

## Triessent<sup>®</sup>\* Specialty Pharmacy Drug<sup>†</sup> 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.**

**Triessent phone: 888.216.6710**

<sup>†</sup>Third-party brand names are the property of their respective owners.

Procedure	Description	Effective Date	End Date
J0129	Abatacept	7/15/09	11/30/09
J0129	Abatacept	12/1/09	2/28/10
J0129	Abatacept	3/1/10	5/31/10
J0129	Abatacept	6/1/10	
J9264	Abraxane	6/1/10	
J3490	Actemra	4/23/10	5/31/10
J3490	Actemra	6/1/10	
J0135	Adalimumab	7/15/09	11/30/09
J0135	Adalimumab	12/1/09	2/28/10
J0135	Adalimumab	3/1/10	5/31/10
J0135	Adalimumab	6/1/10	
J8499	Adcirca	12/1/09	2/28/10
J8499	Adcirca	3/1/10	5/31/10
J8499	Adcirca	6/1/10	
J7199	Advate	12/1/09	2/28/10
J7199	Advate	3/1/10	5/31/10
J7199	Advate	6/1/10	
J8999	Afinitor	12/1/09	2/28/10
J8999	Afinitor	3/1/10	5/31/10
J8999	Afinitor	6/1/10	
J0180	Agalsidase beta	7/15/09	11/30/09
J0180	Agalsidase beta	12/1/09	2/28/10
J0180	Agalsidase beta	3/1/10	5/31/10
J0180	Agalsidase beta	6/1/10	
J3490	Ak-Fluor	12/1/09	2/28/10
J3490	Ak-Fluor	3/1/10	5/31/10
J3490	Ak-Fluor	6/1/10	
J9015	Aldesleukin	3/1/10	5/31/10
J9015	Aldesleukin	6/1/10	
J0215	Alefcept	7/15/09	11/30/09
J0215	Alefcept	12/1/09	2/28/10
J0215	Alefcept	3/1/10	5/31/10
J0215	Alefcept	6/1/10	



Procedure	Description	Effective Date	End Date
J9010	Alemtuzumab	3/1/10	5/31/10
J9010	Alemtuzumab	6/1/10	
J0220	Alglucosidase alfa	7/15/09	11/30/09
J0220	Alglucosidase alfa	12/1/09	2/28/10
J0220	Alglucosidase alfa	3/1/10	5/31/10
J0220	Alglucosidase alfa	6/1/10	
J0256	Alpha 1 proteinase inhibitor	7/15/09	11/30/09
J0256	Alpha 1 proteinase inhibitor	12/1/09	2/28/10
J0256	Alpha 1 proteinase inhibitor	6/1/10	
J3490	Androgel	12/1/09	2/28/10
J3490	Androgel	3/1/10	5/31/10
J3490	Androgel	6/1/10	
J7186	Antihemophilic viii/vwf comp	3/1/10	5/31/10
J7186	Antihemophilic viii/vwf comp	6/1/10	
J0364	Apomorphine hydrochloride	7/15/09	11/30/09
J0364	Apomorphine hydrochloride	12/1/09	2/28/10
J0364	Apomorphine hydrochloride	3/1/10	5/31/10
J0364	Apomorphine hydrochloride	6/1/10	
J3590	Arcalyst	3/1/10	5/31/10
J3590	Arcalyst	6/1/10	
S0170	Arimidex	6/1/10	
S0156	Aromasin	6/1/10	
J9999	Arzerra	6/1/10	
J9035	Avastin	6/1/10	
J3490	Aygestin	12/1/09	2/28/10
J3490	Aygestin	6/1/10	
J3490	Aygestin	3/1/10	5/31/10
J0475	Baclofen 10 MG	7/15/09	11/30/09
J0475	Baclofen 10 MG	12/1/09	2/28/10
J0475	Baclofen 10 MG	3/1/10	5/31/10
J0475	Baclofen 10 MG	6/1/10	
J8499	Baraclude	3/1/10	5/31/10
J8499	Baraclude	6/1/10	
J8499	Baraclude	12/1/09	2/28/10
J9050	BiCNU	6/1/10	
J3490	Bupivacaine	12/1/09	2/28/10
J3490	Bupivacaine	3/1/10	5/31/10
J3490	Bupivacaine	6/1/10	
J3490	Byetta	12/1/09	2/28/10
J3490	Byetta	6/1/10	
J3490	Byetta	3/1/10	5/31/10
J0630	Calcitonin salmon	7/15/09	11/30/09
J0630	Calcitonin salmon	12/1/09	2/28/10
J0630	Calcitonin salmon	3/1/10	5/31/10
J0630	Calcitonin salmon	6/1/10	
J3490	Calcium Chl	6/1/10	
J3490	Calcium Chl	12/1/09	2/28/10



