

ACROMEGALY

ES without HIV and without Fertility Specialty Drug List April 2025

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

HYRIMOZ¹

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

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.

raynells indee by you for a medication that does not quality as an essential nearth benefit under the Ariotrapie 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,

^{*}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.



YESINTEK¹ TOBI PODHALER¹ GROWTH HORMONE AND
YUFLYMA¹ tobramycin RELATED DISORDERS

YUSIMRY¹ TRIKAFTA¹ EGRIFTA¹

ZYMFENTRA¹ GENOTROPIN¹

BONE DISORDERS - OTHER

DERMATOLOGICAL
DISORDERS - OTHER

HUMATROPE¹
NGENLA¹

SOHONOS¹ NEMLUVIO¹ NORDITROPIN¹

STRENSIQ*1

DUPUYTREN'S

NUTROPIN¹

DUPUYTREN'S

VOXZOGO¹
CONTRACTURE
XIAFLEX¹
SEROSTIM¹

CARDIAC DISORDERS

SKYTROFA¹

SKYTROFA¹

CAMZYOS¹ <u>ELECTROLYTE DISORDERS</u> SOGROYA¹

dichlorphenamide ZOMACTON¹
COAGULATION DISORDERS SAMSCA¹

CEPROTIN tolvaptan¹ HEMATOPOIETICS
MOZOBIL

ARCALYST¹ CORTROPHIN¹
ILARIS¹ HEMOPHILIA

ENZYME DEFICIENCY

DISORDERS - OTHER

ADVATE¹

ADYNOVATE¹

ISTURISA*1betaine anhydrous (cosette)AFSTYLA¹mifepristone (actavis)¹nitisinoneALHEMO¹

SIGNIFOR*1 NITYR*1 ALPHANATE/VON¹

ORFADIN*1

ALPHANINE

ALPROLIX¹

ALVETPEL¹

ALYCTPEL¹

ALTUVIIIO¹

ALYFTREK¹ SUCRAID*¹ ALTUVIIIO¹

BETHVIS¹

BENEFIX¹

BETHKIS¹ BENEFIX¹

BRONCHITOL¹

BRONCHITOL TOLERANCE

TEST¹

BRONCHITOL TOLERANCE

GATTEX¹

BEQVEZ¹

COAGADEX¹

CONTACT

TEST¹ CORIFACT
CAYSTON¹ IQIRVO¹ ELOCTATE¹
KALYDECO¹ OCALIVA¹ ESPEROCT¹

KITABIS PAK¹ SOLESTA¹ FEIBA¹
ORKAMBI¹ FIBRYGA

PULMOZYME GOUT HEMGENIX¹
SYMDEKO¹ KRYSTEXXA¹ HEMLIBRA¹

TOBI¹ HEMOFIL¹

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

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.

XEMBIFY1

OTHER

ACTIMMUNE¹

ARIKAYCE*1

INFECTIOUS DISEASE -

HUMATE-P1 CINRYZE1 HYQVIA1 FIRAZYR1 HYMPAVZI1 **MICRHOGAM** NABI-HB IDFI VION1 HAFGARDA1 OCTAGAM1 IXINITY1 icatibant1 PANZYGA1 JIVI KALBITOR1 PRIVIGEN1 KOATE1 ORLADEYO*1 **RHOGAM** KOGENATE1 **RUCONEST RHOPHYLAC** KOVALTRY1 TAKHZYRO1 **VARIZIG** MONONINE **WINRHO**

NOVOEIGHT HORMONAL THERAPIES NOVOSEVEN1 AVEED1

XYNTHA

NUWIQ **ELIGARD** OBIZUR1 **FENSOLVI** FIRMAGON1 PROFILNINE REBINYN1 LUPRON DEPOT1

RECOMBINATE1 LUPRON DEPOT-PED1 **RIASTAP** SUPPRELIN¹ **IRON OVERLOAD** RIXUBIS1 deferasirox TRELSTAR1 deferiprone1 ROCTAVIAN1 TRIPTODUR*1 SEVENFACT1 deferoxamine ZOLADEX1

DESFERAL1 TRETTEN1 EXJADE¹ VONVENDI1 **IMMUNE DEFICIENCIES**

AND RELATED DISORDERS JADENU1 WILATE1 ALYGLO1

LYSOSOMAL STORAGE ASCENIV1 **DISORDER HEPATITIS C** BIVIGAM1 ALDURAZYME1 EPCLUSA1 CUTAQUIG1

CERDELGA1 HARVONI1 CUVITRU1 CEREZYME1 LEDIPASVIR/SOFOSBUVIR1 **CYTOGAM CYSTAGON** MAVYRET1 FLEBOGAMMA1 FI APRASF1 PEGASYS1 GAMASTAN1 ELELYSO¹

ribavirin GAMMAGARD1 ELFABRIO1 SOFOSBUVIR/VELPATASVIR1 GAMMAKED1 FABRAZYME1 **SOVALDI** GAMMAPLEX1 KANUMA1 VOSEVI1 GAMUNEX-C1 LUMIZYME1 ZEPATIER1 **HEPAGAM B** miglustat

HIZENTRA1 **NAGLAZYME HEREDITARY ANGIOEDEMA HYPERHEP** NEXVIAZYME1 BERINERT1 **HYPERRHO**

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-ofpocket 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.

