



MEDICAL MUTUAL



February 1, 2025

Re: Effective April 1, 2025, pay as low as \$0 for certain specialty medications

Dear ,

Medical Mutual wants to help you pay less for your specialty medications. We are partnering with Express Scripts to offer you a copay assistance service administered by SaveOnSP, which supports you in paying less for your specialty medications. This service helps you access the assistance available through drug manufacturers. You will still fill your 30-day prescription(s) through **Accredo, University Hospitals of Cleveland Specialty Pharmacy or Gentry Health Services**.

Your specialty medication eligible for a cost as low as \$0 is Nucala. A full list of eligible medications and coinsurances can be found at [MedMutual.com/SaveOnSPNPPublic](https://www.MedMutual.com/SaveOnSPNPPublic).

How do you participate?

A service representative from SaveOnSP will call you to explain how this copay assistance service works and help you participate. Participation includes enrolling in your manufacturer's copay assistance program and allowing SaveOnSP to share data with your filling pharmacy to help you seamlessly take advantage of this service. It's easy and it takes just a few minutes.

If you would like to participate in our copay assistance service immediately, you may call SaveOnSP directly at 1-800-683-1074. Representatives are available Monday through Thursday, 8 a.m. to 11 p.m., and Friday, 8 a.m. to 9 p.m. Eastern.

Please note: Coinsurance for these specialty medications will not accumulate toward your annual deductible or your maximum out-of-pocket limit regardless of participation. Without participation in the copay assistance service, you will be responsible for paying the full 30 percent coinsurance and these dollars will not accumulate to your annual deductible or maximum out-of-pocket.

Please review the enclosed Frequently Asked Questions for additional information. If you have other questions or concerns, please call SaveOnSP at 1-800-683-1074 or call the Rx Information number on your Medical Mutual ID card.

Sincerely,

Medical Mutual

Copay Assistance Service Frequently Asked Questions (FAQs)

Who is eligible for the copay assistance service administered by SaveOnSP?

- Covered members under your employer group health plan who are currently taking, or begin taking, a medication on the SaveOnSP-supported Specialty Medication List, which is available online at [MedMutual.com/SaveOnSPNPPublic](https://www.MedMutual.com/SaveOnSPNPPublic).

How do I participate?

For your current eligible medications:

- A SaveOnSP service representative will call you to explain how the copay assistance service works and help you participate. Participation includes enrolling in the manufacturer's copay assistance program and allowing SaveOnSP to share data with your filling pharmacy to help you seamlessly take advantage of this service. It's easy and just takes a few minutes. Please call SaveOnSP at 1-800-683-1074 prior to your first fill after April 1, 2025. Representatives are available Monday through Thursday, 8 a.m. to 11 p.m., and Friday, 8 a.m. to 9 p.m. Eastern.
- If you already participate in the manufacturer's copay assistance program for your medication, the call with SaveOnSP will be even easier.
- After your initial registration, SaveOnSP will only contact you once a year to ensure you are re-enrolled in the manufacturer's copay assistance program, if needed.

For any new, eligible medication:

1. Your doctor or health provider will continue to send your new prescription to Accredo, University Hospitals of Cleveland Specialty Pharmacy or Gentry for filling.
2. A pharmacy representative will call you and transfer you to a SaveOnSP customer service representative. The SaveOnSP representative will assist you with the enrollment in the manufacturer's copay assistance program.
3. The SaveOnSP representative will provide Accredo, University Hospitals of Cleveland Specialty Pharmacy or Gentry your needed processing information.
4. Accredo, University Hospitals of Cleveland Specialty Pharmacy or Gentry will process the claim and you will pay less for your medication.

The SaveOnSP service representative will ensure you are enrolled in the appropriate manufacturer copay assistance program for each eligible medication that you take.

What is the benefit to me?

- With participation in the copay assistance service, your cost will be as low as \$0 for medications on the SaveOnSP-supported medication list.
- Please note that if your medication is ever removed from eligibility, a SaveOnSP service representative will notify you and your coinsurance will change back to your prescription benefit's standard specialty medication cost share.

