



MEDICAL MUTUAL®

## 2025 Copay Assistance Service Drug List Exclusive (Public Entities)

Effective July 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

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  
Thiola

### V

Vonvendi  
Vyleesi  
Vyndamax  
Vyndaqel

### X

Xphozah  
Xyrem

### Y

Yusimry

### Z

Zokinvy  
Ztalmay