

# SPECIALTY MEDICATIONS

**Effective January 1, 2023**

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>Adempas*</b>	<b>Preferred</b>
<b>Alecensa</b>	<b>Preferred</b>
<b>Alferon N</b>	<b>Preferred</b>
<b>Alunbrig*</b>	<b>Preferred</b>
<i>ambrisentan*</i>	<i>Generic preferred</i>
<b>Anadrol-50</b>	<b>Preferred</b>
<i>apomorphine</i>	<i>Generic preferred</i>

Medication	Status
<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>
<b>Ayvakit*</b>	<b>Preferred</b>

Medication	Status
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

Medication	Status
Daurismo	Preferred
<i>deferasirox</i>	<i>Generic preferred</i>
<i>deferiprone</i>	<i>Generic preferred</i>
Diacomit*	Preferred
<i>dimethyl fumarate</i>	<i>Generic preferred</i>
Dojolvi*	Preferred
Doptelet*	Preferred
D-Penamamine*	Non-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
<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
<i> fingolimod</i>	<i>Generic preferred</i>
Fintepla	Preferred
Firdapse*	Non-Preferred

Medication	Status
Forteo	Preferred
Fotivda*	Preferred
Fulphila	Preferred
Furoscix	Preferred
Fynetra	Preferred
Galafold*	Preferred
Gattex*	Preferred
Gavreto*	Preferred
Genotropin	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>
Hyftor*	Non-Preferred
Ibrance*	Preferred
Ibsrela	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
Ingrezza	Preferred
Inlyta*	Preferred

Medication	Status
Inqovi*	Preferred
Inrebic	Preferred
Intron A	Preferred
Iressa*	Preferred
Isturisa*	Preferred
Jakafi	Preferred
Javygtor	Non-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 Pak*</i>	<i>Generic preferred</i>
Korlym	Preferred
Koselugo*	Preferred
Kynamro	Preferred
Kynmobi*	Preferred
<i>Lapatinib</i>	<i>Generic preferred</i>
ledipasvir-sofosbuvir	Non-Preferred
<i>lenalidomide</i>	<i>Generic preferred</i>
Lenvima	Preferred
Leukine	Non-Preferred
Livmarli	Preferred
Livtencity	Preferred
Lokelma	Preferred
Lonsurf*	Preferred
Lorbrena	Preferred
Lucemyra	Preferred
Lumakras*	Preferred
Lupkynis*	Preferred
Lynparza*	Preferred
Lysodren	Preferred

Medication	Status
Lytgobi	Preferred
Makena	Preferred
Matulane*	Preferred
Mavenclad *	Preferred
Mavyret	Preferred
Mayzent	Preferred
Mekinist	Preferred
Mektovi	Preferred
Mesnex	Preferred
<i>metyrosine</i>	<i>Generic preferred</i>
<i>miglustat</i>	<i>Generic preferred</i>
Mircera*	Preferred
Movantik	Preferred
Mozobil	Preferred
Mulpleta	Preferred
Myalept*	Preferred
Mycapssa	Preferred
Myfembree	Preferred
Myleran	Preferred
Natpara*	Preferred
Nerlynx*	Preferred
Neulasta	Non-Preferred
Neupogen	Non-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

Medication	Status
Nyvepria	Preferred
Ocaliva*	Preferred
Odomzo	Preferred
Ofev	Preferred
Olumiant	Non-Preferred
Omnitrope	Non-Preferred
Onureg	Preferred
Opsumit*	Preferred
Opzelura	Non-Preferred
Orencia	Non-Preferred
Orenitram*	Preferred
Orfadin	Preferred
Orgovyx*	Preferred
Oriahnn	Preferred
Orilissa	Preferred
Orkambi*	Preferred
Orladeyo	Preferred
Otezla	Non-Preferred
Oxbryta*	Preferred
Oxervate*	Preferred
Palforzia *	Preferred
Palyngiq	Preferred
Panretin	Preferred
Pegasys	Preferred
Pegintron	Preferred
Pemazyre*	Preferred
<i>penicillamine</i>	<i>Generic preferred</i>
Pheburane	Non-Preferred
<i>phenoxybenzamine</i>	<i>Generic preferred</i>
phospholine iodide	Preferred
Piqray	Preferred
<i>pirfenidone</i>	<i>Generic preferred</i>
Plegridy	Preferred
Pomalyst	Preferred
Ponvory*	Non-Preferred
<i>posaconazole</i>	<i>Generic preferred</i>

