

# SPECIALTY MEDICATIONS

**Effective April 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 partners are 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 Prescriptive Member Services at **(206) 686-9016** who will connect you with our Specialty Patient Care Program delivered by one of our Specialty Pharmacy partners.

## 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.

**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
adalimumab-aacf	Non-Preferred
adalimumab-adaz	Non-Preferred
adalimumab-adbm	Non-Preferred
adalimumab-fkjp	Non-Preferred
Adbry	Non-Preferred
<b>Adempas</b>	<b>Preferred</b>
<b>Agamree</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>

Medication	Status
<b>Alvaiz</b>	<b>Preferred</b>
<b><i>ambrisentan</i></b>	<b><i>Generic Preferred</i></b>
Amjevita	Non-Preferred
<b>Aphexda</b>	<b>Preferred</b>
<b><i>apomorphine</i></b>	<b><i>Generic Preferred</i></b>
<b>Aranesp</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
<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>
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
<i>clovique</i>	<i>Generic Preferred</i>
Cometriq	Preferred
Copiktra	Preferred
Cosentyx	Preferred
Cotellic	Preferred
Cresemba	Preferred
Crysvita	Preferred

Medication	Status
Cuvrior	Preferred
Cyltezo	Non-Preferred
Cystadrops	Preferred
Cystagon	Preferred
Cystaran	Preferred
Daurismo	Preferred
Daybue	Preferred
<i>deferasirox</i>	<i>Generic Preferred</i>
<i>deferiprone</i>	<i>Generic Preferred</i>
<i>deflazacort</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
Eohilia	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

Medication	Status
Exservan	Preferred
Extavia	Non-Preferred
Fabhalta	Preferred
Farydak	Preferred
Fasenra	Preferred
Ferriprox	Preferred
Filspari	Non-Preferred
<i> fingolimod </i>	<i> Generic Preferred </i>
Fintepla	Preferred
Firdapse	Non-Preferred
Fotivda	Preferred
Fruzaqla	Preferred
Fulphila	Preferred
Furoscix	Preferred
Fylnetra	Preferred
Galafold	Preferred
Gattex	Preferred
Gavreto	Preferred
<i> gefitinib </i>	<i> Generic Preferred </i>
Genotropin	Preferred
Gilotrif	Preferred
Gimoti	Non-Preferred
<i> glatiramer acetate </i>	<i> Generic Preferred </i>
<i> glatopa </i>	<i> Generic Preferred </i>
Granix	Preferred
Hadlima	Preferred
Haegarda	Preferred
Harvoni	Non-Preferred
Hemangeol	Preferred
Hemlibra	Preferred
Hulio	Non-Preferred
Humatrope	Preferred
Hycamtin	Preferred
<i> hydroxyprogesterone caproate </i>	<i> Generic Preferred </i>
Hyftor	Non-Preferred
Hyrimoz	Non-Preferred

Medication	Status
Ibrance	Preferred
Ibsrela	Preferred
<i> icatibant </i>	<i> Generic Preferred </i>
Iclusig	Preferred
Idacio	Non-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
Isturisa	Preferred
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
Kisqali Femara	Preferred
<i> Kitabis Pak </i>	<i> Generic Preferred </i>
Koselugo	Preferred
Krazati	Preferred
Kynamro	Preferred

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>
<b>Leukeran</b>	<b>Preferred</b>
Leukine	Non-Preferred
<b>Liqrev</b>	<b>Preferred</b>
<b>Litfulo</b>	<b>Preferred</b>
<b>Livmarli</b>	<b>Preferred</b>
<b>Livtencity</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>
Lumryz	Non-Preferred
<b>Lupkynis</b>	<b>Preferred</b>
<b>Lynparza</b>	<b>Preferred</b>
<b>Lysodren</b>	<b>Preferred</b>
<b>Lytgobi</b>	<b>Preferred</b>
<b>Makena</b>	<b>Preferred</b>
<b>Matulane</b>	<b>Preferred</b>
<b>Mavenclad</b>	<b>Preferred</b>
<b>Mavyret</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>Mulpleta</b>	<b>Preferred</b>
<b>Myalept</b>	<b>Preferred</b>
<b>Mycapssa</b>	<b>Preferred</b>

Medication	Status
<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
Ngenla	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>
Norditropin	Non-Preferred
<b>Nourianz</b>	<b>Preferred</b>
Noxafil	Non-Preferred
<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>
<b>Ogsiveo</b>	<b>Preferred</b>
<b>Ojjaara</b>	<b>Preferred</b>
Olpruva	Non-Preferred
Olumiant	Non-Preferred
Omnitrope	Non-Preferred
Omvoh	Non-Preferred
<b>Onureg</b>	<b>Preferred</b>
<b>Opfolda</b>	<b>Preferred</b>
<b>Opsumit</b>	<b>Preferred</b>
Opzelura	Non-Preferred
Orencia	Non-Preferred
<b>Orenitram</b>	<b>Preferred</b>

Medication	Status
Orfadin	Preferred
Orgovyx	Preferred
Oriahnn	Preferred
Orilissa	Preferred
Orkambi	Preferred
Orladeyo	Preferred
Orserdu	Preferred
Otezla	Non-Preferred
Oxbryta	Preferred
Oxervate	Preferred
Palforzia	Preferred
Palyzinq	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
<i>pyrimethamine</i>	<i>Generic Preferred</i>
Pyrukynd	Preferred

