



## Mandatory Specialty Drug List\*

<b>HEPATITIS C</b>	
<b>Brand Name</b>	<b>Generic Name</b>
Copegus	Ribavirin
Pegasys	Peginterferon Alfa-2A
Peg-Intron	Peginterferon Alfa-2A
Rebetol	Ribavirin
Rebetron	Ribavirin/Interferon Alfa-2B
Ribasphere	Ribavirin
Ribatab	Ribavirin

<b>INFERTILITY</b>	
<b>Brand Name</b>	<b>Generic Name</b>
Bravelle	Urofollitropin (FSH)
Cetrotide	Cetrorelix Acetate
Fertinex	Urofollotropin (FSH)
Follistim AQ	Follitropin Beta, Recombinant
Gonal-F	Follitropin Alpha, Recombinant
Lupron Depot 3.75mg Kit	Leuprolide Acetate
Novarel	Gonadotropin, Chorionic, Human
Ovidrel	HCG Alpha, Recombinant
Pregnyl	Gonadotropin, Chorionic, Human
Profasi	Gonadotropin, Chorionic, Human
Repronex	Menotropins

<b>MULTIPLE SCLEROSIS</b>	
<b>Brand Name</b>	<b>Generic Name</b>
Ampyra	Dalfampridine
Avonex	Interferon Beta-1A
Betaseron	Interferon Beta 1-B
Copaxone	Glatiramer Acetate
Extavia	Interferon Beta-1B
Rebif	Interferon Beta-1A/Albumin

<b>RHEUMATOID ARTHRITIS</b>	
<b>Brand Name</b>	<b>Generic Name</b>
Cimzia	Certolizumab Pegol
Enbrel	Etanercept
Humira	Adalimumab
Kineret	Anakinra
Simponi	Golimumab

\*This list applies to employers/members enrolled in the Mandatory Specialty Drug Program. Prescriptions for these medications must be filled at a HealthPlus-contracted specialty pharmacy (Axiom Healthcare, Bioscript Specialty or Diplomat Specialty). For more information, please go to [www.healthplus.org](http://www.healthplus.org), or call HealthPlus Customer Service at (800) 332-9161, or call the HealthPlus Pharmacy Department at (877) 710-0993.