

2024 Copay Assistance Service Drug List

Please call 1-800-683-1074 to participate.

Effective July 1, 2024

The drugs listed below are subject to your plan's formulary and utilization management restrictions and must be filled through your pharmacy benefit at the preferred specialty pharmacy, Accredo*. You should contact SaveOnSP prior to filling your prescription, as the copay assistance service administered by SaveOnSP cannot be retroactively applied to a previously filled prescription. The copay assistance service drug list is subject to change throughout the year and is updated at minimum twice yearly (January 1st and July 1st); impacted members will be notified of changes. The specialty medications included on this list will have a 30 percent coinsurance. By completing the manufacturer copay assistance program's enrollment process and consenting to SaveOnSP monitoring your pharmacy account, **your final cost will be as low as \$0**. The coinsurance amount may vary.

A

Actemra
 Acthar
 Adbry
 Afinitor
 Alecensa
 Ampyra
 Austedo
 Avonex

B

Benlysta
 Betaseron
 Bosulif
 Braftovi

C

Cabometyx
 Camzyos
 Carbaglu
 Cayston
 Cerdelga
 Cibirgo
 Cimerli
 Cimzia
 Copaxone
 Cosentyx

D

Dojolvi
 Doptelet
 Dupixent

E

Enbrel
 Enspryng
 Epcusa
 Erivedge
 Esbriet
 Evenity
 Exjade

F

Fasenra
 Filspari
 Forteo
 Fynetra

G

Galafold
 Gattex
 Genotropin
 Gilotrif
 Givlaari
 Glatopa

H

Haegarda
 Harvoni
 Hemlibra
 Hetlioz

I

Ibrance
 Ilaris
 Increlex

Inlyta
 Inqovi
 Inrebic

J

Jadenu
 Jakafi
 Jaypirca
 Juxtapid

K

Kalbitor
 Kalydeco
 Kesimpta
 Kevzara
 Kisqali
 Kisqali Femara
 Co-Pack
 Kitabis
 Kuvan

L

Lenvima
 Leukine
 Litfulo
 Lonsurf
 Lorbrenea
 Lumakras
 Lumryz
 Lunsumio
 Lynparza

M

Mayzent

Mekinist
 Mektovi
 Myalept

N

Nerlynx
 Nexavar
 Ninlaro
 Nityr
 Northera
 Nubeqa
 Nucala
 Nuplazid
 Nutropin

O

Ocaliva
 Odomzo
 Olumiant
 Omnitrope
 Onureg
 Opdualag
 Orencia
 Orkambi
 Otezla
 Oxbryta
 Oxervate

P

Palynziq
 Piqray
 Procysbi
 Promacta

Pulmozyme

R

Ravicti
 Rebif
 Retevmo
 Revlimid
 Rolvedon
 Rozlytrek
 Rydapt

S

Scemblix
 Serostim
 Skytrofa
 sodium oxybate
 Somatuline
 Depot
 Somavert
 Sotyktu
 Sprycel
 Stivarga
 Sutent
 Syfovre

T

Tabrecta
 Tafinlar
 Tagrisso
 Takhzyro
 Taltz
 Talzenna
 Targretin
 Tasisna

**If the drug is processed under the medical benefit, medical benefit cost share would apply.*

The copay assistance service does not apply if the drug is administered under the medical benefit. Drugs may be covered under the medical benefit when administered and billed through a provider as part of the medical service. If you have other primary insurance, the medications on this list must be filled with Accredo or this copay assistance service will not apply under secondary coverage.

Premera Blue Cross is an Independent Licensee of the Blue Cross Blue Shield Association.

SaveOnSP provides their service to clients at Express Scripts; they are an independent company administering the copay assistance service on behalf of Premera Blue Cross. Express Scripts is an independent company that provides pharmacy services on behalf of Premera Blue Cross. Accredo is an independent company that provides specialty pharmacy services on behalf of Premera Blue Cross.

Tecfidera
Tegsedi
Tezspire
Tivdak
Tobi
Trikafta
Tykerb

Tymlos
V
Verzenio
Vivitrol
Votrient
Voxzogo
Vumerity

Vyndamax
Vyndaquel
W
Wakix
X
Xeljanz

Xenazine
Xenpozyme
Xgeva
Xolair
Xtandi
Xyrem

Y

Yonsa
Z
Zejula
Zeposia