



# Comprehensive Specialty Pharmacy Drug List

Providing one of the broadest offerings of specialty pharmaceuticals in the industry

The **Comprehensive Specialty Pharmacy Drug List** is a guide of medications available through CVS Specialty®. Our goal is to help make your life better. With more than 40 years of experience, CVS Specialty provides quality care and service. We have 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-name products in CAPS and generic products in lowercase *italics*.

**Please note:** If you are a plan member or a health care provider, please visit [CVSSpecialty.com](http://CVSSpecialty.com), fax 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.

**ACROMEGALY**

**octreotide acetate**  
SANDOSTATIN LAR  
SOMATULINE DEPOT\*

**ALPHA-1 ANTITRYPSIN DEFICIENCY**

**AMYLOIDOSIS**

ONPATTRO\*  
VYNDAMAX\*

**ANEMIA  
RETACRIT**

**ASTHMA  
DUPIXENT  
FASENRA\*  
NUCALA\*  
TEZSPIRE\*  
XOLAIR\***

**ATOPIC DERMATITIS  
ADBRY\*  
CIBINQO  
DUPIXENT  
RINVOQ**

**CARDIAC DISORDERS  
dofetilide**

**COAGULATION DISORDERS**

CEPROTIN\*

**CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES  
ILARIS\***

**CYSTIC FIBROSIS  
BETHKIS\*  
KITABIS PAK\*  
PULMOZYME\*  
tobramycin nebulizer\***

**DUPUYTREN'S CONTRACTURE  
XIAFLEX\***

**ELECTROLYTE DISORDERS  
tolvaptan**

**ENZYME DEFICIENCY DISORDERS – OTHER  
nitisinone**

**GASTROINTESTINAL DISORDERS – OTHER  
DUPIXENT  
GATTEX\*  
OCALIVA\*  
SOLESTA\***

**GOUT**

KRYSTEXXA\*

**GROWTH HORMONE & RELATED DISORDERS**

EGRIFTA\*  
EGRIFTA SV\*  
**NORDITROPIN\***  
SEROSTIM\*  
ZORBTIVE

**IGF-1 Deficiency  
INCRELEX\***

**HEMATOPOIETICS  
MOZOBIL\*  
NEUMEGA**

**HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS**

**ADVATE\*  
ADYNOVATE\*  
AFSTYLA \*  
ALPHANATE\*  
ALPHANINE SD\*  
ALPROLIX\*  
COAGADEX\*  
CORIFACT\*  
ELOCTATE\*  
ESPEROCT\*  
FIBRYGA\***

HEMLIBRA\*  
HEMOFIL M\*  
HUMATE-P\*  
IDELVION\*  
**JIVI\***

KOATE\*  
KOATE-DVI\*  
**KOGENATE FS\*  
KOVALTRY\*  
MONONINE\*  
NOVOEIGHT\*  
NOVOSEVEN RT\*  
NUWIQ\*  
PROFILNINE SD\*  
REBINYN\*  
RECOMBINATE\*  
RIASTAP\*  
SEVENFACT\*  
STIMATE  
TRETTEN\*  
WILATE\*  
XYNTHA\***

**HEPATITIS  
adefovir dipivoxil  
BARACLUE SOLUTION  
entecavir  
EPCLUSA  
HARVONI  
INTRON-A\*  
lamivudine  
PEG-INTRON  
ribavirin caps**

Products distributed by CVS Specialty, as well as products covered by a 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. **Bolded** medications indicate preferred products. Medications appearing in all lower case are generic drugs. Drug products appear in green to note they do not have to be filled through CVS Specialty. \*Medication is only covered through the medical benefit. \*Limited distribution products distributed by CVS Specialty or one of its affiliates, including Coram® CVS Specialty Infusion Services (Coram).

Call CVS Specialty at 1-800-237-2767 for specific medications available through CVS Specialty. This document contains confidential and proprietary information of CVS Specialty and may not be reproduced, distributed or printed without written permission from CVS Specialty. Listing is subject to change. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Specialty.

Fax: 1-800-323-2445; e-Prescribe: CVS Specialty Pharmacy.



