

# SPECIALTY MEDICATIONS

**Effective January 1, 2024**

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/resources](http://www.prescriptive.com/resources).

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 account at [www.myprescriptive.com](http://www.myprescriptive.com).

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 by contacting **Prescriptive Member Services** at the phone number on their member ID card.

Medication	Status
Abrilada	Non-Preferred
Actemra	Non-Preferred
Adbry	Non-Preferred
<b>Adempas*</b>	<b>Preferred</b>
<b>Akeega</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><i>Generic Preferred</i></b>
Amjevita	Non-Preferred

Medication	Status
<b>Aphexda</b>	<b>Preferred</b>
<b><i>apomorphine</i></b>	<b><i>Generic Preferred</i></b>
<b>Aranesp (albumin free)</b>	<b>Preferred</b>
<b>Arcalyst*</b>	<b>Preferred</b>
<b>Arikayce*</b>	<b>Preferred</b>
<b>Augtyro</b>	<b>Preferred</b>
<b>Auryxia</b>	<b>Preferred</b>
<b>Austedo, XR</b>	<b>Preferred</b>
Auvi-q	Non-Preferred

Medication	Status
Avonex	Preferred
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>
Bimzelx	Non-Preferred
<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
cantharidin	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
Cometriq	Preferred
Copiktra*	Preferred
Cosentyx	Preferred
Cotellic	Preferred
Cresemba	Preferred
Crysvita*	Preferred
Cuvrior*	Preferred
Cyltezo	Non-Preferred
Cystadrops	Preferred
Cystagon	Preferred
Cystaran*	Preferred

Medication	Status
Daurismo	Preferred
Daybue	Preferred
<i>deferasirox</i>	<i>Generic Preferred</i>
<i>deferiprone</i>	<i>Generic Preferred</i>
Diacomit*	Preferred
<i>dichlorphenamide</i>	<i>Generic Preferred</i>
Dojolvi*	Preferred
Doptelet*	Preferred
Dupixent	Preferred
Egrifta	Preferred
Elmiron	Preferred
Emcyt	Preferred
Emflaza	Preferred
Empaveli*	Preferred
Enbrel	Preferred
Endari	Preferred
Enspryng	Preferred
Entyvio	Non-Preferred
Epclusa	Non-Preferred
Epidiolex	Preferred
Epkinly	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
Exkivity*	Preferred
Exservan*	Preferred
Extavia	Non-Preferred
Fabhalta	Preferred
Farydak	Preferred
Fasenra	Preferred
Ferriprox	Preferred
<i> fingolimod</i>	<i>Generic Preferred</i>
Fintepla	Preferred
Firdapse*	Non-Preferred
Fotivda*	Preferred
Fruzaqla	Preferred
Fulphila	Preferred

Medication	Status
Furoscix	Preferred
Fynetra	Preferred
Galafold*	Preferred
Gattex*	Preferred
Gavreto	Preferred
<i>gefitinib</i>	<i>Generic Preferred</i>
Genotropin	Preferred
gilotrif*	Preferred
Gimoti	Non-Preferred
<i>glatiramer</i>	<i>Generic Preferred</i>
<i>Glatopa</i>	<i>Generic Preferred</i>
Granix	Preferred
Hadlima	Preferred
Haegarda*	Preferred
Harvoni	Non-Preferred
Hemlibra	Preferred
Hulio	Non-Preferred
Humatrope	Preferred
Hycamtin	Preferred
<i>hydroxyprogesterone</i>	<i>Generic Preferred</i>
Hyftor*	Non-Preferred
Hyrimoz	Non-Preferred
Ibrance*	Preferred
Ibsrela	Preferred
<i>icatibant</i>	<i>Generic Preferred</i>
Iclusig*	Preferred
Idacio	Non-Preferred
Idhifa*	Preferred
Ilaris*	Preferred
Ilspari	Non-Preferred
Ilumya	Non-Preferred
Imbruvica*	Preferred
Imcivree*	Preferred
Inbrija*	Preferred
Increlex*	Preferred
Ingrezza	Preferred
Inlyta*	Preferred
Inqovi*	Preferred
Inrebic	Preferred
Intron A	Preferred
Isturisa	Preferred

