



NALC Health Benefit Plan Specialty Drug List



Specialty drugs may require preauthorization and may need to be obtained from CVS Specialty. Contact CVS Specialty toll-free at 1-800-237-2767 for Specialty Pharmacy service.

For Your Information: This is a summary of specialty medications for the NALC Health Benefit Plan. It does not guarantee coverage. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. Due to the large number of available medicines, this list may not be all inclusive and may change without notice. Dispensing Limits, Specialty Pharmacy dispensing and/or preauthorization requirements apply to all brand and generic equivalents listed below. Products distributed and therapies covered by CVS Caremark may change or expand from time to time. New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost effectiveness. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

Some medications may not be covered, or may be covered only under certain circumstances, regardless of their appearance on this document. For more information, please read the 2022 official Plan brochure, RI 71-009 (High Option, Consumer Driven Health Plan, Value Option). All benefits are subject to the definitions, limitations, and exclusions set forth in the 2022 official Plan brochure.

Medications listed may be FDA (Food & Drug Administration) approved for more than one indication. Please check with your prescriber regarding specific questions for your indication.

Generic products are listed in lowercase *italics*.

Legend of symbols used in the chart below and on the following pages:

- + Prior Approval, also referred to as Specialty Guideline Management (SGM), is required through CVS Caremark when using the prescription drug benefit. Please contact CVS Specialty at 1-800-237-2767. Select medications may only be approved for certain indications.
- * Specialty medication must be obtained through CVS Specialty. Please contact CVS Specialty at 1-800-237-2767 or visit www.cvscaremarkspecialtyrx.com. Certain specialty medications may have Limited Distribution with restricted access and may not be available at CVS Specialty.
- ∞ Step Therapy for certain Advanced Control Specialty Formulary drugs is required, and the use of a specialty preferred drug must be completed before a non-preferred specialty drug will be authorized. ♦ Indications for certain Hepatitis C and Autoimmune drugs may require step therapy and the use of a specialty preferred drug must be completed before a non-preferred specialty drug will be authorized. Please contact CVS Specialty at 1-800-237-2767.
- ^ Please contact NALC at 1-888-636-6252 for prior authorization.

Medication Name	Prior Approval Required (SGM)+	Medication Obtained through CVS Specialty *	Step Therapy ∞ ♦
<i>abacavir</i>	NO	✓	
<i>abacavir/lamivudine</i>	NO	✓	
<i>abacavir/lamivudine/zidovudine</i>	NO	✓	
<i>abiraterone</i>	YES	✓	
Abraxane	NO	✓	
Actemra	YES	✓	♦
Acthar H.P. Gel	YES	✓	
Actimmune	YES	✓	
Adagen	YES		
Adakveo	YES	✓	
Adbry	YES	✓	
Adcetris	YES	✓	
Adcirca	YES	✓	∞
<i>adefovir</i>	NO	✓	



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Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] ♦
Adempas	YES	✓	
Advate	YES	✓	
Adynovate	YES	✓	
Afinitor	YES	✓	∞
Afstyla	YES	✓	
Aldurazyme	YES	✓	
Alecensa	YES	✓	
Alferon-N	NO	✓	
Aliqopa	YES		∞
Alphanate	YES	✓	
Alphanine SD	YES	✓	
Alprolix	YES	✓	∞
Alunbrig	YES		
Alymsys	YES	✓	
<i>Alyq (tadalafil)</i>	YES	✓	
<i>ambrisentan</i>	YES	✓	
Amondys 45	YES		
Ampyra	YES	✓	∞
Amvuttra	YES	✓	
Apligraf	NO		
Apokyn	YES	✓	∞
<i>apomorphine</i>	YES		
Apretude	NO	✓	
Aptivus	NO	✓	∞
Aralast NP	YES	✓	∞
Aranesp	YES	✓	
Arcalyst	YES	✓	
Arikayce	YES		
Arzerra	YES	✓	
Asceniv	YES	✓	
Asparlas	YES	✓	
Astagraf XL	NO	✓	∞
<i>atazanavir sulfate</i>	NO	✓	
Atripla (<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>)	NO	✓	∞



