

Pharmacy Variable Copay Program

Program Features

- Pharmacy Variable Copay is a free program that helps lower the out-of-pocket costs of medications for eligible members.
- In some cases, you may have to pay a small copay, but most members pay as low as \$0*
- Medications eligible for the program are subject to change and are not a guarantee of coverage. Prescription drug formulary and prior authorization requirements still apply.

Eligibility

- Not all insurance plans are eligible for this program.
- Program exclusions include:
 - Age 65 years or older
 - Enrollment in a Medicare, Medicaid plan, or other government funded programs
 - Enrollment in a Health Savings Account (HSA) plan

Update

- Starting 01/01/2026 Washington based group plans are eligible, subject to plan design

Enrollment and Participation

- You are automatically enrolled in the program if you are enrolled in an eligible plan and take an eligible medication in the Pharmacy Variable Copay program, but you will still need to finalize enrollment with Pharmacy Variable Copay
- If you are filling an eligible medication in the Pharmacy Variable Copay program, a patient advocate may reach out to you to complete program enrollment.

The medications currently eligible for the Pharmacy Variable Copay program are listed below.

For questions about this program, please contact a Pharmacy Variable Copay Patient Advocate at **833-798-6732**.

Pharmacy Variable Copay- Eligible Medications as of 09/01/2026.

Note: Medications eligible for the program are subject to change.

A

Acthar Gel
Adbry

Adempas
Ajovy*
Akeega
Alunbrig

Alyftrek
Arcalyst
Arikayce
Augtyro

Austedo
Avonex
Avtozma
Ayvakit

B

Bafiertam
Balversa
Benlysta
Berinert
Betaseron
Bilprevda
Bimzelx
Bosulif
Braftovi
Brukinsa
Bylvay

C

Cabenuva
Cabliivi
Cabometyx
Calquence
Camzyos
Cayston
Cerdelga
Cibinqo
Cimzia
Cinryze
Cometriq
Copiktra
Cortrophin
Cosentyx
Cotellic
Cutaquig
Cuvitru
Cyltezo

D

Daurismo
Doptelet
Dupixent

E

Ebglyss
Enbrel
Enspryng
Entyvio
Epidiolex
Erivedge
Erleada
Evryski
Exdensusur
Exkivity

Exservan
Extavia

F

Fabhalta
Fasenra
Filsuvez
Fotivda
Fruzaqla
Fulphila
Fynetra

G

Galafold
Gattex
Gavreto
Genotropin
Gilotrif
Givlaari
Glatiramer
Glatopa

H

Hadlima
Haegarda
Hemlibra
Hizentra
Humatrope
Hyqvia
Hyrmoz

I

Ibrance
Ibtrozi
Iclusig
Idacio
Idhifa
Ilaris
Imbruvica
Imcivree
Increlex
Ingrezza
Inluriyo
Inlyta
Inqovi
Inrebic
Itovebi

J

Jakafi
Jaypirca

K

Kalydeco
Kesimpta
Keveyis
Kevzara
Kineret
Kisqali
Koselugo
Krazati

L

Ledipasvir/
Sofosbuvir
Lenvima
Livtency
Lonsurf
Lorbrena
Lynparza
Lytgobi

M

Mavyret
Mayzent
Mekinist
Mektovi
Myalept

N

Natpara
Nerlynx
Neulasta
Neupogen
Ngenla
Ninlaro
Nivestym
Nubeqa
Nucala
Nutropin*
Nyvepria

O

Ocaliva
Odomzo
Ogsiveo
Ojjaara

Olumiant
Omnitrope
Omvox
Onureg
Opsynvi
Orgovyx
Orkambi
Orladeyo
Orserdu
Osenvelt
Otezla
Oxbrya

P

Palynziq
Pemazyre
Piasky
Piqray
Plegridy
Ponvory
Praluent
Procysbi
Pulmozyme
Pyrukynd

Q

R

Radicava
Reblozyl
Recliv
Repatha
Retevmo
Revuforj
Rezurock
Rivfloza
Romvimza
Rozlytrek
Rubraca
Ruconest
Rukobia
Rydapt

S

Scemblix
Selarsdi



P.O. Box 4327
Portland, OR 97208-4327

[ProvidenceHealthPlan.com](https://www.ProvidenceHealthPlan.com)

Serostim
Simlandi
Siliq
Simponi
Sofosbuvir/
Velpatasvir
Somavert
Sotyktu
Sovaldi
Spravato
Stegqyma
Stivarga
Stoboclo
Strensiq
Symdeko
Synagis

T

Tabrecta
Tafinlar
Tagrisso
Takhzyro
Taltz
Talzenna
Tavalisse
Tazverik
Tecfidera
Tecvayli
Tepmetko
Thalomid
Tibsovo
Tremfya
Trikafta
Truqap
Tukysa
Turalio
Tyenne
Tymlos

U

Udenyca
Uptravi

V

Valchlor
Vanflyta
Vanrafi
Velsipity
Vemlidy*

Venclexta
Verzenio
Viojoice
Vitrakvi
Vizimpro
Vonjo
Vosevi
Voxzogo
Voydeya
Vyndamax
Vyndaqel

W

Wakix
Welireg
Wezlana
Winrevair

X

Xalkori
Xermelo
Xolair
Xospata
Xpovio
Xywav

Y

Yuflyma
Yesintek

Z

Zarxio
Zejula
Zelboraf
Zokinvy
Ztalmy
Zydelig
Zykadia
Zymfentra