

SPECIALTY PHARMACY NETWORK

2007 DRUG LIST

As part of your pharmacy benefits program, Great-West Healthcare has aligned with several specialty pharmacy providers to deliver medications that require special handling (e.g., most injectable drugs other than insulin). Partnering with these pharmacies enables us to ensure you receive your prescription in an appropriate manner.

HOW IT WORKS

To maximize your pharmacy benefits, when your physician prescribes a medication listed below, the prescription must be called in or faxed by your physician to one of the following specialty pharmacies:

CuraScript Pharmacy - 866-297-0931
 Accredo Health Group - 888-654-9878
 ICORE (hemophilia drugs) - 866-554-2673

These pharmacies are leading distributors of specialty medications that are typically taken by individuals with chronic illnesses or conditions. Their services include 24-hour access to a nurse or pharmacist, drug and therapeutic class education and ongoing refill reminders.

Once the prescription request is received and processed, the pharmacy will call you to schedule a date and time for delivery. Orders will be delivered to any

address you specify for delivery (e.g., home, office, doctor's office, etc.). Because these drugs require special handling (refrigeration), and because they are very expensive, **you, or your designee, must be available to accept the prescription in person.**

If the pharmacy does not reach you, they will leave a message for you to call them back and the delivery will be delayed until you reply. The pharmacy will not deliver the medications without your approval.

If a situation requires you to fill your prescription immediately, you may do so at a local network retail pharmacy. However, you will receive only a 30-day supply and must purchase the remainder of your prescription through one of these three specialty pharmacies. If your plan offers out-of-network coverage, you may purchase your prescription at an out-of-network pharmacy, but your out-of-pocket cost likely will be significantly higher. Not all plans cover all drugs; please check your coverage policy to verify your individual benefits.

QUALIFYING DRUGS

Below is a list of drugs that fall under this policy and must be obtained from these specialty pharmacies to maximize your pharmacy benefit. You should also refer to **MyGreatWest.com** to view the most up-to-date list of medications, as this list is subject to change.

Brand Name	Therapeutic Class	Brand Name	Therapeutic Class	Brand Name	Therapeutic Class
ARIXTRA	ANTICOAGULANT	NAGLAZYME*	ENZYME DEFICIENCIES	HEMOFIL-M*	HEMOPHILIA
FRAGMIN	ANTICOAGULANT	ORFADIN*	ENZYME DEFICIENCIES	HUMATE P*	HEMOPHILIA
INNOHEP	ANTICOAGULANT	ZAVESCA*	ENZYME DEFICIENCIES	HYATE:C*	HEMOPHILIA
LOVENOX	ANTICOAGULANT	GENOTROPIN*	GROWTH DEFICIENCY	KOATE DVI*	HEMOPHILIA
REFLUDAN	ANTICOAGULANT	GEREF*	GROWTH DEFICIENCY	KOGENATE FS*	HEMOPHILIA
ARANESP*	BLOOD CELL DEFICIENCY	HUMATROPE*	GROWTH DEFICIENCY	MONARC M*	HEMOPHILIA
EPOGEN*	BLOOD CELL DEFICIENCY	INCRELEX*	GROWTH DEFICIENCY	MONOCLATE P*	HEMOPHILIA
LEUKINE*	BLOOD CELL DEFICIENCY	IPLEX*	GROWTH DEFICIENCY	MONONINE*	HEMOPHILIA
NEULASTA*	BLOOD CELL DEFICIENCY	NORDITROPIN*	GROWTH DEFICIENCY	NOVOSEVEN*	HEMOPHILIA
NEUPOGEN*	BLOOD CELL DEFICIENCY	NUTROPIN*	GROWTH DEFICIENCY	PROFILNINE S/D*	HEMOPHILIA
PROCRIT*	BLOOD CELL DEFICIENCY	SAIZEN*	GROWTH DEFICIENCY	PROPLEX T*	HEMOPHILIA
DDAVP	ENDOCRINE DISORDERS	SEROSTIM*	GROWTH DEFICIENCY	RECOMBIMATE*	HEMOPHILIA
DESMOPRESSIN ACETATE	ENDOCRINE DISORDERS	SOMAVERT*	GROWTH DEFICIENCY	REFACTO*	HEMOPHILIA
OCTREOTIDE ACETATE	ENDOCRINE DISORDERS	TEV-TROPIN*	GROWTH DEFICIENCY	BAYHEP-B	HEPATITIS
SANDOSTATIN	ENDOCRINE DISORDERS	ZORBTIVE*	GROWTH DEFICIENCY	COPEGUS*	HEPATITIS
ADAGEN*	ENZYME DEFICIENCIES	ADVATE*	HEMOPHILIA	HEPAGAM B	HEPATITIS
ALDURAZYME*	ENZYME DEFICIENCIES	ALPHANATE*	HEMOPHILIA	HYPERHEP S/D*	HEPATITIS
CEREDASE*	ENZYME DEFICIENCIES	ALPHANINE SD*	HEMOPHILIA	INFERGEN*	HEPATITIS
CEREZYME*	ENZYME DEFICIENCIES	AUTOPLEX-T*	HEMOPHILIA	NABI-HB	HEPATITIS
ELAPRASE*	ENZYME DEFICIENCIES	BEBULIN VH*	HEMOPHILIA	PEGASYS*	HEPATITIS
FABRAZYME*	ENZYME DEFICIENCIES	BENEFIX*	HEMOPHILIA	PEG-INTRON*	HEPATITIS
MYOZYME*	ENZYME DEFICIENCIES	FEIBA VH*	HEMOPHILIA	REBETOL*	HEPATITIS
		GENARC*	HEMOPHILIA	RIBAPAK*	HEPATITIS
		HELIXATE FS*	HEMOPHILIA	RIBASPHERE*	HEPATITIS

