

EES with Fertility and without HIV Specialty Drug List August 2024

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		INFLECTRA ¹
LANREOTIDE	<u>ASTHMA</u>	INFLIXIMAB ¹
MYCAPSSA*1	CINQAIR ¹	KEVZARA ¹
octreotide	FASENRA ¹	KINERET*1
SANDOSTATIN	NUCALA	OLUMIANT¹
SANDOSTATIN LAR DEPOT ¹	NUCALA (Vial) ¹	OMVOH ¹
SIGNIFOR LAR*1	TEZSPIRE	ORENCIA ¹
SOMATULINE	XOLAIR ¹	OTEZLA ¹
SOMAVERT ¹	PALFORZIA*1	OTREXUP ¹
ALODECIA ADEATA		RASUVO ¹
ALOPECIA AREATA LITFULO¹	AUTOIMMUNE	REMICADE ¹
Em 020	ABRILADA ¹	RENFLEXIS ¹
ALPHA-1 ANTITRYPSIN	ACTEMRA ¹	RINVOQ ¹
DEFICIENCY	ADALIMUMAB-AACF ¹	SILIQ ¹
ARALAST ¹	ADALIMUMAB-ADAZ ¹	SIMPONI ¹
GLASSIA ¹	ADALIMUMAB-ADBM ¹	SIMPONI ARIA ¹
PROLASTIN-C*1	ADALIMUMAB-FKJP ¹	SKYRIZI ¹
ZEMAIRA ¹	ADBRY ¹	
	AMJEVITA ¹	SOTYKTU ¹
<u>AMYLOIDOSIS</u>	AVSOLA ¹	STELARA ¹
AMVUTTRA ¹	BIMZELX ¹	TALTZ ¹
ONPATTRO ¹	CIBINQO ¹	TREMFYA
VYNDAMAX ¹	CIMZIA ¹	VELSIPITY ¹
VYNDAQEL ¹	COSENTYX ¹	XELJANZ ¹
	CYLTEZO ¹	YUFLYMA ¹
ANEMIA	DUPIXENT ¹	YUSIMRY ¹
ARANESP ¹	ENBREL ¹	ZYMFENTRA ¹
ENJAYMO ¹	ENTYVIO ¹	SIMLANDI ¹
EPOGEN ¹	HADLIMA ¹	TOFIDENCE ¹
MIRCERA*1	HULIO ¹	TYENNE ¹
PROCRIT ¹	HUMIRA ¹	
REBLOZYL ¹	HYRIMOZ ¹	BONE DISORDERS - OTHER
RETACRIT	IDACIO ¹	SOHONOS ¹
ZYNTEGLO ¹	ILUMYA ¹	STRENSIQ*1
		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.

Payments 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.



VOXZOGO ¹	CORTROPHIN ¹	HEMOPHILIA ADVATE ¹
CARDIAC DISORDERS	ENZYME DEFICIENCY	ADYNOVATE1
CAMZYOS ¹	<u>DISORDERS - OTHER</u>	AFSTYLA ¹
	betaine anhydrous (cosette)	ALPHANATE/VON ¹
COAGULATION DISORDERS	nitisinone	ALPHANINE
CEPROTIN	NITYR*1	ALPROLIX ¹
	ORFADIN*1	ALTUVIIIO ¹
CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES	SUCRAID*1	BENEFIX ¹
ARCALYST ¹	RYPLAZIM ¹	COAGADEX ¹
		CORIFACT
ILARIS ¹	GASTROINTESTINAL	ELOCTATE ¹
CUSHING'S	DISORDERS-OTHER	ESPEROCT ¹
mifepristone ¹	GATTEX ¹	FEIBA ¹
SIGNIFOR*1	OCALIVA ¹	FIBRYGA
SIGIVII OK	SOLESTA ¹	HEMGENIX ¹
CYSTIC FIBROSIS	IQIRVO ¹	HEMLIBRA ¹
BETHKIS ¹		HEMOFIL ¹
BRONCHITOL ¹	<u>GOUT</u> KRYSTEXXA ¹	HUMATE-P ¹
BRONCHITOL TOLERANCE	KRYSTEXXA	IDELVION ¹
TEST ¹	GROWTH HORMONE AND	IXINITY ¹
CAYSTON ¹	RELATED DISORDERS	JIVI
KALYDECO*1	EGRIFTA ¹	KOATE ¹
KITABIS PAK ¹	GENOTROPIN ¹	KOGENATE ¹
ORKAMBI*1	HUMATROPE ¹	KOVALTRY ¹
PULMOZYME	INCRELEX ¹	MONONINE
SYMDEKO*1	NGENLA ¹	NOVOEIGHT
TOBI ¹	NORDITROPIN ¹	NOVOSEVEN ¹
TOBI PODHALER ¹	NUTROPIN ¹	NUWIQ
tobramycin	OMNITROPE ¹	OBIZUR ¹
TRIKAFTA*1	SAIZEN ¹	PROFILNINE
	SAIZENPREP ¹	REBINYN ¹
DUPUYTREN'S CONTRACTURE	SEROSTIM ¹	RECOMBINATE ¹
XIAFLEX ¹	SKYTROFA ¹	RIASTAP
		RIXUBIS ¹
ELECTROLYTE DISORDERS	SOGROYA ¹	ROCTAVIAN1
dichlorphenamide	ZOMACTON ¹	SEVENFACT ¹
SAMSCA ¹	HEMATODOIETICS	TRETTEN ¹
tolvaptan¹	<u>HEMATOPOIETICS</u> MOZOBIL	VONVENDI ¹
	plerixafor ¹	WILATE ¹
ENDOCRINE DISORDERS - OTHER	,	XYNTHA