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Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] [♦]
Aubagio	YES	✓	
Austedo	YES	✓	
Avastin	YES	✓	∞
Aveed	YES	✓	
Avonex	YES	✓	∞
Avsola	YES	✓	∞
Ayvakit	YES		
<i>azacitidine</i>	YES	✓	
Bafiertam	YES	✓	
Balversa	YES		
Baraclude	NO	✓	∞
Bavencio	YES	✓	
Beleodaq	YES	✓	
Belrapzo	YES	✓	
Bendeka	YES	✓	
Benefix	YES	✓	
Benlysta	YES	✓	
Beovu	YES	✓	
Berinert	YES	✓	∞
Besponsa	YES	✓	
Besremi	YES		
<i>betaine (Cystadane)</i>	YES		
Betaseron	YES	✓	
Bethkis	YES	✓	
<i>bexarotene</i>	YES	✓	
Biktarvy	NO	✓	
Bivigam	YES	✓	
Blenrep	YES		
Blinicyto	YES	✓	
Bonsity	YES		
<i>bortezomib</i>	YES	✓	∞
<i>bosentan</i>	YES	✓	
Bosulif	YES	✓	
Braftovi	YES	✓	
Bronchitol	YES	✓	



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Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] ♦
Brukina	YES		
Buphenyl	YES	✓	∞
Bylvay	YES		
Bynfezia	YES	✓	
Byooviz	YES	✓	
Cabenuva	YES	✓	
Cablivi	YES		
Cabometyx	YES	✓	
Calquence	YES	✓	
Camcevi	YES		
Camzyos	YES	✓	
capecitabine	YES	✓	
Caprelsa	YES		
Carbaglu (<i>carglumic acid</i>)	YES		
<i>carglumic acid</i> (Carbaglu)	YES		
Cayston	YES	✓	
CellCept	NO	✓	∞
Ceprozin	NO	✓	
Cerdelga	YES	✓	
Cerezyme	YES	✓	
Chenodal	YES		
Cholbam	YES		
Chorionic Gonadotropin [^]	YES	✓	∞
Cibinqo	YES	✓	
Cimduo	NO	✓	
Cimzia	YES	✓	♦
<i>cinacalcet</i>	YES	✓	
Cinqair	YES	✓	
Cinryze	YES	✓	
Clovique (<i>trientine</i>)	NO	✓	
Coagadex	YES	✓	
Combivir	NO	✓	
Cometriq	YES	✓	
Complera	NO	✓	∞
Copaxone 20mg	YES	✓	



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Copaxone 40mg	YES	✓	
Copiktra	YES		
Corifact	YES	✓	
Cortrophin gel	YES	✓	
Cosela	YES		
Cosentyx	YES	✓	♦
Cotellic	YES	✓	
Crixivan	NO	✓	
Crysvita	YES	✓	
Cuprimine (<i>penicillamine</i>)	NO	✓	∞
Cutaquig	YES	(Coram has access)	
Cuvitru	YES	✓	
<i>cyclosporine</i>	NO	✓	
Cyramza	YES	✓	
Cystadane (<i>betaine</i>)	YES		
Cystadrops	YES		
Cystagon	YES	✓	
Cystaran	YES		
Cytogam	NO	✓	
D-Penamime	NO	✓	
Dacogen	YES	✓	
<i>dalfampridine/ ER</i>	YES	✓	
Danyelza	YES		
Darzalex	YES	✓	
Darzalex Faspro	YES	✓	
Daurismo	YES	✓	
<i>decitabine</i>	YES	✓	
<i>deferasirox</i>	YES	✓	
<i>deferasirox granules 90mg & 180mg</i>	YES	✓	
<i>deferiprone</i> (Ferriprox)	YES	✓	
<i>deferoxamine</i>	YES	✓	
Delstrigo	NO	✓	
Depen Titratub (<i>penicillamine</i>)	NO	✓	
Descovy	NO	✓	
Desferal	YES	✓	∞



