

# EES 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	NUCALA <sup>1</sup>	STELARA <sup>1</sup>
LANREOTIDE <sup>1</sup>	TEZSPIRE <sup>1</sup>	TALTZ <sup>1</sup>
octreotide	XOLAIR <sup>1</sup>	TREMFYA <sup>1</sup>
SANDOSTATIN		XELJANZ <sup>1</sup>
SANDOSTATIN LAR DEPOT <sup>1</sup>	<u>AUTOIMMUNE</u>	
SIGNIFOR LAR*1	ACTEMRA <sup>1</sup>	BONE DISORDERS - OTHER
SOMATULINE <sup>1</sup>	ADBRY <sup>1</sup>	STRENSIQ*1
SOMAVERT <sup>1</sup>	AVSOLA <sup>1</sup>	VOXZOGO <sup>1</sup>
	CIBINQO <sup>1</sup>	
ALPHA-1 ANTITRYPSIN	CIMZIA <sup>1</sup>	CARDIAC DISORDERS
<u>DEFICIENCY</u>	COSENTYX <sup>1</sup>	CAMZYOS <sup>1</sup>
ARALAST <sup>1</sup>	DUPIXENT <sup>1</sup>	
GLASSIA <sup>1</sup>	ENBREL <sup>1</sup>	COAGULATION DISORDERS
PROLASTIN-C*1	ENTYVIO <sup>1</sup>	CEPROTIN
ZEMAIRA <sup>1</sup>	HUMIRA <sup>1</sup>	CRYOPYRIN-ASSOCIATED
	ILUMYA <sup>1</sup>	PERIODIC SYNDROMES
AMYLOIDOSIS  AMVUTTRA <sup>1</sup>	INFLECTRA <sup>1</sup>	ARCALYST
VYNDAMAX <sup>1</sup>	INFLIXIMAB <sup>1</sup>	ILARIS <sup>1</sup>
	KEVZARA <sup>1</sup>	
VYNDAQEL <sup>1</sup>	KINERET*1	CUSHING'S
ANEMIA	OLUMIANT <sup>1</sup>	SIGNIFOR*1
ARANESP <sup>1</sup>	ORENCIA <sup>1</sup>	
ENJAYMO <sup>1</sup>	OTEZLA <sup>1</sup>	CYSTIC FIBROSIS
EPOGEN <sup>1</sup>	OTREXUP <sup>1</sup>	BETHKIS
PROCRIT <sup>1</sup>	RASUVO <sup>1</sup>	BRONCHITOL <sup>1</sup>
REBLOZYL <sup>1</sup>		BRONCHITOL TOLERANCE TEST <sup>1</sup>
	REMICADE RENFLEXIS <sup>1</sup>	CAYSTON <sup>1</sup>
RETACRIT ZYNTEGLO <sup>1</sup>	RINVOQ <sup>1</sup>	KALYDECO*1
211112020	SILIQ <sup>1</sup>	KITABIS PAK <sup>1</sup>
<u>ASTHMA</u>	SILIQ <sup>-</sup> SIMPONI <sup>1</sup>	ORKAMBI*1
CINQAIR <sup>1</sup>		PULMOZYME
FASENRA <sup>1</sup>	SIMPONI ARIA <sup>1</sup>	SYMDEKO*1
	SKYRIZI <sup>1</sup>	TOBI <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-nocket maximum (if any), upless otherwise required by law.

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.



