

Specialty Copay Assistance

Specialty Brand	Copay Assistance?	Noble Availability
ABRAXANE	\$0 copay / \$10,000 max annual benefit	Yes
ACTEMRA	\$5 copay / \$15,000 max annual benefit	Yes
ADAKVEO	\$0 copay / \$15,000 max annual benefit	Yes
ADCIRCA	\$20 copay / \$800 max monthly benefit	Yes
ADVATE	Assistance available but not disclosed (\$100 copay used as example)	Yes
ADYNOVATE	Assistance available but not disclosed (\$100 copay used as example)	Yes
AFINITOR	\$0 copay / \$15,000 max annual benefit	Yes
ALDURAZYME	Assistance available but not disclosed (\$100 copay used as example)	Yes
ALPHANATE	\$0 copay	Yes
ALPHANINE	\$0 copay / \$500 max monthly benefit / \$6,000 max annual benefit	Yes
ALPROLIX	\$0 copay / \$12,000 max annual benefit	Yes
ARANESP	Assistance available but not disclosed (\$100 copay used as example)	Yes
ARZERRA	Assistance available but not disclosed (\$100 copay used as example)	Yes
ASTAGRAF	\$3,000 max annual benefit	Yes
ATGAM	Assistance available but not disclosed (\$100 copay used as example)	Yes
AUBAGIO	Assistance available but not disclosed (\$100 copay used as example)	Yes
AUSTEDO	\$0 copay for up to 3 prescriptions	Yes
AVASTIN	\$5 copay / \$25,000 max annual benefit	Yes
AVONEX	\$0 copay / Annual cap may apply depending on income	Yes
BARACLUDE	\$400 max monthly benefit	Yes
BEBULIN	Assistance available but not disclosed (\$100 copay used as example)	Yes
BELRAPZO	Assistance available but not disclosed (\$100 copay used as example)	YES
BENDEKA	\$0 copay / Annual cap may apply depending on income	Yes
BENEFIX	\$0 copay / \$12,000 max annual benefit	Yes
BETASERON	\$0 copay / \$14,500 max annual benefit	Yes
BETHKIS	\$0 copay	Yes

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BIVIGAM	Assistance available but not disclosed (\$100 copay used as example)	Yes
BOTOX	Assistance varies by diagnosis (\$100 copay used as example)	Yes
BRAVELLE	Assistance available but not disclosed (\$100 copay used as example)	Yes
BUPHENYL	Assistance available but not disclosed (\$100 copay used as example)	Yes
CARIMUNE	\$0 copay / \$12,000 max annual benefit	Yes
CELLCEPT	\$15 copay / \$10,000 max annual benefit	Yes
CEREZYME	\$0 copay	Yes
CETROTIDE	Up to 10% off cost of medication (\$100 copay used as example)	Yes
CIMZIA	Assistance available but not disclosed (\$100 copay used as example)	Yes
CINQAIR	\$0 copay / \$10,000 max annual benefit	Yes
COAGADEX	\$0 copay / \$12,000 max annual benefit	Yes
COPAXONE	\$35 copay / \$2,500 max monthly benefit / \$12,000 max annual benefit (20mg) \$0 copay / \$5,000 max monthly benefit for January and February, then \$2,500 for March through December / \$12,000 max annual benefit (40mg)	Yes
COSENTYX	\$16,000 max annual benefit	Yes
CYTOGAM	Assistance available but not disclosed (\$100 copay used as example)	Yes
DACOGEN	Assistance available but not disclosed (\$100 copay used as example)	Yes
DAKLINZA	Assistance available but not disclosed (\$100 copay used as example)	Yes
DARZALEX	\$5 copay / \$20,000 max annual benefit	Yes
DEPENTITRATAB	Assistance available but not disclosed (\$100 copay used as example)	Yes
DUPIXENT	\$0 copay; patient must be at least 12 years old	Yes
DYSPORT	\$20 certificate for treatment, + rewards points	Yes
ELAPRASE	Assistance available but not disclosed (\$100 copay used as example)	Yes
ELOCTATE	\$0 copay / \$12,000 max annual benefit	Yes
EMPLICITI	\$25 copay / \$25,000 max annual benefit	Yes
ENBREL	\$5 copay	Yes
ENTYVIO	\$5 copay	Yes

