



Synergie Medication Collective  
Updated 03/15/25

## Select Med+ Medical Drug List 2025 - Effective 1/1/2025

Select Med+ Medical Drug List is part of Synergie's Select Med+ program to achieve lowest net cost savings. As part of the program, the following Select Med+ Medical Drug List for selected products will be effective 1/1/2025. Highlights of the Select Med+ Medical Drug List include:

- Combines clinical and cost-effectiveness evaluation to make selection of preferred medical drugs in an effort to control the rising cost of healthcare for the 100 million members that are part of Synergie;
- Clients use the guidance to apply strategies for their plans to achieve net-cost savings for their insured lives, employer groups and members; and
- Strong adoption of recommendations and net-cost savings will result across several condition-categories that have selected preferred medical drugs, particularly in areas with direct competition such as biosimilars.

At a minimum, Synergie will update the medical drug list annually and as needed throughout the calendar year. ***This list is solely based on recommendations made by Synergie to its participants. Product coverage and medical policy and guideline decisions are made by each health plan independently, in their sole discretion.***

Focus Categories	Preferred	Non-Preferred	Excluded
Infliximab	<b>1 of 2 biosimilar only:</b> Avsola Inflectra  <b><u>OR</u> 1 of 3 w/Originator:</b> Inflectra Unbranded infliximab Remicade		Renflexis
Oncology - Bevacizumab	Mvasi Zirabev		Alymsys Vegzelma
Oncology - Rituximab	Ruxience Truxima		Riabni
Oncology - Trastuzumab	Kanjinti Trazimera		Herzuma Ogivri Ontruzant

Preferred = Medical drugs that should be used first; Non-Preferred = Medical drugs that require use of a Preferred drug first; Excluded = Medical drugs that are not covered by a plan or considered not medically necessary.

Not all products or positions are represented for all categories. All coverage and policy decisions will be made by the health plan and will affect rebate eligibility, and in addition to the three categories represented above, may include options such as coverage parity, exclusive coverage, among others.

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Pegfilgrastim	<b>Only 2 products (1 of 2):</b> Fulphila Nyvepria Udenyca/On Body	Neulasta/OnPro	Flyntera Rolvedon Stimufend Ziextenzo
Alpha-1 Antitrypsins	Aralast Glassia	Zemaira	Prolastin
Immune Globulin IV and SC	<b>Preferred IV Products:</b> Gammagard Octagam  <b>Preferred SC Products:</b> Cutaquig Cuvitru Hizentra Hyqvia	Asceniv Bivigam Privigen	Alyglo Gammaked Gammaplex Gamunex-C Xembify
IV Iron	Feraheme Ferrelecit Infed Venofer	Injectafer Monoferric	
Myasthenia Gravis	Soliris Ultomiris VYVGART VYVGART Hytrulo	Rystiggo	
Ocular VEG-F (after Avastin/bevacizumab)	Byooviz Cimerli Lucentis Vabysmo		Beovu Eylea
Viscosupplements	<b>1 of 2 Manufacturers (choose 2):</b> Durolane/Gelsyn-3/Supartz FX Euflexxa Synvisc/Synvisc One	<b>Alternative Options:</b> Gel-One Hyalgan Hymovis Monovisc Orthovisc Trilon Visco-3	1% Sodium Hyaluronate Genvisc

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<b>Additional Categories</b>	<b>Preferred</b>	<b>Non-Preferred</b>	<b>Excluded</b>
Acute Hepatic Porphyria	Givlaari		
Amyloidosis	Amvuttra Onpattro		Tegsedi
Asthma (Injectable)	Fasenra Tezspire Xolair	Nucala	Cinqair
Autoimmune	Cimzia Entyvio Ilumya Simponi Simponi Aria Stelara IV/SC Tremfya IV/SC Omvoh Skyrizi		Orencia
Autoimmune (IL-6)	Tyenne		Tofidence
Erythropoietin	Aranesp Procrit Retacrit	Mircera	Epogen
Fabry Disease	Elfabrio Fabrazyme		
Filgrastim	Zarxio	Granix Nivestym Releuko	Leukine Neupogen
Gaucher's Disease	Cerezyme VPRIV		Elelyso
GnRH – Central Precocious Puberty (CPP)	Fensolvi Supprelin LA Triptodur	Lupron Ped	
Gout	3-month trial of BOTH: 1) allopurinol or febuxostat 2) Probenecid		Krystexxa

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Preferred = Medical drugs that should be used first; Non-Preferred = Medical drugs that require use of a Preferred

Additional Categories	Preferred	Non-Preferred	Excluded
Hemophilia A	Afstyla Altuviiiio Eloctate Jivi Kogenate Kovaltry Novoeight Nuwiq Xyntha	Alphanate Advate Adynovate Esperoct Hemlibra Hemofil M Humate-P Koate Recombinate Wilate	
Hemophilia B	Alprolix Benefix Idelvion	Alphanine Ixinity Profilnine Rebinyn Rixubis	
Infertility	Cetrotide Gonal-F Ovidrel		Follistim ganirelix Novarel Pregnyl
Intrauterine Devices (IUDs)	Kyleena Mirena Skyla	Liletta	
Multiple Sclerosis	Briumvi Ocrevus/Zunovo Tyruko Tysabri		
Primary Hyperoxaluria Type 1	Oxlumo		
Schizophrenia/ Bipolar I	Rykindo		

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Additional Categories	Preferred	Non-Preferred	Excluded
Substance Use Disorder	Brixadi		
Thyroid Eye Disease	History of intolerance/failure/contraindication to oral AND IV glucocorticoid steroids		Tepezza
Toxins (Cervical Dystonia/Spasticity)	Dysport Xeomin	Botox Myobloc	Daxxify
Oncology – Nasopharyngeal Carcinoma (R/M NPC)	Loqtorzi		

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## Select Med+ Cell & Gene Medical Drug List 2025 - Effective 1/1/2025

Select Med+ Cell & Gene Medical Drug List is part of Synergie's Cell & Gene+ program to obtain total value and cost savings with very expensive cell- and gene-based therapies. As part of the program, the following Select Med+ Cell & Gene Medical Drug List for selected products will be effective 1/1/2025.

Highlights of the Cell & Gene+ program include:

- Risk Protection – alleviates drug costs for payers, with lowest fee;
- Patient Navigation – national program for navigating patients to highest quality sites at lowest cost; and
- Outcomes - scalable VBCs, with longitudinal patient tracking to provide payer value certainty.

At a minimum, Synergie will update the Cell & Gene Medical Drug List annually and as needed throughout the calendar year. ***This list is solely based on recommendations made by Synergie to its participants. Product coverage and medical policy and guideline decisions are made by each health plan independently, in their sole discretion.***

Cell & Gene Category	Preferred	Excluded
Beta Thalassemia	Zynteglo Casgevy	
Duchenne Muscular Dystrophy (DMD)		Elevidys
Dystrophic Epidermolysis Bullosa (DEB)	Vyjuvek	
Hemophilia A	Roctavian	
Hemophilia B	Hemgenix	Beqvez
Metachromatic Leukodystrophy (MLD)	Lenmeldy	
Sickle Cell Disease	Casgevy Lyfgenia	
Spinal Muscular Atrophy (SMA)	Zolgensma	

Preferred = Medical drugs that should be used first; Excluded = Medical drugs that are not covered by a plan, considered not medically necessary, or clinical profile deemed investigational.

Not all products or positions are represented for all categories. All coverage and policy decisions will be made by the health plan and will affect rebate eligibility, and in addition to the three categories represented above, may include options such as coverage parity, exclusive coverage, among others.