



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	BERINERT	DATROWAY
ABRAXANE	BESPONSA	DAURISMO
ABRILADA	BETASERON	DOJOLVI
ACTHAR	BIMZELX	DOPTELET
ADAKVEO	BLENREP	DURYSTA
ADBRY	BLINCYTO	EBGLYSS
ADCETRIS	BORUZU	EGRIFTA SV
ADEMPAS	BOSULIF	EKTERLY
ADVATE	BRAFTOVI	ELAHERE
ADYNOVATE	BREYANZI	ELELYSO
ADZYNMA	BRIUMVI	ELEVIDYS
AFSTYLA	BRONCHITOL	ELOCTATE
AKEEGA	BRUKINSA	ELREXFIO
ALDURAZYME	BYOOVIZ	ELZONRIS
ALECENSA	CABLIVI	EMFLAZA
ALPROLIX	CABOMETYX	EMPPLICITI
ALTUVIIO	CAMCEVI	ENBREL
ALUNBRIG	CAPRELSA	ENHERTU
ALVAIZ	CARBAGLU	ENJAYMO
ALYFTREK	CASGEVY	ENSPRYNG
ALYMSYS	CERDELGA	ENTYVIO
AMJEVITA	CIBINQO	EPIDIOLEX
AMVUTTRA	CIMERLI	EPYSQLI
ARIKAYCE	CIMZIA	ERIVEDGE
ARZERRA	CINQAIR	ERLEADA
AUBAGIO	COAGADEX	ESBRIET
AUSTEDO	COMETRIQ	EVKEEZA
AVASTIN	COPIKTRA	EVRYSDI
AVSOLA	CORTROPHIN	EXKIVITY
AXTLE	COSELA	EXONDYS-51
AYVAKIT	COSENTYX	EXTAVIA
BAFIERTAM	COTELLIC	EYLEA
BALVERSA	CRYSVITA	FABHALTA
BAVENCIO	CUTAQUIG	FABRAZYME
BELEODAQ	CYRAMZA	FASENRA
BELRAPZO	DANZITEN	FEIBA
BENEFIX	DARZALEX	FENSOLVI
BENLYSTA	DARZALEX FASPRO	FILSPARI

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FIRDAPSE	INGREZZA	LUMRYZ
FOTIVDA	INLYTA	LUNSUMIO
FRUZAQLA	INREBIC	LYNOZYFIC
FULPHILA	INVEGA HAFYERA	LYTGobi
FYARRO	INVEGA SUSTENNA	MAVENCLAD
FYLNETRA	INVEGA TRINZA	Mavyret
GALAFOLD	IRESSA	MAYZENT
GATTEX	ISTURISA	MEKINIST
GAZYVA	IXINITY	MEKTOVI
GIVLAARI	JAKAFI	MEPSEVII
GLASSIA	JAYPIRCA	MONJUVI
GRAFAPEX	JELMYTO	MVASI
GRANIX	JEVTANA	MYALEPT
HADLIMA	JIVI	MYCAPSSA
HAEGARDA	JYNARQUE	NEMLUVIO
HARLIKU	KADCYLA	NERLYNX
HEMGENIX	KALYDECO	NEULASTA
HERCEPTIN	KANJINTI	NEULASTA ONPRO
HERCEPTIN HYLECTA	KANUMA	NEUPOGEN
HERCESSI	KEBILIDI	NGENLA
HERZUMA	KESIMPTA	NINLARO
HIZENTRA	KEVEYIS	NIVESTYM
HULIO	KEVZARA	NPLATE
HUMIRA	KINERET	NULOJIX
HYFTOR	KISQALI	NUPLAZID
HYMPAVZI PEN	KISQALI FEMARA CO-PACK	NUWIQ
HYQVIA	KITABIS PAK	NYVEPRIA
IBRANCE	KOSELUGO	OCALIVA
IBTROZI	KOVALTRY	OCREVUS
ICLUSIG	KRAZATI	ODOMZO
IDACIO	KYMRIAH	OGIVRI
IDELVION	KYPROLIS	OJJAARA
IDHIFA	LAMZEDE	OLUMIANT
ILARIS	LEQSELVI	ONIVYDE
ILUMYA	LIBTAYO	ONPATTRO
IMAAVY	LITFULO	ONTRUZANT
IMBRUVICA	LIVDELZI	ONUREG
IMFINZI	LORBRENA	OPDIVO
IMJUDO	LUCENTIS	OPDUALAG
IMLYGIC	LUMAKRAS	OPSUMIT
INCRELEX	LUMIZYME	OPSYNVI
INFLECTRA		OPZELURA



