



SPECIALTY MEDICATIONS

Effective July 1, 2021

Specialty medications are treated differently because they require special handling and often are associated with more complex dosing or need extra treatment support, and are typically more expensive.

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.



Note: Some specialty medications are only available through a small number of pharmacies. If the medication you need cannot be provided through Amber Pharmacy, an Amber Pharmacy Patient Care Specialty will assist in transferring the prescription to the correct specialty pharmacy.

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.

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



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 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.

Tier Level	Description
Generic Specialty Medications	Generic drugs are listed in bolded italics .
Preferred Specialty Medications	Preferred brand drugs are listed in bold .
Non-preferred Specialty Medications	Non-preferred drugs are listed without bold.
* (asterisk following a drug name)	Indicates drug not available through Amber Pharmacy. Amber will assist in transferring the prescription to an in-network pharmacy provider.

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 or contact Prescriptive Member Services at the phone number on their member ID card.

Medication	Status	Medication	Status
abiraterone	Generic Preferred	Apokyn *	Preferred
Actemra	Non-Preferred	Aranesp	Preferred
adefovir dipivoxil	Generic Preferred	Arcalyst *	Preferred
Adempas *	Preferred	Arikayce	Preferred
Afinitor	Preferred	Aubagio *	Preferred
Alecensa	Preferred	Auryxia	Preferred
Alferon N	Preferred	Austedo	Preferred
Alunbrig *	Preferred	Auvi-Q	Non-Preferred
ambrisentan *	Generic Preferred	Avonex	Preferred
Anadrol-50	Preferred	Ayvakit	Preferred

Medication	Status
Bafiertam *	Non-Preferred
Balversa *	Preferred
Benlysta	Non-Preferred
Betaseron	Non-Preferred
bexarotene	Generic Preferred
bosentan	Generic Preferred
Bosulif *	Preferred
Braftovi *	Preferred
Brukinsa *	Preferred
Bynfezia	Non-Preferred
Cabometyx *	Preferred
Calquence *	Preferred
Caprelsa	Preferred
Carbaglu *	Preferred
Cayston *	Preferred
Cerdelga *	Preferred
Chemet	Preferred
Chenodal	Preferred
Cholbam	Preferred
Cimzia	Non-Preferred
Clovique	Generic Preferred
Cometriq	Preferred
Copiktra *	Preferred
Cosentyx	Preferred
Cotellic	Preferred
Cresemba	Preferred
Crysvita *	Preferred
Cystadane	Non-Preferred
Cystadrops	Preferred
Cystagon	Preferred
Cystaran *	Preferred
Daklinza	Non-Preferred
Daurismo *	Preferred
Deferasirox	Generic Preferred
deferiprone *	Generic Preferred
dimethyl fumarate	Generic Preferred
Dojolvi *	Preferred
Doptelet *	Preferred
D-penamamine	Preferred

Medication	Status
droxidopa	Generic Preferred
Dupixent	Preferred
Egrifta, SV *	Preferred
Elmiron	Preferred
Emcyt	Preferred
Emflaza	Preferred
Empaveli	Preferred
Enbrel	Preferred
Endari *	Preferred
Enspryng	Preferred
Epclusa	Non-Preferred
Epidiolex	Preferred
Epogen	Preferred
Erivedge	Preferred
Erleada	Preferred
erlotinib	Generic Preferred
Esbriet *	Preferred
etoposide	Generic Preferred
Evenity *	Preferred
Evrysdi *	Preferred
Evzio	Non-Preferred
Exjade	Generic Preferred
Exservan	Preferred
Extavia	Non-Preferred
Farydak	Preferred
Fasenra	Non-Preferred
Ferriprox	Preferred
Firdapse *	Non-Preferred
Forteo	Preferred
Fotivda	Preferred
Fulphila	Preferred
Galafold *	Preferred
Gattex *	Preferred
Gavreto	Preferred
Genotropin	Non-Preferred
Gilenya	Preferred
Gilotrif *	Preferred
Gimoti	Preferred
glatiramer	Generic Preferred

