BlueCross BlueShield of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

Vermont Blue Rx Group A

Effective July 2021

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
Hormonal Agents — Contraceptives		
Implanon	C	
Kyleena	C	
Liletta	C	
Mirena	C	
Nexplanon	C	
Paragard	C	
Skyla	C	
Hemophilia Agents		
Advate	C	

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

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

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Drug Name	Drug Status	Notes
Herzuma	C	***
Kanjinti	C	***
Ogivri	C	***
Ontruzant	C	***
Trazimera	P	***
HER2 Inhibitors – other		
Perjeta	C	***
Phesgo	P	***
Hormone Replacement		
Makena	P	
Gonadotropin-releasing hormone agonists		
Fensolvi	P	***
Lupron Ped	C	***
Supprelin LA	P	***
Triptodur	P	***
Somatostatin Agonists		
Sandostatin LAR	C	***
Somatuline Depot	P	***
Colony-stimulating Factor		
Nplate	C	***
Monoclonal Antibodies – NMOSD Agents		
Enspryng	C	***
Soliris	C	***
Ultomiris	C	***
Uplizna	C	***
VEGF		
Beovu	C	***
Eylea	P	***

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Drug Name	Drug Status	Notes
Lucentis	C	***
Spinal Muscular Atrophy		
Spinraza	C	***
Zolgensma	C	***
Multiple Sclerosis		
Aubagio	C	***
Avonex	C	***
Betaseron	C	***
Extavia	C	***
Gilenya	C	***
Lemtrada	C	***
Kesimpta	C	***
Mavenclad	C	*** Step Requirement
Mayzent	C	***
Ocrevus	C	***
Plegridy	C	***
Rebif	C	***
Zeposia	C	***
Tysabri	C	*** Step Requirement
Asthma Biologics		
Cinqair	C	***
Fasenra	C	***
Nucala	C	***
Immunological Angets - IVIG SubQ		
Cuvitru	C	***
Cutaquig	C	***
Hizentra	C	***

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Drug Name	Drug Status	Notes
Hyqvia	C	***
Xembify	C	***
Short Acting G-CSF - filgrastim		
Granix	NP	*** Step Requirement
Neupogen	NP	*** Step Requirement
Nivestym	P	***
Zarxio	P	***