



2020

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) Inflectra (infliximab-dyyb) Renflexis (infliximab-abda) Simponi (golimumab) Taltz (ixekizumab) |
| Crohn's Disease | Humira (adalimumab) Stelara Subcutaneous (ustekinumab) [after failure of Humira] | Cimzia (certolizumab) Entyvio (vedolizumab) Inflectra (infliximab-dyyb) Renflexis (infliximab-abda) Stelara Intravenous (ustekinumab) |
| Plaque Psoriasis | Humira (adalimumab) Otezla (apremilast) Skyrizi (risankizumab-rzaa) Stelara Subcutaneous (ustekinumab) Taltz (ixekizumab) Tremfya (guselkumab) | Cimzia (certolizumab) Cosentyx (secukinumab) Enbrel (etanercept) Inflectra (infliximab-dyyb) Renflexis (infliximab-abda) Siliq (brodalumab) |
| Psoriatic Arthritis | Cosentyx (secukinumab) Enbrel (etanercept) Humira (adalimumab) Otezla (apremilast) | Cimzia (certolizumab) Inflectra (infliximab-dyyb) Orencia Clickject (abatacept) Orencia Intravenous (abatacept) Orencia Subcutaneous (abatacept) Renflexis (infliximab-abda) Simponi (golimumab) Stelara Subcutaneous (ustekinumab) Taltz (ixekizumab) Xeljanz (tofacitinib) Xeljanz XR (tofacitinib extended-release) |

| Drug Class | Preferred (standard copay) | Non-Preferred * |
|--|--|--|
| Rheumatoid Arthritis | Enbrel (etanercept) Humira (adalimumab) Orencia Clickject (abatacept) Orencia Subcutaneous (abatacept) Rinvoq (upadacitinib) Xeljanz (tofacitinib) Xeljanz XR (tofacitinib extended-release) | Actemra (tocilizumab) Cimzia (certolizumab pegol) Inflectra (infliximab-dyyb) Kineret (anakinra) Olumiant (baricitinib) Orencia Intravenous (abatacept) Renflexis (infliximab-abda) Simponi (golimumab) |
| Ulcerative Colitis | Humira (adalimumab) Stelara Subcutaneous (ustekinumab) [after failure of Humira] Xeljanz (tofacitinib) [after failure of Humira] Xeljanz XR (tofacitinib extended-release) [after failure of Humira] | Entyvio (vedolizumab) Inflectra (infliximab-dyyb) Renflexis (infliximab-abda) Simponi (golimumab) |
| Autoimmune - All Other Conditions | Enbrel (etanercept) Humira (adalimumab) | Actemra (tocilizumab) Inflectra (infliximab-dyyb) Kineret (anakinra) Orencia Clickject (abatacept) Orencia Intravenous (abatacept) Orencia Subcutaneous (abatacept) Renflexis (infliximab-abda) |
| Growth Hormones | Humatrope (somatropin) | Genotropin (somatropin) Norditropin (somatropin) Nutropin AQ (somatropin) Omnitrope (somatropin) Saizen (somatropin) Zomacton (somatropin) |
| Hepatitis C | Epclusa (sofosbuvir/velpatasvir) [genotypes 1, 2, 3, 4, 5, 6] Harvoni (ledipasvir/sofosbuvir) [genotypes 1, 4, 5, 6] Vosevi (sofosbuvir/velpatasvir/voxilaprevir)** | Mavyret (glecaprevir/pibrentasvir) Viekira Pak (ombitasvir/paritaprevir/ ritonavir with dasabuvir) Zepatier (elbasvir/grazoprevir) |
| Multiple Sclerosis | Aubagio (teriflunomide) Betaseron (interferon beta-1b) Copaxone (glatiramer) generic glatiramer generic glatiramer - Glatopa Gilenya (fingolimod) Mayzent (siponimod) Rebif (interferon beta-1a) Tecfidera (dimethyl fumarate delayed-release) Tysabri (natalizumab) Vumerity (diroximel fumarate delayed-rel) | Avonex (interferon beta-1a) Extavia (interferon beta-1b) Lemtrada (alemtuzumab) Mavenclad (cladribine) Plegridy (peginterferon beta-1a) |

* 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 <https://www.umwafunds.org>

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