*
carglumic acid
CAYSTON
CELLCEPT CAPSULE, ORAL
SUSPENSION, TABLET
CERDELGA
CEREZYME
CIMZIA KIT, SYRINGE
CIMZIA VIAL*
COSENTYX SYRINGE
CINRYZE
clovique
COLUMVI



Accredo delivers specialty medications and personalized support

When it comes to specialty medications, you need a pharmacy that's focused on complex medical conditions. Accredo's team of specialty trained pharmacists and nurses will fill 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 no extra cost.

- 24/7 access to specialty-trained pharmacists and nurses
- Personalized care services such as training on how to administer your medication
- Help you find ways to pay for your medications
- Fast shipping at no extra cost⁴
- Easy refills and free reminders
- Easily manage your medications online and track your orders

For more information, go to [Cigna.com/specialty](https://www.cigna.com/specialty) or call **877.826.7657**, Monday–Friday, 7:00 am–8:00 pm CST or Saturday, 7:00 am–4:00 pm CST

COMETRIQ
COPAXONE
CORTROPHIN
COSENTYX SENSOREADY
PEN
COSENTYX UNOREADY PEN
COTELLIC
cyclophosphamide capsule,
tablet
cyclosporine capsule
cyclosporine modified
times a day)
deflazacort
dichlorphenamide
dimethyl
docetaxel 160mg/8ml vial
DOJOLVI
DOPTELET
droxidopa
DUOPA
DUPIXENT
DUROLANE
DYSPORT

D

dalfampridine ER
DARZALEX VIAL
DAURISMO
deferasirox deferiprone (3

E

EGRIFTA SV
ELIGARD
ELOCTATE*

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

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Medication name

EMCYT
EMFLAZA
EMPLICITI
ENBREL
ENHERTU*
ENSPRYNG
entecavir
ENTYVIO*
ENTYVIO PEN
ENVARUS XR
EPCLUSA
EPIDIOLEX
epoprostenol
ERIVEDGE
ERLEADA
erlotinib
ESBRIET
ESPEROCT*
etoposide capsule
EUFLEXXA
everolimus tablet
EVRYSDI
EXJADE
EXTAVIA

F

FABRAZYME
FASENRA*
FEIBA NF
FILSPARI
fingolimod
FIRAZYR
FIRMAGON*
FORTEO

G

GALAFOLD
GAMASTAN
GAMASTAN S-D
GAMMAGARD
GAMMAKED
GAMUNEX-C
GATTEX
GAVRETO
gefitinib
GEL-ONE
GELSYN-3
GENGRAF

GENOTROPIN
GILENYA 0.5MG CAPSULE
GILOTRIF
GIVLAARI
glatiramer
GLATOPA
GLEEVEC

H

HADLIMA
HADLIMA(CF)
HAEGARDA
HARVONI
HEMLIBRA
HEMOFIL M
HEPSERA
HETLIOZ
HETLIOZ LQ
HIZENTRA
HULIO(CF)
HULIO(CF) PEN
HUMATE-P*
HUMATROPE
HUMIRA
HYALGAN
HYCAMTIN
HYLENEX
HYMOVIS
HYRIMOZ(CF)
HYRIMOZ(CF) PEN CROHN-
UC START
HYRIMOZ(CF) PEDIATRIC
CROHN'S

I

ibandronate
IBRANCE
icatibant
IDACIO(CF)
IDACIO(CF) PEN
IDELVION
IDHIFA
ILARIS*
ILUMYA*
imatinib
IMJUDO
IMURAN
INCRELEX

INFLECTRA*
infliximab*
INFUGEM
INLYTA
INQOVI
INREBIC
IRESSA
IXINITY

J

JADENU
JADENU SPRINKLE
JAKAFI
javygtor tablet
JAYPIRCA
JEVTANA
JIVI*
JUXTAPID

K

KALBITOR*
KALYDECO
KESIMPTA
KEVZARA
KISQALI
KISQALI FEMARA CO-PACK
KITABIS PAK
KOATE*
KOGENATE FS*
KOVALTRY*
KUVAN
KYPROLIS

L

LANREOTIDE*
lapatinib
LEDIPASVIR-SOFOSBUVIR
LEMTRADA
lenalidomide
LENVIMA
LETAIRIS
LEUPROLIDE DEPOT*
LIQREV
LITFULO
LEUPROLIDE DEPOT*
LONSURF

LORBRENA
LOTRONEX
LUMAKRAS
LUMRYZ
LUPRON DEPOT
LUPRON DEPOT-PED
LUXTURNA
LYNPARZA

M

MACRILEN
MAVENCLAD
MAVYRET
MAYZENT
MEKINIST
MEKTOVI
miglustat
MONOVISC
MULPLETA
MYALEPT
mycophenolate capsule,
suspension, tablet
mycophenolic acid
MYFORTIC

