



**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)
Ulcerative Colitis	Humira
	*Xeljanz
Blood Cell Deficiency	Aranesp



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

**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