

**ACROMEGALY** 

# ES without HIV and without Fertility Specialty Drug List December 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

HULIO<sup>1</sup>

ZYNTEGLO<sup>1</sup>

LANREOTIDE		HUMIRA <sup>1</sup>
MYCAPSSA*1	<u>ASTHMA</u>	HYRIMOZ <sup>1</sup>
octreotide	CINQAIR <sup>1</sup>	IDACIO <sup>1</sup>
SANDOSTATIN	FASENRA <sup>1</sup>	ILUMYA <sup>1</sup>
SANDOSTATIN LAR DEPOT <sup>1</sup>	NUCALA	INFLECTRA <sup>1</sup>
SIGNIFOR LAR*1	NUCALA (Vial) <sup>1</sup>	INFLIXIMAB <sup>1</sup>
SOMATULINE	PALFORZIA*1	KEVZARA <sup>1</sup>
SOMAVERT <sup>1</sup>	TEZSPIRE	KINERET*1
ALODECIA ADEATA	XOLAIR <sup>1</sup>	OLUMIANT <sup>1</sup>
ALOPECIA AREATA LITFULO¹		OMVOH <sup>1</sup>
LITFOLO	AUTOIMMUNE	ORENCIA <sup>1</sup>
ALPHA-1 ANTITRYPSIN	ABRILADA <sup>1</sup>	OTEZLA <sup>1</sup>
DEFICIENCY	ACTEMRA <sup>1</sup>	OTREXUP <sup>1</sup>
ARALAST <sup>1</sup>	ADALIMUMAB-AACF <sup>1</sup>	
GLASSIA <sup>1</sup>	ADALIMUMAB-AATY <sup>1</sup>	RASUVO <sup>1</sup>
PROLASTIN-C*1	ADALIMUMAB-ADAZ <sup>1</sup>	REMICADE <sup>1</sup>
ZEMAIRA <sup>1</sup>	ADALIMUMAB-ADBM <sup>1</sup>	RENFLEXIS <sup>1</sup>
	ADALIMUMAB-FKJP <sup>1</sup>	RINVOQ <sup>1</sup>
AMYLOIDOSIS	ADALIMUMAB-RYVK <sup>1</sup>	SILIQ <sup>1</sup>
AMVUTTRA <sup>1</sup>	ADBRY <sup>1</sup>	SIMLANDI <sup>1</sup>
ONPATTRO <sup>1</sup>	AMJEVITA <sup>1</sup>	SIMPONI <sup>1</sup>
VYNDAMAX <sup>1</sup>	AVSOLA <sup>1</sup>	SIMPONI ARIA <sup>1</sup>
VYNDAQEL <sup>1</sup>	BIMZELX <sup>1</sup>	SKYRIZI <sup>1</sup>
	CIBINQO <sup>1</sup>	SOTYKTU <sup>1</sup>
ANEMIA	CIMZIA <sup>1</sup>	STELARA <sup>1</sup>
ARANESP <sup>1</sup>	COSENTYX <sup>1</sup>	TALTZ <sup>1</sup>
ENJAYMO <sup>1</sup>	CYLTEZO <sup>1</sup>	TOFIDENCE <sup>1</sup>
EPOGEN <sup>1</sup>	DUPIXENT <sup>1</sup>	TREMFYA
MIRCERA*1	EBGLYSS <sup>1</sup>	TYENNE <sup>1</sup>
PROCRIT <sup>1</sup>	ENBREL <sup>1</sup>	VELSIPITY <sup>1</sup>
REBLOZYL <sup>1</sup>	ENTYVIO <sup>1</sup>	XELJANZ <sup>1</sup>
RETACRIT	HADLIMA <sup>1</sup>	YUFLYMA <sup>1</sup>
Additional on the Dandard Dandard Landard Land	TIADLITYIA	

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,

<sup>\*</sup>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.



YUSIMRY1 **DUPUYTREN'S** SKYTROFA1 **CONTRACTURE** 7YMFFNTRA1 SOGROYA1 XIAFI FX1 ZOMACTON1 **BONE DISORDERS - OTHER ELECTROLYTE DISORDERS** SOHONOS1 **HEMATOPOIETICS** dichlorphenamide STRENSIQ\*1 MOZOBIL SAMSCA1 plerixafor1 VOXZOGO1 tolvaptan1 **HEMOPHILIA CARDIAC DISORDERS ENDOCRINE DISORDERS -**ADVATE1 CAMZYOS1 **OTHER** ADYNOVATE1 CORTROPHIN1 AFSTYLA1 **COAGULATION DISORDERS** 

CEPROTIN

ENZYME DEFICIENCY
DISORDERS - OTHER

ALPHANATE/VON¹
ALPHANINE

CRYOPYRIN-ASSOCIATED

betaine anhydrous (cosette)

