



## Specialty Medications

Our specialty pharmacy partner is here to support you with the care and medications you need every step of the way. The list of medications provided below includes those medication that are part of our Specialty Patient Care Program.

If you are approved to start or are already taking a specialty medication on this list you can sign up for the Specialty Patient Care Program to receive complimentary treatment support:

- A Patient Care Specialist will reach out to you to coordinate support.
- Reimbursement specialists, clinical pharmacists, dietitians and other care support professionals are available as appropriate to meet your needs.
- Shipments of your medication will be scheduled to be delivered to your door at a time that works for you.

### How do I get my Specialty Patient Care Program Started?

Call (206) 413-9371 to connect with our Specialty Patient Care Program delivered by our Specialty Pharmacy partner.



### Approval Requirements for Specialty Medications

All specialty medications require a prior authorization review by Prescriptive before these medications can be dispensed and your Specialty Patient Care Program can get started. Only a written approval will guarantee coverage of medications requiring prior authorization.

### How Do I Get a Prior Authorization Review Started?

To initiate prior authorization, your health care provider needs to initiate the request by downloading and filling out the Prior Authorization Request Form found at [www.prescriptive.com/prescriber](http://www.prescriptive.com/prescriber).

Your prior authorization review will be initiated once the form is faxed into our secure system.



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## Specialty Medication Reference List

Below is a list of specialty medications covered by your plan after a prior authorization review. Quantity limits may also apply. This list is intended only as a guide to coverage. We encourage you to talk to your doctor about all of your treatment options.

Your benefit plan may have a different co-pay or co-insurance coverage for specialty medications. To learn more about your benefit plan coverage, check your specific plan documents available by logging in to your member portal at [www.prescriptive.com/member](http://www.prescriptive.com/member).

**Please note:** Pharmacy products and services covered by a plan member’s benefit plan may change from time to time. Some products and services may not be covered under a specific member’s plan design. The information provided here is for general information purposes only and does not guarantee coverage. Some pharmacy products and services require prior authorization before they are covered. Only a written prior authorization approval will guarantee coverage for such products and services. To ensure coverage, members should reference their specific plan documents at [www.prescriptive.com](http://www.prescriptive.com) or contact Prescriptive Member Services at the phone number on their Member ID card.

Medication	Status
Abiraterone Acetate	Non-Preferred
Actemra	Non-Preferred
<b><i>Adefovir Dipivoxil</i></b>	<b><i>Generic Preferred</i></b>
<b>Adempas</b>	<b>Preferred</b>
<b>Afinitor</b>	<b>Preferred</b>
<b>Aimovig</b>	<b>Preferred</b>
Ajovy	Non-Preferred
<b>Alecensa</b>	<b>Preferred</b>
<b>Alferon N</b>	<b>Preferred</b>
<b>Alunbrig</b>	<b>Preferred</b>
<b><i>Ambrisentan</i></b>	<b><i>Generic Preferred</i></b>
<b>Apokyn</b>	<b>Preferred</b>
<b>Aranesp</b>	<b>Preferred</b>
<b>Arcalyst</b>	<b>Preferred</b>
<b>Arikayce</b>	<b>Preferred</b>
Arixtra	Non-Preferred
Aubagio	Non-Preferred
<b>Auryxia</b>	<b>Preferred</b>
<b>Austedo</b>	<b>Preferred</b>
<b>Avonex Pen</b>	<b>Preferred</b>



