

January 2024

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

<i>adefovir</i> (HEPSERA)	CRIXIVAN	<i>fosamprenavir</i> (LEXIVA)	<i>stavudine</i> (ZERIT)	NEORAL,
BARACLUDE SOLUTION	DELSTRIGO	GENVOYA	STRIBILD	SANDIMMUNE)
<i>entecavir</i> (BARACLUDE)	DESCOVY	INVIRASE	SYMITUZA	ENVARUS XR
EPIVIR HBV	DOVATO	ISENTRESS	<i>tenofovir disoproxil</i>	<i>everolimus</i> (ZORTRESS)
<i>lamivudine</i> (EPIVIR HBV)	<i>didanosine cap/DR cap</i>	JULUCA	<i>fumarate</i> (VIREAD)	<i>mycophenolate mofetil</i>
<i>tenofovir disoproxil</i>	(VIDEX, VIDEX EC)	<i>lamivudine</i> (EPIVIR)	TEMIXYS	(CELLCEPT)
<i>fumarate</i> (VIREAD)	EDURANT	<i>lamivudine/zidovudine</i>	TIVICAY	<i>mycophenolate sodium</i>
VEMLIDY	<i>efavirenz</i> (SUSTIVA)	(COMBIVIR)	TRIUMEQ	DR (MYFORTIC)
VIREAD	<i>efavirenz/emtricitabine/</i>	LEXIVA SUSPENSION	TROGARZO	NULOJIX
	<i>tenofovir disoproxil</i>	lopinavir/ritonavir	TYBOST	PROGRAF INJECTABLE
	<i>fumarate</i> (ATRIPLA)	(KALETRA)	VIDEX SOLUTION	<i>sirolimus</i> (RAPAMUNE)
	<i>efavirenz/lamivudine/</i>	<i>maraviroc</i> (SELZENTRY)	VIRACEPT	<i>tacrolimus</i> (PROGRAF)
	<i>tenofovir disoproxil</i>	<i>nevirapine</i> (VIRAMUNE,	<i>zidovudine</i> (RETROVIR)	
	<i>fumarate</i> (SYMFI &	VIRAMUNE XR)		
	SYMFI LO)	ODEFSEY		
	<i>emtricitabine</i>	PIFELTRO		
	(EMTRIVA)	PREZCOBIX		
	<i>emtricitabine/tenofovir</i>	PREZISTA		
	<i>disoproxil fumarate</i>	RESCRIPTOR		
	(TRUVADA)	RETROVIR INJECTABLE		
	<i>etravirine</i> (INTELENCE)	<i>ritonavir</i> (NORVIR)		
	EVOTAZ	RUKOBIA		

HIV MEDICATIONS

<i>abacavir</i> (ZIAGEN)				
<i>abacavir/lamivudine</i>				
(EPZICOM)				
APRETUDE				
APTIVUS				
<i>atazanavir sulfate</i>				
(REYATAZ)				
BIKTARVY				
CIMDUO				
COMPLERA				

TRANSPLANT

ASTAGRAF XL
CELLCEPT INJECTABLE
CELLCEPT
SUSPENSION
<i>cyclosporine</i>
(GENGRAF,

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-name copays apply to these drugs. Some drugs may be subject to quantity limits.** This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Health and/or one of its affiliates.