



# SPECIALTY MEDICATIONS

Effective October 1, 2022

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
Actemra	Non-preferred
Adbry	Non-preferred
<b><i>adefovir dipivoxil</i></b>	<b>Generic preferred</b>
<b>Adempas</b>	<b>Preferred</b>
<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>Generic preferred</b>
<b>Anadrol-50</b>	<b>Preferred</b>

Medication	Status
<b><i>apomorphine</i></b>	<b>Generic preferred</b>
<b>Aranesp</b>	<b>Preferred</b>
<b>Arcalyst*</b>	<b>Preferred</b>
<b>Arikayce*</b>	<b>Preferred</b>
<b>Aubagio</b>	<b>Preferred</b>
<b>Auryxia</b>	<b>Preferred</b>
<b>Austedo</b>	<b>Preferred</b>
Auvi-Q	Non-preferred
<b>Avonex</b>	<b>Preferred</b>

Medication	Status
Ayvakit*	Preferred
Bafiertam*	Non-preferred
Balversa	Preferred
Benlysta	Preferred
Besremi	Preferred
<i>betaine*</i>	<i>Generic preferred</i>
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
Camzyos*	Preferred
Caprelsa*	Preferred
<i>carglumic acid</i>	<i>Generic preferred</i>
Cayston*	Preferred
Cerdelga*	Preferred
Chemet	Preferred
Chenodal	Preferred
Cholbam	Preferred
Cibinqo	Non-preferred
Cimzia	Non-preferred
<i>Clovique</i>	<i>Generic preferred</i>
Cometriq*	Preferred
Copiktra*	Preferred
Cosentyx	Preferred
Cotellic	Preferred
Cresemba	Preferred
Crysvita*	Preferred
Cystadrops*	Preferred
Cystagon	Preferred
Cystaran*	Preferred
Daklinza	Non-preferred
<i>deferasirox</i>	<i>Generic preferred</i>
<i>deferiprone</i>	<i>Generic preferred</i>
Diacomit*	Preferred

Medication	Status
<i>dimethyl fumarate</i>	<i>Generic preferred</i>
Dojolvi*	Preferred
Doptelet*	Preferred
D-Penamime*	Non-preferred
Dupixent	Preferred
Egrifta, SV	Preferred
Elmiron	Preferred
Emcyt	Preferred
Emflaza	Preferred
Empaveli*	Preferred
Enbrel	Preferred
Enspryng	Preferred
Epclusa	Non-preferred
Epidiolex	Preferred
Epogen	Preferred
Erivedge	Preferred
Erleada	Preferred
<i>erlotinib</i>	<i>Generic preferred</i>
<i>etoposide</i>	<i>Generic preferred</i>
Evenity	Preferred
evrysdi*	Preferred
Evzio	Non-preferred
Exkivity*	Preferred
Exservan*	Preferred
Extavia	Non-preferred
Farydak	Preferred
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
Granix	Preferred

Medication	Status
<b>Haegarda*</b>	<b>Preferred</b>
Harvoni	Non-preferred
<b>Hemlibra</b>	<b>Preferred</b>
<b>Humatrope</b>	<b>Preferred</b>
<b>Humira</b>	<b>Preferred</b>
<b>Hycamtin</b>	<b>Preferred</b>
<i>hydroxyprogesterone caproate</i>	<i>Generic preferred</i>
Hyftor	Non-preferred
<b>Ibrance*</b>	<b>Preferred</b>
<b>Ibsrela</b>	<b>Preferred</b>
<i>icatibant</i>	<i>Generic preferred</i>
<b>Iclusig*</b>	<b>Preferred</b>
<b>Idhifa*</b>	<b>Preferred</b>
<b>Ilaris*</b>	<b>Preferred</b>
Ilumya	Non-preferred
<b>Imbruvica*</b>	<b>Preferred</b>
<b>Imcivree*</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>Inqovi*</b>	<b>Preferred</b>
<b>Inrebic</b>	<b>Preferred</b>
<b>Intron A</b>	<b>Preferred</b>
<b>Iressa*</b>	<b>Preferred</b>
<b>Isturisa*</b>	<b>Preferred</b>
<b>Jakafi</b>	<b>Preferred</b>
Javygtor	Non-preferred
<b>Juxtapid*</b>	<b>Preferred</b>
<b>Jynarque*</b>	<b>Preferred</b>
<b>Kalydeco*</b>	<b>Preferred</b>
Kesimpta	Non-preferred
<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>
<i>Kitabis *</i>	<i>Generic preferred</i>
<b>Korlym</b>	<b>Preferred</b>
<b>Koselugo*</b>	<b>Preferred</b>
<b>Kynamro</b>	<b>Preferred</b>

