

January 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
 Xfumarate* (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
 SYMTUZA
*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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