



SPECIALTY PHARMACY CARVE-OUT FORMULARY

Arthritis/Psoriasis	
ACTEMRA	NON PREFERRED
CIMZIA	NON PREFERRED
COSENTYX	NON PREFERRED
ENBREL	PREFERRED
HUMIRA *	PREFERRED
ILARIS	NON PREFERRED
KINERET	NON PREFERRED
ORENCIA	NON PREFERRED
OTEZLA	NON PREFERRED
STELARA	NON PREFERRED
TALTZ	NON PREFERRED
XELJANZ	NON PREFERRED
Blood Cell Deficiency	
ARANESP	PREFERRED
EPOGEN	NON PREFERRED
GRANIX	NON PREFERRED
LEUKINE	NON PREFERRED
MIRCERA	NON PREFERRED
MOZOBIL	NON PREFERRED
NEULASTA	NON PREFERRED
NEUPOGEN	NON PREFERRED
NPLATE	NON PREFERRED
PROCRIT	NON PREFERRED
PROMACTA	NON PREFERRED
Growth Hormones	
EGRIFTA	NON PREFERRED
GENOTROPIN	NON PREFERRED
HUMATROPE	NON PREFERRED
NORDITROPIN	PREFERRED
NUTROPIN AQ	NON PREFERRED
OMNITROPE	NON PREFERRED
SAIZEN	NON PREFERRED
SEROSTIM	NON PREFERRED
ZOMACTON	NON PREFERRED

ZORBTIVE	NON PREFERRED
Hepatitis C	
DAKLINZA (Harvoni/Solvadi Preferred depending on HCV Genotype)	NON PREFERRED
EPCLUSA	PREFERRED
HARVONI *	PREFERRED
INTRON A	NON PREFERRED
MAVYRET	PREFERRED
OLYSIO	NON PREFERRED
PEGASYS	NON PREFERRED
PEG-INTRON	NON PREFERRED
ribavirin (Copegus, Moderiba, Rebetol, Ribapak, Ribasphere)	NON PREFERRED
SOVALDI **	PREFERRED
TECHNIVIE (Harvoni/Solvadi Preferred)	NON PREFERRED
VIEKIRA PAK/VIEKIRA XR (Harvoni Preferred)	NON PREFERRED
VOSEVI	PREFERRED
ZEPATIER	NON PREFERRED
High Blood Cholesterol	
PRALUENT	PREFERRED
REPATHA	PREFERRED
Infertility	
BRAVELLE	NON PREFERRED
CETROTIDE	NON PREFERRED
CRINONE	NON PREFERRED
ENDOMETRIN	PREFERRED
FOLLISTIM AQ	PREFERRED
Multiple Sclerosis	
AUBAGIO	PREFERRED
AVONEX	PREFERRED
BETASERON	NON PREFERRED
COPAXONE 20MG	PREFERRED
COPAXONE 40MG	PREFERRED
GILENYA	PREFERRED
PLEGRIDY	PREFERRED
TECFIDERA	PREFERRED

BOLD = Preferred Agent

*** Self Administered Only**

**** Prior Authorization Required**