

Specialty Drug List

Coverage as of January 1, 2024

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 specialty medications covered as of January 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:

- Cover specialty medications on a **specialty tier**.
- Limit coverage to a **30-day supply**.
- Require you to **fill certain medications through Accredo®**, your specialty pharmacy, to be covered.¹ In this drug list, these medications have an asterisk (*) next to them.

Log in to the **myCigna®** App² or **myCigna.com®**, or check your plan materials, to learn more about how your plan covers specialty medications.

Consider using Accredo

Their 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.

- 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 cost⁴
- 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

For more information, go to: **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

Medication name

A

abacavir
abacavir-lamivudine
abacavir-lamivudine-
 zidovudine
ABECMA
abiraterone*
ABRAXANE
ACTEMRA*
ACTHAR*
ACTIMMUNE*
ADAKVEO
ADALIMUMAB-ADAZ(CF)
ADALIMUMAB-FKJP(CF)
ADBRY*
ADCETRIS
ADCIRCA*
adefovir*
ADEMPAS*
ADRIAMYCIN
adrucil
ADSTILADRIN
ADUHELM*
ADVATE*
ADYNOVATE*
AFINITOR*
AFINITOR DISPERZ
AFSTYLA*
ALDURAZYME*
ALECENSA*
ALFERON N*
ALIMTA
ALIQOPA
ALKERAN
alosetron*
ALPHANATE*
ALPHANINE SD*
ALPROLIX*
ALTUVIIO*
ALUNBRIG
ALYMSYS
alyq*
ambrisentan*
AMELUZ
AMICAR*
aminocaproic acid*
AMONDYS-45
AMPYRA*

AMVISC
AMVISC PLUS
AMVUTTRA
ANDEXXA
APOKYN*
apomorphine
APRETUDE
APTIVUS
ARALAST NP
ARANESP
ARCALYST*
ARESTIN*
ARGATROBAN
argatroban-0.9% nacl*
ARIKAYCE
ARIXTRA
ARRANON
arsenic trioxide
ARZERRA
ASCENIV
ASCLERA
ASPARLAS
ASTAGRAF XL*
atazanavir
ATGAM
ATRIPLA
AUBAGIO*
AUSTEDO*
AUSTEDO XR*
AUSTEDO XR TITRATION
 KT(WKI-4)*
AVASTIN
AVEED
AVONEX*
AVSOLA*
AYVAKIT
azacitidine
AZASAN*
azathioprine*
AZEDRA DOSIMETRIC
AZEDRA THERAPEUTIC

B

BAFIERTAM*
BALVERSA
BARACLUDE*
BAVENCIO
BCG VACCINE (TICE STRAIN)

BELEODAQ
BELRAPZO*
bendamustine
BENDEKA*
BENEFIX*
BENLYSTA AUTO-INJECTOR,
 SYRINGE*
BENLYSTA VIAL
BEOVU
BERINERT*
BESPONSA
BESREMI
betaine I gram/scoop
 powder*
BETASERON*
BETHKIS*
BEVACIZUMAB
bexarotene*
BICNU
BIKTARVY
biolon
BIVIGAM*
bleomycin
BLINCYTO
bortezomib
bosentan*
BOSULIF*
BOTOX 100 UNIT VIAL
BOTOX 200 UNIT VIAL*
BOTOX COSMETIC
BRAFTOVI*
BREYANZI
BRINEURA
BRIUMVI
BRONCHITOL*
BRUKINSA
BUPHENYL*
busulfan
BUSULFEX
BYLVAY*
BYNFEZIA
BYOOVIZ

