

Overview

Copay Maximization delivers savings by allowing payers to maximize the full value of drug manufacturer copay assistance for select specialty drugs. The copay assistance value is applied to the member’s maximized copayment and blocked from applying to member accumulator balances.

Drug List

An integral component of Prime’s offering is our rigorously managed drug list. Preemptive benefit design adjusts copayment on the drugs below to a maximized value to utilize available annual manufacturer copay assistance.

Autoimmune

- 1. Actemra®
- 2. Benlysta®
- 3. Cimzia®
- 4. Cosentyx®
- 5. Dupixent®
- 6. Enbrel®
- 7. Humira®
- 8. Kevzara®
- 9. Olumiant®
- 10. Otezla®
- 11. Siliq®
- 12. Simponi®
- 13. Stelara®
- 14. Taltz®
- 15. Tremfya®
- 16. Xeljanz®

Oncology

- 17. Afinitor®
- 18. Bosulif®
- 19. Cotellic®
- 20. Erivedge®
- 21. Farydak®
- 22. Gleevec®
- 23. Ibrance®
- 24. Inlyta®
- 25. Jakafi®
- 26. Kisqali®
- 27. Kisqali Femara®
- 28. Mekinist®
- 29. Nexavar®
- 30. Ninlaro®
- 31. Odomzo®
- 32. Sprycel®
- 33. Stivarga®

- 34. Sutent®
- 35. Tafinlar®
- 36. Tarceva®
- 37. Tasisign®
- 38. Tykerb®
- 39. Votrient®
- 40. Xalkori®
- 41. Xtandi®
- 42. Zelboraf®
- 43. Zykadia®
- 44. Zytiga®
- Hepatitis C**
- 45. Epclusa®
- 46. Harvoni®
- 47. Mavyret™
- 48. Sovaldi®
- Multiple Sclerosis**
- 49. Aubagio®

- 50. Avonex®
- 51. Betaseron®
- 52. Copaxone®
- 53. Extavia®
- 54. Glatopa®
- 55. Plegridy®
- 56. Rebif®
- 57. Tecfidera®

Immune Globulins

- 58. Gammagard® (Liquid)
- 59. Gammagard® (S/D)
- 60. Hizentra®
- 61. Hyqvia®

Other

- 62. Forteo® - Endocrine
- 63. Omnitrope® - Growth Hormones

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The drug list is subject to change without notice due to manufacturer program changes or other factors impacting the program.