NALC Health Benefit Plan Specialty Drug List

PSHB

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 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 2026 official Plan brochure, RI 71-024 (High Option, Consumer Driven Health Plan). All benefits are subject to the definitions, limitations, and exclusions set forth in the 2026 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 Health Benefit Plan for PSHB High Option at 888-636-NALC (6252) and for PSHB CDHP at 855-511-1893 for prior authorization.

Medication Name	Prior Approval Required (SGM)┼	Medication Obtained through CVS Specialty *	Step Therapy ∞ ♦
abacavir	NO	✓	
abacavir/lamivudine	NO	✓	
abacavir/lamivudine/zidovudine	NO	✓	
abiraterone	YES	✓	
Abirtega (abiraterone)	YES	✓	
Abraxane	NO	✓	
Abrilada	YES	✓	♦
Actemra	YES	✓	♦
Acthar H.P. Gel	YES	✓	
Actimmune	YES	✓	
Adakveo	YES	✓	
Adalimumab-aacf	YES	✓	♦
Adalimumab-aaty	YES	✓	♦
Adalimumab-adaz	YES	✓	
Adalimumab-adbm	YES	✓	♦

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Medication Name	Prior Approval Required (SGM)┼	Medication Obtained through CVS Specialty *	Step Therapy ∞ ♦
Adalimumab-bwwd	YES	✓	♦
Adalimumab-fkjp	YES	✓	
Adalimumab-ryvk	YES	✓	♦
Adbry	YES	✓	
Adcetris	YES	✓	
Adcirca	YES	✓	∞
adefovir	NO	✓	
Adempas	YES	✓	
Advate	YES	✓	
Adynovate	YES	✓	
Adzynma	YES	✓	
Afinitor	YES	✓	∞
Afstyla	YES	✓	
Agamree	YES		
Akeega	YES		
Aldurazyme	YES	✓	
Alecensa	YES	✓	
Alferon-N	NO	✓	
Alhemo	YES	✓	
Aliqopa	YES		∞
Alphanate	YES	✓	
Alphanine SD	YES	✓	
Alprolix	YES	✓	
Altuviio	YES	✓	
Alunbrig	YES		
Alvaiz	YES	✓	
Alyftrek	YES	✓	
Alygo	YES	✓	
Alymsys	YES	✓	
Alyq (tadalafil)	YES	✓	
ambrisentan	YES	✓	
Amjevita	YES	✓	♦
Amondys 45	YES		
Ampyra	YES	✓	∞
Amvuttra	YES	✓	

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Medication Name	Prior Approval Required (SGM)┼	Medication Obtained through CVS Specialty *	Step Therapy ∞ ♦
Andembry	YES	✓	
Aphexda	YES		
Apligraf	NO		
Apokyn	YES	✓	∞
apomorphine	YES		
Apretude	NO	✓	
Aptivus	NO	✓	∞
Aqneursa	YES		
Aqvesme	YES		
Aralast NP	YES	✓	
Aranesp	YES	✓	
Arcalyst	YES	✓	
Arikayce	YES		
Arzerra	YES		
Asceniv	YES	✓	
Asparlas	YES		
Astagraf XL	NO	✓	
atazanavir sulfate	NO	✓	
Atripla (*efavirenz/emtricitabine/tenofovir disoproxil fumarate)*	NO	✓	∞
Attruby	YES		∞
Aubagio (*teriflunomide*)	YES	✓	∞
Augtyro	YES		
Aurlumyn	NO		
Austedo	YES	✓	
Austedo XR	YES	✓	∞
Avastin	YES	✓	∞
Aveed	YES	✓	
Avgemsi	NO		
Avmapki	YES		
Avonex	YES	✓	
Avsola	YES	✓	∞
Avtozma	YES	✓	
Axtle	NO		
Ayvakit	YES		

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Medication Name	Prior Approval Required (SGM)┼	Medication Obtained through CVS Specialty *	Step Therapy ∞ ♦
azacitidine	YES	✓	
Bafiertam	YES	✓	
Balversa	YES	✓	
Baraclude	NO	✓	∞
Bavencio	YES		
Beizray	NO		
Beleodaq	YES	✓	
Belrapzo	YES	✓	
bendamustine	YES	✓	
Bendeka	YES	✓	
Benefix	YES	✓	
Benlysta	YES	✓	
Beovu	YES	✓	
Berinert	YES	✓	∞
Besponsa	YES	✓	
Besremi	YES		
betaine (Cystadane)	YES		
Betaseron	YES	✓	
Bethkis	YES	✓	
bexarotene	YES	✓	
Biktarvy	NO	✓	
Bildyos	YES	✓	
Bilprevda	YES	✓	
Bimzelx	YES	✓	♦
Bivigam	YES	✓	
Bizengri	YES		
Blenrep	YES		
Blincyto	YES		
Bkemv	YES	✓	
Bomyntra	YES	✓	
Bonsity	YES		
bortezomib	YES	✓	∞
Boruzu	YES	✓	
bosentan	YES	✓	
Bosulif	YES	✓	