C

CABENUVA
CABLIVI
CABOMETYX*
CALQUENCE

CAMCEVI
CAMPTOSAR
CAMZYOS*
capecitabine*
CAPRELSA
CARBAGLU*
carboplatin
carglumic acid*
carmustine
CARVYKTI
CAYSTON*
CELLCEPT CAPSULE, ORAL
 SUSPENSION, TABLET*
CELLCEPT VIAL
CEPROTIN
CERDELGA*
CEREZYME*
cetorelix
CETROTIDE
CHENODAL
CHOLBAM
CHORIONIC
 GONADOTROPIN
CIBINQO
cidofovir
CIMDUO
CIMERLI
CIMZIA*
cinacalcet
CINQAIR
CINRYZE*
cisplatin
cladribine
clofarabine
CLOLAR
clovique*
COAGADEX
COLUMVI*
COMBIVIR
COMETRIQ*
COMPLERA
COPAXONE*
COPIKTRA
CORIFACT
CORTROPHIN*
COSELA
COSENTYX*
COSENTYX SENSOREADY
 PEN*

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. Your plan may require you to fill it through Accredo to be covered.

Medication name

COSENTYX UNOREADY PEN*
COSMEGEN
COTELLIC*
CRYSVITA
CUPRIMINE
CUTAQUIG
CUVITRU
cyclophosphamide capsule,
tablet*
cyclophosphamide vial
cyclosporine ampule
cyclosporine capsule*
cyclosporine modified*
CYKLOKAPRON
CYLTEZO(CF) PEN
CYRAMZA
CYSTADANE
CYSTADROPS
CYSTAGON
CYSTARAN
cytarabine
CYTOGAM

D

dacarbazine
DACOGEN
dactinomycin
dalfampridine er*
DANYELZA
DARAPRIM
darunavir
DARZALEX*
DARZALEX FASPRO
daunorubicin
DAURISMO*
DDAVP
decitabine
deferasirox*
deferiprone
DEFITELIO
DELSTRIGO
DEPEN
DESCOVY
desmopressin ampule, vial
dexrazoxane
DIACOMIT
dichlorphenamide*
didanosine

dimethyl*
DOCEFREZ
docetaxel
docetaxel 160mg/8ml vial*
DOJOLVI*
DOPTELET*
DOVATO
DOXIL
doxorubicin
doxorubicin liposome
droxidopa*
DSUVIA
DUOPA
DUPIXENT*
DUROLANE*
DURYSTA*
DYSPORT*

E

EDURANT
efavirenz
efavirenz-emtricitabine-
tenofovir
efavirenz-lamivudine-
tenofovir
EGRIFTA*
EGRIFTA SV*
ELAHERE
ELAPRASE
ELELYSO
ELIGARD*
ELITEK
ELLENC
ELOCTATE*
ELZONRIS
EMCYT*
EMFLAZA*
EMPAVELI
EMPLICITI*
emtricitabine
emtricitabine-tenofovir
EMTRIVA
ENBREL*
ENHERTU*
ENJAYMO
enoxaparin
ENOXILUV
ENSPRYNG*

entecavir*
ENTYVIO*
ENVARBUS XR*
EPCLUSA*
EPIDIOLEX*
epirubicin
EPIVIR
EPIVIR HBV
EPKINLY
EPOGEN
epoprostenol*
EPZICOM
ERBITUX
ERIVEDGE*
ERLEADA*
erlotinib*
ERWINASE
ERWINAZE
ESBRIET*
ESPEROCT*
ETHYOL
ETOPOPHOS
etoposide capsule*
etoposide vial
etravirine
EUFLEXXA*
EVENTY
everolimus tablet for
suspension
everolimus tablet*
EVKEEZA
EVOMELA
EVOTAZ
EVRYSDI*
EXJADE*
EXKIVITY
EXONDYS-5I
EXSERVAN
EXTAVIA*
EYLEA

F

FABRAZYME*
FASENRA*
FASLODEX
FEIBA NF*
FENSOLVI
FERRIPROX

FIBRYGA
fingolimod*
FINTEPLA
FIRAZYR*
FIRDAPSE
FIRMAGON*
FLEBOGAMMA DIF
FLOLAN
floxuridine
fludarabine
fluorouracil
FOLLISTIM AQ
FOLOTYN
fondaparinux
FORTEO*
fosamprenavir
FOTIVDA
FRAGMIN
FULPHILA
fulvestrant
FUZEON
FYARRO
fyremadel

