



# Blue Cross and Blue Shield of Oklahoma

## 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. 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.

To provide access to specialty drugs, Blue Cross and Blue Shield of Oklahoma (BCBSOK) added programs and pharmacies that provide specialty drugs to their network of contracted pharmacies. Most specialty drugs are provided through Triessent®, a specialty pharmacy program from Prime Therapeutics LLC. In addition, Coram provides hemophilia products; Pharmacy Solutions provides LUPRON DEPOT.

Some BCBSOK members have specialty pharmacy included in their pharmacy benefit. If specialty pharmacy is included as part of your pharmacy benefit, specialty medications can be obtained from one of the providers mentioned above. If you choose to use a specialty provider other than those listed, you may be required to pay your copay PLUS a 20% out of network sanction. Please call Customer Service at the number on the back of your member ID card if you have any questions about this program.

Triessent phone: 888.216.6710

### AUTOIMMUNE INFLAMMATORY DISORDERS

AMEVIVE  
ARCALYST  
CIMZIA  
ENBREL  
HUMIRA  
ILARIS  
KINERET  
ORENCIA  
REMICADE  
SIMPONI  
STELARA

### BLOOD MODIFIERS

ARANESP  
EPOGEN  
LEUKINE  
NEULASTA  
NEUMEGA  
NEUPOGEN  
NPLATE  
PROCRIT  
PROMACTA

### CANCER – ORAL

AFINITOR  
GLEEVEC  
HEXALEN  
HYCANTIN  
LYSODREN  
MATULANE  
NEXAVAR  
REVLIMID  
SPRYCEL  
SUTENT  
TARCEVA  
TARGRETIN  
TASIGNA  
TEMODAR  
THALOMID  
TYKERB  
VESANOID  
VOTRIENT  
XELODA  
ZOLINZA

### CYSTIC FIBROSIS

PULMOZYME  
TOBI

### ENZYME DEFICIENCIES

ALDURAZYME  
CEREZYME  
CINRYZE  
ELAPRASE  
FABRAZYME  
KUVAN  
MYOZYME  
NAGLAZYME  
ORFADIN  
ZAVESCA

### GROWTH HORMONE

GENOTROPIN  
HUMATROPE  
INCRELEX  
NORDITROPIN  
NUTROPIN  
NUTROPIN AQ  
OMNITROPE  
SAIZEN  
SEROSTIM  
TEV-TROPIN  
ZORBTIVE

### HEMOPHILIA\*

ADVATE  
ALPHANATE  
ALPHANINE SD  
BEBULIN VH  
BENEFIX  
FEIBA VH  
HELIXATE FS  
HEMOPIL M  
HUMATE-P  
KOATE-DVI  
KOGENATE FS  
MONOCLATE-P  
MONONINE  
NOVOSEVEN RT  
PROFILNINE SD  
RECOMBINATE  
REFACTO  
XYNTHA

### HEPATITIS C

COPEGUS  
INFERGEN  
INTRON A  
PEGASYS  
PEG-INTRON  
REBETOL  
RIBASPHERE  
RIBAVIRIN

### HIV & IMMUNOSUPPRESSANTS

FUZEON

### INFERTILITY

BRAVELLE  
CETROTIDE  
CHORIONIC  
GONADOTROPIN  
FOLLISTIM AQ  
GANIRELIX ACETATE  
GONAL-F  
LUVERIS  
MENOPUR  
NOVAREL  
OVIDREL  
PREGNYL  
REPRONEX

### LUNG DISORDERS

ACTIMMUNE  
SYNAGIS  
XOLAIR

### MULTIPLE SCLEROSIS

AVONEX  
BETASERON  
COPAXONE  
EXTAVIA  
REBIF  
TYSABRI

### PULMONARY HYPERTENSION

ADCIRCA  
EPOPROSTENOL  
FLOLAN  
LETAIRIS  
REMODULIN  
REVATIO  
TRACLEER  
TYVASO  
VENTAVIS

### OTHERS

ALFERON N  
APOKYN  
ELIGARD  
EXJADE  
FIRMAGON  
FORTEO  
LEUPROLIDE ACETATE  
LUCENTIS  
LUPRON  
LUPRON DEPOT\*\*  
MACUGEN  
OCTREOTIDE  
SAMSCA  
SANDOSTATIN  
SANDOSTATIN LAR DEPOT  
SOLIRIS  
SOMATULINE DEPOT  
SOMAVERT  
THROMBATE III  
VISUDYNE  
VIVITROL  
XENAZINE  
XYREM

Benefits may vary. Members should refer to their Benefit Booklet or Summary Plan Description for coverage details.

