

# Vermont Blue Rx Group A

Effective January 2022

## Understanding the MedicalRx List

Unless otherwise noted this medical drug list applies to Commercial lines of business.

Drugs on this list may require prior authorization; look for the PA in the notes next to the drug name.

This list is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. Check your plan documents.

Absence from this list does not imply non-coverage; drugs in other categories or drug classes may be eligible per the benefit plan.

Unless stated otherwise within the plan documents coverage is predicated on the medication being used within an FDA-approved dosing regimen as stated within the FDA product labeling.

Check your plan documents for benefit coverage information.

**Status:** P = Preferred      NP = Non Preferred      C= Covered

**Notes:** \* = Rx guidelines apply    \*\* = PA consistent with FDA label    \*\*\*= Clinical PA

Drug Name	Drug Status	Notes
<b>Hormonal Agents — Contraceptives</b>		
Implanon	C	
Kyleena	C	
Liletta	C	
<b>Mirena</b>	C	
Nexplanon	C	
Paragard	C	
Skyla	C	
<b>Hemophilia Agents</b>		
<b>Advate</b>	P	

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Drug Name	Drug Status	Notes
<b>Adynovate</b>	P	
<b>Afstyla</b>	P	
<b>Alphanate</b>	P	
Eloctate	C	
<b>Esperoct</b>	P	
Helixate FS	C	
Hemophil M	C	
Humate-P	C	
Hemlibra	C	
<b>Jivi</b>	P	
<b>Koate</b>	P	
<b>Kogenate FS</b>	P	
<b>Kovaltry</b>	P	
Monoclata-P	C	
<b>Novoeight</b>	P	
<b>Nuwiq</b>	P	
Recombinant	P	
Wilate	C	
<b>Xyntha</b>	P	
<b>Xyntha Solofuse</b>	P	
<b>Immunomodulators</b>		
<b>Cimzia</b>	P	***
<b>Entyvio</b>	P	***
<b>Orencia IV</b>	P	***
<b>Simponi Aria</b>	P	***
<b>Stelara IV</b>	P	***
<b>Stelara SubQ</b>	P	***
<b>Monoclonal Antibodies/Antineoplastics – bevacizumab products</b>		
Avastin	C	***

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Drug Name	Drug Status	Notes
Mvasi	C	***
<b>Zirabev</b>	P	***
<b>Long acting G-CSF - pegfilgrastim</b>		
Fulphila	C	***
<b>Neulasta</b>	P	***
<b>Neulasta Onpro</b>	P	***
Nyvepria	C	***
<b>Udenyca</b>	P	***
Ziextenzo	C	***
<b>Monoclonal Antibodies – rituximab products</b>		
Rituxan	C	***
Rituxan Hycela	C	***
<b>Ruxience</b>	P	***
Truxima	C	***
<b>Immunological Modifiers – infliximab products</b>		
Avsola	P	***
Inflectra	P	***
<b>Remicade</b>	P	***
<b>Erythropoiesis-stimulating agents (ESA)</b>		
<b>Aranesp</b>	P	***
Mircera	NP	*** Step Requirement
Procrit	NP	*** Step Requirement
<b>Retacrit</b>	P	***
<b>HER2 Inhibitors – trastuzumab products</b>		
Herceptin	C	***
Herceptin Hylecta	C	***
Herzuma	C	***

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Kanjinti	C	***
Ogivri	C	***
Ontruzant	C	***
<b>Trazimera</b>	P	***
<b>HER2 Inhibitors – other</b>		
Perjeta	C	***
<b>Phesgo</b>	P	***
<b>Hormone Replacement</b>		
<b>Makena</b>	P	
<b>Gonadotropin-releasing hormone agonists</b>		
<b>Fensolvi</b>	P	***
Lupron Ped	C	***
<b>Supprelin LA</b>	P	***
<b>Triptodur</b>	P	***
<b>Somatostatin Agonists</b>		
Sandostatin LAR	C	***
<b>Somatuline Depot</b>	P	***
<b>Colony-stimulating Factor</b>		
<b>Nplate</b>	C	***
<b>Monoclonal Antibodies – NMO/SD Agents</b>		
Enspryng	C	***
<b>Soliris</b>	C	***
<b>Ultomiris</b>	C	***
Uplizna	C	***
<b>VEGF</b>		
Beovu	C	***
<b>Eylea</b>	P	***

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Lucentis	C	***
<b>Spinal Muscular Atrophy</b>		
Spinraza	C	***
<b>Zolgensma</b>	C	***
<b>Multiple Sclerosis</b>		
Aubagio	C	***
Avonex	C	***
Betaseron	C	***
Extavia	C	***
Gilenya	C	***
Lemtrada	C	***
Kesimpta	C	***
Mavenclad	C	*** Step Requirement
Mayzent	C	***
<b>Ocrevus</b>	C	***
Plegridy	C	***
Rebif	C	***
Zeposia	C	***
Tysabri	C	*** Step Requirement
<b>Asthma Biologics</b>		
Cinqair	C	***
<b>Fasenra</b>	C	***
Nucala	C	***
Xolair	C	***
<b>Immunological Angets - IVIG SubQ</b>		
Cuvitru	C	***
Cutaquig	C	***

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Hizentra	C	***
Hyqvia	C	***
<b>Xembify</b>	C	***
<b>Short Acting G-CSF - filgrastim</b>		
Granix	NP	*** Step Requirement
Neupogen	NP	*** Step Requirement
<b>Nivestym</b>	P	***
<b>Zarxio</b>	P	***
<b>Opioid Partial Agonist</b>		
Sublocade	P	