



# Blue Cross and Blue Shield of Texas

## Triessent<sup>®†</sup> Specialty Pharmacy Program Drug List

### Definition of Specialty Drugs

Specialty medications are generally prescribed for people with complex or ongoing medical conditions such as multiple sclerosis, hemophilia, hepatitis C, and rheumatoid arthritis. Typically these high cost medications also have one or more of the following characteristics:

- Injected or infused, but some may be taken by mouth
- Unique storage or shipment requirements
- Additional education and support required from a health care professional
- Usually not stocked at retail pharmacies

This list is subject to change without notice.

Generics are shown in lower case

### Route of Administration (ROA) codes:

- IA intraarticular
- IL intralesional
- IM intramuscular
- IN inhalation
- IO intraocular
- IT intrathecal
- ITV intravesicule
- IN intravenous
- OR oral
- SC subcutaneous
- TP topical

### Notice of Benefits:

\* Standard benefits typically exclude coverage for infertility and drugs administered by the following routes of administration: IA, IL, IM, IO, IT, ITV & IN. Check your benefit booklet for coverage and exclusions.

\*\* Provided through Pharmacy Solutions 800.859.0220

† Covered through Medical Benefit

Triessent phone: 888.216.6710

### ANTICOAGULANTS

	ROA
Arixtra	SC
Fragmin	SC
Innohep	SC
Lovenox	IN/SC

### AUTOIMMUNE INFLAMMATORY DISORDERS

	ROA
Amevive	IM/IN
Arcalyst	SC
Cimzia	SC
Enbrel & SureClick	SC
Humira, Pen, Crohn's Disease Starter package & Psoriasis Starter package	SC
Kineret	SC
Orencia	IN
Remicade	IN
Simponi	SC

### BLOOD MODIFIERS

	ROA
Aranesp, Albumin free & SureClick	IN/SC
Epogen	IN/SC
Leukine	IN/SC
Neulasta	SC
Neumega	SC
Neupogen	IN/SC
Nplate	SC
Procrit	IN/SC
Promacta	OR

### CANCER

	ROA
Afinitor	OR
Alkeran	OR
Etoposide	OR
Gleevec	OR
Hexalen	OR
Hycamtin	IN/OR
Iressa	OR
Lysodren	OR
Matulane	OR
Mercaptopurine	OR
Myleran	OR
Nexavar	OR
Purinethol	OR
Revlimid	OR
Sprycel	OR
Sutent	OR

Tarceva	OR
Targretin	OR/TP
Tasigna	OR
Temodar	OR
Thalomid	OR
Tice BCG	ITV
Tretinoin	OR
Tykerb	OR
Vepesid	OR
Vesanoid	OR
Xeloda	OR
Zoladex	SC
Zolinza	OR

### CYSTIC FIBROSIS

	ROA
Pulmozyme	IN
Tobi	IN

### ENZYME DEFICIENCIES

	ROA
Aldurazyme	IN
Cerezyme	IN
Cinryze <sup>†</sup>	IN
Elaprase	IN
Fabrazyme	IN
Kuvan	OR
Myozyme	IN
Naglazyme	IN
Orfadin	OR
Soliris	IN
Zavesca	OR

### GROWTH HORMONES

	ROA
Genotropin & Miniquick	SC
Humatrope & Combo Pack	IM/SC
Increlex	SC
Norditropin Cartridge & Nordiflex Prefilled Pen	SC
Nutropin, AQ & AQ Pen	SC
Omnitrope	SC
Saizen & Click.Easy	IM/SC
Serostim	SC
Tev-Tropin	SC
Zorbtive	SC

### HEMOPHILIA

	ROA
Advate	IN
Alphanate/Von Willebrand Factor	IN

### HEPATITIS C

	ROA
Copegus	OR
Infergen	SC
Intron-A	IL/IM/SC
Pegasys	SC
PegIntron, Redipen & Redipen Pak 4	SC
Rebetol	OR
Ribapak	OR
Ribasphere	OR
Ribavirin	OR
Roferon-A	SC