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Diacomit	NO		
<i>didanosine</i>	NO	✓	
<i>dimethyl fumarate 120mg & 240mg</i>	YES	✓	
<i>dofetilide</i>	YES		
Dojolvi	YES	✓	
Doptelet	YES	✓	
Dovato	NO	✓	
<i>droxidopa (Northera)</i>	YES	✓	
Duopa	YES	✓	
Dupixent	YES	✓	
Edurant	NO	✓	
<i>efavirenz</i>	NO	✓	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate (Atripla)</i>	NO	✓	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate (Symfi & Symfi Lo)</i>	NO	✓	
Elaprase	YES	✓	
ElELYso	YES	✓	∞
Eligard	YES	✓	
Eloctate	YES	✓	∞
Empaveli	YES		
Emflaza	YES		
Empliciti	YES	✓	
<i>emtricitabine capsules (Emtriva)</i>	NO	✓	
<i>emtricitabine/tenofovir disoproxil fumarate 200/300mg (Truvada)</i>	NO	✓	
Emtriva (<i>emtricitabine</i>)	NO	✓	
Enbrel/ Mini	YES	✓	♦
Endari	YES		
Enhertu	YES	✓	
Enjaymo	YES	✓	
<i>entecavir</i>	NO	✓	
Enspryng	YES	✓	
Entyvio	YES	✓	♦
Envarsus XR	NO	✓	∞
Epclusa (<i>sofosbuvir/velpatasvir</i>)	YES	✓	



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Medication Name	Prior Approval Required (SGM) [†]	Medication Obtained through CVS Specialty *	Step Therapy [∞] [♦]
Epivir	NO	✓	∞
Epivir HBV Solution	NO	✓	∞
Epogen	YES	✓	∞
<i>epoprostenol sodium</i>	YES	✓	
Epidiolex [^]	YES	✓	
Epzicom	NO	✓	
Erbitux	YES	✓	
Erivedge	YES	✓	
Erleada	YES	✓	
<i>erlotinib</i>	YES	✓	
Erwinase	YES	✓	
Esbriet (<i>pirfenidone</i>)	YES	✓	
Esperoct	YES	✓	
<i>etravirine</i> (Intelence)	NO	✓	
Evenity	YES	✓	
<i>everolimus</i> (Afinitor)	YES	✓	
<i>everolimus</i> (Zortress)	NO	✓	
Evkeeza	YES		
Evomela	NO	✓	
Evotaz	NO	✓	
Evrysdi	YES		
Exjade	YES	✓	∞
Exkivity	YES		
Exondys 51	YES		
Extavia	YES	✓	∞
Eylea	YES	✓	
Fabrazyme	YES	✓	
Farydak	YES	✓	
Fasenra	YES	✓	∞
Faslodex	YES		
Feiba	YES	✓	
Fensolvi	YES	✓	
Ferriprox (<i>deferiprone</i>)	YES		∞
Fibryga	YES	✓	
Fintepla	YES		



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Firazyr	YES	✓	
Firdapse	YES		
Firmagon	YES	✓	
Flebogamma DIF	YES	✓	
Flolan	YES	✓	
Folotyn	YES	✓	
Forteo	YES	✓	
Fotivda	YES		
<i>fosamprenavir</i>	NO	✓	
Fulphila	YES	✓	∞
<i>fulvestrant</i>	YES		
Fuzeon	YES	✓	
Fyarro	YES		
Galafold	YES		
Gamastan S/D	YES	✓	
Gammagard Liquid	YES	✓	
Gammagard S/D	YES	✓	
Gammaked	YES	✓	
Gammaplex	YES	✓	
Gamunex	YES	✓	
Gamunex-C	YES	✓	
Gattex	YES	✓	
Gavreto	YES	✓	
Gazyva	YES	✓	
Gengraf	NO	✓	
Genotropin	YES	✓	∞
Genvoya	NO	✓	
Gilenya (all strengths except 0.25mg)	YES	✓	
Gilenya 0.25mg	YES		
Gilotrif	YES		
Givlaari	YES		
Glassia	YES	✓	∞
<i>glatiramer acetate</i>	YES	✓	
Glatopa	YES	✓	
Gleevec	YES	✓	∞