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ENVARUSUS	\$0 copay	Yes
EPCLUSA	\$5 copay	Yes
EPOGEN	Assistance available but not disclosed (\$100 copay used as example)	Yes
ERBITUX	Assistance available but not disclosed (\$100 copay used as example)	Yes
ERIVEDGE	\$5 copay / \$25,000 max annual benefit	Yes
ETOPOPHOS	Assistance available but not disclosed (\$100 copay used as example)	Yes
EUFLEXXA	Assistance available but not disclosed (\$100 copay used as example)	Yes
EVOMELA	\$0 copay on 1st, \$25 copay on subsequent / \$10,000 max annual benefit	Yes
EXJADE	Assistance available but not disclosed (\$100 copay used as example)	Yes
EXTAVIA	Up to \$9,300 annual benefit, depending upon "applicable out-of-pocket costs"	Yes
FABRAZYME	\$0 copay	Yes
FARYDAK	\$5 copay / \$25,000 max annual benefit	Yes
FEIBA	Assistance available but not disclosed (\$100 copay used as example)	Yes
FIRAZYR	\$0 copay / max annual benefit not disclosed	Yes
FIRMAGON	Assistance available but not disclosed (\$100 copay used as example)	Yes
FLEBOGAMMA	Assistance available but not disclosed (\$100 copay used as example)	Yes
FOLLISTIM	\$300 max monthly benefit; maximum of 3 fills	Yes
FOLOTYN	\$0 copay on 1st, \$25 copay on subsequent / \$10,000 max annual benefit	Yes
FORTEO	\$4 copay / \$9,000 max annual benefit	Yes
FUSILEV	\$0 copay on 1st, \$25 copay on subsequent / \$10,000 max annual benefit	Yes
GAMASTANS/D	Assistance available but not disclosed (\$100 copay used as example)	Yes
GAMMAGARD	Assistance available but not disclosed (\$100 copay used as example)	Yes
GAMMAKED	Assistance available but not disclosed (\$100 copay used as example)	Yes
GAMMAPLEX	Assistance available but not disclosed (\$100 copay used as example)	Yes
GAMUNEX-C	\$0 copay / \$2,500 max annual benefit	Yes
GENOTROPIN	Assistance available but not disclosed (\$100 copay used as example)	Yes

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GILENYA	\$0 copay	Yes
GLEEVEC	\$10 copay / \$10,630 max monthly benefit / \$30,000 max annual benefit	Yes
GONAL-F	Up to 10% off cost of medication (\$100 copay used as example)	Yes
GRANIX	\$14,000 max annual benefit	Yes
HALAVEN	\$0 copay / \$18,000 max annual benefit	Yes
HARVONI	\$5 copay	Yes
HELIXATE	Assistance available but not disclosed (\$100 copay used as example)	Yes
HEMLIBRA	\$5 copay / \$15,000 max annual benefit	Yes
HEPSERA	Assistance available but not disclosed (\$100 copay used as example)	Yes
HERCEPTIN	\$0 copay / \$25,000 max annual benefit	Yes
HIZENTRA	\$0 copay / \$5,000 max annual benefit	Yes
HUMATE-P	Assistance available but not disclosed (\$100 copay used as example)	Yes
HUMATROPE	\$2,400 max annual benefit	Yes
HUMIRA	\$5 copay / \$9,000 max annual benefit	Yes
HYALGAN	Assistance available but not disclosed (\$100 copay used as example)	Yes
HYCAMTIN	Assistance available but not disclosed (\$100 copay used as example)	Yes
HYPERRHOS/D	Assistance available but not disclosed (\$100 copay used as example)	Yes
ILUMYA	\$5 copay; patient must be 18 years or older	Yes
IMLYGIC	\$25 copay / \$10,000 max annual benefit	Yes
INFLECTRA	\$0 copay / \$20,000 max annual benefit	Yes
INTRON-A	Assistance available but not disclosed (\$100 copay used as example)	Yes
IXEMPRA	Assistance available but not disclosed (\$100 copay used as example)	Yes
IXINITY	\$0 copay / \$12,000 max annual benefit	Yes
JADENU	Assistance available but not disclosed (\$100 copay used as example)	Yes
JEVTANA	Assistance available but not disclosed (\$100 copay used as example)	Yes
KEVZARA	Assistance available but not disclosed (\$100 copay used as example)	Yes

