



MEDICAL MUTUAL®

2025 Copay Assistance Service Drug List Exclusive (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 copay assistance program and consenting to SaveOnSP monitoring your pharmacy account, **your final cost will be as low as \$0**. The coinsurance amount may vary. You will continue to fill your specialty medications through your approved specialty pharmacy.

A

Adalimumab-fkjp
Apokyn
Arcalyst

B

Brixadi

C

Cablivi
Carbaglu
Cholbam
Cortrophin
Crysvita
Cuvrior

D

Daybue
Dojolvi
Duopa

E

Egrifta
Emflaza

Empaveli
Esbriet
Evkeeza

F

Filspari
Fintepla
Firazyr
Firdapse

G

Gattex
Givlaari

H

Hetlioz
Hulio

I

Idacio
Ilaris
Ingrezza

J

Joenja

Juxtapid
Jynarque

K

Kitabis

L

Leqembi
Livmarli
Lupkynis

M

Myalept
Mytesi

N

Northera
Nulibry
Nuplazid

O

Olpruva
Orladeyo
Oxlumo

P

Panhematin
Pombiliti
Procysbi
Prolia
Pyrukynd

R

Ravicti
Revcovi

S

sodium oxybate
Sohonos
Sylvant
Symdeko

T

Tadliq
Takhzyro
Tascenso
Tavalisse
Tegsedi

Thiola

V

Vonvendi
Vyleesi
Vyndamax
Vyndaquel

X

Xdemvy
Xphozah
Xyrem

Y

Yuflyma
Yusimry

Z

Zokinvy
Ztalmy