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Gleostine	NO	√ (Effective July 1, 2022)	
Granix	YES	√	∞
Haegarda	YES	√	
Halaven	YES	√	
Harvoni (<i>ledipasvir/sofosbuvir</i>)	YES	√	∞
Hemlibra	YES	√	
Hemofil M	YES	√	
HepaGam B	NO	√	
Hepsera	NO	√	∞
Herceptin	YES	√	∞
Herceptin Hylecta	YES	√	∞
Herzuma	YES	√	
Hetlioz	YES		
Hizentra	YES	√	
H.P. Acthar Gel	YES	√	
Humate-P	YES	√	
Humatrope	YES	√	∞
Humira	YES	√	
Hycamtin	YES	√	
<i>hydroxyprogesterone caproate</i>	YES	√	
HyperHep B	NO	√	
HyperRho S/D	NO	√	
HyQvia	YES	√	
Ibrance	YES	√	
<i>icatibant</i>	YES	√	
Iclusig	YES		
Idelvion	YES	√	
Idhifa	YES	√	
Ilaris	YES	√	
Ilumya	YES	√	∞
Iluvien	NO	√	
<i>imatinib</i>	YES	√	
Imbruvica	YES		
Imcivree	YES		
Imfinzi	YES	√	



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Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] ♦
Imlygic	YES		
Inbrija	YES		
Increlex	YES	✓	
Inflectra	YES	✓	∞
Infugem	NO		
Ingrezza	YES	✓	
Inlyta	YES	✓	
Inqovi	YES	✓	
Inrebic	YES	✓	
Intelence (etravirine)	NO	✓	
Intron A	YES	✓	
Invirase	NO	✓	∞
Iressa	YES	✓	
Isentress	NO	✓	
Istodax	YES	✓	
Isturisa	YES		
Ixempra	YES	✓	
Ixinity	YES	✓	
Jadenu	YES	✓	∞
Jakafi	YES	✓	
Jemperli	YES	✓	
Jetrea	YES		
Jevtana	YES	✓	
Jivi	YES	✓	
Juluca	NO	✓	
Juxtapid	YES		
Jynarque	YES		
Kadcyla	YES	✓	
Kalbitor	YES	✓	
Kaletra	NO	✓	
Kalydeco	YES		
Kanjinti	YES	✓	
Kanuma	YES	✓	
Kesimpta	YES	✓	
Keveyis	YES		



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Kevzara	YES	✓	
Keytruda	YES	✓	
Khapzory	YES	✓	
Kimmtrak	YES		
Kineret	YES		♦
Kisqali	YES	✓	
Kisqali Femara	YES	✓	
Kitabis Pak	YES	✓	
Koate-DVI	YES	✓	
Kogenate FS	YES	✓	
Korlym	YES		
Koselugo	YES		
Kovaltry	YES	✓	
Krystexxa	YES	✓	
Kuvan (<i>sapropterin</i>)	YES	✓	∞
Kynmobi	YES	✓	
Kyprolis	YES	✓	∞
<i>lamivudine</i>	NO	✓	
<i>lamivudine/zidovudine</i>	NO	✓	
Lanreotide	YES	✓	
<i>lapatinib</i> (Tykerb)	YES	✓	
Lartruvo	YES		
<i>ledipasvir/sofosbuvir</i>	YES	✓	∞
Lemtrada	YES	✓	
<i>lenalidomide</i> (Revlimid)	YES	✓	
Lenvima	YES	✓	
Letairis	YES	✓	∞
Leukine	YES	✓	
<i>leuprolide acetate</i>	YES	✓	
<i>levoleucovorin calcium</i>	YES	✓	
Lexiva	NO	✓	∞
Libtayo	YES		
Livmarli	YES		
Livtency	NO		
Lonsurf	YES	✓	



