



July 2023 - Copay Assistance Program Drug List

As permitted by state and federal laws and conditional upon filing approval, a Copayment Assistance Program will apply to certain Specialty Prescription Drugs. The following list* of specialty drugs are eligible for copay assistance under Wellfleet Student Health Insurance Plans that include a Copay Assistance Program benefit. If you are prescribed one of the following drugs, refer to your Certificate of Coverage available on www.wellfleetstudent.com to determine if your plan includes the Copay Assistance Program benefit and for more details on the program. You may also find more information on the Copay Assistance Program within the “Frequently Asked Questions” document following the drug list.

ABECMA	BOSULIF	ENHERTU
ABRAXANE	BRAFTOVI	ENJAYMO
ACTEMRA	BREYANZI	ENSPRYNG
ACTHAR	BRUKINSA	ENTYVIO
ADAKVEO	CABLIVI	ERIVEDGE
ADBRY	CABOMETYX	ERLEADA
ADCETRIS	CALQUENCE	ESBRIET
ADEMPAS	CAMZYOS	ESPEROCT
ADVATE	CAPRELSA	EVKEEZA
ADYNOVATE	CERDELGA	EVRYSDI
AFSTYLA	CIBINQO	EXONDYS-51
ALDURAZYME	CIMZIA	EXTAVIA
ALECENSA	CINQAIR	EYLEA
ALIQOPA	COAGADEX	FABRAZYME
ALPROLIX	COMETRIQ	FASENRA
ALUNBRIG	COPIKTRA	FEIBA
APOKYN	CORTROPHIN	FENSOLVI
APRETUDE	COSELA	FIRDAPSE
ARIKAYCE	COSENTYX	FOTIVDA
ARZERRA	COTELLIC	FULPHILA
AUBAGIO	CRYSVITA	FYARRO
AUSTEDO	CUTAQUIG	GALAFOLD
AVASTIN	CUVITRU	GATTEX
AVSOLA	CYRAMZA	GAZYVA
AYVAKIT	DARZALEX	GILOTRIF
BAFIERTAM	DARZALEX FASPRO	GIVLAARI
BALVERSA	DAURISMO	GRANIX
BAVENCIO	DUPIXENT	HAEGARDA
BELEODAQ	DURYSTA	HEMLIBRA
BENEFIX	EGRIFTA SV	HERCEPTIN
BENLYSTA	ELELYSO	HERCEPTIN HYLECTA
BERINERT	ELOCTATE	HERZUMA
BESPONSA	ELZONRIS	HIZENTRA
BETASERON	EMFLAZA	HUMIRA
BLENREP	EMPLICITI	HYQVIA
BLINCYTO	ENBREL	IBRANCE