### HIV & IMMUNOSUPPRESSANTS

	ROA
Cellcept & Intravenous	IN/OR
cyclosporine	OR
cyclosporine modified	OR
Fuzeon	SC
Gengraf	OR
Myfortic	OR
Neoral	OR
Prograf	IN/OR
Rapamune	OR
Sandimmune	OR

### INFERTILITY\*

	ROA
Bravelle	IM/SC
Cetrotide	SC
Chorionic Gonadotropin	IM
clomiphene (Clomid, Serophene)	OR
Follistim AQ	SC
ganirelix acetate	SC
Gonal F, RFF, RFF Pen	SC
Luveris	SC
Menopur	SC
Novarel	IM
Ovidrel	SC
Pregnyl	IM
Repronex	IM/SC



Triessent is a specialty pharmacy program offered by Prime Therapeutics LLC, a pharmacy benefit management company which also maintains its own mail order pharmacy. Blue Cross and Blue Shield of Texas contracts with Prime Therapeutics to provide pharmacy benefit management and mail order pharmacy services and to administer this specialty pharmacy program. The Triessent program uses one or more contracting specialty pharmacies to fill prescriptions and provide certain program services. Blue Cross and Blue Shield of Texas, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

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<sup>†</sup>Triessent is a registered trademark of Prime Therapeutics LLC.



# Blue Cross and Blue Shield of Texas

## Triessent<sup>®†</sup> Specialty Pharmacy Program Drug List (cont'd)

<b>IVIG &amp; OTHER SERUMS</b>	<b>ROA</b>	<b>MISCELLANEOUS</b>	<b>ROA</b>
Flebogamma, Flebogamma Dif . . . . .	IN	Alferon N . . . . .	IL
Gammagard Liquid, S/D & S/D IGA . . . . .	IN	Apokyn . . . . .	SC
Gamunex . . . . .	IN	Botox . . . . .	IM
Octagam . . . . .	IN	Degarelix <sup>†</sup> . . . . .	SC
Polygam S/D . . . . .	IN	Eligard . . . . .	SC
Privigen . . . . .	IN	Euflexxa . . . . .	IA
Vivaglobin Sol . . . . .	IN	Exjade . . . . .	OR
		Forteo . . . . .	SC
		Hyalgan . . . . .	IA
		leuprolide acetate . . . . .	IM/SC
<b>LUNG DISORDERS</b>	<b>ROA</b>	Lioresal Intrathecal . . . . .	IT
Actimmune . . . . .	SC	Lupron . . . . .	SC
Aralast & Aralast NP . . . . .	IN	Lupron Depot & Depot-ped <sup>**†</sup> . . . . .	IM
Prolastin . . . . .	IN	Miacalcin . . . . .	IM/SC
Synagis <sup>†</sup> . . . . .	IM	Myobloc . . . . .	IM/SC
Xolair . . . . .	SC	octreotide acetate . . . . .	IN/SC
Zemaira . . . . .	IN	Samsca . . . . .	OR
		Sandostatin & LAR Depot . . . . .	IM/SC
		Somatuline Depot . . . . .	SC
		Somavert . . . . .	SC
<b>MACULAR DEGENERATION</b>	<b>ROA</b>	Supartz . . . . .	IA
Lucentis . . . . .	IO	Synvisc & Synvisc One . . . . .	IA
Macugen . . . . .	IO	Thrombate III . . . . .	IN
Visudyne . . . . .	IN	Thyrogen . . . . .	IM
		Vivitrol . . . . .	IM
		Xenazine . . . . .	OR
		Xyrem . . . . .	OR
<b>MULTIPLE SCLEROSIS</b>	<b>ROA</b>		
Avonex . . . . .	IM		
Betaseron . . . . .	SC		
Copaxone . . . . .	SC		
Extavia . . . . .	SC		
Rebif & Titration Pack . . . . .	SC		
Tysabri . . . . .	IN		
<b>PULMONARY HYPERTENSION</b>	<b>ROA</b>		
Adcirca . . . . .	OR		
epoprostenol . . . . .	IN		
Flolan . . . . .	IN		
Letairis . . . . .	OR		
Remodulin . . . . .	IN/SC		
Revatio . . . . .	OR		
Tracleer . . . . .	OR		
Tyvaso . . . . .	IN		
Ventavis . . . . .	IN		