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Medication Name	Prior Approval Required (SGM)┼	Medication Obtained through CVS Specialty *	Step Therapy ∞ ♦
Braftovi	YES	✓	
Briumvi	YES	✓	
Brixadi	YES	✓	
Bronchitol	YES	✓	
Brukinsa	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 *(carglumic acid)*	YES		
carglumic acid (Carbaglu)	YES	✓	
Cayston	YES	✓	
CellCept	NO	✓	
Ceprotin	NO	✓	
Cerdelga	YES	✓	
Cerezyme	YES	✓	
cetrorelix (Cetrotide)	YES	✓	
Cetrotide *(cetrorelix)*	YES	✓	
Chenodal	YES		
Cholbam	YES		
Chorionic Gonadotropin	YES	✓	∞
Cibinqo	YES	✓	
Cimerli	YES	✓	
Cimduo	NO	✓	
Cimzia	YES	✓	♦
cinacalcet	YES	✓	
Cinqair	YES	✓	

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Medication Name	Prior Approval Required (SGM)┼	Medication Obtained through CVS Specialty *	Step Therapy ∞ ♦
Cinryze	YES	✓	
cladribine (Mavenclad)	YES	✓	
Clovique *(trientine)*	NO	✓	
Coagadex	YES	✓	
Combivir	NO	✓	
Columvi	YES	✓	
Cometriq	YES	✓	
Complera	NO	✓	∞
Conexxence	YES	✓	
Copaxone 20mg	YES	✓	∞
Copaxone 40mg	YES	✓	∞
Copiktra	YES	✓	∞ **(Effective April 1, 2026)**
Corifact	YES	✓	
Cortrophin gel	YES	✓	
Cosela	YES		
Cosentyx IV	YES		♦
Cosentyx SUB-Q	YES	✓	♦
Cotellic	YES	✓	
Crenessity	NO		
Crixivan	NO	✓	
Crysvita	YES	✓	
Ctexli	YES		
Cuprimine *(penicillamine)*	NO	✓	∞
Cutaquig	YES	**(Coram has access)**	
Cuvrior	NO		
Cuvitru	YES	✓	∞
cyclosporine	NO	✓	
Cyltezo	YES	✓	♦
Cyramza	YES	✓	
Cystadane *(betaine)*	YES		
Cystadrops	YES		
Cystagon	YES	✓	
Cystaran	YES		
Cytogam	NO	✓	

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D-Penamine	NO	✓	
Dacogen	YES	✓	
dalfampridine/ ER	YES	✓	
Danyelza	YES		
Danziten	YES		
darunavir (Prezista)	NO	✓	
Darzalex	YES	✓	
Darzalex Faspro	YES	✓	
dasatinib (Sprycel)	YES	✓	
Datroway	YES	✓	
Daurismo	YES	✓	
Dawnzera	YES		
Daybue	YES		
decitabine	YES	✓	
deferasirox	YES	✓	
deferasirox granules 90mg & 180mg	YES	✓	
deferiprone (Ferriprox)	YES	✓	
deferoxamine	YES	✓	
deflazacort (Emflaza)	YES	✓	
Delstrigo	NO	✓	
Demser *(metyrosine)*	YES	✓	∞
Depen Titratab *(penicillamine)*	NO	✓	
Descovy	NO	✓	
Desferal	YES	✓	∞
Diacomit	NO		
dichlorphenamide	YES	✓	
didanosine	NO	✓	
dimethyl fumarate 120mg & 240mg	YES	✓	
dofetilide	YES		
Dojolvi	YES	✓	
Doptelet	YES	✓	
Dovato	NO	✓	
droxidopa (Northera)	YES	✓	
Duopa	YES	✓	

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Medication Name	Prior Approval Required (SGM)┼	Medication Obtained through CVS Specialty *	Step Therapy ∞ ♦
Dupixent	YES	✓	
Duvyzat	YES		
Ebglyss	YES	✓	
edaravone (Radivaca)	YES	✓	
Edurant (*rilpivirine*)	NO	✓	
efavirenz	NO	✓	
efavirenz/emtricitabine/tenofovir disoproxil fumarate (Atripla)	NO	✓	
efavirenz/lamivudine/tenofovir disoproxil fumarate (Symfi & Symfi Lo)	NO	✓	
Egrifta	YES	✓	
Egrifta WR	YES	✓	
Ekterly	YES	✓	
Elahere	YES		
Elaprase	YES	✓	
Elelyso	YES	✓	∞
Elfabrio	YES	✓	
Eligard	YES	✓	
Eloctate	YES	✓	
Elrexfio	YES		
eltrombopag (Promacta)	YES	✓	
Emflaza (*deflazacort)*	YES		∞
Empaveli	YES		
Empliciti	YES	✓	
Emrelis	YES		
emtricitabine capsules (Emtriva)	NO	✓	
emtricitabine/tenofovir disoproxil fumarate 200/300mg (Truvada)	NO	✓	
Emtriva *(emtricitabine)*	NO	✓	
Enbrel/ Mini	YES	✓	♦
Endari	YES	✓	
Enhertu	YES	✓	
Enjaymo	YES	✓	
Enoby	YES	✓	
Ensacove	YES		
entecavir	NO	✓	