G

GALAFOLD*
GAMASTAN*
GAMASTAN S-D*
GAMIFANT
GAMMAGARD*
GAMMAGARD S-D*
GAMMAKED*
GAMMAPLEX
GAMUNEX-C*
ganciclovir
GANIRELIX
GATTEX*
GAVRETO*
GAZYVA
gefitinib*
GEL-ONE*
GELSYN-3*
gemcitabine
GENGRAF*
GENOTROPIN*
GENVISC 850*
GENVOYA
GIAPREZA

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Medication name

GILENYA*
GILOTRIF*
GIMOTI
GIVLAARI*
GLASSIA
glatiramer*
GLATOPA*
GLEEVEC*
GLIADEL
GONAL-F RFF
GONAL-F RFF REDI-JECT
GRANIX

H

HADLIMA
HADLIMA PUSH TOUCH
HADLIMA(CF)
HAEGARDA*
HALAVEN
HARVONI*
HEMLIBRA*
HEMOFIL M*
HEPAGAM B
HEPSERA*
HERCEPTIN
HERCEPTIN HYLECTA
HERZUMA
HETLIOZ*
HETLIOZ LQ*
HIZENTRA*
HULIO(CF)*
HUMATE-P*
HUMATROPE*
HUMIRA*
HYALGAN*
HYCAMTIN*
hydroxyprogesterone
HYLENEX*
HYMOVIS*
HYPERHEP B
HYPERRAB
HYPERRHO S-D
HYQVIA
HYRIMOZ(CF)*
HYRIMOZ(CF) PEDIATRIC
CROHN'S*

ibandronate syringe, vial*
IBRANCE*
ICATIBANT*
ICLUSIG
IDACIO(CF)
IDAMYCIN PFS
idarubicin
IDELVION*
IDHIFA*
IFEX
ifosfamide
ILARIS*
ILUMYA*
ILUVIEN
imatinib*
IMBRUVICA
IMCIVREE
IMFINZI
IMJUDO*
IMLYGIC
IMOGAM RABIES-HT
IMURAN*
INBRIJA
INCRELEX*
INFLECTRA*
INFLIXIMAB*
INFUGEM*
INGREZZA
INLYTA*
INQOVI*
INREBIC*
INTELENCE
IRESSA*
irinotecan
ISENTRESS
ISENTRESS HD
ISTODAX
ISTURISA
IXEMPRA
IXINITY*

J

JADENU*
JADENU SPRINKLE*
JAKAFI*
javygtor
JAYPIRCA*
JELMYTO

JEMPERLI
JEVTANA*
JIVI*
JOENJA
JULUCA
JUXTAPID*
JYNARQUE

K

KADCYLA
KALBITOR*
KALETRA
KALYDECO*
KANJINTI
KANUMA
KCENTRA
KEDRAB
KEPIVANCE
KESIMPTA*
KEVEYIS
KEVZARA*
KEYTRUDA
KIMMTRAK
KINERET
KISQALI*
KISQALI FEMARA CO-PACK*
KITABIS PAK*
KOATE*
KOGENATE FS*
KORLYM
KORSUVA
KOSELUGO
KOVALTRY*
KRYSTEXXA
KUVAN*
KYLEENA
KYMRIAH
KYPROLIS 10mg, 60mg vial

L

lamivudine
lamivudine HBV
lamivudine-zidovudine
LAMZEDE
lanreotide*
lapatinib*
ledipasvir-sofosbuvir*
LEMTRADA*

LENVIMA*
LEQEMBI
LEQVIO
LETAIRIS*
LEUKINE
leuprolide*
LEUPROLIDE DEPOT*
LEVULAN
LEXIVA
LIBTAYO
LILETTA
LIVMARLI
LIVTENCITY
LONSURF*
lopinavir-ritonavir
LORBRENA*
LOTRONEX*
LOVENOX
LUCENTIS
LUMAKRAS*
LUMIZYME
LUMOXITI
LUMRYZ*
LUNSUMIO
LUPKYNIS
LUPRON DEPOT*
LUPRON DEPOT-PED*
LUTATHERA
LUXTURNA*
LYNPARZA*
LYTGOBI

