

Specialty Pharmacy Drug List

As part of your pharmacy benefits program, CIGNA has aligned with several specialty pharmacy providers to deliver medications that require special handling (e.g., most injectable drugs other than insulin). Partnering with these pharmacies enables us to ensure you receive your prescription in an appropriate manner.

How it works

To maximize your pharmacy benefits, when your physician prescribes a medication listed below, the prescription must be called in or faxed by your physician to one of the following specialty pharmacies:

- CIGNA Specialty Pharmacy: 800.351.3606 (phone)
800.351.3616 (fax)
- Accredo Health Group: 888.654.9878

These pharmacies are leading distributors of specialty medications that are typically taken by individuals with chronic illnesses or conditions. Their services include 24-hour access to a nurse or pharmacist, drug and therapeutic class education and ongoing refill reminders.

Once the prescription request is received and processed, the pharmacy will call you to schedule a date and time for delivery. Orders will be delivered to any address you specify for delivery (e.g., home, office, doctor's office, etc.).

Because these drugs require special handling (refrigeration), and because they are very expensive, you, or your designee, must be available to accept the prescription in person.

If the pharmacy does not reach you, they will leave a message for you to call them back and the delivery will be delayed until you reply. The pharmacy will not deliver the medications without your approval.

If a situation requires you to fill your prescription immediately, you may do so at a local network retail pharmacy. However, you will receive only a 30-day supply and must purchase the remainder of your prescription through one of these three specialty pharmacies. If your plan offers out-of-network coverage, you may purchase your prescription at an out-of-network pharmacy, but your out-of-pocket cost likely will be significantly higher. Not all plans cover all drugs; please check your coverage policy to verify your individual benefits.

Qualifying drugs

Below is a list of drugs that fall under this policy and must be obtained from these specialty pharmacies to maximize your pharmacy benefit. You should also refer to myCIGNAforhealth.com to view the most up-to-date list of medications, as this list is subject to change.

DRUG NAME

#	ALPHANINE SD*	BOTOX*
8-MOP	AMEVIVE*	BRAVELLE*
A	AMPYRA*	BUSULFEX
ABRAXANE	APOKYN	C
ACTEMRA*	ARALAST	CAMPATH
ACTHAR H.P.	ARANESP*	CAMPTOSAR
ACTIMMUNE*	ARCALYST	carboplatin
ADAGEN	AREDIA	CARIMUNE*
adriamycin	ARIXTRA	CARIMUNE NF*
adrucil	ARRANON	CAYSTON
ADVATE*	ATGAM	CELLCEPT (injectable)
AFINITOR*	AVASTIN	CEPROTIN
ALDURAZYME*	AVONEX*	CEREDASE*
ALFERON N*	B	CEREZYME*
ALIMTA	BAYHEP B	cerubidine
ALKERAN (injectable)	BEBULIN VH IMMUNO*	CETROTIDE*
ALPHANATE*	BENEFIX*	chorionic gonadotropin*
	BETASERON*	CIMZIA*
	BEXXAR	CINRYZE
	BICNU	cisplatin
	BLENOXANE	cladribine
	bleomycin sulfate	COPAXONE*
	BONIVA (injectable)	COPEGUS*



DRUG NAME

COSMEGEN
 cyclophosphamide (injectable)
 cyclosporine (injectable)
 CYSTADANE
 cytarabine
 CYTOGAM*
 CYTOXAN (injectable)

D

dacarbazine
 DACOGEN
 daunorubicin hcl
 DAUNOXOME
 DDAVP (injectable)
 deferoxamine mesylate
 DEPOCYT
 DESFERAL
 desmopressin acetate (injectable)
 dexrazoxane
 DILUENT FOR FLOLAN
 DOXIL
 doxorubicin hcl
 DTIC-DOME IV

E

ELAPRASE*
 ELIGARD
 ELITEK
 ELLENCE
 ELOXATIN
 ELSPAR
 ENBREL*
 EPIRUBICIN HCL
 EPOGEN*
 epoprostenol
 ERBITUX
 ETHYOL
 ETOPOPHOS
 etoposide (injectable)
 EUFLEXXA*
 EXJADE
 EXTAVIA*

F

FABRAZYME*
 FASLODEX
 FEIBA VH*
 FIRMAGON*
 FLEBOGAMMA*
 FLOLAN
 floxuridine
 FLUDARA
 FLUDARABINE PHOSPHATE
 fluorouracil (injectable)

FOLLISTIM AQ*
 FORTEO*
 FRAGMIN
 fudr
 FUSILEV*
 FUZEON*

G

GAMASTAN S/D*
 GAMMAGARD LIQUID*
 GAMMAGARD S/D*
 GAMUNEX*
 GANIRELIX ACETATE*
 GEMZAR
 GENOTROPIN*
 GEREFF DIAGNOSTIC*
 GLEEVEC
 GONAL-F*
 GONAL-F RFF*

