ES without HIV and without Fertility Specialty Drug List September 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***

ACROMEGALY

LANREOTIDE
MYCAPSSA*[1]
octreotide
SANDOSTATIN
SANDOSTATIN LAR DEPOT[1]
SIGNIFOR LAR*[1]
SOMATULINE
SOMAVERT[1]

ALLERGEN IMMUNOTHERAPY

PALFORZIA*[1]

ALOPECIA AREATA

LEQSELVI[1]
LITFULO[1]

ALPHA-1 ANTITRYPSIN DEFICIENCY

ARALAST[1]
GLASSIA[1]
PROLASTIN-C*[1]
ZEMAIRA[1]

AMYLOIDOSIS

AMVUTTRA[1]
ONPATTRO[1]
VYNDAMAX[1]
VYNDAQEL[1]

ANEMIA

ARANESP[1]
ENJAYMO[1]
EPOGEN[1]
MIRCERA*[1]
PROCRIT[1]
REBLOZYL[1]
RETACRIT
ZYNTEGLO[1]

ASTHMA

CINQAIR[1]
DUPIXENT[1]
FASENRA[1]
NUCALA
NUCALA (Vial)[1]
TEZSPIRE
XOLAIR[1]

ATOPIC DERMATITIS

ADBRY[1]
CIBINQO[1]
DUPIXENT[1]
EBGLYSS[1]
NEMLUVIO[1]

AUTOIMMUNE

ABRILADA[1]
ACTEMRA[1]
ADALIMUMAB-AACF[1]
ADALIMUMAB-AATY[1]
ADALIMUMAB-ADAZ[1]
ADALIMUMAB-ADBM[1]
ADALIMUMAB-FKJP[1]
ADALIMUMAB-RYVK[1]
AMJEVITA[1]
AVSOLA[1]
BIMZELX[1]
CIMZIA[1]
COSENTYX[1]
CYLTEZO[1]
ENBREL[1]
ENTYVIO[1]
HADLIMA[1]
HULIO[1]
HUMIRA[1]
HYRIMOZ[1]
IDACIO[1]
ILUMYA[1]
IMULDOSA[1]
INFLECTRA[1]
INFLIXIMAB[1]
KEVZARA[1]
KINERET*[1]
OLUMIANT[1]
OMVOH[1]
ORENCIA[1]
OTEZLA[1]
OTREXUP[1]
OTULFI[1]
OTULFI IV[1]
PYZCHIVA[1]
RASUVO[1]
REMICADE[1]
RENFLEXIS[1]
RINVOQ[1]
SELARSDI[1]
SELARSDI IV[1]
SILIQ[1]
SIMLANDI[1]
SIMPONI[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 (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.

PrudentRx SPECIALTY DRUG LIST

ES without HIV and without Fertility Specialty Drug List September 2025

SIMPONI ARIA[1]
SKYRIZI[1]
SOTYKTU[1]
STELARA[1]
STEQEYMA[1]
TALTZ[1]
TOFIDENCE[1]
TREMFYA
TYENNE[1]
USTEKINUMAB[1]
USTEKINUMAB-AEKN[1]
USTEKINUMAB-TTWE[1]
VELSIPITY[1]
WEZLANA[1]
XELJANZ[1]
YESINTEK[1]
YUFLYMA[1]
YUSIMRY[1]
ZYMFENTRA[1]

BONE DISORDERS - OTHER

SOHONOS[1]
STRENSIQ*[1]
VOXZOGO[1]

CARDIAC DISORDERS

CAMZYOS[1]

COAGULATION DISORDERS

CEPROTIN

CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES

ARCALYST[1]
ILARIS[1]

CUSHING'S

ISTURISA*[1]
mifepristone (actavis)[1]
SIGNIFOR*[1]

CYSTIC FIBROSIS

ALYFTREK[1]
BETHKIS[1]
BRONCHITOL[1]
BRONCHITOL TOLERANCE TEST[1]
CAYSTON[1]
KALYDECO[1]
KITABIS PAK[1]
ORKAMBI[1]
PULMOZYME
SYMDEKO[1]
TOBI[1]
TOBI PODHALER[1]
tobramycin
TRIKAFTA[1]

