

2021 SaveOnSP Drug List

Effective January 1, 2021

Below are the associated copays for the medications in the SaveOnSP program. The drugs listed are subject to your plan's formulary and utilization management restrictions and must be filled through the pharmacy benefit at the preferred specialty pharmacy, Accredo*. You must contact SaveonSP prior to filling your prescription. The program cannot be retroactively applied to a previously filled prescription.

A		Crysvita	\$7,500	G		J	
Abraxane	\$1,250	Cuvitru	\$1,666	Galafold	\$7,500	Jadenu	\$1,330
Actemra	\$1,330	D		Gammagard	\$1,330	Jakafi	\$2,166
Adcetris	\$2,000	Darzalex	\$2,000	Gattex	\$7,500	Jevtana	\$2,166
Advate	\$1,250	Daurismo	\$2,166	Gazyva	\$2,166	Jivi	\$1,250
Adynovate	\$6,350	Dojolvi	\$3,333	Gilenya	\$2,000	Juxtapid	\$7,500
Afinitor	\$1,330	Dupixent	\$1,250	Gilotrif	\$2,666	K	
Afstyla	\$1,330	E		Givlaari	\$2,166	Kadcyla	\$2,166
Aldurazyme	\$1,330	Elaprase	\$1,330	Glatiramer	\$1,250	Kalydeco	\$5,000
Alecensa	\$2,166	Eloctate	\$1,250	Glatopa	\$1,250	Kanjinti	\$2,000
Alphanine	\$6,350	Empliciti	\$2,166	Gleevec	\$3,333	Kanuma	\$5,000
Alprolix	\$1,250	Enbrel	\$1,330	H		Kevzara	\$1,330
Alunbrig	\$5,000	Enhertu	\$2,080	Haegarda	\$1,250	Kisqali	\$1,330
Ampyra	\$1,250	Enspryng	\$2,000	Halaven	\$1,666	Kogenate FS	\$7,500
Aubagio	\$2,080	Entyvio	\$2,000	Harvoni	\$7,500	Kovaltry	\$7,500
Austedo	\$1,250	Epclusa	\$7,500	Hemlibra	\$1,330	Kuvan	\$3,333
Avastin	\$2,166	Erbitux	\$2,166	Herceptin	\$2,166	L	
Avonex	\$1,330	Erivedge	\$2,166	Humate-P	\$2,166	Ledipasvir/ Sofosbuvir	\$2,080
B		Erleada	\$1,330	Humira	\$1,330	Lemtrada	\$7,500
Benefix	\$1,250	Esbriet	\$2,166	Hyqvia	\$1,666	Letairis	\$830
Benlysta	\$1,330	Esperoct	\$1,250	I		Leukine	\$3,333
Berinert	\$1,250	Evenity	\$750	Ibrance	\$2,166	Lonsurf	\$2,080
Bosulif	\$2,166	Exjade	\$1,330	Idelvion	\$1,250	Lorbrena	\$2,166
C		Extavia	\$830	IDHIFA	\$6,350	Lucentis	\$2,000
Cabometyx	\$2,166	Eylea	\$1,330	Ilaris	\$3,333	Lumizyme	\$1,330
Carbaglu	\$7,500	F		Ilumya	\$1,666	Lupaneta Pack	\$830
Cayston	\$2,666	Fabrazyme	\$7,500	Imfinzi	\$2,166	Luxturna	\$6,350
Cerdelga	\$1,330	Farydak	\$2,166	Increlex	\$7,500	Lynparza	\$2,166
Cimzia	\$1,330	Fasenra	\$1,330	Inflectra	\$2,000	M	
Cinryze	\$7,500	Feiba NF	\$1,250	Inlyta	\$2,166	Mavyret	\$5,000
Copaxone	\$1,250	Firazyr	\$2,000	Inrebic	\$1,000	Mekinist	\$1,330
Cosentyx	\$2,000	Folotylin	\$5,000	Iressa	\$2,166	Mozobil	\$3,333
Cotellic	\$2,166	Forteo	\$830	Istodax	\$2,166	Myalept	\$7,500
				Ixempra	\$2,000		

*If the drug is processed under the medical benefit, medical benefit cost share would apply.