Medication	Status
<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>
<i>pyrimethamine</i>	<i>Generic preferred</i>
<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>Relyvrio</b>	<b>Preferred</b>
<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>Rezlidhia</b>	<b>Preferred</b>
<b>Rezurock</b>	<b>Preferred</b>
<b>Rinvoq</b>	<b>Preferred</b>
Rolvedon	Non-Preferred
<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
<i>Sajazir*</i>	<i>Generic preferred</i>
<b>Sancuso</b>	<b>Preferred</b>
<i>sapropterin</i>	<i>Generic preferred</i>

Medication	Status
<b>Saxenda</b>	<b>Preferred</b>
<b>Scemblix</b>	<b>Preferred</b>
Serostim	Non-Preferred
<i>sevelamer</i>	<i>Generic preferred</i>
Signifor*	Non-Preferred
<b>Siklos*</b>	<b>Preferred</b>
Siliq	Non-Preferred
Simponi	Non-Preferred
<b>Sirturo</b>	<b>Preferred</b>
<b>Skyrizi</b>	<b>Preferred</b>
Skytrofa*	Non-Preferred
<i>sodium phenylbutyrate</i>	<i>Generic preferred</i>
sofosbuvir-velpatasvir	Non-Preferred
<b>Somavert*</b>	<b>Preferred</b>
<i>sorafenib</i>	<i>Generic preferred</i>
Sotyktu	Non-Preferred
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>
<i>sunitinib</i>	<i>Generic preferred</i>
<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

Medication	Status
Tasigna	Preferred
Tavneos	Preferred
Tazverik*	Preferred
Tegsedi*	Preferred
Tepmetko*	Preferred
teriparatide	Preferred
<i>tetrabenazine</i>	<i>Generic preferred</i>
Tev-Tropin	Non-Preferred
Tezspire	Non-Preferred
Thalomid	Preferred
Thiola EC	Preferred
Tibsovo*	Preferred
Tiglutik*	Preferred
<i>tiopronin</i>	<i>Generic preferred</i>
Tobi Podhaler	Preferred
<i>tolvaptan</i>	<i>Generic preferred</i>
Tracleer*	Preferred
Tremfya	Preferred
<i>trientine</i>	<i>Generic preferred</i>
Trikafta*	Preferred
Truseltiq	Preferred
Tukysa*	Preferred
Turalio	Preferred
Tymlos	Preferred
Tyvaso*	Preferred
Udenyca	Preferred
Uptravi*	Preferred
Valchlor*	Preferred
Vecamyl	Preferred
Velphoro	Preferred
Veltassa	Preferred
Venclexta*	Preferred
Ventavis*	Preferred
Verkazia	Non-Preferred
Verzenio*	Preferred
Viberzi	Preferred

Medication	Status
Viekira	Non-Preferred
Viekira XR	Non-Preferred
Vioice	Preferred
Vitrakvi*	Preferred
Vivjoa	Non-Preferred
Vizimpro*	Preferred
Vonjo*	Preferred
Vosevi	Non-Preferred
Votrient	Preferred
Voxzogo*	Preferred
Vtama	Preferred
Vumerity	Preferred
Vyndamax*	Preferred
Vyndaqel*	Preferred
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
Zarxio	Preferred
Zejula*	Preferred
Zelapar	Preferred
Zelboraf	Preferred
Zepatier	Non-Preferred

Medication	Status
Zeposia*	Non-Preferred
Ziextenzo	<b>Preferred</b>
<i>zileuton ER</i>	<i>Generic preferred</i>
Zokinvy*	<b>Preferred</b>
Zolinza	<b>Preferred</b>
Zomacton	Non-Preferred

Medication	Status
Zorbtive	Non-Preferred
Ztalmy	<b>Preferred</b>
zydelig*	<b>Preferred</b>
Zyflo	Non-Preferred
Zykadia	<b>Preferred</b>