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KEYTRUDA	\$25 copay / \$25,000 max annual benefit	Yes
KISQALI	Assistance available but not disclosed (\$100 copay used as example)	Yes
KITABIS	\$0 copay / \$1,440 max per prescription	Yes
KOATE-DVI	Assistance available but not disclosed (\$100 copay used as example)	Yes
KOGENATE	\$0 copay / \$12,000 max annual benefit	Yes
KRYSTEXXA	\$0 copay / \$20,000 max annual benefit	Yes
LEUKINE	Assistance available but not disclosed (\$100 copay used as example)	Yes
LUCENTIS	\$5 copay / \$10,000 max annual benefit	Yes
LUMIZYME	Assistance available but not disclosed (\$100 copay used as example)	Yes
LUPANETA	\$10 copay / \$125 max monthly benefit / \$250 max 3-month benefit	Yes
LUPRON	\$2,000 max annual benefit	Yes
MACUGEN	Assistance available but not disclosed (\$100 copay used as example)	Yes
MAKENA	Assistance available but not disclosed (\$100 copay used as example)	Yes
MARQIBO	\$0 copay on 1st, \$25 copay on subsequent / \$10,000 max annual benefit	Yes
MAVYRET	\$5 copay / \$4,000 max monthly benefit; \$48,000 max annual benefit	Yes
MAYZENT	\$0 Copay / \$18,000 max annual benefit	Yes
MEKINIST	Assistance available but not disclosed (\$100 copay used as example)	Yes
MENOPUR	Assistance available but not disclosed (\$100 copay used as example)	Yes
MICRHOGAMPL	Assistance available but not disclosed (\$100 copay used as example)	Yes
MONOCLATE-P	Assistance available but not disclosed (\$100 copay used as example)	Yes
MONONINE	Assistance available but not disclosed (\$100 copay used as example)	Yes
MONOVISC	\$50 copay / annual cap may apply depending on income	Yes
MOZOBIL	Assistance available but not disclosed (\$100 copay used as example)	Yes
MYFORTIC	\$0 copay/ \$7,200 max annual benefit	Yes
MYOBLOC	\$0 copay / \$4,000 max annual benefit	Yes
NAGLAZYME	Assistance available but not disclosed (\$100 copay used as example)	Yes

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NEORAL	\$0 copay / \$7,200 max annual benefit	Yes
NEULASTA	\$0 first copay, \$25 copay thereafter / \$5,000 max benefit per 6 months	Yes
NEUPOGEN	\$0 first copay, \$25 copay thereafter / \$5,000 max benefit per 6 months	Yes
NEXAVAR	\$0 copay / \$25,000 max annual benefit	Yes
NINLARO	\$10 copay / \$25,000 max annual benefit	Yes
NORDITROPIN	\$250 max monthly benefit / \$3,000 max annual benefit	Yes
NOVOEIGHT	\$0 copay / \$12,000 max annual benefit	Yes
NPLATE	\$0 first copay, \$5 copay thereafter / \$10,000 max annual benefit	Yes
NUTROPIN	\$1,500 max annual benefit (no income restriction); \$4,000 max annual benefit (income restrictions apply); \$10,000 max annual benefit (income restrictions apply)	Yes
NUWIQ	\$0 copay / \$12,000 max annual benefit	Yes
OCREVUS	\$5 copay	No
OCTAGAM	Assistance available but not disclosed (\$100 copay used as example)	Yes
ODOMZO	\$10 copay / \$15,000 max annual benefit	Yes
OLUMIANT	\$5 copay for commercially insured patients; \$25 for commercially insured patients with insurance denial	Yes
OMNITROPE	\$5,000 max annual benefit for insured patients; \$417 max monthly benefit for uninsured patients	Yes
OPDIVO	\$25 copay / \$25,000 max annual benefit	Yes
ORENCIA	\$5 copay / \$10,000 max annual benefit	Yes
ORTHOVISC	Assistance available but not disclosed (\$100 copay used as example)	Yes
OTEZLA	\$0 copay	Yes
OVIDREL	Up to 10% off cost of medication (\$100 copay used as example)	Yes
OZURDEX	Assistance available but not disclosed (\$100 copay used as example)	Yes
PEGASYS	\$25 copay / \$1,200 or \$2,400 max annual benefit (dependent on income)	Yes
PREVYMIS	\$15 copay up to 4 times / \$2,500 max annual benefit	Yes
PRIVIGEN	Assistance available but not disclosed (\$100 copay used as example)	Yes
PROCRIT	Assistance available via foundation - not disclosed	Yes