TOBI PODHALER<sup>1</sup> SKYTROFA1 TRETTEN1 ZOMACTON1 tobramycin VONVENDI1 TRIKAFTA\*1 ZORBTIVE1 WILATE1 **XYNTHA** 

**DUPUYTREN'S HEMATOPOIETICS CONTRACTURE** MOZOBIL

XIAFLEX1 adefovir **HEMOPHILIA** BARACLUDE1

**HEPATITIS B** 

**HEPATITIS C** 

**ELECTROLYTE DISORDERS** ADVATE1 entecavir SAMSCA1 ADYNOVATE1 EPIVIR HBV1 tolvaptan1 AFSTYLA<sup>1</sup> HEPSERA1

ALPHANATE/VON1 lamivudine (hbv) **ENDOCRINE DISORDERS -**

VEMLIDY1 **ALPHANINE OTHER** ALPROLIX1 CORTROPHIN1

EPCLUSA1 **ENZYME DEFICIENCY** COAGADEX<sup>1</sup> **DISORDERS - OTHER** HARVONI1 **CORIFACT** 

BENEFIX1

nitisinone LEDIPASVIR/SOFOSBUVIR1 ELOCTATE1 ORFADIN\*1 MAVYRET1 ESPEROCT1 SUCRAID\*1 PEGASYS1 FEIBA1

ribavirin **FIBRYGA GASTROINTESTINAL** SOFOSBUVIR/VELPATASVIR1 HEMLIBRA1

**DISORDERS-OTHER SOVALDI** HEMOFIL1 GATTEX1 VIEKIRA1 HUMATE-P1 OCALIVA1 VOSEVI1 IDELVION1

SOLESTA1 7FPATIFR1 IXINITY1

JIVI **GOUT HEREDITARY ANGIOEDEMA** KOATE1 KRYSTEXXA1

BERINERT1 KOGENATE1 CINRYZE1 KOVALTRY1 **GROWTH HORMONE AND** FIRAZYR1 **RELATED DISORDERS** MONONINE HAEGARDA1 EGRIFTA1 **NOVOEIGHT** 

icatibant1 NOVOSEVEN1 GENOTROPIN1 KALBITOR1 NUWIQ HUMATROPE1 OBIZUR1 ORLADEYO\*1 INCRELEX<sup>1</sup> **PROFILNINE RUCONEST** NORDITROPIN1 RFBINYN1 sajazir1 NUTROPIN<sup>1</sup>

RECOMBINATE1 TAKHZYRO1 OMNITROPE1

RIASTAP  $SAIZEN^1$ 

RIXUBIS1

**HORMONAL THERAPIES** SAIZENPREP1 AVEED1 SEVENFACT1 SEROSTIM1 **ELIGARD STIMATE** 

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.

<sup>1-</sup>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

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 ISENTRESS** CUVITRU1 JULUCA **FIRMAGON CYTOGAM** LUPRON DEPOT1 KALETRA1 FLEBOGAMMA1 LUPRON DEPOT-PED1 lamivudine GAMASTAN1 lamivudine/zidovudine NATPARA<sup>1</sup> GAMMAGARD1 LEXIVA1 SUPPRELIN1 GAMMAKED1 lopinavir/ritonavir TRELSTAR1 GAMMAPLEX1 maraviroc TRIPTODUR\*1 GAMUNEX-C1 nevirapine ZOLADEX1 **HEPAGAM B NORVIR** HI7FNTRA1 **ODEFSEY HUMAN HYPERHEP** PIFELTRO1 **IMMUNODEFICIENCY VIRUS HYPERRHO PREZCOBIX** abacavir HYQVIA1 **PREZISTA** abacavir/lamivudine **MICRHOGAM** RETROVIR APRETUDE1 NABI-HB **REYATAZ** APTIVUS1 **OCTAGAM** ritonavir atazanavir PANZYGA1 RUKOBIA1 ATRIPLA1 PRIVIGEN1 **SELZENTRY** BIKTARVY1 stavudine **RHOGAM** 

STRIBILD1 CABENUVA1 **RHOPHYLAC VARIZIG** CIMDUO **SUSTIVA WINRHO SYMFI COMBIVIR** XEMBIFY1 COMPLERA1 SYMTUZA<sup>1</sup>

**TEMIXYS** DELSTRIGO1 **INFECTIOUS DISEASE** tenofovir DESCOVY1 **OTHER TIVICAY** DOVATO1 ACTIMMUNE<sup>1</sup> **TRIUMEQ EDURANT** ALFERON N TRIUMEQ PD1 efavirenz

**TRIZIVIR** efavirenz/emtricitabine/ten **IRON OVERLOAD TROGARZO** ofovir df deferasirox

TRUVADA1 efavirenz/lamivudine/tenofo deferiprone<sup>1</sup> **TYBOST** vir df

deferoxamine VIRACEPT1 emtricitabine DESFERAL1 **VIRAMUNE** emtricitabine/tenofovir df1 EXJADE1 **VIREAD** 

**EMTRIVA** JADENU1 ZIAGEN **EPIVIR** 

zidovudine **EPZICOM** LYSOSOMAL STORAGE etravirine

**DISORDER IMMUNE DEFICIENCIES EVOTAZ** ALDURAZYME1 **AND RELATED DISORDERS** fosamprenavir CERDELGA1 ASCFNIV1 **FUZEON** 

CEREZYME1 BIVIGAM1 GENVOYA1 **CYSTAGON** CUTAQUIG1 **INTELENCE** 

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.

