



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](http://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**

**ABRAXANE**

**ABRILADA**

**ACTEMRA**

**ACTHAR**

**ADAKVEO**

**ADBRY**

**ADCETRIS**

**ADEMPAS**

**ADSTILADRIN**

**ADVATE**

**ADYNOVATE**

**ADZYNMA**

**AFSTYLA**

**AKEEGA**

**ALDURAZYME**

**ALECENSA**

**ALIQOPA**

**ALPROLIX**

**ALTUVIIIO**

**ALUNBRIG**

**ALVAIZ**

**ALYFTREK**

**ALYMSYS**

**AMJEVITA**

**AMVUTTRA**

**APOKYN**

**APRETUDE**

**ARIKAYCE**

**AUSTEDO**

**AVASTIN**

**AVSOLA**

**AYVAKIT**

**BAFIERTAM**

**BALVERSA**

**BAVENCIO**

**BELEODAQ**

**BELRAPZO**

**BENEFIX**

**BENLYSTA**

**BERINERT**

**BESPONSA**

**BETASERON**

**BIMZELX**

**BLINCYTO**

**BOSULIF**

**BRAFTOVI**

**BREYANZI**

**BRIUMVI**

**BRONCHITOL**

**BRUKINSA**

**BYOOVIZ**

**CABLIVI**

**CABOMETYX**

**CAMCEVI**

**CAPRELSA**

**CARBAGLU**

**CASGEVY**

**CERDELGA**

**CIBINQO**

**CIMERLI**

**CIMZIA**

**CINQAIR**

**COAGADEX**

**COMETRIQ**

**COPIKTRA**

**CORTROPHIN**

**COSELA**

**COSENTYX**

**COTELLIC**

**CUTAQUIG**

**CUVITRU**

**CYRAMZA**

**DANZITEN**

**DARZALEX**

**DARZALEX FASPRO**

**DATROWAY**

**DAURISMO**

**DOPTELET**

**DUPIXENT**

**DURYSTA**

**EBGLYSS**

**EGRIFTA SV**

**ELAHERE**

**ELELYSO**

**ELEVIDYS**

**ELOCTATE**

**ELREXFIO**

**ELZONRIS**

**EMFLAZA**

**EMPLICITI**

**ENBREL**

**ENHERTU**

**ENJAYMO**

**ENSPRYNG**

**ENTYVIO**

**EPIDIOLEX**

**ERIVEDGE**

**ERLEADA**

**ESBRIET**

**ESPEROCT**

**EVENITY**

**EVKEEZA**

**EVRYSDI**

**EXONDYS-51**

**FABHALTA**

**FABRAZYME**

**FASENRA**

FEIBA

FENSOLVI

FILSPARI

FIRDAPSE

FOTIVDA

FRUZAQLA

FYARRO

FYLNETRA

GALAFOLD

GATTEX

GAZYVA

GIVLAARI

GLASSIA

GRANIX

HADLIMA

HAEGARDA

HEMGENIX

HERCEPTIN

HERCEPTIN

HYLECTA

HERCESSI

HERZUMA

HIZENTRA

HUMIRA

HYFTOR

HYMPAVZI PEN

HYQVIA

HYRIMOZ

IBRANCE

ICLUSIG

IDACIO

IDELVION

IDHIFA

ILARIS

ILUMYA

IMBRUVICA

IMFINZI

IMJUDO

IMLYGIC

INCRELEX

INFLECTRA

INGREZZA

INLYTA

INREBIC

INVEGA HAFYERA

INVEGA SUSTENNA

INVEGA TRINZA

IRESSA

ISTURISA

IXINITY

JAKAFI

JAYPIRCA

JELMYTO

JEVTANA

JIVI

JYNARQUE

KADCYLA

KALYDECO

KANJINTI

KANUMA

KESIMPTA

KEVEYIS

KEVZARA

KINERET

KISQALI

KISQALI FEMARA

CO-PACK

KITABIS PAK

KOGENATE FS

KOSELUGO

KOVALTRY

KRAZATI

KYMRIAH

KYPROLIS

LAMZEDE

LIBTAYO

LITFULO

LIVDELZI

LORBRENA

LUCENTIS

LUMAKRAS