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<i>lopinavir/ritonavir</i>	NO	✓	
Lorbrena	YES	✓	
Lucentis	YES	✓	
Lumakras	YES	✓	
Lumizyme	YES	✓	
Lumoxiti	YES	✓	
Lupaneta Pack	YES	✓	
Lupkynis	YES		
Lupron Depot	YES	✓	∞
Lupron Depot-PED	YES	✓	∞
Lynparza	YES	✓	
Lysodren	NO		
Macugen	YES	✓	
Makena	YES	✓	
<i>maraviroc</i>	NO	✓	
Margenza	YES	✓	
Marqibo	NO		
Matulane	NO		
Mavenclad	YES	✓	
Mavyret	YES	✓	◆
Mayzent	YES	✓	
Mekinist	YES	✓	
Mektovi	YES	✓	
<i>melphalan</i>	NO	✓	
Mepsevii	YES		
MicRhogam	NO	✓	
<i>miglustat</i>	YES	✓	
Mircera	YES		
<i>mitoxantrone</i>	YES	✓	
Monjuvi	YES		
Mononine	YES	✓	
Mozobil	YES	✓	
MuGard	NO		
Mulpleta	YES	✓	
Mvasi	YES	✓	



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Myalept	YES		
Mycapssa	YES		
<i>mycophenolate mofetil</i>	NO	✓	
<i>mycophenolic acid</i>	NO	✓	
Myfortic	NO	✓	∞
Mylotarg	YES	✓	
Nabi HB	NO	✓	
Naglazyme	YES	✓	
Natpara	YES	✓	
Neoral	NO	✓	
Nerlynx	YES	✓	
Neulasta	YES	✓	∞
Neupogen	YES	✓	∞
<i>nevirapine/ER</i>	NO	✓	
Nexavar (<i>sorafenib</i>)	YES	✓	
Nexvazyme	YES	✓	
Ninlaro	YES	✓	
<i>nitisinone capsules</i>	YES	✓	
Nityr	YES		
Nivestym	YES	✓	
Norditropin	YES	✓	
Northera (<i>droxidopa</i>)	YES	✓	∞
Norvir	NO	✓	
Novarel [^]	YES	✓	∞
Novoeight	YES	✓	
Novoseven RT	YES	✓	
Nplate	YES	✓	
Nubeqa	YES	✓	
Nucala	YES	✓	
Nulibry	YES		
Nulojix	NO	✓	
Nuplazid	YES	✓	
Nutropin	YES	✓	∞
Nutropin AQ	YES	✓	∞
Nuwiq	YES	✓	



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Nyvepria	YES	✓	
Obizur	YES	✓	
Ocaliva	YES	✓	
Ocrevus	YES	✓	
Octagam	YES	✓	
<i>octreotide acetate</i>	YES	✓	
Odefsey	NO	✓	
Odomzo	YES	✓	
Ofev	YES	✓	
Ogivri	YES	✓	
Olumiant	YES	✓	
Omnitrope	YES	✓	∞
Oncaspar	YES	✓	
Opdivo	YES	✓	
Opdualag	YES	✓	
Onivyde	NO		
Onpattro	YES	(available through Coram)	
Ontruzant	YES	✓	
Onureg	YES	✓	
Opsumit	YES	✓	
Orencia	YES	✓	♦
Orenitram	YES	✓	
Orfadin (<i>nitisinone</i>)	YES		
Orgovyx	YES		
Orkambi	YES		
Orladeyo	YES		
Otezla	YES	✓	
Otrexup	YES	✓	∞
Oxbryta	YES	✓	
Oxervate	YES		
Ozurdex	NO	✓	
Oxlumo	YES		
Padcev	YES	✓	
Palyngiq	YES	✓	
Panzyga	YES	✓	



