

Important Pharmacy Benefit Information

February 1, 2020

Re: Attention: Specialty Pharmacy Plan Change Effective April 1, 2020

Beginning April 1, 2020, **Welfare Fund of Local No. One, I.A.T.S.E.** is partnering with Express-Scripts' program: **SaveonSP**, to help you save money on certain specialty medications. If you participate in this program, select specialty medications will be free of charge (\$0). Your prescriptions will still be filled through **Accredo**, your existing specialty mail pharmacy.

If you are currently taking or will be taking a medication on the attached list (*Non-Essential Health Benefit Specialty Drug List**), you are eligible to participate in the SaveonSP program. To participate, simply call SaveonSP at 1-800-683-1074 **prior to April 1, 2020** to avoid delays in obtaining your prescription(s). Participation in the program is voluntary. If you choose not to participate, you will be responsible for the copay provided on the attached list. Keep in mind that the copay will not count towards your deductible or out-of-pocket maximums.

For example:

If you were on Copaxone, your current copay is \$70. Effective April 1, 2020, your copay will increase to \$1,000.

- *If you participate in the SaveonSP program, your full copay will be paid through the manufacturer copay assistance program and you **will pay nothing (\$0)**.*
- *If you choose **not** to participate in the SaveonSP program, **your financial responsibility will be the full \$1,000 copay**. In addition, the \$1,000 copay will **not count towards your deductible or out-of-pocket maximum**, because Non-Essential Health Benefits do not apply to out-of-pocket accumulators.*

If you have any further questions or concerns, please contact SaveonSP at 1-800-683-1074 Monday – Thursday 8:00 a.m. – 8:00 p.m. Eastern and Friday 8:00 a.m. – 6:00 p.m. Eastern.

Sincerely,

SaveonSP

**The medications included in the SaveonSP program are classified as Non-Essential Health Benefits under the Affordable Care Act
Call SaveonSP at 1-800-683-1074 for assistance.*

The medications and associated copays included in this program are subject to change.



**Welfare Fund of Local No. One, IATSE
2020 SaveonSP Specialty Drug List**

Below are the associated copays for the medications in the SaveonSP program. Once enrolled, your responsibility will be \$0.

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

Drug Name	Monthly Copay
Abraxane	\$830
Actemra	\$1,250
Adcetris	\$1,666
Advate	\$1,000
Afinitor	\$1,250
Alecensa	\$2,080
AlphaNine	\$5,000
Alprolix	\$1,000
Austedo	\$1,000
Avastin	\$2,080
Avonex	\$600
Benefix	\$1,000
Benlysta	\$1,250
Bosulif	\$2,080
Cabometyx	\$2,080
Cerdelga	\$1,250
Cimzia	\$1,250
Cinryze	\$1,666
Copaxone	\$1,000
Cosentyx	\$1,666
Cotellic	\$2,080
Darzalex	\$1,666
Daurismo	\$2,080
Doptelet	\$600
Dupixent	\$1,000
Elaprase	\$1,250
Empliciti	\$2,080
Enbrel	\$1,250
Entyvio	\$1,666
Epclusa	\$6,350
Erbix	\$2,080
Erivedge	\$2,080
Erleada	\$1,250
Esbriet	\$2,080
Evenity	\$600
Eylea	\$1,250
Fasenra	\$1,250
Firazyr	\$1,666
Forteo	\$750

Drug Name	Monthly Copay
Gazyva	\$2,080
Gilenya	\$1,666
Gilotrif	\$2,080
Glatiramer	\$1,000
Glatopa	\$1,000
Haegarda	\$1,000
Harvoni	\$7,500
Herceptin	\$2,080
Humira	\$1,666
Hemlibra	\$1,250
Ibrance	\$2,080
Ilaris	\$2,666
Ilumya	\$1,330
Increlex	\$1,000
Inflectra	\$1,666
Inlyta	\$2,080
Iressa	\$2,166
Jakafi	\$2,080
Jivi	\$1,000
Kadcyla	\$2,080
Kalbitor	\$2,000
Kalydeco	\$3,333
Kanjinti	\$1,666
Kevzara	\$1,250
Ledipasvir/Sofosbuvir	\$7,500
Lenvima	\$3,333
Letairis	\$750
Lonsurf	\$2,000
Lorbrena	\$2,080
Lucentis	\$1,666
Lumizyme	\$1,250
Lupaneta Pack	\$750
Lynparza	\$2,166
Mayzent	\$1,330
Mekinist	\$1,250
Nerlynx	\$2,000
Neulasta	\$830
Nexavar	\$2,080

Drug Name	Monthly Copay
Ninlaro	\$2,080
Nivestym	\$830
Northera	\$1,330
Nplate	\$830
Nucala	\$1,250
Nuplazid	\$600
Ocaliva	\$1,250
Odomzo	\$1,250
Olumiant	\$1,000
Opdivo	\$2,080
Opsumit	\$1,666
Orencia	\$1,250
Orenitram	\$1,666
Orkambi	\$3,333
Otezla	\$1,000
Palynziq	\$1,666
Perjeta	\$2,080
Piqray	\$1,250
Plegridy	\$600
Polivy	\$2,080
Promacta	\$1,250
Pulmozyme	\$830
Ravicti	\$830
Remicade	\$2,000
Remodulin	\$600
Renflexis	\$1,666
Revatio	\$1,000
Revlimid	\$830
Rituxan	\$830
Rixubis	\$1,000
Rydapt	\$1,250
Sabril	\$1,330
Serostim	\$1,666
Siliq	\$1,666
Simponi	\$1,666
Sofosbuvir/Velpatasvir	\$6,350
Somatuline Depot	\$1,666
Spinraza	\$2,000

Drug Name	Monthly Copay
Sprycel	\$1,250
Stelara	\$1,666
Stivarga	\$1,330
Sutent	\$2,080
Symdeko	\$3,333
Tafinlar	\$1,250
Tagrisso	\$2,166
Takhzyro	\$3,333
Taltz	\$1,330
Talzenna	\$2,080
Tarceva	\$2,080
Tasigna	\$1,250
Tecentriq	\$2,080
Tecfidera	\$600
Tegsedi	\$2,000
Tobi Podhaler	\$1,000
Tracleer	\$1,000
Tremfya	\$1,666
Treprostinil	\$600
Tykerb	\$1,250
Udenyca	\$1,250
Uptravi	\$830
Valchlor	\$1,666
Ventavis	\$830
Verzenio	\$2,080
Vitrakvi	\$2,000
Vizimpro	\$2,080
Vosevi	\$6,350
Votrient	\$1,250
Xalkori	\$2,080
Xeljanz	\$1,250
Xgeva	\$830
Xolair	\$1,000
Xtandi	\$2,080
Yervoy	\$2,080
Zarxio	\$830
Zelboraf	\$2,080
Zydelig	\$2,080

Copays may vary based on drug manufacturer allowed amounts

Drug list is subject to change

The inclusion of eligible drugs within the Program is subject to applicable laws or regulations