H

HEALON*
 HEALON GV*
 HELIXATE FS*
 HEMOFIL M*
 HEPAGAM B*
 HERCEPTIN
 HIZENTRA*
 HUMATE-P*
 HUMATROPE*
 HUMIRA*
 HYALGAN*
 HYCAMTIN
 HYPERHEP B S/D*
 HYPERRAB S/D*
 HYPERRHO S/D*

I

IDAMYCIN PFS
 idarubicin hcl
 IFEX
 IFEX/MESNEX
 ifosfamide
 ifosfamide/mesna
 immune globulin
 IMOGAM RABIES-HT
 IMPLANON
 INCRELEX*
 INFERGEN*
 INNOHEP
 INTRON A*
 IRESSA
 IXEMPRA

K

KALBITOR*
 KEPIVANCE
 KINERET*
 KOATE-DVI*
 KOGENATE FS*
 KUVAN*

L

LETAIRIS*
 leucovorin calcium (injectable)
 LEUKINE*
 leuprolide acetate*
 LEUSTATIN
 LOVENOX
 LUCENTIS*
 LUPRON*
 LUPRON DEPOT*
 LUPRON DEPOT-PED*
 LUVERIS*

M

MACUGEN
 MENOPUR*
 MESNA
 MESNEX (injectable)
 methotrexate (injectable)
 MICRHOGAM*
 MIRENA
 mitomycin
 mitoxantrone hcl
 MONARC-M*
 MONOCLATE-P*
 MONONINE*
 MOZOBIL*
 MUSTARGEN
 MUTAMYCIN
 MYLOTARG
 MYOBLOC*
 MYOZYME*

N

NABI-HB
 NAGLAZYME*
 NATRECOR
 NAVELBINE
 NEULASTA*
 NEUMEGA*
 NEUPOGEN*
 NEXAVAR
 NIPENT
 NORDITROPIN*
 NORDITROPIN NORDIFLEX*
 NOVANTRONE*

DRUG NAME

novarel*
 NOVOSEVEN*
 NPLATE *
 NUTROPIN*
 NUTROPIN AQ*

O

OCTAGAM*
 octreotide acetate
 OMNITROPE*
 ONCASPAR
 ONTAK
 onxol
 ORENCIA*
 ORFADIN
 ORTHOCLONE OKT-3
 ORTHOVISC*
 OVIDREL*

P

paclitaxel
 pamidronate disodium
 PANRETIN
 PARAPLATIN
 PEGASYS*
 PEG-INTRON*
 PEG-INTRON REDIPEN*
 PHOTOFRIN
 PLENAXIS
 PREGNYL*
 PRIALT
 PRIVIGEN*
 PROCRT*
 PROFILNINE SD*
 progesterone* (injectable)
 progesterone in oil*
 PROGRAF (injectable)
 PROLASTIN
 PROLEUKIN*
 PROMACTA *
 PROVISC
 PULMOZYME

R

REBETOL*
 REBIF*
 RECLAST
 RECOMBINATE*
 REFACTO*
 REFLUDAN
 REMICADE*
 REMODULIN

REPRONEX*
 RETROVIR IV
 REVATIO, IV*
 REVLIMID
 RHOGAM*
 RHOGAM PLUS*
 RHOPHYLAC
 ribapak*
 ribasphere*
 RIBATAB*
 ribavirin*
 RILUTEK*
 RITUXAN
 ROFERON-A*

S

SAIZEN*
 SANDIMMUNE (injectable)
 SANDOSTATIN
 SANDOSTATIN LAR
 SEROSTIM*
 SIMPONI*
 SIMULECT
 SOLIRIS*
 SOMATULINE DEPOT
 SOMAVERT
 SPRYCEL
 STELARA*
 SUCRAID
 supartz*
 SUPPRELIN
 SUPPRELIN LA
 SUTENT
 SYNAGIS*
 SYNVISC*

T

TARABINE PFS
 TARCEVA
 TASIGNA
 TAXOL
 TAXOTERE
 TEMODAR
 TEV-TROPIN*
 THALOMID
 THERACYS
 thiotepa
 THYMOGLOBULIN
 THYROGEN
 TOBI
 toposar

TORISEL
 TRACLEER*
 TREANDA
 TRELSTAR DEPOT
 TRELSTAR LA
 TRISENOX
 TYKERB
 TYSABRI*

V

VANTAS
 VARICELLA-ZOSTER
 VECTIBIX
 VELCADE
 VENTAVIS
 VIADUR
 VIDAZA
 vinblastine sulfate
 vincristine sulfate
 vinorelbine tartrate
 VISUDYNE
 VIVAGLOBIN*
 VIVITROL
 VPRIV *
 VUMON

W

WILATE*
 WINRHO SDF*

X

XELODA
 XENAZINE
 XIAFLEX
 XOLAIR*
 XYNTHA*
 XYREM

Z

ZANOSAR
 ZAVESCA*
 ZEMAIRA
 ZENAPAX
 ZEVALIN
 ZINECARD
 ZOLADEX
 ZOLINZA
 ZOMETA
 ZORBTIVE*
 ZYCLARA*
 ZYPREXA RELPREV*

* 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 one of our specialty pharmacies, at a network retail pharmacy or through your physician's office, if necessary.

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