



Important Pharmacy Benefit Information

<DATE>

<First Name> <Last Name> <Address>«Address_2» <City, State, Zip>

Re: Attention: Specialty Pharmacy Plan Change Effective October 1, 2019

Dear <First Name>,

Beginning October 1, 2019, **California Schools VEBA** is partnering with Express-Scripts' program: **SaveonSP**, to help you save money on certain specialty medications. If you participate in this program, select specialty medications will be free of charge (\$0). Your prescriptions will still be filled through **Accredo**, your existing specialty mail pharmacy.

If you are currently taking or will be taking a medication on the attached list (Non-Essential Health Benefit Specialty Drug List), you are eligible to participate in the SaveonSP program. To enroll, simply call SaveonSP at 1-800-683-1074 prior to October 1, 2019. Enrollment in the program is voluntary. If you choose <u>not</u> to participate, you will be responsible for the copay provided on the attached list. Keep in mind that the copay will <u>not</u> count towards your deductible or out-of-pocket maximums.

For example:

You are on Copaxone. Your copay is currently \$70. Effective October 1, 2019, your copay will increase to \$1,000.

- If you enroll in the SaveonSP program, your full copay will be paid through the manufacturer copay assistance program and you will pay nothing (\$0).
- If you choose <u>not</u> to enroll in the SaveonSP program, <u>your financial responsibility will be the full \$1,000 copay</u>.
 In addition, the \$1,000 copay will <u>not</u> count towards your deductible or out-of-pocket maximum, because Non-Essential Health Benefits do not apply to out-of-pocket accumulators.

If you have any further questions or concerns, please contact SaveonSP at 1-800-683-1074 Monday – Thursday 8:00 a.m. – 8:00 p.m. Eastern and Friday 8:00 a.m. – 6:00 p.m. Eastern.

Sincerely,

SaveonSP

California Schools VEBA 2019 Specialty Drug List



Below are the associated copays for the medications in the SaveonSP program. Once enrolled, your responsibility will be \$0. Please call 1-800-683-1074 to enroll.

Drug Name	Monthly
	Copay
Abraxane	\$830
Actemra	\$1,250
Adcetris	\$1,666
Advate	\$1,000
Afinitor	\$1,250
Alecensa	\$2,080
AlphaNine	\$5,000
Alprolix	\$1,000
Aubagio	\$2,000
Austedo	\$1,000
Avastin	\$2,080
Avonex	\$600
Benefix	\$1,000
Benlysta	\$1,250
Betaseron	\$1,200
Bosulif	\$2,080
Cabometyx	\$2,080
Cerdelga	\$1,250
Cimzia	\$1,250
Cinryze	\$1,666
Copaxone	\$1,000
Cosentyx	\$1,666
Cotellic	\$2,080
Darzalex	\$1,666
Daurismo	\$2,080
Doptelet	\$600
Dupixent	\$1,000
Elaprase	\$1,250
Empliciti	\$2,080
Enbrel	\$1,250
Entyvio	\$1,666
Epclusa	\$6,350
Erbitux	\$2,080
Erivedge	\$2,080
Erleada	\$1,250
Esbriet	\$2,080
Exjade	\$1,250
Eylea	\$1,250
Farydak	\$1,250
Fasenra	\$1,250

Drug Name	Monthly
	Copay
Firazyr	\$1,666
Forteo	\$750
Gazyva	\$2,080
Gilenya	\$1,666
Gilotrif	\$2,080
Glatiramer	\$1,000
Glatopa	\$1,000
Granix	\$1,000
Haegarda	\$1,000
Harvoni	\$7,500
Herceptin	\$2,080
Humira	\$1,666
Hemlibra	\$1,250
Ibrance	\$2,080
llaris	\$2,666
Ilumya	\$1,330
Increlex	\$1,000
Inflectra	\$1,666
Inlyta	\$2,080
Iressa	\$2,166
Jadenu	\$1,250
Jakafi	\$2,080
Jivi	\$1,000
Kadcyla	\$2,080
Kalbitor	\$2,000
Kalydeco	\$3,333
Kevzara	\$1,250
Keytruda	\$2,080
Ledipasvir/Sofosbuvir	\$7,500
Lenvima	\$3,333
Letairis	\$750
Lonsurf	\$2,000
Lorbrena	\$2,080
Lucentis	\$1,666
Lumizyme	\$1,250
Lupaneta Pack	\$750
Lynparza	\$2,166
Mekinist	\$1,250
Mulpleta	\$1,000
Nerlynx	\$2,000

	Mandali
Drug Name	Monthly Copay
Neulasta	\$830
Nexavar	\$2,080
Ninlaro	\$2,080
	\$1,330
Northera	
Nplate	\$830
Nucala	\$1,250
Nuplazid	\$600
Ocaliva	\$1,250
Ocrevus	\$1,000
Odomzo	\$1,250
Olumiant	\$1,000
Opdivo	\$2,080
Opsumit	\$1,666
Orencia*	\$5,000
Orenitram	\$1,666
Orkambi	\$3,333
Otezla	\$1,000
Palynziq	\$1,666
Perjeta	\$2,080
Plegridy	\$600
Promacta	\$1,250
Pulmozyme	\$830
Rebif	\$2,000
Remicade	\$2,000
Remodulin	\$600
Renflexis	\$1,666
Revatio	\$1,000
Revlimid	\$830
Rituxan	\$830
Rixubis	\$1,000
Rydapt	\$1,250
Sabril	\$1,330
Serostim	\$1,666
Siliq	\$1,666
Simponi	\$1,666
Sofosbuvir/Velpatasvir	\$6,350
Somatuline Depot	\$1,666
Spinraza	\$2,000
Sprycel*	\$7,000
Stelara	\$1,666
Steldid	31,000

Monthly
Copay
\$1,330
\$2,080
\$3,333
\$1,250
\$2,166
\$2,000
\$1,330
\$2,080
\$2,080
\$1,250
\$2,080
\$600
\$2,000
\$1,000
\$1,000
\$1,666
\$600
\$1,250
\$1,250
\$1,000
\$830
\$1,666
\$830
\$2,080
\$2,000
\$2,080
\$6,350
\$1,250
\$2,080
\$1,250
\$830
\$1,000
\$2,080
\$2,080
\$830
\$2,080
\$5,000
\$2,080
\$1,250