

Drug Name	Indications ¹				Route	Manufacturer
	Atopic Dermatitis	Hidradenitis Suppurativa	Psoriasis	Psoriatic Arthritis		
Cimzia ® (certolizumab)			▪	▪	Subcutaneous	UCB
Cosentyx ® (secukinumab)			▪	▪	Subcutaneous	Novartis
Dupixent ® (dupilumab)	▪				Subcutaneous	Regeneron
Enbrel ® (etanercept) for psoriasis patients 4+ years			▪	▪	Subcutaneous	Amgen
Humira ® (adalimumab)		▪	▪	▪	Subcutaneous	Abbvie
Ilumya ™ (tildrakizumab-asmn)			▪		Subcutaneous	Merck & Co., INC
Orencia ® (abatacept)				▪	Subcutaneous IV	Bristol-Myers Squibb
Otezla ® (apremilast)			▪	▪	Oral	Celgene
Siliq ™ (brodalumab)			▪		Subcutaneous	Valeant
Simponi ® (golimumab)				▪	Subcutaneous	Janssen
Stelara ® (ustekinumab) for psoriasis patients 12+ years			▪	▪	Subcutaneous	Janssen
Taltz ® (ixekizumab)			▪	▪	Subcutaneous	Lilly
Tremfya ® (guselkumab)			▪		Subcutaneous	Janssen
Xeljanz ® / Xeljanz ® XR (tofacitinib)				▪	Oral	Pfizer

1. Medications listed are prescribed for adults, unless otherwise indicated.

QUESTIONS?

Reach out to your single point of contact or call **877.977.9118**.

DOWNLOAD OUR FORMS AT
diplomatpharmacy.com/enrollment