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PROFILNINESD	Assistance available but not disclosed (\$100 copay used as example)	Yes
PROGRAF	\$3,000 max annual benefit	Yes
PROLEUKIN	Assistance available but not disclosed (\$100 copay used as example)	Yes
PROLIA	\$25 copay / \$1,500 max benefit for 6 months	Yes
PROMACTA	\$0 copay / \$15,000 max annual benefit	Yes
PULMOZYME	\$30 copay	Yes
PURIXAN	\$5 copay / \$25,000 max annual benefit	Yes
RAPAMUNE	Assistance available but not disclosed (\$100 copay used as example)	Yes
REBETOL	Assistance available but not disclosed (\$100 copay used as example)	Yes
REBIF	\$0 copay	Yes
RECLAST	Assistance available but not disclosed (\$100 copay used as example)	Yes
RECOMBINATE	\$0 copay / \$12,000 max annual benefit	Yes
REMICADE	\$5 copay / \$10,000 max annual benefit	Yes
RENFLEXIS	Assistance available but not disclosed (\$100 copay used as example)	Yes
RETISERT	Assistance available but not disclosed (\$100 copay used as example)	Yes
REVATIO	\$0 copay / \$1,000 max monthly benefit / \$12,000 max annual benefit	Yes
RHOGAMPLUS	Assistance available but not disclosed (\$100 copay used as example)	Yes
RIASTAP	Assistance available but not disclosed (\$100 copay used as example)	Yes
RIBAPAK	Assistance available but not disclosed (\$100 copay used as example)	Yes
RINVOQ	Assistance available but not disclosed (\$100 copay used as example)	Yes
RITUXAN	\$5 copay / \$10,000 max annual benefit	Yes
RIXUBIS	\$0 copay / \$12,000 max annual benefit	Yes
RYDAPT	\$10 copay / \$15,000 max annual benefit	Yes
SAIZEN	\$200 max monthly benefit / \$2,400 max annual benefit	Yes
SANDIMMUNE	\$0 copay / \$7,200 max annual benefit	Yes
SANDOSTATIN	\$25 copay / \$15,000 max annual benefit	Yes

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SILIQ	\$5 copay / \$20,000 max annual benefit	Yes
SIMPONI	\$5 copay / \$20,000 max annual benefit	Yes
SKYRIZI	\$5 copay	Yes
SOLIRIS	Assistance available but not disclosed (\$100 copay used as example)	Yes
SOMATULINE	Assistance available but not disclosed (\$100 copay used as example)	Yes
SOVALDI	\$5 copay	Yes
SPRYCEL	\$0 copay / \$15,000 max annual benefit	Yes
STELARA	\$5 copay / \$10,000 max annual benefit	Yes
STIVARGA	\$0 copay / \$25,000 max annual benefit	Yes
SUPARTZ	Assistance available but not disclosed (\$100 copay used as example)	Yes
SUPPRELIN	\$10 copay / \$2,000 max annual benefit	Yes
SYLVANT	\$5 copay / \$20,000 max annual benefit	Yes
SYNAGIS	\$30 copay / \$2,000 max annual benefit	No
SYNVISC	Assistance available but not disclosed (\$100 copay used as example)	Yes
SYNVISCON	Assistance available but not disclosed (\$100 copay used as example)	Yes
TABLOID	Assistance available but not disclosed (\$100 copay used as example)	Yes
TAFINLAR	Assistance available but not disclosed (\$100 copay used as example)	Yes
TALTZ	\$5 copay / \$16,000 max annual benefit	Yes
TARCEVA	\$25 copay / \$25,000 max annual benefit	No
TARGETIN	\$0 copay / max annual benefit not disclosed	Yes
TASIGNA	\$16,000 max annual benefit	Yes
TECHNIVIE	Assistance available but not disclosed (\$100 copay used as example)	Yes
TEMODAR	Assistance available but not disclosed (\$100 copay used as example)	Yes
THYROGEN	Assistance available but not disclosed (\$100 copay used as example)	Yes
TOBI	\$0 copay / \$14,000 max annual benefit	Yes
TORISEL	Assistance available but not disclosed (\$100 copay used as example)	Yes

