



CEREZYME<sup>1</sup> OCULAR DISORDERS

CYSTAGON BEOVU¹
ELAPRASE¹ EYLEA
ELELYSO¹ ILUVIEN¹
FABRAZYME¹ LUCENTIS
KANUMA¹ MACUGEN
LUMIZYME¹ TEPEZZA¹
miglustat VISUDYNE¹

NAGLAZYME VIMIZIM VPRIV<sup>1</sup>

## MENTAL HEALTH

**CONDITIONS** 

ZULRESSO<sup>1</sup>

## MOVEMENT

**DISORDERS** 

APOKYN<sup>1</sup>

AUSTEDO<sup>1</sup>

INBRIJA1

NORTHERA<sup>1</sup>

NUPLAZID1

RADICAVA1

**SOLIRIS** 

tetrabenazine

(XENAZINE)

## **MULTIPLE SCLEROSIS**

AUBAGIO<sup>1</sup>

AVONEX1

BETASERON<sup>1</sup>

dalfampridine ER

(AMPYRA<sup>1</sup>)

EXTAVIA1

GILENYA<sup>1</sup>

glatiramer acetate

(COPAXONE1,

glatopa)

LEMTRADA1

MAVENCLAD

MAYZENT

**OCREVUS** 

PLEGRIDY<sup>1</sup>

**REBIF** 

TECFIDERA1

**TYSABRI** 

VUMERITY1

## **NEUTROPENIA**

FULPHILA1

GRANIX1

LEUKINE<sup>1</sup>

NEULASTA<sup>1</sup>

NEUPOGEN<sup>1</sup>

NIVESTYM

UDENYCA

ZARXIO<sup>1</sup> ZIEXTENZO<sup>1</sup>

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.

<sup>1</sup> 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. 75 52226B 080320





vigabatrin tabs (SABRIL<sup>1</sup> TABS)

SICKLE CELL DISEASE ADAKVEO<sup>1</sup> OXBRYTA<sup>1</sup> SLEEP DISORDERS WAKIX<sup>1</sup>

SYSTEMIC LUPUS ERYTHEMATOSUS BENLYSTA<sup>1</sup> THROMBOCYTOPENIA DOPTELET<sup>1</sup>

MULPLETA<sup>1</sup>
NPLATE<sup>1</sup>
PROMACTA<sup>1</sup>

UREA CYCLE DISORDERS

RAVICTI<sup>1</sup> sodium phenylbutyrate (BUPHENYL<sup>1</sup>)