



## SPECIALTY MEDICATIONS

Effective October 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](http://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](http://www.prescriptive.com/member).

Tier Level	Description
<b>Generic Specialty Medications</b>	Generic drugs are listed in <b>bolded italics</b> .
<b>Preferred Specialty Medications</b>	Preferred brand drugs are listed in <b>bold</b> .
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](http://www.prescriptive.com) or contact Prescriptive Member Services at the phone number on their member ID card.

Medication	Status	Medication	Status
abiraterone	<b>Generic Preferred</b>	Alunbrig*	Preferred
<b>abiraterone</b>	<b>Generic Preferred</b>	<b>ambrisentan*</b>	<b>Generic Preferred</b>
Actemra	Non-Preferred	Anadrol-50	Preferred
<b>adefovir dipivoxil</b>	<b>Generic Preferred</b>	Apokyn*	Preferred
<b>Adempas*</b>	Preferred	Aranesp	Preferred
Afinitor	Preferred	Arcalyst*	Preferred
Alecensa	Preferred	Arikayce	Preferred
Alferon N	Preferred	Aubagio*	Preferred

Medication	Status
Auryxia	Preferred
Austedo	Preferred
Auvi-Q	Non-Preferred
Avonex	Preferred
Ayvakit	Preferred
Bafiertam*	Non-Preferred
Balversa*	Preferred
Benlysta	Preferred
Betaseron	Non-Preferred
<i>bexarotene</i>	<i>Generic Preferred</i>
<i>Bosentan</i>	<i>Generic Preferred</i>
Bosulif*	Preferred
Braftovi*	Preferred
Bronchitol*	Preferred
Brukinsa*	Preferred
Bylvay*	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
<i>Clovique</i>	<i>Generic Preferred</i>
Cometriq*	Preferred
Copiktra*	Preferred
Cosentyx	Preferred
Cotellic	Preferred
Cresemba	Preferred
Crysvita*	Preferred
Cystadane	Preferred

Medication	Status
Cystadrops*	Preferred
Cystagon	Preferred
Cystaran*	Preferred
Daklinza	Non-Preferred
Daurismo*	Preferred
<i>deferasirox</i>	<i>Generic Preferred</i>
<i>deferiprone*</i>	<i>Generic Preferred</i>
<i>dimethyl fumarate</i>	<i>Generic Preferred</i>
Dojolvi*	Preferred
Doptelet*	Preferred
<i>droxidopa*</i>	<i>Generic Preferred</i>
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
<i>erlotinib</i>	<i>Generic Preferred</i>
Esbriet*	Preferred
<i>etoposide</i>	<i>Generic Preferred</i>
Evenity*	Preferred
Evrysdi*	Preferred
Evzio	Non-Preferred
Exkivity	Preferred
Exservan	Preferred
Extavia	Non-Preferred
Farydak	Preferred

Medication	Status
Fasenra	Preferred
Ferriprox	Preferred
Fintepla	Preferred
Firdapse*	Non-Preferred
Forteo	Preferred
Fotivda	Preferred
Fulphila	Preferred
Galafold*	Preferred
Gattex*	Preferred
Gavreto*	Preferred
Genotropin	Preferred
Gilenya	Preferred
Gilotrif*	Preferred
Gimoti	Non-Preferred
<i>glatiramer</i>	<i>Generic Preferred</i>
<i>Glatopa</i>	<i>Generic Preferred</i>
Granix	Preferred
Haegarda*	Preferred
Harvoni	Non-Preferred
Hemlibra	Preferred
Humatrope	Preferred
Humira	Preferred
Hycamtin	Preferred
<i>hydroxyprogesterone caproate</i>	<i>Generic Preferred</i>
Ibrance*	Preferred
<i>icatibant</i>	<i>Generic Preferred</i>
Iclusig	Preferred
Idhifa*	Preferred
Ilaris*	Preferred
Ilumya	Non-Preferred
Imbruvica*	Preferred
Imcivree	Preferred
Inbrija*	Preferred
Increlex*	Preferred

Medication	Status
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
Kisqali Femara	Preferred
<i>Kitabis *</i>	<i>Generic Preferred</i>
Korlym	Preferred
Koselugo*	Preferred
Kynmobi*	Preferred
<i>lapatinib</i>	<i>Generic Preferred</i>
ledipasvir-sofosbuvir	Preferred
Lenvima*	Preferred
Leukine	Non-Preferred
Lokelma	Preferred
Lonsurf*	Preferred
Lorbrena*	Preferred
Lucemyra	Preferred
Lumakras*	Preferred
Lupkynis	Preferred
Lynparza*	Preferred
Lysodren	Preferred
Makena	Preferred
Matulane*	Preferred