ALPROLIX¹

 PERIODIC SYNDROMES
 betaine anhydrous (cosette)
 ALPROLIX¹

 ARCALYST¹
 NITYR\*¹
 ALTUVIIIO¹

 ILARIS¹
 ORFADIN\*¹
 BENEFIX¹

 RYPLAZIM¹
 BEQVEZ¹

CUSHING'S

mifepristone (actavis)<sup>1</sup>

SIGNIFOR\*<sup>1</sup>

COAGADEX<sup>1</sup>

CORIFACT

ELOCTATE<sup>1</sup>

DISORDERS-OTHER

CYSTIC FIBROSIS

BETHKIS¹

BRONCHITOL¹

BRONCHITOL TOLERANCE

DISORDERS-OTHER

ESPEROCT¹

FEIBA¹

FIBRYGA

HEMGENIX¹

HEMGENIX¹

HEMLIBRA¹

BRONCHITOL TOLERANCE
TEST¹
CAYSTON¹
KALYDECO\*¹
KITABIS PAK¹

SOLESTA¹
HEMOFIL¹
HUMATE-P¹
IDELVION¹
IXINITY¹

ORKAMBI\*1

PULMOZYME

SYMDEKO\*1

TOBI PODHALER1

GROWTH HORMONE AND

RELATED DISORDERS

KOATE1

KOGENATE1

KOVALTRY1

HUMATROPE1

MONONINE

TOBI PODHALER<sup>1</sup>

tobramycin

TRIKAFTA\*<sup>1</sup>

NGENLA<sup>1</sup>

NORDITROPIN<sup>1</sup>

NOWOSEVEN<sup>1</sup>

NUWIQ

DERMATOLOGICAL

HUMATROPE<sup>1</sup>

NOVOSEIGHT

NOVOSEVEN<sup>1</sup>

NUWIQ

 DERMATOLOGICAL
 NUTROPIN¹
 OBIZUR¹

 DISORDERS - OTHER
 OMNITROPE¹
 PROFILNINE

 NEMLUVIO¹
 SEROSTIM¹
 REBINYN¹

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.

plan deductible of 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.



RECOMBINATE <sup>1</sup>	TRELSTAR <sup>1</sup>	EXJADE <sup>1</sup>
RIASTAP	TRIPTODUR*1	JADENU <sup>1</sup>
RIXUBIS <sup>1</sup>	ZOLADEX <sup>1</sup>	
ROCTAVIAN <sup>1</sup>		LYSOSOMAL STORAGE
SEVENFACT <sup>1</sup>	IMMUNE DEFICIENCIES	DISORDER ALDURAZYAAF1
TRETTEN <sup>1</sup>	AND RELATED DISORDERS	ALDURAZYME <sup>1</sup>
VONVENDI <sup>1</sup>	ASCENIV <sup>1</sup>	CERDELGA <sup>1</sup>
WILATE <sup>1</sup>	BIVIGAM <sup>1</sup>	CEREZYME <sup>1</sup>
XYNTHA	CUTAQUIG <sup>1</sup>	CYSTAGON
	CUVITRU <sup>1</sup>	ELAPRASE <sup>1</sup>
HEPATITIS C	CYTOGAM	ELELYSO <sup>1</sup>
EPCLUSA <sup>1</sup>	FLEBOGAMMA <sup>1</sup>	ELFABRIO <sup>1</sup>
HARVONI <sup>1</sup>	GAMASTAN <sup>1</sup>	FABRAZYME <sup>1</sup>
LEDIPASVIR/SOFOSBUVIR1	GAMMAGARD <sup>1</sup>	KANUMA <sup>1</sup>
MAVYRET <sup>1</sup>	GAMMAKED <sup>1</sup>	LUMIZYME <sup>1</sup>
PEGASYS <sup>1</sup>	GAMMAPLEX <sup>1</sup>	miglustat
ribavirin	GAMUNEX-C <sup>1</sup>	NAGLAZYME
SOFOSBUVIR/VELPATASVIR1	НЕРАБАМ В	NEXVIAZYME <sup>1</sup>
SOVALDI	HIZENTRA <sup>1</sup>	OPFOLDA <sup>1</sup>
VOSEVI <sup>1</sup>	HYPERHEP	POMBILITI <sup>1</sup>
ZEPATIER <sup>1</sup>	HYPERRHO	VIMIZIM
	HYQVIA <sup>1</sup>	VPRIV <sup>1</sup>
HEREDITARY ANGIOEDEMA	MICRHOGAM	XENPOZYME <sup>1</sup>
BERINERT <sup>1</sup>	NABI-HB	ZAVESCA*1
CINRYZE <sup>1</sup>	OCTAGAM <sup>1</sup>	
FIRAZYR <sup>1</sup>	PANZYGA <sup>1</sup>	MENTAL HEALTH CONDITIONS
HAEGARDA <sup>1</sup>	PRIVIGEN <sup>1</sup>	ZULRESSO <sup>1</sup>
icatibant¹	RHOGAM	
KALBITOR <sup>1</sup>	RHOPHYLAC	MOVEMENT DISORDERS
ORLADEYO*1	VARIZIG	APOKYN <sup>1</sup>
RUCONEST	WINRHO XEMBIFY <sup>1</sup>	AUSTEDO <sup>1</sup>
TAKHZYRO <sup>1</sup>	AEIVIBIFY-	droxidopa <sup>1</sup>
	INFECTIOUS DISEASE -	DUOPA
HORMONAL THERAPIES	OTHER	EXSERVAN*1
AVEED <sup>1</sup>	ACTIMMUNE <sup>1</sup>	INBRIJA*1
ELIGARD	ARIKAYCE*1	INGREZZA <sup>1</sup>
FENSOLVI		NORTHERA <sup>1</sup>
FIRMAGON <sup>1</sup>	IRON OVERLOAD	NUPLAZID <sup>1</sup>
LUPRON DEPOT <sup>1</sup>	deferasirox	RADICAVA INJ <sup>1</sup>
LUPRON DEPOT-PED <sup>1</sup>	deferiprone <sup>1</sup>	RADICAVA ORS <sup>1</sup>
SUPPRELIN <sup>1</sup>	deferoxamine	TEGLUTIK*1
	DESFERAL <sup>1</sup>	