Medication	Status
Iwilfin	Preferred
Jakafi	Preferred
Javygtor*	Non-Preferred
Jaypirca	Preferred
Jesduvroq	Non-Preferred
Joenja*	Preferred
Juxtapid*	Preferred
Jynarque*	Preferred
Kalydeco*	Preferred
Kesimpta	Preferred
Kevzara	Non-Preferred
Kineret	Non-Preferred
Kisqali	Preferred
<i>Kitabis</i>	<i>Generic Preferred</i>
Korlym	Preferred
Koselugo*	Preferred
Krazati	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
Leukeran	Preferred
Leukine	Non-Preferred
Liqrev	Preferred
Litfulo	Preferred
Livmarli	Preferred
Livtencity	Preferred
Lokelma	Preferred
Lonsurf*	Preferred
Lorbrena	Preferred
Lucemyra	Preferred
Lumakras*	Preferred
Lumryz*	Non-Preferred
Lupkynis*	Preferred
Lynparza*	Preferred
Lysodren	Preferred
Lytgobi	Preferred
Makena	Preferred
Matulane*	Preferred

Medication	Status
Mavenclad	Preferred
Mavyret	Preferred
Mayzent	Preferred
Mekinist	Preferred
Mektovi	Preferred
Mesnex	Preferred
<i>metirosine</i>	<i>Generic Preferred</i>
<i>miglustat</i>	<i>Generic Preferred</i>
Mircera*	Preferred
Movantik	Preferred
Mulpleta	Preferred
Myalept*	Preferred
Mycapssa	Preferred
Myfembree	Preferred
Myleran	Preferred
Natpara*	Preferred
Nerlynx*	Preferred
Neulasta	Non-Preferred
Neupogen	Non-Preferred
Ngenla	Non-Preferred
Ninlaro*	Preferred
<i>nitisinone</i>	<i>Generic Preferred</i>
Nityr*	Preferred
Nivestym	Preferred
Norditropin	Non-Preferred
Nourianz*	Preferred
Noxafil	Non-Preferred
Nplate	Preferred
Nubeqa*	Preferred
Nucala	Preferred
Nuedexta	Preferred
Nuplazid*	Preferred
Nyvepria	Preferred
Ocaliva*	Preferred
Odomzo	Preferred
Ofev*	Preferred
Ogsiveo	Preferred
Ojjaara	Preferred
Olpruva	Non-Preferred
Olumiant	Non-Preferred
Omnitrope	Non-Preferred

Medication	Status
Omvoh	Non-Preferred
Onureg	Preferred
Opfolda	Preferred
Opsumit*	Preferred
Opzelura	Non-Preferred
Orencia	Non-Preferred
Orenitram*	Preferred
Orfadin	Preferred
Orgovyx*	Preferred
Oriahnn	Preferred
Orilissa	Preferred
Orkambi*	Preferred
Orladeyo	Preferred
Orserdu	Preferred
Otezla	Non-Preferred
Oxbryta*	Preferred
Oxervate*	Preferred
Palforzia	Preferred
Palynziq	Preferred
Panretin	Preferred
<i>pazopanib</i>	<i>Generic Preferred</i>
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
<i>plerixafor</i>	<i>Generic Preferred</i>
Pomalyst	Preferred
Ponvory*	Non-Preferred
<i>posaconazole</i>	<i>Generic Preferred</i>
Praluent	Preferred
Procrit	Preferred
Procysbi*	Preferred
Prolia	Preferred
Promacta	Preferred
Pulmozyme	Preferred

Medication	Status
<i>pyrimethamine</i>	<b>Generic Preferred</b>
Pyrukynd	<b>Preferred</b>
Qinlock*	<b>Preferred</b>
Qulipta	<b>Preferred</b>
Radicava ORS*	<b>Preferred</b>
Ravicti*	<b>Preferred</b>
Rayaldee	<b>Preferred</b>
Rayos	Non-Preferred
Rebif	<b>Preferred</b>
Reblozyl	<b>Preferred</b>
Recorlev*	<b>Preferred</b>
Releuko	<b>Preferred</b>
Relistor	Non-Preferred
Relyvrio*	<b>Preferred</b>
Repatha	<b>Preferred</b>
Retacrit	<b>Preferred</b>
Retevmo*	<b>Preferred</b>
Revlimid	<b>Preferred</b>
Rezlidhia	<b>Preferred</b>
Rezurock	<b>Preferred</b>
Rinvoq	<b>Preferred</b>
Rolvedon	Non-Preferred
Rozlytrek	<b>Preferred</b>
Rubraca*	<b>Preferred</b>
Ruzurgi	<b>Preferred</b>
Rydapt	<b>Preferred</b>
Saizen	Non-Preferred
<b>Sancuso</b>	<b>Preferred</b>
<i>sapropterin</i>	<b>Generic Preferred</b>
<b>Saxenda</b>	<b>Preferred</b>
<b>Scemblix</b>	<b>Preferred</b>
Serostim	Non-Preferred
Signifor*	Non-Preferred
<b>Siklos*</b>	<b>Preferred</b>
Siliq	Non-Preferred
Simponi	Non-Preferred
<b>Sirturo</b>	<b>Preferred</b>
<b>Skyclarys</b>	<b>Preferred</b>
<b>Skyrizi</b>	<b>Preferred</b>
Skytrofa*	Non-Preferred
<b>sodium oxybate*</b>	<b>Preferred</b>

