



As of June 1<sup>st</sup>, 2009, the following list of medications may only be dispensed through US Family Health Plan's mail order service, or in person at our two Pharmacy Departments at the Brighton and Hanscom locations. These medications may not be filled at retail pharmacies. If you have any questions or concerns, please call our toll free Pharmacy Line at 1-877-880-7007.

US FAMILY HEALTH PLAN- LIST OF MEDICATIONS AVAILABLE EXCLUSIVELY THROUGH OUR SPECIALTY PHARMACIES			
ACTHAR GEL	GLEEVEC	RAPAMUNE	ZORBIVE
AMEVIVE	GONAL F	REBETOL	MEDICATIONS APPROVED THROUGH PRIOR APPROVAL PROCESS (including brand name only, age, and quantity limit overrides, excluding oral contraceptives)
ARANESP	HEPSERA	REBIF	
ARIMIDEX	HUMATROPE	RECLAST	
AROMASIN	HUMIRA	REMICADE	
AVASTIN	HYALGAN	RESTASIS	
AVONEX	HYCAMTIN (ORAL)	REVATIO (Requires Prior Auth)	
BARACLUDE	INFERGEN	RIBAPAK	
BETASERON	INNOHEP	RIBASPHERE	
BONIVA INJECTION	INTRON A	RIBAVIRIN	
BOTOX	KINERET	RISPERDAL CONSTA	
BRAVELLE	KUVAN	SAIZEN	
BYETTA	LEUKINE	SANDIMMUNE	
CAMPATH	LEUPROLIDE	SANDOSTATIN	
CASODEX	LUPRON	SANDOSTATIN LAR	
CAVERJECT	LUPRON DEPOT	SEROSTIM	
CELLCEPT	LUVERIS	SORIATANE KIT	
CEREZYME	MENOPUR	SPRYCEL	
CETROTIDE	MUSE	SUPARTZ	
CHORIONIC GONADOTROPIN	MYFORTIC	SUTENT	
CIMZIA	MYOBLOC	SYMLIN	
COPAXONE	MYOCHRYSLINE	SYNAGIS	
CYCLOSPORINE	NEULASTA	SYNVISC / SYNVISC ONE	
CYTOVENE	NEUMEGA	TACLONEX	
DELESTROGEN	NEUPOGEN	TACROLIMUS	
DESMOPRESSIN AC	NORDITROPIN	TARCEVA	
DIABETIC TESTING SUPPLIES	NOVANTRONE	TARGRETIN	
DOVONEX	NOVAREL	TEMODAR	
EDEX	NUTROPIN AQ	TEV-TROPIN	
ELIDEL	OCTREOTIDE	THALOMID	
ELIGARD	ORENCIA	THYROGEN	
ENBREL	ORTHOVISC	TOBI	
EPOGEN	OVIDREL	TYKERB	
ETOPOSIDE (ORAL)	PAMIDRONATE	TYZEKA	
EUFLEXXA	PEGASYS	VALCYTE	
FASLODEX	PEG-INTRON	VESANOID	
FEMARA	PREGNYL	VIADUR	
FOLLISTIM	PROCRIT	VISTIDE	
FORTEO	PROGESTERONE	VIVITROL	
FUZEON	PROGRAF	XELODA	
GENGRAF	PROLEUKIN	ZOLADEX	
GENOTROPIN	PROTOPIC	ZOLINZA	
GEREF	PULMOZYME	ZOMETA	