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.

1 Payments 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.



BEQVEZ1 TRELSTAR1 fyremadel ganirelix TRIPTODUR*1 **GONAL-F HEPATITIS B** ZOLADEX1 leuprolide adefovir leuprolide (22.5mg)1 BARACLUDE1 **IMMUNE DEFICIENCIES MENOPUR** entecavir AND RELATED DISORDERS NOVAREL1 EPIVIR HBV1 ASCENIV1 **OVIDREL** HEPSERA1 BIVIGAM1 PREGNYL1 lamivudine (hbv) CUTAQUIG1 VEMLIDY1 CUVITRU1 **IRON OVERLOAD CYTOGAM** deferasirox **HEPATITIS C** FLEBOGAMMA1 deferiprone¹ EPCLUSA1 GAMASTAN1 deferoxamine HARVONI1 GAMMAGARD1 DESFERAL1 LEDIPASVIR/SOFOSBUVIR1 GAMMAKED1 EXJADE1 MAVYRET1 GAMMAPLEX1 JADENU1 PEGASYS1 GAMUNEX-C1 ribavirin **HEPAGAM B** LYSOSOMAL STORAGE SOFOSBUVIR/VELPATASVIR1 HIZENTRA1 **DISORDER SOVALDI** ALDURAZYME1 **HYPERHEP** VOSEVI1 CERDELGA1 **HYPERRHO** ZEPATIER1 CEREZYME1 HYQVIA1 **CYSTAGON** MICRHOGAM **HEREDITARY ANGIOEDEMA** ELAPRASE1 NABI-HB BERINERT1 OCTAGAM1 ELELYSO1 CINRYZE1 PANZYGA1 FABRAZYME1 FIRA7YR1 PRIVIGEN1 KANUMA¹ HAEGARDA1 **RHOGAM** LUMIZYME1 icatibant1 RHOPHYLAC miglustat KALBITOR1 **VARIZIG NAGLAZYME** WINRHO ORLADEYO*1 NEXVIAZYME1 XEMBIFY1 **RUCONEST** OPFOLDA1 TAKHZYRO1 POMBILITI1 **INFECTIOUS DISEASE -**VIMIZIM **OTHER HORMONAL THERAPIES** VPRIV1 ACTIMMUNE¹ AVEED1 XENPOZYME1 ARIKAYCE*1 **ELIGARD** ZAVESCA*1 **FENSOLVI** FI FABRIO1 **INFERTILITY** FIRMAGON1 cetrorelix acetate LUPRON DEPOT1 **CETROTIDE MENTAL HEALTH**

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 deflutible or out-of-nocket maying if any unless of the review of the program of the

CONDITIONS ZULRESSO¹

CHORIONIC1

FOLLISTIM1

LUPRON DEPOT-PED1

SUPPRELIN¹

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

^{*}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.