COPAXONE1

 $\mathsf{EXTAVIA}^1$

dalfampridine

dimethyl fumarate¹

ES without HIV and without Fertility Specialty Drug List April 2025

OPFOLDA ¹	fingolimod¹	NEUPOGEN ¹
POMBILITI ¹	GILENYA ¹	NIVESTYM
VIMIZIM	glatiramer¹	NYPOZI ¹
VPRIV ¹	glatopa¹	NYVEPRIA ¹
XENPOZYME ¹	KESIMPTA ¹	RELEUKO ¹
ZAVESCA*1	LEMTRADA ¹	ROLVEDON ¹
	MAVENCLAD	STIMUFEND ¹
MOVEMENT DISORDERS	MAYZENT ¹	UDENYCA ¹
APOKYN ¹	mitoxantrone	ZARXIO ¹
AUSTEDO ¹	OCREVUS ¹	ZIEXTENZO ¹
droxidopa ¹	PLEGRIDY ¹	
DUOPA	PONVORY ¹	OCULAR DISORDERS
edaravone ¹	REBIF	BEOVU ¹
EXSERVAN*1	TECFIDERA ¹	BYOOVIZ ¹
INBRIJA*1	teriflunomide ¹	CIMERLI ¹
INGREZZA ¹	TYSABRI	EYLEA ¹
NORTHERA ¹	VUMERITY ¹	ILUVIEN ¹
NUPLAZID ¹	ZEPOSIA ¹	LUCENTIS1
ONAPGO ¹		OZURDEX ¹
RADICAVA INJ ¹	MUSCULAR DYSTROPHY	PAVBLU ¹
RADICAVA ORS ¹	deflazacort ¹	RETISERT ¹
TEGLUTIK*1	ELEVIDYS	SUSVIMO ¹
tetrabenazine	NEUROLOGICAL DISORDERS	TEPEZZA ¹
TIGLUTIK*1	KISUNLA ¹	VABYSMO ¹
VYALEV ¹	LEQEMBI ¹	VISUDYNE ¹
XENAZINE ¹	SKYSONA ¹	YUTIQ ¹
MULTIPLE SCLEROSIS	<u>NEUROMUSCULAR</u>	ONCOLOGY
AMPYRA ¹	EVRYSDI*1	abiraterone
AUBAGIO ¹	RYSTIGGO ¹	ABRAXANE ¹
AVONEX ¹	VYVGART ¹	ADCETRIS ¹
BAFIERTAM ¹		AFINITOR ¹
BETASERON ¹	<u>NEUTROPENIA</u>	AKEEGA*1
BRIUMVI ¹	FULPHILA ¹	ALECENSA ¹
a a		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-nocket maximum (if any), unless otherwise required by law

ALUNBRIG*1

ALYMSYS1

ANKTIVA1

AUGTYRO1

FYLNETRA1

 GRANIX^1

LEUKINE1

NEULASTA¹

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.

AVASTIN1 everolimus KADCYLA1 EVOMELA1 AYVAKIT*1 KANJINTI1 FOLOTYN1 azacitidine KEYTRUDA1 BALVERSA1 FOTIVDA*1 KHAPZORY1 BAVENCIO1 FRUZAQLA*1 KISOALI1 BELEODAQ1 GAVRETO*1 KOSELUGO*1 BELRAPZO1 GAZYVA1 KYPROLIS¹ bendamustine1 gefitinib1 LAPATINIB1 BENDEKA1 GILOTRIF*1 lenalidomide1 **BESPONSA** GLEEVEC1 LENVIMA1 BESREMI*1 GLEOSTINE 1 levoleucovorin calcium bexarotene1 HALAVEN1 LONSURF1 BLINCYTO1 HERCEPTIN1 LOQTORZI1 bortezomib1 HERCEPTIN HYLECTA¹ LORBRENA1 BOSULIF1 HERCESSI¹ LUMAKRAS1 BRAFTOVI1 HERZUMA1 LUNSUMIO1 BRUKINSA*1 **HYCAMTIN** LYNPARZA1 CABOMETYX1 IBRANCE1 MARGENZA¹ CALQUENCE*1 ICLUSIG*1 MEKINIST1 capecitabine IDHIFA1 MEKTOVI1 COLUMVI1 imatinib mercaptopurine COMETRIQ1 IMBRUVICA*1 metyrosine1 COPIKTRA1 IMDELLTRA1 MONJUVI*1 COTELLIC1 IMFINZI1 MVASI1 CYRAMZA1 IMJUDO1 **MYLOTARG DACOGEN** IMKELDI1 NERLYNX1 DARZALEX1 INLYTA1 NEXAVAR1 dasatinib1 INQOVI1 NIKTIMVO1 DATROWAY1 INREBIC¹ NINLARO1 DAURISMO1 IRESSA1 NUBEQA¹ decitabine ISTODAX1 ODOMZO1 DEMSER1 ITOVEBI1 OGIVRI1 EMPLICITI1 IXEMPRA1 OJJAARA*1 ENHERTU1 JAKAFI1 ONIVYDE1 ERBITUX1 JAYPIRCA1 ONTRUZANT1 ERIVEDGE1 JEMPERLI1 ONUREG1 ERLEADA1 JEVTANA1 OPDIVO1 erlotinib

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.