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Enspryng	YES	✓	
Entyvio	YES	✓	♦
Envarsus XR	NO	✓	
Epclusa *(sofosbuvir/velpatasvir)*	YES	✓	
Epivir	NO	✓	
Epivir HBV Solution	NO	✓	
Epkinly	YES		
Epogen	YES	✓	∞
epoprostenol sodium	YES	✓	
Epidiolex^	YES	✓	
Epysqli	YES	✓	
Epzicom	NO	✓	
Erbitux	YES	✓	
eribulin mesylate (Halaven)	YES	✓	
Erivedge	YES	✓	
Erleada	YES	✓	
erlotinib	YES	✓	
Erwinase	YES	✓	
Esbriet *(pirfenidone)*	YES	✓	∞
Esperoct	YES	✓	
etravirine (Intelence)	NO	✓	
Evenity	YES	✓	
everolimus (Afinitor)	YES	✓	
everolimus (Zortress)	NO	✓	
Evkeeza	YES		
Evomela	NO	✓	
Evotaz	NO	✓	
Evrysdi	YES		
Exdensur	YES		
Exjade	YES	✓	∞
Exkivity	YES		
Exondys 51	YES		
Extavia	YES	✓	∞
Eylea/HD	YES	✓	
Fabhalta	YES		

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Medication Name	Prior Approval Required (SGM)┼	Medication Obtained through CVS Specialty *	Step Therapy ∞ ♦
Fabrazyme	YES	✓	
Farydak	YES	✓	
Fasenra	YES	✓	
Faslodex	YES		
Feiba	YES	✓	∞
Fensolvi	YES	✓	
Ferriprox (*deferiprone*)	YES		∞
Fibryga	YES	✓	
Filspari	YES	✓	
Filsuvez	NO		
fingolimod 0.5mg (Gilenya)	YES	✓	
Fintepla	YES		
Firazyr	YES	✓	∞
Firdapse	YES		
Firmagon	YES	✓	
Flebogamma DIF	YES	✓	
Flolan	YES	✓	
Follistim AQ	YES	✓	∞
Folotyn	YES	✓	
Forteo	YES	✓	∞
Forzinity	YES		
Fotivda	YES		
fosamprenavir	NO	✓	
Frindovyx	NO		
Fruzaqla	YES		
Fulphila	YES	✓	∞
fulvestrant	YES		
Fuzeon	YES	✓	
Fyarro	YES		
Fylnetra	YES	✓	
Fyremadel	YES	√	∞
Galafold	YES		
Gamastan S/D	YES	✓	
Gammagard/ERC	YES	✓	∞
Gammagard S/D	YES	✓	∞

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Gammaked	YES	✓	
Gammaplex	YES	✓	
Gamunex	YES	✓	
Gamunex-C	YES	✓	
ganirelix	YES	✓	∞
Ganirelix	YES	✓	
Gattex	YES	✓	
Gavreto	YES		
Gazyva	YES	✓	
gefitinib (Iressa)	YES	✓	
Gengraf	NO	✓	
Genotropin	YES	✓	∞
Genvoya	NO	✓	
Gilenya	YES	✓	∞
Gilotrif	YES		
Givlaari	YES	✓	
Glassia	YES	✓	
glatiramer acetate	YES	✓	
Glatopa	YES	✓	
Gleevec	YES	✓	∞
Gleostine	NO	✓	
glycerol phenylbutyrate (Ravicti)	YES	✓	
Gomekli	YES		
Gonal-F	YES	✓	
Grafapex	NO		
Granix	YES	✓	∞
Hadlima	YES	✓	♦
Haegarda	YES	✓	
Halaven *(eribulin mesylate)*	YES	✓	∞
Harliku	YES		
Harvoni *(ledipasvir/sofosbuvir)*	YES	✓	♦
Hemlibra	YES	✓	
Hemofil M	YES	✓	
HepaGam B	NO	✓	
Herceptin	YES	✓	∞

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Herceptin Hylecta	YES	✓	∞
Hercessi	YES	✓	
Hernexeos	YES		
Herzuma	YES	✓	
Hetlioz *(tasimelteon)*	YES		
Hizentra	YES	✓	
H.P. Acthar Gel	YES	✓	
Humate-P	YES	✓	
Humatrope	YES	✓	
Hulio	YES	✓	♦
Humira	YES	✓	♦
Hycamtin oral	YES	✓	
hydroxyprogesterone caproate	YES	✓	
Hympavzi	YES	✓	
HyperHep B	NO	✓	
HyperRho S/D	NO	✓	
Hyrimoz	YES	✓	
Hyrnuo	YES		
HyQvia	YES	✓	∞
Ibrance	YES	✓	
Ibtrozi	YES		
icatibant	YES	✓	
Iclusig	YES		∞
Idacio	YES	✓	♦
Idelvion	YES	✓	
Idhifa	YES	✓	
Ilaris	YES	✓	
Ilumya	YES	✓	∞
Iluvien	NO	✓	
Imaavy	YES	✓	
imatinib	YES	✓	
Imbruvica	YES		
Imcivree	YES		
Imdelltra	YES	✓	
Imfinzi	YES	✓	

