



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 2021 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 2021 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	✓	
Adcetris	YES	✓	
Adcirca	YES	✓	∞
<i>adefovir</i>	NO	✓	
Adempas	YES	✓	



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] ♦
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	✓	
<i>Alyq (tadalafil)</i>	YES	✓	
<i>ambrisentan</i>	YES	✓	
Ampyra	YES	✓	∞
Apligraf	NO		
Apokyn	YES	✓	∞
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	✓	
Aubagio	YES	✓	
Austedo	YES	✓	
Avastin	YES	✓	
Aveed	YES	✓	
Avonex	YES	✓	∞
Avsola	YES	✓	



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] [♦]
Ayvakit	YES		
<i>azacitidine</i>	YES	✓	
Bafiertam	YES	✓	
Balversa	YES		
Baraclude	NO	✓	∞
Bavencio	YES	✓	
Bebulin	YES	✓	
Beleodaq	YES	✓	
Belrapzo	YES	✓	
Bendeka	YES	✓	
Benefix	YES	✓	
Benlysta	YES	✓	
Beovu	YES	✓	
Berinert	YES	✓	∞
Besponsa	YES	✓	
Betaseron	YES	✓	
Bethkis	YES	✓	
<i>bexarotene</i>	YES	✓	
Biktarvy	NO	✓	
Bivigam	YES	✓	
Blenrep	YES		
Blincyto	YES	✓	
Bonsity	YES		
<i>bortezomib</i>	YES	✓	∞
<i>bosentan</i>	YES	✓	
Bosulif	YES	✓	
Braftovi	YES	✓ (Effective March 1, 2021)	
Brukinsa	YES		
Buphenyl	YES	✓	∞
Bynfezia	YES	✓	
Cablivi	YES		
Cabometyx	YES	✓	
Calquence	YES		
<i>capecitabine</i>	YES	✓	
Caprelsa	YES		



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] ♦
Carbaglu	YES		
Cayston	YES	✓	
CellCept	NO	✓	∞
Ceprothin	NO	✓	
Cerdelga	YES	✓	
Cerezyme	YES	✓	
Chenodal	NO		
Cholbam	YES		
Chorionic Gonadotropin	YES	✓	∞
Cimduo	NO	✓	
Cimzia	YES	✓	♦
<i>cinacalcet</i>	YES	✓	
Cinqair	YES	✓	
Cinryze	YES	✓	
Coagadex	YES	✓	
Combivir	NO	✓	
Cometriq	YES	✓	
Complera	NO	✓	∞
Copaxone 20mg	YES	✓	
Copaxone 40mg	YES	✓	
Copiktra	YES		
Corifact	YES	✓	
Cosentyx	YES	✓	♦
Cotellic	YES	✓	
Crixivan	NO	✓	
Crysvita	YES	✓	
Cutaquig	YES	(Coram has access)	
Cuvitru	YES	✓	
<i>cyclosporine</i>	NO	✓	
Cyramza	YES	✓	
Cystadane	YES		
Cystadrops	YES		
Cystagon	YES	✓	
Cystaran	YES		
Cytogam	NO	✓	



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] [♦]
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>deferoxamine</i>	YES	✓	
Delstrigo	NO	✓	
Descovy	NO	✓	
Desferal	YES	✓	
Diacomit	NO		
<i>didanosine</i>	NO	✓	
<i>dimethyl fumarate 120mg & 240mg</i>	YES	✓	
<i>dofetilide</i>	YES		
Dojolvi	YES	✓	
Doptelet	YES	✓	
Dovato	NO	✓	
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	✓	∞
Emflaza	YES		
Empliciti	YES	✓	
<i>emtricitabine capsules (Emtriva)</i>	NO	✓	



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) [†]	Medication Obtained through CVS Specialty *	Step Therapy [∞] ♦
<i>emtricitabine/tenofovir disoproxil fumarate 200/300mg (Truvada)</i>	NO	✓	
Emtriva (<i>emtricitabine</i>)	NO	✓	
Enbrel/ Mini	YES	✓	♦
Endari	YES		
Enhertu	YES	✓	
<i>entecavir</i>	NO	✓	
Enspryng	YES	✓	
Entyvio	YES	✓	♦
Envarsus XR	NO	✓	∞
<i>Epclusa (sofosbuvir/velpatasvir)</i>	YES	✓	
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	YES	✓	
Esperoct	YES	✓	
Evenity	YES	✓	
<i>everolimus (Afinitor)</i>	YES	✓	
<i>everolimus (Zortress)</i>	NO	✓	
Evomela	NO	✓	
Evotaz	NO	✓	
Evrysdi	YES		
Exjade	YES	✓	∞
Exondys 51	YES		
Extavia	YES	✓	∞
Eylea	YES	✓	
Fabrazyme	YES	✓	
Farydak	YES	✓	



