



EES with HIV and without Fertility Specialty Drug List May 2026

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.

ACROMEGALY

LANREOTIDE
MYCAPSSA*¹
octreotide
SANDOSTATIN
SANDOSTATIN LAR DEPOT¹
SIGNIFOR LAR*¹
SOMATULINE
SOMAVERT¹

ALOPECIA AREATA

LEQSELVI¹
LITFULO¹

ALPHA-1 ANTITRYPSIN DEFICIENCY

ARALAST¹
GLASSIA¹
PROLASTIN-C*¹
ZEMAIRA¹

AMYLOIDOSIS

AMVUTTRA¹
ONPATTRO¹
VYNDAMAX¹

ANEMIA

ARANESP¹
ENJAYMO¹
EPOGEN¹
MIRCERA*¹
PROCRIT¹
REBLOZYL¹
RETACRIT

ZYNTEGLO¹

ASTHMA

CINQAIR¹
DUPIXENT¹
EXDENSUR¹
FASENRA¹
NUCALA
NUCALA (Vial)¹
TEZSPIRE
XOLAIR¹

ATOPIC DERMATITIS

ADBRY¹
CIBINQO¹
DUPIXENT¹
EBGLYSS¹
NEMLUVIO¹

AUTOIMMUNE

ABRILADA¹
ACTEMRA¹
ADALIMUMAB-AACF¹
ADALIMUMAB-AATY¹
ADALIMUMAB-ADAZ¹
ADALIMUMAB-ADBM¹
ADALIMUMAB-BWWD¹
ADALIMUMAB-FKJP¹
ADALIMUMAB-RYVK¹
AMJEVITA¹
AVSOLA¹
AVTOZMA¹
BIMZELX¹

CIMZIA¹
COSENTYX SC¹
CYLTEZO¹
ENBREL¹
ENTYVIO¹
HADLIMA¹
HULIO¹
HUMIRA¹
HYRIMOZ¹
ICOTYDE¹
IDACIO¹
ILUMYA¹
IMULDOSA¹
INFLECTRA¹
INFLIXIMAB¹
KEVZARA¹
KINERET*¹
OLUMIANT¹
OMVOH¹
ORENCIA¹
OTEZLA¹
OTULFI¹
OTULFI IV¹
PYZCHIVA¹
RASUVO¹
REMICADE¹
RENFLEXIS¹
RINVOQ¹
SELARSDI¹
SILIQ¹
SIMLANDI¹
SIMPONI¹

Medications on the PrudentRx specialty drug list are subject to change without notice. Program eligibility and plan coverage for any specific medication are not guaranteed and are strictly subject to, and may be limited by, applicable state legislation, local regulations, and individual plan design. 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. Some high-deductible health plans with a health savings account consider all medications covered by the plan as an "essential health benefit," allowing payments made by you to count toward your deductible and out-of-pocket maximum.

*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.

EES with HIV and without Fertility Specialty Drug List May 2026

SIMPONI ARIA¹

SKYRIZI¹

SOTYKTU¹

STARJEMZA¹

STARJEMZA IV¹

STELARA¹

STEQEYMA¹

TALTZ¹

TOFIDENCE¹

TREMFYA

TYENNE¹

USTEKINUMAB¹

USTEKINUMAB-AAUZ¹

USTEKINUMAB-AEKN¹

USTEKINUMAB-TTWE¹

VELSIPITY¹

WEZLANA¹

XELJANZ¹

YESINTEK¹

YUFLYMA¹

YUSIMRY¹

ZYMFENTRA¹

BONE DISORDERS - OTHER

SOHONOS¹

STRENSIQ*¹

VOXZOGO¹

CARDIAC DISORDERS

CAMZYOS¹

COAGULATION DISORDERS

CEPROTIN

CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES

ARCALYST¹

ILARIS¹

CUSHING'S

ISTURISA*¹

*mifepristone (actavis)*¹

SIGNIFOR*¹

CYSTIC FIBROSIS

ALYFTREK¹

BETHKIS¹

BRONCHITOL¹

BRONCHITOL TOLERANCE

TEST¹

CAYSTON¹

KALYDECO¹

KITABIS PAK¹

ORKAMBI¹

PULMOZYME

SYMDEKO¹

TOBI¹

TOBI PODHALER¹

tobramycin

TRIKAFTA¹

DERMATOLOGICAL DISORDERS - OTHER

ZEVASKYN¹

DUPUYTREN'S CONTRACTURE

XIAFLEX¹

ELECTROLYTE DISORDERS

dichlorphenamide

SAMSCA¹

*tolvaptan*¹

ENDOCRINE DISORDERS - OTHER

CORTROPHIN¹

ENZYME DEFICIENCY DISORDERS - OTHER

betaine anhydrous (cosette)