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Medication Name	Prior Approval Required (SGM)┼	Medication Obtained through CVS Specialty *	Step Therapy ∞ ♦
Imjudo	YES	✓	
Imkeldi	YES	✓	
Imlygic	YES		
Imuldosa	YES		♦
Inbrija	YES		
Increlex	YES		
Inflectra	YES	✓	∞
Infugem	NO		
Ingrezza	YES	✓	
Inluriyo	YES		
Inlyta	YES	✓	
Inqovi	YES	✓	
Inrebic	YES	✓	
Intelence (*etravirine*)	NO	✓	
Iqirvo	YES	✓	
Iressa *(gefitinib)*	YES	✓	∞
Isentress	NO	✓	
Istodax	YES	✓	
Isturisa	YES		
Itovebi	YES	✓	
Ivra	YES	✓	
Iwilfin	YES		
Ixempra	YES	✓	
Ixinity	YES	✓	
Izervay	YES		
Jadenu	YES	✓	∞
Jakafi	YES	✓	
Jascayd	YES	✓	
Javygtor (sapropterin)	YES		
Jaypirca	YES		
Jaythari (deflazacort)	YES		
Jemperli	YES	✓	
Jesduvroq	YES		
Jevtana	YES	✓	
Jivi	YES	✓	

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Jobevne	YES	✓	
Jubbonti	YES	✓	
Joenja	YES		
Juluca	NO	✓	
Juxtapid	YES		
Jynarque	YES		∞
Kadcyla	YES	✓	
Kalbitor	YES	✓	
Kaletra	NO	✓	
Kalydeco	YES	✓	
Kanjinti	YES	✓	
Kanuma	YES	✓	
Kesimpta	YES	✓	
Keveyis	YES		∞
Kevzara	YES	✓	
Keytruda/Qlex	YES	✓	
Khapzory	YES	✓	
Kimmtrak	YES		
Kineret	YES		♦
Kisqali	YES	✓	
Kisqali Femara	YES	✓	
Kitabis Pak	YES	✓	
Koate-DVI	YES	✓	
Kogenate FS	YES	✓	
Komzifti	YES		
Korlym	YES		∞
Koselugo	YES		
Kovaltry	YES	✓	
Krazati	YES		
Krystexxa	YES	✓	
Kuvan (*sapropterin*)	YES	✓	∞
Kymbee (*deflazacort*)	YES		
Kynmobi	YES	✓	
Kyprolis	YES	✓	∞
Kyxata	NO		

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l-glutamine (Endari)	YES	✓	
Lamzede	YES		
lamivudine	NO	✓	
lamivudine/zidovudine	NO	✓	
Lanreotide	YES	✓	
lapatinib (Tykerb)	YES	✓	
Lazcluze	YES		
ledipasvir/sofosbuvir	YES	✓	∞
Lemtrada	YES	✓	
lenalidomide (Revlimid)	YES	✓	
Lenvima	YES	✓	
Leqselvi	YES	✓	
Letairis	YES	✓	∞
Leukine	YES	✓	
leuprolide acetate	YES	✓	
levoleucovorin calcium	YES	✓	
Lexiva	NO	✓	∞
Libtayo	YES		
Liqrev	YES	✓	
Litfulo	YES	✓	
Livdelzi	YES		
Livmarli	YES		
Livtencity	NO		
Loargys	YES		
Lonsurf	YES	✓	
lopinavir/ritonavir	NO	✓	
Loqtorzi	YES	✓	
Lorbrena	YES	✓	
Lucentis	YES	✓	
Lumakras	YES	✓	
Lumizyme	YES	✓	
Lumoxiti	YES	✓	
Lumryz	YES	✓	
Lunsumio/Velo	YES	✓	
Lupaneta Pack	YES	✓	

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Lupkynis	YES		
Lupron Depot	YES	✓	∞
Lupron Depot-PED	YES	✓	
Lymphir	YES		
Lynozyfic	YES		
Lynparza	YES	✓	
Lysodren	NO		
Lytgobi	YES		
Macugen	YES	✓	
maraviroc	NO	✓	
Margenza	YES	✓	
Matulane	NO		
Mavenclad (*cladribine*)	YES	✓	
Mavyret	YES	✓	♦
Mayzent	YES	✓	
Mekinist	YES	✓	
Mektovi	YES	✓	
Menopur	YES	✓	
Mepsevii	YES		
metyrosine (Demser)	YES	✓	
MicRhogam	NO	✓	
mifepristone (Korlym)	YES		
miglustat	YES	✓	
Miplyffa	YES		
Mircera	YES		
mitoxantrone	YES	✓	
Modeyso	YES		
Monjuvi	YES		
Mononine	YES	✓	
Mozobil *(plerixafor)*	YES	✓	∞
MuGard	NO		
Mulpleta	YES	✓	
Mvasi	YES	✓	
Myalept	YES		
Mycapssa	YES		

