

Priority Health 2026 Specialty Drug Savings Benefit Medication List

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

Effective July 1, 2026

The specialty medications included in the Specialty Drug Savings medication 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. By enrolling in the available manufacturer assistance program and consenting to SaveOnSP monitoring your pharmacy account, **your final cost will be \$0***. Specialty medications will be filled through your approved specialty pharmacy.

A Acthar Actimmune Adalimumab-adaz Adalimumab-adbm** Adbry Adynovate Afstyla Akeega Alecensa Alhemo Altuviiiio Alunbrig Alvaiz Alyftrek Arcalyst Avonex	D Daybue Dupixent E Eloctate Enbrel Erivedge Erleada Esperoct F Feiba NF Filspari Fintepla Firdapse Fruzaqla Fulphila	I Ibrance Iclusig Idelvion Imbruvica Increlex	J Jakafi Joenja Juxtapid K Kalbitor Kalydeco Kesimpta Kevzara Kineret Kisqali Kitabis Komzifti Kovaltry L Lazcluze Lenvima Livdelzi Lorbrena Lumakras Lupkynis Lynparza Lytgobi M Mekinist Mektovi Modayso Myalept N	O Ojjaara Orencia*** Orgovyx Orladeyo Orserdu Otezla Oxervate P Palynziq Piqray Procysbi Pulmozyme R Radicava Ravicti Rebif Rebinyn Recombinate Redemplo Revcovi Rezlidhia Rinvoq Romvimza Rydapt	S Selarsdi Serostim Sevenfact Signifor Siliq Simlandi Simponi Skyclarys Skyrizi sodium oxybate Sohonos Somavert Sotyktu Stivarga Sucraid Symdeko T Tafinlar Tagrisso Takhzyro Tavneos Tretten Trikafta Truqap Tukysa Tyenne Tymlos Tyvaso V Valchlor Vanflyta Vanrafia Venclexta Vijoice
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* Final responsibility may be higher based on specific manufacturer copay assistance program funding. In the event financial responsibility is greater than \$0, your plan administrator will pay the remaining amount to ensure you receive your medications for \$0.

**Excludes Quallent Pharmaceuticals.

***Subcutaneous only.

Vistogard
Vonjo
Vonvendi
Voranigo
Voxzogo
Vyndamax

W

Wakix
Wayrilz
Welireg
Wilate
Winrevair

X

Xeljanz
Xermelo
Xolair
Xolremdi
Xyntha

Y

Yargesa
Yesintek
Yorvipath

Z

Zarxio
Zejula
Zelboraf
Zeposia
Ztalmy

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