M

MACI
MACRILEN*
maraviroc
MARGENZA
MATULANE
MAVENCLAD*
MAVYRET*
MAYZENT*
MEKINIST*
MEKTOVI*
melphalan
MENOPUR
MEPSEVII
mesna
MESNEX

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Medication name

MICRHOGAM ULTRA-FILTERED PLUS
miglustat*
MIRCERA
MIRENA
mitomycin vial
mitoxantrone
MONJUVI
MONOVISC*
MOZOBIL
MULPLETA*
MVASI
MYALEPT*
MYCAPSSA
mycophenolate capsule, suspension, tablet*
mycophenolate vial
mycophenolic acid*
MYFORTIC*
MYLOTARG
MYOBLOC*
MYTESI

N

NABI-HB
NAGLAZYME
nelarabine
NEORAL*
NERLYNX*
NEULASTA
NEULASTA ONPRO KIT*
NEUPOGEN
nevirapine
nevirapine ER
NEXAVAR*
NEXPLANON
NEXVIAZYME*
NINLARO*
NIPENT
nitisinone*
NITYR
NIVESTYM
NORDITROPIN FLEXPRO*
NORTHERA*
NORVIR
NOURIANZ*
NOVAREL
NOVOEIGHT*

NOVOSEVEN RT*
NPLATE
NUBEQA*
NUCALA*
NULIBRY
NULOJIX
NUPLAZID*
NUTROPIN AQ NUSPIN*
NUWIQ*
NUZYRA
NYVEPRIA

O

OBIZUR
OCALIVA*
OCREVUS*
OCTAGAM
octreotide*
ODEFSEY
ODOMZO*
OFEV*
OGIVRI
OLUMIANT*
OMNITROPE*
ONCASPAR
ONIVYDE
ONPATTRO
ONTRUZANT
ONUREG
OPDIVO*
OPDUALAG*
OPSUMIT*
ORENCIA CLICKJECT*
ORENITRAM ER*
ORENITRAM TITRATION KIT*
ORFADIN
ORGOVYX
ORKAMBI*
ORLADEYO
ORTHOVISC*
OTEZLA*
OVIDREL
oxaliplatin
OXBRYTA*
OXERVATE*
OXLUMO
OZURDEX

P

paclitaxel
paclitaxel protein-bound
PADCEV
PALFORZIA
PALYNZIQ*
pamidronate*
PANHEMATIN
PANRETIN*
PANZYGA
PARAGARD T 380-A
PARAPLATIN
paricalcitol capsule*
paricalcitol vial
PARSABIV
PEGASYS*
PEMAZYRE
pemetrexed vial
PERJETA
PHEBURANE*
PHESGO*
PHOSPHOLINE IODIDE
PHOTOFRIN
PIFELTRO
PIQRAY*
pirfenidone*
PLEGRIDY*
PLERIXAFOR
plerixafor
PLUVICTO
POLIVY*
POMALYST*
PORTRAZZA
POTELIGEO
PRADAXA
PRALATREXATE
PRAXBIND
PREGNYL
PREVYMIS TABLET*
PREVYMIS VIAL
PREZCOBIX
PREZISTA
PRIALT
PRIVIGEN*
PROCRIT
PROCYSBI*
PROFILNINE*

progesterone vial*
PROGRAF AMPULE
PROGRAF CAPSULE, PACKET*
PROLASTIN C
PROLEUKIN
PROLIA
PROMACTA*
PROVENGE
PROVISC
PULMOZYME*
PURIXAN
pyrimethamine
PYRUKYND