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.



tetrabenazine       KISUNLA¹       abiraterone         TIGLUTIK*¹       LEQEMBI¹       ABRAXANE¹         VYALEV¹       SKYSONA¹       ADCETRIS¹         XENAZINE¹       AFINITOR¹       AFINITOR¹         MULTIPLE SCLEROSIS       EVRYSDI*¹       ALECENSA¹         AMPYRA¹       RYSTIGGO¹       ALUNBRIG*¹         AUBAGIO¹       VYVGART¹       ALYMSYS¹         AVONEX¹       ANKTIVA¹       ANKTIVA¹         BAFIERTAM¹       NEUTROPENIA       AUGTYRO¹         BETASERON¹       FULPHILA¹       AVASTIN¹         BRIUMVI¹       FYLNETRA¹       AYVAKIT*¹         COPAXONE¹       GRANIX¹       azacitidine         dalfampridine       LEUKINE¹       BALVERSA¹         dimethyl fumarate¹       NEULASTA¹       BAVENCIO¹         EXTAVIA¹       NEUPOGEN¹       BELEODAQ¹         fingolimod¹       NIVESTYM       BELEODAQ¹         GILENYA¹       NYVEPRIA¹       BELRAPZO¹         bendamustine¹       BENDEKA¹       BENDEKA¹         glatiramer¹       RELEUKO¹       BENDEKA¹         KESIMPTA¹       STIMUFEND¹       BESPONSA         KESIMPTA¹       DENYCA¹       bexarotene²         MAVENCLAD <td< th=""></td<>
VYALEV¹  XENAZINE¹  AFINITOR¹  AFINITOR¹  AFINITOR¹  AFINITOR¹  AKEGA*¹  ALECENSA¹  ALECENSA¹  ALUNBRIG*¹  AUBAGIO¹  AVYGART¹  AUMAYSYS¹  AVONEX¹  BAFIERTAM¹  BETASERON¹  BRIUMVI¹  COPAXONE¹  dalfampridine  dimethyl fumarate¹  EXTAVIA¹  NEUROPENI¹  NEUROPENI¹  AVASTIN¹  AVASTIN¹  BAVENCIO¹  BELEODAQ¹  fingolimod¹  NIVESTYM  BELEODAQ¹  fingolimod²  RELEUKO¹  BELEODAQ¹  BENDEKA¹  BENDEKA¹  BENDEKA¹  BENDEKA¹  BENDEKA¹  BESPONSA  BESPONSA  BESREMI*¹  BESTENIYO¹  BESTENIYON
XENAZINE¹NEUROMUSCULAR EVRYSDI*¹AKEEGA*¹ AKEEGA*¹MULTIPLE SCLEROSIS AMPYRA¹EVRYSDI*¹ALECENSA¹ ALECENSA¹AMPYRA¹RYSTIGGO¹ALUNBRIG*¹AUBAGIO¹VYVGART¹ALYMSYS¹AVONEX¹ANKTIVA¹ANKTIVA¹BAFIERTAM¹NEUTROPENIA FULPHILA¹AUGTYRO¹BETASERON¹FULPHILA¹AVASTIN¹BRIUMVI¹FYLNETRA¹AYVAKIT*¹COPAXONE¹GRANIX¹azacitidinedalfampridine dimethyl fumarate¹LEUKINE¹BALVERSA¹dimethyl fumarate¹NEULASTA¹BAVENCIO¹EXTAVIA¹NEUPOGEN¹BELEODAQ¹fingolimod¹NIVESTYMBELEODAQ¹GILENYA¹NYVEPRIA¹bendamustine¹glatiramer¹RELEUKO¹BENDEKA¹glatopa¹ROLVEDON¹BESPONSAKESIMPTA¹STIMUFEND¹BESREMI*¹LEMTRADA¹UDENYCA¹bexarotene¹MAVENCLADZARXIO¹BLINCYTO¹