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Parsabiv	YES	✓	
Pegasys	YES	✓	∞
Peg-Intron	YES	✓	
Pemazyre	YES		
<i>penicillamine</i> (Cuprimine, Depen Titratab)	NO	✓	
Pepaxto	YES		
Perjeta	YES	✓	
<i>phenylbutyrate sodium</i>	YES	✓	
Phesgo	YES	✓	
Pifeltro	NO	✓	
Piqray	YES	✓	
<i>pirfenidone</i> (Esbriet)	YES	✓	
Plegridy	YES	✓	∞
Polivy	YES	✓	
Pomalyst	YES	✓	
Ponvory	YES	✓	
Poteligeo	YES	✓	
Portrazza	YES	✓	
Pregnyl [^]	YES	✓	∞
Prezcobix	NO	✓	
Prezista	NO	✓	
Prialt	NO		
Privigen	YES	✓	
Procrit	YES	✓	∞
Procysbi	YES		∞
Profilnine SD	YES	✓	
Prograf	NO	✓	∞
Prolastin	YES		
Prolastin-C	YES		
Proleukin	YES	✓	
Prolia	YES	✓	
Promacta	YES	✓	
Provenge	NO		
Pulmozyme	YES	✓	
Purixan	YES	✓	



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Pyrukynd	YES		
Qinlock	YES		
Qutenza	YES		
Radicava/ORS	YES	✓	
Rapamune	NO	✓	∞
Rasuvo	YES	✓	
Ravicti	YES	✓	∞
Rebetol	YES	✓	
Rebif	YES	✓	
Rebinyn	YES	✓	
Reblozyl	YES	✓	
Reclast	YES	✓	
Recombinate	YES	✓	
Recorlev	YES		
RediTrex	YES		
Releuko	YES	✓	
Remicade	YES	✓	
Remodulin	YES	✓	∞
Renflexis	YES	✓	∞
Rescriptor	NO	✓	
Retacrit	YES	✓	
Retevmo	YES	✓	
Retisert	NO	✓	
Retrovir	NO	✓	
Revatio	YES	✓	∞
Revcovi	NO		
Revlimid (<i>lenalidomide</i>)	YES	✓	
Reyataz	NO	✓	
Rezurock	YES		
Rhogam	NO	✓	
Rhophylac	NO	✓	
Riabni	YES	✓	∞
RiaSTAP	YES	✓	
RibaPak	YES	✓	∞
<i>ribavirin</i>	YES	✓	



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] [♦]
Rinvoq	YES	✓	
<i>ritonavir</i>	NO	✓	
Rituxan Hycela	YES	✓	
Rituxan	YES	✓	∞
Rixubis	YES	✓	
<i>romidepsin</i>	YES	✓	
Rozlytrek	YES	✓	
Rubraca	YES	✓	
Ruconest	YES	✓	
Rukobia	NO	✓	
Ruxience	YES	✓	
Ruzurgi	YES		
Rybrevant	YES	✓	
Rydapt	YES	✓	
Rylaze	YES		
Ryplazim	YES		
Sabril	YES	✓	∞
Saizen	YES	✓	∞
<i>Sajazir (icatibant)</i>	YES		
Samsca (<i>tolvaptan</i>)	YES	✓	∞
Sandimmune	NO	✓	
Sandostatin	YES	✓	
Sandostatin LAR	YES	✓	∞
Saphnelo	YES		
<i>sapropterin (Kuvan)</i>	YES	✓	
Sarclisa	YES	✓	
Scemblix	YES	✓	
Selzentry	NO	✓	
Sensipar	YES	✓	
Serostim	YES	✓	
Sevenfact	YES	✓	
Signifor	YES		
Signifor LAR	YES		∞
<i>sildenafil 20mg</i>	YES	✓	
Siliq	YES	✓	