Q

QALSODY
QINLOCK

R

RADICAVA
RADICAVA ORS*
RAPAMUNE*
RAVICTI*
REBIF*
REBIF REBIDOSE*
REBINYN*
REBLOZYL
RECLAST*
RECOMBINATE*
RECORLEV
RELEUKO
RELYVRIO*
REMICADE*
REMODULIN*
RENFLEXIS*
RETACRIT
RETEVMO*
RETISERT
RETROVIR
REVATIO*
REVCovi
REVLIMID*
REYATAZ
REZLIDHIA
REZUROCK
RHOGAM ULTRA-FILTERED PLUS
RHOPHYLAC

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Medication name

RIABNI
 RIASTAP
 ribavirin capsule, tablet*
 ribavirin vial
 RILUTEK*
 riluzole*
 RINVOQ*
 ritonavir
 RITUXAN
 RITUXAN HYCELA
 RIXUBIS*
 ROCTAVIAN
 ROLVEDON
 romidepsin
 ROZLYTREK*
 RUBRACA
 RUCONEST*
 RUXIENCE
 RYBREVAANT
 RYDAPT*
 RYLAZE
 RYPLAZIM

S

SABRIL*
 sajazir
 SAMSCA
 SANDIMMUNE AMPULE
 SANDIMMUNE CAPSULE,
 SOLUTION*
 SANDOSTATIN*
 SANDOSTATIN LAR DEPOT
 SAPHNELO
 SAPROPTERIN*
 SARCLISA
 SCEMBLIX*
 SCENESSE
 SELZENTRY
 SENSIPAR
 SEROSTIM*
 SEVENFACT*
 SIGNIFOR
 SIGNIFOR LAR
 sildenafil oral suspension,
 20mg tablet, vial*
 SILIQ*
 SIMPONI*
 SIMPONI ARIA*

SIMULECT
 SINUVA
 sirolimus*
 SIRTURO
 SKYCLARYS
 SKYLA
 SKYRIZI*
 SKYSONA
 SKYTROFA*
 sodium hyaluronate
 sodium phenylbutyrate*
 sofosbuvir-velpatasvir*
 SOLIRIS
 SOMATULINE DEPOT*
 SOMAVERT*
 sorafenib*
 SOTYKTU*
 SOVALDI*
 SPEVIGO*
 SPINRAZA*
 SPRAVATO
 SPRYCEL*
 stavudine
 STELARA*
 STIMUFEND
 STIVARGA*
 STRENSIQ
 STRIBILD
 SUBLOCADE
 SUCRAID
 sunitinib*
 SUNLENCA
 SUPARTZ FX*
 SUPPRELIN LA*
 SUSTIVA
 SUSVIMO
 SUSVIMO IMPLNT AND
 INSERT TOOL
 SUTENT*
 SYFOVRE*
 SYLVANT
 SYMDEKO*
 SYMFI
 SYMFI LO
 SYMTUZA
 SYNAGIS*
 SYNAREL*
 SYNOJOYNT*

