



ES without HIV and without Fertility Specialty Drug List February 2023

Medications listed below are covered under the PrudentRx Program

Brand-name drugs are capitalized (e.g., SANDOSTATIN) and generic drugs are listed in lower case (e.g., *octreotide acetate*).

Please note: If you are a plan member, please call 1-800-578-4403 and a customer service advocate will be available to answer any questions and enroll you in the program. Representatives are available Monday through Friday from 8 a.m. to 8 p.m. ET

ACROMEGALY

LANREOTIDE¹

octreotide

SANDOSTATIN

SANDOSTATIN LAR DEPOT¹

SIGNIFOR LAR*¹

SOMATULINE¹

SOMAVERT¹

ALPHA-1 ANTITRYPSIN

DEFICIENCY

ARALAST¹

GLASSIA¹

PROLASTIN-C*¹

ZEMAIRA¹

AMYLOIDOSIS

AMVUTTRA¹

ONPATTRO¹

VYNDAMAX¹

VYNDAQEL¹

ANEMIA

ARANESP¹

ENJAYMO¹

EPOGEN¹

PROCRIT¹

REBLOZYL¹

RETACRIT

ZYNTEGLO¹

ASTHMA

CINQAIR¹

FASENRA¹

NUCALA¹

TEZSPIRE¹

XOLAIR¹

AUTOIMMUNE

ACTEMRA¹

ADBRY¹

AMJEVITA¹

AVSOLA¹

CIBINQO¹

CIMZIA¹

COSENTYX¹

DUPIXENT¹

ENBREL¹

ENTYVIO¹

HUMIRA¹

ILUMYA¹

INFLECTRA¹

INFLIXIMAB¹

KEVZARA¹

KINERET*¹

OLUMIANT¹

ORENCIA¹

OTEZLA¹

OTREXUP¹

RASUVO¹

REMICADE

RENFLEXIS¹

RINVOQ¹

SILIQ¹

SIMPONI¹

SIMPONI ARIA¹

SKYRIZI¹

STELARA¹

TALTZ¹

TREMFYA¹

XELJANZ¹

BONE DISORDERS - OTHER

STRENSIQ*¹

VOXZOGO¹

CARDIAC DISORDERS

CAMZYOS¹

COAGULATION DISORDERS

CEPROTIN

CRYOPYRIN-ASSOCIATED

PERIODIC SYNDROMES

ARCALYST

ILARIS¹

CUSHING'S

SIGNIFOR*¹

CYSTIC FIBROSIS

BETHKIS

BRONCHITOL¹

BRONCHITOL TOLERANCE

TEST¹

CAYSTON¹

KALYDECO*¹

KITABIS PAK¹

ORKAMBI*¹

PULMOZYME

SYMDEKO*¹

TOBI¹

Medications on the PrudentRx specialty drug list may change at any time, with or without notice. Your plan may not cover certain medications even though they appear on the PrudentRx drug list. Payments made on your behalf for the medication on this list, including amounts paid by a manufacturer's copay assistance program, will not count toward your plan deductible or out-of-pocket maximum (if any), unless otherwise required by law.

¹Payments made by you for a medication that does not qualify as an "essential health benefit" under the Affordable Care Act (ACA), will not count toward your deductible or out-of-pocket maximum (if any), unless otherwise required by law. If you are enrolled in a high-deductible health plan with a health savings account, payments made by you for medications covered by your plan will count toward your deductible.

*If enrolled in a high-deductible health plan (HDHP) with a health savings account (HSA) these medications are not included in the PrudentRx program drug list. For all other plans, continue to fill these medications through approved pharmacy.