nitisinone

NITYR*¹

ORFADIN*¹

RYPLAZIM¹

SUCRAID*¹

GASTROINTESTINAL DISORDERS-OTHER

GATTEX¹

IQRVO¹

SOLESTA¹

GOUT

KRYSTEXXA¹

GROWTH HORMONE AND RELATED DISORDERS

EGRIFTA¹

EGRIFTA WR¹

GENOTROPIN¹

HUMATROPE¹

NGENLA¹

NORDITROPIN¹

NUTROPIN¹

OMNITROPE¹

SEROSTIM¹

SKYTROFA¹

SOGROYA¹

ZOMACTON¹

HEMATOPOIETICS

MOZOBIL

*plerixafor*¹

HEMOPHILIA

Medications on the PrudentRx specialty drug list are subject to change without notice. Program eligibility and plan coverage for any specific medication are not guaranteed and are strictly subject to, and may be limited by, applicable state legislation, local regulations, and individual plan design. 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. Some high-deductible health plans with a health savings account consider all medications covered by the plan as an "essential health benefit," allowing payments made by you to count toward your deductible and out-of-pocket maximum.

*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.

EES with HIV and without Fertility Specialty Drug List May 2026

ADVATE¹
 ADYNOVATE¹
 AFSTYLA¹
 ALHEMO¹
 ALPHANATE/VON¹
 ALPHANINE
 ALPROLIX¹
 ALTUVIII¹
 BENEFIX¹
 BEQVEZ¹
 COAGADEX¹
 CORIFACT
 ELOCTATE¹
 ESPEROCT¹
 FEIBA¹
 FIBRYGA
 HEMGENIX¹
 HEMLIBRA¹
 HEMOFIL¹
 HUMATE-P¹
 HYMPAVZI¹
 IDELVION¹
 IXINITY¹
 JIVI
 KOATE¹
 KOVALTRY¹
 MONONINE
 NOVOEIGHT
 NOVOSEVEN¹
 NUWIQ
 OBIZUR¹
 PROFILNINE
 REBINYN¹
 RECOMBINATE¹
 RIASTAP
 RIXUBIS¹
 ROCTAVIAN¹

SEVENFACT¹
 TRETEN¹
 VONVENDI¹
 WILATE¹
 XYNTHA

HEPATITIS B
adefovir
 BARACLUDGE¹
entecavir
 EPIVIR HBV¹
 HEPSERA¹
lamivudine (hbv)
 VEMLIDY¹

HEPATITIS C
 EPCLUSA¹
 HARVONI¹
 LEDIPASVIR/SOFOSBUVIR¹
 MAVYRET¹
 PEGASYS¹
ribavirin
 SOFOSBUVIR/VELPATASVIR¹
 SOVALDI
 VOSEVI¹
 ZEPATIER¹

HEREDITARY ANGIOEDEMA
 ANDEMBRY¹
 BERINERT¹
 CINRYZE¹
 EKTERLY¹
 FIRAZYR¹
 HAEGARDA¹
icatibant¹
 KALBITOR¹
 ORLADEYO*¹
 RUCONEST

TAKHZYRO¹

HORMONAL THERAPIES
 AVEED¹
 ELIGARD
 FENSOLVI
 FIRMAGON¹
 LUPRON DEPOT¹
 LUPRON DEPOT-PED¹
 SUPPRELIN¹
 TRELSTAR¹
 TRIPTODUR*¹
 ZOLADEX¹

HUMAN IMMUNODEFICIENCY VIRUS
abacavir
abacavir/lamivudine
 APRETUDE¹
 APTIVUS
atazanavir
 ATRIPLA¹
 BIKTARVY¹
 CABENUVA¹
 CIMDUO
 COMBIVIR
 COMPLERA¹
darunavir
 DELSTRIGO¹
 DESCOVY¹
 DOVATO¹
 EDURANT¹
 EDURANT
efavirenz
efavirenz/emtricitabine/tenofovir df
efavirenz/lamivudine/tenofovir df
emtricitabine

Medications on the PrudentRx specialty drug list are subject to change without notice. Program eligibility and plan coverage for any specific medication are not guaranteed and are strictly subject to, and may be limited by, applicable state legislation, local regulations, and individual plan design. 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. Some high-deductible health plans with a health savings account consider all medications covered by the plan as an "essential health benefit," allowing payments made by you to count toward your deductible and out-of-pocket maximum.

