

**Available Through Triessent Specialty Pharmacy Services**

Please contact Triessent 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	J1438 (25MG) ENBREL	J2315 (1 MG) VIVITROL	J7186 (per factor VIII i.u.) ALPHANATE	J7525 (5 MG) PROGRAF	J9212 (1 MCG) INFERGEN
J0135 (20 MG) HUMIRA	J1440 (300 MCG) NEUPOGE	J2323 (1 MG) TYSARBI	J7187 (PER IU) HUMATE-P	J7639 (PER MG) PULMOZYME	J9214 (1 MILLION U) INTRON A REBETRON
J0180 (1 MG) FRABRAZYME	J1441 (480 MCG) NEUPOGEN	J2353 (1 MG) SANDOSTATIN	J7189 (PER 1MCG) NOVOSEVEN	J8520 (150 MG) XELODA	J9218 (1 MG) LUPRON
J0207 (500 MG) ETHYOLI	J1458 (1 MG) NAGLAZYME	J2355 (5 MG) NEUMEGA	J7190 (1 IU) HEMOFIL-M MONARC-M MONOCLATE-P KOATE	J8521 (500 MG) XELODA	J9226 (50 MG) SUPPRELIN
J0215 (0.5 MG) AMEVIVE	J1459 (500 MG) PRIVIGEN	J2357 (5 MG) XOLAIR	J7192 (1 IU) ADVATE ALPHANATE HELIXATE FS KOGENATE FS RECOMBINATE REFACTO	J8565 (250 MG) IRESSA	J9230 (10 MG) MUSTARGEN
J0220 (10 MG) MYOZIME	J1561 (500 MG) GAMUNEX	J2503 (0.3 MG) MACUGEN	J7193 (1 IU) BENEFIX	J8700 (5 MG) TEMODAR	J9263 (0.5 MG) ELOXATIN AQ
J0364 (1 MG) APOKYN	J1595 (20MG) COPAXONE	J2778 (0.1 MG) LUCENTIS	J7194 (1 IU) BEBULIN	J9001 (10 mg) DOXIL	J9264 (1 MG) ABRAXANE
J0475 (10 MG) (LIORESAL)	J1650 (10 MG) LOVENOX	J2790 (300 MCG) BAYRHO WINRHO	J7195 (1 IU) PROPLEX	J9010 (10 MG) CAMPATH	J9265 (30 MCG) TAXOL NOV-ONXOL
J0585 (type A / 1U) BOTOX	J1652 (.5 MG) ATRIXTRA	J2794 (0.5 MG) RISPERDAL CONSTA	J7197 (PER IU) THROMBATE	J9015 (1 EACH) PROLUEKIN	J9293 (5 MG) NOVANTRONE
J0587 (type B / 100U) MYOBLOC	J1572 (500 MG) FLEBOGAMMA	J2941 (1 MG) GROWTH HORMONES	J7198 (PER IU) AUTOPLEX T	J9020 (10,000 U) ELSPAR	J9305 (10 MG) ALIMTA
J0630 (up to 400 units) CALCIMAR	J1720 (UP TO 100MG) SOLU-CORTEF	J3110 (10 MCG) FORTEO	J7322 (PER DOSE) SYNVISC	J9035 (100 MG) BICNU	J9310 (100 MG) RITUXAN
J0725 (per 1,000 USP) units CORGONJECT-5	J1743 (1 MG) ELAPRASE	J3130 (200 MG) DELATESTRYL	J7507 (1 MG) PROGRAF	J9050 (100 MG) ERBITUX	J9320 (1 G) ZANOSAR
J0800 (40U) ACTHAR HP GEL	J1745 (10 MG) REMICADE	J3240 (0.9 MG) THYROGEN	J7516 (250 MG) NEORAL	J9170 (20 MG) TAXOTERE	J9330 (1 MG) TORISEL
J1070 (100MG) DEPO-TESTOST	J1785 (1U) CEREZYME	J3285 (1 MG) REMODULIN	J7517 (250 MG) CELLCEPT	J9178 (2 MG) ELLEENCE	J9350 (4 MG) HYCAMTIN
J1080 (200MG) DEPO-TESTOST	J1825 (33 MCG) AVONEX	J3355 (75 IU) METRODIN	J7518 (180 MG) MYFORTIC	J9181 (10 MG) ETOPOSIDE	J9355 (10MG) HERCEPTIN
J1260 (10 MG) ANZEMET	J1830 (0.25 MG) BETASERON	J3396 (.1 MG) VISUDYNE	J7520 (1 MG) RAPAMUNE	J9201 (200 MG) GEMZAR	J9375 (2 ML) VINCRISTINE
J1300 (30 MG) SOLRIRIS	J1930 (1 MG) SOMATULINE	J3487 (1 MG) ZOMETA		J9206 (20 MG) CAMPTOSAR	Q3026 (11 MCG) REBIF
J1324 (1 MG) FUSZEON	J1931 (.1MG) ALDURAZYME	J3488 (1 MG) RECLAST		J9211 (5 MG) IDAMYCIN	
J1325 FLOLAN (.5 MG)	J2170 (1 MG) INCRELEX				

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S0088 (100 MG) GLEVEC	J3490, J3590, J7199, J8499, J9999 Unclassified drug Use NDC with claim				
S0108 (50 MG) PURINETHOL	ADCIRCA AFINITOR ARCALYST				
S0122 (75 IU) MENOPUR REPRONEX	CELLCEPT INTRAVENOUS CETROTIDE CIMZIA CINRYZE CLOMID				
S0126 (75 IU) GONAL-F	CLOMIPHENE CITRATE COPEGUS DEGARELIX EXJADE				
S0128 (75 IU) FOLLSTIM	GLEEVEC HEXALEN HYCANTIN KINERET				
S0132 (250 MCG) ANTAGON	KUVAN LETAIRIS LUVERIS LYSODREN				
S0145 (180 MCG) PEGASYS	NEXAVAR NPLATE ORFADIN OVIDREL				
S0146 (10 MCG per .5 ML) PEG-INTRON	PROMACTA PURINTHOL REBETOL REBIF TITRATION PACK				
S0156 (25 MG) AROMASIN	REVATIO REVLIMID RIBAPAK RIBASPHERE				
S0170 (1 MG) ARIMIDEX	RIBAVIRIN SEROPHENE SIMPONI SOMAVERT				
S0178 (10 MG) CEENU	SPRYCEL SUTENT TARCEVA TARGRETIN				
S0181 (4 MG) ZOFRAN	TASIGNA THALOMID TRACLEER TRETINOIN				
S0182 (50 mg) MATULANE	TYKERB VERAPAMIL VESANOID XENAZINE				
S0187 (10 mg) NOLVADEX	XREM ZAVESCA ZOLINZA				