LUMIZYME

LUMOXITI

LUMRYZ

LUNSUMIO

LYTGOBI

MAVENCLAD

MAVYRET

MAYZENT

MEKINIST

MEKTOVI

MEPSEVII

MONJUVI

MVASI

MYALEPT

MYCAPSSA

NERLYNX

NEULASTA

NEULASTA ONPRO

NEUPOGEN

NGENLA

NINLARO

NIVESTYM

NOVOEIGHT

NOVOSEVEN RT

NPLATE

NUBEQA

NUPLAZID

NUWIQ

NYVEPRIA

OCALIVA

OCREVUS

ODOMZO

OJJAARA

OLUMIANT

ONIVYDE

ONPATTRO

ONTRUZANT

ONUREG

OPDIVO

OPDUALAG

OPSUMIT

OPSYNVI

OPZELURA

ORENITRAM ER

ORFADIN

ORGOVYX

ORKAMBI

ORLADEYO

ORSERDU

OTEZLA

OXBRYTA

OXLUMO

PALYNZIQ

PANZYGA

PEMAZYRE

PEMFEXY

PEMRYDI RTU

PERJETA

PHESGO

PIQRAY

POLIVY

POMBILITI

PROMACTA

PULMOZYME

PYRUKYND

RADICAVA

RADICAVA ORS

REBLOZYL

RECOMBINATE

RECORLEV

RELEUKO

RELYVRIO

REMICADE

RENFLEXIS

RETEVMO

REZLIDHIA

RIABNI

RITUXAN

RITUXAN HYCELA

RIXUBIS

ROLVEDON

ROZLYTREK

RUBRACA

RUXIENCE

RYBREVANT

RYDAPT

RYLAZE

SANDOSTATIN LAR

SARCLISA

SCEMBLIX

SELARSDI

SEROSTIM

SEVENFACT

SIGNIFOR

SILIQ

SIMLANDI

SIMPONI

SIMPONI ARIA

SKYCLARYS

SKYRIZI

SOHONOS

SOLIRIS

SOMATULINE DEPOT

SOMAVERT

SOTYKTU

SOVALDI

SPRAVATO

STELARA

STIMUFEND

STIVARGA

STRENSIQ

SUBLOCADE

SUPPRELIN LA

SYLVANT

SYMDEKO

TABRECTA

TADLIQ

TAFINLAR

TAKHZYRO

TALTZ

TALVEY

TALZENNA

TASCENSO ODT

TASIGNA

TAVALISSE

TAZVERIK

TECENTRIQ

TECVAYLI

TEPMETKO

TEZSPIRE

THALOMID

TIBSOVO

TIVDAK

TOBI

TOBI PODHALER

TOFIDENCE

TRACLEER

TRAZIMERA

TREMFYA

TRIKAFTA

TRODELVY

TRUXIMA

TUKYSA

TURALIO

TYENNE

TYMLOS

TYVASO

UDENYCA

ULTOMIRIS

UPLIZNA

UPTRAVI

VALCHLOR

VANFLYTA

VECTIBIX

VEGZELMA

VEMLIDY

VENCLEXTA

VERZENIO

VIJOICE

VILTEPSO

VITRAKVI

**VIVITROL**
**VIZIMPRO**
**VONJO**
**VONVENDI**
**VORANIGO**
**VOSEVI**
**VOTRIENT**
**VOXZOGO**
**VOYDEYA**
**VPRIV**
**VYJUVEK**
**VYLOY**
**VYNDAMAX**
**VYNDAQEL**
**VYONDYS-53**
**VYVGART**
**VYXEOS**
**WAKIX**
**WELIREG**
**WILATE**
**WINREVAIR**
**XALKORI**
**XELJANZ**
**XELJANZ XR**
**XEMBIFY**
**XEOMIN**
**KERMELO**
**XOFIGO**
**XOSPATA**
**XPOVIO**
**XTANDI**
**XYNTHA**
**XYREM**
**XYWAV**
**YERVOY**
**YONDELIS**
**YONSA**
**YORVIPATH**
**YUFLYMA**
**YUSIMRY**
**ZARXIO**
**ZEJULA**
**ZELBORAF**
**ZEMAIRA**
**ZEPZELCA**
**ZEVALIN**
**ZIRABEV**
**ZOLGENSMA**
**ZORYVE**
**ZTALMY**
**ZYDELIG**
**ZYKADIA**
**ZYMFENTRA**
**ZYNYZ**

\*Drug list created 1/1/2023.

Updated 7/1/2025. Next  
planned update 1/1/2026.

## 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.