Medication	Status
Glatopa	Generic Preferred
Granix	Preferred
Haegarda *	Preferred
Harvoni	Non-Preferred
Hemlibra	Preferred
Hepsera	Generic Preferred
Humatrope	Non-Preferred
Humira	Preferred
Hycamtin	Preferred
hydroxyprogesterone caproate	Generic Preferred
Ibrance *	Preferred
icatibant	Generic Preferred
Iclusig	Preferred
Idhifa *	Preferred
Ilaris *	Preferred
Ilumya	Non-Preferred
Imbruvica *	Preferred
Imcivree	Preferred
Inbrija *	Preferred
Increlex *	Preferred
Ingrezza	Preferred
Inlyta *	Preferred
Inqovi *	Preferred
Inrebic	Preferred
Intron A	Preferred
Iressa *	Preferred
Isturisa *	Preferred
Jakafi	Preferred
Juxtapid *	Preferred
Jynarque *	Preferred
Kalydeco *	Preferred
Kesimpta	Non-Preferred
Keveyis	Preferred
Kevzara	Non-Preferred
Kineret	Non-Preferred
Kisqali	Preferred
Kitabis *	Generic Preferred
Korlym	Preferred

Medication	Status
Koselugo *	Preferred
Kynmobi *	Preferred
lapatinib	Generic Preferred
ledipasvir-sofosbuvir	Preferred
Lenvima	Preferred
Letairis *	Generic Preferred
Leukine	Non-Preferred
Lokelma	Preferred
Lonsurf *	Preferred
Lorbrena *	Preferred
Lucemyra	Preferred
Lumakras	Preferred
Lupkynis	Preferred
Lynparza *	Preferred
Lysodren	Preferred
Makena	Preferred
Matulane *	Preferred
Mavenclad	Preferred
Mavyret	Preferred
Mayzent	Preferred
Mekinist	Preferred
Mektovi *	Preferred
Mesnex	Preferred
metyrosine	Generic Preferred
miglustat	Generic Preferred
Mircera	Preferred
Movantik	Preferred
Mozobil	Preferred
Mulpleta	Preferred
Myalept *	Preferred
Mycapssa	Preferred
Myfembree	Preferred
Natpara *	Preferred
Nerlynx *	Preferred
Neulasta	Non-Preferred
Neupogen	Non-Preferred
Nexavar *	Preferred
Ninlaro	Preferred
nitisinone	Generic Preferred

Medication	Status
Nityr *	Preferred
Nivestym	Preferred
Norditropin	Preferred
Northera *	<i>Generic Preferred</i>
Nourianz *	Preferred
Noxafil	Preferred
Nplate	Preferred
Nubeqa *	Preferred
Nucala	Preferred
Nuedexta	Preferred
Nuplazid *	Preferred
Nutropin AQ	Non-Preferred
Nyvepria	Preferred
Ocaliva *	Preferred
octreotide	<i>Generic Preferred</i>
Odomzo	Preferred
Ofev *	Preferred
Olumiant	Non-Preferred
Omnitrope	Non-Preferred
Onureg	Preferred
Opsumit *	Preferred
Orencia	Non-Preferred
Orenitram *	Preferred
Orfadin	Preferred
Orgovyx	Preferred
Oriahnn	Preferred
Orilissa	Preferred
Orkambi *	Preferred
Orladeyo	Preferred
Otezla	Preferred
Oxbryta *	Preferred
Oxervate *	Preferred
Palforzia *	Preferred
Palynziq	Preferred
Panretin *	Preferred
Pegasys	Preferred
Pegintron	Preferred
Pemazyre *	Preferred
penicillamine	<i>Generic Preferred</i>