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Medication	Status
<b>Ayvakit</b>	<b>Preferred</b>
<b>Balversa</b>	<b>Preferred</b>
<b>Benlysta</b>	<b>Preferred</b>
Betaseron	Non-Preferred
Bethkis	Non-Preferred
<b><i>Bexarotene</i></b>	<b><i>Generic Preferred</i></b>
<b><i>Bosentan</i></b>	<b><i>Generic Preferred</i></b>
<b>Bosulif</b>	<b>Preferred</b>
<b>Braftovi</b>	<b>Preferred</b>
<b>Brukinsa</b>	<b>Preferred</b>
Buphenyl	Non-Preferred
<b>Cabometyx</b>	<b>Preferred</b>
<b>Calquence</b>	<b>Preferred</b>
<b>Caprelsa</b>	<b>Preferred</b>
<b>Carbaglu</b>	<b>Preferred</b>
<b>Cayston</b>	<b>Preferred</b>
<b>Cerdelga</b>	<b>Preferred</b>
<b>Chemet</b>	<b>Preferred</b>
<b>Chenodal</b>	<b>Preferred</b>
<b>Cholbam</b>	<b>Preferred</b>
Cimzia	Non-Preferred
<b><i>Clovique</i></b>	<b><i>Generic Preferred</i></b>
<b>Cometriq</b>	<b>Preferred</b>
<b>Copiktra</b>	<b>Preferred</b>
<b>Cosentyx</b>	<b>Preferred</b>
<b>Cotellic</b>	<b>Preferred</b>
<b>Crysvita</b>	<b>Preferred</b>
Cuprimine	Non-Preferred
<b>Cystadane</b>	<b>Preferred</b>
<b>Cystagon</b>	<b>Preferred</b>
<b>Cystaran</b>	<b>Preferred</b>
<b>Daraprim</b>	<b>Preferred</b>
<b>Daurismo</b>	<b>Preferred</b>
<b><i>Deferasirox</i></b>	<b><i>Generic Preferred</i></b>
<b>Demser</b>	<b>Preferred</b>



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Medication	Status
Depen Titratabs	Non-Preferred
<b>Doptelet</b>	<b>Preferred</b>
<b>Dupixent</b>	<b>Preferred</b>
Egrifta	Non-Preferred
<b>Elmiron</b>	<b>Preferred</b>
<b>Emcyt</b>	<b>Preferred</b>
<b>Emflaza</b>	<b>Preferred</b>
<b>Emgality</b>	<b>Preferred</b>
<b>Enbrel</b>	<b>Preferred</b>
<b>Endari</b>	<b>Preferred</b>
<b><i>Enoxaparin Sodium</i></b>	<b><i>Generic Preferred</i></b>
Epclusa	Non-Preferred
<b>Epidiolex</b>	<b>Preferred</b>
<b>Epogen</b>	<b>Preferred</b>
<b>Erivedge</b>	<b>Preferred</b>
<b>Erleada</b>	<b>Preferred</b>
<b><i>Erlotinib HCl</i></b>	<b><i>Generic Preferred</i></b>
<b>Esbriet</b>	<b>Preferred</b>
<b><i>Etoposide</i></b>	<b><i>Generic Preferred</i></b>
<b>Evenity</b>	<b>Preferred</b>
<b><i>Everolimus</i></b>	<b><i>Generic Preferred</i></b>
Evzio	Non-Preferred
Exjade	Non-Preferred
Extavia	Non-Preferred
<b>Farydak</b>	<b>Preferred</b>
<b>Fasenra</b>	<b>Preferred</b>
<b>Ferriprox</b>	<b>Preferred</b>
Firazyr	Non-Preferred
Firdapse	Non-Preferred
<b><i>Fondaparinux Sodium</i></b>	<b><i>Generic Preferred</i></b>
<b>Forteo</b>	<b>Preferred</b>
Fragmin	Non-Preferred
<b>Fulphila</b>	<b>Preferred</b>
<b>Galafold</b>	<b>Preferred</b>
<b>Gattex</b>	<b>Preferred</b>



