

# Specialty Pharmacy Drug List

As part of your pharmacy benefits program, you have access to two 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 two 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.

## 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 are taking 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 would require a prescription from your doctor to process the claim under your pharmacy plan (including OTC medications).

To get the most current information visit [www.informedonreform.com](http://www.informedonreform.com).

## 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](http://myCIGNAforhealth.com) to view the most up-to-date list of medications, as this list is subject to change.

### DRUG NAME

<b>A</b> .....	ADRUCIL	AMEVIVE*
ABRAXANE	ADVATE*	AMICAR*
ACTEMRA*	ADVATE H*	AMIFOSTINE
ACTHAR H.P.*	ADVATE L*	AMINOCAPROIC ACID*
ACTIMMUNE*	ADVATE M*	AMPYRA*
ADAGEN	ADVATE SH*	ANZEMET
ADCIRCA*	ADVATE UH*	APOKYN*
ADRIAMYCIN	AFINITOR*	ARALAST NP
ADRIAMYCIN RDF	ALDURAZYME*	ARANESP*
	ALFERON N*	ARCALYST
	ALIMTA	AREDIA*
	ALKERAN	ARIXTRA
	ALOXI	ARRANON
	ALPHANATE*	ARZERRA
	ALPHANINE SD*	AVASTIN
	ALPROSTADIL	AVONEX*
	A-METHAPRED	AVONEX ADMINISTRATION PACK*



## DRUG NAME

### B .....

BAYGAM  
 BEBULIN VH IMMUNO\*  
 BENEFIX\*  
 BERINERT  
 BETASERON\*  
 BEXXAR  
 BICNU  
 BIOCLATE\*  
 BLENOXANE  
 BLEOMYCIN SULFATE  
 BONIVA\*  
 BOTOX\*  
 BOTOX COSMETIC  
 BRAVELLE  
 BUSULFEX

### C .....

CAMPATH  
 CAMPTOSAR  
 CARBOPLATIN  
 CARIMUNE NF NANOFILTERED  
 CAVERJECT  
 CEFTRIAXONE  
 CEREDASE  
 CERZYME\*  
 CERUBIDINE  
 CETROTIDE  
 CHORIONIC GONADOTROPIN  
 CIMZIA\*  
 CINRYZE  
 CISPLATIN  
 CLADRIBINE  
 CLOLAR  
 COPAXONE\*  
 COPEGUS\*  
 COSMEGEN  
 CYCLOPHOSPHAMIDE  
 CYTARABINE  
 CYTOGAM  
 CYTOVENE  
 CYTOXAN

### D .....

DACARBAZINE  
 DACOGEN  
 DAUNORUBICIN HCL  
 DAUNOXOME  
 DDAVP  
 DELATESTRYL  
 DEPO-MEDROL  
 DEPO-TESTOSTERONE\*  
 DESMOPRESSIN ACETATE  
 DEXAMETHASONE SODIUM PHOG\*

DEXRAZOXANE  
 DOXIL  
 DOXORUBICIN HCL  
 DTIC-DOME IV  
 DYSPORT

### E .....

EDEX  
 EDROL-40  
 ED-Test 200  
 ELAPRASE\*  
 ELIGARD\*  
 ELLENCE  
 ELOXATIN  
 ELSPAR  
 EMEND  
 ENBREL\*  
 EPIRUBICIN HCL  
 EPOGEN\*  
 EPOPROSTENOL SODIUM\*  
 ERBITUX  
 ETHYOL  
 ETOPOPHOS  
 ETOPOSIDE  
 EUFLEXXA\*  
 EXTAVIA\*

### F .....

FABRAZYME\*  
 FASLODEX  
 FEIBA VH IMMUNO\*  
 FERTINEX  
 FIRMAGON  
 FLEBOGAMMA\*  
 FLEBOGAMMA DIF\*  
 FOLAN  
 FLOXURIDINE  
 FLUDARA  
 FLUDARABINE PHOSPHATE  
 FLUOROURACIL  
 FOLLISTIM AQ  
 FORTEO\*  
 FRAGMIN  
 FUDR  
 FUSILEV  
 FUZEON\*

### G .....

GAMASTAN S-D\*  
 GAMMAGARD LIQUID\*  
 GAMMAGARD S-D\*  
 GAMUNEX\*  
 GANIRELIX ACETATE  
 GARAMYCIN  
 GEMZAR

GENOTROPIN\*  
 GENTAMICIN SULFATE  
 GILENYA  
 GLEEVEC\*  
 GOLD SODIUM THIOMALATE  
 GONAL-F  
 GONAL-F RFF  
 GRANISETRON HCL

### H .....

HELIXATE\*  
 HELIXATE FS\*  
 HEMOFIL M\*  
 HEPARIN SODIUM  
 HERCEPTIN  
 HIZENTRA\*  
 HUMATE-P\*  
 HUMATROPE\*  
 HUMIRA\*  
 HYALGAN  
 HYCAMTIN\*  
 HYPERRHO S-D

### I .....

IDAMYCIN PFS  
 IDARUBICIN HCL  
 IFEX  
 IFEX-MESNEX  
 IFOSFAMIDE  
 IFOSFAMIDE-MESNA  
 ILARIS  
 INCRELEX\*  
 INFERGEN\*  
 INNOHEP  
 INTRON A\*  
 IPRIVASK\*  
 IRESSA 250 MG TABLET  
 IRINOTECAN HCL  
 ISTODAX  
 IXEMPRA