Medication	Status
Qinlock	Preferred
Qulipta	Preferred
Radicava ORS	Preferred
Ravicti	Preferred
Royaldee	Preferred
Rayos	Non-Preferred
Rebif	Preferred
Reblozyl	Preferred
Recorlev	Preferred
Releuko	Preferred
Relistor	Non-Preferred
Relyvrio	Preferred
Repatha	Preferred
Retacrit	Preferred
Retevmo	Preferred
Revlimid	Preferred
Rezlidhia	Preferred
Rezurock	Preferred
Rinvoq	Preferred
Rivfloza	Preferred
Rolvedon	Non-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
Scemblix	Preferred
Serostim	Non-Preferred
<i>sevelamer</i>	<i>Generic Preferred</i>
Signifor	Non-Preferred
Siklos	Preferred
Siliq	Non-Preferred

Medication	Status
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>
<i>sodium phenylbutyrate</i>	<i>Generic Preferred</i>
Sofosbuvir-Velpatasvir	Non-Preferred
Sogroya	Non-Preferred
<b>Sohonos</b>	<b>Preferred</b>
<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>
<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>	<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>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 ODT	Non-Preferred
<b>Tasigna</b>	<b>Preferred</b>

Medication	Status
<b>Tavalisse</b>	<b>Preferred</b>
<b>Tavneos</b>	<b>Preferred</b>
<b>Tazverik</b>	<b>Preferred</b>
<b>Teglutik</b>	<b>Preferred</b>
<b>Tegsedi</b>	<b>Preferred</b>
<b>Tepmetko</b>	<b>Preferred</b>
<i>teriparatide</i>	<i>Generic Preferred</i>
<i>tetrabenazine</i>	<i>Generic Preferred</i>
Tev-Tropin	Non-Preferred
<b>Tezspire</b>	<b>Preferred</b>
<b>Thalomid</b>	<b>Preferred</b>
<b>Tibsovo</b>	<b>Preferred</b>
<b>Tiglutik</b>	<b>Preferred</b>
<i>tiopronin</i>	<i>Generic Preferred</i>
<b>Tobi Podhaler</b>	<b>Preferred</b>
<i>tolvaptan</i>	<i>Generic Preferred</i>
<b>Tracleer</b>	<b>Preferred</b>
<b>Tremfya</b>	<b>Preferred</b>
<i>trientine</i>	<i>Generic Preferred</i>
<b>Trikafta</b>	<b>Preferred</b>
<b>Truqap</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>Uptravi</b>	<b>Preferred</b>
<b>Valchlor</b>	<b>Preferred</b>
<b>Vanflyta</b>	<b>Preferred</b>
<b>Vecamyl</b>	<b>Preferred</b>
<b>Velphoro</b>	<b>Preferred</b>
Velsipity	Non-Preferred
<b>Veltassa</b>	<b>Preferred</b>
<b>Venclexta</b>	<b>Preferred</b>
<b>Ventavis</b>	<b>Preferred</b>

Medication	Status
Verkazia	Non-Preferred
<b>Verzenio</b>	<b>Preferred</b>
<b>Viberzi</b>	<b>Preferred</b>
Viekira Pak	Non-Preferred
Viekira XR	Non-Preferred
<b>Vioice</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>Vowst</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>
<b>Wainua</b>	<b>Preferred</b>
Wakix	Non-Preferred
<b>Wegovy</b>	<b>Preferred</b>
<b>Welireg</b>	<b>Preferred</b>
<b>Xadago</b>	<b>Preferred</b>
<b>Xalkori</b>	<b>Preferred</b>
<b>Xdemvy</b>	<b>Preferred</b>
<b>Xeljanz, XR</b>	<b>Preferred</b>
<b>Xenleta</b>	<b>Preferred</b>
<b>Xermelo</b>	<b>Preferred</b>
<b>Xgeva</b>	<b>Preferred</b>
<b>Xolair</b>	<b>Preferred</b>
<b>Xospata</b>	<b>Preferred</b>

Medication	Status
Xphozah	Non-Preferred
<b>Xpovio</b>	<b>Preferred</b>
<b>Xtandi</b>	<b>Preferred</b>
<b>Xuriden</b>	<b>Preferred</b>
<b>Xyrem</b>	<b>Preferred</b>
<b>Xywav</b>	<b>Preferred</b>
<b>Ycanth</b>	<b>Preferred</b>
Yonsa	Non-Preferred
Yuflyma	Non-Preferred
Yusimry	Non-Preferred
<b>Zarxio</b>	<b>Preferred</b>
<b>Zejula</b>	<b>Preferred</b>
<b>Zelapar</b>	<b>Preferred</b>
<b>Zelboraf</b>	<b>Preferred</b>
Zepatier	Non-Preferred
<b>Zepbound</b>	<b>Preferred</b>
Zeposia	Non-Preferred
<b>Ziextenzo</b>	<b>Preferred</b>
<b>Zilbrysq</b>	<b>Preferred</b>
<b><i>zileuton ER</i></b>	<b><i>Generic Preferred</i></b>
<b>Zokinvy</b>	<b>Preferred</b>
<b>Zolinza</b>	<b>Preferred</b>
Zomacton	Non-Preferred
Zorbtive	Non-Preferred
<b>Ztalmy</b>	<b>Preferred</b>
<b>Zurzuvae</b>	<b>Preferred</b>
<b>Zydelig</b>	<b>Preferred</b>
Zyflo	Non-Preferred
<b>Zykadia</b>	<b>Preferred</b>
Zymfentra	Non-Preferred