Procedure	Description	Effective Date	End Date
J3490	Calcium Chl	3/1/10	5/31/10
J3490	Candin Skin Test	12/1/09	2/28/10
J3490	Candin Skin Test	3/1/10	5/31/10
J3490	Candin Skin Test	6/1/10	
J8520	Capecitabine, oral, 150 mg	7/15/09	11/30/09
J8520	Capecitabine, oral, 150 mg	12/1/09	2/28/10
J8520	Capecitabine, oral, 150 mg	3/1/10	5/31/10
J8520	Capecitabine, oral, 150 mg	6/1/10	
J8521	Capecitabine, oral, 500 mg	7/15/09	11/30/09
J8521	Capecitabine, oral, 500 mg	12/1/09	2/28/10
J8521	Capecitabine, oral, 500 mg	3/1/10	5/31/10
J8521	Capecitabine, oral, 500 mg	6/1/10	
J8999	Casodex	12/1/09	2/28/10
J8999	Casodex	3/1/10	5/31/10
J8999	Casodex 50Mg	6/1/10	
J7599	Cellcept	12/1/09	2/28/10
J7599	Cellcept	3/1/10	5/31/10
J7599	Cellcept Intravenous	6/1/10	
J0205	Ceredase	6/1/10	
J3490	Cetrotide	12/1/09	2/28/10
J3490	Cetrotide	3/1/10	5/31/10
J3490	Cetrotide	6/1/10	
J9055	Cetuximab	3/1/10	5/31/10
J9055	Cetuximab	6/1/10	
J0725	Chorionic gonadotropin/1000u	3/1/10	5/31/10
J0725	Chorionic gonadotropin/1000u	6/1/10	
J3590	Cimzia	12/1/09	2/28/10
J3590	Cimzia	3/1/10	5/31/10
J0718	Cimzia KIT	6/1/10	
J3590	Cinryze	3/1/10	5/31/10
J3590	Cinryze	6/1/10	
J3490	Clomid	12/1/09	2/28/10
J3490	Clomid	3/1/10	5/31/10
J3490	Clomid	6/1/10	
J3490	Clomiphene Citrate	12/1/09	2/28/10
J3490	Clomiphene Citrate	3/1/10	5/31/10
J3490	Clomiphene Citrate	6/1/10	
J8499	Copegus	12/1/09	2/28/10
J8499	Copegus	3/1/10	5/31/10
J8499	Copegus	6/1/10	
J0800	Corticotropin	3/1/10	5/31/10
J0800	Corticotropin	6/1/10	
J7516	Cyclosporin parenteral 250mg	7/15/09	11/30/09
J7516	Cyclosporin parenteral 250mg	12/1/09	2/28/10
J7516	Cyclosporin parenteral 250mg	3/1/10	5/31/10



