



## 2021 SaveOnSP Drug List

Effective January 1, 2021

Below are the associated copays for the medications in the SaveOnSP program. The drugs listed are subject to your plan's

Please call 1-800-683-1074  
to enroll. Once enrolled, your  
responsibility will be \$0.



## 2021 SaveOnSP Drug List

Effective January 1, 2021

Below are the associated copays for the medications in the SaveOnSP program. The drugs listed are subject to your plan's formulary and utilization management restrictions and must be filled through the pharmacy benefit at the preferred specialty pharmacy, Accredo\*. You must contact SaveonSP prior to filling your prescription. The program cannot be retroactively applied to a previously filled prescription.

### N

Nerlynx	\$2,080
Nexavar	\$2,166
Ninlaro	\$2,166
Nityr	\$1,330
Northera	\$3,333
Novoeight	\$1,250
Novoseven RT	\$1,000
Nplate	\$1,000
Nubeqa	\$2,166
Nucala	\$1,330
Nuplazid	\$750
Nuwiq	\$1,250

### O

Ocaliva	\$1,250
Odomzo	\$1,330
Ogivri	\$2,166
Olumiant	\$1,250
Opdivo	\$2,166
Opsumit	\$2,666
Orencia	\$1,330
Orenitram	\$3,333
Orkambi	\$5,000
Otezla	\$1,250
Oxbryta	\$2,666
Oxervate	\$3,333

### P

*\*If the drug is processed under the medical benefit, medical benefit cost share would apply.*

*SaveonSP does not apply if the drug is administered under the medical benefit. Drugs may be covered under the medical benefit when administered and billed through a provider as part of the medical service.*

*Premera Blue Cross is an independent licensee of the Blue Cross Blue Shield Association.*

*SaveOnSP is a program ExpressScripts, an independent company providing pharmacy services on behalf of Premera.*