### J .....

JEVTANA\*

### K .....

KALBITOR  
 KENALOG-10  
 KENALOG-40  
 KETOROLAC TROMETHAMINE  
 KINERET\*  
 KOATE-DVI\*  
 KOGENATE FS\*  
 KUVAN\*  
 KYTRIL

### L .....

LETAIRIS\*

**DRUG NAME**

LEUCOVORIN CALCIUM  
 LEUKINE  
 LEUPROLIDE ACETATE\*  
 LEUSTATIN  
 LOVENOX  
 LUCENTIS  
 LUPRON\*  
 LUPRON DEPOT\*  
 LUPRON DEPOT-PED\*  
 LUTREPULSE  
 LUVERIS

**M** .....

MACUGEN  
 MELPHALAN HCL  
 MENOPUR  
 MESNA  
 MESNEX  
 METHOTREXATE  
 METHYLPREDNISOLINE ACETAT  
 METHYLPREDNISOLONE SOD SU  
 MITHRACIN  
 MITOMYCIN  
 MITOXANTRONE HCL  
 MONOCLATE-P\*  
 MONONINE\*  
 MOZOBIL  
 MUSTARGEN  
 MYLOTARG  
 MYOBLOC  
 MYOCHRYSSINE  
 MYOZYME

**N** .....

NAGLAZYME  
 NAVELBINE  
 NEBCIN  
 NEULASTA\*  
 NEUMEGA  
 NEUPOGEN  
 NEXAVAR\*  
 NEXAVIR  
 NIPENT  
 NORDITROPIN\*  
 NORDITROPIN NORDIFLEX\*  
 NOVANTRONE  
 NOVAREL  
 NOVOSEVEN\*  
 NOVOSEVEN RT\*  
 NPLATE  
 NUTROPIN\*  
 NUTROPIN AQ\*  
 NUTROPIN AQ NUSPIN\*

**O** .....

OCTAGAM\*

OCTREOTIDE ACETATE  
 OFORTA  
 OMNITROPE\*  
 ONCASPAR  
 ONDANSETRON HCL  
 ONDANSETRON HCL IN DEXTROSE  
 ONDANSETRON IN SODIUM CHLORIDE  
 ONDANSETRON ODT  
 ONTAK  
 ONXOL  
 ORENCIA\*  
 ORFADIN  
 ORTHOVISC\*  
 OVIDREL

**P** .....

PACLITAXEL  
 PAMIDRONATE DISODIUM\*  
 PEGASYS\*  
 PEGINTRON\*  
 PEGINTRON REDIPEN\*  
 PENTOSTATIN  
 PREGNYL  
 PRIVIGEN  
 PROCIT\*  
 PROFASI  
 PROFILNINE SD\*  
 PROGESTERONE  
 PROGESTERONE IN OIL  
 PROLASTIN  
 PROLEUKIN  
 PROLIA  
 PROMACTA\*  
 PROPLEX SX\*  
 PULMOZYME\*

**R** .....

REBETOL\*  
 REBIF\*  
 RECLAST\*  
 RECOMBINATE\*  
 REFACTO\*  
 RELISTOR\*  
 REMICADE\*  
 REMODULIN  
 REPRONEX  
 REVATIO\*  
 REVLIMID\*  
 RHOGAM  
 RHOGAM PLUS  
 RIBAPAK\*  
 RIBASPHERE\*  
 RIBAVIRIN\*  
 RITUXAN  
 ROCEPHIN

**S** .....

SAIZEN\*  
 SANDOSTATIN\*  
 SANDOSTATIN LAR\*  
 SENSIPAR  
 SEROSTIM\*  
 SIMPONI\*  
 SIPULEUCEL-T PROVENGE  
 SOLIRIS  
 SOLU-MEDROL  
 SOMATULINE DEPOT  
 SOMAVERT  
 SPRYCEL\*  
 STELARA\*  
 STIMATE  
 SUPARTZ\*  
 SUPPRELIN  
 SUPPRELIN LA  
 SUTENT\*  
 SYNAGIS\*  
 SYNVISC\*  
 SYNVISC-ONE\*

**T** .....

TARCEVA\*  
 TASIGNA\*  
 TAXOL  
 TAXOTERE  
 TEMODAR\*  
 TESTOSTERONE CYPIONATE\*  
 TESTOSTERONE ENANTHATE\*  
 TEV-TROPIN\*  
 THALOMID  
 THIOTEPA  
 THROMBATE III  
 THYROGEN  
 TOBI  
 TOBRAMYCIN SULFATE  
 TOPOSAR  
 TORADOL  
 TORISEL  
 TOTECT  
 TRACLEER  
 TREANDA  
 TRELSTAR\*  
 TRELSTAR DEPOT\*  
 TRELSTAR LA\*  
 TRIAMCINOLONE ACETONIDE  
 TRISENOX  
 TYKERB\*  
 TYSABRI\*  
 TYVASO

**V** .....

VANTAS

VECTIBIX  
VELCADE  
VENOGLOBULIN-I  
VENTAVIS\*  
VIDAZA  
VINBLASTINE SULFATE  
VINCRIStINE SULFATE  
VINOReLBINE TARTRATE  
VISUDYNE  
VIVAGLOBIN  
VPRIV\*  
VUMON  
**W** .....  
WINRHO SDF

**X** .....  
XELODA\*  
XEOMIN\*  
XIAFLEX  
XOLAIR\*  
XYNTHA\*  
**Z** .....  
ZANOSAR  
ZAVESCA\*  
ZEMAIRA  
ZEVALIN  
ZINECARD  
ZOFRAN  
ZOFRANODT

ZOLADEX\*  
ZOLINZA  
ZOMETA\*  
ZORBTIVE  
ZUPLENZ\*

\* 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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