



EES with Fertility and with HIV Specialty Drug List June 2024

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 DEPOT¹
SIGNIFOR LAR*¹
SOMATULINE
SOMAVERT¹

ALOPECIA AREATA

LITFULO¹

ALPHA-1 ANTITRYPSIN DEFICIENCY

ARALAST¹
GLASSIA¹
PROLASTIN-C*¹
ZEMAIRA¹

AMYLOIDOSIS

AMVUTTRA¹
ONPATTRO¹
VYNDAMAX¹
VYNDAQEL¹

ANEMIA

ARANESP¹
ENJAYMO¹
EPOGEN¹
MIRCERA*¹
PROCRIT¹
REBLOZYL¹
RETACRIT
ZYNTGLO¹

ASTHMA

CINQAIR¹
FASENRA¹
NUCALA
NUCALA (Vial)¹
TEZSPIRE
XOLAIR¹
PALFORZIA*¹

AUTOIMMUNE

ABRILADA¹
ACTEMRA¹
ADALIMUMAB-AACF¹
ADALIMUMAB-ADAZ¹
ADALIMUMAB-ADBM¹
ADALIMUMAB-FKJP¹
ADBRY¹
AMJEVITA¹
AVSOLA¹
BIMZELX¹
CIBINQO¹
CIMZIA¹
COSENTYX¹
CYLTEZO¹
DUPIXENT¹
ENBREL¹
ENTYVIO¹
HADLIMA¹
HULIO¹
HUMIRA¹
HYRIMOZ¹
IDACIO¹
ILUMYA¹

INFLECTRA¹
INFLIXIMAB¹
KEVZARA¹
KINERET*¹
OLUMIANT¹
OMVOH¹
ORENCIA¹
OTEZLA¹
OTREXUP¹
RASUVO¹
REMICADE¹
RENFLEXIS¹
RINVOQ¹
SILIQ¹
SIMPONI¹
SIMPONI ARIA¹
SKYRIZI¹
SOTYKTU¹
STELARA¹
TALTZ¹
TREMIFYA
VELSIPITY¹
XELJANZ¹
YUFLYMA¹
YUSIMRY¹
ZYMFENTRA¹
SIMLANDI¹
TOFIDENCE¹
TYENNE¹

BONE DISORDERS - OTHER

SOHONOS¹
STRENSIQ*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.

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.

VOXZOGO¹

CARDIAC DISORDERS

CAMZYOS¹

COAGULATION DISORDERS

CEPROTIN

CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES

ARCALYST¹

ILARIS¹

CUSHING'S

*mifepristone*¹

SIGNIFOR*¹

CYSTIC FIBROSIS

BETHKIS¹

BRONCHITOL¹

BRONCHITOL TOLERANCE TEST¹

CAYSTON¹

KALYDECO*¹

KITABIS PAK¹

ORKAMBI*¹

PULMOZYME

SYMDEKO*¹

TOBI¹

TOBI PODHALER¹

tobramycin

TRIKAFTA*¹

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

SUCRAID*¹

RYPLAZIM¹

GASTROINTESTINAL DISORDERS-OTHER

GATTEX¹

OCALIVA¹

SOLESTA¹

GOUT

KRYSTEXXA¹

GROWTH HORMONE AND RELATED DISORDERS

EGRIFTA¹

GENOTROPIN¹

HUMATROPE¹

INCRELEX¹

NGENLA¹

NORDITROPIN¹

NUTROPIN¹

OMNITROPE¹

SAIZEN¹

SAIZENPREP¹

SEROSTIM¹

SKYTROFA¹

SOGROYA¹

ZOMACTON¹

HEMATOPOIETICS

MOZOBIL

*plerixafor*¹

HEMOPHILIA

ADVATE¹

ADYNOVATE¹

AFSTYLA¹

ALPHANATE/VON¹

ALPHANINE

ALPROLIX¹

ALTUVIIIO¹

BENEFIX¹

COAGADEX¹

CORIFACT

ELOCTATE¹

ESPEROCT¹

FEIBA¹

FIBRYGA

HEMGENIX¹

HEMLIBRA¹

HEMOPIL¹

HUMATE-P¹

IDELVION¹

IXINITY¹

JIVI

KOATE¹

KOGENATE¹

KOVALTRY¹

MONONINE

NOVOEIGHT

NOVOSEVEN¹

NUWIQ

OBIZUR¹

PROFILNINE

REBINYN¹

RECOMBINATE¹

RIASTAP

RIXUBIS¹

ROCTAVIAN¹

SEVENFACT¹

TRETEN¹

VONVENDI¹

WILATE¹

XYNTHA

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.

