

Kansas State Group Health Insurance Program

Self-Injectable Drugs

<u>Drug</u>	<u>Special Case Co-pay</u>	<u>Available through Caremark Specialty Rx Program</u>
ACTIMMUNE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ARANESP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ARIXTRA	<input checked="" type="checkbox"/>	
AVONEX ADMINISTRATION PACK	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BETASERON	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BYETTA		*
COPAXONE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CYANOCOBALAMIN		*
ENBREL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EPINEPHRINE		*
EPIPEN		*
EPOGEN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FORTEO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FRAGMIN	<input checked="" type="checkbox"/>	
FUZEON	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GENOTROPIN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GLUCAGON		*
HEPARIN SODIUM	<input checked="" type="checkbox"/>	*
HEP-LOCK	<input checked="" type="checkbox"/>	*
HUMATROPE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HUMIRA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
IMITREX		*
INFERGEN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
INNOHEP	<input checked="" type="checkbox"/>	*
INSULIN		*
INTRON A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
KINERET	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LANTUS		*
LEUKINE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LOVENOX	<input checked="" type="checkbox"/>	*
MIACALCIN		*
NEULASTA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NEUPOGEN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NORDITROPIN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NUTROPIN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NUTROPIN AQ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PEGASYS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PEG-INTRON	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PROCRIT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RAPTIVA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
REBETRON	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
REBIF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ROFERON-A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SAIZEN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SANDOSTATIN	<input checked="" type="checkbox"/>	*
SEROSTIM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SOMAVERT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYMLIN		*
XOLAIR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

* May be available through Caremark mail service or contracted network retail pharmacies

Effective October 2006