<sup>1-</sup>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

<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.



ELAPRASE <sup>1</sup>	$\mathit{fingolimod}^1$	BYOOVIZ <sup>1</sup>
ELELYSO <sup>1</sup>	GILENYA <sup>1</sup>	EYLEA <sup>1</sup>
FABRAZYME <sup>1</sup>	glatiramer <sup>1</sup>	ILUVIEN <sup>1</sup>
KANUMA <sup>1</sup>	glatopa <sup>1</sup>	LUCENTIS <sup>1</sup>
LUMIZYME <sup>1</sup>	KESIMPTA <sup>1</sup>	OZURDEX <sup>1</sup>
miglustat	LEMTRADA <sup>1</sup>	RETISERT <sup>1</sup>
NAGLAZYME	MAVENCLAD	SUSVIMO <sup>1</sup>
NEXVIAZYME <sup>1</sup>	MAYZENT <sup>1</sup>	TEPEZZA <sup>1</sup>
VIMIZIM	mitoxantrone	VABYSMO <sup>1</sup>
VPRIV <sup>1</sup>	OCREVUS <sup>1</sup>	VISUDYNE <sup>1</sup>
XENPOZYME <sup>1</sup>	PLEGRIDY <sup>1</sup>	VISODTINE
ZAVESCA*1	PONVORY <sup>1</sup>	ONCOLOGY
	REBIF	abiraterone
MENTAL HEALTH	TECFIDERA <sup>1</sup>	ABRAXANE <sup>1</sup>
CONDITIONS ZULRESSO <sup>1</sup>	TYSABRI	ADCETRIS <sup>1</sup>
ZULKESSU-	VUMERITY <sup>1</sup>	AFINITOR <sup>1</sup>
MOVEMENT DISORDERS	ZEPOSIA <sup>1</sup>	ALECENSA <sup>1</sup>
APOKYN <sup>1</sup>		ALUNBRIG*1
AUSTEDO <sup>1</sup>	NEUROLOGICAL DISORDERS	ALYMSYS <sup>1</sup>
droxidopa <sup>1</sup>	ADUHELM <sup>1</sup>	ARZERRA
DUOPA	SKYSONA <sup>1</sup>	ASPARLAS <sup>1</sup>
INGREZZA <sup>1</sup>		AVASTIN <sup>1</sup>
KYNMOBI <sup>1</sup>	NEUROMUSCULAR  ENDVCDU*1	azacitidine
NORTHERA <sup>1</sup>	EVRYSDI*1	BAVENCIO <sup>1</sup>
NUPLAZID <sup>1</sup>	VYVGART <sup>1</sup>	BELEODAQ <sup>1</sup>
RADICAVA INJ <sup>1</sup>	NEUTDODENIA	BELRAPZO <sup>1</sup>
RADICAVA ORS <sup>1</sup>	<u>neutropenia</u> fulphila <sup>1</sup>	BENDAMUSTINE <sup>1</sup>
RELYVRIO <sup>1</sup>	GRANIX <sup>1</sup>	BENDEKA <sup>1</sup>
tetrabenazine	LEUKINE <sup>1</sup>	BESPONSA
XENAZINE <sup>1</sup>	NEULASTA <sup>1</sup>	BESREMI*1
	NEUPOGEN <sup>1</sup>	bexarotene
MULTIPLE SCLEROSIS	NIVESTYM	BLINCYTO <sup>1</sup>
AMPYRA <sup>1</sup>	NYVERIA <sup>1</sup>	BORTEZOMIB <sup>1</sup>
AUBAGIO <sup>1</sup>	RELEUKO <sup>1</sup>	BOSULIF <sup>1</sup>
AVONEX <sup>1</sup>	UDENYCA <sup>1</sup>	BRAFTOVI <sup>1</sup>
BAFIERTAM <sup>1</sup>	ZARXIO <sup>1</sup>	BRUKINSA*1
BETASERON <sup>1</sup>	ZIEXTENZO <sup>1</sup>	CABOMETYX <sup>1</sup>
COPAXONE <sup>1</sup>	ZILATLINZO	CALQUENCE*1
dalfampridine	OCULAR DISORDERS	capecitabine
dimethyl fumarate¹	BEOVU <sup>1</sup>	COMETRIQ <sup>1</sup>
EXTAVIA <sup>1</sup>		COTELLIC <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.

