



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**ABRAXANE****ABRILADA****ACTHAR****ADAKVEO****ADBRY****ADCETRIS****ADEMPAS****ADVATE****ADYNOVATE****ADZYNMA****AFSTYLA****AKEEGA****ALDURAZYME****ALECENSA****ALPROLIX****ALTUVIIIO****ALUNBRIG****ALVAIZ****ALYFTREK****ALYMSYS****AMJEVITA****AMVUTTRA****ARIKAYCE****ARZERRA****AUBAGIO****AUSTEDO****AVASTIN****AVSOLA****AXTLE****AYVAKIT****BAFIERTAM****BALVERSA****BAVENCIO****BELEODAQ****BELRAPZO****BENEFIX****BENLYSTA****BERINERT****BESPONSA****BETASERON****BIMZELX****BLENREP****BLINCYTO****BORUZU****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****CRYSVITA****CUTAQUIG****CYRAMZA****DANZITEN****DARZALEX****DARZALEX FASPRO****DATROWAY****DAURISMO****DOJOLVI****DOPTELET****DURYSTA****EBGLYSS****EGRIFTA SV****EKTERLY****ELAHERE****ELELYSO****ELEVIDYS****ELOCTATE****ELREXFIO****ELZONRIS****EMFLAZA****EMPLICITI****ENBREL****ENHERTU****ENJAYMO****ENSPRYNG****ENTYVIO****EPIDIOLEX****EPYSQLI****ERIVEDGE****ERLEADA****ESBRIET****EVKEEZA****EVRYSDI****EXKIVITY****EXONDYS-51****EXTAVIA****EYLEA****FABHALTA****FABRAZYME****FASENRA****FEIBA****FENSOLVI****FILSPARI**

FIRDAPSE
FOTIVDA
FRUZAQLA
FULPHILA
FYARRO
FYLNETRA
GALAFOLD
GATTEX
GAZYVA
GIVLAARI
GLASSIA
GRAFAPEX
GRANIX
HADLIMA
HAEGARDA
HARLIKU
HEMGENIX
HERCEPTIN
HERCEPTIN HYLECTA
HERCESSI
HERZUMA
HIZENTRA
HULIO
HUMIRA
HYFTOR
HYMPAVZI PEN
HYQVIA
IBRANCE
IBTROZI
ICLUSIG
IDACIO
IDELVION
IDHIFA
ILARIS
ILUMYA
IMAAVY
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
KEBILIDI
KESIMPTA
KEVEYIS
KEVZARA
KINERET
KISQALI
**KISQALI FEMARA CO-
PACK**
KITABIS PAK
KOSELUGO
KOVALTRY
KRAZATI
KYMRIAH
KYPROLIS
LAMZEDE
LEQSELVI
LIBTAYO
LITFULO
LIVDELZI
LORBRENA
LUCENTIS
LUMAKRAS
LUMIZYME
LUMRYZ
LUNSUMIO
LYNOZYFIC
LYTGOBI
MAVENCLAD
MAVYRET
MAYZENT
MEKINIST
MEKTOVI
MEPSEVII
MONJUVI
MVASI
MYALEPT
MYCAPSSA
NEMLUVIO
NERLYNX
NEULASTA
NEULASTA ONPRO
NEUPOGEN
NGENLA
NINLARO
NIVESTYM
NPLATE
NULOJIX
NUPLAZID
NUWIQ
NYVEPRIA
OCALIVA
OCREVUS
ODOMZO
OGIVRI
OJJAARA
OLUMIANT
ONIVYDE
ONPATTRO
ONTRUZANT
ONUREG
OPDIVO
OPDUALAG
OPSUMIT
OPSYNVI
OPZELURA

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

*Drug list created 1/1/2023.

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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.