

January 2020

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, 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*
SOMAVERT*

ALPHA-1 ANTITRYPSIN DEFICIENCY

ARALAST NP*
GLASSIA*

AMYLOIDOSIS

ONPATTRO*

ANEMIA

ARANESP
RETACRIT

ASTHMA

DUPIXENT
FASENRA*
NUCALA*
XOLAIR*

ATOPIC DERMATITIS

DUPIXENT

CARDIAC DISORDERS

dofetilide

COAGULATION DISORDERS

CEPROTIN*

CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES

ARCALYST*
ILARIS*

CYSTIC FIBROSIS

BETHKIS*
KITABIS PAK*
PULMOZYME

*tobramycin nebulizer**

ELECTROLYTE DISORDERS

SAMSCA*

GASTROINTESTINAL DISORDERS – OTHER

GATTEX*
OCALIVA*
SOLESTA*

GOUT

KRYSTEXXA*

GROWTH HORMONE & RELATED DISORDERS

HUMATROPE
SEROSTIM*
ZORBITIVE

IGF-1 Deficiency

INCRELEX*

HEMATOPOIETICS

MOZOBIL*
NEUMEGA

HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS

ADVATE
ADYNOVATE
AFSTYLA
ALPHANATE
ALPHANINE SD
BEBULIN
BENEFIX
COAGADEX*
CORIFACT*
FEIBA NF
FIBRYGA
HEMLIBRA
HEMOFIL M

HUMATE-P

IDELVION
IXINITY
JIVI
KOATE-DVI
KOGENATE FS
KOVALTRY
MONONINE
NOVOEIGHT*
NOVOSEVEN RT
NUWIQ
PROFILNINE SD
REBINYN
RECOMBINATE
RIASTAP^M
RIXUBIS
STIMATE
TRETTE^N*
WILATE
XYNTHA

HEPATITIS

adefovir dipivoxil
BARACLUDE SOLUTION
entecavir
EPCLUSA
HARVONI
INTRON-A*
lamivudine
PEG-INTRON
REBETOL SOLUTION
ribasphere
RIBASPHERE RIBAPAK
ribavirin caps
ribavirin tabs
SOVALDI
tenofovir disoproxil fumarate
VELMIDY
VIREAD
VOSEVI

HEREDITARY ANGIOEDEMA

CINRYZE*
FIRAZYR*
HAEGARDA*
*icatibant acetate*KALBITOR*
RUCONEST*

HIV MEDICATIONS

abacavir tab
abacavir/lamivudine
abacavir/lamivudine/ zidovudine tab
APTIVUS
atazanavir sulfate
ATRIPLA
BIKTARVY
CIMDUO
CRIXIVAN
DESCOVY
didanosine
EDURANT
efavirenz
EGRIFTA*
EMTRIVA
EVOTAZ
fosamprenavir
FUZEON
GENVOYA
INTELENCE
INVIRASE
ISENTRESS
JULUCA
KALETRA
lamivudine
lamivudine/zidovudine
LEXIVA
lopinavir/ritonavir soln
nevirapine
NORVIR
ODEFSEY
PREZCOBIX
PREZISTA

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. ^MMedication 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.

©2019 CVS Specialty. All rights reserved. 75-39540A January 2020 Comprehensive Specialty Pharmacy Drug List

Page 1 of 5

January 2020

RESCRIPTOR
RETROVIR INJECTABLE
REYATAZ
ritonavir
SELZENTRY
stavudine
SYMFI
SYMFI LO
SUSTIVA
tenofovir disoproxil fumarate
TEMIXYS
TIVICAY
TROGARZO*
TRIUMEQ
TRUVADA
TYBOST
VIDEX SOLUTION
VIRACEPT
VIREAD
zidovudine

HORMONAL THERAPIES

AVEED*
ELIGARD
FIRMAGON
leuprolide acetate
LUPANETA PACK
LUPRON DEPOT
3.25mg/11.25mg
NATPARA*
SUPPRELIN LA*
TRELSTAR
VANTAS
ZOLADEX

IMMUNE DEFICIENCIES & RELATED DISORDERS

BIVIGAM[™]
CARIMUNE NF[™]
CYTOGAM[™]
GAMASTAN S/D[™]
GAMMAGARD LIQUID
GAMMAGARD S/D[™]
GAMMAKED
GAMMAPLEX[™]
GAMUNEX C
HEPAGAM B[™]
HIZENTRA*
HYPERHEP B[™]
HYPERRHO S/D[™]
HYQVIA
MICRHOGAM[™]
NABI-HB[™]
OCTAGAM[™]
PRIVIGEN[™]

RHOGAM[™]
RHOPHYLAC[™]
VARIZIG[™]
WINRHO SDF[™]

