

Health Alliance Plan of Michigan Copay Assistance Benefit Drug List

Update effective July 1, 2024

Please call 1-800-683-1074 to participate. Once you've enrolled in copay assistance and consented to SaveOnSP monitoring your pharmacy account, your responsibility will be as low as \$0.

The specialty medications included in the copay assistance benefit drug list are specific to your plan's prescription drug benefit and subject to change at any time. Prescription drug benefit plan terms will always take precedence. Medications with prior authorization criteria must be approved in advance by the plan and follow applicable laws and/or regulations. The specialty medications included on this list will have a 30% coinsurance. By enrolling in the available manufacturer assistance program and consenting to SaveOnSP monitoring your pharmacy account, **your final cost will be as low as \$0**. Fill your medications through Pharmacy Advantage or another approved specialty pharmacy in cases where Pharmacy Advantage cannot supply the medication. The listing of a medication on this list does not guarantee coverage of the medication. Coverage of a medication is subject to formulary coverage policies and criteria. Nonformulary medications, medications with a generic alternative and medications with prior authorization criteria must be approved in advance by the plan to be covered. List may be updated during the year as needed to optimize the program.

A

Abrilada
Actemra*
Adbry
Advate
Adynovate
Afstyla
Agamree
Akeega
Alecensa
AlphaNine
Alprolix
Apokyn
Austedo
Avonex

B

Bafiertam
Benefix
Betaseron
Bimzalex
Bivigam
Bosulif
Braftovi
Bronchitol
Brukinsa
Bylvay

C

Cablivi
Cabometyx
Calquence
Camzyos
Carbaglu
Cayston
Cerdelga
Cholbam

Cibinquo
Cimzia
Copaxone
Cortrophin
Cosentyx*
Crysvita
Cuvitru
Cuvrior
Cyltezo
Cystadrops

D

Daybue
Dojolvi
Doptelet
Duopa
Dupixent

E

Egrifta
Eloctate
Emflaza
Empaveli
Enbrel
Entyvio*
Eplclusa
Erivedge
Erleada
Esperoct
Exkivity

F

Fabhalta
Fasenra*
Feiba NF
Filspari
Fintepla
Firdapase

Forteo
Fotivda
Fruzaqla

G

Galafold
Gammagard
Gattex
Genotropin
Gilotrif
Glatopa
Gocovri

H

Haegarda
Harvoni
Hemlibra
Humate-P
Hyqvia

I

Ibrance
Iclusig
Idacio
Idelvion
Imbruvica
Imcivree
Increlex
Inflectra
Ingrezza
Inlyta
Iwifin
Ixinity
Izervay

J

Jakafi
Jaypirca
Jivi

Joenja
Juxtapid
Jynarque

K

Kalydeco
Kevzara
Kineret
Kisqali
Kisqali Femara Co-Pack
Kitabis
Kogenate FS
Kovaltry

L

Lenvima
Livmarli
Lonsurf
Lorbrena
Lumakras
Lumryz
Lupkynis
Lynparza
Lytgobi

M

Mayzent
Mekinist
Mektovi
Myalept
Mytesi

N

Nerlynx
Neupogen
Ngenla
Ninlaro
Nityr

Nourianz
Novoeight
Novoseven RT
Nucala*
Nulibry
Nuplazid
Nutropin
Nuwiq

O

Ocaliva
Ogsiveo
Ojjaara
Olpruva
Olumiant
Omnitrope
Omvoh*
Onureg
Orencia*
Orenitram
Orgovyx
Orkambi
Orserdu
Otezla
Oxbryta
Oxervate
Ozurdex

P

Palynziq
Piqray
Ponvory
Procysbi
Prolia
Promacta
Pulmozyme

R

*Some formulations may only be covered as Medical Benefits and not eligible for the SaveOn program. Please refer to your benefit documents for coverage.

Ravicti
Rebif
Rebinyn
Recombinate
Retevmo
Revcovi
Revlimid
Rinvoq
Rivfloza
Rixubis
Rydapt

S

Samsca
Scemblix
Serostim
Sevenfact
Signifor
Simponi*

Skyclarys
Skyrizi*
Skytrofa
sodium oxybate
Somavert
Sotyktu
Sprycel
Stelara*
Stimufend
Stivarga
Strensiq
Sucraid

T

Tadliq
Tafinlar
Tagrisso
Takhzyro
Taltz

Tasigna
Tavalisse
Tavneos
Tazverik
Tegsedi
Tepmetko
Tezspire*
Tremfya
Tretten
Trikafta
Truqap
Tukysa
Tymlos

V

Valchlor
Vanflyta
Venclexta
Verzenio

Vijoice
Vistogard
Vonvendi
Voxzogo
Vumerity
Vyjuvek
Vyleesi
Vyndamax
Vyndaquel

W

Wainua
Wakix
Welireg
Wilate

X

Xalkori
Xeljanz

Xembify
Xermelo
Xolair*
Xtandi
Xyntha

Y

Yonsa
Yuflyma
Yusimry

Z

Zejula
Zeposia
Zokinvy
Ztalmy