Medication	Status
<b>Kynmobi*</b>	<b>Preferred</b>
<i>lapatinib</i>	<i>Generic preferred</i>
ledipasvir-sofosbuvir	Non-preferred
<i>lenalidomide</i>	<i>Generic preferred</i>
<b>Lenvima</b>	<b>Preferred</b>
Leukine	Non-preferred
<b>Livmarli</b>	<b>Preferred</b>
<b>Livtency</b>	<b>Preferred</b>
<b>Lokelma</b>	<b>Preferred</b>
<b>Lonsurf*</b>	<b>Preferred</b>
<b>Lorbrena</b>	<b>Preferred</b>
<b>Lucemyra</b>	<b>Preferred</b>
<b>Lumakras*</b>	<b>Preferred</b>
<b>Lupkynis*</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>Mayzent</b>	<b>Preferred</b>
<b>Mekinist</b>	<b>Preferred</b>
<b>Mektovi*</b>	<b>Preferred</b>
<b>Mesnex</b>	<b>Preferred</b>
<i>metirosine</i>	<i>Generic preferred</i>
<i>miglustat</i>	<i>Generic preferred</i>
<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>Mycapssa</b>	<b>Preferred</b>
<b>Myfembree</b>	<b>Preferred</b>
<b>Myleran</b>	<b>Preferred</b>
<b>Natpara*</b>	<b>Preferred</b>
<b>Nerlynx*</b>	<b>Preferred</b>
Neulasta	Non-preferred
Neupogen	Non-preferred
<b>Ninlaro</b>	<b>Preferred</b>
<i>nitisinone</i>	<i>Generic preferred</i>
<b>Nityr*</b>	<b>Preferred</b>
<b>Nivestym</b>	<b>Preferred</b>

Medication	Status
Norditropin	Non-preferred
<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>Nyvepria</b>	<b>Preferred</b>
<b>Ocaliva*</b>	<b>Preferred</b>
<b>Odomzo</b>	<b>Preferred</b>
<b>Ofev</b>	<b>Preferred</b>
Olumiant	Non-preferred
Omnitrope	Non-preferred
<b>Onureg</b>	<b>Preferred</b>
<b>Opsumit*</b>	<b>Preferred</b>
Opzelura	Non-preferred
Orencia	Non-preferred
<b>Orenitram*</b>	<b>Preferred</b>
<b>Orfadin</b>	<b>Preferred</b>
<b>Orgovyx*</b>	<b>Preferred</b>
<b>Oriahnn</b>	<b>Preferred</b>
<b>Orilissa</b>	<b>Preferred</b>
<b>Orkambi*</b>	<b>Preferred</b>
<b>Orladeyo</b>	<b>Preferred</b>
Otezla	Non-preferred
<b>Oxbryta*</b>	<b>Preferred</b>
<b>Oxervate*</b>	<b>Preferred</b>
<b>Palforzia *</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>
<b>Pemazyre*</b>	<b>Preferred</b>
<b>penicillamine</b>	<b>Generic preferred</b>
Pheburane	Non-preferred
<b>phenoxybenzamine</b>	<b>Generic preferred</b>
<b>phospholine iodide</b>	<b>Preferred</b>
<b>Piqray</b>	<b>Preferred</b>
<b>pirfenidone</b>	<b>Generic preferred</b>

Medication	Status
<b>Plegridy</b>	<b>Preferred</b>
<b>Pomalyst</b>	<b>Preferred</b>
Ponvory*	Non-preferred
<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>pyrimethamine</b>	<b>Generic preferred</b>
<b>Pyrukynd</b>	<b>Preferred</b>
<b>Qinlock*</b>	<b>Preferred</b>
<b>Qulipta</b>	<b>Preferred</b>
<b>Radicava ORS*</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>
<b>Recorlev*</b>	<b>Preferred</b>
<b>Releuko</b>	<b>Preferred</b>
Relistor	Non-preferred
<b>Repatha</b>	<b>Preferred</b>
<b>Retacrit</b>	<b>Preferred</b>
<b>Retevmo*</b>	<b>Preferred</b>
<b>Revlimid</b>	<b>Preferred</b>
<b>Rezurock</b>	<b>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>Sajzir*</b>	<b>Generic preferred</b>
<b>sapropterin</b>	<b>Generic preferred</b>
<b>Saxenda</b>	<b>Preferred</b>
<b>Scemblix</b>	<b>Preferred</b>
Serostim	Non-preferred
<b>sevelamer</b>	<b>Generic preferred</b>
Signifor*	Non-preferred