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) [†]	Medication Obtained through CVS Specialty *	Step Therapy [∞] ♦
Fasenra	YES	✓	∞
Faslodex	YES		
Feiba	YES	✓	
Fensolvi	YES	✓ (Effective March 15, 2021)	
Ferriprox	YES		
Fibryga	YES	✓	
Fintepla	YES		
Firazyr	YES	✓	
Firdapse	YES		
Firmagon	YES	✓	
Flebogamma DIF	YES	✓	
Flolan	YES	✓	
Folotyn	YES	✓	
Forteo	YES	✓	
<i>fosamprenavir</i>	NO	✓	
Fulphila	YES	✓	∞
Fusilev	YES	✓	
<i>fulvestrant</i>	YES		
Fuzeon	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		



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) [†]	Medication Obtained through CVS Specialty *	Step Therapy [∞] ♦
Gilotrif	YES		
Givlaari	YES		
Glassia	YES	✓	∞
<i>glatiramer acetate</i>	YES	✓	
Glatopa	YES	✓	
Gleevec	YES	✓	∞
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	✓	



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] [♦]
Iluvien	NO	✓	
<i>imatinib</i>	YES	✓	
Imbruvica	YES		
Imcivree	YES		
Imfinzi	YES	✓	
Imlygic	YES		
Inbrija	YES		
Increlex	YES	✓	
Inflectra	YES	✓	
Infugem	NO		
Ingrezza	YES		
Inlyta	YES	✓	
Inqovi	YES	✓	
Inrebic	YES	✓	
Intelligence	NO	✓	
Intron A	YES	✓	
Invirase	NO	✓	
Iressa	YES	✓	
Isentress	NO	✓	
Istodax	YES	✓	
Isturisa	YES		
Ixempra	YES	✓	
Ixinity	YES	✓	
Jadenu	YES	✓	∞
Jakafi	YES	✓	
Jetrea	YES		
Jevtana	YES	✓	
Jivi	YES	✓	
Juluca	NO	✓	
Juxtapid	YES		
Jynarque	YES		
Kadcyla	YES	✓	
Kalbitor	YES	✓	
Kaletra	NO	✓	
Kalydeco	YES		



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] ♦
Kanjinti	YES	✓	
Kanuma	YES	✓	
Kesimpta	YES	✓	
Keveyis	YES		
Kevzara	YES	✓	
Keytruda	YES	✓	
Khapzory	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	✓	
<i>lapatinib</i> (Tykerb)	YES	✓	
Lartruvo	YES		
<i>ledipasvir/sofosbuvir</i>	YES	✓	∞
Lemtrada	YES	✓	
Lenvima	YES	✓	
Letairis	YES	✓	∞
Leukine	YES	✓	
<i>leuprolide acetate</i>	YES	✓	
<i>levoleucovorin calcium</i>	YES	✓	
Lexiva	NO	✓	
Libtayo	YES		
Lonsurf	YES	✓	
<i>lopinavir/ritonavir</i>	NO	✓	



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] [◆]
Lorbrena	YES	✓	
Lucentis	YES	✓	
Lumizyme	YES	✓	
Lumoxiti	YES	✓	
Lupaneta Pack	YES	✓	
Lupron	YES	✓	
Lupron Depot (for Prostate Cancer Only)	YES	✓	∞
Lupron Depot (for indications other than Prostate Cancer)	YES	✓	
Lynparza	YES	✓	
Macugen	YES	✓	
Makena	YES	✓	
Marqibo	NO		
Matulane	NO		
Mavenclad	YES	✓	
Mavyret	YES	✓	◆
Mayzent	YES	✓	
Mekinist	YES	✓	
Mektovi	YES	✓ (Effective March 1, 2021)	
<i>melphalan</i>	NO	✓	
Mepsevii	YES		
MicRhogam	NO	✓	
<i>miglustat</i>	YES	✓	
Mircera	YES		
<i>mitoxantrone</i>	YES	✓	
Moderiba	YES	✓	∞
Monjuvi	YES		
Mononine	YES	✓	
Mozobil	YES	✓	
MuGard	NO	✓	
Mulpleta	YES	✓	
Mvasi	YES	✓	
Myalept	YES		
Mycapssa	YES		
<i>mycophenolate mofetil</i>	NO	✓	