*ribavirin tabs*  
SOVALDI  
*tenofovir disoproxil fumarate*  
VEMLIDY  
VIREAD  
VOSEVI

**HEREDITARY ANGIOEDEMA**

HAEGARDA  
*icatibant acetate*  
KALBITOR\*  
RUCONEST\*  
*sajazir*  
TAKHZYRO\*

**HIV MEDICATIONS**

*abacavir tab*  
*abacavir/lamivudine*  
*abacavir/lamivudine/zidovudine tab*  
*atazanavir sulfate*  
BIKTARVY  
CIMDUO  
CRIXIVAN  
DESCOVY  
*didanosine*  
DOVATO  
EDURANT  
*efavirenz*  
*efavirenz/emtricitabine/tenofovir df*  
*efavirenz/tenofovir df*  
*efavirenz-lamivudine-tenofovir df*  
*etravirine*  
EMTRIVA  
EVOTAZ  
*fosamprenavir*  
FUZEON\*  
GENVOYA  
INVIRASE  
ISENTRESS  
JULUCA  
*lamivudine*

*lamivudine/zidovudine*  
*lopinavir/ritonavir*  
*maraviroc*  
*nevirapine*  
NORVIR  
ODEFSEY  
PREZCOBIX  
PREZISTA  
RESCRIPTOR  
RETROVIR INJECTABLE  
REYATAZ  
*ritonavir*  
RUKOBIA  
*stavudine*  
SYMTUZA  
SUSTIVA  
*tenofovir disoproxil fumarate*  
TEMIXYS  
TIVICAY  
TROGARZO\*  
TRIUMEQ  
TYBOST  
VIDEX SOLUTION  
VIREAD  
*zidovudine*

**HORMONAL THERAPIES**

AVEED\*  
ELIGARD  
FENSOLVI\*  
FIRMAGON  
*leuprolide acetate*  
LUPRON DEPOT (3.75 mg and 11.24 mg)  
LUPRON DEPOT PED  
NATPARA\*  
SUPPRELIN LA\*

**IMMUNE DEFICIENCIES & RELATED DISORDERS**

BIVIGAM\*<sup>M</sup>  
CARIMUNE NF<sup>M</sup>  
**CUTAQUIG\***  
CYTOGAM<sup>M</sup>  
GAMASTAN S/D\*<sup>M</sup>

**GAMMAGARD LIQUID\***

GAMMAGARD S/D\*<sup>M</sup>  
**GAMMAKED\***  
GAMMAPLEX\*<sup>M</sup>  
**GAMUNEX C\***  
HEPAGAM B<sup>M</sup>  
**HIZENTRA\***  
HYPERHEP B\*<sup>M</sup>  
HYPERRHO S/D\*<sup>M</sup>  
**HYQVIA\***  
MICRHOGAM<sup>M</sup>  
NABI-HB\*<sup>M</sup>  
OCTAGAM\*<sup>M</sup>  
PRIVIGEN\*<sup>M</sup>  
RHOGAM<sup>M</sup>  
RHOPHYLAC\*<sup>M</sup>  
VARIZIG<sup>M</sup>  
WINRHO SDF<sup>M</sup>

**INFECTIOUS DISEASE – OTHER**

ACTIMMUNE\*  
ALFERON N

**INFERTILITY**

*cetorelix acetate*  
*fyremadel*  
GONAL-F  
MENOPUR  
OVIDREL

**INFLAMMATORY BOWEL DISEASE**

HUMIRA  
REMICADE\*  
STELARA IV\* (after failure of Humira)

**IRON OVERLOAD**

*deferasirox*  
*deferiprone\**  
*deferoxamine*

**LYSOSOMAL STORAGE DISORDERS**

ALDURAZYME\*

**CERDELGA\***

**CEREZYME\***  
CYSTAGON\*  
ELAPRASE\*  
ELELYSO\*  
FABRAZYME\*  
KANUMA\*  
LUMIZYME\*  
*miglustat*  
NAGLAZYME\*  
VIMIZIM\*  
VPRIV\*