MULTIPLE SCLEROSIS  AMPYRA¹  AUBAGIO¹  AUBAGIO¹  AVONEX¹  BAFIERTAM¹  BETASERON¹  BRIUMVI¹  COPAXONE¹  dimethyl fumarate²  EXTAVIA¹  MEUPOGEN¹  GILENYA¹  RELEUKO¹  RELEUKO¹  RELEUKO¹  RELEUKO¹  RELEUKO¹  RELEUKO¹  BELASZEON¹  BELASZEON²  BALVERSA¹  AVASTIN¹  AVASTIN¹  AVASTIN¹  BALVERSA¹  BALVERSA¹  BALVERSA¹  BALVERSA¹  BELEODAQ¹  fingolimod¹  RELEUKO¹  GILENYA¹  BELEODAQ¹  FINGOLIMATI  BELEUKO¹  BELEODAQ¹  BENDEKA¹  BESPONSA  BESPONSA  BESREMI*¹  LEMTRADA¹  MAVENCLAD  MAVENCLAD  MAVENCLAD
MULTIPLE SCLEROSISEVRYSDI*1ALECENSA¹AMPYRA¹RYSTIGGO¹ALUNBRIG*¹AUBAGIO¹VYVGART¹ALYMSYS¹AVONEX¹ANKTIVA¹ANKTIVA¹BAFIERTAM¹NEUTROPENIAAUGTYRO¹BETASERON¹FULPHILA¹AVASTIN¹BRIUMVI¹FYLNETRA¹AYVAKIT*¹COPAXONE¹GRANIX¹azacitidinedalfampridineLEUKINE¹BALVERSA¹dimethyl fumarate¹NEULASTA¹BAVENCIO¹EXTAVIA¹NEUPOGEN¹BELEODAQ¹fingolimod¹NIVESTYMBELEODAQ¹GILENYA¹NYVEPRIA¹bendamustine¹glatiramer²RELEUKO¹BENDEKA¹glatopa¹ROLVEDON¹BESPONSAKESIMPTA¹UDENYCA¹bexarotene²MAVENCLADZARXIO¹BLINCYTO¹
AMPYRA¹ AUBAGIO¹ AUBAGIO¹ AVYVGART¹ ALYMSYS¹ AVONEX¹ BAFIERTAM¹ BETASERON¹ BRIUMVI¹ COPAXONE¹ GILENYA¹ AVENICIA¹ AVENICIA¹ AVENICIA¹ AVENICIA¹ ALYMSYS¹ ANKTIVA¹ ANKTIVA¹ AUGTYRO¹ AVASTIN¹ AVASTIN¹ AVVAKIT*¹ AYVAKIT*¹ AZACITIGINE dalfampridine dimethyl fumarate¹ NEULASTA¹ NEULASTA¹ NEUPOGEN¹ BELEODAQ¹ fingolimod¹ NIVESTYM BELEODAQ¹ GILENYA¹ BELEUKO¹ BELRAPZO¹ BENDEKA¹ BENDEKA¹ BENDEKA¹ BESPONSA KESIMPTA¹ UDENYCA¹ BESPONSA BESREMI*¹  BESPONSA BESREMI*¹ BESPONSA BESREMI*¹ BESPONSA BESREMI*¹ BESPONSA BESREMI*¹ BENDEKA¹ BESREMI*¹ BESPONSA BESREMI*¹ BENDEKA¹ BESPONSA BESREMI*¹ BENDEKA¹ BESPONSA BESREMI*¹ BENDEKA¹ BESPONSA
AUBAGIO¹ AVONEX¹  BAFIERTAM¹ BETASERON¹ BRIUMVI¹ COPAXONE¹  MEUTROPENIA  MEUTROPENIA  FYLNETRA¹ AVASTIN¹  AVASTIN¹  AVYAKIT*¹  AVASTIN¹  AYVAKIT*¹  AVASTIN¹  AYVAKIT*¹  AYVAKIT*¹  AYVAKIT*¹  BALVERSA¹  BALVERSA¹  BALVERSA¹  BAVENCIO¹  EXTAVIA¹ NEULASTA¹ NEUPOGEN¹ NIVESTYM BELEODAQ¹  fingolimod¹ NIVESTYM BELRAPZO¹  GILENYA¹ NYVEPRIA¹ BENDEKA¹  glatiramer² RELEUKO¹ BENDEKA¹  glatopa¹ ROLVEDON¹ BESPONSA  KESIMPTA¹ UDENYCA¹ BESREMI*¹  bexarotene²  MAVENCLAD  MAVAZENT¹  BILINCYTO¹  BLINCYTO¹
AVONEX¹  BAFIERTAM¹  BETASERON¹  BRIUMVI¹  COPAXONE¹  dalfampridine  dimethyl fumarate²  EXTAVIA¹  GILENYA¹  MYVEPRIA¹  NEUPOGEN¹  BELEUKO¹  RELEUKO¹  RELEUKO¹  BELEUKO¹  BELEUKO¹  BELEUKO¹  BENDEKA¹  BENDEKA¹  BESPONSA  KESIMPTA¹  UDENYCA¹  BAVENCIO¹  BESREMI*¹  BESREMI*¹  BESREMI*¹  BESPONSA  BESREMI*¹  BESREMI*¹  BESREMI*¹  BESPONSA  BESREMI*¹  BELINCYTO¹