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) [†]	Medication Obtained through CVS Specialty *	Step Therapy [∞] ♦
Simponi	YES	✓	♦
Simponi Aria	YES	✓	♦
<i>sirolimus</i>	NO	✓	
Skyrizi	YES	✓	
Skytrofa	YES	✓	
<i>sodium phenylbutyrate</i>	YES	✓	
<i>sofosbuvir/velpatasvir</i>	YES	✓	∞
Solesta	NO	✓	
Soliris	YES	✓	
Somatuline Depot	YES	✓	
Somavert	YES	✓	∞
<i>sorafenib</i> (Nexavar)	YES	✓	
Sovaldi	YES	✓	♦
Sprycel	YES	✓	
<i>stavudine</i>	NO	✓	
Stelara	YES	✓	♦
Stimate	YES	✓	
Stivarga	YES	✓	
Strensiq	YES		
Stribild	NO	✓	∞
Sucraid	NO		
<i>sunitinib</i> (Sutent)	YES	✓	
Supprelin LA	YES	✓	
Sustiva	NO	✓	
Sutent (<i>sunitinib</i>)	YES	✓	
Susvimo	YES	✓	
Sylvant	YES	✓	
Symdeko	YES		
Symfi/Lo (<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>)	NO	✓	
Symtuza	NO	✓	
Synagis	YES	✓	
Synribo	YES	(available through Coram)	
Syprine (<i>trientine</i>)	NO	✓	∞
Tabrecta	YES	✓	
<i>tacrolimus</i>	NO	✓	



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] ♦
<i>tadalafil 20mg (Adcirca 20mg)</i>	YES	✓	
Tafinlar	YES	✓	
Tagrisso	YES	✓	
Takhzyro	YES	✓	
Talzenna	YES	✓	
Taltz	YES	✓	♦
Targretin	YES	✓	∞
Tarpeyo	YES		
Tasigna	YES	✓	∞
Tavalisse	YES		
Tavneos	YES		
Tazverik	YES	✓	
Tecentriq	YES	✓	
Tecfidera	YES	✓	∞
Tegsedi	YES		
Temixys	NO	✓	
Temodar	YES	✓	∞
<i>temozolomide</i>	YES	✓	
<i>temsirolimus</i>	YES	✓	
<i>tenofovir disoproxil fumarate</i>	NO	✓	
Tepadina	NO	✓	
Tepezza	YES	✓	
Tepmetko	YES		
<i>teriparatide</i>	YES	✓	
<i>tetrabenazine</i>	YES	✓	
Tezspire	YES	✓	
Thalomid	YES	✓	
Thiola/EC	YES		∞
<i>thiotepa</i>	NO		
Thyrogen	NO	✓	
Tibsovo	YES		
Tikosyn	YES		∞
<i>tiopronin (Thiola)</i>	YES	✓	
Tivdak	YES	✓	
Tivicay	NO	✓	



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] ♦
Tobi	YES	✓	∞
Tobi Podhaler	YES	✓	∞
<i>tobramycin inh soln</i>	YES	✓	
<i>tolvaptan (Samsca)</i>	YES	✓	
Torisel	YES	✓	∞
Tracleer	YES	✓	∞
Trazimera	YES	✓	
Treanda	YES	✓	
Trelstar	YES	✓	∞
Tremfya	YES	✓	♦
<i>treprostinil</i>	YES	✓	
Tretten	YES	✓	
<i>trientine (Clovique, Syprine)</i>	NO	✓	
Trikafta	YES		
Triptodur	YES		
Triumeq/PD	NO	✓	
Trizivir	NO	✓	
Trodelvy	YES		
Trogarzo	NO	✓	
Truseltiq	YES		
Truxima	YES	✓	∞
<i>Truvada (emtricitabine/tenofovir disoproxil fumarate)</i>	NO	✓	∞
Tukysa	YES		
Turalio	YES		
Tybost	NO	✓	
<i>Tykerb (lapatinib)</i>	YES	✓	∞
Tymlos	YES	✓	
Tysabri	YES	✓	
Tyvaso	YES	✓	
Udenyca	YES	✓	∞
Ukoniq	YES		
Ultomiris	YES	✓	
Unituxin	NO		
Uplinza	YES	✓ (available through Coram)	
Uptravi	YES	✓	