**MOVEMENT DISORDERS**

AUSTEDO\*  
DUOPA\*  
**INGREZZA\***  
KYNMOBI  
NORTHERA\*  
NUPLAZID\*  
RADICAVA (IV)\*  
RADICAVA ORS  
SOLIRIS\*  
*tetrabenazine\**

**MULTIPLE SCLEROSIS**

AMPYRA\*  
**AUBAGIO\***  
**AVONEX**  
**BETASERON**  
*dimethyl fumarate*  
GILENYA  
*glatiramer acetate*  
*glatopa*  
**KESIMPTA\***  
MAVENCLAD\*  
**MAYZENT\***  
*mitoxantrone*  
**OCREVUS\***  
PLEGRIDY\*  
PONVORY\*  
**REBIF**  
**TYSABRI\***  
**VUMERITY\***  
**ZEPOSIA\***

Products distributed by CVS Specialty, as well as products covered by a 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.

**Bolded** medications indicate preferred products. Medications appearing in all lower case are generic drugs. Drug products appear in green to note they do not have to be filled through CVS Specialty. <sup>M</sup>Medication is only covered through the medical benefit. <sup>\*</sup>Limited distribution products distributed by CVS Specialty or one of its affiliates, including Coram<sup>®</sup> CVS Specialty Infusion Services (Coram).

Call CVS Specialty at 1-800-237-2767 for specific medications available through CVS Specialty. This document contains confidential and proprietary information of CVS Specialty and may not be reproduced, distributed or printed without written permission from CVS Specialty. Listing is subject to change. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Specialty.

Fax: 1-800-323-2445; e-Prescribe: CVS Specialty Pharmacy.