*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.

EES with HIV and without Fertility Specialty Drug List May 2026

*emtricitabine/rilpivirine*¹
*emtricitabine/tenofovir df*¹
 EMTRIVA
 EPIVIR
 EPZICOM
etravirine
 EVOTAZ
fosamprenavir
 GENVOYA¹
 INTELENCE¹
 ISENTRESS
 JULUCA
 KALETRA¹
lamivudine
lamivudine/zidovudine
 LEXIVA
lopinavir/ritonavir
maraviroc
nevirapine
 NORVIR
 ODEFSEY
 PIFELTRO¹
 PREZCOBIX
 PREZISTA
 RETROVIR
 REYATAZ
*rilpivirine hydrochloride*¹
ritonavir
 RUKOBIA
 SELZENTRY
 STRIBILD¹
 SUNLENCA
 SUSTIVA
 SYMFI
 SYMTUZA¹
tenofovir
 TIVICAY
 TRIUMEQ
 TRIUMEQ PD¹
 TROGARZO

TRUVADA¹
 VIRACEPT
 VIREAD
 YEZTUGO
 ZIAGEN
zidovudine

**IMMUNE DEFICIENCIES
 AND RELATED DISORDERS**
 ALYGLO¹
 ASCENIV¹
 BIVIGAM¹
 CUTAQUIG¹
 CUVITRU¹
 CYTOGAM
 FLEBOGAMMA¹
 GAMASTAN¹
 GAMMAGARD¹
 GAMMAKED¹
 GAMMAPLEX¹
 GAMUNEX-C¹
 HEPAGAM B
 HIZENTRA¹
 HYPERHEP
 HYPERRHO
 HYQVIA¹
 MICRHOGAM
 NABI-HB
 OCTAGAM¹
 PANZYGA¹
 PRIVIGEN¹
 QIVIGY¹
 RHOGAM
 RHOPHYLAC
 VARIZIG
 WINRHO
 XEMBIFY¹
 YIMMUGO¹

**INFECTIOUS DISEASE -
 OTHER**

ACTIMMUNE¹
 ARIKAYCE*¹

IRON OVERLOAD

deferasirox
*deferiprone*¹
deferoxamine
 DESFERAL¹
 EXJADE¹
 JADENU¹

**LYSOSOMAL STORAGE
 DISORDER**

ALDURAZYME¹
 CERDELGA¹
 CEREZYME¹
 CYSTAGON
 ELAPRASE¹
 ELELYSO¹
 ELFABRIO¹
 FABRAZYME¹
 KANUMA¹
 LUMIZYME¹
miglustat
 NAGLAZYME
 NEXVIAZYME¹
 OPFOLDA¹
 POMBILITI¹
 VIMIZIM
 VPRIV¹
 XENPOZYME¹
 ZAVESCA*¹

MOVEMENT DISORDERS

APOKYN¹
 AUSTEDO¹
*droxidopa*¹

Medications on the PrudentRx specialty drug list are subject to change without notice. Program eligibility and plan coverage for any specific medication are not guaranteed and are strictly subject to, and may be limited by, applicable state legislation, local regulations, and individual plan design. 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. Some high-deductible health plans with a health savings account consider all medications covered by the plan as an "essential health benefit," allowing payments made by you to count toward your deductible and out-of-pocket maximum.

*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.