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] [♦]
<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	YES	✓	
Ninlaro	YES	✓	
<i>nitisinone capsules</i>	YES	✓ (Effective January 15, 2021)	
Nityr	YES		
Nivestym	YES	✓	
Norditropin	YES	✓	
Northera	YES	✓	
Norvir	NO	✓	
Novoeight	YES	✓	
Novoseven RT	YES	✓	
Nplate	YES	✓	
Nubeqa	YES	✓	
Nucala	YES	✓	
Nulojix	NO	✓	
Nuplazid	YES	✓	
Nutropin	YES	✓	∞
Nutropin AQ	YES	✓	∞
Nuwiq	YES	✓	
Nyvepria	YES	✓	
Obizur	YES	✓	
Ocaliva	YES	✓	
Ocrevus	YES	✓	
Octagam	YES	✓	
<i>octreotide acetate</i>	YES	✓	



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] ♦
Odefsey	NO	✓	
Odomzo	YES	✓	
Ofev	YES	✓	
Ogivri	YES	✓	
Olumiant	YES	✓	
Omnitrope	YES	✓	∞
Oncaspar	YES	✓	
Opdivo	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	✓	
Palynziq	YES	✓	
Panzyga	YES	✓	
Parsabiv	YES	✓	
Pegasys	YES	✓	∞
Peg-Intron	YES	✓	
Pemazyre	YES		
Perjeta	YES	✓	
<i>phenylbutyrate sodium</i>	YES	✓	
Phesgo	YES	✓	



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] [♦]
Pifeltro	NO	✓	
Piqray	YES	✓	
Plegridy	YES	✓	∞
Polivy	YES	✓	
Pomalyst	YES	✓	
Poteligeo	YES	✓	
Portrazza	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	✓	
Pulmozyme	YES	✓	
Purixan	YES	✓	
Qinlock	YES		
Qutenza	YES		
Radicava	YES	✓	
Rapamune	NO	✓	∞
Rasuvo	YES	✓	
Ravicti	YES	✓	∞
Rebetol	YES	✓	
Rebif	YES	✓	
Rebinyn	YES	✓	
Reblozyl	YES	✓	
Reclast	YES	✓	
Recombinate	YES	✓	
RediTrex	YES		



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] ♦
Remicade	YES	✓	
Remodulin	YES	✓	
Renflexis	YES	✓	
Rescriptor	NO	✓	
Retacrit	YES	✓	
Retevmo	YES	✓	
Retisert	NO	✓	
Retrovir	NO	✓	
Revatio	YES	✓	∞
Revcovi	NO		
Revlimid	YES	✓	
Reyataz	NO	✓	
Rhogam	NO	✓	
Rhophylac	NO	✓	
Riabni	YES	✓	
RiaSTAP	YES	✓	
RibaPak	YES	✓	∞
<i>ribavirin</i>	YES	✓	
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		
Rydapt	YES	✓	
Sabril	YES	✓	∞
Saizen	YES	✓	∞
Samsca (<i>tolvaptan</i>)	YES	✓	
Sandimmune	NO	✓	



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] ♦
Sandostatin	YES	✓	
Sandostatin LAR	YES	✓	∞
<i>sapropterin</i> (Kuvan)	YES	✓	
Sarclisa	YES	✓	
Selzentry	NO	✓	
Sensipar	YES	✓	
Serostim	YES	✓	
Sevenfact	YES	✓	
Signifor	YES		
Signifor LAR	YES		∞
<i>sildenafil 20mg</i>	YES	✓	
Siliq	YES	✓	
Simponi	YES	✓	♦
Simponi Aria	YES	✓	♦
<i>sirolimus</i>	NO	✓	
Skyrizi	YES	✓	
<i>sodium phenylbutyrate</i>	YES	✓	
<i>sofosbuvir/velpatasvir</i>	YES	✓	∞
Solesta	NO	✓	
Soliris	YES	✓	
Somatuline Depot	YES	✓	
Somavert	YES	✓	∞
Sovaldi	YES	✓	♦
Sprycel	YES	✓	
<i>stavudine</i>	NO	✓	
Stelara	YES	✓	♦
Stimate	YES	✓	
Stivarga	YES	✓	
Strensiq	YES		
Stribild	NO	✓	∞
Sucraid	NO		
Supprelin LA	YES	✓	
Sustiva	NO	✓	
Sutent	YES	✓	
Sylvant	YES	✓	