HEPATITIS B

adefovir
 BARACLUDE¹
entecavir
 EPIVIR HBV¹
 HEPSERA¹
lamivudine (hbv)
 VEMLIDY¹

HEPATITIS C

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

HEREDITARY ANGIOEDEMA

BERINERT¹
 CINRYZE¹
 FIRAZYR¹
 HAEGARDA¹
*icatibant*¹
 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
 APTIVUS¹
atazanavir
 ATRIPLA¹
 BIKTARVY¹
 CABENUVA¹
 CIMDUO
 COMBIVIR
 COMPLERA¹
darunavir
 DELSTRIGO¹
 DESCOVY¹
 DOVATO¹
 EDURANT
efavirenz
efavirenz/emtricitabine/tenofovir df
efavirenz/lamivudine/tenofovir df
emtricitabine
*emtricitabine/tenofovir df*¹
 EMTRIVA
 EPIVIR
 EPZICOM
etravirine
 EVOTAZ
fosamprenavir
 FUZEON
 GENVOYA¹
 INTELENCE
 ISENTRESS
 JULUCA
 KALETRA¹
lamivudine
lamivudine/zidovudine
 LEXIVA¹
lopinavir/ritonavir
maraviroc

nevirapine
 NORVIR
 ODEFSEY
 PIFELTRO¹
 PREZCOBIX
 PREZISTA
 RETROVIR
 REYATAZ
ritonavir
 RUKOBIA
 SELZENTRY
 STRIBILD¹
 SUNLENCA¹
 SUSTIVA
 SYMFI
 SYMTUZA¹
tenofovir
 TIVICAY
 TRIUMEQ
 TRIUMEQ PD¹
 TROGARZO
 TRUVADA¹
 TYBOST
 VIRACEPT¹
 VIREAD
 ZIAGEN
zidovudine
sustiva

IMMUNE DEFICIENCIES AND RELATED DISORDERS

ASCENIV¹
 BIVIGAM¹
 CUTAQUIG¹
 CUVITRU¹
 CYTOGAM
 FLEBOGAMMA¹
 GAMASTAN¹
 GAMMAGARD¹
 GAMMAKED¹
 GAMMAPLEX¹
 GAMUNEX-C¹
 HEPAGAM B

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.

HIZENTRA¹
 HYPERHEP
 HYPERRHO
 HYQVIA¹
 MICRHOGAM
 NABI-HB
 OCTAGAM¹
 PANZYGA¹
 PRIVIGEN¹
 RHOGAM
 RHOPHYLAC
 VARIZIG
 WINRHO
 XEMBIFY¹

INFECTIOUS DISEASE - OTHER

ACTIMMUNE¹
 ARIKAYCE*¹

INFERTILITY

cetrotorelix acetate
 CETROTIDE
 CHORIONIC¹
 FOLLISTIM¹
fyremadel
ganirelix
 GONAL-F
leuprolide
leuprolide (22.5mg)¹
 MENOPUR
 NOVAREL¹
 OVIDREL
 PREGNYL¹

IRON OVERLOAD

deferasirox
deferiprone¹
deferoxamine
 DESFERAL¹
 EXJADE¹
 JADENU¹

LYSOSOMAL STORAGE DISORDER

ALDURAZYME¹
 CERDELGA¹
 CEREZYME¹
 CYSTAGON
 ELAPRASE¹
 ELELYSO¹
 FABRAZYME¹
 KANUMA¹
 LUMIZYME¹
miglustat
 NAGLAZYME
 NEXVIAZYME¹
 OPFOLDA¹
 POMBILIT¹
 VIMIZIM
 VPRIV¹
 XENPOZYME¹
 ZAVESCA*¹

MENTAL HEALTH CONDITIONS

ZULRESSO¹

MOVEMENT DISORDERS

APOKYN¹
 AUSTEDO¹
droxidopa¹
 DUOPA
 EXSERVAN*¹
 INBRIJA*¹
 INGREZZA¹
 NORTHERA¹
 NUPLAZID¹
 RADICAVA INJ¹
 RADICAVA ORS¹
 RELYVRIO¹
 TEGLUTIK*¹
tetrabenazine
 TIGLUTIK*¹
 XENAZINE¹

MULTIPLE SCLEROSIS

AMPYRA¹
 AUBAGIO¹
 AVONEX¹
 BAFIERTAM¹
 BETASERON¹
 BRIUMVI¹
 COPAXONE¹
dalfampridine
dimethyl fumarate¹
 EXTAVIA¹
 fingolimod¹
 GILENYA¹
glatiramer¹
glatopa¹
 KESIMPTA¹
 LEMTRADA¹
 MAVENCLAD
 MAYZENT¹
mitoxantrone
 OCREVUS¹
 PLEGRIDY¹
 PONVORY¹
 REBIF
 TECFIDERA¹
teriflunomide¹
 TYSABRI
 VUMERITY¹
 ZEPOSIA¹

MUSCULAR DYSTROPHY

ELEVIDYS
deflazacort¹

NEUROLOGICAL DISORDERS

ADUHELM¹
 LEQEMBI¹
 SKYSONA¹

NEUROMUSCULAR

EVRYSDI*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.