Procedure	Description	Effective Date	End Date
J7516	Cyclosporin parenteral 250mg	6/1/10	
J9999	Degarelix	12/1/09	2/28/10
J9999	Degarelix	3/1/10	5/31/10
J9999	Degarelix	6/1/10	
J3490	Depo-Subq Provera	12/1/09	2/28/10
J3490	Depo-Subq Provera	3/1/10	5/31/10
J3490	Depo-Subq Provera	6/1/10	
J3490	Dextrose	3/1/10	5/31/10
J3490	Dextrose	12/1/09	2/28/10
J3490	Dextrose	6/1/10	
J1260	Dolasetron mesylate	3/1/10	5/31/10
J1260	Dolasetron mesylate	6/1/10	
J7639	Dornase alfa non-comp unit	7/15/09	11/30/09
J7639	Dornase alfa non-comp unit	12/1/09	2/28/10
J7639	Dornase alfa non-comp unit	3/1/10	5/31/10
J7639	Dornase alfa non-comp unit	6/1/10	
J9001	Doxorubicin hcl liposome inj	3/1/10	5/31/10
J9001	Doxorubicin hcl liposome inj	6/1/10	
J3490	Doxycycline	6/1/10	
J3490	Doxycycline	12/1/09	2/28/10
J3490	Doxycycline	3/1/10	5/31/10
J1300	Eculizumab	7/15/09	11/30/09
J1300	Eculizumab	12/1/09	2/28/10
J1300	Eculizumab	3/1/10	5/31/10
J1300	Eculizumab	6/1/10	
S0162	Efalizumab	7/15/09	9/30/09
J9020	Elspar 10000 UNIT	6/1/10	
J3490	Emend	3/1/10	5/31/10
J3490	Emend	6/1/10	
J3490	Emend	12/1/09	2/28/10
J1324	Enfuvirtide	7/15/09	11/30/09
J1324	Enfuvirtide	12/1/09	2/28/10
J3490	Epipen	6/1/10	
J3490	Epipen	12/1/09	2/28/10
J3490	Epipen	3/1/10	5/31/10
J1325	Epoprostenol	7/15/09	11/30/09
J1325	Epoprostenol	12/1/09	2/28/10
J1438	Etanercept	7/15/09	11/30/09
J1438	Etanercept	12/1/09	2/28/10
J1438	Etanercept	3/1/10	5/31/10
J1438	Etanercept	6/1/10	
J8499	Exjade	3/1/10	5/31/10
J8499	Exjade	6/1/10	
J3590	Exubera	12/1/09	2/28/10
J3590	Exubera	3/1/10	5/31/10
J3590	Exubera	6/1/10	
J1440	Filgrastim 300 mcg	3/1/10	5/31/10
J1440	Filgrastim 300 mcg	6/1/10	
J1441	Filgrastim 480 mcg	3/1/10	5/31/10



Procedure	Description	Effective Date	End Date
J1441	Filgrastim 480 mcg	6/1/10	
J1572	Flebogamma	7/15/09	11/30/09
J1572	Flebogamma	12/1/09	2/28/10
J1572	Flebogamma	3/1/10	5/31/10
J1572	Flebogamma	6/1/10	
J3490	Fluorescite	12/1/09	2/28/10
J3490	Fluorescite	3/1/10	5/31/10
J3490	Fluorescite	6/1/10	
S0126	Follitropin alfa 75 iu	7/15/09	11/30/09
S0126	Follitropin alfa 75 iu	12/1/09	2/28/10
S0126	Follitropin alfa 75 iu	6/1/10	
S0128	Follitropin alfa 75 iu	7/15/09	11/30/09
S0128	Follitropin alfa 75 iu	12/1/09	2/28/10
J1652	Fondaparinux sodium	7/15/09	11/30/09
J1458	Galsulfase	7/15/09	11/30/09
J1458	Galsulfase	12/1/09	2/28/10
J1458	Galsulfase	3/1/10	5/31/10
J1458	Galsulfase	6/1/10	
J1561	Gamunex	7/15/09	11/30/09
J1561	Gamunex	12/1/09	2/28/10
J1561	Gamunex	3/1/10	5/31/10
J1561	Gamunex	6/1/10	
S0132	Ganirelix acetat 250 mcg	7/15/09	11/30/09
S0132	Ganirelix acetat 250 mcg	12/1/09	2/28/10
S0132	Ganirelix acetat 250 mcg	3/1/10	5/31/10
S0132	Ganirelix acetat 250 mcg	6/1/10	
J8565	Gefitinib oral	7/15/09	11/30/09
J8565	Gefitinib oral	12/1/09	2/28/10
J9201	Gemcitabine hcl	3/1/10	5/31/10
J9201	Gemcitabine hcl	6/1/10	
J1595	Glatiramer acetate	7/15/09	11/30/09
J1595	Glatiramer acetate	12/1/09	2/28/10
J1595	Glatiramer acetate	6/1/10	
J8999	Gleevec	12/1/09	2/28/10
J8999	Gleevec	3/1/10	5/31/10
J8999	Gleevec	6/1/10	
J3490	Glycopyrrolate	12/1/09	2/28/10
J3490	Glycopyrrolate	3/1/10	5/31/10
J3490	Glycopyrrolate	6/1/10	
J8999	Hexalen	12/1/09	2/28/10
J8999	Hexalen	3/1/10	5/31/10
J8999	Hexalen	6/1/10	
90283	Human ig, iv	7/15/09	11/30/09
90283	Human ig, iv	12/1/09	2/28/10
J8999	Hycamtin	12/1/09	2/28/10
J8999	Hycamtin	3/1/10	5/31/10
J8999	Hycamtin	6/1/10	
J1743	Idursulfase	7/15/09	11/30/09
J1743	Idursulfase	12/1/09	2/28/10



