

Please call 1-800-683-1074 to participate.

Once you've agreed to participate in the copay assistance service administered by SaveOnSP, your responsibility will be reduced.

UPMC HEALTH PLAN

2024 SaveOnSP-Administered Drug List

Effective January 1, 2024

The SaveOnSP-administered drug list is subject to change and does not guarantee coverage. Please refer to your plan documents, including your prescription drug rider, formulary book, and COC (or SPD if applicable) for eligibility and benefits information under your plan. The inclusion of eligible drugs within the copay assistance service administered by SaveOnSP is subject to applicable laws or regulations. The specialty medications included on this list will have a 30 percent coinsurance. By participating in the copay assistance service administered by SaveOnSP, **your final cost will be reduced.** The coinsurance amount may vary.

A

Actemra
Acthar
Adalimumab-adaz
Adbry
Alecensa
Amjevita
Austedo
Avonex
Avsola

B

Benlysta
Berinert
Betaseron
Bivigam
Bosulif
Braftovi
Bronchitol
Brukinsa

C

Cablivi*
Cabometyx
Calquence
Camzyos
Caprelsa*
Carbaglu
Cayston
Cerdelga
Cholbam*
Cibinco
Cimzia
Cinryze
Cometriq
Cortrophin
Cosentyx
Crysvita
Cutaquig

Cuvitru

Cyltezo
Cystadrops*

D

Daybue*
Dojolvi
Doptelet
Dupixent

E

Elaprase
Enbrel
Entyvio
Epclusa
Erivedge
Erleada
Evenity

F

Fabrazyme
Fasenra
Ferriprox*
Filspari
Fintepla*
Firdapse*
Forteo
Fotivda
Fulphila
Fylnetra

G

Galafold
Gammagard
Gattex
Gilotrif
Glatiramer Acetate
Glatopa
Gocovri*

H

Haegarda

Harvoni
Hetlioz
Hulio
Humira
Hyqvia
Hyrimoz

I

Ibrance
Iclusig
Ilaris
Imbruvica
Imcivree*
Increlex
Inflectra
Ingrezza*
Inlyta

J

Jakafi
Jaypirca
Joenja*
Juxtapid
Jynarque*

K

Kalydeco
Kesimpta
Keveyis*
Kevzara
Kisqali
Kisqali Femara Co-Pack
Kitabis
Krystexxa

L

Lenvima
Letairis
Leukine

Livmarli*

Lonsurf
Lorbrena
Lumakras
Lumryz
Lynparza

M

Mayzent
Mekinist
Mektovi
Myalept

N

Nerlynx
Neulasta
Neupogen
Nexavar
Ninlaro
Nityr
Nivestym
Nplate
Nubeqa
Nucala
Nuplazid

O

Ocaliva
Olumiant
Onureg
Orencia
Orenitram
Orfadin*
Orgovyx
Orladeyo*
Orserdu*
Otezla
Oxbryta
Oxervate

P

Palynziq
Piqray
Plegridy
Ponvory
Procysbi
Promacta
Pulmozyme
Pyrukynd*

R

Ravicti
Rebif
Releuko
Remicade
Retevmo
Revcovi*
Revlimid
Rezlidhia
Riabni
Rinvoq
Ruxience
Rydapt

S

Sandostatin Lar Depot
Serostim
Signifor LAR*
Signifor*
Simponi
Skyclarys*
Skyrizi**
Skytrofa
sodium oxybate
Soliris
Somatuline Depot
Somavert
Sotyktu

** Subcutaneous only.

*Indicates drug not dispensed by a UPMC preferred specialty pharmacy (e.g., Accredo or Chartwell). Continue to fill through an approved pharmacy.

Sprycel
Stelara
Stivarga
Strensiq*
Sublocade
Synagis

T

Tafinlar
Tagrisso
Takhzyro
Taltz
Tasigna
Tavalisse

Tavneos*
Tazverik
Tegsedil
teriparatid
Tezspire
Thiola*
Tracleer
Tremfya
treprostinil
Trikafta
Triptodur*
Tukysa
Tymlos

Tysabri
Tyvaso

U

Udenyca
Ultomiris

V

Valchlor
Vanflyta
Venclexta
Verzenio
Vivitrol
Votrient

Voxzogo
Vumerity
Vyndamax
Vyndaqel

W

Wakix

X

Xeljanz
Xermelo
Xgeva
Xolair
Xtandi

Xyrem

Y

Yonsa
Yusimry

Z

Zarxio
Zejula
Zeposia
Ziextenzo
Zokinvy*
Ztalmy*