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.

RYSTIGGO¹

VYVGART¹

NEUTROPENIA

FULPHILA¹

FYLNETRA¹

GRANIX¹

LEUKINE¹

NEULASTA¹

NEUPOGEN¹

NIVESTYM

NYVEPRIA¹

RELEUKO¹

ROLVEDON¹

STIMUFEND¹

UDENYCA¹

ZARXIO¹

ZIEXTENZO¹

OCULAR DISORDERS

BEOVU¹

BYOOVIZ¹

CIMERLI¹

EYLEA¹

ILUVIEN¹

LUCENTIS¹

OZURDEX¹

RETISERT¹

SUSVIMO¹

TEPEZZA¹

VABYSMO¹

VISUDYNE¹

ONCOLOGY

abiraterone

ABRAXANE¹

ADCETRIS¹

AFINITOR¹

AKEEGA^{*1}

ALECENSA¹

ALUNBRIG^{*1}

ALYMSYS¹

AUGTYRO¹

AVASTIN¹

AYVAKIT^{*1}

azacitidine

BALVERSA¹

BAVENCIO¹

BELEODAQ¹

BELRAPZO¹

*bendamustine*¹

BENDEKA¹

BESPONSA

BESREMI^{*1}

*bexarotene*¹

BLINCYTO¹

*bortezomib*¹

BOSULIF¹

BRAFTOVI¹

BRUKINSA^{*1}

CABOMETYX¹

CALQUENCE^{*1}

capecitabine

COLUMVI¹

COMETRIQ¹

COPIKTRA¹

COTELLIC¹

CYRAMZA¹

DACOGEN

DARZALEX¹

DAURISMO¹

decitabine

EMPLICITI¹

ENHERTU¹

ERBITUX¹

ERIVEDGE¹

ERLEADA¹

erlotinib

everolimus

EVOMELA¹

FOLOTYN¹

GAVRETO¹

GAZYVA¹

*gefitinib*¹

GILOTRIF^{*1}

GLEEVEC¹

GLEOSTINE¹

HALAVEN¹

HERCEPTIN¹

HERCEPTIN HYLECTA¹

HERZUMA¹

HYCAMTIN

IBRANCE¹

ICLUSIG^{*1}

IDHIFA¹

imatinib

IMBRUVICA^{*1}

IMFINZI¹

IMJUDO¹

INLYTA¹

INQOVI¹

INREBIC¹

IRESSA¹

ISTODAX¹

IXEMPRA¹

JAKAFI¹

JAYPIRCA¹

JEMPERLI¹

JEVTANA¹

KADCYLA¹

KANJINTI¹

KEYTRUDA¹

KHAPZORY¹

KISQALI¹

KOSELUGO^{*1}

KYPROLIS¹

LAPATINIB¹

*lenalidomide*¹

LENVIMA¹

levoleucovorin calcium

LONSURF¹

LOQTORZI¹

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.

LORBRENA¹
 LUMAKRAS¹
 LUNSUMIO¹
 LYNPARZA¹
 MARGENZA¹
 MEKINIST¹
 MEKTOVI¹
 MVASI¹
 MYLOTARG
 NERLYNX¹
 NEXAVAR¹
 NINLARO¹
 NUBEQA¹
 ODOMZO¹
 OGIVRI¹
 ONIVYDE¹
 ONTRUZANT¹
 ONUREG¹
 OPDIVO¹
 OPDUALAG¹
 ORGOVYX*¹
*paclitaxel protein-bound*¹
 PADCEV¹
*pazopanib*¹
 PERJETA¹
 PHESGO¹
 PIQRAY¹
 POLIVY¹
 POMALYST¹
 PORTRAZZA¹
 POTELIGEO¹
 PROLEUKIN
 PURIXAN
 QINLOCK*¹
 RETEVMO¹
 REVLIMID¹
 REZUROCK*¹
 RIABNI¹
 RITUXAN¹
 RITUXAN HYCELA¹

