

RxALLY Lite

PROCESS OVERVIEW

FINDING THE MOST
APPROPRIATE

medication for members
at the most
affordable price.

Program Overview

Keating Auto Group's prescription benefit plan excludes specialty medications. The RxAlly® Lite Specialty Advocacy Program is designed to help members find access to lower-cost generics or biosimilar alternatives to specialty medications.

If a lower-cost generic or biosimilar is not available, Patient Assistance Programs (PAP) may be offered by drug manufacturers to provide access to specialty medications when coverage is not available under an employer-sponsored prescription benefit plan. RxAlly Lite provides support to members by identifying these programs.

What is a Biosimilar?

Biosimilars are FDA-approved medications that are highly similar to an existing biologic medicine and have no clinically meaningful differences in safety, purity, or effectiveness compared to the original product. They are made from the same types of natural, living sources and offer the same treatment benefits, often at a lower cost.

Common conditions treated with lower-cost generics or biosimilars include:

- **Autoimmune diseases**
(such as rheumatoid arthritis and psoriasis)
- **Cancer**
- **Diabetes**
- **Inflammatory bowel diseases**
(Crohn's disease, ulcerative colitis)
- **Osteoporosis**

Key Action Steps

A member needs to call an RxAlly Patient Care Coordinator (PCC) at **866-248-7683** for guidance and to provide information about their specialty medication.

RxAlly Lite Program Process Flow

Member calls
RxAlly to speak
with a Patient
Care Coordinator
(PCC)

RxAlly PCC
Discusses
Biosimilar Options
with Member

If Available,
Member Can
Choose to
Switch to the
Biosimilar

(Prior Authorization Required)

If Not Available,
PCC Will Help
the Member
Find a PAP
Program

The following list includes lower-cost generic and biosimilar medications for which the member's cost share aligns with their plan's mail order copay structure outlined below.

<i>Adalimumab-adbm</i>	<i>Dalfampridine ER</i>	<i>Ibandronate Sodium</i>	<i>Sapropterin Dihydrochloride</i>
<i>Alprostadil</i>	<i>DAPTOmycin</i>	<i>Imatinib Mesylate</i>	<i>Sildenafil Citrate</i>
<i>Alyq</i>	<i>Dasatinib</i>	<i>Javygtor</i>	<i>Starjemza</i>
<i>Aminocaproic Acid</i>	<i>Deferasirox</i>	<i>Leucovorin Calcium</i>	<i>Tadalafil</i>
<i>Azasan</i>	<i>Deferasirox Granules</i>	<i>Leuprolide Acetate</i>	<i>Tadalafil (PAH)</i>
<i>azaTHIOprine</i>	<i>Deferoxamine Mesylate</i>	<i>Melphalan</i>	<i>Temozolomide</i>
<i>Baclofen</i>	<i>Desmopressin Acetate</i>	<i>Mycophenolate Mofetil</i>	<i>Teriflunomide</i>
<i>Bicalutamide</i>	<i>Desmopressin Acetate PF</i>	<i>Mycophenolate Mofetil HCl</i>	<i>Tiopronin</i>
<i>Botox</i>	<i>Dimethyl Fumarate & Starter Pack</i>	<i>Nalbuphine HCl</i>	<i>Tobramycin</i>
<i>Buprenorphine HCl</i>	<i>DOBUTamine HCl</i>	<i>Octreotide Acetate</i>	<i>Tobramycin Sulfate</i>
<i>Capecitabine</i>	<i>Entecavir</i>	<i>Otulf</i>	<i>Tranexamic Acid</i>
<i>Cetorelix Acetate</i>	<i>Ferumoxytol</i>	<i>Palonosetron HCl</i>	<i>Ustekinumab-aauz</i>
<i>Cidofovir</i>	<i>Fingolimod HCl</i>	<i>Paricalcitol</i>	<i>valGANciclovir HCl</i>
<i>Cinacalcet HCl</i>	<i>Fondaparinux Sodium</i>	<i>PAZOPanib HCl</i>	<i>Venxxiva</i>
<i>Colistimethate Sodium (CBA)</i>	<i>Fulvestrant</i>	<i>Plerixafor</i>	<i>Yusimry™</i>
<i>Cosyntropin</i>	<i>Fyremadel</i>	<i>Posaconazole</i>	<i>Zelvysia</i>
<i>cycloPHOSphamide</i>	<i>Ganirelix Acetate</i>	<i>Prolia</i>	<i>Zoledronic Acid</i>
<i>cycloSPORINE</i>	<i>Gengraf</i>	<i>Riluzole</i>	
<i>cycloSPORINE Modified</i>			

Member Copay

Gold Plan A

Network Pharmacy

	1-90 Day Supply
Generic	\$45
Preferred Brand	15%
Non-Preferred Brand	15%

Platinum Plan B

Network Pharmacy

	1-90 Day Supply
Generic	\$45
Preferred Brand	15% with \$300 Max
Non-Preferred Brand	15% with \$300 Max

*The medications listed above must be filled at a designated mail order pharmacy that will be assigned upon prior authorization approval.

Questions?

Call **866-248-7683** to speak with an RxAllly Patient Care Coordinator.