INFECTIOUS DISEASE-OTHER

ACTIMMUNE*
ALFERON N

INFERTILITY

CETROTIDE
GANIRELIX ACETATE
GONAL-F
MENOPUR
OVIDREL

INFLAMMATORY BOWEL DISEASE

HUMIRA
STELARA (after failure of Humira)

IRON OVERLOAD

deferasirox
deferoxamine
EXJADE*

LYSOSOMAL STORAGE DISORDERS

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

MOVEMENT DISORDERS

APOKYN*
AUSTEDO
NORTHERA*
NUPLAZID*
SOLIRIS*
*tetrabenazine**

MULTIPLE SCLEROSIS

AMPYRA*
AUBAGIO*
BETASERON

COPAXONE
GILENYA
glatiramer acetate
glatopa
MAVENCLAD**mitoxantrone*
OCREVUS*
REBIF
TECFIDERA*
TYSABRI*

NEUTROPENIA

LEUKINE
NEULASTA

ONCOLOGY – INJECTABLE

ADCETRIS*
ARZERRA*
AVASTIN
azacitidine
BAVENCIO*
BELEODAQ*
BENDEKA*
BLINCYTO*
BORTEZOMIB
CYRAMZA*
DARZALEX*
decitabine
EMPLICITI*
ERBITUX
FOLOTYN
FUSILEV
GAZYVA*
HALAVEN
HERCEPTIN
IMFINZI*
INTRON A*
ISTODAX*
IXEMPRA
JEVTANA
KADCYLA
KEYTRUDA*
KYPROLIS*
LEVOLEUCOVORIN CALCIUM
LUMOXITI*
mitoxantrone
ONCASPAR
OPDIVO*
PERJETA
PORTRAZZA*
POTELIGEO*
PROLEUKIN
RITUXAN
RITUXAN HYCELA*
ROMIDEPSIN
SYLATRON*

SYLVANT*
TECENTRIQ*
TEMODAR
TEPADINA
THYROGEN*
TORISEL
TREANDA
TRISENOX
valrubicin
VECTIBIX
VELCADE
VIDAZA
XGEVA
YERVOY
YONDELIS*
ZALTRAP
zoledronic acid

ONCOLOGY – ORAL/TOPICAL

abiraterone
AFINITOR
ALECENSA*
ALUNBRIG*
bexarotene
BOSULIF
CABOMETYX*
capecitabine
COMETRIQ*
COTELLIC*
ERIVEDGE*
ERLEADA*
erlotinib hydrochloride
HYCANTIN
IBRANCE*
IDHIFA*
imatinib mesylate
INLYTA*
IRESSA*
JAKAFI*
KISQALI
KISQALI FEMARA CO-PACK
LENVIMA*
LONSURF*
LORBRENA*
LYNPARZA*
MEKINIST*
MUGARD
NERLYNX*
NEXAVAR*
NINLARO*
NUBEQA*
ODOMZO*
POMALYST*
PURIXAN*
REVLIMID*

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.

©2019 CVS Specialty. All rights reserved. 75-39540A January 2020 Comprehensive Specialty Pharmacy Drug List

Page 2 of 5

January 2020

RUBRACA*
RYDAPT
SPRYCEL
STIVARGA*
SUTENT
TAFINLAR*
TAGRISSO*
TARGRETIN
temozolomide
THALOMID
TYKERB*

VITRAKVI*
VOTRIENT*
XALKORI*
XTANDI*
YONSA*
ZELBORAF*
ZOLINZA
ZYKADIA*
ZYTIGA*

OSTEOPOROSIS
FORTEO
PROLIA
TYMLOS
zoledronic acid

**PAROXYSMAL
NOCTURNAL
HEMOGLOBINURIA**
SOLIRIS*

PHENYLKETONURIA
KUVAN*

PRE-TERM BIRTH
MAKENA*

PSORIATIC ARTHRITIS
COSENTYX
ENBREL
HUMIRA
OTEZLA

PSORIASIS
HUMIRA
OTEZLA
STELARA
SKYRIZI
TALTZ*
TREMIFYA

**PULMONARY ARTERIAL
HYPERTENSION**
ADEMPAS*
*ambrisentan**
bosentan
*epoprostenol sodium**
OPSUMIT*
ORENITRAM*
sildenafil citrate
tadalafil (alyq)
*treprostinil sodium**
TYVASO*
UPTRAVI*
VELETRI*
VENTAVIS*