Medication Name	Prior Approval Required (SGM)┼	Medication Obtained through CVS Specialty *	Step Therapy ∞ ♦
mycophenolate mofetil	NO	✓	
mycophenolic acid	NO	✓	
Myfortic	NO	✓	
Myqorzo	YES		
Mylotarg	YES	✓	
Nabi HB	NO	✓	
Naglazyme	YES	✓	
Natpara	YES	✓	
Nemluvio	YES	✓	
Neoral	NO	✓	
Nerlynx	YES	✓	
Neulasta	YES	✓	∞
Neupogen	YES	✓	∞
nevirapine/ER	NO	✓	
Nexavar *(sorafenib)*	YES	✓	
Nexviazyme	YES	✓	
Ngenla	YES	✓	
Niktimvo	YES	✓	
nilotinib	YES	✓	
Ninlaro	YES	✓	
nitisinone capsules	YES	✓	
Nityr	YES		
Nivestym	YES	✓	
Norditropin	YES	✓	
Northera *(droxidopa)*	YES	✓	∞
Norvir	NO	✓	
Novarel	YES	✓	∞
Novoeight	YES	✓	
Novoseven RT	YES	✓	
Nplate	YES	✓	
Nubeqa	YES	✓	
Nucala (except lyophilized powder)	YES	✓	
Nucala lyophilized powder	YES	✓	∞
Nulibry	YES		
Nulojix	NO	✓	

PSHB

NALC Health Benefit Plan Specialty Drug List

Medication Name	Prior Approval Required (SGM)┼	Medication Obtained through CVS Specialty *	Step Therapy ∞ ♦
Nuplazid	YES	✓	
Nutropin	YES	✓	∞
Nutropin AQ	YES	✓	∞
Nuwiq	YES	✓	
Nypozi	YES	✓	
Nyvepria	YES	✓	
Obizur	YES	✓	
Ocaliva	YES	✓	∞
Ocrevus/Zunovo	YES	✓	
Octagam	YES	✓	
octreotide acetate	YES	✓	
Odefsey	NO	✓	
Odomzo	YES	✓	
Ofev	YES	✓	
Ogier	YES	✓	
Ogsiveo	YES		
Ojemda	YES		
Ojjaara	YES		
Olpruva	YES		
Olumiant	YES	✓	♦
Omnitrope	YES	✓	∞
Omvoh	YES	✓	
Onapgo	YES	✓	
Oncaspar	YES		
Opdivo/Qvantig	YES	✓	
Opdualag	YES	✓	
Onivyde	NO	✓	
Onpattro	YES	✓	
Ontruzant	YES	✓	
Onureg	YES	✓	
Opfolda	YES	✓	
Opsumit	YES	✓	
Opsynvi	YES	✓	
Orencia	YES	✓	♦
Orenitram	YES	✓	∞

NALC Health Benefit Plan Specialty Drug List

Medication Name	Prior Approval Required (SGM)┼	Medication Obtained through CVS Specialty *	Step Therapy ∞ ♦
Orfadin *(nitisinone)*	YES		
Orgovyx	YES		
Orkambi	YES	✓	
Orladeyo	YES		
Ormalvi	YES		
Orserdu	YES		
Osenvelt	YES	✓	
Ospomyv	YES	✓	
Otezla/XR	YES	✓	
Otrexup	YES	✓	∞
Otulfi	YES	✓	♦
Oxervate	YES		
Oxlumo	YES	✓	
Ozurdex	NO	✓	
Padcev	YES	✓	
Palsonify	YES		
Palynziq	YES	✓	
Panzyga	YES	✓	
Parsabiv	YES	✓	
pazopanib (Votrient)	YES	✓	
Pavblu	YES	✓	
Pedmark	NO		
Pegasys	YES	✓	∞
Peg-Intron	YES	✓	
Pemfexy	NO		
Pemazyre	YES		
Pemrydi RTU	YES		
penicillamine (Cuprimine, Depen Titratab)	NO	✓	
Perjeta	YES	✓	
phenylbutyrate sodium	YES	✓	
Pheburane	YES	✓	
Phesgo	YES	✓	
Phyrago	YES		
PiaSky	YES	✓	
Pifeltro	NO	✓	

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NALC Health Benefit Plan Specialty Drug List

