

## 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](mailto: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:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ 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 ሊያገለግሉት 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).

**ໂປດອຸບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສິ່ງຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-722-1471 (TTY: 711).

**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.