

ENHANCED SPECIALTY PHARMACY CARVE-OUT FORMULARY

Ankylosing Spondylitis	Enbrel
	Humira
	*Cosentyx (Cimzia)
	(Simponi)
Crohn's Disease	Humira
	Stelara
	*Cimzia
Juvenile Idiopathic Arthritis	Humira
	Enbrel
	*Actemra
	*Orencia
Plaque Psoriasis	Enbrel
	Humira
	Oteza
	Stelara
	*Cosentyx^
	*Tremfya^
	(Siliq) (Taltz)
Psoriatic Arthritis	Enbrel
	Humira
	Oteza
	Stelara
	*Cosentyx (Taltz)
	(Cimzia)
	(Simponi)
	(Orencia)
Rheumatoid Arthritis	Enbrel
	Humira
	*Xeljanz (Actemra)
	(Cimzia)
	(Kevzara)
	(Kineret)
	(Orencia)
	(Olumiant)
	(Simponi)
	Humira
*Xeljanz	
Blood Cell Deficiency	Aranesp

Growth Hormones	Norditropin
Hepatitis C	Epclusa
	Harvoni
	Mavyret
	Sovaldi
	Vosevi
High Blood Cholesterol	Praluent
	Repatha
Infertility	Endometrin
	Follistim Aq
Multiple Sclerosis	Aubagio
	Avonex
	Capaxone 20MG
	Capaxone 40MG
	Gilenya
	Plegridy
	Tecfidera

BOLD – Preferred

*Second Line - All second line agents require trial and failure of two preferred agents. If only one agent is preferred, then trial and failure of one preferred agent is required.

^ Trial and failure of Humira only

() Third Line - All third line agents require trial and failure of all Preferred and second line agents before coverage is allowed