ORENITRAM ER	ROMVIMZA	TALVEY
ORFADIN	ROZLYTREK	TALZENNA
ORGOVYX	RUBRACA	TASCENSO ODT
ORKAMBI	RUXIENCE	TASIGNA
ORLADEYO	RYBREVANT	TAVALISSE
ORMALVI	RYDAPT	TAZVERIK
ORSERDU	RYLAZE	TECENTRIQ
OSENVELT	SANDOSTATIN LAR	TECVAYLI
OXLUMO	SARCLISA	TEPMETKO
PALYNZIQ	SCEMBLIX	TEVIMBRA
PANZYGA	SELARSDI	THALOMID
PEMAZYRE	SEROSTIM	TIBSOVO
PEMFEXY	SEVENFACT	TIVDAK
PEMRYDI RTU	SIGNIFOR	TOBI
PERJETA	SILIQ	TOBI PODHALER
PERSERIS	SIMLANDI	TOFIDENCE
PHESGO	SIMPONI	TRACLEER
PIQRAY	SIMPONI ARIA	TRAZIMERA
PLEGRIDY	SKYCLARYS	TREMFYA
POLIVY	SKYRIZI	TRIKAFTA
POMBILITI	SOHONOS	TRODELVY
PORTRAZZA	SOLIRIS	TRUSELTIQ
POTELIGEO	SOMATULINE DEPOT	TRUXIMA
PROMACTA	SOMAVERT	TUKYSA
PULMOZYME	SOTYKTU	TURALIO
PYRUKYND	SOVALDI	TYENNE
QFITLIA	SPINRAZA	TYSABRI
RADICAVA	SPRAVATO	TYVASO
RADICAVA ORS	STELARA	UDENYCA
REBLOZYL	STEQEYMA	ULTOMIRIS
RECOMBINATE	STIMUFEND	UPLIZNA
RECORLEV	STIVARGA	UPTRAVI
RELEUKO	STRENSIQ	VALCHLOR
REMICADE	SUBLOCADE	VANFLYTA
RENFLEXIS	SUPPRELIN LA	VECTIBIX
RETEVMO	SYLVANT	VEGZELMA
REZLIDHIA	SYMDEKO	VEMLIDY
RIABNI	TABRECTA	VIDAZA
RITUXAN	TADLIQ	VIJOICE
RITUXAN HYCELA	TAFINLAR	VILTEPSO
RIXUBIS	TAKHYRO	VITRAKVI
ROLVEDON	TALTZ	VIVIMUSTA



VIVITROL
VIZIMPRO
VONJO
VONVENDI
VORANIGO
VOSEVI
VOTRIENT
VOXZOGO
VOYDEYA
VPRIV
VUMERITY
VYJUVEK
VYLOY
VYNDAMAX
VYNDAQEL
VYONDYS-53
VYVGART
VYXEOS
WAKIX
WELIREG
WEZLANA
WILATE
WINREVAIR
XALKORI
XELJANZ
XELJANZ XR
XEMBIFY
XEOMIN
XERMELO
XOFIGO
XOSPATA
XPOVIO
XTANDI
XYNTHA
XYREM
XYWAV
YERVOY
YONDELIS
YONSA
YORVIPATH
YUFLYMA
ZARXIO

ZEJULA
ZELBORAF
ZEMAIRA
ZEPATIER
ZEPZELCA
ZIRABEV
ZOLGENSMA
ZORYVE
ZTALMY
ZUSDURI
ZYDELIG
ZYKADIA
ZYMFENTRA
ZYNYZ

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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.