SaveonSP 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.

Premera Blue Cross is an independent licensee of the Blue Cross Blue Shield Association.

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N		R		T		X	
Nerlynx	\$2,080	Privigen	\$2,166	Symdeko	\$5,000	Wilate	\$5,000
Nexavar	\$2,166	Procysbi	\$7,500	Tafinlar	\$1,330	Xalkori	\$2,166
Ninlaro	\$2,166	Promacta	\$1,330	Tagrisso	\$2,666	Xeljanz	\$1,330
Nityr	\$1,330	Pulmozyme	\$1,000	Takhzyro	\$3,333	Xembify	\$750
Nothera	\$3,333	R		Taltz	\$1,666	Xgeva	\$1,000
Novoeight	\$1,250	Ravicti	\$7,500	Talzenna	\$2,166	Xolair	\$1,250
Novoseven RT	\$1,000	Rebinyn	\$1,250	Tarceva	\$2,166	Xtandi	\$2,166
Nplate	\$1,000	Recombinate	\$7,500	Tasigna	\$1,330	Xyntha	\$7,500
Nubeqa	\$2,166	Remicade	\$2,080	Tecentriq	\$2,166	Y	
Nucala	\$1,330	Renflexis	\$2,000	Tecfidera	\$1,330	Yervoy	\$2,166
Nuplazid	\$750	Revatio	\$1,250	Tegsedi	\$7,500	Z	
Nuwiq	\$1,250	Revlimid	\$1,000	Tepezza	\$7,500	Zaltrap	\$2,166
O		Rixubis	\$1,250	Tracleer	\$1,250	Zelboraf	\$2,166
Ocaliva	\$1,250	Rozlytrek	\$5,000	Tremfya	\$2,000	Zirabev	\$2,166
Odomzo	\$1,330	Ruxience	\$2,166	Trikafta	\$5,000	Zydelig	\$2,166
Ogivri	\$2,166	Rydapt	\$1,330	Truxima	\$2,166	Zykadia	\$3,333
Olumiant	\$1,250	S		Tykerb	\$1,330	Zytiga	\$1,250
Opdivo	\$2,166	Sabril	\$3,333	Tyvaso	\$5,000		
Opsumit	\$2,666	Serostim	\$2,000	U			
Orencia	\$1,330	Signifor	\$3,333	Uptravi	\$5,000		
Orenitram	\$3,333	Siliq	\$2,000	Valchlor	\$1,666		
Orkambi	\$5,000	Simponi	\$2,000	Vectibix	\$2,166		
Otezla	\$1,250	Skyrizi	\$5,000	Verzenio	\$2,166		
Oxbryta	\$2,666	Sofosbuvir/ Velpatasvir	\$2,080	Vitrakvi	\$7,500		
Oxervate	\$3,333	Somatuline Depot	\$2,000	Vizimpro	\$2,166		
P		Somavert	\$2,666	Vosevi	\$7,500		
Padcev	\$2,666	Sovaldi	\$7,500	Votrient	\$1,330		
Palynziq	\$3,333	Spinraza	\$7,500	Vumerity	\$750		
Perjeta	\$2,166	Sprycel	\$1,330	Vyndamax	\$5,000		
Phesgo	\$2,166	Stelara	\$2,000	Vyndaqel	\$5,000		
Piqray	\$1,330	Stivarga	\$1,666	W			
Polivy	\$2,166	Sublocade	\$750	Wakix	\$3,333		
		Sutent	\$2,166				

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Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. 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, or sex, 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>.

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, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល 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 ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው: 711)።

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila 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: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີ ອມໃຫ້ທ່ານ. ໂທສ 800-722-1471 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis 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).

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