



2017

Effective 01/01/2017

UMWA Health & Retirement Funds

Specialty Preferred Product Program

Drug List

The Funds has a Specialty Preferred Product Program in five specialty drug classes. These classes are AutoImmune - Psoriasis, AutoImmune - All Other Conditions (including Rheumatoid Arthritis, Psoriatic Arthritis, Crohn's Disease, etc.), 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 *
AutoImmune - Psoriasis	Humira (adalimumab) Stelara (ustekinumab) [after failure of Humira] Taltz (ixekizumab) [after failure of Humira]	Cosentyx (secukinumab) Enbrel (etanercept) Otezla (apremilast) Remicade (infliximab)
AutoImmune - All Other Conditions (Rheumatoid Arthritis, Psoriatic Arthritis, Crohn's Disease, etc.)	Enbrel (etanercept) Humira (adalimumab)	Actemra (tocilizumab) Cimzia (certolizumab pegol) Cosentyx (secukinumab) Entyvio (vedolizumab) Kineret (anakinra) Orencia (abatacept) Otezla (apremilast) Remicade (infliximab) Simponi (golimumab) Simponi ARIA (golimumab intravenous) Stelara (ustekinumab) Taltz (ixekizumab) Xeljanz (tofacitinib) Xeljanz XR (tofacitinib extended-release)
Growth Hormones	Humatrope (somatropin) Norditropin (somatropin)	Genotropin (somatropin) Nutropin AQ (somatropin) Omnitrope (somatropin) Saizen (somatropin) Zomacton (somatropin)
Hepatitis C	Epclusa (sofosbuvir/velpatasvir) [genotypes 2, 3] Harvoni (ledipasvir/sofosbuvir) [genotypes 1, 4, 5, 6]	Daklinza (daclatasvir) 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)	Avonex (interferon beta-1a) Copaxone (glatiramer) 20 mg/mL Extavia (interferon beta-1b) Plegridy (peginterferon beta-1a) Zinbryta (daclizumab)

* Use preferred products before non-preferred products.

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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15750-010117