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] ♦
Vabysmo	YES	✓	
Valchlor	YES		
<i>valrubicin</i>	NO	✓	
Valstar	NO	✓	
Vantas	YES	✓	
Varithena	NO		
Varizig	NO	✓	
Vectibix	YES	✓	
Velcade	YES	✓	
Veletri	YES	✓	
Vemlidy	NO	✓	
Venclexta	YES		
Ventavis	YES	✓	
Verzenio	YES	✓	
Vidaza	YES	✓	
Videx	NO	✓	
Videx EC	NO	✓	
Viekira Pak	YES	✓	♦
<i>vigabatrin</i>	YES	✓	
<i>vigadrone</i>	YES		
Vijoice	YES	✓	
Viltepso	YES		
Vimizim	YES	✓	
Viracept	NO	✓	∞
Viramune	NO	✓	
Viramune XR	NO	✓	
Viread	NO	✓	
Vistogard	NO		
Visudyne	YES	✓	
Vitrakvi	YES	✓	
Vizimpro	YES	✓	
Vocabria	NO		
Vonjo	YES		
Vonvendi	YES	✓	
Voraxaze	NO		



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] ♦
Vosevi	YES	✓	
Votrient	YES	✓	
Voxzogo	YES	✓	
VPRIV	YES	✓	
Vumerity	YES	✓	
Vyndama	YES	✓	
Vyndaqel	YES	✓	
Vyndamax	YES	✓	
Vyondys 53	YES		
Vyvgart	YES	✓	
Vyxeos	NO	✓	
Wakix	YES	✓	
Welireg	YES		
Wilate	YES	✓	
WinRho SDF	NO	✓	
Xalkori	YES	✓	
Xeljanz	YES	✓	♦
Xeljanz XR	YES	✓	♦
Xeloda	YES	✓	∞
Xembify	YES	✓	
Xenazine	YES	✓	∞
Xermelo	YES		
Xgeva	YES	✓	
Xiaflex	YES		
Xipere	YES		
Xolair	YES	✓	
Xospata	YES		
Xpovio	YES		
Xtandi	YES	✓	
Xuriden	NO		
Xyntha	YES	✓	
Xyrem	NO		
Xywav	YES		
Yervoy	YES	✓	
Yondelis	NO	✓	



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] [◆]
Yonsa	YES	✓	
Yutiq	NO	✓	
Zaltrap	YES	✓	
Zarxio	YES	✓	∞
Zavesca	YES		
Zejula	YES	✓	
Zelboraf	YES	✓	
Zemaira	YES	✓	∞
Zepatier	YES	✓	◆
Zeposia	YES	✓	
Zepzelca	YES	✓	
Ziagen	NO	✓	
<i>zidovudine</i>	NO	✓	
Ziextenzo	YES	✓	
Zirabev	YES	✓	
Zokinvy	YES		
Zoladex	YES	✓	∞
<i>zoledronic acid</i>	YES	✓	
Zolinza	YES	✓	
Zomacton	YES	✓	
Zorbtive	YES	✓	
Zortress	NO	✓	∞
Ztalmy	YES		
Zulresso	YES	✓	
Zydelig	YES	✓	∞
Zykadia	YES	✓	
Zynlonta	YES		
Zytiga	YES	✓	∞