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RIBATAB*	HEPATITIS	HUMIRA*	INFLAMMATORY CONDITIONS	COSMEGEN	ONCOLOGY
RIBAVIRIN*	HEPATITIS	KINERET	INFLAMMATORY CONDITIONS	CYCHLOPHOS- PHAMIDE	ONCOLOGY
ACTIMMUNE*	IMMUNE DEFICIENCY	ORENCIA*	INFLAMMATORY CONDITIONS	CYTARABINE	ONCOLOGY
BAYGAM*	IMMUNE DEFICIENCY	RAPTIVA*	INFLAMMATORY CONDITIONS	CYTOXAN	ONCOLOGY
BAYRHO-D*	IMMUNE DEFICIENCY	REMICADE*	INFLAMMATORY CONDITIONS	DACARBAZINE	ONCOLOGY
CARIMUNE*	IMMUNE DEFICIENCY	DEFEROXAMINE MESYLATE	IRON TOXICITY	DACOGEN	ONCOLOGY
CYTOGAM*	IMMUNE DEFICIENCY	DEFERLAL	IRON TOXICITY	DAUNORUBICIN HCL	ONCOLOGY
FLEBOGAMMA*	IMMUNE DEFICIENCY	EXJADE	IRON TOXICITY	DAUNOXOME	ONCOLOGY
FUZEON*	IMMUNE DEFICIENCY	8-MOP	MISC SPECIALTY CONDITIONS	DEPOCYT	ONCOLOGY
GAMASTAN S/D*	IMMUNE DEFICIENCY	APOKYN	MISC SPECIALTY CONDITIONS	DEXRAZOXANE	ONCOLOGY
GAMIMUNEN*	IMMUNE DEFICIENCY	BOTOX*	MISC SPECIALTY CONDITIONS	DOXIL	ONCOLOGY
GAMMAGARD*	IMMUNE DEFICIENCY	MYOBLOC*	MISC SPECIALTY CONDITIONS	DOXORUBICIN HCL	ONCOLOGY
GAMMAGARD LIQUID*	IMMUNE DEFICIENCY	NATRECOR	MISC SPECIALTY CONDITIONS	DTIC-DOME IV	ONCOLOGY
GAMMAGARD S/D*	IMMUNE DEFICIENCY	PANRETIN	MISC SPECIALTY CONDITIONS	ELIGARD	ONCOLOGY
GAMMAR-P*	IMMUNE DEFICIENCY	PRIALT	MISC SPECIALTY CONDITIONS	ELITEK	ONCOLOGY
GAMUNEX*	IMMUNE DEFICIENCY	RILUTEK*	MISC SPECIALTY CONDITIONS	ELLEENCE	ONCOLOGY
HYPERRAB S/D*	IMMUNE DEFICIENCY	VIVITROL	MISC SPECIALTY CONDITIONS	ELOXATIN	ONCOLOGY
HYPERRHO S/D*	IMMUNE DEFICIENCY	XYREM	MISC SPECIALTY CONDITIONS	ELSPAR	ONCOLOGY
IMMUNE GLOBULIN*	IMMUNE DEFICIENCY	ACTHAR	MULTIPLE SCLEROSIS	EPIRUBICIN	ONCOLOGY
IMOGAM		AVONEX*	MULTIPLE SCLEROSIS	ERBITUX	ONCOLOGY
RABIES-HT	IMMUNE DEFICIENCY	BETASERON*	MULTIPLE SCLEROSIS	ETHYOL	ONCOLOGY
IVEEGAM*	IMMUNE DEFICIENCY	COPAXONE*	MULTIPLE SCLEROSIS	ETOPOPHOS	ONCOLOGY