TOBI PODHALER¹

tobramycin

TRIKAFTA*¹

**DUPUYTREN'S
CONTRACTURE**

XIAFLEX¹

ELECTROLYTE DISORDERS

SAMSCA¹

*tolvaptan*¹

**ENDOCRINE DISORDERS -
OTHER**

CORTROPHIN¹

**ENZYME DEFICIENCY
DISORDERS - OTHER**

nitisinone

ORFADIN*¹

SUCRAID*¹

**GASTROINTESTINAL
DISORDERS-OTHER**

GATTEX¹

OCALIVA¹

SOLESTA¹

GOUT

KRYSTEXXA¹

**GROWTH HORMONE AND
RELATED DISORDERS**

EGRIFTA¹

GENOTROPIN¹

HUMATROPE¹

INCRELEX¹

NORDITROPIN¹

NUTROPIN¹

OMNITROPE¹

SAIZEN¹

SAIZENPREP¹

SEROSTIM¹

SKYTROFA¹

ZOMACTON¹

ZORBIVIVE¹

HEMATOPOIETICS

MOZOBIL

HEMOPHILIA

ADVATE¹

ADYNOVATE¹

AFSTYLA¹

ALPHANATE/VON¹

ALPHANINE

ALPROLIX¹

BENEFIX¹

COAGADEX¹

CORIFACT

ELOCTATE¹

ESPEROCT¹

FEIBA¹

FIBRYGA

HEMGENIX¹

HEMLIBRA¹

HEMOPIL¹

HUMATE-P¹

IDELVION¹

IXINITY¹

JIVI

KOATE¹

KOGENATE¹

KOVALTRY¹

MONONINE

NOVOEIGHT

NOVOSEVEN¹

NUWIQ

OBIZUR¹

PROFILNINE

REBINYN¹

RECOMBINATE¹

RIASTAP

RIXUBIS¹

SEVENFACT¹

TRETEN¹

VONVENDI¹

WILATE¹

XYNTHA

HEPATITIS C

EPCLUSA¹

HARVONI¹

LEDIPASVIR/SOFOSBUVIR¹

MAVYRET¹

PEGASYS¹

ribavirin

SOFOSBUVIR/VELPATASVIR¹

SOVALDI

VIEKIRA¹

VOSEVI¹

ZEPATIER¹

HEREDITARY ANGIOEDEMA

BERINERT¹

CINRYZE¹

FIRAZYR¹

HAEGARDA¹

*icatibant*¹

KALBITOR¹

ORLADEYO*¹

RUCONEST

*sajazir*¹

TAKHZYRO¹

HORMONAL THERAPIES

AVEED¹

ELIGARD

FENSOLVI

FIRMAGON

LUPRON DEPOT¹

LUPRON DEPOT-PED¹

NATPARA¹

SUPPRELIN¹

TRELSTAR¹

TRIPTODUR*¹

ZOLADEX¹

Medications on the PrudentRx specialty drug list may change at any time, with or without notice. Your plan may not cover certain medications even though they appear on the PrudentRx drug list. Payments made on your behalf for the medication on this list, including amounts paid by a manufacturer's copay assistance program, will not count toward your plan deductible or out-of-pocket maximum (if any), unless otherwise required by law.

¹Payments made by you for a medication that does not qualify as an "essential health benefit" under the Affordable Care Act (ACA), will not count toward your deductible or out-of-pocket maximum (if any), unless otherwise required by law. If you are enrolled in a high-deductible health plan with a health savings account, payments made by you for medications covered by your plan will count toward your deductible.

*If enrolled in a high-deductible health plan (HDHP) with a health savings account (HSA) these medications are not included in the PrudentRx program drug list. For all other plans, continue to fill these medications through approved pharmacy.

**IMMUNE DEFICIENCIES
AND RELATED DISORDERS**

ASCENIV¹
 BIVIGAM¹
 CUTAQUIG¹
 CUVITRU¹
 CYTOGAM
 FLEBOGAMMA¹
 GAMASTAN¹
 GAMMAGARD¹
 GAMMAKED¹
 GAMMAPLEX¹
 GAMUNEX-C¹
 HEPAGAM B
 HIZENTRA¹
 HYPERHEP
 HYPERRHO
 HYQVIA¹
 MICRHOGAM
 NABI-HB
 OCTAGAM¹
 PANZYGA¹
 PRIVIGEN¹
 RHOGAM
 RHOPHYLAC
 VARIZIG
 WINRHO
 XEMBIFY¹

**INFECTIOUS DISEASE -
OTHER**

ACTIMMUNE¹
 ALFERON N
 ARIKAYCE*¹

IRON OVERLOAD

deferasirox
*deferiprone*¹
deferoxamine
 DESFERAL¹
 EXJADE¹
 JADENU¹

**LYSOSOMAL STORAGE
DISORDER**

ALDURAZYME¹
 CERDELGA¹
 CEREZYME¹
 CYSTAGON
 ELAPRASE¹
 ELELYSO¹
 FABRAZYME¹
 KANUMA¹
 LUMIZYME¹
miglustat
 NAGLAZYME
 NEXVIAZYME¹
 VIMIZIM
 VPRIV¹
 XENPOZYME¹
 ZAVESCA*¹