OPDIVO QVANTIG ¹	SUTENT ¹	XALKORI ¹
OPDUALAG ¹	SYLVANT	XELODA
ORGOVYX*1	TABRECTA ¹	XERMELO*1
ORSERDU*1	TAFINLAR ¹	XGEVA ¹
paclitaxel protein-bound¹	TAGRISSO ¹	XOSPATA ¹
PADCEV ¹	TALZENNA ¹	XPOVIO*1
pazopanib¹	TARCEVA	XTANDI ¹
PEMAZYRE*1	TARGRETIN ¹	YERVOY ¹
PEMFEXY*1	TASIGNA ¹	YONDELIS ¹
PERJETA ¹	TECENTRIQ ¹	YONSA
PHESGO ¹	TEMODAR	ZALTRAP
PIQRAY ¹	TEMODAR (INJECTABLE)	ZEJULA ¹
POLIVY ¹	temozolomide	ZELBORAF ¹
POMALYST ¹	temsirolimus TEPADINA ¹	ZEPZELCA ¹
PORTRAZZA ¹		ZIIHERA ¹
POTELIGEO ¹	THALOMID THYROGEN ¹	ZIRABEV ¹
PROLEUKIN	TIBSOVO*1	zoledronic_onc
PURIXAN	TIVDAK ¹	ZOLINZA
QINLOCK*1		ZYDELIG ¹
RETEVMO ¹	TORISEL TRAZIMERA¹	ZYKADIA ¹
REVLIMID ¹	TREANDA ¹	ZYNYZ ¹
REZUROCK*1	TRUXIMA ¹	ZYTIGA ¹
RIABNI ¹	TUKYSA*1	
RITUXAN ¹	TYKERB ¹	OSTEOPOROSIS EVENITY ¹
RITUXAN HYCELA ¹	valrubicin	
romidepsin	VALSTAR	FORTEO ¹
ROZLYTREK ¹	VECTIBIX ¹	PROLIA ¹
RUBRACA ¹	VEGZELMA ¹	RECLAST
RUXIENCE ¹	VELCADE	teriparatide ¹ TYMLOS ¹
RYBREVANT ¹	VENCLEXTA*1	
RYDAPT ¹	VERZENIO ¹	zoledronic_ost
RYLAZE ¹	VIDAZA	PAROXYSMAL NOCTURNAL
SARCLISA ¹	VITRAKVI ¹	<u>HEMOGLOBINURIA</u>
sorafenib¹	VIVIMUSTA ¹	EMPAVELI*1
SPRYCEL ¹	VIZIMPRO ¹	PIASKY ¹
STIVARGA ¹	VONJO*1	SOLIRIS
sunitinib ¹	VOTRIENT ¹	ULTOMIRIS ¹
	VVVEOS	

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.

VYXEOS

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.

PHENYLKETONURIA

KUVAN1 PALYNZIQ1 sapropterin1

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA1 ADEMPAS1

alya ambrisentan bosentan

epoprostenol

FLOLAN LETAIRIS1 LIQREV1 OPSUMIT1 OPSYNVI1

ORENITRAM1

REMODULIN1 REVATIO1

sildenafil tadalafil

TADLIQ1 TRACLEER1 treprostinil TYVASO1 UPTRAVI1

VELETRI VENTAVIS1

WINREVAIR1

PULMONARY DISORDERS -

OTHER ESBRIET1 OFEV

pirfenidone

pirfenidone (534mg)¹

CRYSVITA1

DOJOLVI1 FNSPRYNG1 FIRDAPSE*1

GAMIFANT1 UPLIZNA1 VIJOICE1

RENAL DISEASE

cinacalcet FILSPARI1 JYNARQUE*1 PARSABIV¹ RIVFLOZA1 **SENSIPAR** tiopronin1

tiopronin dr (endo)1

RESPIRATORY SYNCYTIAL VIRUS SYNAGIS

SEIZURE DISORDERS

ACTHAR¹ DIACOMIT*1 EPIDIOLEX1 FINTEPLA*1 SABRIL1 vigabatrin¹

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

BUPHENYL1

carglumic acid (burel)

PHEBURANE¹ RAVICTI1

sodium phenylbutyrate1

WILSON'S DISEASE

CUPRIMINE1

DEPEN TITRATABS penicillamine SYPRINE1 trientine1

RARE DISORDERS - OTHER

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-ofpocket 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.



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.

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.