

January 2010 Self-Injectable Drugs Eligible for Coverage Under the Outpatient Pharmacy Benefit

Brand Name	Generic Name	Prior Authorization Required?
Actimmune	Interferon gamma-1B	No
Ana-kit	Epinephrine	No
Apidra	Insulin Glulisine	Yes
Apokyn	Apomorphine	No
Aranesp	Darbepoetin alfa	Yes
Arixtra	Fondaparinux	Yes
Avonex	Interferon beta-1a	Yes
Betaseron	Interferon beta-1b	Yes
Byetta	Exenatide	Yes
Copaxone	Glatiramer acetate	Yes
Cyanocobalamin	Cyanocobalamin	No
D.H.E. 45	Dihydroergotamine mesylate	No
Eligard	Leuprolide	Yes
Enbrel	Etanercept	Yes
EpiPen, EpiPen JR	Epinephrine	No
Forteo	Teriparatide	Yes
Fragmin	Dalteparin	Yes
Fuzeon	Enfuvirtide	No
Geref	Semorelin acetate	No
Glucagon	Glucagon	No
Heparin > 5,000U/ml	Heparin	No
Humalog	Various insulins	No
Humira	Adalimumab	Yes
Humulin	Various insulins	No
Iletin II	Various insulins	No
Imitrex	Sumatriptan succinate	No
Infergen	Interferon alfacon-1	Yes
Innohep	Tinzaparin	Yes
Intron-A	Interferon alfa-2b	Yes
Iron/vitamin B	Iron/vitamin B complex	No
Kineret	Anakinra	Yes
Leukine	Sargramostim	Yes
Leuprolide	Leuprolide	Yes
Lantus	Insulin Glargine	No
Levemir	Insulin Detemir	No
Lovenox	Enoxaparin	Yes
Lupron	Leuprolide	Yes
Methotrexate	Methotrexate	No
Nebcin	Tobramycin	No

January 2010 Self-Injectable Drugs Eligible for Coverage Under the Outpatient Pharmacy Benefit (continued)

Brand Name	Generic Name	Prior Authorization Required?
Neulasta	Pegfilgrastim	Yes
Neumega	Oprelvekin	Yes
Neupogen	Filgrastim	Yes
Novolin	Various insulins	No
Novolog	Various insulins	No
Octreotide	Octreotide	Yes
Peg-Intron	Peginterferon alfa-2b	Yes
Pegasys	Peginterferon alfa-2a	Yes
Procrit	Erythropoietin, epoetin alfa	Yes
Raptiva	Efalizumab	Yes
Rebetron	Interferon alfa-2b/ribavirin	Yes
Rebif	Interferon beta-1a	Yes
Roferon-A	Interferon alfa-2a	Yes
Sandostatin	Octreotide	Yes
Somavert	Pegvisomant	Yes
Symlin	Pramlintide acetate	Yes
Xolair	Omalizumab	Yes