What happens if I don't participate?

- A SaveOnSP service representative will call you to explain how the copay assistance service helps you and will encourage you to take advantage of the service.
- Participation in the copay assistance service is voluntary; however, without participating, you will be responsible for paying the 30 percent coinsurance for your medication on the SaveOnSP-supported Specialty Medication List available at [MedMutual.com/SaveOnSPNPPublic](https://www.MedMutual.com/SaveOnSPNPPublic).



MEDICAL MUTUAL®

2025 Copay Assistance Service Drug List National Preferred Plus Formulary (Public Entities)

Effective January 1, 2025

Please call 1-800-683-1074 to participate. Once you've enrolled in copay assistance and consented to SaveOnSP monitoring your pharmacy account, your responsibility will be as low as \$0.

The specialty medications included in the copay assistance service drug list are specific to your plan's prescription drug benefit and subject to change at any time. Prescription drug benefit plan terms will always take precedence. Medications with prior authorization criteria must be approved in advance by the plan and follow applicable laws and/or regulations. The specialty medications included on this list will have a 30 percent coinsurance. By enrolling in the available manufacturer assistance program and consenting to SaveOnSP monitoring your pharmacy account, **your final cost will be as low as \$0**. The coinsurance amount may vary. Specialty medications will be filled through your approved specialty pharmacy.

A

Actemra**
Acthar
Adakveo
Adalimumab-adaz
Adalimumab-adbm*
Adbry
Afstyla
Alprolix
Altuviio
Arcalyst
Asceniv
Austedo
Avonex

B

Bafiertam
Betaseron
Brixadi
Bylvay

C

Cabenuva
Cabliivi
Camzyos
Carbaglu
Cayston
Cerdelga
Cholbam
Cibinqo
Cinryze
Crysvita
Cuvitru
Cyltezo

D

Dojolvi
Doptelet
Duopa
Dupixent

E

Egrifta
Eloctate
Empaveli
Enbrel
Enspryng
Entyvio
Eplclusa
Esperoct
Evkeeza

F

Fasenra
Ferriprox
Firdapse
Fulphila

G

Galafold
Gamifant
Gattex
Genotropin
Givlaari
Glatopa

H

Haegarda
Harvoni
Hemlibra
Hetlioz
Hyqvia

I

Idelvion
Ilaris
Imcivree
Increlex
Ingrezza

J

Jivi

Joenja
Juxtapid
Jynarque

K

Kalydeco
Kitabis
Kovaltry

L

Leukine
Litfulo
Livmarli
Lumryz
Lupkynis

M

Mayzent
Myalept

N

Ngenla
Nityr
Nivestym
Nouriaz
Novoeight
Nucala
Nulibry
Nuplazid

O

Ocaliva
Ocrevus
Ofev
Olpruva
Omnitrope
Omvoh**
Opfolda
Orenitram
Orfadin
Orkambi
Orladeyo

Otezla
Oxervate
Oxlumo

P

Palyngiq
Panhematin
Plegridy
Pombiliti
Ponvory
Promacta
Pulmozyme
Pyrukynd

R

Rebif
Revatio
Revcovi
Rinvoq

S

Serostim
Sevenfact
Signifor
Simponi**
Skyrizi**
sodium oxybate
Sohonos
Somavert
Sotyktu
Stelara**
Strensiq
Sublocade
Sucraid
Sunlenca
Sylvant
Symdeko

T

Takhzyro
Taltz

Tavalisse
Tavneos
Tegsedi
Tezspire
Thiola
Tobi
Tracleer
Tremfya
Tretten
Trikafta
Tymlos
Tyvaso

U

Ultomiris
Upravi

V

Vivitrol
Vonvendin
Vowst
Voxzogo
Vumerity
Vyleesi
Vyndamax
Vyndaquel

W

Wakix

X

Xdemvy
Xeljanz
Xembify
Xermelo
Xolair

Z

Zeposia
Ziextenzo
Zokinvy
Ztalmy

*Quallent products not included.

**Subcutaneous only.