



Comprehensive Specialty Drug List

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

octreotide acetate
(SANDOSTATIN)
SANDOSTATIN LAR
SOMATULINE
DEPOT¹
SOMAVERT¹

ALPHA-1 ANTITRYPSIN DEFICIENCY

ARALAST NP¹
GLASSIA¹
ZEMAIRA¹

AMYLOIDOSIS

VYNDAMAX¹
VYNDAQEL¹

ANEMIA

ARANESP
EPOGEN¹
PROCRIT¹
REBLOZYL¹
RETACRIT

ASTHMA

CINQAIR¹
DUPIXENT¹
FASENRA¹
NUCALA¹
XOLAIR¹

ATOPIC DERMATITIS

DUPIXENT¹

COAGULATION DISORDERS

CEPROTIN

CRYOPYRIN- ASSOCIATED PERIODIC SYNDROMES

ARCALYST
ILARIS¹

CYSTIC FIBROSIS

BETHKIS¹
CAYSTON¹

KITABIS PAK¹
PULMOZYME¹
TOBI PODHALER¹
tobramycin nebulizer
(TOBI)

ELECTROLYTE DISORDERS

SAMSCA¹

GASTROINTESTINAL DISORDERS –OTHER

GATTEX¹
OCALIVA¹
SOLESTA¹

GOUT

KRYSTEXXA¹

GROWTH HORMONE & RELATED DISORDERS

Growth Hormone
Disorders

GENOTROPIN¹
HUMATROPE¹
NORDITROPIN
NUTROPIN AQ
OMNITROPE¹
SAIZEN¹

SEROSTIM¹
ZOMACTON¹
ZORBTVIE¹
IGF¹ Deficiency
INCRELEX¹

HEMATOPOIETICS

MOZOBI

HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS

ADVATE¹
ADYNOVATE¹
AFSTYLA¹
ALPHANATE¹
ALPHANINE SD

ALPROLIX¹
BEBULIN¹
BENEFIX¹
COAGADEX¹
CORIFACT
ELOCTATE¹
ESPEROCT¹
FEIBA¹
FIBRYGA
HELIXATE FS¹
HEMLIBRA¹
HEMOPIL M¹
HUMATE-P¹
IDELVION¹
IXINITY¹
JIVI
KOATE¹
KOATE¹-DVI
KOGENATE FS
KOVALTRY¹
MONONINE
NOVOEIGHT
NOVOSEVEN RT¹
NUWIQ
OBIZUR¹
PROFILNINE
PROFILNINE SD
REBINYN¹
RECOMBINATE¹
RIASTAP
RIXUBIS¹
STIMATE
TRETEN¹
VONVENDI¹
WILATE¹
XYNTHA

HEPATITIS

adefovir dipivoxil
(HEPSERA)
entecavir
(BARACLUD)¹
EPCUSA¹
HARVONI¹
lamivudine (EPIVIR,
EPIVIR HBV)
LEDIPASVIR/SOFOSB
UVIR¹

MAVYRET¹
PEGASYS¹
PEGINTRON
REBETOL SOLUTION¹
RIBASPHERE
RIBAPAK
ribavirin caps
(ribasphere,
REBETOL)
ribavirin tabs
(ribasphere,
MODERIBA)
SOFOSBUVIR/VELPA
TASVIR¹
SOVALDI
tenofovir disoproxil
fumarate (VIREAD)
VEMLIDY¹
VIEKIRA PAK¹
VOSEVI¹
ZEPATIER¹

HEREDITARY ANGIOEDEMA

BERINERT¹
CINRYZE¹
HAEGARDA¹
icatibant acetate
(FIRAZYR¹)
KALBITOR¹
RUCONEST
TAKHZYRO¹

HIV MEDICATIONS

abacavir tab
(ZIAGEN)
abacavir/lamivudine
(EPZICOM)
abacavir/lamivudine/
zidovudine
(TRIZIVIR)
APTIVUS
atazanavir sulfate
(REYATAZ)
ATRIPLA
BIKTARVY
CIMDUO
COMPLERA¹

CRIVIVAN
DELSTRIGO¹
DESCOVY
didanosine (VIDEX,
VIDEX EC)
DOVATO¹
EDURANT
efavirenz (SUSTIVA)
EGRIFTA¹
EMTRIVA
EVOTAZ
fosamprenavir
(LEXIVA)
FUZEON
GENVOYA
INTELENCE
INVIRASE
ISENTRESS
JULUCA
lamivudine (EPIVIR)
lamivudine/zidovudine
(COMBIVIR)
lopinavir/ritonavir
soln (KALETRA¹
SOLN)
nevirapine
(VIRAMUNE)
ODEFSEY
PIFELTRO¹
PREZCOBIX
PREZISTA
RESCRIPTOR
RETROVIR
INJECTABLE
ritonavir (NORVIR)
SELZENTRY
stavudine (ZERIT)
STRIBILD¹
SYMFI
SYMFI LO
SYMITUZA¹
TEMIXYS
tenofovir disoproxil
fumarate
(VIREAD)
TIVICAY
TRIUMEQ
TROGARZO

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. Copayments for the medications on this list, whether made by you, your plan or a manufacturer's copay assistance program, will not count toward your plan deductible.

