

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

2026 Copay Assistance Service Drug List

Effective July 1, 2026

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
- Alvaiz
- Alyftrek
- Ampyra
- Anzupgo
- Avonex

B

- Benlysta**
- Bimzelx
- Bosulif
- Braftovi

C

- Cabometyx
- Camzyos
- Carbaglu
- Cayston
- Cerdelga
- Cibinqo
- Cimzia
- Cosentyx**

D

- Dojolvi

- Doptelet
- Dupixent

E

- Enbrel
- Epclusa
- Erivedge
- Esbriet
- Exjade

F

- Forteo

G

- Gattex
- Genotropin
- Gilotrif
- Glatopa

H

- Haegarda
- Harvoni
- Hemlibra
- Hetlioz

I

- Ibrance
- Ilaris
- Inlyta
- Itovebi

J

- Jadenu
- Jakafi
- Juxtapid

K

- Kalbitor
- Kalydeco
- Kevzara
- Kisqali
- Kitabis
- Kuvan

L

- Lenvima
- Leukine
- Litfulo
- Lorbrena
- Lumakras
- Lumryz
- Lynparza

M

- Mayzent
- Mekinist
- Mektovi
- Myalept

N

- Nemludio
- Ninlaro
- Nityr

- Northera
- Nubeqa
- Nucala
- Nuplazid

O

- Odomzo
- Orencia**
- Orkambi
- Otezla
- Oxervate

P

- Palynziq
- Procysbi
- Promacta
- Pulmozyme

R

- Ravicti
- Rebif
- Revlimid
- Rozlytrek
- Rydapt

S

- Serostim
- Skytrofa
- sodium oxybate
- Somavert
- Sotyktu

- Spevigo**
- Sprycel
- Stivarga
- Sutent

T

- Tabrecta
- Tadliq
- Tafinlar
- Tagrisso
- Takhzyro
- Talzenna
- Targretin
- Tasigna
- Tezspire
- Tobi
- Trikafta

- Tyenne**
- Tykerb
- Tymlos

V

- Velsipity
- Vivitrol
- Vosevi
- Votrient
- Voxzogo
- Vumerity
- Vyndamax

**Subcutaneous only.

*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.

W
Wakix
Winrevair

X
Xeljanz
Xenazine

Xolair
Xyrem
Y

Yonsa
Z
Zejala

Zelboraf
Zeposia

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