EES with HIV and without Fertility Specialty Drug List May 2026

DUOPA

*edaravone*¹

INBRIJA*¹

INGREZZA¹

NORTHERA¹

NUPLAZID¹

ONAPGO¹

RADICAVA INJ¹

RADICAVA ORS¹

tetrabenazine

VYALEV¹

XENAZINE¹

MULTIPLE SCLEROSIS

AMPYRA¹

AUBAGIO¹

AVONEX¹

BAFIERTAM¹

BETASERON¹

BRIUMVI¹

cladribine

COPAXONE¹

dalfampridine

*dimethyl fumarate*¹

EXTAVIA¹

*fingolimod*¹

GILENYA¹

*glatiramer*¹

*glatopa*¹

KESIMPTA¹

LEMTRADA¹

MAVENCLAD

MAYZENT¹

mitoxantrone

OCREVUS¹

PLEGRIDY¹

PONVORY¹

REBIF

TECFIDERA¹

*teriflunomide*¹

TYRUKO¹

TYSABRI¹

VUMERITY¹

ZEPOSIA¹

MUSCULAR DYSTROPHY

*deflazacort*¹

ELEVIDYS

NEUROLOGICAL DISORDERS

KISUNLA¹

LEQEMBI IV¹

SKYSONA¹

NEUROMUSCULAR

EVRYSDI*¹

IMAAVY¹

RYSTIGGO¹

VYVGART¹

VYVGART HYTRULO¹

NEUTROPENIA

FULPHILA¹

FYLNETRA¹

GRANIX¹

LEUKINE¹

NEULASTA¹

NEUPOGEN¹

NIVESTYM

NYPOZI¹

NYVEPRIA¹

RELEUKO¹

ROLVEDON¹

RYZNEUTA¹

STIMUFEND¹

UDENYCA¹

ZARXIO¹

ZIEXTENZO¹

OCULAR DISORDERS

BEOVU¹

BYOOVIZ¹

CIMERLI¹

EYLEA¹

ILUVIEN¹

LUCENTIS¹

OZURDEX¹

PAVBLU¹

RETISERT¹

SUSVIMO¹

TEPEZZA¹

VABYSMO¹

VISUDYNE¹

YUTIQ¹

ONCOLOGY

abiraterone

ABIRTEGA¹

ABRAXANE¹

ADCETRIS¹

AFINITOR¹

AKEEGA*¹

ALECENSA¹

ALUNBRIG*¹

ALYMSYS¹

ANKTIVA¹

AUGTYRO*¹

AUKELSO¹

AVASTIN¹

AYVAKIT*¹

azacitidine

BALVERSA¹

Medications on the PrudentRx specialty drug list are subject to change without notice. Program eligibility and plan coverage for any specific medication are not guaranteed and are strictly subject to, and may be limited by, applicable state legislation, local regulations, and individual plan design. 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. Some high-deductible health plans with a health savings account consider all medications covered by the plan as an "essential health benefit," allowing payments made by you to count toward your deductible and out-of-pocket maximum.

*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.

EES with HIV and without Fertility Specialty Drug List May 2026

BELEODAQ ¹	EVOMELA ¹	JOBEVNE ¹
BELRAPZO ¹	FOLOTYN ¹	KADCYLA ¹
<i>bendamustine</i> ¹	FOTIVDA* ¹	KANJINTI ¹
BENDEKA ¹	FRUZAQLA* ¹	KEYTRUDA ¹
BESPONSA	GAVRETO* ¹	KEYTRUDA QLEX ¹
BESREMI* ¹	GAZYVA ¹	KHAPZORY ¹
<i>bexarotene</i> ¹	<i>gefitinib</i> ¹	KISQALI ¹
BILPREVDA ¹	GILOTRIF* ¹	KOSELUGO* ¹
BOMYNTRA ¹	GLEEVEC ¹	KYPROLIS ¹
<i>bortezomib</i> ¹	GLEOSTINE ¹	LAPATINIB ¹
BORUZU ¹	HALAVEN ¹	<i>lenalidomide</i> ¹
BOSULIF ¹	HERCEPTIN ¹	LENVIMA ¹
BRAFTOVI ¹	HERCEPTIN HYLECTA ¹	<i>levoleucovorin calcium</i>
BRUKINSA* ¹	HERCESSI ¹	<i>lomustine</i> ¹
CABOMETYX ¹	HERZUMA ¹	LONSURF ¹
CALQUENCE* ¹	HYCAMTIN	LOQTORZI ¹
<i>capecitabine</i>	IBRANCE ¹	LORBRENA ¹
COLUMVI ¹	ICLUSIG* ¹	LUMAKRAS ¹
COMETRIQ ¹	IDHIFA ¹	LUNSUMIO ¹
COPIKTRA ¹	<i>imatinib</i>	LUNSUMIO VELO ¹
COTELLIC ¹	IMBRUVICA* ¹	LYNPARZA ¹
CYRAMZA ¹	IMDELLTRA ¹	MARGENZA ¹
DACOGEN	IMFINZI ¹	MEKINIST ¹
DARZALEX ¹	IMJUDO ¹	MEKTOVI ¹
<i>dasatinib</i> ¹	IMKELDI ¹	<i>mercaptopurine</i>
DATROWAY ¹	INLYTA ¹	<i>metyrosine</i> ¹
DAURISMO ¹	INQOVI ¹	MONJUVI* ¹
<i>decitabine</i>	INREBIC ¹	MVASI ¹
DEFITELIO ¹	IRESSA ¹	MYLOTARG
DEMSE ¹	ISTODAX ¹	NERLYNX ¹
EMPLICITI ¹	ITOVEBI ¹	NEXAVAR ¹
ENHERTU ¹	IVRA ¹	NIKTIMVO ¹
ERBITUX ¹	IXEMPRA ¹	<i>nilotinib</i> ¹
ERIVEDGE ¹	JAKAFI ¹	NINLARO ¹
ERLEADA ¹	JEMPERLI ¹	NUBEQA ¹
<i>erlotinib</i>	JEVTANA ¹	ODOMZO ¹
<i>everolimus</i>		OGIVRI ¹

