

# Ventegra Injectable / DME

## 2018 Preferred Products List



### Biologic Immunomodulators\*\*

Enbrel<sup>®</sup>  
Humira<sup>®</sup>  
Remicade<sup>®</sup> \*  
Simponi<sup>®</sup> \*  
Simponi<sup>®</sup> Aria<sup>™</sup> \*  
Stelara<sup>®</sup> \*

### Hematopoietic Agents (ESAs) and (G-CSF)

Granix<sup>™</sup>  
Procrit<sup>®</sup>

### Human Growth Hormone Agents

Genotropin<sup>®</sup>

### Intra-articular Hyaluronic Acid Preparation Agents

Gelsyn<sup>®</sup>  
Supartz<sup>®</sup>  
Supartz FX<sup>™</sup>  
Synvisc<sup>®</sup> /Synvisc-One<sup>®</sup>

### Multiple Sclerosis Agents\*\*

Avonex<sup>®</sup>  
Betaseron<sup>®</sup>  
Plegridy<sup>®</sup>

### Diabetic Supplies / Medications

Arkray Glucocard<sup>®</sup> Shine / Vital

### Intrauterine Device

Kyleena<sup>®</sup>  
Mirena<sup>®</sup>  
Paragard<sup>®</sup>  
Skyla<sup>®</sup>

*\*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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