Medication	Status
pentosan polysulfate sodium	Preferred
phenoxybenzamine	<i>Generic Preferred</i>
Picato	Preferred
Piqray	Preferred
Plegridy	Preferred
Pomalyst	Preferred
Ponvory *	Non-Preferred
posaconazole	<i>Generic Preferred</i>
Praluent	Preferred
Prevymis	Preferred
Procrit	Preferred
Procysbi *	Preferred
Prolia	Preferred
Promacta	Preferred
Pulmozyme	Preferred
pyrimethamine	<i>Generic Preferred</i>
Qinlock	Preferred
Ravicti *	Preferred
Rayaldee	Preferred
Rayos	Non-Preferred
Rebif	Preferred
Reblozyl *	Preferred
Relistor	Non-Preferred
Repatha	Preferred
Retacrit	Preferred
Retevmo *	Preferred
Revlimid	Preferred
Rinvoq	Preferred
Rozlytrek	Preferred
Rubraca *	Preferred
Ruzurgi *	Preferred
Rydapt	Preferred
Saizen	Non-Preferred
Sancuso	Preferred
sapropterin	<i>Generic Preferred</i>
Saxenda	Preferred
Serostim	Non-Preferred
Signifor *	Non-Preferred

Medication	Status
Siklos *	Preferred
Siliq	Non-Preferred
Simponi	Non-Preferred
Sirturo	Preferred
Skyrizi	Preferred
sodium phenylbutyrate	Generic Preferred
sofosbuvir-velpatasvir	Preferred
Somavert *	Preferred
Sovaldi	Non-Preferred
Sprycel	Preferred
Stelara	Non-Preferred
Stivarga *	Preferred
Strensiq	Preferred
Sucraid	Preferred
Sutent *	Preferred
Symdeko *	Preferred
Synarel	Preferred
Synribo	Preferred
Tabrecta	Preferred
Tafinlar	Preferred
Tagrisso *	Preferred
Takhzyro *	Preferred
Taltz	Preferred
Talzenna *	Preferred
Targretin	Generic Preferred
Tasigna	Preferred
Tavalisse *	Preferred
Tazverik	Preferred
Tegsedi *	Preferred
Tepmetko	Preferred
teriparatide	Preferred
tetrabenazine	Generic Preferred
Tev-Tropin	Non-Preferred
Thalomid	Preferred
Thiola EC	Preferred
Tibsovo *	Preferred
Tiglutik *	Preferred
tiopronin	Generic Preferred
Tobi, Podhaler	Preferred

Medication	Status
tolvaptan	Generic Preferred
Tracleer *	Generic Preferred
Tremfya	Preferred
trientine	Generic Preferred
Trikafta *	Preferred
Truseltiq	Preferred
Tukysa	Preferred
Turalio	Preferred
Tymlos	Preferred
Tyvaso *	Preferred
Udenyca	Preferred
Ukoniq	Preferred
Uptravi *	Preferred
Valchlor *	Preferred
Vecamyl	Preferred
Velphoro	Preferred
Veltassa	Preferred
Venclexta *	Preferred
Ventavis *	Preferred
Verzenio *	Non-Preferred
Viberzi	Preferred
Viekira pak	Non-Preferred
Vitrakvi	Preferred
Vizimpro *	Preferred
Vosevi	Preferred
Votrient	Preferred
vumerity	Preferred
Vyndamax *	Preferred
Vyndaqel *	Preferred
Wakix *	Non-Preferred
Wegovy	Preferred
Xadago	Preferred
Xalkori *	Preferred
Xeljanz, XR	Preferred
Xenleta *	Preferred
Xermelo *	Preferred
Xgeva	Preferred
Xolair	Preferred
Xospata	Preferred

Medication	Status
Xpovio	Preferred
Xtandi	Preferred
Xuriden	Preferred
Xyrem *	Preferred
Xywav *	Preferred
Yonsa	Non-Preferred
Zarxio	Preferred
Zejula *	Preferred
Zelapar	Preferred
Zelboraf	Preferred
Zepatier	Non-Preferred

Medication	Status
Zeposia *	Non-Preferred
Ziextenzo	Preferred
zileuton ER	Generic Preferred
Zokinvy	Preferred
Zolinza	Preferred
Zomacton	Non-Preferred
Zorbtive	Non-Preferred
Zydelig *	Preferred
Zyflo	Non-Preferred
Zykadia	Preferred