

**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 (25 MG) ENBREL	J2170 (1 MG) INCRELEX	J3488 (1 MG) RECLAST	J7518 (180 MG) MYFORTIC	J9206 (20 MG) CAMPTOSAR
J0135 (20 MG) HUMIRA	J1440 (300 MCG) NEUPOGEN	J2315 (1 MG) VIVITROL	J7186 (PER FACTOR VIII IU) ALPHANATE	J7520 (1 MG) RAPAMUNE	J9211 (5 MG) IDAMYCIN
J0180 (1 MG) FABRAZYME	J1441 (480 MCG) NEUPOGEN	J2323 (1 MG) TYSABRI	J7187 (PER IU) HUMATE-P	J7525 (5 MG) PROGRAF	J9212 (1 MCG) INFERGEN
J0207 (500 MG) ETHYOL	J1458 (1 MG) NAGLAZYME	J2353 (1 MG) SANDOSTATIN	J7189 (PER1 MCG) NOVOSEVEN	J7639 (PER MG) PULMOZYME	J9214 (1 MILLION UNITS) INTRON A REBETRON
J0215 (0.5 MG) AMEVIVE	J1459 (500 MG) PRIVIGEN	J2355 (5 MG) NEUMEGA	J7190 (1 IU) HEMOPIL-M MONARC-M MONOCLATE-P KOATE	J8520 (150 MG) XELODA	J9218 (1 MG) LUPRON
J0220 (10 MG) MYOZYME	J1561 (500 MG) GAMUNEX	J2357 (5 MG) XOLAIR	J7192 (1 IU) ADVATE ALPHANATE HELIXATE FS KOGENATE FS RECOMBINATE REFACTO XYNTHA	J8521 (500 MG) XELODA	J9226 (50 MG) SUPPRELIN
J0364 (1 MG) APOKYN	J1595 (20 MG) COPAXONE	J2503 (0.3 MG) MACUGEN	J7193 (1 IU) ALPHANINE SD MONONINE	J8700 (5 MG) TEMODAR	J9230 (10 MG) MUSTARGEN
J0475 (10 MG) LIORESAL	J1645 (PER 2500IU) FRAGMIN	J2778 (0.1 MG) LUCENTIS	J7194 (PER IU) PROFILNINE SD	J9001 (10 MG) DOXIL	J9263 (0.5 MG) ELOXATIN AQ
J0585 (TYPE A / 1 U) BOTOX	J1650 (10 MG) LOVENOX	J2790 (300 MCG) HYPERRHO	J7195 (PER IU) PROPLEX	J9010 (10 MG) CAMPATH	J9264 (1 MG) ABRAXANE
J0587 (TYPE B / 100 U) MYOBLOC	J1652 (0.5 MG) ARIXTRA	J2794 (0.5 MG) RISPERDAL CONSTA	J7197 (PER IU) THROMBATE	J9015 (1 EACH) PROLEUKIN	J9265 (30 MCG) PACLITAXEL
J0630 (UP TO 400 UNITS) CALCIMAR	J1572 (500 MG) FLEBOGAMMA	<b>J2820 (50 MCG) LEUKINE</b>	J7198 (PER IU) FEIBA VH IMMUN	J9020 (10,000 UNITS) ELSPAR	J9293 (5 MG) NOVANTRONE
J0725 (PER 1,000 USP UNITS) CORGONJECT-5	J1720 (UP TO 100 MG) SOLU-CORTEF	J2941 (1 MG) GROWTH HORMONES	J7199 (PER IU) ERLENZYNE	J9031 (PER INSTILLATION) TICE BCG	J9305 (10 MG) ALIMTA
J0800 (40 U) ACTHAR HP GEL	J1745 (10 MG) REMICADE	J3110 (10 MCG) FORTEO	J7198 (PER IU) FEIBA VH IMMUN	J9035 (10 MG) AVASTIN	J9310 (100 MG) RITUXAN
J1070 (100 MG) DEPO-TESTOST	J1785 (PER UNIT) CEREZYME	J3130 (200 MG) DELATESTRYL	J7325 (PER DOSE) SYNVISC SYNVISC ONE	J9050 (100 MG) BICNU	J9320 (1 G) ZANOSAR
J1080 (200 MG) DEPO-TESTOST	J1825 (33 MCG) AVONEX	J3240 (0.9 MG) THYROGEN	J7507 (1 MG) PROGRAF	J9055 (10 MG) ERBITUX	J9330 (1 MG) TORISEL
J1260 (10 MG) ANZEMET	J1830 (0.25 MG) BETASERON	J3355 (75 IU) BRAVELLE	J7516 (250 MG) NEORAL	J9178 (2 MG) ELLENCE	J9350 (4 MG) HYCAMTIN
J1300 (30 MG) SOLIRIS	J1930 (1 MG) SOMATULINE	J3396 (0.1 MG ) VISUDYNE	J7517 (250 MG) CELLCEPT	J9181 (10 MG) ETOPOSID	J9355 (10 MG) HERCEPTIN
J1324 (1 MG) FUZEON	J1931 (0.1 MG) ALDURAZYME	J3487 (1 MG) ZOMETA		J9201 (200 MG) GEMZAR	J9375 (2 ML) VINCRIStINE

**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.**

Q3026 (11 MCG) REBIF	J3490, J3590, J7199, J8499, J9999 Unclassified drug Use NDC with claim	J3490, J3590, J7199, J8499, J9999 Unclassified drug Use NDC with claim (continued)			
S0088 (100 MG) GLEEVEC	ADCIRCA AFINITOR AK-FLUOR ANDROGEL ARZERRA AYGESTIN BARACLUDE BUPIVACAINE BYETTA CALCIUM CHL CANDIN SKIN TEST CASODEX CETROTIDE CIMZIA CLOMID CLOMIPHENE CITRATE COPEGUS DEGARELIX DEPO-SUBQ PROVERA DEXTROSE DOXYCYCLINE EMEND EPIPEN EXUBERA FLUORESCITE GLEEVEC GLYCOPYRROLATE HEXALEN HYCAMTIN ISUPREL KINERET KUVAN LETAIRIS LEVOTHYROXINE LEXIVA LUVERIS LYSODREN METOPROLOL NEXAVAR NITROGLYCERIN NPLATE OVIDREL PROMACTA PURINTHOL REBETOL REBETRON REBIF TITRATION PACK RECOTHROM REVATIO REVLIMID RIBAPAK RIBASPHERE RIBAVIRIN ROMAZICON SAMSCA SEROPHENE SIMPONI SOMAVERT SPRYCEL STELARA SUTENT SYMLIN SYMLINPEN TARCEVA TARGRETIN TASIGNA TESTIM THALOMID	TREANDA TRETINOIN TRUVADA TYKERB VASOPRESSIN VERAPAMIL VESANOID VOTRIENT XYLOCAINE ZAVESCA ZOLINZA			
S0108 (50 MG) PURINETHOL					
S0122 (75 IU) MENOPUR REPRONEX					
S0126 (75 IU) GONAL-F					
S0128 (75 IU) FOLLSTIM					
S0132 (250 MCG) GANIRELIX					
S0145 (180 MCG) PEGASYS					
S0146 (10 MCG PER 0.5 ML) PEG-INTRON					
S0156 (25 MG) AROMASIN					
S0170 (1 MG) ARIMIDEX					
S0178 (10 MG) CEENU					
S0181 (4 MG) ZOFRAN					
S0182 (50 MG) MATULANE					
S0187 (10 MG) NOLVADEX					