BAFIERTAM¹ BETASERON¹ BRIUMVI¹ COPAXONE¹  dalfampridine dimethyl fumarate¹ EXTAVIA¹ BILENYA¹ BILENYA¹ BILENYA¹ BILENYA¹ BILEUKO¹ BELEUKO¹ BELEUKO¹ BELEUKO¹ BELEUKO¹ BELEUKO¹ BESPONSA KESIMPTA¹ BUDENYCA¹ BUDENYCA¹ BUDENYCA¹ BUDENYCA¹ BESPONSA BESPONSA BESPONSA BELINCYTO¹ BELINCYTO¹ BELINCYTO¹ BELINCYTO¹ BELINCYTO¹ BESPONSA BESREMI*¹ BESPONSA BESREMI*¹ BELINCYTO¹ BELINCYTO¹ BELINCYTO¹ BELINCYTO¹ BELINCYTO¹ BELINCYTO¹ BELINCYTO¹ BESPONSA BESREMI*¹
BETASERON¹ BRIUMVI¹ FYLNETRA¹ AYVAKIT*¹ COPAXONE¹ GRANIX¹ LEUKINE¹ BALVERSA¹ BAVENCIO¹ EXTAVIA¹ NEUPOGEN¹ BELEODAQ¹ fingolimod² NIVESTYM BELRAPZO¹ GILENYA¹ NYVEPRIA¹ BELEUKO¹ BENDEKA¹ BESPONSA BESPONSA BESPONSA BESREMI*¹ LEMTRADA¹ MAVENCLAD  MAVENCLAD  MAVENCLAD  BENDEYCO¹ BENDEYCO¹ BESPONSA BESREMI*¹ BENDEYCO¹ BESPONSA BESREMI*¹ BENDEYCO¹ BESPONSA BESREMI*¹ BENDEYCO¹ BENDEYCO¹ BESPONSA BESREMI*¹ BENDEYCO¹ BENDEYCO¹ BESPONSA BESREMI*¹ BENDEYCO¹ BENDEYCO¹ BESPONSA BESREMI*¹ BENDEYCO¹
BRIUMVI¹  COPAXONE¹  GRANIX¹  LEUKINE¹  BALVERSA¹  BAVENCIO¹  EXTAVIA¹  NEUPOGEN¹  MIVESTYM  GILENYA¹  BELEODAQ¹  NYVEPRIA¹  BELEUKO¹  BELNDEKA¹  BENDEKA¹
COPAXONE¹  dalfampridine  dalfampridine  dimethyl fumarate¹  EXTAVIA¹  NEULASTA¹  NEUPOGEN¹  MIVESTYM  GILENYA¹  GILENYA¹  MYVEPRIA¹  BELEODAQ¹  BELRAPZO¹  bendamustine¹  BENDEKA¹  BENDEKA¹  BELRAPZO¹  BELRAPZO¹  BENDEKA¹  BENDEKA¹  BENDEKA¹  BENDEKA¹  BENDEKA¹  BENDEKA¹  BENDEKA¹  BESPONSA  BESPONSA  BESPONSA  BESPONSA  BESPONSA  BESREMI*¹  LEMTRADA¹  UDENYCA¹  DENYCA¹  BENDEKO¹  BESPONSA  BESREMI*¹  BENDEKO¹  BESPONSA  B
dalfampridineLEUKINE¹BALVERSA¹dimethyl fumarate¹NEULASTA¹BAVENCIO¹EXTAVIA¹NEUPOGEN¹BELEODAQ¹fingolimod¹NIVESTYMBELRAPZO¹GILENYA¹NYVEPRIA¹bendamustine¹glatiramer¹RELEUKO¹BENDEKA¹glatopa¹ROLVEDON¹BESPONSAKESIMPTA¹STIMUFEND¹BESREMI*¹LEMTRADA¹UDENYCA¹bexarotene¹MAVENCLADZARXIO¹BLINCYTO¹
EXTAVIA <sup>1</sup> NEUPOGEN <sup>1</sup> NIVESTYM  GILENYA <sup>1</sup> MYVEPRIA <sup>1</sup> MORE PRIA <sup>1</sup> MELEUKO <sup>1</sup> RELEUKO <sup>1</sup> BELEODAQ <sup>1</sup> BELRAPZO <sup>1</sup> bendamustine <sup>1</sup> BENDEKA <sup>1</sup> BENDEKA <sup>1</sup> BENDEKA <sup>1</sup> BENDEKA <sup>1</sup> BESPONSA  KESIMPTA <sup>1</sup> LEMTRADA <sup>1</sup> MAVENCLAD  MANZENT <sup>1</sup> STIMUFENDO <sup>1</sup> DENTIFY TO THE PROPERTY OF THE PROPERTY