WELLFLEET

RX PLAN

ICLUSIG

IDELVION

IDHIFA

ILARIS

ILUMYA

IMBRUVICA

IMFINZI

IMLYGIC

INCRELEX

INFLECTRA

INGREZZA

INLYTA

INREBIC

IRESSA

ISTURISA

IXINITY

JAKAFI

JELMYTO

JEVTANA

JIVI

JYNARQUE

KADCYLA

KALYDECO

KANJINTI

KANUMA

KESIMPTA

KEVEYIS

KEVZARA

KEYTRUDA

KINERET

KISQALI

KISQALI FEMARA CO-PACK

KITABIS PAK

KOGENATE FS

KOSELUGO

KOVALTRY

KYMRIAH

KYPROLIS

LIBTAYO

LORBRENA

LUCENTIS

LUMAKRAS

LUMIZYME

LUMOXITI

LYNPARZA

MAVENCLAD

MAVYRET

MAYZENT

MEKINIST

MEKTOVI

MEPSEVII

MONJUVI

MVASI

MYALEPT

MYCAPSSA

NERLYNX

NEULASTA

NEULASTA ONPRO

NEUPOGEN

NINLARO

NIVESTYM

NOVOEIGHT

NOVOSEVEN RT

NPLATE

NUBEQA

NULOJIX

NUPLAZID

NUWIQ

NYVEPRIA

OCALIVA

OCREVUS

ODOMZO

OGIVRI

OLUMIANT

ONIVYDE

ONPATTRO

ONTRUZANT

ONUREG

OPDIVO

OPDUALAG

OPSUMIT

OPZELURA

ORENCIA

ORENITRAM ER

ORFADIN

ORGOVYX

ORKAMBI

ORLADEYO

OTEZLA

OXBRYTA

PADCEV

PALYNZIQ

PEMAZYRE

PERJETA

PHESGO

PIQRAY

PLEGRIDY

POLIVY

PORTRAZZA

POTELIGEO

PROMACTA

PULMOZYME

PYRUKYND

RADICAVA

RADICAVA ORS

REBLOZYL

RECOMBINATE

RECORLEV

REMICADE

RENFLEXIS

RETEVMO

RIABNI

RINVOQ

RITUXAN

RITUXAN HYCELA

RIXUBIS

ROZLYTREK

RUBRACA

RUXIENCE

RYBREVANT

RYDAPT

RYLAZE

SANDOSTATIN LAR

SARCLISA

SCEMBLIX

SEROSTIM

SEVENFACT

SIGNIFOR

SILIQ

SIMPONI

SIMPONI ARIA

SKYRIZI

SOLIRIS

SOMATULINE DEPOT

SOMAVERT

SOVALDI

SPINRAZA

SPRYCEL

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STELARA
 STIVARGA
 STRENSIQ
 SUBLOCADE
 SUPPRELIN LA
 SYLVANT
 SYMDEKO
 TABRECTA
 TAFINLAR
 TAGRISSO
 TAKHZYRO
 TALTZ
 TALZENNA
 TASIGNA
 TAVALISSE
 TAZVERIK
 TECENTRIQ
 TEZSPIRE
 THALOMID
 TIBSOVO
 TOBI
 TOBI PODHALER
 TRACLEER
 TRAZIMERA
 TREMFYA
 TRIKAFTA
 TRODELVY
 TRUSELTIQ
 TRUXIMA
 TUKYSA
 TURALIO
 TYMLOS
 TYSABRI
 TYVASO
 UDENYCA
 ULTOMIRIS
 UPLIZNA
 UPTRAVI
 VALCHLOR
 VECTIBIX
 VEMLIDY
 VENCLEXTA
 VERZENIO
 VIJOICE
 VILTEPSO
 VITRAKVI

VIVITROL
 VIZIMPRO
 VONJO
 VONVENDI
 VOSEVI
 VOTRIENT
 VOXZOGO
 VPRIV
 VUMERITY
 VYNDAMAX
 VYNDAQEL
 VYONDYS-53
 VYVGART
 VYXEOS
 WELIREG
 WILATE
 XALKORI
 XELJANZ
 XELJANZ XR
 XEMBIFY
 XEOMIN
 XERMELO
 XOFIGO
 XOLAIR
 XOSPATA
 XPOVIO
 XTANDI
 XYNTHA
 XYREM
 YERVOY
 YONDELIS
 YONSA
 ZARXIO
 ZEJULA
 ZELBORAF
 ZEMAIRA
 ZEPATIER
 ZEPOSIA
 ZEPZELCA
 ZEVALIN
 ZIRABEV
 ZOLGENSMA
 ZYDELIG
 ZYKADIA
 AMJEVITA
 CAMCEVI

CIMERLI
 ELAHERE
 EXKIVITY
 FYLNETRA
 HYFTOR
 IMJUDO
 INVEGA HAFYERA
 INVEGA SUSTENNA
 INVEGA TRINZA
 JAYPIRCA
 KRAZATI
 LUNSUMIO
 LYTGOBI
 PEMFEXY
 RELEUKO
 RELYVRIO
 REZLIDHIA
 ROLVEDON
 SOTYKTU
 SPEVIGO
 STIMUFEND
 TADLIQ
 TECVAYLI
 ZORYVE
 ZTALMY

*Drug list created 7/1/2023. Next planned update 1/1/2024.

Frequently Asked Questions (FAQs)

In keeping with their efforts to provide a robust yet cost-effective prescription drug plan for you and your family, Wellfleet is pleased to announce that they have partnered with PillarRx Consulting to implement the Copay Assistance Program for certain qualifying high-cost medications.

WHAT IS COPAY ASSISTANCE?

Copay assistance is a process in which drug manufacturers provide financial support to patients by covering all or most of the copay applied to a specialty medication.

WHAT IS THE COPAY ASSISTANCE PROGRAM?

The Copay Assistance Program administered by PillarRx Consulting, is a team of professionals that assists members in obtaining copay assistance from drug manufacturers to reduce their out-of-pocket expenses for eligible medications. Using the Copay Assistance Program may result in savings for you and your family.

HOW WILL THE COPAY ASSISTANCE PROGRAM SAVE ME MONEY?

The manufacturer assistance you receive for these high-cost medications may substantially reduce or completely cover your copayment/coinsurance for the medication. You will only be responsible for the amount returned after assistance is applied, not to exceed your existing prescription benefit copayment/coinsurance.

WHAT CAN I EXPECT FROM THE COPAY ASSISTANCE PROGRAM CARE TEAM?

If you currently take one or more medications for which copay assistance is available, you can expect a phone call from the Copay Assistance Care Team to help you enroll in the applicable copay assistance program. The Care Team will continue to monitor your claims and check in periodically to ensure that your copays are processing as expected and applied to your out-of-pocket costs appropriately. Please know this process and your prescription information are confidential.

WHY IS MY COPAY DIFFERENT?

Qualifying medications processed through the Copay Assistance Program will initially process with a designated coinsurance. The designated coinsurance is submitted to the manufacturer for financial assistance payment. You will only be responsible for the amount returned after manufacturer assistance is applied. *You will never pay more than your existing prescription benefit copay/coinsurance.* The Care Team will provide instruction on what your expected copay responsibility will be at the point-of-sale.



WHAT ELSE DO I NEED TO KNOW?

Your Plan applies your out-of-pocket prescription cost to your annual deductible and/or maximum out-of-pocket (MOOP). Only the portion you pay yourself will count toward your deductible and/or MOOP. The portion paid by the manufacturer will not count toward either one.

In addition, if your Plan is not informed of any copay assistance you may have received, the Plan reserves the right to recover amounts improperly credited to your deductible and/or MOOP, or improperly paid by the Plan under the mistaken belief you have reached your deductible and/or MOOP.

Please contact the **Copay Assistance Care Team at 636-271-5280** with any questions.