DERMATOLOGICAL DISORDERS - OTHER

ZEVASKYN[1]

DUPUYTREN'S CONTRACTURE

XIAFLEX[1]

ELECTROLYTE DISORDERS

dichlorphenamide
SAMSCA[1]
tolvaptan[1]

ENDOCRINE DISORDERS - OTHER

CORTROPHIN[1]

ENZYME DEFICIENCY DISORDERS - OTHER

betaine anhydrous (cosette)
nitisinone
NITYR*[1]
ORFADIN*[1]
RYPLAZIM[1]
SUCRAID*[1]

GASTROINTESTINAL DISORDERS-OTHER

GATTEX[1]
IQIRVO[1]
OCALIVA[1]
SOLESTA[1]

GOUT

KRYSTEXXA[1]

GROWTH HORMONE AND RELATED DISORDERS

EGRIFTA[1]
EGRIFTA WR[1]
GENOTROPIN[1]
HUMATROPE[1]
NGENLA[1]
NORDITROPIN[1]
NUTROPIN[1]
OMNITROPE[1]
SEROSTIM[1]
SKYTROFA[1]
SOGROYA[1]
ZOMACTON[1]

HEMATOPOIETICS

MOZOBIL
plerixafor[1]

HEMOPHILIA

ADVATE[1]
ADYNOVATE[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 (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.

PrudentRx SPECIALTY DRUG LIST

ES without HIV and without Fertility Specialty Drug List September 2025

AFSTYLA[1]
ALHEMO[1]
ALPHANATE/VON[1]
ALPHANINE
ALPROLIX[1]
ALTUVIIIO[1]
BENEFIX[1]
BEQVEZ[1]
COAGADEX[1]
CORIFACT
ELOCTATE[1]
ESPEROCT[1]
FEIBA[1]
FIBRYGA
HEMGENIX[1]
HEMLIBRA[1]
HEMOFIL[1]
HUMATE-P[1]
HYMPAVZI[1]
IDELVION[1]
IXINITY[1]
JIVI
KOATE[1]
KOGENATE[1]
KOVALTRY[1]
MONONINE
NOVOEIGHT
NOVOSEVEN[1]
NUWIQ
OBIZUR[1]
PROFILNINE
REBINYN[1]
RECOMBINATE[1]
RIASTAP
RIXUBIS[1]
ROCTAVIAN[1]
SEVENFACT[1]
TRETTEN[1]
VONVENDI[1]
WILATE[1]
XYNTHA

HEPATITIS C

EPCLUSA[1]
HARVONI[1]
LEDIPASVIR/SOFOSBUVIR[1]
MAVYRET[1]
PEGASYS[1]
ribavirin
SOFOSBUVIR/VELPATASVIR[1]
SOVALDI
VOSEVI[1]
ZEPATIER[1]

HEREDITARY ANGIOEDEMA

ANDEMBRY[1]
BERINERT[1]
CINRYZE[1]
EKTERLY[1]
FIRAZYR[1]
HAEGARDA[1]
icatibant[1]
KALBITOR[1]
ORLADEYO*[1]
RUCONEST
TAKHZYRO[1]

HORMONAL THERAPIES

AVEED[1]
ELIGARD
FENSOLVI
FIRMAGON[1]
LUPRON DEPOT[1]
LUPRON DEPOT-PED[1]
SUPPRELIN[1]
TRELSTAR[1]
TRIPTODUR*[1]
ZOLADEX[1]

IMMUNE DEFICIENCIES AND RELATED DISORDERS

ALYGLO[1]
ASCENIV[1]
BIVIGAM[1]
CUTAQUIG[1]
CUVITRU[1]
CYTOGAM
FLEBOGAMMA[1]
GAMASTAN[1]
GAMMAGARD[1]
GAMMAKED[1]
GAMMAPLEX[1]
GAMUNEX-C[1]
HEPAGAM B
HIZENTRA[1]
HYPERHEP
HYPERRHO
HYQVIA[1]
MICRHOGAM
NABI-HB
OCTAGAM[1]
PANZYGA[1]
PRIVIGEN[1]
RHOGAM
RHOPHYLAC
VARIZIG
WINRHO
XEMBIFY[1]

INFECTIOUS DISEASE - OTHER

ACTIMMUNE[1]
ARIKAYCE*[1]

IRON OVERLOAD

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.