EXTAVIA <sup>1</sup> fingolimod <sup>1</sup> NIVESTYM  NIVESTYM  BELRAPZO <sup>1</sup> NYVEPRIA <sup>1</sup> pendamustine <sup>1</sup> glatiramer <sup>1</sup> glatopa <sup>1</sup> KESIMPTA <sup>1</sup> LEMTRADA <sup>1</sup> MAVENCLAD  NEUPOGEN <sup>1</sup> NIVESTYM  NIVESTYM  NYVEPRIA <sup>1</sup> RELEUKO <sup>1</sup> RELEUKO <sup>1</sup> BENDEKA <sup>1</sup> BESPONSA  BESPONSA  BESREMI* <sup>1</sup> bexarotene <sup>1</sup> BLINCYTO <sup>1</sup> BLINCYTO <sup>1</sup>
fingolimod¹NIVESTYMBELRAPZO¹GILENYA¹NYVEPRIA¹bendamustine¹glatiramer¹RELEUKO¹BENDEKA¹glatopa¹ROLVEDON¹BESPONSAKESIMPTA¹STIMUFEND¹BESREMI*¹LEMTRADA¹UDENYCA¹bexarotene¹MAVENCLADZARXIO¹BLINCYTO¹
GILENYA <sup>1</sup> glatiramer <sup>1</sup> glatopa <sup>1</sup> KESIMPTA <sup>1</sup> LEMTRADA <sup>1</sup> MAVENCLAD  NYVEPRIA <sup>1</sup> RELEUKO <sup>1</sup> RELEUKO <sup>1</sup> ROLVEDON <sup>1</sup> STIMUFEND <sup>1</sup> UDENYCA <sup>1</sup> BESPONSA  BESREMI* <sup>1</sup> bexarotene <sup>1</sup> BLINCYTO <sup>1</sup> BLINCYTO <sup>1</sup>
glatiramer1RELEUKO1BENDEKA1glatopa1ROLVEDON1BESPONSAKESIMPTA1STIMUFEND1BESREMI*1LEMTRADA1UDENYCA1bexarotene1MAVENCLADZARXIO1BLINCYTO1
glatopa¹ROLVEDON¹BESPONSAKESIMPTA¹STIMUFEND¹BESREMI*¹LEMTRADA¹UDENYCA¹bexarotene¹MAVENCLADZARXIO¹BLINCYTO¹
KESIMPTA <sup>1</sup> LEMTRADA <sup>1</sup> MAVENCLAD  MANZENT <sup>1</sup> STIMUFEND <sup>1</sup> UDENYCA <sup>1</sup> Dexarotene <sup>1</sup> BLINCYTO <sup>1</sup> MANZENT <sup>1</sup> MANZENT <sup>1</sup> STIMUFEND <sup>1</sup> BESREMI* <sup>1</sup> DEXAROTENT <sup>1</sup> BESREMI* <sup>1</sup> DEXAROTENT <sup>1</sup> BURNCYTO <sup>1</sup>
LEMTRADA¹ UDENYCA¹ bexarotene¹  MAVENCLAD ZARXIO¹ BLINCYTO¹
MAVENCLAD  ZARXIO <sup>1</sup> BLINCYTO <sup>1</sup>
MANZENT <sup>1</sup> ZIEVTENZO <sup>1</sup>
mitoxantrone BOSULIF <sup>1</sup>
OCREVUS <sup>1</sup> OCULAR DISORDERS BRAFTOVI <sup>1</sup>
PLEGRIDY <sup>1</sup> BEOVU <sup>1</sup> BRUKINSA* <sup>1</sup>
PONVORY <sup>1</sup> BYOOVIZ <sup>1</sup> CABOMETYX <sup>1</sup>
REBIF CIMERLI¹ CALQUENCE*¹
TECFIDERA <sup>1</sup> EYLEA <sup>1</sup> capecitabine
teriflunomide <sup>1</sup> ILUVIEN <sup>1</sup> COLUMVI <sup>1</sup>
TYSABRI LUCENTIS¹ COMETRIQ¹
VUMERITY <sup>1</sup> OZURDEX <sup>1</sup> COPIKTRA <sup>1</sup>
ZEPOSIA¹ RETISERT¹ COTELLIC¹
SUSVIMO <sup>1</sup> CYRAMZA <sup>1</sup>
MUSCULAR DYSTROPHY TEPEZZA¹
VABYSMO <sup>1</sup> DARZALEX <sup>1</sup>
ELEVIDYS VISUDYNE <sup>1</sup> dasatinib <sup>1</sup>
NEUROLOGICAL DISORDERS  YUTIQ¹  DAURISMO¹
ADUHELM <sup>1</sup> decitabine
ONCOLOGY