Procedure	Description	Effective Date	End Date
J1743	Idursulfase	6/1/10	
J3590	Ilaris	3/1/10	5/31/10
J3590	Ilaris	6/1/10	
S0088	Imatinib 100 mg	3/1/10	5/31/10
S0088	Imatinib 100 mg	6/1/10	
J1785	Imiglucerase /unit	7/15/09	11/30/09
J1785	Imiglucerase /unit	12/1/09	2/28/10
J1785	Imiglucerase /unit	3/1/10	5/31/10
J1785	Imiglucerase /unit	6/1/10	
J1745	Infliximab	7/15/09	11/30/09
J1745	Infliximab	12/1/09	2/28/10
J1745	Infliximab	3/1/10	5/31/10
J1745	Infliximab	6/1/10	
J1650	Inj enoxaparin sodium	3/1/10	5/31/10
J1650	Inj enoxaparin sodium	6/1/10	
J1459	Inj IVIG priven 500 mg	7/15/09	11/30/09
J1459	Inj IVIG priven 500 mg	12/1/09	2/28/10
J1459	Inj IVIG priven 500 mg	3/1/10	5/31/10
J1459	Inj IVIG priven 500 mg	6/1/10	
J0587	Inj, rimabotulinumtoxinB	7/15/09	11/30/09
J0587	Inj, rimabotulinumtoxinB	12/1/09	2/28/10
J0587	Inj, rimabotulinumtoxinB	3/1/10	5/31/10
J0587	Inj, rimabotulinumtoxinB	6/1/10	
J9213	Interferon alfa-2a inj	7/15/09	11/30/09
J9213	Interferon alfa-2a inj	12/1/09	2/28/10
J9213	Interferon alfa-2a inj	3/1/10	5/31/10
J9213	Interferon alfa-2a inj	6/1/10	
J9214	Interferon alfa-2b inj	7/15/09	11/30/09
J9214	Interferon alfa-2b inj	12/1/09	2/28/10
J9214	Interferon alfa-2b inj	3/1/10	5/31/10
J9214	Interferon alfa-2b inj	6/1/10	
J9212	Interferon alfacon-1 inj	3/1/10	5/31/10
J9215	Interferon alfa-n3 inj	7/15/09	11/30/09
J9215	Interferon alfa-n3 inj	12/1/09	2/28/10
J9215	Interferon alfa-n3 inj	3/1/10	5/31/10
J9215	Interferon alfa-n3 inj	6/1/10	
J1825	Interferon beta-1a	7/15/09	11/30/09
J1825	Interferon beta-1a	12/1/09	2/28/10
J3490	Isuprel	12/1/09	2/28/10
J3490	Isuprel	3/1/10	5/31/10
J3490	Isuprel	6/1/10	
J3590	Kineret	12/1/09	2/28/10
J3590	Kineret	3/1/10	5/31/10
J3590	Kineret	6/1/10	
J8499	Kuvan	12/1/09	2/28/10
J8499	Kuvan	3/1/10	5/31/10
J8499	Kuvan	6/1/10	
J1930	Lanreotide	7/15/09	11/30/09
J1930	Lanreotide	12/1/09	2/28/10



