

Available Through McKesson Specialty Pharmacy Services

Please contact McKesson to inquire about any products not listed here

All drugs listed are subject to manufacturer availability.

Medications listed below may be obtained under BCBSIL major medical benefit

J0129 (10 MG) ORENCIA	J0795 (1 MCG) ACTHREL	J1825 (33 MCG) AVONEX	J3110 (10 MCG) FORTEO	J7322 (PER DOSE) SYNVISC	J9050 (100 MG) BICNU
J0133 (5 MG) ZOVIRAX	J0800 (40U) ACTHAR HP GEL	J1830 (0.25 MG) BETASERON	J3130 (200 MG) DELATESTRYL	J7323 (PER DOSE) EUFLEXXA	J9065 (1 MG) LEUSTATIN
J0135 (20 MG) HUMIRA	J0835 (.25 MG) CORTROSYN	J1945 (.25 MG) REFLUDAN	J3240 (0.9 MG) THYROGEN	J7507 (1 MG) PROGRAF	J9070 (100 MG) ENDOXAN- ASTA
J0150 (6 MG) ADENOCARD	J0850 (1 VIAL) CYTOGAM	J2315 (1 MG) VIVITROL	J3487 (1 MG) ZOMETA	J7516 (250 MG) NEORAL SANDIMMUNE	J9110 (500 MG) CYTOSAR-U
J0152 (30 MG) ADENOSCAN	J1070 (100MG) DEPO-TESTOST	J2323 (1 MG) TYSARBI	J3488 (1 MG) RECLAST	J7517 (250 MG) CELLCEPT	J9151 (10 MG) DAUNOXOME
J0180 (1 MG) FRABRAZYME	J1080 (200MG) DEPO-TESTOST	J2353 (1 MG) SANDOSTATIN	J3490 (unclassified drug Use NDC with claim) COPEGUS	J7682 (300 MG) TOBI	J9160 (300 MCG) ONTAK
J0207 (500 MG) ETHYOLI	J1110 (1MG) D.H.E. 45	J2354 (25 MCG) SANDOSTATIN	J3490 (unclassified drug Use NDC with claim) GENOTROPIN KINERET LUCENTIS PEGASYS PEG-INTRON REBETOL REBIF RIBASPHERE RIBAVIRIN	J8510 (2 MG) BUSULFLEX	J9170 (20 MG) TAXOTERE
J0215 (0.5 MG) AMEVIVE	J1250 (250 MG) DOBUTAMINE	J2355 (5 MG) NEUMEGA	J7190 (1 IU) HEMOPHIL-M MONARC-M MONOCLATE-P KOATE	J8520 (150 MG) XELODA	J9178 (2 MG) ELLENC
J0270 (1.25 MCG) CAVERJECT EDEX	J1260 (10 MG) ANZEMET	J2405 (1 MG) ZOFRAN	J7190 (1 IU) HEMOPHIL-M MONARC-M MONOCLATE-P KOATE	J8521 (500 MG) XELODA	J9201 (200 MG) GEMZAR
J0278 (100 MG) AMIKACIN	J1438 (25MG) ENBREL	J2503 (0.3 MG) MACUGEN	J7192 (1 IU) ALPHANATE HELIXATE FS KOGENATE FS RECOMBINATE REFACTO	J8600 (2 MG) ALKERAN	J9206 (20 MG) CAMPTOSAR
J0476 (50 MCG) LIORESAL INTRA	J1440 (300 MCG) NEUPOGEN	J2505 (6 MG) NEULASTA	J7192 (1 IU) ALPHANATE HELIXATE FS KOGENATE FS RECOMBINATE REFACTO	J8700 (5 MG) TEMODAR	J9211 (5 MG) IDAMYCIN
J0500 (20 MG) BENTYL	J1441 (480 MCG) NEUPOGEN	J2790 (300 MCG) BAYRHO WINRHO	J7193 (1 IU) BENEFIX	J9001 (10 mg) DOXIL	J9212 (1 MCG) INFERGEN
J0585 (type A / 1U) BOTOX	J1565 (50 MG) RESPIGAM	J2794 (0.5 MG) RISPERDAL CONSTA	J7193 (1 IU) BENEFIX	J9010 (10 MG) CAMPATH	J9213 (3 MILLION U) ROFERON-A
J0587 (type B / 100U) MYOBLOC	J1595 (20MG) COPAXONE	J2820 (50 MCG) LEUKINE	J7194 (1 IU) BEBULIN	J9015 (1 EACH) PROLUEKIN	J9214 (1 U) INTRON A REBETRON
J0630 (400U) MIACALCIN	J1645 (2500 IU) FRAGMIN	J2850 (1 MCG) SECRE-FLO	J7198 (1 IU) AUTOPLEX T	J9017 (1 MG) TRISENOX	J9230 (10 MG) MUSTARGEN
J0692 (500 MG) MAXIPIM	J1650 (10 MG) LOVENOX	J2940 (1 MG) PROTROPIN	J7195 (1 IU) PROPLEX	J9020 (10,000 U) ELSPAR	J9263 (0.5 MG) ELOXATIN AQ
J0725 (per 1,000 USP) units CORCONJECT-5	J1720 (UP TO 100MG) SOLU-CORTEF	J2941 (1 MG) GROWTH HORMONES	J7321 (PER DOSE) HYALGAN	J9035 (10 MG) AVASTIN	J9264 (1 MG) ABRAXANE
J0740 (375 MG) VISTIDE	J1745 (10 MG) REMICADE	J3030 (6 MG) IMITREX		J9041 (0.1 MG) VELCADE	
	J1785 (1U) CEREZYME				

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J9265 (30 MCG) TAXOL NOV-ONXOL	<u>CPT 90378</u> <u>(50 MG)</u> <u>SYNAGIS</u>					
J9268 (10 MG) NIPENT						
J9293 (5 MG) NOVANTRONE						
J9300 (5 MG) MYLOTARG						
J9305 (10 MG) ALIMTA						
J9310 (100 MG) RITUXAN						
J9320 (1 G) ZANOSAR						
J9350 (4 MG) HYCAMTIN						
J9355 (10MG) HERCEPTIN						
J9600 (75 MG) PHOTOFRIN						
Q0166 (1 MG) KYTRIL						
Q3026 (11 MCG) REBIF						
S0088 (100 MG) GLEVEC						
S0122 (75 IU) MENOPUR REPRONEX						
S0126 (75 IU) GONAL-F						
S0128 (75 IU) FOLLSTIM						
S0146 (10 MCG per .5 ML) PEG-INTRON						
S0156 (25 MG) AROMASIN						
S0162 (125 MG) RAPTIVA						