PrudentRx SPECIALTY DRUG LIST

ES without HIV and without Fertility Specialty Drug List September 2025

deferasirox
deferiprone[1]
deferoxamine
DESFERAL[1]
EXJADE[1]
JADENU[1]

LYSOSOMAL STORAGE DISORDER

ALDURAZYME[1]
CERDELGA[1]
CEREZYME[1]
CYSTAGON
ELAPRASE[1]
ELELYSO[1]
ELFABRIO[1]
FABRAZYME[1]
KANUMA[1]
LUMIZYME[1]
miglustat
NAGLAZYME
NEXVIAZYME[1]
OPFOLDA[1]
POMBILITI[1]
VIMIZIM
VPRIV[1]
XENPOZYME[1]
ZAVESCA*[1]

MOVEMENT DISORDERS

APOKYN[1]
AUSTEDO[1]
droxidopa[1]
DUOPA
edaravone[1]
EXSERVAN*[1]
INBRIJA*[1]
INGREZZA[1]
NORTHERA[1]
NUPLAZID[1]
ONAPGO[1]
RADICAVA INJ[1]
RADICAVA ORS[1]
TEGLUTIK*[1]
tetrabenazine
TIGLUTIK*[1]
VYALEV[1]
XENAZINE[1]

MULTIPLE SCLEROSIS

AMPYRA[1]
AUBAGIO[1]
AVONEX[1]
BAFIERTAM[1]
BETASERON[1]
BRIUMVI[1]
COPAXONE[1]
dalfampridine
dimethyl fumarate[1]
EXTAVIA[1]
fingolimod[1]
GILENYA[1]
glatiramer[1]
glatopa[1]
KESIMPTA[1]
LEMTRADA[1]
MAVENCLAD
MAYZENT[1]
mitoxantrone
OCREVUS[1]
PLEGRIDY[1]
PONVORY[1]
REBIF
TECFIDERA[1]
teriflunomide[1]
TYSABRI
VUMERITY[1]
ZEPOSIA[1]

MUSCULAR DYSTROPHY

deflazacort[1]
ELEVIDYS

NEUROLOGICAL DISORDERS

KISUNLA[1]
LEQEMBI[1]
SKYSONA[1]

NEUROMUSCULAR

EVRYSDI*[1]
IMAAVY[1]
RYSTIGGO[1]
VYVGART[1]
VYVGART HYTRULO[1]

NEUTROPENIA

FULPHILA[1]
FYLNETRA[1]
GRANIX[1]
LEUKINE[1]
NEULASTA[1]
NEUPOGEN[1]
NIVESTYM
NYPOZI[1]
NYVEPRIA[1]
RELEUKO[1]
ROLVEDON[1]
STIMUFEND[1]
UDENYCA[1]
ZARXIO[1]
ZIEXTENZO[1]

OCULAR DISORDERS

BEOVU[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 (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.

PrudentRx SPECIALTY DRUG LIST

ES without HIV and without Fertility Specialty Drug List September 2025

BYOOVIZ[1]
CIMERLI[1]
EYLEA[1]
ILUVIEN[1]
LUCENTIS[1]
OZURDEX[1]
PAVBLU[1]
RETISERT[1]
SUSVIMO[1]
TEPEZZA[1]
VABYSMO[1]
VISUDYNE[1]
YUTIQ[1]

