PREMERA | BLUE CROSS

An Independent Licensee of the Blue Cross Blue Shield Association

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

2027 Copay Assistance Service Drug List

Effective January 1, 2027

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
Hetlioz
Hympavzi

I
Ibrance
Ilaris
Inlyta
Itovebi

J
Jadenu
Jakafi
Juxtapid

K
Kalydeco
Kevzara
Kisqali
Kitabis
Kuvan

L
Lenvima
Leukine
Litfulo
Lorbrena
Lumakras
Lumryz

M
Mayzent
Mekinist
Mektovi
Myalept

N
Nemluvio
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
Takhzyro
Talzenna
Targretin
Tasigna
Tezspire
Tobi
Trikafta
Tyenne**
Tykerb
Tymlos

V

SaveOnSP 10302025v1
DL01012027

***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.

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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.

Velsipity
Vivitrol
Vosevi
Votrient
Voxzogo

Vumerity
Vyndamax

W

Wakix
Winrevair

X

Xeljanz
Xenazine
Xolair
Xyrem

Y

Yonsa

Z

Zejula
Zelboraf
Zeposia

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