



Enhanced Exclusive Specialty with HIV and without Fertility Specialty Drug List November 2022

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

VYNDAMAX¹

VYNDAQEL¹

ANEMIA

ARANESP¹

ENJAYMO¹

EPOGEN¹

PROCRT¹

REBLOZYL¹

RETACRIT

ZYNTGLO¹

ASTHMA

CINQAIR¹

FASENRA¹

NUCALA¹

TEZSPIRE¹

XOLAIR¹

AUTOIMMUNE

ACTEMRA¹

ADBRY¹

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

HEMLIBRA¹

HEMOPIL¹

HUMATE-P¹

IDELVION¹

IXINITY¹

JIVI

KOATE¹

KOGENATE¹

KOVALTRY¹

MONONINE

NOVOEIGHT

NOVOSEVEN¹

NUWIQ

OBIZUR¹

PROFILNINE

REBINYN¹

RECOMBINATE¹

RIASTAP

RIXUBIS¹

SEVENFACT¹

STIMATE

TRETTEN¹

VONVENDI¹

WILATE¹

XYNTHA

HEPATITIS B

adefovir

BARACLUDE¹

entecavir

EPIVIR HBV¹

HEPSERA¹

lamivudine (hbv)

VEMLIDY¹

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

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.

FENSOLVI
 FIRMAGON
 LUPRON DEPOT¹
 LUPRON DEPOT-PED¹
 NATPARA¹
 SUPPRELIN¹
 TRELSTAR¹
 TRIPTODUR*¹
 ZOLADEX¹

**HUMAN
 IMMUNODEFICIENCY VIRUS**

abacavir
abacavir/lamivudine
 APRETUDE¹
 APTIVUS¹
atazanavir
 ATRIPLA¹
 BIKTARVY¹
 CABENUVA¹
 CIMDUO
 COMBIVIR
 COMPLERA¹
 DELSTRIGO¹
 DESCOVY¹
 DOVATO¹
 EDURANT
efavirenz
efavirenz/emtricitabine/tenofovir df
efavirenz/lamivudine/tenofovir df
emtricitabine
emtricitabine/tenofovir df¹
 EMTRIVA
 EPIVIR
 EPZICOM
etravirine
 EVOTAZ
fosamprenavir
 FUZEON
 GENVOYA¹
 INTELENCE

ISENTRESS
 JULUCA
 KALETRA¹
lamivudine
lamivudine/zidovudine
 LEXIVA¹
lopinavir/ritonavir
maraviroc
nevirapine
 NORVIR
 ODEFSEY
 PIFELTRO¹
 PREZCOBIX
 PREZISTA
 RETROVIR
 REYATAZ
ritonavir
 RUKOBIA¹
 SELZENTRY
stavudine
 STRIBILD¹
 SUSTIVA
 SYMFI
 SYMTUZA¹
 TEMIXYS
tenofovir
 TIVICAY
 TRIUMEQ
 TRIUMEQ PD¹
 TRIZIVIR
 TROGARZO
 TRUVADA¹
 TYBOST
 VIRACEPT¹
 VIRAMUNE
 VIREAD
 ZIAGEN
zidovudine

**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
 OCTAGAM
 PANZYGA¹
 PRIVIGEN¹
 RHOGAM
 RHOPHYLAC
 VARIZIG
 WINRHO
 XEMBIFY¹

**INFECTIOUS DISEASE -
 OTHER**

ACTIMMUNE¹
 ALFERON N

IRON OVERLOAD

deferasirox
deferiprone¹
deferoxamine
 DESFERAL¹
 EXJADE¹
 JADENU¹

**LYSOSOMAL STORAGE
 DISORDER**

ALDURAZYME¹
 CERDELGA¹
 CEREZYME¹
 CYSTAGON

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.

ELAPRASE¹
 ELELYSO¹
 FABRAZYME¹
 KANUMA¹
 LUMIZYME¹
miglustat
 NAGLAZYME
 NEXVIAZYME¹
 VIMIZIM
 VPRIV¹
 XENPOZYME¹
 ZAVESCA*¹

**MENTAL HEALTH
 CONDITIONS**

ZULRESSO¹

MOVEMENT DISORDERS

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

MULTIPLE SCLEROSIS

AMPYRA¹
 AUBAGIO¹
 AVONEX¹
 BAFIERTAM¹
 BETASERON¹
 COPAXONE¹
dalfampridine
*dimethyl fumarate*¹
 EXTAVIA¹

*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
 GRANIX¹
 LEUKINE¹
 NEULASTA¹
 NEUPOGEN¹
 NIVESTYM
 NYVEPRIA¹
 RELEUKO¹
 UDENYCA¹
 ZARXIO¹
 ZIEXTENZO¹

OCULAR DISORDERS

BEOVU¹

BYOOVIZ¹
 EYLEA¹
 ILUVIEN¹
 LUCENTIS¹
 OZURDEX¹
 RETISERT¹
 SUSVIMO¹
 TEPEZZA¹
 VABYSMO¹
 VISUDYNE¹

ONCOLOGY

abiraterone
 ABRAXANE¹
 ADCETRIS¹
 AFINITOR¹
 ALECENSA¹
 ALUNBRIG*¹
 ALYMSYS¹
 ARZERRA
 ASPARLAS¹
 AVASTIN¹
azacitidine
 BAVENCIO¹
 BELEODAQ¹
 BELRAPZO¹
 BENDAMUSTINE¹
 BENDEKA¹
 BESPONSA
 BESREMI*¹
bexarotene
 BLINCYTO¹
 BORTEZOMIB¹
 BOSULIF¹
 BRAFTOVI¹
 BRUKINSA*¹
 CABOMETYX¹
 CALQUENCE*¹
capecitabine
 COMETRIQ¹
 COTELLIC¹

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.

