



Triessent® Specialty Pharmacy Program Drug List

Definition of specialty medications: Specialty medications are generally prescribed for people with complex or ongoing medical conditions such as multiple sclerosis, hemophilia, hepatitis C and rheumatoid arthritis. 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; and usually not stocked at retail pharmacies.

Autoimmune Inflammatory Disorders								
ACTEMRA	IV	ROA	TEMODAR	OR	ELAPRASE	IV	GONAL-F/ RFF	IJ/SC
AMEVIVE	IM		THALOMID	OR	FABRAZYME	IV	LUVERIS	SC
ARCALYST*	SC		TRETINOIN	OR	KUVAN	OR	MAKENA (M)	IM
BENLYSTA	IV		TYKERB	OR	LUMIZYME	IV	MENOPUR	SC
CIMZIA			VANDETANIB*	OR	MYOZYME	IV	NOVAREL	IM
RECONSTITUTION (M)	SC		VESANOID	OR	NAGLAZYME	IV	OVIDREL	SC
CIMZIA PREFILLED			VOTRIENT	OR	ORFADIN*	OR	PREGNYL	IM
SYRINGE	SC		XALKORI	OR	SOLIRIS	IV	REPRONEX	IJ
ENBREL	SC		XELODA	OR	VPRIV	IV		
HUMIRA	SC		ZELBORAF	OR	XENAZINE*	OR	Lung Disorders	ROA
ILARIS* (M)	SC		ZOLINZA	OR	ZAVESCA*	OR	ACTIMMUNE	SC
KINERET	SC		ZYTIGA	OR			ARALAST/ NP	IV
ORENCIA	IV/SC				Growth Hormones	ROA	GLASSIA	IV
REMICADE	IV		Clotting Disorders (M)	ROA	GENOTROPIN	IJ/SC	PROLASTIN/ C*	IV
SIMPONI	SC		ADVATE	IV	HUMATROPE	IJ/SC	SYNAGIS (M)	IM
STELARA (M)	SC		ALPHANATE	IV	INCRELEX	IJ/SC	XOLAIR	SC
			ALPHANINE SD	IV	NORDITROPIN	IJ/SC	ZEMAIRA*	IV
			BEBULIN/ VH	IV	NUTROPIN/ AQ	IJ/SC		
			BENEFIX	IV	OMNITROPE	IJ/SC		
Blood Modifiers	ROA		CORIFACT*	IV	SAIZEN	IJ/SC	Macular Degeneration	ROA
ARANESP	IJ		FEIBA NF/ VH	IV	SEROSTIM	IJ/SC	EYLEA	IO
EPOGEN	IJ		HELIXATE FS	IV	TEV-TROPIN	IJ/SC	LUCENTIS	IO
LEUKINE	IJ/IV		HEMOFIL M	IV	ZORBIVE	IJ/SC	MACUGEN	IO
NEULASTA	SC		HUMATE-P	IV			VISUDYNE	IV
NEUMEGA	SC		KOATE-DVI	IV	Hepatitis C	ROA		
NEUPOGEN	IJ		KOGENATE FS	IV	COPEGUS	OR	Multiple Sclerosis	ROA
NPLATE (M)	SC		MONOCLATE-P	IV	INCIVEK	OR	AMPYRA	OR
PROCRIT	IJ		MONONINE	IV	INFERGEN	SC	AVONEX	IM
PROMACTA	OR		NOVOSEVEN/ RT	IV	INTRON-A	IJ/SC	BETASERON	SC
			PROFILNINE SD	IV	PEGASYS	SC	COPAXONE	SC
			RECOMBINATE	IV	PEG-INTRON	SC	EXTAVIA	SC
Cancer – Oral	ROA		REFACTO	IV	REBETOL	OR	GILENYA	OR
AFINITOR	OR		WILATE	IV	RIBAPAK	OR	REBIF	SC
CAPRELSA*	OR		XYNTHA	IV	RIBASPHERE	OR	TYSABRI	IV
GLEEVEC	OR				RIBATAB	OR		
HEXALEN	OR		Cystic Fibrosis	ROA	ribavirin	OR		
HYCAMTIN	OR		CAYSTON*	IN	VICTRELIS	OR		
JAKAFI*	OR		PULMOZYME	IN				
LYSODREN	OR		TOBI	IN	HIV	ROA		
MATULANE	OR				EGRIFTA	SC		
NEXAVAR	OR				FUZEON	SC		
OFORTA	OR		Enzyme Deficiencies	ROA				
REVLIMID	OR		ALDURAZYME	IV	Infertility ♦	ROA		
SPRYCEL	OR		CARBAGLU*	OR	BRAVELLE	IJ		
SUTENT	OR		CEREDASE	IV	CETROTIDE	SC		
TARCEVA	OR		CEREZYME	IV	chorionic gonadotropin	IM		
TARGRETIN	OR/EX		CINRYZE* (M)	IV	FOLLISTIM AQ	IJ/SC		
TASIGNA	OR				GANIRELIX ACETATE	SC		

Key

- * Limited distribution
- (M) Medical benefit
- ♦ Standard benefits typically exclude coverage for infertility and drugs administered by the following routes of administration: IA, IL, IM, IO, IT, ITV & IV. Check your benefit booklet for coverage and exclusions.
- ♦♦ Provided through Pharmacy Solutions 800-859-0220

Drugs in BOLD are preferred products

Brand-name products are capitalized (e.g., FLOLAN)

Generic products are in lowercase (e.g., epoprostenol sodium)

Routes of Administration (ROA) codes:

EX	external
IA	intraarticular
IJ	injection
IL	intralesional
IM	intramuscular
IN	inhalation
IO	intraocular
IT	intrathecal
ITV	intravesicule
IV	intravenous
OR	oral
SC	subcutaneous

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This list is subject to change without notice.

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. Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

For more information, call
888.216.6710



Triessent® Specialty Pharmacy Program Drug List

Pulmonary Hypertension ROA

ADCIRCA	OR
epoprostenol sodium	IV
FLOLAN*	IV
LETAIRIS	OR
REMODULIN*	IJ
REVATIO	IV/OR
TRACLEER*	OR
TYVASO*	IN
VELETRI*	IV
VENTAVIS*	IN

Others ROA

ALFERON N	IJ
APOKYN*	SC
CHENODAL*	OR
ELIGARD	SC
EXJADE*	OR
FERRIPROX*	OR
FIRAZYR	SC
FIRMAGON (M)	SC
FORTEO	SC
H.P. ACTHAR GEL	IJ/SC
KRYSTEXXA	IV
leuprolide acetate	IJ
LUPRON	
DEPOT/ PED ♦♦ (M)	IM
octreotide acetate	IJ
SAMSCA	OR
SANDOSTATIN/ LAR	IJ/IM
SOMATULINE	
DEPOT (M)	SC
SOMAVERT*	SC
SYLATRON	SC
THROMBATE III	IV
THYROGEN	IM
TRELSTAR DEPOT/ LA	IM
VIVITROL	IM
XGEVA	SC
XIAFLEX	IJ
XYREM*	OR
ZOMETA	IV

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