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Medication	Status
Genotropin	Non-Preferred
<b>Gilenya</b>	<b>Preferred</b>
<b>Gilotrif</b>	<b>Preferred</b>
<b><i>Glatiramer Acetate</i></b>	<b><i>Generic Preferred</i></b>
<b><i>Glatopa</i></b>	<b><i>Generic Preferred</i></b>
<b>Granix</b>	<b>Preferred</b>
<b>Haegarda</b>	<b>Preferred</b>
Harvoni	Non-Preferred
<b>Hemlibra</b>	<b>Preferred</b>
Hepsera	Non-Preferred
Humatrope	Non-Preferred
<b>Humira</b>	<b>Preferred</b>
<b>Hycamtin</b>	<b>Preferred</b>
<b>Ibrance</b>	<b>Preferred</b>
<b><i>Icatibant Acetate</i></b>	<b><i>Generic Preferred</i></b>
<b>Iclusig</b>	<b>Preferred</b>
<b>IDHIFA</b>	<b>Preferred</b>
<b>Ilaris</b>	<b>Preferred</b>
Ilumya	Non-Preferred
<b><i>Imatinib Mesylate</i></b>	<b><i>Generic Preferred</i></b>
<b>Imbruvica</b>	<b>Preferred</b>
<b>Inbrija</b>	<b>Preferred</b>
<b>Increlex</b>	<b>Preferred</b>
<b>Ingrezza</b>	<b>Preferred</b>
<b>Inlyta</b>	<b>Preferred</b>
<b>Inrebic</b>	<b>Preferred</b>
<b>Intron A</b>	<b>Preferred</b>
<b>Iressa</b>	<b>Preferred</b>
Jadenu	Non-Preferred
<b>Jadenu Sprinkle</b>	<b>Preferred</b>
<b>Jakafi</b>	<b>Preferred</b>
<b>Juxtapid</b>	<b>Preferred</b>
<b>Jynarque</b>	<b>Preferred</b>
<b>Kalbitor</b>	<b>Preferred</b>
<b>Kalydeco</b>	<b>Preferred</b>



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Medication	Status
<b>Keveyis</b>	<b>Preferred</b>
Kevzara	Non-Preferred
Kineret	Non-Preferred
<b>Kisqali</b>	<b>Preferred</b>
<b>Kisqali Femara</b>	<b>Preferred</b>
<b><i>Kitabis (Tobramycin)</i></b>	<b><i>Generic Preferred</i></b>
<b>Korlym</b>	<b>Preferred</b>
<b>Kuvan</b>	<b>Preferred</b>
<b>Ledipasvir-Sofosbuvir</b>	<b>Preferred</b>
<b>Lenvima</b>	<b>Preferred</b>
Letairis	Non-Preferred
Leukine	Non-Preferred
<b>Lokelma</b>	<b>Preferred</b>
<b>Lonsurf</b>	<b>Preferred</b>
<b>Lorbrena</b>	<b>Preferred</b>
Lotronex	Non-Preferred
<b>Lucemyra</b>	<b>Preferred</b>
<b>Lynparza</b>	<b>Preferred</b>
<b>Lysodren</b>	<b>Preferred</b>
<b>Makena</b>	<b>Preferred</b>
<b>Matulane</b>	<b>Preferred</b>
<b>Mavenclad</b>	<b>Preferred</b>
<b>Mavyret</b>	<b>Preferred</b>
<b>Mayzent</b>	<b>Preferred</b>
<b>Mekinist</b>	<b>Preferred</b>
<b>Mektovi</b>	<b>Preferred</b>
<b>Mesnex</b>	<b>Preferred</b>
<b><i>Miglustat</i></b>	<b><i>Generic Preferred</i></b>
<b>Mircera</b>	<b>Preferred</b>
<b>Movantik</b>	<b>Preferred</b>
<b>Mozobil</b>	<b>Preferred</b>
<b>Mulpleta</b>	<b>Preferred</b>
<b>Myalept</b>	<b>Preferred</b>
<b>Natpara</b>	<b>Preferred</b>
<b>Nerlynx</b>	<b>Preferred</b>



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Medication	Status
Neulasta	Non-Preferred
Neupogen	Non-Preferred
<b>NexAVAR</b>	<b>Preferred</b>
<b>Ninlaro</b>	<b>Preferred</b>
<b><i>Nitisinone</i></b>	<b><i>Generic Preferred</i></b>
<b>Nityr</b>	<b>Preferred</b>
<b>Nivestym</b>	<b>Preferred</b>
<b>Norditropin FlexPro</b>	<b>Preferred</b>
<b>Northera</b>	<b>Preferred</b>
<b>Nourianz</b>	<b>Preferred</b>
<b>Noxafil</b>	<b>Preferred</b>
<b>Nplate</b>	<b>Preferred</b>
<b>Nubeqa</b>	<b>Preferred</b>
<b>Nucala</b>	<b>Preferred</b>
<b>Nuedexta</b>	<b>Preferred</b>
<b>Nuplazid</b>	<b>Preferred</b>
Nutropin AQ	Non-Preferred
<b>Ocaliva</b>	<b>Preferred</b>
<b><i>Octreotide Acetate</i></b>	<b><i>Generic Preferred</i></b>
<b>Odomzo</b>	<b>Preferred</b>
<b>Ofev</b>	<b>Preferred</b>
Olumiant	Non-Preferred
Omnitrope	Non-Preferred
<b>Opsumit</b>	<b>Preferred</b>
Orencia	Non-Preferred
<b>Orenitram</b>	<b>Preferred</b>
<b>Orfadin</b>	<b>Preferred</b>
<b>Orilissa</b>	<b>Preferred</b>
<b>Orkambi</b>	<b>Preferred</b>
<b>Otezla</b>	<b>Preferred</b>
<b>Oxbryta</b>	<b>Preferred</b>
<b>Palynziq</b>	<b>Preferred</b>
<b>Panretin</b>	<b>Preferred</b>
<b>Pegasys</b>	<b>Preferred</b>
<b>PegIntron</b>	<b>Preferred</b>