	PONVORY ¹	EYLEA ¹
MOVEMENT DISORDERS	REBIF	ILUVIEN1
APOKYN ¹	TECFIDERA ¹	LUCENTIS ¹
AUSTEDO ¹	$teriflunomide^1$	OZURDEX ¹
droxidopa ¹	TYSABRI	RETISERT ¹
DUOPA	VUMERITY ¹	SUSVIMO ¹
EXSERVAN*1	ZEPOSIA ¹	TEPEZZA ¹
INBRIJA*1		VABYSMO ¹
INGREZZA ¹	MUSCULAR DYSTROPHY	VISUDYNE ¹
NORTHERA ¹	ELEVIDYS	VISOBTIVE
NUPLAZID¹	deflazacort ¹	ONCOLOGY
RADICAVA INJ ¹		abiraterone
RADICAVA ORS ¹	NEUROLOGICAL DISORDERS	ABRAXANE ¹
RELYVRIO ¹	ADUHELM ¹	ADCETRIS ¹
TEGLUTIK*1	LEQEMBI ¹	AFINITOR1
tetrabenazine	SKYSONA ¹	AKEEGA*1
TIGLUTIK*1	NEUDOMUSCULAD	ALECENSA ¹
XENAZINE ¹	<u>NEUROMUSCULAR</u> EVRYSDI* ¹	ALUNBRIG*1
	RYSTIGGO ¹	ALYMSYS ¹
MULTIPLE SCLEROSIS	VYVGART ¹	AUGTYRO ¹
AMPYRA ¹	VIVGANI	AVASTIN ¹
AUBAGIO ¹	<u>NEUTROPENIA</u>	AYVAKIT*1
AVONEX ¹	FULPHILA ¹	azacitidine
BAFIERTAM ¹	FYLNETRA ¹	BALVERSA ¹
BETASERON ¹	GRANIX ¹	BAVENCIO ¹
BRIUMVI ¹	LEUKINE ¹	BELEODAQ ¹
COPAXONE ¹	NEULASTA ¹	BELRAPZO ¹
dalfampridine	NEUPOGEN ¹	bendamustine ¹
dimethyl fumarate¹	NIVESTYM	BENDEKA ¹
EXTAVIA ¹	NYVEPRIA ¹	BESPONSA
fingolimod ¹	RELEUKO ¹	BESREMI*1
GILENYA ¹	ROLVEDON ¹	bexarotene ¹
glatiramer ¹	STIMUFEND ¹	BLINCYTO ¹
glatopa¹	UDENYCA ¹	bortezomib ¹
KESIMPTA ¹	ZARXIO ¹	BOSULIF ¹
LEMTRADA ¹	ZIEXTENZO ¹	BRAFTOVI ¹
MAVENCLAD		BRUKINSA*1
MAYZENT ¹	OCULAR DISORDERS	CABOMETYX ¹
mitoxantrone	BEOVU ¹	CALQUENCE*1
OCREVUS ¹	BYOOVIZ ¹	capecitabine
PLEGRIDY ¹	CIMERLI ¹	23,720,000,000
		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 edeuctible 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.



COLUMVI ¹	IXEMPRA ¹	PADCEV ¹
COMETRIQ ¹	JAKAFI ¹	pazopanib¹
COPIKTRA ¹	JAYPIRCA ¹	PERJETA ¹
COTELLIC ¹	JEMPERLI ¹	PHESGO ¹
CYRAMZA ¹	JEVTANA ¹	PIQRAY ¹
DACOGEN	KADCYLA ¹	POLIVY ¹
DARZALEX ¹	KANJINTI ¹	POMALYST ¹
DAURISMO ¹	KEYTRUDA ¹	PORTRAZZA ¹
decitabine	KHAPZORY ¹	POTELIGEO ¹
EMPLICITI ¹	KISQALI ¹	PROLEUKIN
ENHERTU ¹	KOSELUGO*1	PURIXAN
ERBITUX ¹	KYPROLIS ¹	QINLOCK*1
ERIVEDGE ¹	LAPATINIB ¹	RETEVMO ¹
ERLEADA ¹	lenalidomide¹	REVLIMID ¹
erlotinib	LENVIMA ¹	REZUROCK*1
everolimus	levoleucovorin calcium	RIABNI ¹
EVOMELA ¹	LONSURF ¹	RITUXAN ¹
FOLOTYN ¹	LOQTORZI ¹	RITUXAN HYCELA ¹
GAZYVA ¹	LORBRENA ¹	romidepsin
gefitinib ¹	LUMAKRAS ¹	ROZLYTREK ¹
GILOTRIF*1	LUNSUMIO ¹	RUBRACA ¹
GLEEVEC ¹	LYNPARZA ¹	RUXIENCE ¹
GLEOSTINE ¹	MARGENZA ¹	RYBREVANT ¹
HALAVEN ¹	MEKINIST ¹	RYDAPT ¹
HERCEPTIN ¹	MEKTOVI ¹	RYLAZE ¹
HERCEPTIN HYLECTA ¹	MVASI ¹	SARCLISA ¹
HERZUMA ¹	MYLOTARG	SCEMBLIX ¹
HYCAMTIN	NERLYNX ¹	sorafenib¹
IBRANCE ¹	NEXAVAR ¹	SPRYCEL ¹
ICLUSIG*1	NINLARO ¹	STIVARGA ¹
IDHIFA ¹	NUBEQA ¹	sunitinib ¹
imatinib	ODOMZO ¹	SUTENT ¹
IMBRUVICA*1	OGIVRI ¹	SYLVANT
IMFINZI ¹	ONIVYDE ¹	TABRECTA ¹
IMJUDO ¹	ONTRUZANT ¹	TAFINLAR ¹
INLYTA ¹	ONUREG ¹	TAGRISSO ¹
INQOVI ¹	OPDIVO ¹	TALZENNA ¹
INREBIC ¹	OPDIVO ¹ OPDUALAG ¹	TARCEVA
IRESSA ¹		TARGRETIN ¹
ISTODAX ¹	ORGOVYX*1	TASIGNA ¹
	paclitaxel protein-bound¹	

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.

