

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
 Cibinco
 Cimerli
 Cimzia
 Copaxone
 Cosentyx

D

Dojolvi
 Doptelet
 Dupixent

E

Enbrel
 Enspryng
 Eplusa
 Erivedge
 Esbriet
 Evenity
 Exjade

F

Fasenra
 Filspari
 Forteo
 Fylnetra

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
Vyndaqel
W
Wakix
X
Xeljanz

Xenazine
Xenpozyme
Xgeva
Xolair
Xtandi
Xyrem
Y

Yonsa
Z
Zejula
Zeposia

Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

Телефонуйте за номером 800-722-1471 (телетайп: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471 (TTY:711) まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው: 711)።

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).

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ATANSYON: Si w pale Kreyòl Ayisyen, gen sévis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).

توجہ: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.