N

NEORAL
NERLYNX
NEULASTA ONPRO*
NEXAVAR
NEXVIAZYME
NINLARO
nitisinone
NIVESTYM*
NORDITROPIN FLEXPRO
NORTHERA
NOURIANZ
NOVOEIGHT
NOVOSEVEN RT
NUBEQA
NUCALA*
NUPLAZID
NUTROPIN AQ NUSPIN
NUWIQ

O

OCALIVA

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Medication name

OCREVUS
octreotide*
ODOMZO
OFEV
OLUMIANT
OMNITROPE
OPDIVO*
OPDUALAG*
OPFOLDA
OPSUMIT
ORENCIA
ORENITRAM ER
ORENITRAM TITRATION KIT
ORKAMBI
ORTHOVISC
OTEZLA
OXBRYTA
OXERVATE

P

PALYNZIQ
pamidronate
PANRETIN
paricalcitol capsule
pazopanib
PEGASYS
PHEBURANE
PHESGO*
PIQRAY
pirfenidone
PLEGRIDY
POLIVY
POMALYST
PONVORY
PREVYMIS TABLET
PRIVIGEN
PROCYSBI
PROFILNINE
progesterone vial
PROGRAF CAPSULE, PACKET
PROMACTA
PULMOZYME

R

RADICAVA ORS
RAPAMUNE
RAVICTI*
REBIF

REBIF REBIDOSE
REBINYN
RECLAST
RECOMBINATE*
REMICADE*
REMODULIN
RENFLEXIS
REVATIO
REVLIMID
ribavirin capsule, tablet
RILUTEK
riluzole
RINVOQ
RIXUBIS
ROZLYTREK
RUCONEST*
RYDAPT

S

SABRIL
SANDIMMUNE CAPSULE,
SOLUTION
SANDOSTATIN*
sapropterin
SCEMBLIX
SEROSTIM
SEVENFACT
sildenafil suspension, 20mg
tablet, vial
SILIQ
SIMPONI
SIMPONI ARIA*
sirolimus
SKYRIZI
SKYTROFA
SODIUM OXYBATE
sodium phenylbutyrate
sofosbuvir-velpatasvir
SOMATULINE DEPOT*
SOMAVERT
sorafenib
SOTYKTU
SOVALDI
SPEVIGO
SPINRAZA
SPRYCEL
STELARA
STIVARGA

sunitinib
SUPARTZ FX
SUPPRELIN LA
SUTENT
SYFOVRE
SYMDEKO
SYNAGIS
SYNAREL
SYNVISC
SYNVISC-ONE
SYPRINE

T

TABRECTA
tacrolimus capsule
tadalafil 20mg tablet
TADLIQ
TAFINLAR
TAGRISSO
TAKHZYRO
TALTZ
TALZENNA
TARCEVA
TARGRETIN
TASCENSO ODT
TASIGNA
TECENTRIQ
TECFIDERA
TEGSEDI
TEMODAR CAPSULE
temozolomide
TEPEZZA
teriflunomide
teriparatide
tetrabenazine
TEZSPIRE PEN
TEZSPIRE SYRINGE*
THALOMID
TIVDAK*
TOBI
TOBI PODHALER
tobramycin ampule, pak
topotecan
TRACLEER
TRELSTAR
TREMIFYA
treprostinil
trientine

TRIKAFTA
TRILURON
TYKERB
TYMLOS
TYSABRI
TYVASO

U

ULTOMIRIS
UPLIZNA
UPTRAVI TABLET, TITRATION
PACK

V

VALCHLOR
VELETRI
VEMLIDY
VENTAVIS
VERZENIO
vigabatrin
VISCO-3
VITRAKVI
VIVITROL
VIZIMPRO
VONVENDI
VOSEVI
VOTRIENT
VOXZOGO
VPRIV
VUMERITY
VYNDAMAX
VYNDAQEL
VYVGART
VYVGART HYTRULO

W

WAKIX
WILATE*
WINRHO SDF

X

XALKORI
XELJANZ
XELJANZ XR
XELODA
XENAZINE
XEOMIN

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Medication name

XIPERE
XOLAIR 75MG/0.5 ML,
150MG/ML SYRINGE, VIAL*
XOLAIR AUTO-INJECTOR,
300 MG/2ML SYRINGE
XTANDI
XYNTHA*
XYREM
XYWAV

Y

YERVOY*
YONSA

Z

ZARXIO*
ZAVESCA
ZELBORAF
ZEMAIRA 4,000 MG 5,000
MG VIAL
ZEMPLAR CAPSULE
ZEPATIER
ZEPOSIA*
ZOLADEX*
zoledronic acid
ZOLINZA
ZOMACTON

ZORTRESS
ZURZUVAE
ZYDELIG
ZYKADIA
ZYTIGA

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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. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
3. Standard shipping costs are included as part of your prescription plan.

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.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

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

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 LỜI 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 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

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 (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).