Medication	Status
<b>Siklos*</b>	<b>Preferred</b>
Siliq	Non-preferred
<b>Sirturo</b>	<b>Preferred</b>
<b>Skyrizi</b>	<b>Preferred</b>
Skytrofa*	Non-preferred
<b>sodium phenylbutyrate</b>	<b>Generic preferred</b>
sofosbuvir-velpatasvir	Non-preferred
<b>Somavert*</b>	<b>Preferred</b>
<b>sorafenib</b>	<b>Generic preferred</b>
<b>Soriatane</b>	<b>Preferred</b>
Sovaldi	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>sunitinib</b>	<b>Generic 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>
<b>Tabrecta</b>	<b>Preferred</b>
<b>Tafinlar</b>	<b>Preferred</b>
<b>Tagrisso*</b>	<b>Preferred</b>
<b>Takhzyro*</b>	<b>Preferred</b>
<b>Taltz</b>	<b>Preferred</b>
<b>Talzenna*</b>	<b>Preferred</b>
<b>Tarpeyo</b>	<b>Preferred</b>
Tascenso ODT	Non-preferred
<b>Tasigna</b>	<b>Preferred</b>
<b>Tavalisse*</b>	<b>Preferred</b>
<b>Tavneos</b>	<b>Preferred</b>
<b>Tazverik*</b>	<b>Preferred</b>
Technivie	Non-preferred
<b>Tegsedi*</b>	<b>Preferred</b>
<b>Tepmetko*</b>	<b>Preferred</b>
<b>teriparatide</b>	<b>Preferred</b>
<b>tetrabenazine</b>	<b>Generic preferred</b>
Tev-Tropin	Non-preferred
Tezspire	Non-preferred
<b>Thalomid</b>	<b>Preferred</b>

Medication	Status
<b>Thiola EC</b>	<b>Preferred</b>
<b>Tibsovo*</b>	<b>Preferred</b>
<b>Tiglutik*</b>	<b>Preferred</b>
<b>tiopronin</b>	<b>Generic preferred</b>
<b>Tobi Podhaler</b>	<b>Preferred</b>
<b>tolvaptan</b>	<b>Generic preferred</b>
<b>Tracleer*</b>	<b>Preferred</b>
<b>Tremfya</b>	<b>Preferred</b>
<b>trientine</b>	<b>Generic preferred</b>
<b>Trikafta*</b>	<b>Preferred</b>
<b>Truseltiq</b>	<b>Preferred</b>
<b>Tukysa*</b>	<b>Preferred</b>
<b>Turalio</b>	<b>Preferred</b>
<b>Tymlos</b>	<b>Preferred</b>
<b>Tyvaso*</b>	<b>Preferred</b>
<b>Udenyca</b>	<b>Preferred</b>
<b>Ukoniq*</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>
Verkazia	Non-preferred
<b>Verzenio*</b>	<b>Preferred</b>
<b>Viberzi</b>	<b>Preferred</b>
Viekira	Non-preferred
Viekira XR	Non-preferred
<b>Vijoice</b>	<b>Preferred</b>
<b>Vitrakvi*</b>	<b>Preferred</b>
Vivjoa	Non-preferred
<b>Vizimpro*</b>	<b>Preferred</b>
<b>Vonjo*</b>	<b>Preferred</b>
Vosevi	Non-preferred
<b>Votrient</b>	<b>Preferred</b>
<b>Voxzogo*</b>	<b>Preferred</b>
<b>Vtama</b>	<b>Preferred</b>
<b>Vumerity</b>	<b>Preferred</b>
<b>Vyndamax*</b>	<b>Preferred</b>
<b>Vyndaqel*</b>	<b>Preferred</b>

Medication	Status
Wakix*	Non-preferred
Wegovy	Preferred
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

Medication	Status
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
Ztalmy	Preferred
Zydelig*	Preferred
Zyflo	Non-preferred
Zykadia	Preferred