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] ♦
Symdeko	YES		
Symfi/Lo (efavirenz/lamivudine/tenofovir disoproxil fumarate)	NO	✓	
Symtuza	NO	✓	
Synagis	YES	✓	
Synribo	YES		
Tabrecta	YES	✓	
<i>tacrolimus</i>	NO	✓	
<i>tadalafil 20mg (Adcirca 20mg)</i>	YES	✓	
Tafinlar	YES	✓	
Tagrisso	YES	✓	
Takhzyro	YES	✓	
Talzenna	YES	✓	
Taltz	YES	✓	♦
Tarceva	YES	✓	∞
Targretin	YES	✓	∞
Tasigna	YES	✓	∞
Tavalisse	YES		
Tazverik	YES	✓	
Tecentriq	YES	✓	
Tecfidera	YES	✓	∞
Tegsedi	YES		
Temixys	NO	✓	
Temodar	YES	✓	∞
<i>temozolomide</i>	YES	✓	
<i>temsirolimus</i>	YES	✓	
<i>tenofovir disoproxil fumate</i>	NO	✓	
Tepadina	NO	✓	
Tepezza	YES	✓	
<i>teriparatide</i>	YES	✓	
<i>tetrabenazine</i>	YES	✓	
Thalomid	YES	✓	
<i>thiotepa</i>	NO		
Thyrogen	NO	✓	
Tibsovo	YES		
Tikosyn	YES		∞



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] [◆]
Tivicay	NO	✓	
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	✓	
Trikafta	YES		
Triptodur	YES		
Triumeq	NO	✓	
Trizivir	NO	✓	
Trodelvy	YES		
Trogarzo	NO	✓	
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	✓	∞
Ultomiris	YES	✓	
Unituxin	NO		
Uplinza	YES		
Uptravi	YES	✓	
Valchlor	YES		
<i>valrubicin</i>	NO	✓	



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] ♦
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		
Viltepro	YES		
Vimizim	YES	✓	
Viracept	NO	✓	
Viramune	NO	✓	
Viramune XR	NO	✓	
Viread	NO	✓	
Vistogard	NO		
Visudyne	YES	✓	
Vitrakvi	YES	✓	
Vizimpro	YES	✓	
Vonvendi	YES	✓	
Voraxaze	NO		
Vosevi	YES	✓	
Votrient	YES	✓	
VPRIV	YES	✓	
Vumerity	YES	✓	
Vyndama	YES	✓	
Vyndaqel	YES	✓	



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] ♦
Vyndamax	YES	✓	
Vyondys 53	YES		
Vyxeos	NO	✓	
Wakix	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		
Xolair	YES	✓	
Xospata	YES		
Xpovio	YES		
Xtandi	YES	✓	
Xuriden	NO		
Xyntha	YES	✓	
Xyrem	NO		
Xywav	YES		
Yervoy	YES	✓	
Yondelis	NO	✓	
Yonsa	YES	✓	
Yutiq	NO		
Zaltrap	YES	✓	
Zarxio	YES	✓	∞
Zavesca	YES		
Zejula	YES		
Zelboraf	YES	✓	
Zemaira	YES	✓	∞
Zepatier	YES	✓	♦
Zeposia	YES	✓	



NALC Health Benefit Plan Specialty Drug List



Medication Name	Prior Approval Required (SGM) ⁺	Medication Obtained through CVS Specialty *	Step Therapy [∞] ♦
Zepzelca	YES	✓	
Zerit	NO	✓	
Ziagen	NO	✓	
<i>zidovudine</i>	NO	✓	
Ziextenzo	YES	✓	
Zirabev	YES	✓	
Zoladex	YES	✓	
<i>zoledronic acid</i>	YES	✓	
Zolinza	YES	✓	
Zomacton	YES	✓	
Zorbtive	YES	✓	
Zortress	NO	✓	∞
Zulresso	YES	✓	
Zydelig	YES	✓	∞
Zykadia	YES	✓	
Zytiga	YES	✓	∞