



# Blue Cross and Blue Shield of Nebraska

## Triessent® 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. These high cost medications also typically 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

Specialty medication can often be administered at home or in a clinical setting. At home, specialty medications may be administered by a patient or family member. This is a list of products, that when prescribed by a physician, are designated as specialty medications.

**This list is subject to change without notice.**

Inclusion on this list does not guarantee coverage. Some products may be excluded from coverage or require prior authorization before coverage is granted. If you have any questions about this list or about your prescription drug benefits, please call the Customer Service Center at the number shown on the back of your Blue Cross and Blue Shield of Nebraska ID card.

**Triessent phone: 888.216.6710**

### AUTOIMMUNE INFLAMMATORY DISORDERS

AMEVIVE  
ARCALYST\*  
CIMZIA  
ENBREL  
HUMIRA  
ILARIS\*  
KINERET  
ORENCIA  
REMICADE  
SIMPONI

### BLOOD MODIFIERS

ARANESP  
EPOGEN  
LEUKINE  
NEULASTA  
NEUMEGA  
NEUPOGEN  
NPLATE  
PROCIT  
PROMACTA^

### CANCER-ORAL

AFINITOR  
GLEEVEC^  
HEXALEN^  
HYCAMTIN  
LYSODREN^  
MATULANE^  
NEXAVAR  
REVLIMID  
SPRYCEL^  
SUTENT  
TARCEVA^  
TARGRETIN^  
TASIGNA^  
TEMODAR^  
THALOMID  
TRETINOIN^  
TYKERB^  
VESANOID^  
XELODA^  
ZOLINZA^

### CYSTIC FIBROSIS

PULMOZYME  
TOBI

### ENZYME DEFICIENCIES

CEREZYME  
CINRYZE^\*  
FABRAZYME  
KUVAN\*  
MYOZYME  
ORFADIN\*  
ZAVESCA\*

### GROWTH HORMONES

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  
HEMIFIL M  
HUMATE-P  
KOATE-DVI  
KOGENATE FS  
MONARC-M  
MONOCLATE-P  
MONONINE  
NOVOSEVEN  
NOVOSEVEN RT  
PROFILNINE SD  
RECOMBINATE  
REFACTO  
XYNTHA^

### HEPATITIS C

COPEGUS^  
INFERGEN  
INTRON-A  
PEGASYS  
PEG-INTRON  
REBETOL^  
RIBAPAK^  
RIBASPHERE^  
RIBAVIRIN^  
ROFERON-A

### 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  
DEGARELIX^  
ELIGARD  
EXJADE\*  
FORTEO  
LEUPROLIDE ACETATE  
LUCENTIS  
LUPRON  
LUPRON DEPOT  
MACUGEN  
OCTREOTIDE^  
SAMSCA  
SANDOSTATIN^  
SANDOSTATIN LAR^  
SOLIRIS  
SOMATULINE DEPOT  
SOMAVERT\*  
THROMBATE III  
VISUDYNE  
VIVITROL  
XENAZINE^\*  
XYREM\*

\* Designates products that have exclusive distribution channels

^ Designates additions to the list effective June 1, 2009

Please note that these drugs are not available at PrimeMail.



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