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.



DEMSER <sup>1</sup>	JEVTANA¹	PEMAZYRE*1
EMPLICITI <sup>1</sup>	KADCYLA <sup>1</sup>	PERJETA <sup>1</sup>
ENHERTU <sup>1</sup>	KANJINTI <sup>1</sup>	PHESGO <sup>1</sup>
ERBITUX <sup>1</sup>	KEYTRUDA <sup>1</sup>	PIQRAY <sup>1</sup>
ERIVEDGE <sup>1</sup>	KHAPZORY <sup>1</sup>	POLIVY <sup>1</sup>
ERLEADA <sup>1</sup>	KISQALI <sup>1</sup>	POMALYST <sup>1</sup>
erlotinib	KOSELUGO*1	PORTRAZZA <sup>1</sup>
everolimus	KYPROLIS <sup>1</sup>	POTELIGEO <sup>1</sup>
EVOMELA <sup>1</sup>	LAPATINIB <sup>1</sup>	PROLEUKIN
FOLOTYN <sup>1</sup>	lenalidomide¹	PURIXAN
FOTIVDA*1	LENVIMA <sup>1</sup>	QINLOCK*1
GAVRETO*1	levoleucovorin calcium	RETEVMO <sup>1</sup>
GAZYVA <sup>1</sup>	LONSURF <sup>1</sup>	REVLIMID <sup>1</sup>
gefitinib <sup>1</sup>	LOQTORZI <sup>1</sup>	REZUROCK*1
GILOTRIF*1	LORBRENA <sup>1</sup>	RIABNI <sup>1</sup>
GLEEVEC <sup>1</sup>	LUMAKRAS¹	RITUXAN <sup>1</sup>
GLEOSTINE <sup>1</sup>	LUNSUMIO <sup>1</sup>	RITUXAN HYCELA <sup>1</sup>
HALAVEN <sup>1</sup>	LYNPARZA¹	romidepsin
HERCEPTIN <sup>1</sup>	MARGENZA <sup>1</sup>	ROZLYTREK <sup>1</sup>
HERCEPTIN HYLECTA <sup>1</sup>	MEKINIST <sup>1</sup>	RUBRACA <sup>1</sup>
HERZUMA <sup>1</sup>	MEKTOVI <sup>1</sup>	RUXIENCE <sup>1</sup>
HYCAMTIN	metyrosine <sup>1</sup>	RYBREVANT <sup>1</sup>
IBRANCE <sup>1</sup>	MONJUVI*1	RYDAPT <sup>1</sup>
ICLUSIG*1	MVASI <sup>1</sup>	RYLAZE <sup>1</sup>
IDHIFA <sup>1</sup>	MYLOTARG	SARCLISA <sup>1</sup>
imatinib	NERLYNX <sup>1</sup>	sorafenib¹
IMBRUVICA*1	NEXAVAR <sup>1</sup>	SPRYCEL <sup>1</sup>
IMDELLTRA <sup>1</sup>	NINLARO <sup>1</sup>	STIVARGA <sup>1</sup>
IMFINZI <sup>1</sup>	NUBEQA <sup>1</sup>	$sunitinib^1$
IMJUDO <sup>1</sup>	ODOMZO <sup>1</sup>	SUTENT <sup>1</sup>
INLYTA <sup>1</sup>	OGIVRI <sup>1</sup>	SYLVANT
INQOVI <sup>1</sup>	ONIVYDE <sup>1</sup>	TABRECTA <sup>1</sup>
INREBIC <sup>1</sup>	ONTRUZANT <sup>1</sup>	TAFINLAR <sup>1</sup>
IRESSA <sup>1</sup>	ONUREG <sup>1</sup>	TAGRISSO <sup>1</sup>
ISTODAX <sup>1</sup>	OPDIVO <sup>1</sup>	TALZENNA <sup>1</sup>
ITOVEBI <sup>1</sup>	OPDUALAG <sup>1</sup>	TARCEVA
IXEMPRA <sup>1</sup>	ORGOVYX*1	TARGRETIN <sup>1</sup>
JAKAFI <sup>1</sup>	paclitaxel protein-bound¹	TASIGNA <sup>1</sup>
JAYPIRCA <sup>1</sup>	PADCEV <sup>1</sup>	TECENTRIQ <sup>1</sup>
JEMPERLI <sup>1</sup>	pazopanib¹	TEMODAR (INJECTABLE)
		TEMODAR (INJECTABLE)