Procedure	Description	Effective Date	End Date
J1930	Lanreotide	3/1/10	5/31/10
J1930	Lanreotide	6/1/10	
J1931	Laronidase	7/15/09	11/30/09
J1931	Laronidase	12/1/09	2/28/10
J1931	Laronidase	3/1/10	5/31/10
J1931	Laronidase	6/1/10	
J8499	Letairis	12/1/09	2/28/10
J8499	Letairis	3/1/10	5/31/10
J8499	Letairis	6/1/10	
J3490	Levothyroxine	12/1/09	2/28/10
J3490	Levothyroxine	3/1/10	5/31/10
J3490	Levothyroxine	6/1/10	
J8499	Lexiva	12/1/09	2/28/10
J8499	Lexiva	6/1/10	
J8499	Lexiva	3/1/10	5/31/10
J3490	Luveris	12/1/09	2/28/10
J3490	Luveris	3/1/10	5/31/10
J3490	Luveris	6/1/10	
J8999	Lysodren	12/1/09	2/28/10
J8999	Lysodren	3/1/10	5/31/10
J8999	Lysodren	6/1/10	
J2170	Mecaserman	12/1/09	2/28/10
J9230	Mechlorethamine hcl inj	3/1/10	5/31/10
J9230	Mechlorethamine hcl inj	6/1/10	
J8600	Melphalan oral 2 MG	7/15/09	11/30/09
J8600	Melphalan oral 2 MG	12/1/09	2/28/10
J8600	Melphalan oral 2 MG	3/1/10	5/31/10
J8600	Melphalan oral 2 MG	6/1/10	
S0122	Menotropins 75 iu	7/15/09	11/30/09
S0122	Menotropins 75 iu	12/1/09	2/28/10
S0122	Menotropins 75 iu	3/1/10	5/31/10
S0108	Mercaptopurine 50 mg	7/15/09	11/30/09
S0108	Mercaptopurine 50 mg	12/1/09	2/28/10
S0108	Mercaptopurine 50 mg	3/1/10	5/31/10
S0108	Mercaptopurine 50 mg	6/1/10	
J3490	Metoprolol	3/1/10	5/31/10
J3490	Metoprolol	6/1/10	
J3490	Metoprolol	12/1/09	2/28/10
J7517	Mycophenolate mofetil oral	7/15/09	11/30/09
J7517	Mycophenolate mofetil oral	12/1/09	2/28/10
J7518	Mycophenolic acid	7/15/09	11/30/09
J7518	Mycophenolic acid	12/1/09	2/28/10
J7518	Mycophenolic acid	3/1/10	5/31/10
J7518	Mycophenolic acid	6/1/10	
J2315	Naltrexone, depot form	7/15/09	11/30/09
J2315	Naltrexone, depot form	12/1/09	2/28/10
J2315	Naltrexone, depot form	3/1/10	5/31/10
J2323	Natalizumab	7/15/09	11/30/09
J2323	Natalizumab	12/1/09	2/28/10
J2323	Natalizumab	3/1/10	5/31/10
J2323	Natalizumab	6/1/10	