**MENTAL HEALTH
CONDITIONS**

ZULRESSO¹

MOVEMENT DISORDERS

APOKYN¹
 AUSTEDO¹
*droxidopa*¹
*droxidopa*¹
 DUOPA
 INGREZZA¹
 KYNMOBI¹
 NORTHERA¹
 NUPLAZID¹
 RADICAVA INJ¹
 RADICAVA ORS¹
 RELYVRIO¹
tetrabenazine
 XENAZINE¹

MULTIPLE SCLEROSIS

AMPYRA¹
 AUBAGIO¹
 AVONEX¹

BAFIERTAM¹
 BETASERON¹
 BRIUMVI¹
 COPAXONE¹
dalfampridine
*dimethyl fumarate*¹
 EXTAVIA¹
*fingolimod*¹
*fingolimod*¹
 GILENYA¹
*glatiramer*¹
*glatopa*¹
 KESIMPTA¹
 LEMTRADA¹
 MAVENCLAD
 MAYZENT¹
mitoxantrone
 OCREVUS¹
 PLEGRIDY¹
 PONVORY¹
 REBIF
 TECFIDERA¹
 TYSABRI
 VUMERITY¹
 ZEPOSIA¹

NEUROLOGICAL DISORDERS

ADUHELM¹
 SKYSONA¹

NEUROMUSCULAR

EVRYSDI*¹
 VYVGART¹

NEUTROPENIA

FULPHILA¹
 FYLNETRA¹
 GRANIX¹
 LEUKINE¹
 NEULASTA¹
 NEUPOGEN¹
 NIVESTYM

Medications on the PrudentRx specialty drug list may change at any time, with or without notice. Your plan may not cover certain medications even though they appear on the PrudentRx drug list. Payments made on your behalf for the medication on this list, including amounts paid by a manufacturer's copay assistance program, will not count toward your plan deductible or out-of-pocket maximum (if any), unless otherwise required by law.

¹Payments made by you for a medication that does not qualify as an "essential health benefit" under the Affordable Care Act (ACA), will not count toward your deductible or out-of-pocket maximum (if any), unless otherwise required by law. If you are enrolled in a high-deductible health plan with a health savings account, payments made by you for medications covered by your plan will count toward your deductible.

*If enrolled in a high-deductible health plan (HDHP) with a health savings account (HSA) these medications are not included in the PrudentRx program drug list. For all other plans, continue to fill these medications through approved pharmacy.

NYVEPRIA¹
 RELEUKO¹
 ROLVEDON¹
 STIMUFEND¹
 UDENYCA¹
 ZARXIO¹
 ZIEXTENZO¹

OCULAR DISORDERS

BEOVU¹
 BYOOVIZ¹
 CIMERLI¹
 EYLEA¹
 ILUVIEN¹
 LUCENTIS¹
 OZURDEX¹
 RETISERT¹
 SUSVIMO¹
 TEPEZZA¹
 VABYSMO¹
 VISUDYNE¹

ONCOLOGY

abiraterone
abiraterone
 ABRAXANE¹
 ADCETRIS¹
 AFINITOR¹
 ALECENSA¹
 ALUNBRIG^{*1}
 ALYMSYS¹
 ARZERRA
 ASPARLAS¹
 AVASTIN¹
azacitidine
 BALVERSA¹
 BAVENCIO¹
 BELEODAQ¹
 BELRAPZO¹
 BENDAMUSTINE¹
 BENDEKA¹
 BESPONSA

BESREMI^{*1}
bexarotene
 BLINCYTO¹
 BORTEZOMIB¹
 BOSULIF¹
 BRAFTOVI¹
 BRUKINSA^{*1}
 CABOMETYX¹
 CALQUENCE^{*1}
capecitabine
 COMETRIQ¹
 COPIKTRA¹
 COTELLIC¹
 CYRAMZA¹
 DACOGEN
 DARZALEX¹
 DAURISMO¹
decitabine
 EMPLICITI¹
 ENHERTU¹
 ERBITUX¹
 ERIVEDGE¹
 ERLEADA¹
erlotinib
everolimus
 EVOMELA¹
 FOLOTYN¹
 FUSILEV
 GAVRETO¹
 GAZYVA¹
 GLEEVEC¹
 GLEOSTINE¹
 HALAVEN¹
 HERCEPTIN¹
 HERCEPTIN HYLECTA¹
 HERZUMA¹
 HYCAMTIN
 IBRANCE¹
 ICLUSIG^{*1}
 IDHIFA¹
imatinib
 IMBRUVICA^{*1}

