



2018

UMWA Health & Retirement Funds

Specialty Preferred Product Program Drug List

The Funds has a Specialty Preferred Product Program in ten specialty drug classes. These classes are Ankylosing Spondylitis, Crohn's Disease, Plaque Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, Autoimmune - All Other Conditions, Growth Hormones, Hepatitis C and Multiple Sclerosis. The preferred drugs in these classes are available to the beneficiary at the standard copay. If a non-preferred drug within these classes is selected, the prescriber will be asked to consider a preferred drug to be used before the non-preferred drug will be covered. Additional classes may be added in the future. If you have questions, please call CVS Caremark® Customer Care at 1-800-294-4741. The current Specialty Preferred Product Program Drug List is as follows:

Drug Class	Preferred (standard copay)	Non-Preferred *
Ankylosing Spondylitis	Cosentyx (secukinumab) Enbrel (etanercept) Humira (adalimumab)	Cimzia (certolizumab) Simponi (golimumab)
Crohn's Disease	Humira (adalimumab) Cimzia (certolizumab) [after failure of Humira]	Entyvio (vedolizumab) Stelara (ustekinumab)
Plaque Psoriasis	Humira (adalimumab) Stelara Subcutaneous (ustekinumab) [after failure of Humira] Taltz (ixekizumab) [after failure of Humira]	Cosentyx (secukinumab) Enbrel (etanercept) Otezla (apremilast) Siliq (brodalumab) Tremfya (guselkumab)
Psoriatic Arthritis	Cosentyx (secukinumab) Enbrel (etanercept) Humira (adalimumab) Otezla (apremilast)	Cimzia (certolizumab) Orencia Clickject (abatacept) Orencia Intravenous (abatacept) Orencia Subcutaneous (abatacept) Simponi (golimumab) Stelara (ustekinumab)
Rheumatoid Arthritis	Enbrel (etanercept) Humira (adalimumab) Kevzara (sarilumab) Orencia Clickject (abatacept) Orencia Subcutaneous (abatacept)	Actemra (tocilizumab) Cimzia (certolizumab pegol) Kineret (anakinra) Orencia Intravenous (abatacept) Simponi (golimumab) Xeljanz (tofacitinib) Xeljanz XR (tofacitinib extended-release)
Ulcerative Colitis	Humira (adalimumab) Simponi (golimumab) [after failure of Humira]	Entyvio (vedolizumab)
Autoimmune - All Other Conditions	Enbrel (etanercept) Humira (adalimumab)	Actemra (tocilizumab) Kineret (anakinra) Orencia Clickject (abatacept) Orencia Intravenous (abatacept) Orencia Subcutaneous (abatacept)
Growth Hormones	Humatrope (somatropin) Norditropin (somatropin)	Genotropin (somatropin) Nutropin AQ (somatropin) Omnitrope (somatropin) Saizen (somatropin) Zomacton (somatropin)

Drug Class	Preferred (standard copay)	Non-Preferred *
Hepatitis C	Epclusa (sofosbuvir/velpatasvir) [genotypes 1, 2, 3, 4, 5, 6] Harvoni (ledipasvir/sofosbuvir) [genotypes 1, 4, 5, 6] Vosevi (sofosbuvir/velpatasvir/voxilaprevir)**	Daklinza (daclatasvir) Mavyret (glecaprevir/pibrentasvir) Olysio (simeprevir) Sovaldi (sofosbuvir) Technivie (ombitasvir/paritaprevir/ritonavir) Viekira Pak (ombitasvir/paritaprevir/ritonavir with dasabuvir) Viekira XR (dasabuvir/ombitasvir/paritaprevir/ ritonavir extended-release) Zepatier (elbasvir/grazoprevir)
Multiple Sclerosis	generic glatiramer 20 mg/mL Aubagio (teriflunomide) Betaseron (interferon beta-1b) Copaxone (glatiramer) 40 mg/mL Gilenya (fingolimod) Rebif (interferon beta-1a) Tecfidera (dimethyl fumarate delayed-release)	Copaxone (glatiramer) 20 mg/mL Extavia (interferon beta-1b) Zinbryta (daclizumab)

* Use preferred products before non-preferred products.

** Vosevi for use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

All medications contained in this list are subject to coverage based on FDA-approved maximum dosage(s).

For more information about The Funds' Drug Benefit, go to <http://www.umwafunds.org>

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