1-Payments 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.



TECENTRIQ1 zoledronic onc bosentan **ZOLINZA** epoprostenol **TEMODAR** ZYDELIG1 **FLOLAN TEMODAR (INJECTABLE)** LETAIRIS1 temozolomide ZYKADIA1 LIQREV1 temsirolimus $ZYNYZ^1$ TEPADINA1 OPSUMIT¹ ZYTIGA1 **THALOMID** ORENITRAM¹ FOTIVDA*1 THYROGEN1 REMODULIN1 MONJUVI*1 TIBSOVO*1 REVATIO1 PEMAZYRE*1 TIVDAK1 sildenafil TUKYSA*1 **TORISEL** tadalafil VONJO*1 TRAZIMERA1 TADLIQ1 ANKTIVA1 TREANDA1 TRACLEER1 IMDELLTRA1 TRUXIMA1 treprostinil DEMSER1 TYKERB1 TYVASO1 metyrosine1 valrubicin UPTRAVI1 **VALSTAR VELETRI OSTEOPOROSIS** VECTIBIX1 VENTAVIS1 EVENITY1 VEGZELMA1 OPSYNVI1 FORTEO1 **VELCADE** WINREVAIR1 PROLIA1 VENCLEXTA*1 **RECLAST** VERZENIO1 **PULMONARY DISORDERS** teriparatide1 **OTHER VIDAZA** TYMLOS1 ESBRIET1 VITRAKVI1 zoledronic ost **OFEV** VIZIMPRO1 pirfenidone VOTRIENT1 PAROXYSMAL NOCTURNAL pirfenidone (534mg)1 **VYXEOS HEMOGLOBINURIA** XALKORI1 EMPAVELI*1 **RARE DISORDERS - OTHER** XELODA **SOLIRIS** CRYSVITA1 XERMELO*1 ULTOMIRIS1 DOJOLVI1 XGEVA1 ENSPRYNG1 XOSPATA1 **PHENYLKETONURIA** FIRDAPSE*1 XPOVIO*1 KUVAN1 GAMIFANT1 XTANDI1 PALYNZIQ1 UPLIZNA1 YERVOY1 sapropterin1 VIJOICE1 YONDELIS1 ZOKINVY1 **PULMONARY ARTERIAL** YONSA **HYPERTENSION** ZALTRAP **RENAL DISEASE** ADCIRCA1 ZEJULA¹ cinacalcet ADEMPAS1 ZELBORAF1

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

alyq

ambrisentan

ZEPZELCA1

ZIRABEV1

FILSPARI1

JYNARQUE*1

plan deductible or out-of-pocket maximum (if any), unless otherwise required by law.

1-Payments 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

^{*}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.



PARSABIV¹
SENSIPAR
tiopronin¹
RIVFLOZA¹

PROMACTA¹
TAVALISSE*¹
ALVAIZ¹

RESPIRATORY SYNCYTIAL

VIRUS SYNAGIS TRANSPLANT
ASTAGRAF¹

CELLCEPT1

cyclosporine ENVARSUS¹

everolimus

(immunosuppressant)

gengraf

mycophenolate mycophenolic $MYFORTIC^1$

NEORAL NULOJIX PROGRAF¹ RAPAMUNE¹

SANDIMMUNE

sirolimus tacrolimus ZORTRESS¹ MYHIBBIN¹

SEIZURE DISORDERS

ACTHAR¹
DIACOMIT*¹
EPIDIOLEX¹
FINTEPLA*¹
SABRIL¹
vigabatrin²

vigabatrin (edenbridge)*1

SICKLE CELL DISEASE

vigadrone*1

ADAKVEO1

 ENDARI^1

LYFGENIA

OXBRYTA1

SLEEP DISORDER LUMRYZ¹ tasimelteon¹ WAKIX¹

XYREM*1
XYWAV*1

UREA CYCLE DISORDERS

BUPHENYL1

carglumic acid (burel)

RAVICTI1

sodium phenylbutyrate1

PHEBURANE¹

SYSTEMIC LUPUS ERYTHEMATOSUS

BENLYSTA¹
SAPHNELO¹

WILSON'S DISEASE

CUPRIMINE1

DEPEN TITRATABS

penicillamine

SYPRINE¹

trientine¹

THROMBOCYTOPENIA

ADZYNMA¹
DOPTELET¹
MULPLETA¹
NPLATE¹

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.