Procedure	Description	Effective Date	End Date
J8999	Nexavar	12/1/09	2/28/10
J8999	Nexavar	3/1/10	5/31/10
J8999	Nexavar	6/1/10	
J3490	Nitroglyc	12/1/09	2/28/10
J3490	Nitroglyc	3/1/10	5/31/10
J3490	Nitroglyc	6/1/10	
J3590	Nplate	12/1/09	2/28/10
J3590	Nplate	3/1/10	5/31/10
J3590	Nplate	6/1/10	
J2353	Octreotide , depot	7/15/09	11/30/09
J2353	Octreotide , depot	12/1/09	2/28/10
J2353	Octreotide , depot	3/1/10	5/31/10
J2353	Octreotide , depot	6/1/10	
J2357	Omalizumab	7/15/09	11/30/09
J2357	Omalizumab	12/1/09	2/28/10
J2357	Omalizumab	3/1/10	5/31/10
J2357	Omalizumab	6/1/10	
J0585	OnabotulinumtoxinA	7/15/09	11/30/09
J0585	OnabotulinumtoxinA	12/1/09	2/28/10
J0585	OnabotulinumtoxinA	3/1/10	5/31/10
J0585	OnabotulinumtoxinA	6/1/10	
J2355	Oprelvekin	7/15/09	11/30/09
J2355	Oprelvekin	12/1/09	2/28/10
J2355	Oprelvekin	3/1/10	5/31/10
J2355	Oprelvekin	6/1/10	
J8510	Oral busulfan	7/15/09	11/30/09
J8510	Oral busulfan	12/1/09	2/28/10
J8510	Oral busulfan	3/1/10	5/31/10
J8510	Oral busulfan	6/1/10	
J3490	Orfadin	3/1/10	5/31/10
J3490	Orfadin	6/1/10	
J3490	Ovidrel	12/1/09	2/28/10
J3490	Ovidrel	3/1/10	5/31/10
J3490	Ovidrel	6/1/10	
J9263	Oxaliplatin	3/1/10	5/31/10
S0145	Peg interferon alfa-2A/180	7/15/09	11/30/09
S0145	Peg interferon alfa-2A/180	12/1/09	2/28/10
S0145	Peg interferon alfa-2A/180	6/1/10	
S0146	Peg interferon alfa-2b/10	7/15/09	11/30/09
S0146	Peg interferon alfa-2b/10	12/1/09	2/28/10
S0146	Peg interferon alfa-2b/10	3/1/10	5/31/10
S0146	Peg interferon alfa-2b/10	6/1/10	
J2503	Pegaptanib sodium	7/15/09	11/30/09
J2503	Pegaptanib sodium	12/1/09	2/28/10
J2503	Pegaptanib sodium	3/1/10	5/31/10
J2503	Pegaptanib sodium	6/1/10	
J9305	Pemetrexed	3/1/10	5/31/10
J9305	Pemetrexed	6/1/10	



Procedure	Description	Effective Date	End Date
S0182	Procarbazine 5 mg	7/15/09	11/30/09
S0182	Procarbazine 5 mg	12/1/09	2/28/10
S0182	Procarbazine 5 mg	3/1/10	5/31/10
S0182	Procarbazine 5 mg	6/1/10	
J8499	Promacta	12/1/09	2/28/10
J8499	Promacta	3/1/10	5/31/10
J8499	Promacta	6/1/10	
J8999	Purinethol	12/1/09	2/28/10
J8999	Purinethol	3/1/10	5/31/10
J8999	Purinethol	6/1/10	
J2778	Ranibizumab	7/15/09	11/30/09
J2778	Ranibizumab	12/1/09	2/28/10
J2778	Ranibizumab	3/1/10	5/31/10
J2778	Ranibizumab	6/1/10	
J8499	Rebetol	12/1/09	2/28/10
J8499	Rebetol	3/1/10	5/31/10
J8499	Rebetol	6/1/10	
J3490	Rebetron	12/1/09	2/28/10
J3490	Rebetron	6/1/10	
J3490	Rebetron	3/1/10	5/31/10
J3590	Rebif Titration	12/1/09	2/28/10
J3590	Rebif Titration Pack	3/1/10	5/31/10
J3590	Rebif Titration Pack	6/1/10	
J3488	Reclast	3/1/10	5/31/10
J3488	Reclast	6/1/10	
J3590	Recothrom	12/1/09	2/28/10
J3590	Recothrom	3/1/10	5/31/10
J3590	Recothrom	6/1/10	
J8499	Revatio	12/1/09	2/28/10
J8499	Revatio	3/1/10	5/31/10
J8499	Revatio	6/1/10	
J8499	Revlimid	12/1/09	2/28/10
J8499	Revlimid	3/1/10	5/31/10
J8499	Revlimid	6/1/10	
J2790	RhoGAM (Human)	6/1/10	
J8499	Ribapak	12/1/09	2/28/10
J8499	Ribapak	3/1/10	5/31/10
J8499	Ribapak	6/1/10	
J8499	Ribasphere	12/1/09	2/28/10
J8499	Ribasphere	3/1/10	5/31/10
J8499	Ribasphere	6/1/10	
J8499	Ribavirin	12/1/09	2/28/10
J8499	Ribavirin	3/1/10	5/31/10
J8499	Ribavirin	6/1/10	
J2794	Risperidone, long acting	3/1/10	5/31/10
J2794	Risperidone, long acting	6/1/10	
J9310	Rituximab	3/1/10	5/31/10
J9310	Rituximab	6/1/10	



