



October 2018

RAPAMUNE SOLUTION

tacrolimus (PROGRAF)

ZORTRESS

sirolimus tab (RAPAMUNE)

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 which includes those with Joint Commission and URAC accreditation. The Joint Commission and URAC are nationally recognized symbols of quality which reflects 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.

NORVIR

ODEFSEY

PIFELTRO

PREZCOBIX

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)
lamivudine (EPIVIR HBV)
tenofovir disoproxil
fumate (VIREAD)
VEMLIDY
VIREAD

HIV MEDICATIONS

COMPLERA

CRIXIVAN

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

DFI STRIGO DESCOVY didanosine cap/DR cap (VIDEX. VIDEX EC) **EDURANT** efavirenz (SUSTIVA) **EMTRIVA EVOTAZ** fosamprenavir **GENVOYA INTELENCE INVIRASE ISENTRESS JULUCA KALETRA** lamivudine (EPIVIR) lamivudine/zidovudine (COMBIVIR)

lopinavir/ritonavir soln

nevirapine (VIRAMUNE,

VIRAMUNE XR)

(KALETRA)

LEXIVA

PREZISTA RESCRIPTOR RETROVIR INJECTABLE **REYATAZ** ritonavir (NORVIR) **SELZENTRY** stavudine (ZERIT) **STRIBILD SUSTIVA** SYMFI SYMFI LO **SYMTUZA** tenofovir disoproxil fumate (VIREAD) **TIVICAY TRIUMEQ TROGARZO** TRUVADA **TYBOST**

VIDEX SOLUTION VIRACEPT VIREAD ZIAGEN SOLUTION zidovudine (RETROVIR)

RETINAL DISORDERS

OZURDEX* RETISERT*

TRANSPLANT

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

NULOJIX

PROGRAF INJECTABLE

*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 brandname prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Specialty.

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