

RxAdvantage® Copay Solutions Upcoming Program Launches

Automated Voucher Solution – Upcoming Programs

Automatically applies manufacturer discounts/coupons at the time of claim adjudication on a brand's patient copay. It's effortless for the pharmacy, with an instant alert in the claim response about the copay reduction.

Program Launch: **NAYZILAM** Automated Voucher Solution

- **Manufacturer:** UCB
- **Eligible Drug(s):** NAYZILAM SPR 5MG (NDC: 50474050015)
- **Planned Launch Date:** November 2024
- **Expiration Date:** December 31, 2025
- **Plan Limitations:** Not valid for use with government programs or coordination of benefits (COB) claims. Patient age minimum: 12 years
- **State Limitations:** None
- **Claims Response Message to Pharmacy:** UCB has provided [calc. copay saving amt.] copay savings towards patient copay. Please inform patient of this savings.

Tier	Min Qty	Max Qty	Min DS	Max DS	Min Copay	Max Copay	Target Copay	Max Benefit
1					\$20.01		\$20.00	\$200 per

Program Launch: **BRIVIACT** Automated Voucher Solution

- **Manufacturer:** UCB
- **Eligible Drug(s):**
 - BRIVIACT TAB 10MG (NDC: 50474037066)
 - BRIVIACT TAB 25MG (NDC: 50474047009)
 - BRIVIACT TAB 25MG (NDC: 50474047066)
 - BRIVIACT TAB 50MG (NDC: 50474057009)
 - BRIVIACT TAB 50MG (NDC: 50474057066)
 - BRIVIACT TAB 75MG (NDC: 50474067066)
 - BRIVIACT TAB 100MG (NDC: 50474077009)
 - BRIVIACT TAB 100MG (NDC: 50474077066)
 - BRIVIACT SOL 10MG/ML (NDC: 50474087015)
- **Planned Launch Date:** November 2024
- **Expiration Date:** December 31, 2025
 - **Plan Limitations:** Not valid for use with government programs or coordination of benefits (COB) claims
 - **State Limitations:** None
 - **Claims Response Message to Pharmacy:** UCB has provided [calc. copay saving amt.] copay savings towards patient copay. Please inform patient of this savings

Tier	Min Qty	Max Qty	Min DS	Max DS	Min Copay	Max Copay	Target Copay	Max Benefit
1					\$10.01		\$10.00	\$1,500 per / \$6,000 annually

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Automated Conversion Solution – Upcoming Programs

If a commercial payer blocks or limits coverage on a patient's prescription claim, this program steps in with real-time copay assistance provided by the drug sponsor.

Program Launch: ACCU-CHECK Automated Conversion Solution

- **Manufacturer:** Roche Diagnostics
- **Planned Launch Date:** November 2024
- **Expiration Date:** December 31, 2025
- **Plan Limitations:** Not valid for use with government programs or coordination of benefits (COB) claims
- **State Limitations:** None
- **Gender or Age Rules:** None
- **Require Days Between Fills:** Yes
 - Strips – 24 days
 - Meter – 365 days
- **Target Reject Codes:** 70, 75, 76, MR
- **Conversion Type:** WAC + Percentage: 7.5
- **Claims Response Message to Pharmacy:** Roche has provided a \$[copay_savings] voucher towards the patient copay. Please notify patient of this savings. Original copay: \$[original_copay]. New copay: \$[new_copay]
- **Eligible Drug(s):**
 - **Guide Strips:**
NDCs:
65702071110
65702071210

BIN Exclusions: 610144, 880140, 880141, 880142, 747474, 021908

Tier	Min Qty	Max Qty	Min DS	Max DS	Min Copay	Max Copay	Target Copay	Max Benefit
1	50	50			\$20.00		\$19.99	
2	100	100			\$30.00		\$29.99	
3	150	150			\$40.00		\$39.99	
4	200	200			\$50.00		\$49.99	
5	250	250			\$60.00		\$59.99	
6	300	300			\$70.00		\$69.99	
7	350	350			\$80.00		\$79.99	
8	400	400			\$90.00		\$89.99	
9	450	450			\$100.00		\$99.99	
10	500	500			\$110.00		\$109.99	
11	550	550			\$120.00		\$119.99	
12	600	600			\$130.00		\$129.99	

- **Legacy Strips:**
NDCs
65702049210
65702049310
65702040710
65702040810
50924098850

50924088401

Tier	Min Qty	Max Qty	Min DS	Max DS	Min Copay	Max Copay	Target Copay	Max Benefit
13	50	51			\$45.01		\$45.00	
14	100	102			\$45.01		\$45.00	
15	150	153			\$45.01		\$45.00	
16	200	204			\$60.01		\$60.00	
17	250	255			\$75.01		\$75.00	
18	300	306			\$90.01		\$90.00	
19	350	357			\$105.01		\$105.00	
20	400	408			\$120.01		\$120.00	

○ **Meters:**

NDCs

65702073110

65702061710

65702048310

65702057710

65702010110

65702072910

65702072310

BIN Exclusions: 610144, 880140, 880141, 880142, 747474, 021908

Plan List: Exclusion BIN 610524 PCN 1016 Plan ID 16817

Tier	Min Qty	Max Qty	Min DS	Max DS	Min Copay	Max Copay	Target Copay	Max Benefit
21	1	1			\$10.00		\$9.99	