¹- Member cost share payments for these medications, whether made by you, your plan or a manufacturer copayment assistance program, do not count towards the plan's out-of-pocket maximum.

TRUVADA
TYBOST
VIDEX SOLUTION
VIRACEPT
zidovudine
(RETROVIR)

HORMONAL THERAPIES

AVEED¹
ELIGARD
FIRMAGON
leuprolide acetate
(LUPRON)
LUPANETA PACK¹
LUPRON DEPOT
NATPARA¹
SUPPRELIN LA¹
TRELSTAR
VANTAS¹
ZOLADEX¹

IMMUNE DEFICIENCIES & RELATED DISORDERS

ASCENIV¹
BIVIGAM¹
CUVITRU¹
CYTOGAM
GAMASTAN¹
GAMASTAN¹ S/D
GAMMAGARD
LIQUID
GAMMAGARD S/D
GAMMAKED¹
GAMMAPLEX¹
GAMUNEX C¹
HEPAGAM B
HIZENTRA¹
HYPERHEP B
HYPERRHO S/D
HYQVIA¹
MICRHOGAM
NABI-HB
OCTAGAM¹
PANZYGA¹
PRIVIGEN¹
RHOGAM
RHOPHYLAC
WINRHO SDF
XEMBIFY¹

INFECTIOUS DISEASE

– OTHER
ACTIMMUNE

INFERTILITY

CETROTIDE

CHORIONIC GONADOTROPIN¹
FOLLISTIM AQ¹
GANIRELIX ACETATE
GONAL-F
MENOPUR
NOVAREL¹
OVIDREL
PREGNYL

INFLAMMATORY BOWEL DISEASE

CIMZIA¹
ENTYVIO¹
HUMIRA¹
INFLECTRA
REMICADE
RENFLEXIS¹
SIMPONI¹
STELARA¹
TYSABRI
XELJANZ¹

IRON OVERLOAD
deferasirox (EXJADE,
JADENU)
deferoxamine
(DESFERAL¹)

LYSOSOMAL STORAGE DISORDERS

ALDURAZYME¹
CERDELGA¹
CEREZYME¹
CYSTAGON
ELAPRASE¹
ELELYSO¹
FABRAZYME¹
KANUMA¹
LUMIZYME¹
miglustat
NAGLAZYME
VIMIZIM
VPRIV¹

MENTAL HEALTH CONDITIONS
ZULRESSO¹

MOVEMENT DISORDERS

APOKYN¹
AUSTEDO¹
INBRIJA¹
NORTHERA¹
NUPLAZID¹
RADICAVA¹

SOLIRIS
tetrabenazine
(XENAZINE)

MULTIPLE SCLEROSIS

AUBAGIO¹
AVONEX¹
BETASERON¹
dalfampridine ER
(AMPYRA¹)
EXTAVIA¹
GILENYA¹
glatiramer acetate
(COPAXONE¹,
glatopa)
LEMTRADA¹
MAVENCLAD
MAYZENT
OCREVUS
PLEGRIDY¹
REBIF
TECFIDERA¹
TYSABRI
VUMERITY¹

NEUTROPENIA

FULPHILA¹
GRANIX¹
LEUKINE¹
NEULASTA¹
NEUPOGEN¹
NIVESTYM
UDENYCA
ZARXIO¹
ZIEXTENZO¹

OCULAR DISORDERS

BEOVU¹
EYLEA
ILUVIEN¹
LUCENTIS
MACUGEN
OZURDEX¹
RETISERT¹
TEPEZZA¹
VISUDYNE¹

ONCOLOGY – INJECTABLE

ASPARLAS¹
BAVENCIO¹
BELEODAQ¹
BELRAPZO¹
BENDAMUSTINE
HYDROCHLORIDE
BENDEKA
BESPONSA
BLINCYTO¹
CYRAMZA¹

DARZALEX¹
EMPLICITI¹
ENHERTU¹
EVOMELA¹
IMFINZI¹
KANJINTI¹
KEYTRUDA¹
KYPROLIS¹
LUMOXITI¹
MVASI¹
MYLOTARG
OGIVRI¹
OPDIVO¹
PADCEV¹
POLIVY¹
PORTRAZZA¹
POTELIGEO¹
RITUXAN HYCELA¹
RUXIENCE¹
SARCLISA
SYLVANT
TECENTRIQ¹
TEPADINA¹
THYROGEN¹
TRAZIMERA¹
TRUXIMA¹
XGEVA¹
YONDELIS¹
zoledronic acid

ONCOLOGY – ORAL/TOPICAL

abiraterone acetate
(ZYTIGA)
ALECENSA¹
ALUNBRIG¹
bexarotene
(TARGETIN)
BOSULIF¹
CABOMETYX¹
capecitabine
(XELODA)
COMETRIQ¹
COTELLIC¹
DAURISMO¹
ERIVEDGE¹
ERLEADA¹
erlotinib
hydrochloride
(TARCEVA)
everolimus
(AFINITOR¹)
FARYDAK¹
HYCAMTIN
IBRANCE¹
IDHIFA¹
imatinib mesylate
(GLEEVEC¹)
INLYTA¹