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Medication	Status
<b>PenicillAMINE</b>	<b>Generic Preferred</b>
<b>Phenoxybenzamine HCl</b>	<b>Generic Preferred</b>
<b>Picato</b>	<b>Preferred</b>
<b>Piqray</b>	<b>Preferred</b>
<b>Plegridy</b>	<b>Preferred</b>
<b>Pomalyst</b>	<b>Preferred</b>
<b>Posaconazole</b>	<b>Generic Preferred</b>
<b>Praluent</b>	<b>Preferred</b>
<b>Procrit</b>	<b>Preferred</b>
<b>Procysbi</b>	<b>Preferred</b>
<b>Prolia</b>	<b>Preferred</b>
<b>Promacta</b>	<b>Preferred</b>
<b>Pulmozyme</b>	<b>Preferred</b>
<b>Ravicti</b>	<b>Preferred</b>
<b>Rayaldee</b>	<b>Preferred</b>
Rayos	Non-Preferred
<b>Rebif</b>	<b>Preferred</b>
<b>Reblozyl</b>	<b>Preferred</b>
Relistor	Non-Preferred
Renagel	Non-Preferred
<b>Repatha</b>	<b>Preferred</b>
<b>Retacrit</b>	<b>Preferred</b>
<b>Revlimid</b>	<b>Preferred</b>
<b>Ribavirin</b>	<b>Generic Preferred</b>
<b>Rinvoq</b>	<b>Preferred</b>
<b>Rozlytrek</b>	<b>Preferred</b>
<b>Rubraca</b>	<b>Preferred</b>
<b>Ruzurgi</b>	<b>Preferred</b>
<b>Rydapt</b>	<b>Preferred</b>
Saizen	Non-Preferred
<b>Samsca</b>	<b>Preferred</b>
<b>Sancuso</b>	<b>Preferred</b>
Serostim	Non-Preferred
<b>Sevelamer HCl</b>	<b>Generic Preferred</b>
<b>Siklos</b>	<b>Preferred</b>





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Medication	Status
Siliq	Non-Preferred
Simponi	Non-Preferred
<b>Sirturo</b>	<b>Preferred</b>
<b>Skyrizi</b>	<b>Preferred</b>
<b><i>Sodium Phenylbutyrate</i></b>	<b><i>Generic Preferred</i></b>
<b>Sofosbuvir-Velpatasvir</b>	<b>Preferred</b>
<b>Somavert</b>	<b>Preferred</b>
<b>Soriatane</b>	<b>Preferred</b>
Sovaldi	Non-Preferred
Sprix	Non-Preferred
<b>Sprycel</b>	<b>Preferred</b>
Stelara	Non-Preferred
<b>Stivarga</b>	<b>Preferred</b>
<b>Strensiq</b>	<b>Preferred</b>
<b>Sucraid</b>	<b>Preferred</b>
<b>Sutent</b>	<b>Preferred</b>
<b>Sylatron</b>	<b>Preferred</b>
<b>Symdeko</b>	<b>Preferred</b>
<b>Synarel</b>	<b>Preferred</b>
<b>Synribo</b>	<b>Preferred</b>
Syprine	Non-Preferred
<b>Tafinlar</b>	<b>Preferred</b>
<b>Tagrisso</b>	<b>Preferred</b>
<b>Takhzyro</b>	<b>Preferred</b>
Taltz	Non-Preferred
<b>Talzenna</b>	<b>Preferred</b>
Tarceva	Non-Preferred
<b>Targretin</b>	<b>Preferred</b>
<b>Tasigna</b>	<b>Preferred</b>
<b>Tavalisse</b>	<b>Preferred</b>
<b>Tecfidera</b>	<b>Preferred</b>
<b>Tegsedi</b>	<b>Preferred</b>
<b><i>Tetrabenazine</i></b>	<b><i>Generic Preferred</i></b>
<b>Thalomid</b>	<b>Preferred</b>
<b>Thiola</b>	<b>Preferred</b>