CYRAMZA¹
 DACOGEN
 DARZALEX¹
 DAURISMO¹
decitabine
 EMLICITI¹
 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
 INLYTA¹
 INQOVI¹
 INREBIC¹
 INTRON A
 IRESSA¹
 ISTODAX¹
 IXEMPRA¹
 JAKAFI¹
 JEMPERLI¹
 JEVTANA¹
 KADCYLA¹

KANJINTI¹
 KEYTRUDA¹
 KHAPZORY¹
 KISQALI¹
 KYPROLIS¹
 LAPATINIB¹
lenalidomide
 LENVIMA¹
levoleucovorin calcium
 LONSURF¹
 LORBRENA¹
 LUMAKRAS¹
 LUMOXITI¹
 LYNPARZA¹
 MARGENZA¹
 MEKINIST¹
 MEKTOVI¹
 MVASI¹
 MYLOTARG
 NERLYNX¹
 NEXAVAR¹
 NINLARO¹
 NUBEQA¹
 ODOMZO¹
 OGIURI¹
 ONCASPAR
 ONIVYDE¹
 ONTRUZANT¹
 ONUREG¹
 OPDIVO¹
 OPDUALAG¹
 ORGOVYX*¹
 PADCEV¹
 PERJETA¹
 PHESGO¹
 PIQRAY¹
 POLIVY¹
 POMALYST
 PORTRAZZA¹
 POTELIGEO¹

PROLEUKIN
 PURIXAN
 QINLOCK*¹
 RETEVMO¹
 REVLIMID
 RIABNI¹
 RITUXAN¹
 RITUXAN HYCELA¹
 ROMIDEPSIN
 ROZLYTREK¹
 RUBRACA¹
 RUXIENCE¹
 RYBREVAANT¹
 RYDAPT¹
 SARCLISA¹
 SCEMBLIX¹
*sorafenib*¹
 SPRYCEL¹
 STIVARGA¹
*sunitinib*¹
 SUTENT¹
 SYLVANT
 SYNRIBO
 TABRECTA¹
 TAFINLAR¹
 TAGRISSO¹
 TALZENNA¹
 TARCEVA
 TARGRETIN
 TASIGNA¹
 TECENTRIQ¹
 TEMODAR
 TEMODAR (INJECTABLE)
temozolomide
temsirolimus
 TEPADINA¹
 THALOMID
 THYROGEN¹
 TIVDAK¹
 TORISEL
 TRAZIMERA¹
 TREANDA

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.

TRUSELTIQ¹
 TRUXIMA¹
 TYKERB¹
valrubicin
 VALSTAR
 VECTIBIX¹
 VELCADE
 VENCLEXTA*¹
 VERZENIO¹
 VIDAZA
 VITRAKVI¹
 VIZIMPRO¹
 VOTRIENT¹
 VYXEOS
 XALKORI¹
 XELODA
 XGEVA¹
 XTANDI¹
 YERVOY¹
 YONDELIS¹
 YONSA
 ZALTRAP
 ZEJULA¹
 ZELBORAF¹
 ZEPZELCA¹
 ZIRABEV¹
zoledronic_onc
 ZOLINZA
 ZYDELIG¹
 ZYKADIA¹
 ZYTIGA¹

OSTEOPOROSIS
 EVENITY¹
 FORTEO¹
 PROLIA¹
 RECLAST
*teriparatide*¹
 TYMLOS¹

zoledronic_ost

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA

SOLIRIS
 ULTOMIRIS¹

PHENYLKETONURIA

KUVAN¹
 PALYNZIQ¹
*sapropterin*¹

PRE-TERM BIRTH

hydroxyprogesterone
 MAKENA

PSORIASIS

SOTYKTU¹

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA¹
 ADEMPAS¹
*alyq*¹
ambrisentan
bosentan
epoprostenol
 FLOLAN
 LETAIRIS¹
 OPSUMIT¹
 ORENITRAM¹
 REMODULIN¹
 REVATIO¹
sildenafil

tadalafil
 TRACLEER¹
treprostinil
 TYVASO¹
 UPTRAVI¹
 VELETRI
 VENTAVIS¹

PULMONARY DISORDERS - OTHER
 ESBRIET

OFEV¹
pirfenidone

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
 SABRIL¹
*vigabatrin*¹
*vigadrone**¹

SICKLE CELL DISEASE

ADAKVEO¹
 ENDARI¹
 OXBRYTA¹

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.

SLEEP DISORDER

WAKIX¹

XYREM*¹

XYWAV*¹

**SYSTEMIC LUPUS
ERYTHEMATOSUS**

BENLYSTA¹

THROMBOCYTOPENIA

DOPTELET¹

MULPLETA¹

NPLATE¹

PROMACTA¹

TAVALISSE*¹

TRANSPLANT

ASTAGRAF¹

CELLCEPT¹

cyclosporine

ENVARBUS¹

everolimus

(immunosuppressant)

gengraf

mycophenolate

mycophenolic

MYFORTIC¹

NEORAL

NULOJIX¹

PROGRAF¹

RAPAMUNE¹

SANDIMMUNE

sirolimus

tacrolimus

ZORTRESS¹

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.