**PULMONARY DISORDERS –
OTHER**
ESBRIET*
OFEV*

RARE DISORDERS – OTHER
CRYSVITA*
GAMIFANT*

RENAL DISEASE
SENSIPAR

**RESPIRATORY SYNCYTIAL
VIRUS**
SYNAGIS

OCULAR DISORDERS
EYLEA*
ILUVIEN*
LUCENTIS*
MACUGEN*
OZURDEX*
RETISERT*
VISUDYNE*

RHEUMATOID ARTHRITIS
ENBREL
HUMIRA
KEVZARA*
ORENCIA SC/ClickJet
RINVOQ
XELJANZ/XELJANZ XR

SEIZURE DISORDERS
EPIDIOLEX*
H. P. ACTHAR*
SABRIL TABS*
*vigabatrin**

**SYSTEMIC LUPUS
ERYTHEMATOSUS**
BENLYSTA*

THROMBOCYTOPENIA
MULPLETA
NPLATE
PROMACTA*

TRANSPLANT
cyclosporine
mycophenolate mofetil
mycophenolate sodium DR
NULOJIX
PROGRAF INJECTABLE
sirolimus tab
tacrolimus

UREA CYCLE DISORDERS
*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. ^MMedication 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.

©2019 CVS Specialty. All rights reserved. 75-39540A January 2020 Comprehensive Specialty Pharmacy Drug List

Page 3 of 5

January 2020

INDEX

A

abacavir tab
abacavir/
lamivudine
abacavir/lamivudine/
zidovudine tab
ACTHAR H.P. GEL*
ACTIMMUNE*
ADCETRIS*
adefovir
ADEMPAS*
ADVATE
ADYNOVATE
AFINITOR
AFSTYLA
ALDURAZYME*
ALECENSA*
ALFERON N
ALPHANATE
ALPHANINE SD
ALUNBRIG*
alyq (tadalafil)
ambrisentan*
AMPYRA*
APOKYN*
APTIVUS
ARALAST NP*
ARANESP
ARCALYST*
ARZERRA*
atazanavir sulfate
ATRIPLA
AUBAGIO*
AUSTEDO
AVASTIN
AVEED*
azacitidine

B

BARACLUDGE SOL
BAVENCIO*
BEBULIN
BELEODAQ*
BENDEKA*
BENEFIX
BENLYSTA*
BETASERON
BETHKIS*
bexarotene
BIKTARVY
BIVIGAM*^M
BLINCYTO*
BORTEZOMIB
bosentan
BOSULIF

C

CABOMETYX*
capecitabine
CARIMUNE NF^M
CEPROTIN*
CERDELGA*
CEREZYME*
CETROTIDE
CIMDUO
CINRYZE*
COAGADEX*
COMETRIQ*
COPAXONE
CORIFACT*
COSENTYX
COCELLIC*
CRIXIVAN
CRYSVITA*
cyclosporine
CYRAMZA*
CYSTAGON*
CYTOGAM^M

D

DARZALEX*
decitabine
deferasirox
deferoxamine
DESCOVY
didanosine
dofetilide
DUPIXENT

E

EDURANT
efavirenz
EGRIFTA*
ELAPRASE*
ELELYSO*
ELIGARD
EMPLICITI*
EMTRIVA
ENBREL
entecavir
EPIDIOLEX*
epoprostenol sodium*
EPCLUSA
ERBITUX
ERIVEDGE*
ERLEADA*
erlotinib hydrochloride
ESBRIET*
EVOTAZ
EXJADE*
EYLEA*

F

FABRAZYME*
FASENRA*
FEIBA NF
FIBRYGA
FIRAZYR*
FIRMAGON
FOLOTYN
FORTEO
fosamprenavir
FUSILEV
FUZEON

G

GAMASTAN S/D^M
GAMIFANT*
GAMMAGARD LIQUID
GAMMAGARD S/D^M
GAMMAKED
GAMMAPLEX*^M
GAMUNEX C
GANIRELIX ACETATE
GATTEX*
GAZYVA*
GENVOYA
GILENYA
GLASSIA*
glatiramer acetate
glatopa
GONAL-F

H

H. P. ACTHAR GEL*
HAEGARDA*
HALAVEN
HARVONI
HEMLIBRA
HEMOFIL M
HEPAGAM B^M
HERCEPTIN
HIZENTRA*
HUMATE-P
HUMATROPE
HUMIRA
HYCAMTIN
HYPERHEP B^M
HYPERRHO S/D^M
HYQVIA

I

IBRANCE*
icatibant acetate
IDELVION
IDHIFA*
ILARIS*

ILUVIEN*

imatinib mesylate
IMFINZI*
INCRELEX*
INLYTA*
INTELENCE
INTRON A*
INVIRASE
IRESSA*
ISENTRESS
ISTODAX*
IXEMPRA
IXINITY

J

JAKAFI*
JEVTANA
JIVI
JULUCA

K

KADCYLA
KALBITOR*
KALETRA
KANUMA*
KEVZARA*
KEYTRUDA*
KISQALI
KISQALI FEMARA CO-PACK
KITABIS PAK*
KOATE-DVI
KOGENATE FS
KOVALTRY
KRYSTEXXA*
KUVAN*
KYPROLIS*

L

lamivudine
lamivudine/zidovudine
LENVIMA*
LEUKINE
leuprolide acetate
LEVOLEUCOVORIN CALCIUM
LEXIVA
LONSURF*
lopinavir/ritonavir soln
LORBRENA*
LUCENTIS*
LUMIZYME*
LUMOXITI*
LUPANETA PACK
LUPRON DEPOT
LYNPARZA*

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. ^MMedication 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.

