

State Employee Health Plan Injectable Drugs

<u>Drug</u>	<u>Special Case Copay</u>	<u>Available through Caremark Specialty Rx Program</u>
ACTIMMUNE	√	√
ARANESP	√	√
ARIXTRA	√	•
AVONEX ADMINISTRATION PACK	√	√
BETASERON	√	√
BOTOX (non-cosmetic)		√
BYETTA		•
COPAXONE	√	√
CYANOCOBALAMIN		•
DEPO-PROVERA		•
DEPO-TESTOSTERONE		•
DYSPOUR		√
EPINEPHRINE		•
EPIPEN		•
EPOGEN	√	√
FORTEO	√	√
FRAGMIN	√	•
FUZEON	√	√
GLUCAGON		•
HEPARIN SODIUM	√	•
HEP-LOCK	√	•
HUMIRA	√	√
IMITREX		•
INFERGEN	√	√
INNOHEP	√	•
INSULIN		•
INTRON A	√	√
KINERET	√	√
LANTUS		•
LEUKINE	√	√
LOVENOX	√	•
MIACALCIN		•
MYOBLOC		√
NEULASTA	√	√
NEUPOGEN	√	√
NORDITROPIN	√	√
OCTREOTIDE	√	√
PEGASYS	√	√
PEG-INTRON	√	√
PROCRIT	√	√
RAPTIVA	√	√
REBETRON	√	√
REBIF	√	√
ROFERON-A	√	√
SANDOSTATIN	√	•
SEROSTIM	√	√
SOMAVERT	√	√
SYMLIN		•
SYNAGIS	√	√
XOLAIR	√	√
ZOSTAVAX		•

•May be available through Caremark mail service or contracted network retail pharmacies
Effective August 2010