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.



CYRAMZA <sup>1</sup>	KANJINTI <sup>1</sup>	PROLEUKIN
DACOGEN	KEYTRUDA <sup>1</sup>	PURIXAN
DARZALEX <sup>1</sup>	KHAPZORY <sup>1</sup>	QINLOCK*1
DAURISMO <sup>1</sup>	KISQALI <sup>1</sup>	RETEVMO <sup>1</sup>
decitabine	KYPROLIS <sup>1</sup>	REVLIMID
EMPLICITI <sup>1</sup>	LAPATINIB <sup>1</sup>	RIABNI <sup>1</sup>
ENHERTU <sup>1</sup>	lenalidomide	RITUXAN <sup>1</sup>
ERBITUX <sup>1</sup>	LENVIMA <sup>1</sup>	RITUXAN HYCELA <sup>1</sup>
ERIVEDGE <sup>1</sup>	levoleucovorin calcium	ROMIDEPSIN
ERLEADA <sup>1</sup>	LONSURF <sup>1</sup>	ROZLYTREK <sup>1</sup>
erlotinib	LORBRENA <sup>1</sup>	RUBRACA <sup>1</sup>
everolimus	LUMAKRAS <sup>1</sup>	RUXIENCE <sup>1</sup>
EVOMELA <sup>1</sup>	LUMOXITI <sup>1</sup>	RYBREVANT <sup>1</sup>
FOLOTYN <sup>1</sup>	IYNPAR7A <sup>1</sup>	RYDAPT <sup>1</sup>
FUSILEV	MARGENZA <sup>1</sup>	SARCLISA <sup>1</sup>
GAVRETO <sup>1</sup>	MEKINIST <sup>1</sup>	SCEMBLIX <sup>1</sup>
GAZYVA <sup>1</sup>	MEKTOVI <sup>1</sup>	sorafenib¹
GLEEVEC <sup>1</sup>	MVASI <sup>1</sup>	SPRYCEL <sup>1</sup>
GLEOSTINE <sup>1</sup>	MYLOTARG	STIVARGA <sup>1</sup>
HALAVEN <sup>1</sup>	NERLYNX <sup>1</sup>	sunitinib <sup>1</sup>
HERCEPTIN <sup>1</sup>	NEXAVAR <sup>1</sup>	SUTENT <sup>1</sup>
HERCEPTIN HYLECTA <sup>1</sup>	NINLARO <sup>1</sup>	SYLVANT
HERZUMA <sup>1</sup>	NUBEQA <sup>1</sup>	SYNRIBO
HYCAMTIN	ODOMZO <sup>1</sup>	TABRECTA <sup>1</sup>
IBRANCE <sup>1</sup>	OGIVRI <sup>1</sup>	TAFINLAR <sup>1</sup>
ICLUSIG*1	ONCASPAR	TAGRISSO <sup>1</sup>
IDHIFA <sup>1</sup>	ONIVYDE <sup>1</sup>	TALZENNA <sup>1</sup>
imatinib	ONTRUZANT <sup>1</sup>	TARCEVA
IMBRUVICA*1	ONUREG <sup>1</sup>	TARGRETIN
IMFINZI <sup>1</sup>	OPDIVO <sup>1</sup>	TASIGNA <sup>1</sup>
INLYTA <sup>1</sup>	OPDUALAG <sup>1</sup>	TECENTRIQ <sup>1</sup>
INQOVI <sup>1</sup>	ORGOVYX*1	TEMODAR
INREBIC <sup>1</sup>	PADCEV <sup>1</sup>	TEMODAR (INJECTABLE)
INTRON A	PADCEV PERJETA <sup>1</sup>	temozolomide 
IRESSA <sup>1</sup>		temsirolimus TEPADINA <sup>1</sup>
ISTODAX <sup>1</sup>	PHESGO <sup>1</sup>	THALOMID
IXEMPRA <sup>1</sup>	PIQRAY <sup>1</sup>	THALOWID  THYROGEN <sup>1</sup>
JAKAFI <sup>1</sup>	POLIVY <sup>1</sup>	TIVDAK <sup>1</sup>
JEMPERLI <sup>1</sup>	POMALYST PORTRAZZA <sup>1</sup>	TORISEL
JEVTANA <sup>1</sup>	POTELIGEO <sup>1</sup>	TRAZIMERA <sup>1</sup>
KADCYLA <sup>1</sup>	FOTELIGEO	TREANDA
Medications on the PrudentRx specialty drug list may change at a	 	

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.