IMFINZI¹
 IMJUDO¹
 INLYTA¹
 INQOVI¹
 INREBIC¹
 IRESSA¹
 ISTODAX¹
 IXEMPRA¹
 JAKAFI¹
 JEMPERLI¹
 JEVTANA¹
 KADCYLA¹
 KANJINTI¹
 KEYTRUDA¹
 KHAPZORY¹
 KISQALI¹
 KOSELUGO^{*1}
 KYPROLIS¹
 LAPATINIB¹
lenalidomide
lenalidomide
 LENVIMA¹
levoleucovorin calcium
 LONSURF¹
 LORBRENA¹
 LUMAKRAS¹
 LUMOXITI¹
 LUNSUMIO¹
 LYNPARZA¹
 MARGENZA¹
 MEKINIST¹
 MEKTOVI¹
 MVASI¹
 MYLOTARG
 NERLYNX¹
 NEXAVAR¹
 NINLARO¹
 NUBEQA¹
 ODOMZO¹
 OGIVRI¹
 ONCASPAR

Medications on the PrudentRx specialty drug list may change at any time, with or without notice. Your plan may not cover certain medications even though they appear on the PrudentRx drug list. Payments made on your behalf for the medication on this list, including amounts paid by a manufacturer's copay assistance program, will not count toward your plan deductible or out-of-pocket maximum (if any), unless otherwise required by law.

¹Payments made by you for a medication that does not qualify as an "essential health benefit" under the Affordable Care Act (ACA), will not count toward your deductible or out-of-pocket maximum (if any), unless otherwise required by law. If you are enrolled in a high-deductible health plan with a health savings account, payments made by you for medications covered by your plan will count toward your deductible.

^{*1}If enrolled in a high-deductible health plan (HDHP) with a health savings account (HSA) these medications are not included in the PrudentRx program drug list. For all other plans, continue to fill these medications through approved pharmacy.

ONIVYDE¹
 ONTRUZANT¹
 ONUREG¹
 OPDIVO¹
 OPDUALAG¹
 ORGOVYX*¹
paclitaxel protein-bound¹
 PADCEV¹
 PERJETA¹
 PHESGO¹
 PIQRAY¹
 POLIVY¹
 POMALYST
 PORTRAZZA¹
 POTELIGEO¹
 PROLEUKIN
 PURIXAN
 QINLOCK*¹
 RETEVMO¹
 REVLIMID
 RIABNI¹
 RITUXAN¹
 RITUXAN HYCELA¹
 ROMIDEPSIN
 ROZLYTREK¹
 RUBRACA¹
 RUXIENCE¹
 RYBREVANT¹
 RYDAPT¹
 RYLAZE¹
 SARCLISA¹
 SCEMBLIX¹
sorafenib¹
 SPRYCEL¹
 STIVARGA¹
sunitinib¹
sunitinib¹
 SUTENT¹
 SYLVANT
 SYNRIBO
 TABRECTA¹

TAFINLAR¹
 TAGRISSO¹
 TALZENNA¹
 TARCEVA
 TARGRETIN
 TASIGNA¹
 TECENTRIQ¹
 TEMODAR
 TEMODAR (INJECTABLE)
temozolomide
temsirolimus
 TEPADINA¹
 THALOMID
 THYROGEN¹
 TIVDAK¹
 TORISEL
 TRAZIMERA¹
 TREANDA
 TRUSELTIQ*¹
 TRUXIMA¹
 TYKERB¹
valrubicin
 VALSTAR
 VECTIBIX¹
 VELCADE
 VENCLEXTA*¹
 VERZENIO¹
 VIDAZA
 VITRAKVI¹
 VIZIMPRO¹
 VOTRIENT¹
 VYXEOS
 XALKORI¹
 XELODA
 XERMELO*¹
 XGEVA¹
 XOSPATA¹
 XTANDI¹
 YERVOY¹
 YONDELIS¹
 YONSA
 ZALTRAP
 ZEJULA¹