ONCOLOGY

abiraterone
ABRAXANE[1]
ADCETRIS[1]
AFINITOR[1]
AKEEGA*[1]
ALECENSA[1]
ALUNBRIG*[1]
ALYMSYS[1]
ANKTIVA[1]
AUGTYRO[1]
AVASTIN[1]
AYVAKIT*[1]
azacitidine
BALVERSA[1]
BELEODAQ[1]
BELRAPZO[1]
bendamustine[1]
BENDEKA[1]
BESPONSA
BESREMI*[1]
bexarotene[1]
BOMYNTRA[1]
bortezomib[1]
BORUZU[1]
BOSULIF[1]
BRAFTOVI[1]
BRUKINSA*[1]
CABOMETYX[1]
CALQUENCE*[1]
capecitabine
COLUMVI[1]
COMETRIQ[1]
COPIKTRA[1]
COTELLIC[1]
CYRAMZA[1]
DACOGEN
DARZALEX[1]
dasatinib[1]
DATROWAY[1]
DAURISMO[1]
decitabine
DEFITELIO[1]
DEMSER[1]
EMPLICITI[1]
ENHERTU[1]
ERBITUX[1]
ERIVEDGE[1]
ERLEADA[1]
erlotinib
everolimus
EVOMELA[1]
FOLOTYN[1]
FOTIVDA*[1]
FRUZAQLA*[1]
GAVRETO*[1]
GAZYVA[1]
gefitinib[1]
GILOTRIF*[1]
GLEEVEC[1]
GLEOSTINE [1]
HALAVEN[1]
HERCEPTIN[1]
HERCEPTIN HYLECTA[1]
HERCESSI[1]
HERZUMA[1]
HYCAMTIN
IBRANCE[1]
ICLUSIG*[1]
IDHIFA[1]
imatinib
IMBRUVICA*[1]
IMDELLTRA[1]
IMFINZI[1]
IMJUDO[1]
IMKELDI[1]
INLYTA[1]
INQOVI[1]
INREBIC[1]
IRESSA[1]
ISTODAX[1]
ITOVEBI[1]
IVRA[1]
IXEMPRA[1]
JAKAFI[1]
JAYPIRCA[1]
JEMPERLI[1]
JEVTANA[1]
KADCYLA[1]
KANJINTI[1]
KEYTRUDA[1]
KHAPZORY[1]
KISQALI[1]
KOSELUGO*[1]
KYPROLIS[1]
LAPATINIB[1]
lenalidomide[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 (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.

PrudentRx SPECIALTY DRUG LIST

ES without HIV and without Fertility Specialty Drug List September 2025

LENVIMA[1]
levoleucovorin calcium
LONSURF[1]
LOQTORZI[1]
LORBRENA[1]
LUMAKRAS[1]
LUNSUMIO[1]
LYNPARZA[1]
MARGENZA[1]
MEKINIST[1]
MEKTOVI[1]
mercaptopurine
metyrosine[1]
MONJUVI*[1]
MVASI[1]
MYLOTARG
NERLYNX[1]
NEXAVAR[1]
NIKTIMVO[1]
nilotinib[1]
NINLARO[1]
NUBEQA[1]
ODOMZO[1]
OGIVRI[1]
OJJAARA*[1]
ONIVYDE[1]
ONTRUZANT[1]
ONUREG[1]
OPDIVO[1]
OPDIVO QVANTIG[1]
OPDUALAG[1]
ORGOVYX*[1]
ORSERDU*[1]
OSENVELT[1]
paclitaxel protein-bound[1]
PADCEV[1]
pazopanib[1]
PEMAZYRE*[1]
PERJETA[1]
PHESGO[1]
PIQRAY[1]
POLIVY[1]
POMALYST[1]
PORTRAZZA[1]
POTELIGEO[1]
PROLEUKIN
PURIXAN
QINLOCK*[1]
RETEVMO[1]
REVLIMID[1]
REZUROCK*[1]
RIABNI[1]
RITUXAN[1]
RITUXAN HYCELA[1]
romidepsin
ROZLYTREK[1]
RUBRACA[1]
RUXIENCE[1]
RYBREVANT[1]
RYDAPT[1]
RYLAZE[1]
SARCLISA[1]
sorafenib[1]
SPRYCEL[1]
STIVARGA[1]
sunitinib[1]
SUTENT[1]
SYLVANT
TABRECTA[1]
TAFINLAR[1]
TAGRISSO[1]
TALZENNA[1]
TARCEVA
TARGRETIN[1]
TASIGNA[1]
TECENTRIQ[1]
TEMODAR
TEMODAR (INJECTABLE)
temozolomide
temsirolimus
TEPADINA[1]
THALOMID
THYROGEN[1]
TIBSOVO*[1]
TIVDAK[1]
TORISEL
TRAZIMERA[1]
TREANDA[1]
TRUXIMA[1]
TUKYSA*[1]
TYKERB[1]
valrubicin
VALSTAR
VECTIBIX[1]
VEGZELMA[1]
VELCADE
VENCLEXTA*[1]
VERZENIO[1]
VIDAZA
VITRAKVI[1]
VIVIMUSTA[1]
VIZIMPRO[1]
VONJO*[1]
VOTRIENT[1]
VYXEOS
WYOST[1]
XALKORI[1]
XELODA
XERMELO*[1]
XGEVA[1]
XOSPATA[1]
XPOVIO*[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 (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.