SYNRIBO
 SYNVISC*
 SYNVISC-ONE*
 SYPRINE*

T

TABRECTA*
 tacrolimus capsule*
 tadalafil 20mg tablet*
 TADLIQ*
 TAFINLAR*
 TAGRISSO*
 TAKHZYRO*
 TALTZ*
 TALZENNA*
 TARCEVA*
 TARGRETIN*
 TARPEYO
 TASCENSO ODT 0.25 MG
 TABLET
 TASIGNA*
 tasimelteon*
 TAVALISSE
 TAVNEOS
 TAZVERIK
 TECARTUS
 TECENTRIQ*
 TECFIDERA*
 TECVAYLI
 TEGSEDI*
 TEMIXYS
 TEMODAR CAPSULE*
 TEMODAR VIAL
 temozolomide*
 temsirolimus
 teniposide
 tenofovir
 TEPADINA
 TEPEZZA*
 TEPMETKO
 teriflunomide*
 teriparatide*
 TERLIVAZ
 tetrabenazine*
 TEZSPIRE*
 THALOMID*
 THIOLA
 THIOLA EC
 thiotepa
 THROMBATE III
 THYMOGLOBULIN
 THYROGEN
 TIBSOVO
 TIGLUTIK
 tiopronin
 TIVDAK*
 TIVICAY
 TIVICAY PD
 TOBI*
 TOBI PODHALER*
 tobramycin 300mg/4ml,
 300mg/5ml*
 tolvaptan
 TOPOSAR
 topotecan*
 TORISEL
 TRACLEER*
 tranexamic acid tablet
 TRAZIMERA
 TREANDA
 TRELSTAR*
 TREMFYA*
 treprostinil*
 TRETEN
 trientine*
 TRIKAFTA*
 TRILURON*
 TRIPTODUR
 TRISENOX
 TRIUMEQ
 TRIUMEQ PD
 TRIVISC
 TRIZIVIR
 TRODELVY
 TROGARZO
 TRUSELTIQ
 TRUVADA
 TRUXIMA
 TUKYSA
 TURALIO
 TYBOST
 TYKERB*
 TYMLOS*
 TYSABRI*
 TYVASO*
 TZIELD

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Medication name

U

UDENYCA
ULTOMIRIS*
UNITUXIN
UPLIZNA*
UPTRAVI TABLET, TRITRATION
PACK*
UPTRAVI VIAL

V

VABYSMO*
VALCHLOR*
valrubicin
VALSTAR
VANTAS*
VARITHENA FOAM
VECTIBIX
VELCADE
VELETRI*
VEMLIDY*
VENCLEXTA
VENTAVIS*
VERZENIO*
VIDAZA
VIDEX EC
VIEKIRA PAK*
vigabatrin*
vigadrone
VIJOICE
VILTEPSO
VIMIZIM
vinblastine
VINCASAR PFS
vincristine
vinorelbine

VIRACEPT
VIRAMUNE
VIRAMUNE XR
VIRAZOLE*
VIREAD
VISCO-3*
VISTOGARD
VISUDYNE
VITRAKVI*
VIVITROL*
VIZIMPRO*
VONVENDI*
VORAXAZE
VOSEVI*
VOTRIENT*
VOWST
VOXZOGO*
VPRIV*
VUMERITY*
VYEPTI
VYJUVEK
VYLEESI
VYNDAMAX*
VYNDAQEL*
VYONDYS-53
VYVGART*
VYXEOS

W

WAKIX*
WELIREG
WILATE*
WINRHO SDF*

X

XALKORI*

XELJANZ*
XELJANZ XR*
XELODA*
XEMBIFY
XENAZINE*
XENPOZYME*
XEOMIN*
XERMELO
XGEVA
XIAFLEX
XOLAIR*
XOSPATA
XPOVIO
XTANDI*
XURIDEN
XYNTHA SOLOFUSE*
XYREM
XYWAV*

Y

YERVOY*
YESCARTA
YONDELIS
YONSA*
YUFLYMA(CF) AUTOINJECTOR
YUSIMRY(CF) PEN
YUTIQ

Z

ZALTRAP
ZANOSAR
ZARXIO*
ZAVESCA*
ZEJULA
ZELBORAF*
ZEMAIRA

ZEMPLAR CAPSULE*
ZEMPLAR VIAL
ZEPATIER*
ZEPOSIA*
ZEPZELCA
ZEVALIN
ZIAGEN
zidovudine
ZIEXTENZO
ZINECARD
ZINPLAVA
ZIRABEV
ZOKINVY
ZOLADEX*
zoledronic acid*
ZOLGENSMA
ZOLINZA*
ZOMACTON*
ZORBITIVE*
ZORTRESS*
ZTALMY
ZULRESSO
ZYDELIG*
ZYKADIA*
ZYNLONTA
ZYNTEGLO
ZYTIGA*

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. Your plan may require you to fill it through Accredo to be covered.



1. 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. Cigna Healthcare maintains an ownership interest in Accredo's specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions.
2. 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**.
3. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
4. 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>.



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).

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