



EES with HIV and without Fertility Specialty Drug List October 2023

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

LANREOTIDE¹
MYCAPSSA*¹
octreotide
SANDOSTATIN
SANDOSTATIN LAR DEPOT¹
SIGNIFOR LAR*¹
SOMATULINE¹
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
ZYNTEGLO¹

ASTHMA

CINQAIR¹
FASENRA¹
NUCALA¹
TEZSPIRE¹
XOLAIR¹

AUTOIMMUNE

ACTEMRA¹
ADALIMUMAB-ADAZ¹
ADALIMUMAB-FKJP¹
ADBRY¹
AMJEVITA¹
AVSOLA¹
CIBINQO¹
CIMZIA¹
COSENTYX¹
CYLTEZO¹
DUPIXENT¹
ENBREL¹
ENTYVIO¹
HADLIMA¹
HULIO¹
HUMIRA¹
HYRIMOZ¹
IDACIO¹
ILUMYA¹
INFLECTRA¹
INFLIXIMAB¹
KEVZARA¹
KINERET*¹
OLUMIANT¹
ORENCIA¹

OTEZLA¹

OTREXUP¹

RASUVO¹

REDITREX¹

REMICADE

RENFLEXIS¹

RINVOQ¹

SILIQ¹

SIMPONI¹

SIMPONI ARIA¹

SKYRIZI¹

SOTYKTU¹

STELARA¹

TALTZ¹

TREMFYA¹

XELJANZ¹

YUFLYMA¹

YUSIMRY¹

BONE DISORDERS - OTHER

STRENSIQ*¹

VOXZOGO¹

CARDIAC DISORDERS

CAMZYOS¹

COAGULATION DISORDERS

CEPROTIN

CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES

ARCALYST¹

ILARIS¹

CUSHING'S

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.

SIGNIFOR*¹
CYSTIC FIBROSIS

BETHKIS

BRONCHITOL¹

BRONCHITOL TOLERANCE
TEST¹

CAYSTON¹

KALYDECO*¹

KITABIS PAK¹

ORKAMBI*¹

PULMOZYME

SYMDEKO*¹

TOBI¹

TOBI PODHALER¹
tobramycin

TRIKAFTA*¹
**DERMATOLOGICAL
DISORDERS - OTHER**

VYJUVEK¹
**DUPUYTREN'S
CONTRACTURE**

XIAFLEX¹
ELECTROLYTE DISORDERS
dichlorphenamide

SAMSCA¹
*tolvaptan*¹
**ENDOCRINE DISORDERS -
OTHER**

CORTROPHIN¹
**ENZYME DEFICIENCY
DISORDERS - OTHER**
*betaine anhydrous (cosette
mgf)*
nitisinone

NITYR*¹

ORFADIN*¹

SUCRAID*¹
**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

ZORBTIVE¹
HEMATOPOIETICS

MOZOBIL

plerixafor
HEMOPHILIA

ADVATE¹

ADYNOVATE¹

AFSTYLA¹

ALPHANATE/VON¹

ALPHANINE

ALPROLIX¹

ALTUVIIIO¹

BENEFIX¹

COAGADEX¹

CORIFACT

ELOCTATE¹

ESPEROCT¹

FEIBA¹

FIBRYGA

HEMGENIX¹

HEMLIBRA¹

HEMOFIL¹

HUMATE-P¹

IDELVION¹

IXINITY¹

JIVI

KOATE¹

KOGENATE¹

KOVALTRY¹

MONONINE

NOVOEIGHT

NOVOSEVEN¹

NUWIQ

OBIZUR¹

PROFILNINE

REBINYN¹

RECOMBINATE¹

RIASTAP

RIXUBIS¹

ROCTAVIAN¹

SEVENFACT¹

TRETEN¹

VONVENDI¹

WILATE¹

XYNTHA

HEPATITIS B
adefovir

BARACLUDE¹
entecavir

EPIVIR HBV¹

HEPSERA¹
lamivudine (hbv)

VEMLIDY¹
HEPATITIS C

EPCLUSA¹

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.

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
FIRMAGON
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
RUKOBIA¹
SELZENTRY

STRIBILD¹
SUNLENCA¹
SUSTIVA
SYMFI
SYMITUZA¹
TEMIXYS
tenofovir
TIVICAY
TRIUMEQ
TRIUMEQ PD¹
TRIZIVIR
TROGARZO
TRUVADA¹
TYBOST
VIRACEPT¹
VIREAD
ZIAGEN
zidovudine

IMMUNE DEFICIENCIES AND RELATED DISORDERS

ASCENIV¹
BIVIGAM¹
CUTAQUIG¹
CUVITRU¹
CYTOGAM
FLEBOGAMMA¹
GAMASTAN¹
GAMMAGARD¹
GAMMAKED¹
GAMMAPLEX¹
GAMUNEX-C¹
HEPAGAM B
HIZENTRA¹
HYPERHEP
HYPERRHO
HYQVIA¹
MICRHOGAM
NABI-HB
OCTAGAM¹
PANZYGA¹
PRIVIGEN¹
RHOGAM

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.