Medication Name	Prior Approval Required (SGM)┼	Medication Obtained through CVS Specialty *	Step Therapy ∞ ♦
Piqray	YES		
pirfenidone (Esbriet)	YES	✓	
Plegridy	YES	✓	
plerixafor (Mozobil)	YES	✓	
Polivy	YES	✓	
Pomalyst	YES	✓	
Pombiliti	YES	✓	
Ponvory	YES	✓	
Poteligeo	YES	✓	
Portrazza	YES	✓	
pralatrexate	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	✓	∞ (Effective April 1, 2026)
Promacta	YES	✓	∞
Provenge	NO		
Pulmozyme	YES	✓	
Purixan	YES	✓	∞
Pyrukynd	YES		
Pyquvi (deflazacort)	YES		
Pyzchiva	YES	✓	♦
Qfitlia	YES		
Qinlock	YES		
Qivigy	YES	✓	

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NALC Health Benefit Plan Specialty Drug List

Medication Name	Prior Approval Required (SGM)┼	Medication Obtained through CVS Specialty *	Step Therapy ∞ ♦
Qutenza	NO		
Radicava *(edaravone)*	YES	✓	∞
Radicava ORS	YES	✓	
Rapamune	NO	✓	
Rasuvo	YES	✓	∞
Ravicti (*glycerol phenylbutyrate)*	YES	✓	∞
Rebetol	YES	✓	
Rebif	YES	✓	
Rebinyn	YES	✓	
Reblozyl	YES	✓	
Rebyota	YES		
Reclast	YES	✓	
Recombinate	YES	✓	
Recorlev	YES		
Redemplo	YES		
RediTrex	YES	✓	
Releuko	YES	✓	
Relyvrio	YES	✓	
Remicade	YES	✓	
Remodulin	YES	✓	∞
Renflexis	YES	✓	∞
Rescriptor	NO	✓	
Retacrit	YES	✓	
Retevmo	YES	✓	
Retisert	NO	✓	
Retrovir	NO	✓	
Revatio	YES	✓	∞
Revcovi	NO		
Revlimid *(lenalidomide)*	YES	✓	∞
Revuforj	YES		
Reyataz	NO	✓	
Rezlidhia	YES		
Rezurock	YES		
Rhogam	NO	✓	
Rhophylac	NO	✓	

NALC Health Benefit Plan Specialty Drug List

Medication Name	Prior Approval Required (SGM)┼	Medication Obtained through CVS Specialty *	Step Therapy ∞ ♦
Riabni	YES	✓	∞
RiaSTAP	YES	✓	
ribavirin	NO	✓	
rilpivirine (Edurant)	NO	✓	
Rinvoq	YES	✓	
ritonavir	NO	✓	
Rituxan Hycela	YES	✓	
Rituxan	YES	✓	∞
Rivfloza	YES	✓	
Rixubis	YES	✓	
Rolvedon	YES	✓	
romidepsin	YES	✓	
Romvimza	YES		
Rozlytrek	YES	✓	
Rubraca	YES	✓	∞
Ruconest	YES	✓	
Rukobia	NO	✓	
Ruxience	YES	✓	
Rybrevant	YES	✓	
Rybrevant Faspro	YES	✓	
Rystiggo	YES	✓	
Rydapt	YES	✓	
Rylaze	YES	✓	
Ryplazim	YES	✓	
Rytelo	YES		
Ryzneuta	YES	✓	
Sabril	YES	✓	∞
Saizen	YES	✓	∞
Sajazir (icatibant)	YES		
Samsca *(tolvaptan)*	YES	✓	∞
Sandimmune	NO	✓	
Sandostatin	YES	✓	
Sandostatin LAR	YES	✓	∞
Saphnelo	YES	✓	
sapropterin (Kuvan)	YES	✓	

NALC Health Benefit Plan Specialty Drug List

PSHB

Medication Name	Prior Approval Required (SGM)┼	Medication Obtained through CVS Specialty *	Step Therapy ∞ ♦
Sarclisa	YES	✓	
Scemblix	YES		
Selarsdi	YES	✓	♦
Selzentry	NO	✓	
Sensipar	YES	✓	
Sephience	YES		
Serostim	YES	✓	
Sevenfact	YES	✓	
Signifor	YES		
Signifor LAR	YES		∞
sildenafil 20mg	YES	✓	
Siliq	YES	✓	
Simlandi	YES	✓	♦
Simponi	YES	✓	♦
Simponi Aria	YES	✓	♦
sirolimus	NO	✓	
Skyclarys	YES		
Skyrizi	YES	✓	
Skytrofa	YES	✓	
sodium oxybate	YES	✓ (Effective March 2, 2026)	
sodium phenylbutyrate	YES	✓	
sofosbuvir/velpatasvir	YES	✓	∞
Sogroya	YES	✓	
Sohonos	YES	✓	
Solesta	NO	✓	
Soliris	YES	✓	
Somatuline Depot	YES	✓	
Somavert	YES	✓	∞
sorafenib (Nexavar)	YES	✓	
Sotyktu	YES	✓	
Sovaldi	YES	✓	♦
Spevigo	YES		
Sprycel *(dasatinib)*	YES	✓	∞
Starjemza	YES	✓	♦
stavudine	NO	✓	