MICRHOGAM*	IMMUNE DEFICIENCY	REBIF*	MULTIPLE SCLEROSIS	ETOPOSIDE	ONCOLOGY
OCTAGAM*	IMMUNE DEFICIENCY	TYSABRI*	MULTIPLE SCLEROSIS	FLOXURIDINE	ONCOLOGY
PANGLOBULINF*	IMMUNE DEFICIENCY	ABRAXANE	ONCOLOGY	FLUDARA	ONCOLOGY
POLYGAM S/D*	IMMUNE DEFICIENCY	ADRIAMYCIN	ONCOLOGY	FLUDARABINE PHOSPHATE	ONCOLOGY
RETROVIR IV	IMMUNE DEFICIENCY	ADRUCIL	ONCOLOGY	FLUOROURACIL	ONCOLOGY
RHOGAM*	IMMUNE DEFICIENCY	ALFERON N*	ONCOLOGY	FUDR	ONCOLOGY
RHOPHYLAC	IMMUNE DEFICIENCY	ALIMITA	ONCOLOGY	GEMZAR	ONCOLOGY
VARICELLA-ZOSTER	IMMUNE DEFICIENCY	ALKERAN	ONCOLOGY	GLEEVEC	ONCOLOGY
VENOGLOBULIN S*	IMMUNE DEFICIENCY	ARELIA	ONCOLOGY	HERCEPTIN	ONCOLOGY
VIVAGLOBIN*	IMMUNE DEFICIENCY	AVASTIN	ONCOLOGY	HYCAMTIN	ONCOLOGY
WINRHO SDF*	IMMUNE DEFICIENCY	BEXXAR	ONCOLOGY	IDAMYCIN PFS	ONCOLOGY
BRAVELLE*	INFERTILITY	BICNU	ONCOLOGY	IDARUBICIN HCL	ONCOLOGY
CETROTIDE*	INFERTILITY	BLENOXANE	ONCOLOGY	IFEX	ONCOLOGY
CHOREX-10*	INFERTILITY	BLEOMYCIN SULFATE	ONCOLOGY	IFOSFAMIDE	ONCOLOGY
CHORIONIC GONADOTROPIN*	INFERTILITY	BUSULFEX	ONCOLOGY	INTRON A*	ONCOLOGY
FERTINEX*	INFERTILITY	CAMPATH	ONCOLOGY	IRESSA	ONCOLOGY
FOLLISTIM AQ*	INFERTILITY	CAMPTOSAR	ONCOLOGY	KEPIVANCE	ONCOLOGY
GANIRELIX ACETATE ANTAGON*	INFERTILITY	CARBOPLATIN	ONCOLOGY	KYTRIL	ONCOLOGY
GONAL-F*	INFERTILITY	CERUBIDINE	ONCOLOGY	LEUCOVORIN CALCIUM	ONCOLOGY
LUTREPULSE*	INFERTILITY	CISPLATIN	ONCOLOGY	LEUPROLIDE ACETATE*	ONCOLOGY
LUVERIS*	INFERTILITY	CLADRIBINE	ONCOLOGY	LEUSTATIN	ONCOLOGY
MENOPUR*	INFERTILITY			LUPRON*	ONCOLOGY
NOVAREL*	INFERTILITY			LUPRON DEPOT*	ONCOLOGY
OVIDREL*	INFERTILITY			LUPRON DEPOT PED*	ONCOLOGY
PREGNYL*	INFERTILITY			MESNA	ONCOLOGY
PROFASI*	INFERTILITY			MESNEX	ONCOLOGY
PROGESTERONE IN OIL*	INFERTILITY			METHOTREXATE	ONCOLOGY
REPRONEX*	INFERTILITY			MITOMYCIN	ONCOLOGY
AMEVIVE*	INFLAMMATORY CONDITIONS			MITOXANTRONE	ONCOLOGY
ENBREL*	INFLAMMATORY CONDITIONS			MUSTARGEN	ONCOLOGY