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.



temozolomide	ZEPZELCA <sup>1</sup>	ORENITRAM <sup>1</sup>
temsirolimus	ZIRABEV <sup>1</sup>	REMODULIN <sup>1</sup>
TEPADINA <sup>1</sup>	zoledronic_onc	REVATIO <sup>1</sup>
TEVIMBRA <sup>1</sup>	ZOLINZA	sildenafil
THALOMID	ZYDELIG <sup>1</sup>	tadalafil
THYROGEN <sup>1</sup>	ZYKADIA <sup>1</sup>	TADLIQ <sup>1</sup>
TIBSOVO*1	ZYNYZ¹	TRACLEER <sup>1</sup>
TIVDAK <sup>1</sup>	ZYTIGA <sup>1</sup>	treprostinil
TORISEL		TYVASO <sup>1</sup>
TRAZIMERA¹	<u>OSTEOPOROSIS</u>	UPTRAVI <sup>1</sup>
TREANDA <sup>1</sup>	EVENITY <sup>1</sup>	VELETRI
TRUXIMA¹	FORTEO <sup>1</sup>	VENTAVIS <sup>1</sup>
TUKYSA*1	PROLIA <sup>1</sup>	WINREVAIR <sup>1</sup>
TYKERB <sup>1</sup>	RECLAST	
valrubicin	$teriparatide^1$	PULMONARY DISORDERS -
VALSTAR	TYMLOS <sup>1</sup>	OTHER
VECTIBIX <sup>1</sup>	zoledronic_ost	ESBRIET <sup>1</sup>
VEGZELMA <sup>1</sup>	<del>-</del>	OFEV
VELCADE	PAROXYSMAL NOCTURNAL	pirfenidone
VENCLEXTA*1	<u>HEMOGLOBINURIA</u>	pirfenidone (534mg) <sup>1</sup>
VERZENIO <sup>1</sup>	EMPAVELI*1	RARE DISORDERS - OTHER
VIDAZA	SOLIRIS	CRYSVITA <sup>1</sup>
VITRAKVI <sup>1</sup>	ULTOMIRIS <sup>1</sup>	DOJOLVI <sup>1</sup>
VIVIMUSTA <sup>1</sup>		ENSPRYNG <sup>1</sup>
VIZIMPRO <sup>1</sup>	PHENYLKETONURIA	FIRDAPSE*1
VONJO*1	KUVAN <sup>1</sup>	GAMIFANT <sup>1</sup>
VOTRIENT <sup>1</sup>	PALYNZIQ <sup>1</sup>	
VYXEOS	sapropterin¹	UPLIZNA <sup>1</sup>
XALKORI <sup>1</sup>		VIJOICE <sup>1</sup>
XELODA	<u>PULMONARY ARTERIAL</u> HYPERTENSION	DENAL DICEACE
XERMELO*1	ADCIRCA <sup>1</sup>	RENAL DISEASE  cinacalcet
XGEVA <sup>1</sup>	ADEMPAS <sup>1</sup>	FILSPARI <sup>1</sup>
XOSPATA <sup>1</sup>		JYNARQUE*1
XPOVIO*1	alyq ambrisentan	PARSABIV <sup>1</sup>
XTANDI <sup>1</sup>	bosentan	RIVFLOZA <sup>1</sup>
YERVOY <sup>1</sup>	epoprostenol	SENSIPAR
YONDELIS <sup>1</sup>	FLOLAN	tiopronin <sup>1</sup>
YONSA	LETAIRIS <sup>1</sup>	tiopronin dr (endo) <sup>1</sup>
ZALTRAP	LIQREV <sup>1</sup>	dopromit at (chao)
ZEJULA <sup>1</sup>	OPSUMIT <sup>1</sup>	RESPIRATORY SYNCYTIAL
ZELBORAF <sup>1</sup>	OPSYNVI <sup>1</sup>	VIRUS

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

**SYNAGIS** 

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.



## **SEIZURE DISORDERS**

ACTHAR1

DIACOMIT\*1

EPIDIOLEX1

FINTEPLA\*1

SABRIL1

vigabatrin<sup>1</sup>

vigabatrin (edenbridge)\*1

vigadrone\*1

# **SICKLE CELL DISEASE**

ADAKVEO1

ENDARI1

L-GLUTAMINE1

LYFGENIA

OXBRYTA1

#### **SLEEP DISORDER**

LUMRYZ1

tasimelteon1

WAKIX1

XYREM\*1

XYWAV\*1

# SYSTEMIC LUPUS ERYTHEMATOSUS

BENLYSTA1

SAPHNELO1

#### **THROMBOCYTOPENIA**

ADZYNMA1

ALVAIZ1

DOPTELET1

MULPLETA1

NPLATE1

PROMACTA1

TAVALISSE\*1

# **UREA CYCLE DISORDERS**

 $BUPHENYL^1$ 

carglumic acid (burel)

PHEBURANE<sup>1</sup>

RAVICTI1

sodium phenylbutyrate1

# **WILSON'S DISEASE**

CUPRIMINE1

**DEPEN TITRATABS** 

penicillamine

SYPRINE1

trientine1

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-nocket maximum (if any) unless otherwise required by law

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.

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.