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NALC Health Benefit Plan Specialty Drug List

Medication Name	Prior Approval Required (SGM)┼	Medication Obtained through CVS Specialty *	Step Therapy ∞ ♦
Stelara	YES	✓	♦
Steqeyma	YES	✓	♦
Stimate	YES	✓	
Stimufend	YES	✓	
Stivarga	YES	✓	
Stoboclo	YES	✓	
Strensiq	YES		
Stribild	NO	✓	∞
Strontium SR-89	NO		
Sucraid	NO		
sunitinib (Sutent)	YES	✓	
Sunlenca	YES	✓	
Supprelin LA	YES	✓	
Sustiva	NO	✓	
Sutent (*sunitinib*)	YES	✓	∞
Susvimo	YES	✓	
Syfovre	YES		
Sylvant	YES	✓	
Symdeko	YES	✓	
Symfi/Lo *(efavirenz/lamivudine/ tenofovir disoproxil fumarate)*	NO	✓	
Symtuza	NO	✓	
Synagis	YES	✓	
Syprine *(trientine)*	NO	✓	∞
Tabrecta	YES	✓	
tacrolimus	NO	✓	
*tadalafil 20mg (*Adcirca 20mg*)*	YES	✓	
Tadliq	YES	✓	
Tafinlar	YES	✓	
Tagrisso	YES	✓	
Takhzyro	YES	✓	
Talzenna	YES	✓	
Taltz	YES	✓	♦
Talvey	YES		
Targretin	YES	✓	∞
Tarpeyo	YES		

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NALC Health Benefit Plan Specialty Drug List

Medication Name	Prior Approval Required (SGM)┼	Medication Obtained through CVS Specialty *	Step Therapy ∞ ♦
Tascenso ODT	YES		
Tasigna	YES	✓	∞
tasimelteon (Hetlioz)	YES	✓	
Tavalisse	YES		
Tavneos	YES		
Tazverik	YES		
Tecentriq/Hybreza	YES	✓	
Tecfidera	YES	✓	∞
Tecvayli	YES		
Tegsedi	YES		
Temixys	NO	✓	
Temodar	YES	✓	∞
temozolomide	YES	✓	
temsirolimus	YES	✓	
tenofovir disoproxil fumate	NO	✓	
Tepadina	NO	✓	
Tepezza	YES	✓	
Tepmetko	YES		
teriflunomide (Aubagio)	YES	✓	
teriparatide	YES	✓	
tetrabenazine	YES	✓	
Tevimbra	YES		
Tezspire	YES	✓	
Thalomid	YES	✓	
Thiola/EC	YES		∞
thiotepa	NO		
Thyrogen	NO	✓	
Tibsovo	YES		
Tikosyn	NO		∞
tiopronin/DR (Thiola/EC)	YES	✓	
Tivdak	YES	✓	
Tivicay	NO	✓	
Tobi	YES	✓	∞
Tobi Podhaler	YES	✓	∞
tobramycin inh soln	YES	✓	

NALC Health Benefit Plan Specialty Drug List

Medication Name	Prior Approval Required (SGM)┼	Medication Obtained through CVS Specialty *	Step Therapy ∞ ♦
Tofidence	YES	✓	
tolvaptan (Samsca)	YES	✓	
Torisel	YES	✓	∞
Torpenz (everolimus)	YES		
Tracleer	YES	✓	∞
Trazimera	YES	✓	
Treanda	YES	✓	
Trelstar	YES	✓	∞
Tremfya	YES	✓	
treprostinil	YES	✓	
Tretten	YES	✓	
trientine (Clovique, Syprine)	NO	✓	
Trikafta	YES	✓	
Triptodur	YES		
Triumeq/PD	NO	✓	
Trizivir	NO	✓	
Trodelvy	YES		
Trogarzo	NO	✓	
Truqap	YES		
Truseltiq	YES	✓	
Truvada (*emtricitabine/tenofovir disoproxil fumarate)*	NO	✓	∞
Truxima	YES	✓	∞
Tryngolza	YES		
Tukysa	YES		
Turalio	YES		
Tybost	NO	✓	
Tyenne	YES	✓	♦
Tykerb *(lapatinib)*	YES	✓	∞
Tymlos	YES	✓	
Tyruko	YES	✓	
Tysabri	YES	✓	
Tyvaso	YES	✓	
Tzield	YES		
Udenyca	YES	✓	∞
Ultomiris	YES	✓	