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TREANDA	Assistance available but not disclosed (\$100 copay used as example)	Yes
TRELSTAR	Assistance available but not disclosed (\$100 copay used as example)	Yes
TREMFYA	\$5 copay / \$20,000 max annual benefit	Yes
TRETTEN	\$0 copay / \$12,000 max annual benefit	Yes
TYKERB	Assistance available but not disclosed (\$100 copay used as example)	Yes
TYMLOS	\$4 copay / \$6,000 max annual benefit	Yes
ULTOMIRIS	Assistance available but not disclosed (\$100 copay used as example)	Yes
VANTAS	Assistance available but not disclosed (\$100 copay used as example)	Yes
VECTIBIX	\$5 copay / \$10,000 max annual benefit	Yes
VELCADE	Assistance available but not disclosed (\$100 copay used as example)	Yes
VEMLIDY	\$3,600 max annual benefit	Yes
VIDAZA	Assistance available but not disclosed (\$100 copay used as example)	Yes
VIEKIRAPAK	Assistance available but not disclosed (\$100 copay used as example)	Yes
VIMIZIM	Assistance available but not disclosed (\$100 copay used as example)	Yes
VIVITROL	\$500 max monthly benefit	Yes
VOSEVI	\$5 copay / up to a maximum of 25% of the catalog price of a 12-week regimen	Yes
VOTRIENT	Assistance available but not disclosed (\$100 copay used as example)	Yes
VPRIV	Assistance available but not disclosed (\$100 copay used as example)	Yes
WILATE	\$0 copay / \$12,000 max annual benefit	Yes
WINRHO	Assistance available but not disclosed (\$100 copay used as example)	Yes
XELJANZ	Assistance available but not disclosed (\$100 copay used as example)	Yes
XELODA	Assistance available but not disclosed (\$100 copay used as example)	Yes
XEOMIN	\$50 off per treatment up to 4 treatments per year	Yes
XGEVA	\$0 copay for first fill; \$25 copay thereafter / \$5,000 max benefit for 6 months	Yes
XOLAIR	\$5 copay / \$10,000 max annual benefit	Yes
XYNTHA	\$12,000 max annual benefit	Yes

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YERVOY	\$25 copay / \$25,000 max annual benefit	Yes
YONDELIS	Assistance available but not disclosed (\$100 copay used as example)	Yes
ZALTRAP	Assistance available but not disclosed (\$100 copay used as example)	Yes
ZARXIO	Assistance available but not disclosed (\$100 copay used as example)	Yes
ZELBORAF	\$5 copay / \$25,000 max annual benefit	No
ZEPATIER	\$5 copay / up to a maximum of 25% of the catalog price of a 12-week regimen	Yes
ZOLADEX	\$0 copay / \$2,000 max annual benefit	Yes
ZOLINZA	Assistance available but not disclosed (\$100 copay used as example)	Yes
ZOMACTON	\$0 copay / \$500 max monthly benefit	Yes
ZOMETA	Assistance available but not disclosed (\$100 copay used as example)	Yes
ZORTRESS	\$0 copay / \$7,200 max annual benefit	Yes
ZYTIGA	\$10 copay / \$12,000 max annual benefit	Yes