**NEUTROPENIA**

**ZIEXTENZO**

**OCULAR DISORDERS**

**EYLEA\***

ILUVIEN\*

**LUCENTIS\***

MACUGEN\*

OZURDEX\*

RETISERT\*

**TEPEZZA\***

VISUDYNE\*

**ONCOLOGY –**

**INJECTABLE**

ABRAXANE

ADCETRIS\*

ARZERRA\*

ASPARLAS\*

**azacitidine**

BAVENCIO\*

BELEODAQ\*

BENDEKA\*

BESPONS\*

BLINCYTO\*

CYRAMZA\*

DARZALEX\*

**decitabine**

EMPLICITI\*

ERBITUX

**fulvestrant**

GAZYVA\*

HALAVEN

IMFINZI\*

INTRON A\*

ISTODAX\*

IXEMPRA

JEVTANA\*

KADCYLA\*

**KANJINTI\***

KEYTRUDA\*

**LEVELEUCOVORIN**

**CALCIUM**

LUMOXITI\*

**mitoxantrone**

ONCASPAR

ONIVYDE\*

OPDIVO\*

PACLITAXEL protein-bound

**PERJETA**

**PHEGSO\***

PORTRAZZA\*

POTELIGEO\*

**pralatrexate**

PROLEUKIN

RITUXAN HYCELA\*

ROMIDEPSIN

**RUXIENCE**

RYLAZE\*

SARCLISA\*

SYLVANT\*

SYNRIBO\*

TECENTRIQ\*

TEMODAR

TEPADINA

THYROGEN\*

TIVDAK\*

**TRAZIMERA**

TORISEL

TREANDA\*

TRISENOX

*valrubicin*

VALSTAR\*

VECTIBIX

VELCADE

VIDAZA\*

VYXEOS\*

XGEVA

YERVOY\*

YONDELIS\*

ZALTRAP

**ZIRABEV\***

**zoledronic acid**

**ONCOLOGY –**

**ORAL/TOPICAL**

abiraterone

**ALECENSA\***

BALVERSA\*

**bexarotene**

**BOSULIF**

**BRAFTOVI\***

**CABOMETYX\***

**capecitabine**

COMETRIQ\*

**COPIKTRA\***

**COTELLIC\***

**ERIVEDGE\***

**ERLEADA\***

**erlotinib hydrochloride**

**everolimus**

**GAVRETO\***

**GLEOSTINE**

HYCAMTIN

IBRANCE\*

IDHIFA\*

**imatinib mesylate**

**INLYTA\***

INQOVI\*

IRESSA\*

JAKAFI\*

**KISQALI**

**KISQALI FEMARA CO-**

**PACK**

**lapatinib**

*lenalidomide*

**LENVIMA\***

**LONSURF\***

LORBRENA\*

LUMAKRAS\*

**LYNPARZA\***

**MEKTOVI\***

MYLOTARG\*

NERLYNX\*

**NINLARO\***

**NUBEQA\***

**ODOMZO\***

ONUREG

PIQRAY

POMALYST\*

PURIXAN\*

**RETEVMO\***

**REVLIMID\***

**ROZLYTREK\***

**RYDAPT**

**SPRYCEL**

**STIVARGA\***

**sorafenib**

**sunitinib malate**

TAGRISSO\*

TARGRETIN

**temozolomide**

**THALOMID\***

VERZENIO\*

**VITRAKVI\***

**XELODA\***

**XOSPATA\***

**XTANDI\***

**YONSA\***

**ZEJULA\***

**ZELBORAF\***

**ZOLINZA**

**ZYDELIG\***

**ZYKADIA\***

ZYTIGA\*

**OSTEOPOROSIS**

**FORTEO**

**PROLIA**

**TYMLOS\***

**zoledronic acid**

**PAROXYSMAL**

**NOCTURNAL**

**HEMOGLOBINURIA**

SOLIRIS\*

**PHENYLKETONURIA**

**sapropterin**

**dihydrochloride**

**PRE-TERM BIRTH**

MAKENA\*

**PSORIATIC ARTHRITIS**

**COSENTYX**

**ENBREL**

**HUMIRA**

**OTEZLA**

Products distributed by CVS Specialty, as well as products covered by a 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.

**Bolded** medications indicate preferred products. Medications appearing in all lower case are generic drugs. Drug products appear in green to note they do not have to be filled through CVS Specialty. \*Medication is only covered through the medical benefit. \*Limited distribution products distributed by CVS Specialty or one of its affiliates, including Coram® CVS Specialty Infusion Services (Coram).

Call CVS Specialty at 1-800-237-2767 for specific medications available through CVS Specialty. This document contains confidential and proprietary information of CVS Specialty and may not be reproduced, distributed or printed without written permission from CVS Specialty. Listing is subject to change. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Specialty.

Fax: 1-800-323-2445; e-Prescribe: CVS Specialty Pharmacy.



**PSORIASIS**

**HUMIRA**  
**ILUMYA\***  
**OTEZLA**  
**STELARA**  
**SKYRIZI**  
**TALTZ\***  
**TREMFYA**

**RHEUMATOID**

**ARTHRITIS**  
**ENBREL**  
**HUMIRA**  
**KEVZARA\***  
**ORENCIA SC/ClickJet**  
**RINVOQ**  
**XELJANZ**

**WILSON'S DISEASE**

**D-PENAMINE**  
*penicillamine*  
*trientine*

**PULMONARY ARTERIAL  
HYPERTENSION**

**ADEMPAS\***  
*ambrisentan\**  
*bosentan\**  
*epoprostenol sodium\**  
**OPSUMIT\***  
**ORENITRAM\***  
*sildenafil citrate*  
*tadalafil (alyq)*  
*treprostinil sodium\**  
**TYVASO\***  
**TYVASO DPI\***  
**UPTRAVI\***  
**VELETRI\***  
**VENTAVIS\***

**SEIZURE DISORDERS**

**EPIDIOLEX\***  
**H. P. ACTHAR\***  
**SABRIL TABS\***  
*vigabatrin\**

**SICKLE CELL DISEASE**

**ADAKVEO**  
**ENDARI\***

**SLEEP DISORDERS**

**WAKIX\***

**SYSTEMIC LUPUS**

**ERYTHEMATOSUS**  
**BENLYSTA\***

**PULMONARY  
DISORDERS – OTHER**

**OFEV\***  
*pirfenidone*

**THROMBOCYTOPENIA**

**DOPTELET\***  
**MULPLETA**  
**PROMACTA\***

**RARE DISORDERS –  
OTHER**

**CRYSVITA\***  
**ENSPRYNG\***  
**ZOKINVY\***

**TRANSPLANT**

*cyclosporine*  
*mycophenolate mofetil*  
*mycophenolate sodium*  
**DR**  
**NULOJIX**  
**PROGRAF GRANULES**  
**PROGRAF INJECTABLE**  
*sirolimus tab*  
*tacrolimus*

