

## BlueCross BlueShield of Tennessee

### Appropriate Generic Reimbursement Report (Maximum Allowable Cost\*)

HCPCS CODE	Drug Name	Effective Date
J0640	Ca Leucovorin 50mg	1/1/2012
J1100	Dexamethasone 1 mg	1/1/2012
J1626	Kytril 100mcg (granisetron)	1/1/2012
J2405	Zofran 1 mg (ondansetron)	1/1/2012
J2430	Aredia 30 mg (pamidronate)	1/1/2012
J9000	Doxorubicin 10mg	1/1/2012
J9040	Blenoxane 15 units (bleomycin sulfate)	1/1/2012
J9045	Carboplatin 50mg	1/1/2012
J9060	Cisplatin 10mg	1/1/2012
J9070	Cyclophosphamide 100 mg	1/1/2012
J9120	Dactinomycin .5 mg	1/1/2012
J9130	Dacarbazine 100 mg	1/1/2012
J9150	Daunorubicin	1/1/2012
J9178	Epirubicin hcl, 2 mg	1/1/2012
J9181	Etoposide 20mg/ml	1/1/2012
J9185	Fludarabine 50 mg	1/1/2012
J9190	Fluorouracil 500mg	1/1/2012
J9206	Camptosar 20mg (irinotecan)	1/1/2012
J9208	Ifosfamide 1 gm	1/1/2012
J9265	Paclitaxel 30mg	1/1/2012
J9268	Pentostatin 10 mg	1/1/2012
J9370	Vincristine 1 mg	1/1/2012
J9390	Navelbine 10mg (vinorelbine tartrate)	1/1/2012

\*Name change to Appropriate Generic Reimbursement (AGR)