romidepsin
 ROZLYTREK¹
 RUBRACA¹
 RUXIENCE¹
 RYBREVANT¹
 RYDAPT¹
 RYLAZE¹
 SARCLISA¹
 SCEMBLIX¹
*sorafenib*¹
 SPRYCEL¹
 STIVARGA¹
*sunitinib*¹
 SUTENT¹
 SYLVANT
 TABRECTA¹
 TAFINLAR¹
 TAGRISSO¹
 TALZENNA¹
 TARCEVA
 TARGRETIN¹
 TASIGNA¹
 TECENTRIQ¹
 TEMODAR
 TEMODAR (INJECTABLE)
temozolomide
temsirolimus
 TEPADINA¹
 THALOMID
 THYROGEN¹
 TIBSOVO*¹
 TIVDAK¹
 TORISEL
 TRAZIMERA¹
 TREANDA¹
 TRUXIMA¹
 TYKERB¹
valrubicin
 VALSTAR
 VECTIBIX¹
 VEGZELMA¹

VELCADE
 VENCLEXTA*¹
 VERZENIO¹
 VIDAZA
 VITRAKVI¹
 VIZIMPRO¹
 VOTRIENT¹
 VYXEOS
 XALKORI¹
 XELODA
 XERMELO*¹
 XGEVA¹
 XOSPATA¹
 XPOVIO*¹
 XTANDI¹
 YERVOY¹
 YONDELIS¹
 YONSA
 ZALTRAP
 ZEJULA¹
 ZELBORAF¹
 ZEPZELCA¹
 ZIRABEV¹
zoledronic_onc
 ZOLINZA
 ZYDELIG¹
 ZYKADIA¹
 ZYNYZ¹
 ZYTIGA¹
 FOTIVDA*¹
 MONJUVI*¹
 PEMAZYRE*¹
 TUKYSA*¹
 VONJO*¹

OSTEOPOROSIS
 EVENITY¹
 FORTEO¹
 PROLIA¹
 RECLAST
*teriparatide*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.

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.

TYMLOS¹

zoledronic_ost

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA

EMPAVELI*¹

SOLIRIS

ULTOMIRIS¹

PHENYLKETONURIA

KUVAN¹

PALYNZIQ¹

*sapropterin*¹

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA¹

ADEMPAS¹

alyq

ambrisentan

bosentan

epoprostenol

FLOLAN

LETAIRIS¹

LIQREV¹

OPSUMIT¹

ORENITRAM¹

REMODULIN¹

REVATIO¹

sildenafil

tadalafil

TADLIQ¹

TRACLEER¹

treprostinil

TYVASO¹

UPTRAVI¹

VELETRI

VENTAVIS¹

OPSYNVI¹

WINREVAIR¹

PULMONARY DISORDERS - OTHER

ESBRIET¹

OFEV

pirfenidone

*pirfenidone (534mg)*¹

RARE DISORDERS - OTHER

CRYSVITA¹

DOJOLVI¹

ENSPRYNG¹

FIRDAPSE*¹

GAMIFANT¹

UPLIZNA¹

VIJOICE¹

ZOKINVY¹

RENAL DISEASE

cinacalcet

FILSPARI¹

JYNARQUE*¹

PARSABIV¹

SENSIPAR

*tiopronin*¹

RIVFLOZA¹

RESPIRATORY SYNCYTIAL VIRUS

SYNAGIS

SEIZURE DISORDERS

ACTHAR¹

DIACOMIT*¹

EPIDIOLEX¹

FINTEPLA*¹

SABRIL¹

*vigabatrin*¹

*vigabatrin (edenbridge)**¹

*vigadrone**¹

SICKLE CELL DISEASE

ADAKVEO¹

ENDARI¹

LYFGENIA

OXBRYTA¹

SLEEP DISORDER

LUMRYZ¹

*tasimelteon*¹

WAKIX¹

XYREM*¹

XYWAV*¹

SYSTEMIC LUPUS ERYTHEMATOSUS

BENLYSTA¹

SAPHNELO¹

THROMBOCYTOPENIA

ADZYNMA¹

DOPTELET¹

MULPLETA¹

NPLATE¹

PROMACTA¹

TAVALISSE*¹

ALVAIZ¹

TRANSPLANT

ASTAGRAF¹

CELLCEPT¹

cyclosporine

ENVARBUS¹

everolimus

(immunosuppressant)

engraf

mycophenolate

mycophenolic

MYFORTIC¹

NEORAL

NULOJIX

PROGRAF¹

RAPAMUNE¹

SANDIMMUNE

sirolimus

tacrolimus

ZORTRESS¹

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.

UREA CYCLE DISORDERS

- BUPHENYL¹
- carglumic acid (burel)*
- OLPRUVA¹
- RAVICTI¹
- sodium phenylbutyrate*¹

WILSON'S DISEASE

- CUPRIMINE¹
- DEPEN TITRATABS
- penicillamine*
- SYPRINE¹
- 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.

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.