Synergie Medication Collective
Updated 10/15/2026

Select Med+ Medical Drug List 2027 - Effective 1/1/2027

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 1/1/2027. 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 75 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	**1 of 2 biosimilar only:** Avsola Renflexis **OR 1 of 3 w/Originator:** Avsola Unbranded infliximab Remicade	Inflectra	Ixifi
Oncology - Bevacizumab	Mvasi Vegzelma	Jobevne	Alymsys Avzivi Zirabev
Oncology - Rituximab	Riabni Ruxience	Truxima	
Oncology - Trastuzumab	Ontruzant Ogviri Trazimera	Kanjiniti	Hercessi Herzuma

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	**Only 2 products (1 of 2):** Fulphila **AND** Udenyca/On Body	Neulasta Neulasta Onpro Rolvedon Ziextenzo	Fylntera Nyvepria Stimufend
Alpha-1 Antitrypsins	Zemaira Glassia Aralast		Prolastin-C
Immune Globulin IV and SC	**Preferred IV Products:** Gammunex-C Octagam Privigen **Preferred SC Products:** Cutaquig Hizentra	Asceniv Bivigam Hyqvia Cuvitru Xembify Alyglo Panzyga	Flebogamma Gammaked Gammaplex Gammagard SD
IV Iron	Feraheme Ferrlecit Infed Venofer	Injectafer Monoferric	
Myasthenia Gravis	Vyvgart Vyvgart Hytrulo Imaavy Uplizna **Eculizumab Products:** Epysqli	Rystiggo Ultomiris Bkemv	Soliris
Ocular VEG-F	Lucentis Vabysmo Eylea/Eylea HD	Pavblu Cimerli Yesafilli Byooviz	Beovu Susvimo
Viscosupplements	Euflexxa Synvisc/Synvisc-One	Hyalgan/Hymovis/Triluron Monovisc/Orthovisc Durolane Gel-One Gelsyn-3/Supartz FX	1% Sodium Hyaluronate Genvisc

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Autoimmune-Ustekinumab	Pyzchiva Selarsdi Steqeyma Yesintek	Imuldosa Otulfi	Stelara IV/SC Ustekinumab Wezlana
Denosumab (Prolia)*	Bildyos Enoby Osvyrti	Bomyntra Jubbonti Bosaya Osenvelt	Prolia Ospomyv
Denosumab (Xgeva)*	Bilprevda Xtrenbo Jubereq	Aukeslo Conexxence Stoboclo Wyost	Xgeva Xbryk

*Preferred products are subject to change as additional products enter the market

Additional Categories	Preferred	Non-Preferred	Excluded
Acute Hepatic Porphyria	Givlaari		
Amyloidosis	Amvuttra Onpattro		Tegsedi
Asthma (Injectable)	Fasenra Olmyclo Xolair	Nucala Tezspire Exdensur	Cinqair
Autoimmune	Cimzia Entyvio Ilumya Omvoh Simponi Simponi Aria Skyrizi Tremfya IV/SC		Orencia
Autoimmune – Tocilizumab	Avtozma Tyenne	Tofidence	

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Additional Categories	Preferred	Non-Preferred	Excluded
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
Hemophilia A	Afstyla Altuviiio Eloctate Jivi 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

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Additional Categories	Preferred	Non-Preferred	Excluded
Intrauterine Devices (IUDs)	Kyleena Mirena Skyla	Liletta	
Multiple Sclerosis	Briumvi Ocrevus/Zunovo Tyruko Tysabri		
Primary Hyperoxaluria Type 1	Oxlumo		
Schizophrenia/ Bipolar I	Rykindo Erzofri	Uzedy	
Substance Use Disorder	Brixadi	Sublocade	
Thyroid Eye Disease	History of intolerance/failure/ contraindication to oral AND IV glucocorticoid steroids		Tepezza Lumvoa
Toxins (Cervical Dystonia/Spasticity)	Botox Dysport Daxxify	Myobloc Xeomin	
Oncology – Nasopharyngeal Carcinoma (R/M NPC)	Loqtorzi	Keytruda Opdivo	
Oncology – Bladder CIS (NMIBC CIS)	Anktiva Adstiladrin	Keytruda Valstar	Inlexzo

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Select Med+ Cell & Gene Medical Drug List 2027 - Effective 1/1/2027

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 1/1/2027.

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 Zevaskyn	
Hemophilia B	Hemgenix	
Metachromatic Leukodystrophy (MLD)	Lenmeldy	
Sickle Cell Disease	Casgevy Lyfgenia	
Spinal Muscular Atrophy (SMA)	Zolgensma Itvisma	

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