

July 2019

Drugs Only Available Through CVS Specialty®

Providing one of the broadest offerings of specialty pharmaceuticals in the industry

The **Drug List** below is a guide of medications available only through CVS Specialty. For the drugs on this list, prior authorization is not required and generic/brand copays apply. Our goal is to help make your life better. With more than 40 years of experience, CVS Specialty provides quality care and service. CVS Specialty has a network of pharmacies that includes those with Joint Commission and URAC accreditation. The Joint Commission and URAC are nationally recognized symbols of quality that reflect an organization's commitment to meet high standards of quality and safety. This list represents brand products in CAPS and generic products in lowercase *italics*.

Please refer to the NALC Specialty Pharmacy Drug List for a complete list of medications available through the CVS Specialty.

Please note: If you are a plan member or a health care provider, please visit CVSspecialty.com, fax to 1-800-323-2445 or call 1-800-237-2767 for specific information regarding medications available through CVS Specialty. e-Prescribe specialty prescription(s) to CVS Specialty Pharmacy.

HEPATITIS B

adefovir (HEPSERA)
BARACLUDE SOLUTION
entecavir (BARACLUDE)
EPIVIR HBV
HEPSERA
lamivudine (EPIVIR HBV)
tenofovir disoproxil fumarate (VIREAD)
TYZEKA
VEMLIDY
VIREAD

CIMDUO
COMBIVIR
COMPLERA
CRIXIVAN
DOVATO
DELSTRIGO
DESCOVY
didanosine cap/DR cap
(VIDEX, VIDEX EC)
EDURANT
efavirenz (SUSTIVA)
EMTRIVA/EVOTAZ
fosamprenavir

lopinavir/ritonavir soln
(KALETRA)
nevirapine (VIRAMUNE,
VIRAMUNE XR)
NORVIR
ODEFSEY
PIFELTRO
PREZCOBIX
PREZISTA
RESCRIPTOR
RETROVIR INJECTABLE
REYATAZ
ritonavir (NORVIR)
SELZENTRY

TRIUMEQ
TROGARZO
TRUVADA
TYBOST
VIDEX SOLUTION
VIRACEPT
VIREAD
ZIAGEN SOLUTION
zidovudine (RETROVIR)

mycophenolate sodium DR
(MYFORTIC)
NULOJIX
PROGRAF INJECTABLE
RAPAMUNE SOLUTION
sirolimus tab (RAPAMUNE)
tacrolimus (PROGRAF)
ZORTRESS

HIV MEDICATIONS

abacavir tab (ZIAGEN)
abacavir/lamivudine
(EPZICOM)
abacavir/lamivudine/
zidovudine tab (TRIZIVIR)
APTIVUS
atazanavir sulfate (REYATAZ)
ATRIPLA
BIKTARVY

GENVOYA
INTELENCE
INVIRASE
ISENTRESS
JULUCA
KALETRA
lamivudine (EPIVIR)
lamivudine/zidovudine
(COMBIVIR)
LEXIVA

stavudine (ZERIT)
STRIBILD
SUSTIVA
SYMFI
SYMFI LO
SYMTOZA
tenofovir disoproxil fumarate (VIREAD)
TIVICAY

RETINAL DISORDERS

OZURDEX*
RETISERT*

TRANSPLANT

ASTAGRAF XL
CELLCEPT INJECTABLE
CELLCEPT SUSPENSION
cyclosporine (GENGRAF,
NEORAL, SANDIMMUNE)
ENVARUS XR
mycophenolate mofetil
(CELLCEPT)

*Indicates Limited Distribution products distributed by CVS Specialty. Call CVS Specialty at 1-800-237-2767 for specific medications available through CVS Specialty.

Fax: 1-800-323-2445; e-Prescribe: CVS Specialty Pharmacy. Listing is subject to change. Products distributed by CVS Specialty, as well as products covered by a plan member's prescription or medical benefit plan, may change from time to time. In addition, a member's specific benefit plan design may not cover certain products or categories, regardless of their appearance on this document. **Select drugs are dispensed only through CVS Specialty. Prior authorization is not required and generic/brand copays apply to these drugs. Some drugs may be subject to quantity limits.** Copay, copayment or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan. Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Specialty.

©2019 CVS Specialty. All rights reserved. 75-33491A 071619 July 2019 NALC Short EES Specialty Pharmacy Drug List