

April 2025

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 The 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
lamivudine (EPIVIR HBV)
tenofovir disoproxil fumarate (VIREAD)
VEMLIDY
VIREAD

COMPLERA
DELSTRIGO
DESCOVY
DOVATO
EDURANT
efavirenz (SUSTIVA)
efavirenz/emtricitabine/tenofovir disoproxil fumarate (ATRIPLA)
efavirenz/lamivudine/tenofovir disoproxil fumarate (SYMFI & SYMFI LO)
emtricitabine (EMTRIVA)
emtricitabine/tenofovir disoproxil fumarate (TRUVADA)
etravirine (INTELENCE)
EVOTAZ

fosamprenavir
GENVOYA
ISENTRESS
JULUCA
lamivudine (EPIVIR)
lamivudine/zidovudine
LEXIVA SUSPENSION
lopinavir/ritonavir (KALETRA)
maraviroc (SELZENTRY)
nevirapine
ODEFSEY
PIFELTRO
PREZCOBIX
PREZISTA
RESCRIPTOR
RETROVIR INJECTABLE
ritonavir (NORVIR)
RUKOBIA
stavudine (ZERIT)

STRIBILD
SYMITUZA
tenofovir disoproxil fumarate (VIREAD)
TIVICAY
TRIUMEQ
TROGARZO
TYBOST
VIDEX SOLUTION
VIRACEPT
zidovudine (RETROVIR)

TRANSPLANT

ASTAGRAF XL
CELLCEPT INJECTABLE
CELLCEPT
SUSPENSION
cyclosporine (GENGRAF,

NEORAL,
SANDIMMUNE)
ENVARUS XR
everolimus (ZORTRESS)
mycophenolate mofetil (CELLCEPT)
mycophenolate sodium DR (MYFORTIC)
MYHIBBIN
NULOJIX
PROGRAF INJECTABLE
sirolimus (RAPAMUNE)
tacrolimus (PROGRAF)

HIV MEDICATIONS

abacavir (ZIAGEN)
abacavir/lamivudine
APRETUDE
APTIVUS
atazanavir sulfate (REYATAZ)
BIKTARVY
CIMDUO

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.

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