RHOPHYLAC
VARIZIG
WINRHO
XEMBIFY¹

**INFECTIOUS DISEASE -
OTHER**

ACTIMMUNE¹
ALFERON N
ARIKAYCE*¹

IRON OVERLOAD

deferasirox
*deferiprone*¹
deferoxamine
DESFERAL¹
EXJADE¹
JADENU¹

**LYSOSOMAL STORAGE
DISORDER**

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

**MENTAL HEALTH
CONDITIONS**

ZULRESSO¹

MOVEMENT DISORDERS

APOKYN¹

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

MULTIPLE SCLEROSIS

AMPYRA¹
AUBAGIO¹
AVONEX¹
BAFIERTAM¹
BETASERON¹
BRIUMVI¹
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

TYSABRI
VUMERITY¹
ZEPOSIA¹

MUSCULAR DYSTROPHY

ELEVIDYS

NEUROLOGICAL DISORDERS

ADUHELM¹
LEQEMBI¹
SKYSONA¹

NEUROMUSCULAR

EVRYSDI*¹
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

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.

RETISERT¹
 SUSVIMO¹
 TEPEZZA¹
 VABYSMO¹
 VISUDYNE¹

ONCOLOGY

abiraterone
 ABRAXANE¹
 ADCETRIS¹
 AFINITOR¹
 AKEEGA*¹
 ALECENSA¹
 ALUNBRIG*¹
 ALYMSYS¹
 ARZERRA
 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
 LORBRENA¹
 LUMAKRAS¹
 LUMOXITI¹
 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
 PERJETA¹
 PHESGO¹
 PIQRAY¹

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.

POLIVY¹
 POMALYST¹
 PORTRAZZA¹
 POTELIGEO¹
 PROLEUKIN
 PURIXAN
 QINLOCK*¹
 RETEVMO¹
 REVLIMID¹
 REZUROCK*¹
 RIABNI¹
 RITUXAN¹
 RITUXAN HYCELA¹
romidepsin
 ROZLYTREK¹
 RUBRACA¹
 RUXIENCE¹
 RYBREVA¹
 RYDAPT¹
 RYLAZE¹
 SARCLISA¹
 SCEMBLIX¹
*sorafenib*¹
 SPRYCEL¹
 STIVARGA¹
*sunitinib*¹
 SUTENT¹
 SYLVANT
 SYNRIBO
 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

OSTEOPOROSIS
 EVENITY¹
 FORTEO¹
 PROLIA¹
 RECLAST
*teriparatide*¹
 TYMLOS¹
zoledronic_ost

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA

EMPAVELI*¹
 SOLIRIS
 ULTOMIRIS¹

PHENYLKETONURIA

KUVAN¹
 PALYNZIQ¹
*sapropterin*¹

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA¹
 ADEMPAS¹
*alyq*¹
ambrisentan
bosentan
epoprostenol
 FLOLAN
 LETAIRIS¹
 LIQREV¹
 OPSUMIT¹
 ORENITRAM¹
 REMODULIN¹
 REVATIO¹
sildenafil
tadalafil
 TADLIQ¹
 TRACLEER¹

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.

treprostinil
TYVASO¹
UPTRAVI¹
VELETRI
VENTAVIS¹

PULMONARY DISORDERS - OTHER

ESBRIET¹
OFEV¹
pirfenidone
pirfenidone (534mg)¹

RARE DISORDERS - OTHER

clovique
CRYSVITA¹
CUPRIMINE¹
DEPEN TITRATABS
DOJOLVI¹
ENSPRYNG¹
FIRDAPSE*¹
GAMIFANT¹
penicillamine
SYPRINE¹
trientine
UPLIZNA¹
VIJOICE¹
ZOKINVY¹

RENAL DISEASE

cinacalcet
FILSPARI¹
JYNARQUE*¹
PARSABIV¹
SENSIPAR
tiopronin¹

RESPIRATORY SYNCYTIAL VIRUS

SYNAGIS¹

SEIZURE DISORDERS

ACTHAR¹

DIACOMIT*¹
EPIDIOLEX¹
FINTEPLA*¹
SABRIL¹
vigabatrin¹
vigadrone*¹

SICKLE CELL DISEASE

ADAKVEO¹
ENDARI¹
OXBRYTA¹

SLEEP DISORDER

LUMRYZ¹
tasimelteon¹
WAKIX¹
XYREM*¹
XYWAV*¹

SYSTEMIC LUPUS ERYTHEMATOSUS

BENLYSTA¹
SAPHNELO¹

THROMBOCYTOPENIA

DOPTelet¹
MULPLETA¹
NPLATE¹
PROMACTA¹
TAVALLISSE*¹

TRANSPLANT

ASTAGRAF¹
CELLCEPT¹
cyclosporine
ENVARUSUS¹
everolimus
(immunosuppressant)
gengraf
mycophenolate
mycophenolic
MYFORTIC¹

NEORAL
NULOJIX¹
PROGRAF¹
RAPAMUNE¹
SANDIMMUNE
sirolimus
tacrolimus
ZORTRESS¹

UREA CYCLE DISORDERS

BUPHENYL¹
carglumic acid (burel mgf)
OLPRUVA¹
RAVICTI¹
sodium phenylbutyrate¹

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.

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.