**RENAL DISEASE**

*cinacalcet*  
*hydrochloride*  
**tiopronin**

**UREA CYCLE  
DISORDERS**

*sodium phenylbutyrate\**

**RESPIRATORY  
SYNCYTIAL VIRUS**

**SYNAGIS\***

Products distributed by CVS Specialty, as well as products covered by a 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. **Bolded** medications indicate preferred products. Medications appearing in all lower case are generic drugs. Drug products appear in green if they do not have to be filled through CVS Specialty. \*Medication is only covered through the medical benefit. \*Limited distribution products distributed by CVS Specialty or one of its affiliates, including Coram® CVS Specialty Infusion Services (Coram).

Call CVS Specialty at 1-800-237-2767 for specific medications available through CVS Specialty. This document contains confidential and proprietary information of CVS Specialty and may not be reproduced, distributed or printed without written permission from CVS Specialty. Listing is subject to change. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Specialty.

Fax: 1-800-323-2445; e-Prescribe: CVS Specialty Pharmacy.



**INDEX**

**A**

**abacavir tab**  
**abacavir/**  
*lamivudine*  
**abacavir/lamivudine/**  
*zidovudine tab*

**ABRAXANE**

ACTHAR H.P. GEL\*

ACTIMMUNE\*

ADAKVEO

**ADBRY\***

ADCETRIS\*

**adefovir**

**ADEMPAS\***

**ADVATE\***

**ADYNOVATE\***

**AFSTYLA\***

ALDURAZYME\*

ALFERON N

ALPHANATE\*

ALPHANINE SD\*

**ALPROLIX\***

alyq (tadalafil)

