

Ventegra Injectable / DME

2018 Preferred Products List



Biologic Immunomodulators**

Humira[®]
Remicade[®] *
Renflexis[®] *
Simponi[®] *
Simponi[®] Aria[™] *
Stelara[®] *
Tremfya[®] *

Hematopoietic Agents (ESAs) and (G-CSF)

Granix[™]
Procrit[®]

Human Growth Hormone Agents

Genotropin[®]

Intra-articular Hyaluronic Acid Preparation Agents

Gelsyn[®]
Supartz[®]
Supartz FX[™]
Synvisc[®] /Synvisc-One[®]

Multiple Sclerosis Agents**

Avonex[®]
Betaseron[®]
Plegridy[®]

Diabetic Supplies / Medications

Arkray Glucocard[®] Shine / Vital

Intrauterine Device

Kyleena[®]
Mirena[®]
Paragard[®]
Skyla[®]

**For qualified medical groups only.*

*** Clients will be required to select a subset of these agents for formulary placement based on market segment and eligibility.*

This list provides educational information only and applies to a health plan or payor's capitated health plan membership. For actual benefit coverage information applicable to patients, please consult appropriate health plan materials.

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