PrudentRx SPECIALTY DRUG LIST

ES without HIV and without Fertility Specialty Drug List September 2025

XTANDI[1]
YERVOY[1]
YONDELIS[1]
YONSA
YUTREPIA[1]
ZALTRAP
ZEJULA[1]
ZELBORAF[1]
ZEPZELCA[1]
ZIIHERA[1]
ZIRABEV[1]
zoledronic_onc
ZOLINZA
ZYDELIG[1]
ZYKADIA[1]
ZYNYZ[1]
ZYTIGA[1]

OSTEOPOROSIS

BONSITY[1]
CONEXXENCE[1]
EVENITY[1]
FORTEO[1]
JUBBONTI[1]
PROLIA[1]
RECLAST
STOBOCLO[1]
teriparatide[1]
TYMLOS[1]
zoledronic_ost

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA

BKEMV[1]
EMPAVELI*[1]
EPYSQLI[1]
PIASKY[1]
SOLIRIS
ULTOMIRIS[1]

PHENYLKETONURIA

KUVAN[1]
PALYNZIQ[1]
sapropterin[1]

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA[1]
ADEMPAS[1]
alyq
ambrisentan
bosentan
epoprostenol
FLOLAN
LETAIRIS[1]
LIQREV[1]
OPSUMIT[1]
OPSYNVI[1]
ORENITRAM[1]
REMODULIN[1]
REVATIO[1]
sildenafil
tadalafil
TADLIQ[1]
TRACLEER[1]
treprostinil
TYVASO[1]
UPTRAVI[1]
VELETRI
VENTAVIS[1]
WINREVAIR[1]

PULMONARY DISORDERS - OTHER

ESBRIET[1]
OFEV
pirfenidone
pirfenidone (534mg)[1]

RARE DISORDERS - OTHER

CRYSVITA[1]
DOJOLVI[1]
ENSPRYNG[1]
FIRDAPSE*[1]
GAMIFANT[1]
UPLIZNA[1]
VIJOICE[1]

RENAL DISEASE

cinacalcet
FILSPARI[1]
JYNARQUE*[1]
PARSABIV[1]
RIVFLOZA[1]
SENSIPAR
tiopronin[1]
tiopronin dr (endo)[1]

RESPIRATORY SYNCYTIAL VIRUS

SYNAGIS

SEIZURE DISORDERS

ACTHAR[1]
DIACOMIT*[1]
EPIDIOLEX[1]
FINTEPLA*[1]
SABRIL[1]
vigabatrin[1]
*vigabatrin (edenbridge)**[1]
*vigadrone**[1]

SICKLE CELL DISEASE

ADAKVEO[1]
ENDARI[1]
L-GLUTAMINE[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 (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.

PrudentRx SPECIALTY DRUG LIST

ES without HIV and without Fertility Specialty Drug List September 2025

LYFGENIA
OXBRYTA[1]

SLEEP DISORDER

LUMRYZ[1]
tasimelteon[1]
WAKIX[1]
XYREM*[1]
XYWAV*[1]

SYSTEMIC LUPUS ERYTHEMATOSUS

BENLYSTA[1]
SAPHNELO[1]

THROMBOCYTOPENIA

ADZYNMA[1]
ALVAIZ[1]
DOPTELET[1]
eltrombopag olamine[1]
MULPLETA[1]
NPLATE[1]
PROMACTA[1]
TAVALISSE*[1]

UREA CYCLE DISORDERS

BUPHENYL[1]
carglumic acid (burel)
PHEBURANE[1]
RAVICTI[1]
sodium phenylbutyrate[1]

WILSON'S DISEASE

CUPRIMINE
DEPEN TITRATABS
penicillamine
SYPRINE[1]
trientine[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 (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.