NALC Health Benefit Plan Specialty Drug List

PSHB

Medication Name	Prior Approval Required (SGM)┼	Medication Obtained through CVS Specialty *	Step Therapy ∞ ♦
Unituxin	NO		
Unloxcyt	YES		
Uplinza	YES	✓ (available through Coram)	
Uptravi	YES	✓	
Ustekinumab-aauz	YES	✓	♦
Ustekinumab-aekn	YES	✓	♦
Ustekinumab-ttwe	YES	✓	♦
Vabrinty	YES		
Vabysmo	YES	✓	
Vafseo	YES		
Valchlor	YES		
valrubicin	NO	✓	
Valstar	NO	✓	
Vanflyta	YES		
Vanrafia	YES		
Varithena	NO		
Varizig	NO	✓	
Vectibix	YES	✓	
Vegzelma	YES	✓	
Velcade	YES	✓	
Veletri	YES	✓	
Velsipity	YES	✓	
Vemlidy	NO	✓	
Venclexta	YES		
Ventavis	YES	✓	
Venxxiva (tiopronin)	YES		
Veopoz	YES		
Verzenio	YES	✓	
Vidaza	YES	✓	
Videx	NO	✓	
Videx EC	NO	✓	
Viekira Pak	YES	✓	♦
Vigabatrin	YES	✓	
vigadrone	YES		
Vigafyde	YES		

Medication Name	Prior Approval Required (SGM)┼	Medication Obtained through CVS Specialty *	Step Therapy ∞ ♦
vigpoder	YES		
Vijoice	YES		
Viltepso	YES		
Vimizim	YES	✓	
Viracept	NO	✓	∞
Viramune	NO	✓	
Viramune XR	NO	✓	
Viread	NO	✓	
Vistogard	NO		
Visudyne	YES	✓	
Vitrakvi	YES	✓	
Vivimusta	YES	✓	
Vizimpro	YES	✓	
Vocabria	NO		
Vonjo	YES		
Vonvendi	YES	✓	
Voranigo	YES		
Voraxaze	NO		
Vosevi	YES	✓	
Votrient *(pazopanib)*	YES	✓	∞
Vowst	YES		
Voxzogo	YES	✓	
Voydeya	YES		
Voyxact	YES		
VPRIV	YES	✓	
Vumerity	YES	✓	
Vyalev	YES	✓	
Vyjuvek	YES	✓	
Vykat XR	YES		
Vyndama	YES	✓	
Vyndaqel	YES	✓	
Vyndamax	YES	✓	
Vyondys 53	YES		
Vyvgart	YES	✓	
Vyloy	YES		

PSHB

NALC Health Benefit Plan Specialty Drug List

Medication Name	Prior Approval Required (SGM)┼	Medication Obtained through CVS Specialty *	Step Therapy ∞ ♦
Vyxeos	NO	✓	
Wainua	YES		
Wakix	YES	✓	
Wayrilz	YES		
Welireg	YES		
Wezlana	YES	✓	♦
Wilate	YES	✓	
Winrevair	YES	✓	
WinRho SDF	NO	✓	
Wyost	YES	✓	
Xalkori	YES	✓	
Xdemvy	YES	✓	
Xeljanz	YES	✓	♦
Xeljanz XR	YES	✓	♦
Xeloda	YES	✓	
Xembify	YES	✓	
Xenazine	YES	✓	∞
Xenpozyme	YES	✓	
Xermelo	YES		
Xgeva	YES	✓	
Xiaflex	YES	✓	
Xipere	YES		
Xofigo	NO		
Xolair	YES	✓	
Xolremdi	YES		
Xospata	YES	✓	
Xpovio	YES		
Xtandi	YES	✓	
Xtrenbo	YES	✓	
Xuriden	NO		
Xyntha	YES	✓	
Xyrem	YES		∞
Xywav	YES		
Yartemlea	YES		
Yervoy	YES	✓	

NALC Health Benefit Plan Specialty Drug List

Medication Name	Prior Approval Required (SGM)┼	Medication Obtained through CVS Specialty *	Step Therapy ∞ ♦
Yesintek	YES	✓	♦
Yimmugo	YES	✓	
Yondelis	NO	✓	
Yonsa	YES	✓	
Yorvipath	YES		
Yuflyma	YES	✓	♦
Yusimry	YES	✓	♦
Yutiq	NO	✓	
Zaltrap	YES	✓	
Zarxio	YES	✓	∞
Zavesca	YES		∞
Zejula	YES	✓	
Zelboraf	YES	✓	
Zemaira	YES	✓	∞
Zepatier	YES	✓	♦
Zeposia	YES	✓	
Zepzelca	YES	✓	
Zevalin	NO		
Ziagen	NO	✓	
zidovudine	NO	✓	
Ziextenzo	YES	✓	∞
Ziihera	YES	✓	
Zilbrysq	YES		
Zirabev	YES	✓	
Zokinvy	YES		
Zoladex	YES	✓	∞
zoledronic acid	YES	✓	
Zolinza	YES	✓	
Zomacton	YES	✓	
Zortress	NO	✓	
Ztalmy	YES		
Zulresso	YES	✓	
Zurzuvae	YES	✓	
Zycubo	YES		
Zydelig	YES	✓	∞

Medication Name	Prior Approval Required (SGM)┼	Medication Obtained through CVS Specialty *	Step Therapy ∞ ♦
Zykadia	YES	✓	
Zymfentra	YES	✓	
Zynlonta	YES		
Zynyz	YES	✓	
Zytiga	YES	✓	∞