ZELBORAF¹
 ZEPZELCA¹
 ZIRABEV¹
zoledronic_onc
 ZOLINZA
 ZYDELIG¹
 ZYKADIA¹
 ZYTIGA¹

OSTEOPOROSIS

EVENITY¹
 FORTEO¹
 PROLIA¹
 RECLAST
teriparatide¹
 TYMLOS¹
zoledronic_ost

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA

SOLIRIS
 ULTOMIRIS¹

PHENYLKETONURIA

KUVAN¹
 PALYNZIQ¹
sapropterin¹

PRE-TERM BIRTH

hydroxyprogesterone
 MAKENA

PSORIASIS

SOTYKTU¹

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA¹
 ADEMPAS¹
alyq¹
ambrisentan
bosentan
epoprostenol

Medications on the PrudentRx specialty drug list may change at any time, with or without notice. Your plan may not cover certain medications even though they appear on the PrudentRx drug list. Payments made on your behalf for the medication on this list, including amounts paid by a manufacturer's copay assistance program, will not count toward your plan deductible or out-of-pocket maximum (if any), unless otherwise required by law.

¹Payments made by you for a medication that does not qualify as an "essential health benefit" under the Affordable Care Act (ACA), will not count toward your deductible or out-of-pocket maximum (if any), unless otherwise required by law. If you are enrolled in a high-deductible health plan with a health savings account, payments made by you for medications covered by your plan will count toward your deductible.

*If enrolled in a high-deductible health plan (HDHP) with a health savings account (HSA) these medications are not included in the PrudentRx program drug list. For all other plans, continue to fill these medications through approved pharmacy.

FLOLAN
 LETAIRIS¹
 OPSUMIT¹
 ORENITRAM¹
 REMODULIN¹
 REVATIO¹
sildenafil
tadalafil
 TADLIQ¹
 TRACLEER¹
treprostinil
 TVVASO¹
 UPTRAVI¹
 VELETRI
 VENTAVIS¹

PULMONARY DISORDERS - OTHER

ESBRIET
 OFEV¹
*pirfenidone*¹

RARE DISORDERS - OTHER

clovique
 CRYSVITA¹
 CUPRIMINE¹
 DEPEN TITRATABS
 DOJOLVI¹
 ENSPRYNG¹
 FIRDAPSE*¹
 GAMIFANT¹
penicillamine
 SYPRINE¹
trientine
 UPLIZNA¹
 VIJOICE¹
 ZOKINVY¹

RENAL DISEASE

cinacalcet
 JYNARQUE*¹
 PARSABIV¹
 SENSIPAR

*tiopronin*¹

RESPIRATORY SYNCYTIAL VIRUS

SYNAGIS¹

SEIZURE DISORDERS

ACTHAR¹
 DIACOMIT*¹
 EPIDIOLEX¹
 FINTEPLA*¹
 SABRIL¹
*vigabatrin*¹
*vigadrone**¹

SICKLE CELL DISEASE

ADAKVEO¹
 ENDARI¹
 OXBRYTA¹

SLEEP DISORDER

*tasimelteon*¹
 WAKIX¹
 XYREM*¹
 XYWAV*¹

SYSTEMIC LUPUS ERYTHEMATOSUS

BENLYSTA¹
 SAPHNELO¹

THROMBOCYTOPENIA

DOPTELET¹
 MULPLETA¹
 NPLATE¹
 PROMACTA¹
 TAVALISSE*¹

UREA CYCLE DISORDERS

BUPHENYL¹
 RAVICTI¹
*sodium phenylbutyrate*¹

Medications on the PrudentRx specialty drug list may change at any time, with or without notice. Your plan may not cover certain medications even though they appear on the PrudentRx drug list. Payments made on your behalf for the medication on this list, including amounts paid by a manufacturer's copay assistance program, will not count toward your plan deductible or out-of-pocket maximum (if any), unless otherwise required by law.

¹Payments made by you for a medication that does not qualify as an "essential health benefit" under the Affordable Care Act (ACA), will not count toward your deductible or out-of-pocket maximum (if any), unless otherwise required by law. If you are enrolled in a high-deductible health plan with a health savings account, payments made by you for medications covered by your plan will count toward your deductible.

*If enrolled in a high-deductible health plan (HDHP) with a health savings account (HSA) these medications are not included in the PrudentRx program drug list. For all other plans, continue to fill these medications through approved pharmacy.