Procedure	Description	Effective Date	End Date
J3490	Romazicon	12/1/09	2/28/10
J3490	Romazicon	6/1/10	
J3490	Romazicon	3/1/10	5/31/10
90378	Rsv, mab, im, 50mg	7/15/09	11/30/09
90378	Rsv, mab, im, 50mg	12/1/09	2/28/10
90378	Rsv, mab, im, 50mg	3/1/10	5/31/10
J8499	Samsca	12/1/09	2/28/10
J8499	Samsca	3/1/10	5/31/10
J8499	Samsca	6/1/10	
J3490	Serophene	12/1/09	2/28/10
J3490	Serophene	3/1/10	5/31/10
J3490	Serophene	6/1/10	
J3590	Simponi	12/1/09	2/28/10
J3590	Simponi	3/1/10	5/31/10
J3590	Simponi	6/1/10	
J7520	Sirolimus, oral	7/15/09	11/30/09
J7520	Sirolimus, oral	12/1/09	2/28/10
J7520	Sirolimus, oral	3/1/10	5/31/10
J7520	Sirolimus, oral	6/1/10	
J2941	Somatropin	7/15/09	11/30/09
J2941	Somatropin	3/1/10	5/31/10
J2941	Somatropin	6/1/10	
J3590	Somavert	12/1/09	2/28/10
J3590	Somavert	3/1/10	5/31/10
J3590	Somavert	6/1/10	
J8999	Sprycel	12/1/09	2/28/10
J8999	Sprycel	3/1/10	5/31/10
J8999	Sprycel	6/1/10	
J3590	Stelara	12/1/09	2/28/10
J3590	Stelara	3/1/10	5/31/10
J3590	Stelara	6/1/10	
J9320	Streptozocin	3/1/10	5/31/10
J9320	Streptozocin	6/1/10	
Q3026	Subc inj interferon beta-1a	7/15/09	11/30/09
Q3026	Subc inj interferon beta-1a	12/1/09	2/28/10
Q3026	Subc inj interferon beta-1a	3/1/10	5/31/10
J9226	Supprelin LA implant	3/1/10	5/31/10
J9226	Supprelin LA implant	6/1/10	
J8999	Sutent	12/1/09	2/28/10
J8999	Sutent	3/1/10	5/31/10
J8999	Sutent	6/1/10	
J3490	Symlin	12/1/09	2/28/10
J3490	Symlin	3/1/10	5/31/10
J3490	Symlin	6/1/10	
J3490	Symlinpen	3/1/10	5/31/10
J3490	Symlinpen	6/1/10	
90378	Synagis 50 MG/0.5ML	6/1/10	
J7325	Synvisc or Synvisc-One	3/1/10	5/31/10
J7525	Tacrolimus	7/15/09	11/30/09
J7525	Tacrolimus	12/1/09	2/28/10

