



Synergie Medication Collective
Updated 10/14/2025

Select Med+ Medical Drug List 2026 - Effective 1/1/2026

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 1/1/2026. 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	1 of 2 biosimilar only: Avsola Inflectra OR 1 of 3 w/Originator: Avsola Unbranded infliximab Remicade		Ixifi Renflexis
Oncology - Bevacizumab	Mvasi Zirabev		Alymsys Avzivi Jobevne Vegzelma
Oncology - Rituximab	Riabni Truxima		Ruxience
Oncology - Trastuzumab	Kanjinti Ogviri		Hercessi Herzuma Trazimera 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.

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

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Autoimmune-Ustekinumab	Yesintek SteQeyma Selarsdi		Pyzchiva Imuldosa Otulfi Stelara IV/SC Ustekinumab Wezlana
Denosumab (Prolia)*	Stoboclo Jubbonti		Prolia
Denosumab (Xgeva)*	Osenvelt Wyost		Xgeva

*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 Tezspire Xolair	Nucala	Cinqair
Autoimmune	Cimzia Entyvio Ilumya Omvoh Simponi Simponi Aria Skyrizi Tremfya IV/SC		Orencia
Autoimmune – Tocilizumab	Avtozma Tyenne		Tofidence
Erythropoietin	Aranesp Procrit Retacrit	Mircera	Epogen

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Additional Categories	Preferred	Non-Preferred	Excluded
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
Intrauterine Devices (IUDs)	Kyleena Mirena Skyla	Liletta	

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Additional Categories	Preferred	Non-Preferred	Excluded
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
Toxins (Cervical Dystonia/Spasticity)	Botox Dysport Xeomin	Myobloc	Daxxify
Oncology – Nasopharyngeal Carcinoma (R/M NPC)	Loqtorzi	Keytruda Opdivo	
Oncology – Bladder CIS (NMIBC CIS)	Anktiva Adstiladrin	Keytruda Valstar	

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Select Med+ Cell & Gene Medical Drug List 2026 - Effective 1/1/2026

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 1/1/2026.

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 A	Roctavian	
Hemophilia B	Hemgenix	
Metachromatic Leukodystrophy (MLD)	Lenmeldy	
Sickle Cell Disease	Casgevy Lyfgenia	
Spinal Muscular Atrophy (SMA)	Zolgensma	apitegromab

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