

# Copay Card Solutions

## Variable copay drug list

June 1, 2021

Below is the variable copay drug list and can be used as a reference for qualified medications under this program. If you use a copay card, your copay may be higher based on the manufacturer's program. The manufacturer's copay card should cover most, if not all, of your copay. Please note this list may change. However, your member cost share will stay the same.

Medication name		
ACTEMRA	BOSULIF	FASENRA
ACTHAR HP	BRAFTOVI	FEIBA
ADCIRCA	CABOMETYX	FIRAZYR
ADVATE	CALQUENCE	FORTEO
ADYNOVATE	CELLCEPT	FULPHILA
AFINITOR	CIMZIA	GENOTROPIN
AFINITOR DIS	CIMZIA PREFL	GILENYA
AFSTYLA	COPAXONE	GLATIRAMER
ALECENSA	COSENTYX	GLATOPA
ALPROLIX	COTELLIC	GLEEVEC
ALUNBRIG	DAURISMO	GRANIX
AMPYRA	DUPIXENT	HARVONI
AUBAGIO	EGRIFTA	HEMLIBRA
AUSTEDO	ELOCTATE	HUMATROPE
AVONEX	ENVARBUS	HUMIRA
AVONEX	EPCLUSA	IBRANCE
BENEFIX	ERIVEDGE	IDELVION
BENLYSTA	ERLEADA	IDHIFA
BERINERT	ESBRIET	ILUMYA
BETASERON	EXTAVIA	IMBRUVICA
BETHKIS	FARYDAK	INLYTA

continued

**Medication name**

INREBIC	OMNITROPE	TALZENNA
IRESSA	ORENCIA	TASIGNA
IXINITY	ORKAMBI	TECFIDERA
JAKAFI	OTEZLA	THALOMID
JIVI	PIQRAY	TOBI
KALYDECO	POMALYST	TOBI PODHALR
KEVZARA	PROMACTA	TRACLEER
KISQALI	PULMOZYME	TREMFYA
KISQALI	REBINYN	TRIKAFTA
KOGENATE	RETEVMO	TYKERB
KOVALTRY	REVATIO	TYMLOS
LENVIMA	REVLIMID	UDENYCA
LETAIRIS	RINVOQ	VALCHLOR
LORBRENA	RIXUBIS	VEMLIDY
LYNPARZA	ROZLYTREK	VENCLEXTA
MAVYRET	RUBRACA	VERZENIO
MAYZENT	RYDAPT	VIZIMPRO
MEKINIST	SEROSTIM	VOSEVI
MEKTOVI	SILIQ	VOTRIENT
MYFORTIC	SIMPONI	VYNDAQEL
NEULASTA	SKYRIZI	XALKORI
NEUPOGEN	SOMATULINE	XELJANZ
NEXAVAR	SOMAVERT	XTANDI
NINLARO	SOVALDI	XYNTHA
NIVESTYM	SPRYCEL	YONSA
NORDITROPIN	STELARA	ZARXIO
NUBEQA	STIVARGA	ZEJULA
NUCALA	SUTENT	ZELBORAF
NUTROPIN AQ	SYMDEKO	ZOMACTON
NUWIQ	TAFINLAR	ZORTRESS
ODOMZO	TAGRISSO	ZYKADIA
OFEV	TAKHZYRO	ZYTIGA
OLUMIANT	TALTZ	

**Questions?**

To find out what your plan covers, go to the website or call the number listed on your health plan ID card.

# Nondiscrimination notice and access to communication services

UnitedHealthcare and its subsidiaries do not discriminate on the basis of race, color, national origin, age, disability or sex in their health programs or activities.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)  
**Mail:** Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130

You must send the complaint within 60 days of your experience. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, call the toll-free phone number listed on your ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>  
**Phone:** Toll free **1-800-368-1019**, **1-800-537-7697** (TDD)  
**Mail:** U.S. Dept. of Health and Human Services  
200 Independence Avenue  
SW Room 509F, HHH Building  
Washington, D.C. 20201

We provide free services to help you communicate with us, including letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

## Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LU'U Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث العربية (**Arabic**)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniłmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語(**Japanese**)を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xovtooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayang iti identification card mo.

Díí BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yání'ti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqoodí ninaaltsoos nit'i'zí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodílnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

## Get more info.

Visit the member website listed on your health plan ID card to look up the price of drugs covered by your plan, find lower-cost options and more.

For more information, call the toll-free number on your health plan ID card to speak with a Customer Service representative.

**United  
Healthcare**

Confidential property of UnitedHealth Group. Do not distribute or reproduce without the express permission of UnitedHealth Group. Please note these decisions do not apply to UnitedHealthcare West HMO business administered by OptumRx®. You may be able to obtain reimbursement for the value of the coupon directly from the manufacturer who issued the coupon. All branded medications are trademarks or registered trademarks of their respective owners.

Insurance coverage provided by UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UnitedHealthcare of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

B2C 5/21 © 2021 United HealthCare Services, Inc. All rights reserved. WF4628870\_Specialty Variable Copay Drug List\_052021