Medications on the PrudentRx specialty drug list are subject to change without notice. Program eligibility and plan coverage for any specific medication are not guaranteed and are strictly subject to, and may be limited by, applicable state legislation, local regulations, and individual plan design. 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. Some high-deductible health plans with a health savings account consider all medications covered by the plan as an "essential health benefit," allowing payments made by you to count toward your deductible and out-of-pocket maximum.

*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.

EES with HIV and without Fertility Specialty Drug List May 2026

OJJAARA* ¹	RYDAPT ¹	VENCLEXTA* ¹
ONIVYDE ¹	RYLAZE ¹	VERZENIO ¹
ONTRUZANT ¹	SARCLISA ¹	VIDAZA
ONUREG ¹	<i>sorafenib</i> ¹	VITRAKVI ¹
OPDIVO ¹	SPRYCEL ¹	VIVIMUSTA ¹
OPDIVO QVANTIG ¹	STIVARGA ¹	VIZIMPRO ¹
OPDUALAG ¹	<i>sunitinib malate</i> ¹	VONJO* ¹
ORGOVYX* ¹	SUTENT ¹	VOTRIENT ¹
ORSERDU* ¹	SYLVANT	VYXEOS
OSENVELT ¹	TABRECTA ¹	WYOST ¹
<i>paclitaxel protein-bound</i> ¹	TAFINLAR ¹	XALKORI ¹
PADCEV ¹	TAGRISSO ¹	XELODA
<i>pazopanib</i> ¹	TALZENNA ¹	XERMELO* ¹
PEMAZYRE* ¹	TARCEVA	XGEVA ¹
PERJETA ¹	TARGRETIN ¹	XOSPATA ¹
PHESGO ¹	TASIGNA ¹	XPOVIO* ¹
PHYRAGO* ¹	TECENTRIQ ¹	XTANDI ¹
POLIVY ¹	TEMODAR	XTRENBO ¹
<i>pomalidomide</i> ¹	<i>temozolomide</i>	YERVOY ¹
POMALYST ¹	<i>temsirolimus</i>	YONDELIS ¹
PORTRAZZA ¹	TEPADINA ¹	YONSA
POTELIGEO ¹	THALOMID	YUTREPIA ¹
PROLEUKIN	THYROGEN ¹	ZALTRAP
PURIXAN	TIBSOVO* ¹	ZEJULA ¹
QINLOCK* ¹	TIVDAK ¹	ZELBORAF ¹
RETEVMO ¹	TORISEL	ZEPZELCA ¹
REVLIMID ¹	TRAZIMERA ¹	ZIIHERA ¹
REZUROCK* ¹	TREANDA ¹	ZIRABEV ¹
RIABNI ¹	TRUXIMA ¹	<i>zoledronic_onc</i>
RITUXAN ¹	TUKYSA* ¹	ZOLINZA
RITUXAN HYCELA ¹	TYKERB ¹	ZYDELIG ¹
<i>romidepsin</i>	UNLOXCYT* ¹	ZYKADIA ¹
ROZLYTREK ¹	<i>valrubicin</i>	ZYNYZ ¹
RUBRACA ¹	VALSTAR	ZYTIGA ¹
RUXIENCE ¹	VECTIBIX ¹	
RYBREVANT ¹	VEGZELMA ¹	OSTEOPOROSIS
RYBREVANT FASPRO ¹	VELCADE	BILDYOS ¹

Medications on the PrudentRx specialty drug list are subject to change without notice. Program eligibility and plan coverage for any specific medication are not guaranteed and are strictly subject to, and may be limited by, applicable state legislation, local regulations, and individual plan design. 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. Some high-deductible health plans with a health savings account consider all medications covered by the plan as an "essential health benefit," allowing payments made by you to count toward your deductible and out-of-pocket maximum.

*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.

