

SaveOnSp Program

Ridiculous savings on specialty drugs

The SaveOnSP Drug List is subject to change at any time. The inclusion of a particular specialty prescription drugs within the SaveOnSP Program

is subject to SaveOnSP Program design, as well as applicable laws or regulations. Prescription benefit plan terms will take precedence and

determine access to all specialty prescription drugs on SaveOnSP Drug List; medical benefit drugs are excluded from the SaveOnSP Program.

The specialty medications included on this list will have a 30% coinsurance, but with participation in SaveOnSP your final cost will be \$0.

Effective January 1st, 2022



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|---|---|--|---|--|---|--|--|---|--|
| <p>A</p> <ul style="list-style-type: none"> Arcalyst Actemra Acthar Adakveo Adcetris Adcirca Advate Adynovate Afinitor Afstyla Aldurazyme Alecensa AlphaNine Alprolix Alunbrig* Ampyra Asceniv Aubagio Austedo Avastin Avonex Avsola | <p>C</p> <ul style="list-style-type: none"> Calquence* Carbaglu Cayston Cerdelga Cholbam* Cimzia Cinryze Copaxone Cosentyx Crysvita Cuvitru Cyramza Cystadrops* | <p>E</p> <ul style="list-style-type: none"> Elaprase Elelyso Eloctate Empliciti Enbrel Enhertu Erbitux Erivedge Erleada Esperoct Evenity Evkeeza* Exjade | <p>F</p> <ul style="list-style-type: none"> Exondys 51* Extavia Eylea | <p>G</p> <ul style="list-style-type: none"> Darzalex Darzalex Faspro Dojolvi Doptelet Dupixent | <p>H</p> <ul style="list-style-type: none"> Galafold Gamifant* Gammagard Gattex Gazyva Gilenya Gilotrif Givlaari glatiramer Glatopa Gleevec Gocovri* Granix | <p>I</p> <ul style="list-style-type: none"> Fabrazyme Farydak Fasenra Feiba NF Feriprox* Fintepla* Firazyr Firdapse* Folotyn Forteo Fotivda* Fulphila | <p>J</p> <ul style="list-style-type: none"> Herceptin Hylecta Herzuma Hetlioz Humate-P Humira Hyqvia | <p>K</p> <ul style="list-style-type: none"> Ilbrance Iclusig* Idelvion Ilumya Imcivree* Imfinzi Increlex Ingrezza* Inlyta Inqovi Inrebic Istodax Ixempra Ixinity | <p>L</p> <ul style="list-style-type: none"> Jadenu Jakafi Jemperli Jevtana Jivi Juxtapid Jynarque* |
|---|---|--|---|--|---|--|--|---|--|

*Indicated drug not dispensed by Accredo Pharmacy. Continue to fill through approved pharmacy.

Kanuma
Kesimpta
Keveyis*
Kevzara
Kisqali
Kogenate FS
Koselugo*
Kovaltry
Krystexxa
Kuvan

L

Letairis
Leukine
Libtayo*
Lonsurf
Lorbrena
Lucentis
Lumakras
Lumizyme
Lumoxiti*
Lupkynis*
Luxturna
Lynparza

M

Makena
Margenza*
Mayzent
Mekinist
Mektovi
Mvasi
Myalept

N

Nerlynx
Neulasta
Neupogen
Nexavar
Nexvazyme
Ninlaro
Nityr
Nivestym
Northera
Novoeight
Novoseven RT
Nplate
Nubeqa
Nucala
Nulibry*
Nuplazid
Nuwiq
Nyvepria

O

Ocaliva
Ocrevus
Ogivri

Olumiant
Ontruzant*
Onureg
Opdivo
Opsumit
Orencia
Orenitram
Orfadin*
Orgovyx*
Orkambi
Orladeyo*
Otezla
Oxbryta
Oxervate
Oxlumo*

P

Padcev
Palynziq
Pemazyre*
Perjeta
Phesgo
Piqray
Plegridy
Polivy
Poteligeo*
Procysbi
Promacta
Pulmozyme

Q

Qinlock*

R

Radicava*
Ravicti
Rebif
Rebinyn
Recombinate
Remicade
Renflexis
Retevmo
Revcovi*
Riabni
Rinvoq
Rituxan
Rituxan Hycela
Rixubis
Ruxience
Rybrevant
Rydapt

S

Sandostatin Lar
Depot
Saphnelo*
sapropterin
Sarclisa*

T

Serostim
Signifor*
Signifor LAR*
Siliq
Skyrizi
Soliris
Somatuline Depot
Somavert
Spinraza
Sprycel
Stelara
Stivarga
Strensiq*
Sublocade
Sutent

Tafinlar
Tagrisso
Takhzyro
Taltz
Talzenna
Tasigna
Tavalisse*
Tazverik*
Tecentriq
Tecfidera
Tegsedi
Thiola*
Tobi Podhaler
Tracleer
Trazimera
Tremfya
Trepstinil
Tretten
Trikafta
Triptodur*
Trodelvy*
Truseltiq*
Truxima
Tukysa*
Turalio*
Tysabri
Tyvaso

U

Udenyca
Ultomiris

V

Valchlor
Vectibix
Venclexta*
Verzenio
Viltepsa*
Vistogard*
Vonvendi

W

Votrient
Vumerity
Vyleesi*
Vyndamax
Vyndaqel
Vyondys 53*
Vyxeos*

X

Wakix
Wilate

Xalkori
Xeljanz
Xembify
Xenazine
Xermelo*
Xgeva
Xolair
Xospata*
Xpovio*
Xtandi
Xyntha
Xyrem

Y

Yervoy

Z

Zarxio
Zejula*
Zelboraf
Ziextenzo
Zirabev
Zokinvy*
Zolgensma
Zytiga

To enroll, you just need to call 1-800-683-1074 and speak with SaveOnSP.

Enrollment in the SaveonSP program is voluntary; however, if you elect not to participate, you will be responsible for 100% of the SaveonSP Specialty copay. This copayment amount will not apply toward your out-of-pocket maximums. Participation may not disqualify an individual from being an eligible individual for HSA purposes. Material contained in this document does not constitute legal or tax advice and should not be construed as such. If you need legal advice upon which you can rely, you must seek a legal opinion from a competent attorney.