

Listed below are the specialty self injectable medications covered under your benefit. The list may change without notice at anytime. All of these medications require pre-certification.

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|             |                 |
|-------------|-----------------|
| Acthar HP   |                 |
| Aranesp     | Pegasys         |
| Avonex      | Peg Intron Vial |
| Betaseron   | Peg Intron-     |
| Cimzia      | Redipen         |
| Copaxone    | Relistor        |
| Enbrel      | Procrit         |
| Epogen      | Rebif           |
| Extavia     | Saizen          |
| Forteo      | Sandostatin     |
| Fuzeon      | Sandostatin-    |
| Genotropin  | LAR Depot       |
| Humatrope   | Serostim        |
| Humira      | Simponi         |
| Increlex    | Somatulin-Depot |
| Infergen    | Tev-Tropin      |
| Intron A    | Zorbtive        |
| Kineret     |                 |
| Neulasta    |                 |
| Neumega     |                 |
| Neupogen    |                 |
| Norditropin |                 |
| Nutropin    |                 |
| Nutropin AQ |                 |
| Octreotide  |                 |
| Omnitrope   |                 |