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MUTAMYCIN	ONCOLOGY	VELCADE	ONCOLOGY	FORTEO*	OSTEOPOROSIS
MYLOTARG	ONCOLOGY	VIADUR	ONCOLOGY	FLOLAN / DILUENT*	PULMONARY HYPERTENSION
NAVELBINE	ONCOLOGY	VIDAZA	ONCOLOGY	REMODULIN*	PULMONARY HYPERTENSION
NEOSAR	ONCOLOGY	VINBLASTINE SULFATE	ONCOLOGY	REVATIO*	PULMONARY HYPERTENSION
NEXAVAR	ONCOLOGY	VINCRIStINE SULFATE	ONCOLOGY	TRACLEER*	PULMONARY HYPERTENSION
NIPENT	ONCOLOGY	VINORELBINE TARTATE	ONCOLOGY	VENTAVIS*	PULMONARY HYPERTENSION
NOVANTRONE*	ONCOLOGY	VUMON	ONCOLOGY	ARALAST*	RESPIRATORY CONDITIONS
ONCASPAR	ONCOLOGY	XELODA	ONCOLOGY	PROLASTIN	RESPIRATORY CONDITIONS
ONTAK	ONCOLOGY	ZANOSAR	ONCOLOGY	PULMOZYME	RESPIRATORY CONDITIONS
ONXOL	ONCOLOGY	ZEVALIN	ONCOLOGY	TOBI	RESPIRATORY CONDITIONS
PACLITAXEL	ONCOLOGY	ZINECARD	ONCOLOGY	XOLAIR*	RESPIRATORY CONDITIONS
PAMIDRONATE DISODIUM	ONCOLOGY	ZOLADEX	ONCOLOGY	ZEMAIRA	RESPIRATORY CONDITIONS
PARAPLATIN	ONCOLOGY	ZOLINZA	ONCOLOGY	SYNAGIS*	RESPIRATORY SYNCYTIAL VIRUS
PHOTOFRIN	ONCOLOGY	ZOMETA	ONCOLOGY	ATGAM	TRANSPLANT
PLENAXIS	ONCOLOGY	HEALON	OPHTHALMIC CONDITION	CELLCEPT	TRANSPLANT
PROLEUKIN*	ONCOLOGY	LUCENTIS*	OPHTHALMIC CONDITION	CYCLOSPORINE	TRANSPLANT
REVLIMID*	ONCOLOGY	MACUGEN	OPHTHALMIC CONDITION	ORTHOCLONE OKT-3	TRANSPLANT
RITUXAN*	ONCOLOGY	PROVISC	OPHTHALMIC CONDITION	PROGRAF	TRANSPLANT
ROFERON A*	ONCOLOGY	VISUDYNE	OPHTHALMIC CONDITION	SANDIMMUNE	TRANSPLANT
SPRYCEL	ONCOLOGY	VITRAVENE	OPHTHALMIC CONDITION	SIMULECT	TRANSPLANT
SUTENT	ONCOLOGY	EUFLEXXA*	OSTEOARTHRITIS	THYMOGLOBULIN	TRANSPLANT
TARABINE PFS	ONCOLOGY	HYALGAN*	OSTEOARTHRITIS	ZENAPAX	TRANSPLANT
TARCEVA	ONCOLOGY	ORTHOVISC*	OSTEOARTHRITIS		
TAXOL	ONCOLOGY	SUPARTZ*	OSTEOARTHRITIS		
TAXOTERE	ONCOLOGY	SYNVISC*	OSTEOARTHRITIS		
TEMODAR	ONCOLOGY	BONIVA (INJECTABLE)	OSTEOPOROSIS		
THALOMID	ONCOLOGY	DIDRONEL (INJECTABLE)	OSTEOPOROSIS		
THERACYS	ONCOLOGY				
THIOTEPA	ONCOLOGY				
THYROGEN	ONCOLOGY				
TOPOSAR	ONCOLOGY				
TRELSTAR	ONCOLOGY				
TRISENOX	ONCOLOGY				
VANTAS	ONCOLOGY				
VECTIBIX	ONCOLOGY				

* These medications must be obtained from a preferred speciality pharmacy. Only your first prescription can be obtained at a network retail pharmacy. All subsequent refills must be obtained through a preferred speciality pharmacy. To maximize your benefits, all other medications are available through one of our speciality pharmacies, at a network retail pharmacy or through your physician's office, if necessary.