INREBIC¹
IRESSA¹
JAKAFI¹
KISQALI¹
KISQALI¹ FEMARA
LENVIMA¹
LONSURF¹
LORBRENA¹
LYNPARZA¹
MEKINIST¹
NERLYNX¹
NEXAVAR¹
NINLARO¹
NUBEQA¹
ODOMZO¹
PIQRAY¹
POMALYST
PURIXAN
REVLIMID
ROZLYTREK¹
RUBRACA¹
RYDAPT¹
SPRYCEL¹
STIVARGA¹
SUTENT¹
TAFINLAR¹
TAGRISSO¹
TALZENNA¹
TARGETIN
TASIGNA¹
temozolomide
(TEMODAR)
THALOMID
TYKERB¹
VERZENIO¹
VITRAKVI¹
VIZIMPRO¹
VOTRIENT¹
XALKORI¹
XTANDI¹
YONSA
ZELBORAF¹
ZOLINZA
ZYDELIG¹
ZYKADIA¹

OSTEOPOROSIS

EVENITY¹
FORTEO¹
PROLIA¹
TYMLOS¹
zoledronic acid
(RECLAST)

PAROXYSMAL NOCTURNAL

HEMOGLOBINURIA
SOLIRIS

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. Copayments for the medications on this list, whether made by you, your plan, or a manufacturer's copay assistance program, will not count toward your plan deductible.

¹ Member cost share payments for these medications, whether made by you, your plan, or a manufacturer copayment assistance program, do not count towards the plan's out-of-pocket maximum.

ULTOMIRIS¹

PHENYLKETONURIA

KUVAN¹
PALYNZIQ¹

PRE-TERM BIRTH

hydroxyprogesterone capro (MAKENA)

PSORIASIS

CIMZIA¹
COSENTYX¹
ENBREL¹
HUMIRA¹
ILUMYA¹
INFLECTRA
OTEZLA¹
OTREXUP¹
RASUVO¹
REMICADE
RENFLEXIS¹
SILIQ¹
SKYRIZI¹
STELARA¹
TALTZ¹
TREMFYA¹
XELJANZ¹

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS¹
ambrisentan (LETAIRIS)
bosentan (TRACLEER)
epoprostenol sodium (FLOLAN, VELETRI)
OPSUMIT¹
ORENITRAM¹
sildenafil citrate (REVATIO¹)
tadalafil (ADCIRCA¹, alyq)
treprostinil sodium (REMODULIN¹)
TYVASO
UPTRAVI¹
VENTAVIS¹

PULMONARY DISORDERS – OTHER

ESBRIET
OFEV¹

RARE DISORDERS – OTHER

CRYSVITA¹
GAMIFANT¹

RENAL DISEASE

cinacalcet hydrochloride (SENSIPAR)
PARSABIV¹
SENSIPAR

RESPIRATORY SYNCYTIAL VIRUS

SYNAGIS¹

RHEUMATOID

ARTHRITIS

ACTEMRA¹
CIMZIA¹
ENBREL¹
HUMIRA¹
INFLECTRA
KEVZARA¹
OLUMIANT¹
ORENCIA¹
OTREXUP¹
RASUVO¹
REMICADE
RENFLEXIS¹
RINVOQ¹
SIMPONI¹

SIMPONI¹ ARIA
XELJANZ¹

SEIZURE DISORDERS

EPIDIOLEX¹
H. P. ACTHAR GEL
vigabatrin pwd (SABRIL¹ PWD)
vigabatrin tabs (SABRIL¹ TABS)

SICKLE CELL DISEASE

ADAKVEO¹
OXBRYTA¹

SLEEP DISORDERS

WAKIX¹

SYSTEMIC LUPUS ERYTHEMATOSUS

BENLYSTA¹

THROMBOCYTOPENIA

DOPTELET¹
MULPLETA¹
NPLATE¹
PROMACTA¹

TRANSPLANT

ASTAGRAF XL¹
cyclosporine (gengraf, NEORAL, SANDIMMUNE)
ENVARUS XR¹
everolimus (ZORTRESS¹)
mycophenolate mofetil (CELLCEPT, CELLCEPT INJ)
mycophenolic acid dr (MYFORTIC)
NULOJIX¹
PROGRAF
INJECTABLE¹
sirolimus tab (RAPAMUNE)
tacrolimus (PROGRAF)
ZORTRESS¹

UREA CYCLE DISORDERS

RAVICTI¹
sodium phenylbutyrate (BUPHENYL¹)

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. Copayments for the medications on this list, whether made by you, your plan, or a manufacturer's copay assistance program, will not count toward your plan deductible.

¹ Member cost share payments for these medications, whether made by you, your plan, or a manufacturer copayment assistance program, do not count towards the plan's out-of-pocket maximum.