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Medication	Status
<b>Thiola EC</b>	<b>Preferred</b>
<b>Tibsovo</b>	<b>Preferred</b>
<b>Tiglutik</b>	<b>Preferred</b>
Tobi	Non-Preferred
<b>Tobi Podhaler</b>	<b>Preferred</b>
<b><i>Tobramycin</i></b>	<b><i>Generic Preferred</i></b>
<b>Tremfya</b>	<b>Preferred</b>
<b><i>Tretinoin</i></b>	<b><i>Generic Preferred</i></b>
<b><i>Trientine HCl</i></b>	<b><i>Generic Preferred</i></b>
<b>Trikafta</b>	<b>Preferred</b>
<b>Turalio</b>	<b>Preferred</b>
<b>Tykerb</b>	<b>Preferred</b>
<b>Tymlos</b>	<b>Preferred</b>
<b>Tyvaso</b>	<b>Preferred</b>
<b>Udenyca</b>	<b>Preferred</b>
<b>Uptravi</b>	<b>Preferred</b>
<b>Valchlor</b>	<b>Preferred</b>
<b>Vecamyl</b>	<b>Preferred</b>
<b>Velphoro</b>	<b>Preferred</b>
<b>Veltassa</b>	<b>Preferred</b>
<b>Venclexta</b>	<b>Preferred</b>
<b>Ventavis</b>	<b>Preferred</b>
Verzenio	Non-Preferred
<b>Viberzi</b>	<b>Preferred</b>
Viekira Pak	Non-Preferred
Virazole	Non-Preferred
<b>Vitrakvi</b>	<b>Preferred</b>
<b>Vizimpro</b>	<b>Preferred</b>
<b>Vosevi</b>	<b>Preferred</b>
<b>Votrient</b>	<b>Preferred</b>
Vumerity	Non-Preferred
<b>Vyndamax</b>	<b>Preferred</b>
<b>Vyndaqel</b>	<b>Preferred</b>
Wakix	Non-Preferred
<b>Xadago</b>	<b>Preferred</b>



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Medication	Status
<b>Xalkori</b>	<b>Preferred</b>
<b>Xeljanz, XR</b>	<b>Preferred</b>
<b>Xenleta</b>	<b>Preferred</b>
<b>Xermelo</b>	<b>Preferred</b>
<b>Xgeva</b>	<b>Preferred</b>
<b>Xolair</b>	<b>Preferred</b>
<b>Xospata</b>	<b>Preferred</b>
<b>Xpovio</b>	<b>Preferred</b>
<b>Xtandi</b>	<b>Preferred</b>
<b>Xuriden</b>	<b>Preferred</b>
<b>Xyrem</b>	<b>Preferred</b>
Yonsa	Non-Preferred
<b>Zarxio</b>	<b>Preferred</b>
Zavesca	Non-Preferred
<b>Zejula</b>	<b>Preferred</b>
<b>Zelapar</b>	<b>Preferred</b>
<b>Zelboraf</b>	<b>Preferred</b>
Zepatier	Non-Preferred
<b>Ziextenzo</b>	<b>Preferred</b>
<b>Zileuton ER</b>	<b>Generic Preferred</b>
<b>Zolinza</b>	<b>Preferred</b>
Zomacton	Non-Preferred
Zorbtive	Non-Preferred
<b>Zydelig</b>	<b>Preferred</b>
Zyflo	Non-Preferred
<b>Zykadia</b>	<b>Preferred</b>
<b>Zytiga</b>	<b>Preferred</b>