Procedure	Description	Effective Date	End Date
J7525	Tacrolimus	3/1/10	5/31/10
J7525	Tacrolimus	6/1/10	
J7507	Tacrolimus oral per 1 MG	7/15/09	11/30/09
J7507	Tacrolimus oral per 1 MG	12/1/09	2/28/10
J7507	Tacrolimus oral per 1 MG	3/1/10	5/31/10
J7507	Tacrolimus oral per 1 MG	6/1/10	
S0187	Tamoxifen 10 mg	3/1/10	5/31/10
S0187	Tamoxifen 10 mg	6/1/10	
J8999	Tarceva	12/1/09	2/28/10
J8999	Tarceva	3/1/10	5/31/10
J8999	Tarceva	6/1/10	
J8999	Targretin	12/1/09	2/28/10
J8999	Targretin	3/1/10	5/31/10
J8999	Targretin	6/1/10	
J8999	Tasigna	12/1/09	2/28/10
J8999	Tasigna	3/1/10	5/31/10
J8999	Tasigna	6/1/10	
J8700	Temozolomide	7/15/09	11/30/09
J8700	Temozolomide	12/1/09	2/28/10
J8700	Temozolomide	3/1/10	5/31/10
J8700	Temozolomide	6/1/10	
J9330	Temsirolimus	3/1/10	5/31/10
J9330	Temsirolimus	6/1/10	
J3110	Teriparatide	7/15/09	11/30/09
J3110	Teriparatide	12/1/09	2/28/10
J3490	Testim	12/1/09	2/28/10
J3490	Testim	6/1/10	
J3490	Testim	3/1/10	5/31/10
J8499	Thalomid	12/1/09	2/28/10
J8499	Thalomid	3/1/10	5/31/10
J8499	Thalomid	6/1/10	
J3240	Thyrotropin	7/15/09	11/30/09
J3240	Thyrotropin	12/1/09	2/28/10
J3240	Thyrotropin	3/1/10	5/31/10
J3240	Thyrotropin	6/1/10	
J7682	Tobramycin non-comp unit	7/15/09	11/30/09
J7682	Tobramycin non-comp unit	12/1/09	2/28/10
J7682	Tobramycin non-comp unit	3/1/10	5/31/10
J7682	Tobramycin non-comp unit	6/1/10	
J9350	Topotecan	3/1/10	5/31/10
J9350	Topotecan	6/1/10	
J8499	Tracleer	3/1/10	5/31/10
J8499	Tracleer	6/1/10	
J9355	Trastuzumab	3/1/10	5/31/10
J9355	Trastuzumab	6/1/10	
J9999	Treanda	12/1/09	2/28/10
J9999	Treanda	3/1/10	5/31/10



Procedure	Description	Effective Date	End Date
J3285	Treprostinil	7/15/09	11/30/09
J3285	Treprostinil	12/1/09	2/28/10
J3285	Treprostinil	6/1/10	
J8999	Tretinoin	12/1/09	2/28/10
J8999	Tretinoin	3/1/10	5/31/10
J8999	Tretinoin	6/1/10	
J8499	Truvada	12/1/09	2/28/10
J8499	Truvada	3/1/10	5/31/10
J8499	Truvada Tablet	6/1/10	
J8999	Tykerb	12/1/09	2/28/10
J8999	Tykerb	3/1/10	5/31/10
J8999	Tykerb	6/1/10	
J7699	Tyvaso	3/1/10	5/31/10
J7699	Tyvaso	6/1/10	
J3355	Urofollitropin, 75 iu	3/1/10	5/31/10
J3490	Vasopressin	12/1/09	2/28/10
J3490	Vasopressin	3/1/10	5/31/10
J3490	Vasopressin	6/1/10	
Q4074	Ventavis	6/1/10	
J3490	Verapamil	12/1/09	2/28/10
J3490	Verapamil	3/1/10	5/31/10
J3490	Verapamil	6/1/10	
J3396	Verteporfin	7/15/09	11/30/09
J3396	Verteporfin	12/1/09	2/28/10
J3396	Verteporfin	3/1/10	5/31/10
J3396	Verteporfin	6/1/10	
J8999	Vesanoid	12/1/09	2/28/10
J8999	Vesanoid	3/1/10	5/31/10
J8999	Vesanoid	6/1/10	
J8999	Votrient	3/1/10	5/31/10
J8999	Votrient	6/1/10	
J8499	Xenazine	3/1/10	5/31/10
J8499	Xenazine	6/1/10	
J3490	Xylocaine	3/1/10	5/31/10
J3490	Xylocaine	12/1/09	2/28/10
J3490	Xylocaine	6/1/10	
J8499	Xyrem	3/1/10	5/31/10
J8499	Xyrem	6/1/10	
J8499	Zavesca	12/1/09	2/28/10
J8499	Zavesca	3/1/10	5/31/10
J8499	Zavesca	6/1/10	
J3487	Zoledronic acid	3/1/10	5/31/10
J3487	Zoledronic acid	6/1/10	
J8499	Zolinza	12/1/09	2/28/10
J8499	Zolinza	3/1/10	5/31/10
J8499	Zolinza	6/1/10	

\*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 LLC.