**ambrisentan\***

AMPYRA\*

ARCALYST\*

ARZERRA\*

**ASPARLAS\***

**atazavir sulfate**

**AUBAGIO\***

AUSTEDO\*

AVEED\*

**AVONEX**

**azacitidine**

**B**

**BALVERSA\***

BARACLUDGE SOL

BAVENCIO\*

BELEODAQ\*

BENDEKA\*

BENEFIX\*

BENLYSTA\*

BESPONSА\*

**BETASERON**

**BETHKIS\***

**bexarotene**

**BIKTARVY**

BIVIGAM\*<sup>M</sup>

BLINCYTO\*

**Bosentan\***

**BOSULIF**

**BRAFTOVI\***

**C**

**CABOMETYX\***

**capecitabine**

CARIMUNE NF<sup>M</sup>

CEPROTIN\*

CERDELGA\*

CEREZYME\*

**cetrotorelix acetate**

**CIBINQO**

**CIMDUO**

**cinacalcet**

**hydrochloride**

COAGADEX\*

COMETRIQ\*

CORIFACT\*

**COSENTYX**

**COPIKTRA\***

**COTELLIC\***

**CRIXIVAN**

CRYSVITA\*

**CUTAQUIG\***

**cyclosporine**

CYRAMZA\*

**CYSTAGON\***

CYTOGAM<sup>M</sup>

**D**

DARZALEX\*

**decitabine**

*deferasirox*

**deferiprone\***

**deferoxamine**

**DESCOVY**

**didanosine**

**dimethyl**

**fumaratedofetilide**

**DOPTELET\***

**DOVATO**

DUOPA\*

**DUPIXENT**

**E**

**EDURANT**

**efavirenz**

**efavirenz/**

**emtricitabine/tenofovir**  
**df**

**efavirenz/tenofovir df**

**efavirenz-lamivudine-**

**tenofovir df**

EGRIFTA\*

EGRIFTA SV\*

ELAPRASE\*

ELELYSO\*

**ELIGARD**

**ELOCTATE\***

EMPLICITI\*

**EMTRIVA**

**ENBREL**

**ENDARI\***

**ENSPRYNG\***

**entecavir**

EPIDIOLEX\*

**epoprostenol sodium\***

**EPCLUSA**

ERBITUX

**ERIVEDGE\***

**ERLEADA\***

**erlotinib hydrochloride**

**ESPEROCT\***

**etravirine**

**everolimus**

**EVOTAZ**

**EYLEA\***

**F**

FABRAZYME\*

**FASENRA\***

**FENSOLVI\***

FIBRYGA\*

**FIRMAGON**

**FORTEO**

**Fosamprenavir**

**fulvestrant**

**FUZEON\***

**fyremadel**

**G**

GAMASTAN S/D\*<sup>M</sup>

**GAMMAGARD LIQUID\***

GAMMAGARD S/D\*<sup>M</sup>

**GAMMAKED\***

GAMMAPLEX\*<sup>M</sup>

**GAMUNEX C\***

GATTEX\*

**GAVRETO\***

GAZYVA\*

**GENVOYA**

**GILENYA**

**glatiramer acetate**

**glatopa**

**GLEOSTINE**

**GONAL-F**

**H**

H. P. ACTHAR GEL\*

HAEGARDA

HALAVEN

**HARVONI**

HEMLIBRA\*

HEMOFIL M\*

HEPAGAM B<sup>M</sup>

**HIZENTRA\***

HUMATE-P\*

**HUMIRA**

HYCANTIN

HYPERHEP B\*<sup>M</sup>

HYPERRHO S/D\*<sup>M</sup>

**HYQVIA\***

**I**

IBRANCE\*

**icatibant acetate**

IDELVION\*

IDHIFA\*

**ILARIS\***

ILUVIEN\*

**imatinib mesylate**

**ILUMYA\***

IMFINZI\*

INCRELEX\*

**INGREZZA\***

**INLYTA\***

Products distributed by CVS Specialty, as well as products covered by a 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.

**Bolded** medications indicate preferred products. Medications appearing in all lower case are generic drugs. Drug products appear in green to note they do not have to be filled through CVS Specialty. <sup>M</sup>Medication is only covered through the medical benefit. \*Limited distribution products distributed by CVS Specialty or one of its affiliates, including Coram® CVS Specialty Infusion Services (Coram).

Call CVS Specialty at 1-800-237-2767 for specific medications available through CVS Specialty. This document contains confidential and proprietary information of CVS Specialty and may not be reproduced, distributed or printed without written permission from CVS Specialty. Listing is subject to change. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Specialty.

Fax: 1-800-323-2445; e-Prescribe: CVS Specialty Pharmacy.



**I**  
**INQOVI\***  
 INTRON A\*  
**INVIRASE**  
 IRESSA\*  
**ISENTRESS**  
 ISTODAX\*  
 IXEMPRA  
 IXINITY\*

**J**  
 JAKAFI\*  
*javvygtor*  
 JEVTANA\*  
**JIVI\***  
 JULUCA

**K**  
 KADCYLA\*  
 KALBITOR\*  
 KANUMA\*  
**KANJINTI\***  
**KESIMPTA\***  
**KEVZARA\***  
 KEYTRUDA\*  
**KISQALI**  
**KISQALI FEMARA CO-  
 PACK**  
 KITABIS PAK\*  
 KOATE-DVI\*  
**KOGENATE FS\***  
**KOVALTRY\***  
 KRYSTEXXA\*

**L**  
*lamivudine*  
*lamivudine/zidovudine*  
*lapatinib*  
**LENVIMA\***  
*leuprolide acetate*  
**LEVOLEUCOVORIN  
 CALCIUM**  
*lenalidomide*  
**LONSURF\***  
**lopinavir/ritonavir**  
 LORBRENA\*  
**LUCENTIS\***  
**LUMAKRAS\***