Medication	Status
Mavenclad*	Preferred
Mavyret	Preferred
Mayzent	Preferred
Mekinist	Preferred
Mektovi*	Preferred
Mesnex	Preferred
<i>miglustat</i>	<i>Generic Preferred</i>
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
<i>nitisinone</i>	<i>Generic Preferred</i>
Nityr*	Preferred
Nivestym	Preferred
Norditropin	Non-Preferred
Nourianz*	Preferred
Noxafil	Preferred
Nplate	Preferred
Nubeqa*	Preferred
Nucala	Preferred
Nuedexta	Preferred
Nuplazid*	Preferred
Nutropin AQ	Non-Preferred
Nyvepria	Preferred
Ocaliva*	Preferred
<i>octreotide</i>	<i>Generic Preferred</i>

Medication	Status
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
Palyngiq	Preferred
Panretin*	Preferred
Pegasys	Preferred
Pegintron	Preferred
Pemazyre*	Preferred
<i>penicillamine</i>	<i>Generic Preferred</i>
pentosan polysulfate sodium	Preferred
<i>phenoxybenzamine</i>	<i>Generic Preferred</i>
Picato	Preferred
Piqray	Preferred
Plegridy	Preferred
Pomalyst	Preferred
Ponvory*	Non-Preferred
<i>posaconazole</i>	<i>Generic Preferred</i>
Praluent	Preferred
Procrit	Preferred

Medication	Status
Procysbi*	Preferred
Prolia	Preferred
Promacta	Preferred
Pulmozyme	Preferred
<i>pyrimethamine</i>	<i>Generic Preferred</i>
Qinlock	Preferred
Ravicti*	Preferred
Royaldee	Preferred
Rayos	Non-Preferred
Rebif	Preferred
Reblozyl*	Preferred
Relistor	Non-Preferred
Repatha	Preferred
Retacrit	Preferred
Retevmo*	Preferred
Revlimid	Preferred
Rezurock	Preferred
Rinvoq	Preferred
Rozlytrek	Preferred
Rubraca*	Preferred
Ruzurgi*	Preferred
Rydapt	Preferred
Saizen	Non-Preferred
<i>sajazir</i>	<i>Generic Preferred</i>
Sancuso	Preferred
<i>sapropterin</i>	<i>Generic Preferred</i>
Saxenda	Preferred
Serostim	Non-Preferred
<i>sevelamer hcl</i>	<i>Generic Preferred</i>
Signifor*	Non-Preferred
Siklos*	Preferred
Siliq	Non-Preferred
Simponi	Non-Preferred
Sirturo	Preferred
Skyrizi	Preferred

Medication	Status
<i>sodium phenylbutyrate</i>	<i>Generic Preferred</i>
sofosbuvir-velpatasvir	Preferred
Somavert*	Preferred
Soriatane	Preferred
Sovaldi	Non-Preferred
Sprycel	Preferred
Stelara	Non-Preferred
Stivarga*	Preferred
Strensiq	Preferred
Sucraid	Preferred
<i>sunitinib</i>	<i>Generic Preferred</i>
Symdeko*	Preferred
Synarel	Preferred
Synribo	Preferred
Tabrecta	Preferred
Tafinlar	Preferred
Tagrisso*	Preferred
Takhzyro*	Preferred
Taltz	Preferred
Talzenna*	Preferred
Targretin	Preferred
Tasigna	Preferred
Tavalisse*	Preferred
Tazverik	Preferred
Tegsedi*	Preferred
Tepmetko	Preferred
teriparatide	Preferred
<i>tetrabenazine</i>	<i>Generic Preferred</i>
Tev-tropin	Non-Preferred
Thalomid	Preferred
Thiola EC	Preferred
Tibsovo*	Preferred
Tiglutik*	Preferred
<i>tiopronin</i>	<i>Generic Preferred</i>
Tobi Podhaler	Preferred

Medication	Status
<i>tolvaptan</i>	<i>Generic Preferred</i>
Tremfya	Preferred
<i>trientine</i>	<i>Generic Preferred</i>
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	Non-Preferred
Vitrakvi*	Preferred
Vizimpro*	Preferred
Vosevi	Preferred
Votrient	Preferred
Vumerity	Preferred
Vyndamax*	Preferred
Vyndaqel*	Preferred
Wakix*	Non-Preferred
Wegovy	Preferred

Medication	Status
Welireg	Preferred
Xadago	Preferred
Xalkori*	Preferred
Xeljanz, XR	Preferred
Xenleta*	Preferred
Xermelo*	Preferred
Xgeva	Preferred
Xolair	Preferred
Xospata	Preferred
Xpovio	Preferred
Xtandi	Preferred
Xuriden	Preferred
Xyrem*	Preferred
Xywav*	Preferred
Yonsa	Non-Preferred
Zarxio	Preferred
Zejula*	Preferred
Zelapar	Preferred
Zelboraf	Preferred
Zepatier	Non-Preferred
Zeposia*	Non-Preferred
Ziextenzo	Preferred
<i>zileuton ER</i>	<i>Generic Preferred</i>
Zokinvy	Preferred
Zolinza	Preferred
Zomacton	Non-Preferred
Zorbtive	Non-Preferred
Zydelig*	Preferred
Zyflo	Non-Preferred
zykadia	Preferred