

January 2026

## 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

### HIV MEDICATIONS

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

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.

©2026 CVS Health and/or one of its affiliates. All rights reserved.

33491APSHB 010226 January 2026 NALC Short EES Specialty Pharmacy Drug List