LUMIZYME\*  
 LUMOXITI\*  
 LUPRON DEPOT  
 (3.75 mg and 11.24 mg)  
**LUPRON DEPOT PED  
 LYNPARZA\***

**M**  
 MACUGEN\*  
 MAKENA\*  
*maraviroc*  
 MAVENCLAD\*  
**MAYZENT\***  
**MEKTOVI\***  
**MENOPUR**  
 MICRHOGAM<sup>M</sup>  
 miglustat  
*mitoxantrone*  
 MONONINE\*  
 MOZOBIL\*  
 MULPLETA  
*mycophenolate mofetil*  
*mycophenolate sodium  
 DR*  
 MYLOTARG\*

**N**  
 NABI-HB\*<sup>M</sup>  
 NAGLAZYME\*  
 NATPARA\*  
 NEUMEGA  
*nevirapine*  
 NERLYNX\*  
**NINLARO\***  
*nitisinone*  
**NORDITROPIN\***  
 NORTHERA\*  
**NORVIR**  
**NOVOEIGHT\***  
**NOVOSEVEN RT\***  
**NUBEQA\***  
**NUCALA\***  
 NULOJIX  
 NUPLAZID\*  
**NUWIQ\***

**O**  
 OBIZUR\*  
 OCALIVA\*  
**OCREVUS\***  
 OCTAGAM<sup>TM</sup>  
*octreotide acetate*  
**ODEFSEY**  
**ODOMZO\***  
**OFEV\***  
 ONCASPAR  
**ONIVYDE\***  
 ONPATTRO\*  
**ONUREG**  
 OPDIVO\*  
**OPSUMIT\***  
**ORENCIA**  
**ORENITRAM\***  
**OTEZLA**  
**OVIDREL**  
 OZURDEX\*

**P**  
**PACLITAXEL protein-  
 bound**  
 PEG-INTRON  
**PERJETA**  
**PHESGO\***  
**PIQRAY**  
*pirfenidone*  
 PLEGRIDY\*  
 POMALYST\*  
 PONVORY\*  
 PORTRAZZA\*  
 POTELIGEO\*  
**pralatrexate**  
**PREZCOBIX**  
**PREZISTA**  
 PRIVIGEN\*<sup>M</sup>  
 PROFILNINE SD\*  
 PROGRAF  
 PROLEUKIN  
**PROLIA**  
**PROMACTA\***  
 PULMOZYME\*  
 PURIXAN\*

**R**  
 RADICAVA (IV)\*  
 RADICAVA ORS  
 REBETROL SOLUTION  
**REBIF**  
 REBINYN\*  
 RECOMBIMATE\*  
**REMICADE\***  
**RESCRIPTOR**  
**RETACRIT**  
**RETEVMO\***  
 RETISERT\*  
**RETROVIR INJ**  
**REVLIMID\***  
 REYATAZ  
 RHOGAM<sup>M</sup>  
 RHOPHYLAC<sup>TM</sup>  
 RIASTAP\*  
*ribavirin caps*  
*ribavirin tabs*  
*ritonavir*  
**RINVOQ**  
 RITUXAN HYCELA\*  
 RIXUBIS\*  
 ROMIDEPSIN  
**ROZLYTREK\***  
**RUCONEST\***  
 RUKOBIA  
**RUXIENCE**  
**RYDAPT**  
**RYLAZE\***

**S**  
 SABRIL TABS\*  
 SABRIL PWD\*  
 SANDOSTATIN LAR  
*sajazir*  
*sapropterin  
 dihydrochloride*  
**SARCLISA\***  
 SENSIPAR  
 SEROSTIM\*  
**SEVENFACT\***  
*sildenafil citrate*  
*sirolimus tab*  
**SKYRIZI**  
*sodium phenylbutyrate\**

Products distributed by CVS Specialty, as well as products covered by a 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.

**Bolded** medications indicate preferred products. Medications appearing in all lower case are generic drugs. Drug products appear in green to note they do not have to be filled through CVS Specialty. <sup>M</sup>Medication is only covered through the medical benefit. \*Limited distribution products distributed by CVS Specialty or one of its affiliates, including Coram® CVS Specialty Infusion Services (Coram).