©2019 CVS Specialty. All rights reserved. 75-39540A January 2020 Comprehensive Specialty Pharmacy Drug List

Page 4 of 5

January 2020

<p>M MACUGEN* MAKENA* MAVENCLAD* MEKINIST* MENOPUR MICRHOGAM^M miglustat <i>mitoxantrone</i> MONONINE MOZOBIL* MUGARD MULPLETA <i>mycophenolate mofetil</i> <i>mycophenolate sodium DR</i></p> <p>N NABI-HB^M NAGLAZYME* NATPARA* NEULASTA NEUMEGA <i>nevirapine</i> NERLYNX* NEXAVAR* NINLARO* NORTHERA* NORVIR NOVOEIGHT* NOVOSEVEN RT NPLATE NUBEQA* NUCALA* NULOJIX NUPLAZID* NUWIQ</p> <p>O OBIZUR* OCALIVA* OCREVUS* OCTAGAM^M <i>octreotide acetate</i> ODEFSEY ODOMZO* OFEV* ONCASPAR ONPATTRO* OPDIVO* OPSUMIT* ORENCIA ORENITRAM* OTEZLA OVIDREL OZURDEX*</p>	<p>P PEG-INTRON PERJETA POMALYST* PORTRAZZA* POTELIGEO* PREZCOBIX PREZISTA PRIVIGEN^M PROFILNINE SD PROGRAF PROLEUKIN PROLIA PROMACTA* PULMOZYME PURIXAN*</p> <p>R REBETROL SOLUTION REBIF REBINYN RECOMBINATE RESCRIPTOR RETACRIT RETISERT* RETROVIR INJ REVLIMID* REYATAZ RHOGAM^M RHOPHYLAC^M RIASTAP^M <i>ribasphere</i> RIBASPHERE RIBAPAK <i>ribavirin caps</i> <i>ribavirin tabs</i> <i>ritonavir</i> RINVOQ RITUXAN RITUXAN HYCELA* RIXUBIS ROMIDEPSIN RUBRACA* RUCONEST* RYDAPT</p> <p>S SABRIL TABS* SABRIL PWD* SAMSCA* SANDOSTATIN LAR SELZENTRY SENSIPAR SEROSTIM* <i>sildenafil citrate</i> <i>sirolimus tab</i> SKYRIZI</p>	<p><i>sodium phenylbutyrate*</i> SOLESTA* SOLIRIS* SOMATULINE DEPOT* SOMAVERT* SOVALDI SPRYCEL <i>stavudine</i> STELARA STIMATE STIVARGA* SUPPRELIN LA* SUSTIVA SUTENT SYLATRON* SYLVANT* SYMFI SYMFI LO SYNAGIS</p> <p>T <i>tacrolimus</i> <i>tadalafil</i> TAFINLAR* TAGRISSO* TALTZ* TARGRETIN TECENTRIQ* TECFIDERA* TEMODAR <i>temozolomide</i> <i>tenofovir disoproxil fumarate</i> TEMIXYS TEPADINA <i>tetrabenazine*</i> THALOMID THYROGEN* TIVICAY <i>tobramycin nebulizer*</i> TORISEL TREANDA^{bo} TRELSTAR TREMFYA <i>treprostinil sodium*</i> TRETEN* TRISENOX TRIUMEQ TROGARZO* TRUVADA TYBOST TYKERB* TYMLOS TYSABRI* TYVASO*</p>	<p>U UPTRAVI*</p> <p>V <i>valrubicin VANTAS</i> VARIZIG^M VECTIBIX VELCADE VELETRI* VEMLIDY VENTAVIS* VIDAZA VIDEX VIDEX EC <i>vigabatrin pwd*</i> VIMIZIM* VIRACEPT VIREAD VISUDYNE* VITRAKVI* VOSEVI VOTRIENT* VPRIV*</p> <p>W WILATE WINRHO SDF^M</p> <p>X XALKORI* XGEVA XOLAIR* XTANDI* XYNTHA</p> <p>Y YERVOY YONDELIS* YONSA*</p> <p>Z ZALTRAP ZELBORAF* <i>zidovudine</i> ZOLADEX <i>zoledronic acid</i> ZOLINZA ZORBIVE ZYKADIA* ZYTIGA*</p>
--	---	--	--

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. ^MMedication 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.

©2019 CVS Specialty. All rights reserved. 75-39540A January 2020 Comprehensive Specialty Pharmacy Drug List

Page 5 of 5