TRUSELTIQ1 PAROXYSMAL NOCTURNAL OFEV1 **HEMOGLOBINURIA** TRUXIMA1 pirfenidone **SOLIRIS** TYKERB1 ULTOMIRIS1 **RARE DISORDERS - OTHER** valrubicin clovique VALSTAR **PHENYLKETONURIA** CRYSVITA<sup>1</sup> VECTIBIX1 KUVAN1 CUPRIMINE1 **VELCADE** PALYNZIQ1 **DEPEN TITRATABS** VENCLEXTA\*1 sapropterin1 DOJOLVI1 VERZENIO1 ENSPRYNG1 **VIDAZA PRE-TERM BIRTH** FIRDAPSE\*1 VITRAKVI1 hydroxyprogesterone GAMIFANT1 VIZIMPRO1 MAKENA penicillamine VOTRIENT1 SYPRINE1 **VYXEOS PSORIASIS** trientine XALKORI1 SOTYKTU1 UPLIZNA1 **XELODA** VIJOICE1 XGEVA1 **PULMONARY ARTERIAL** ZOKINVY1 **HYPERTENSION** XTANDI1 ADCIRCA1 YERVOY1 **RENAL DISEASE** ADEMPAS1 YONDELIS1 cinacalcet  $alyq^1$ YONSA JYNARQUE\*1 **ZALTRAP** ambrisentan PARSABIV1 ZEJULA<sup>1</sup> bosentan **SENSIPAR** ZELBORAF1 epoprostenol tiopronin1 **FLOLAN** ZEPZELCA1 LETAIRIS1 ZIRABEV1 **RESPIRATORY SYNCYTIAL** OPSUMIT1 zoledronic onc **VIRUS** ORENITRAM1 **ZOLINZA** SYNAGIS1 REMODULIN1 ZYDELIG1 REVATIO1 ZYKADIA1 **SEIZURE DISORDERS** ACTHAR1 sildenafil ZYTIGA<sup>1</sup> tadalafil DIACOMIT\*1 TRACLEER1 **OSTEOPOROSIS** EPIDIOLEX1 EVENITY1 treprostinil SABRIL1 TYVASO1 FORTEO1 vigabatrin<sup>1</sup>

 $\begin{array}{ccc} {\sf EVENITY^1} & & & & & & \\ {\sf FORTEO^1} & & & & & \\ {\sf PROLIA^1} & & & & & \\ {\sf RECLAST} & & & & & \\ {\sf teriparatide^1} & & & & \\ & & & & & & \\ & & & & & \\ & & & & & \\ & & & & & \\ & & & & & \\ & & & & & \\ & & & & & \\ & & & & & \\ & & & & & \\ & & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & \\ & & & \\ & & \\ & & \\ & & & \\ & & \\ & & & \\ & & & \\ & & \\ & & & \\ & & \\ & & & \\ &$ 

TYMLOS<sup>1</sup>

zoledronic\_ost

PULMONARY DISORDERS -

OTHER ESBRIET

vigadrone\*1

SICKLE CELL DISEASE

ADAKVEO<sup>1</sup>

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.

<sup>&</sup>lt;sup>1</sup>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.

<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.



### **SLEEP DISORDER**

 $WAKIX^1$ 

XYREM\*1

XYWAV\*1

# SYSTEMIC LUPUS ERYTHEMATOSUS

BENLYSTA1

### **THROMBOCYTOPENIA**

DOPTELET1

MULPLETA<sup>1</sup>

 $NPLATE^1$ 

PROMACTA1

TAVALISSE\*1

## **TRANSPLANT**

ASTAGRAF1

CELLCEPT1

cyclosporine

ENVARSUS<sup>1</sup>

everolimus

(immunosuppressant)

gengraf

mycophenolate

mycophenolic

MYFORTIC<sup>1</sup>

NEORAL

NULOJIX1

PROGRAF<sup>1</sup>

RAPAMUNE<sup>1</sup>

SANDIMMUNE

sirolimus

tacrolimus

ZORTRESS<sup>1</sup>

### **UREA CYCLE DISORDERS**

BUPHENYL1

RAVICTI<sup>1</sup>

sodium phenylbutyrate<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.

<sup>1</sup>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-

<sup>&</sup>lt;sup>1</sup>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 Jaw. 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.