Medication	Status
<i>sodium phenylbutyrate</i>	<b>Generic Preferred</b>
sofosbuvir-velpatasvir	Non-Preferred
Sogroya	Non-Preferred
<b>Sohonos</b>	<b>Preferred</b>
<b>Somavert*</b>	<b>Preferred</b>
<i>sorafenib</i>	<b>Generic Preferred</b>
Sotyktu	Non-Preferred
Sovaldi	Non-Preferred
<b>Sprycel</b>	<b>Preferred</b>
<b>Stelara</b>	<b>Preferred</b>
<b>Stimufend</b>	<b>Preferred</b>
<b>Stivarga*</b>	<b>Preferred</b>
<b>Strensiq*</b>	<b>Preferred</b>
<b>Sucraid</b>	<b>Preferred</b>
<i>sunitinib</i>	<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>Tabloid</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	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>
<b>Tegsedi*</b>	<b>Preferred</b>
<b>Tepmetko*</b>	<b>Preferred</b>
<i>teriparatide</i>	<b>Generic Preferred</b>
<i>tetrabenazine</i>	<b>Generic Preferred</b>
Tev-tropin	Non-Preferred
<b>Tezspire</b>	<b>Preferred</b>
<b>Thalomid</b>	<b>Preferred</b>
<b>Thiola EC</b>	<b>Preferred</b>
<b>Tibsovo*</b>	<b>Preferred</b>

Medication	Status
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
Truqap	Preferred
Truseltiq	Preferred
Tukysa*	Preferred
Turalio	Preferred
Tymlos	Preferred
Tyvaso*	Preferred
Udenyca	Preferred
Uptravi*	Preferred
Valchlor*	Preferred
Vanflyta	Preferred
Vecamyl	Preferred
Velphoro	Preferred
Velsipity	Non-Preferred
Veltassa	Preferred
Venclexta*	Preferred
Ventavis*	Preferred
Verkazia	Non-Preferred
Verzenio*	Preferred
Viberzi	Preferred
Viekira	Non-Preferred
Viekira xr	Non-Preferred
Vijoice	Preferred
Vitrakvi*	Preferred
Vivjoa	Non-Preferred
Vizimpro*	Preferred
Vonjo*	Preferred
Vosevi	Non-Preferred
Votrient	Preferred
Vowst	Preferred
Voxzogo*	Preferred
Vtama	Preferred
Vumerity	Preferred
Vyndamax*	Preferred

Medication	Status
Vyndaqel*	Preferred
Wainua	Preferred
Wakix*	Non-Preferred
Wegovy	Preferred
Welireg*	Preferred
Xadago	Preferred
Xalkori*	Preferred
Xdemvy	Preferred
Xeljanz, XR	Preferred
Xenleta*	Preferred
Xermelo*	Preferred
Xgeva	Preferred
Xolair	Preferred
Xospata*	Preferred
Xphozah	Non-Preferred
Xpovio	Preferred
Xtandi	Preferred
Xuriden	Preferred
Xyrem*	Preferred
Xywav*	Preferred
<i>Yargesa</i>	<i>Generic Preferred</i>
Yonsa	Non-Preferred
Yuflyma	Non-Preferred
Yusimry	Non-Preferred
Zarxio	Preferred
Zejula*	Preferred
Zelapar	Preferred
Zelboraf	Preferred
Zepatier	Non-Preferred
Zepbound	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
Zurzuvae	Non-Preferred
Zydelig*	Preferred
Zyflo	Non-Preferred

Medication	Status
Zykadia	Preferred