EES with HIV and without Fertility Specialty Drug List May 2026

BONSITY¹
 BOSAYA¹
 CONEXXENCE¹
 ENOBY¹
 EVENITY¹
 FORTEO¹
 JUBBONTI¹
 OSPOMYV¹
 PROLIA¹
 RECLAST
 STOBOCLO¹
*teriparatide*¹
 TYMLOS¹
zoledronic_ost

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA

BKEMV¹
 EMPAVELI*¹
 EPYSQLI¹
 PIASKY¹
 SOLIRIS¹
 ULTOMIRIS¹

PHENYLKETONURIA

KUVAN¹
 PALYNZIQ¹
*sapropterin*¹

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA¹
 ADEMPAS¹
alyq
ambrisentan
bosentan
epoprostenol
 FLOLAN

LETAIRIS¹
 LIQREV¹
 OPSUMIT¹
 OPSYNOVI¹
 ORENITRAM¹
 REMODULIN¹
 REVATIO¹
sildenafil
tadalafil
 TADLIQ¹
 TRACLEER¹
treprostinil
 TYVASO¹
 UPTRAVI¹
 VELETRI
 WINREVAIR¹

PULMONARY DISORDERS - OTHER

ESBRIET¹
 JASCAVD¹
nintedanib esylate
 OFEV
*pirfenidone*¹
*pirfenidone (534mg)*¹

RARE DISORDERS - OTHER

CRYSVITA¹
 DOJOLVI¹
 ENSPRYNG¹
 FIRDAPSE*¹
 GAMIFANT¹
 GIVLAARI¹
 UPLIZNA¹

RENAL DISEASE

cinacalcet
 FILSPARI¹

JYNARQUE*¹
 OXLUMO¹
 PARSABIV¹
 RIVFLOZA¹
 SENSIPAR
*tiopronin*¹
*tiopronin dr*¹
*tolvaptan*¹

SEIZURE DISORDERS

ACTHAR¹
 DIACOMIT*¹
 EPIDIOLEX¹
 FINTEPLA*¹
 SABRIL¹
*vigabatrin*¹
*vigabatrin (edenbridge)**¹
*vigadrone**¹

SICKLE CELL DISEASE

ADAKVEO¹
 ENDARI¹
 L-GLUTAMINE¹
 LYFGENIA
 OXBRYTA¹

SLEEP DISORDER

LUMRYZ¹
*tasimelteon*¹
 WAKIX¹
 XYREM*¹
 XYWAV*¹

SYSTEMIC LUPUS ERYTHEMATOSUS

BENLYSTA¹
 SAPHNELO¹

Medications on the PrudentRx specialty drug list are subject to change without notice. Program eligibility and plan coverage for any specific medication are not guaranteed and are strictly subject to, and may be limited by, applicable state legislation, local regulations, and individual plan design. 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. Some high-deductible health plans with a health savings account consider all medications covered by the plan as an "essential health benefit," allowing payments made by you to count toward your deductible and out-of-pocket maximum.

*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.

EES with HIV and without Fertility Specialty Drug List May 2026

THROMBOCYTOPENIA

ADZYNMA¹
 ALVAIZ¹
 DOPTELET¹
*eltrombopag olamine*¹
 MULPLETA¹
 NPLATE¹
 PROMACTA¹
 TAVALISSE*¹

TRANSPLANT

ASTAGRAF¹
 CELLCEPT¹
cyclosporine
 ENVARUSUS¹
everolimus
(immunosuppressant)
gengraf
mycophenolate
mycophenolic
 MYFORTIC¹
 MYHIBBIN¹
 NEORAL
 NULOJIX
 PROGRAF¹
 RAPAMUNE¹
 SANDIMMUNE
sirolimus
tacrolimus
 ZORTRESS¹

UREA CYCLE DISORDERS

BUPHENYL¹
carglumic acid (burel)
*glycerol phenylbutyrate*¹
 PHEBURANE¹
 RAVICTI¹
*sodium phenylbutyrate*¹

WILSON'S DISEASE

CUPRIMINE
 DEPEN TITRATABS
penicillamine
 SYPRINE¹
*trientine*¹

Medications on the PrudentRx specialty drug list are subject to change without notice. Program eligibility and plan coverage for any specific medication are not guaranteed and are strictly subject to, and may be limited by, applicable state legislation, local regulations, and individual plan design. 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. Some high-deductible health plans with a health savings account consider all medications covered by the plan as an "essential health benefit," allowing payments made by you to count toward your deductible and out-of-pocket maximum.

*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.