Call CVS Specialty at 1-800-237-2767 for specific medications available through CVS Specialty. This document contains confidential and proprietary information of CVS Specialty and may not be reproduced, distributed or printed without written permission from CVS Specialty. Listing is subject to change. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Specialty.

Fax: 1-800-323-2445; e-Prescribe: CVS Specialty Pharmacy.



SOLESTA\*  
 SOLIRIS\*  
 SOMATULINE DEPOT\*  
*sorafenib*  
 SOVALDI  
**SPRYCEL**  
*stavudine*  
**STELARA**  
**STELARA IV\***  
 STIMATE  
**STIVARGA\***  
**SUPPRELIN LA\***  
**SUSTIVA**  
*sunitinib malate*  
 SYLVANT\*  
**SYMTUZA**  
 SYNAGIS\*  
*SYNRIBO\**

**T**  
*tacrolimus*  
*tadalafil*  
 TAGRISSO\*  
**TAKHZYRO\***  
**TALTZ\***  
 TARGRETIN  
 TECENTRIQ\*  
 TEMODAR  
*temozolomide*  
*tenofovir disoproxil fumarate*  
 TEMIXYS  
 TEPADINA  
**TEPEZZA\***  
*tetrabenazine\**  
**TEZSPIRE\***  
**THALOMID\***  
 THYROGEN\*  
**tiopronin**  
*TIVDAK\**  
**TIVICAY**  
*tobramycin nebulizer\**  
*tolvaptan*  
 TORISEL  
**TRAZIMERA**  
 TREANDA\*  
**TREMFYA**

*treprostinil sodium\**  
 TRETEN\*  
 TRISENOX  
**TRIUMEQ**  
 TROGARZO\*  
**TYBOST\***  
**TYMLOS\***  
**TYSABRI\***  
 TYVASO\*  
 TYVASO DPI\*

**U**  
**UPTRAVI\***

**V**  
*valbucin*  
 VALTAR\*  
 VARIZIG<sup>M</sup>  
 VECTIBIX  
 VELCADE  
 VELTRI\*  
**VEMLIDY**  
 VENTAVIS\*  
 VERZENIO\*  
 VIDAZA\*  
**VIDEX**  
**VIDEX EC**  
*vigabatrin pwd\**  
 VIMIZIM\*  
 VIREAD  
 VISUDYNE\*  
**VITRAKVI\***  
**VOSEVI**  
 VPRIV\*  
**VUMERITY\***  
 VYNDAMAX\*

**W**  
**WAKIX\***  
 WILATE\*  
 WINRHO SDF<sup>M</sup>

**X**  
*XELODA\**  
**XELJANZ**  
 XGEVA  
 XIAFLEX\*

**XOLAIR\***  
*XOSPATA\**  
**XTANDI\***  
**XYNTHA\***

**Y**  
 YERVOY\*  
 YONDELIS\*  
 YONSA\*

**Z**  
 ZALTRAP  
*ZEJULA\**  
**ZELBORAF\***  
**ZEPOSIA\***  
*zidovudine*  
*ZIRABEV\**  
**ZIEXTENZO**  
*zoledronic acid*  
 ZOKINVY\*  
**ZOLINZA**  
 ZORBTIVE  
*ZYDELIG\**  
**ZYKADIA\***  
 ZYTIGA\*

Products distributed by CVS Specialty, as well as products covered by a 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.

**Bolded** medications indicate preferred products. Medications appearing in all lower case are generic drugs. Drug products appear in green to note they do not have to be filled through CVS Specialty. <sup>M</sup>Medication is only covered through the medical benefit. <sup>\*</sup>Limited distribution products distributed by CVS Specialty or one of its affiliates, including Coram<sup>®</sup> CVS Specialty Infusion Services (Coram).

Call CVS Specialty at 1-800-237-2767 for specific medications available through CVS Specialty. This document contains confidential and proprietary information of CVS Specialty and may not be reproduced, distributed or printed without written permission from CVS Specialty. Listing is subject to change. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Specialty.

Fax: 1-800-323-2445; e-Prescribe: CVS Specialty Pharmacy.