

Certain self-administered specialty medications are excluded from the Plan's medical benefit, but are covered under the prescription drug benefit. To determine whether a specialty drug is covered as a prescription drug benefit, you may review the list below.

This list is subject to change. As new self-administered specialty medications become available, they will be added to this list as quickly as possible and excluded from the medical benefit.

Actimmune	Miacalcin
Antagon	Neumega
Apokyn	Nexavar
Arixtra	Norditropin
Avonex	Nutropin
Betaseron	Nuvaring
Bravelle	Omnitrope
Byetta	Orfadin
Calcitonin	Ovidrel
Cetrotide	Pegasys
Chorionic Gonadotropin	Peg-Intron
Cimzia	Protropin
Copaxone	Pulmozyme
Copegus	Raptiva
Enbrel	Rebetol
Exjade	Rebetron
Follistim	Rebif
Forteo	Repronex
Fragmin	Revlimid
Fuzeon	Ribasphere
Ganirelix	Ribavirin
Genotropin	Saizen
Gleevec	Sensipar
Gonal F	Serostim
Humatrope	Somatuline
Humira	Somavert
Imitrex	Sprycel
Increlex	Supprelin
Infergen	Sutent
Innohep	Symlin
iPlex	Tarceva
Kineret	Temodar
Kuvan	Tev-Tropin
Leuprolide Acetate (subcutaneous)	Thalomid
Lovenox	Tobi
Lupron (subcutaneous)	Tykerb
Luveris	Xeloda
Menopur	Zorbtive

These specialty medications may be obtained from Accredo specialty pharmacy. Please visit the Web site <http://www.shpnc.org/specialty-care.html> to learn more.