



Florida
Health Care
Plans



An Independent Licensee of the Blue Cross and Blue Shield Association



2021

MEDICAL PHARMACY FORMULARY

(LIST OF COVERED DRUGS)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN

This formulary was updated on 03/15/2021. For more recent information or other questions, please contact Florida Health Care Plans Member Services at 1-877-615-4022 or, for TTY users, TRS Relay 711, Hours of operation are 7 days a week, 8 am to 8 pm, or visit



The following medications are covered by FHCP under the medical benefit when furnished and administered by a physician or infusion clinic incidental to a visit. Some medications require prior authorization or clinical review by AIM medical oncology which must be obtained prior to administration.

Medications not specifically listed or not yet assigned a J or Q code, must receive authorization prior to administration for reimbursement.

List of Abbreviations

NP: Non-Preferred

P: Preferred

(AIM): Authorization requests should be directed to AIM Specialty Health through their secure web portal located at www.providerportal.com or by telephone at 844-423-0881.

(PA) Prior Authorization: FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the drug.

(QL) Quantity Limit: For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 31 tablets per prescription for Januvia 50mg. This appears on the formulary as "31 EA per 31 days" which means coverage is limited to 31 tablets every 31 days, or 1 tablet per day.

(SP) Specialty Pharmacy Only: Certain drugs can only be filled via specialty pharmacies. In most cases, the name of the specialty pharmacy that must be used will be listed in the Requirements/Limits column on the formulary. The contact information for those pharmacies is listed below.

Specialty Pharmacy	Phone
Biologics - Biologics, Inc.	1-800-850-4306
CVS Caremark - CVS Caremark Specialty	1-866-278-5108
Diplomat - Diplomat Specialty Pharmacy	1-954-527-0440
Dohmen - Dohmen Life Science Services, LLC	1-866-849-4481
Express Scripts - Express Scripts Specialty	1-866-997-3688
Optime - Optime Care, Inc.	1-610-597-4421

Some Specialty Pharmacy Only drugs will not have a specialty pharmacy name listed. For more information about where to fill those drugs, please contact Pharmacy Services at 1-888-676-7173

Florida Health Care Plans
2021 Medical Pharmacy Formulary
Federal Exchange, Non-Grandfathered, and Grandfathered Commercial Plans

Table of Contents

ANTIHISTAMINE DRUGS.....	2
ANTI-INFECTIVE AGENTS.....	2
ANTINEOPLASTIC AGENTS.....	4
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES.....	8
AUTONOMIC DRUGS.....	9
BLOOD DERIVATIVES.....	9
BLOOD FORMATION, COAGULATION, THROMBOSIS.....	10
CARDIOVASCULAR DRUGS.....	10
CENTRAL NERVOUS SYSTEM AGENTS.....	11
DEVICES.....	13
DIAGNOSTIC AGENTS.....	14
ELECTROLYTIC, CALORIC, AND WATER BALANCE.....	14
ENZYMES.....	15
EYE, EAR, NOSE AND THROAT (EENT) PREPS.....	15
GASTROINTESTINAL DRUGS.....	15
HEAVY METAL ANTAGONISTS.....	16
HORMONES AND SYNTHETIC SUBSTITUTES.....	16
LOCAL ANESTHETICS (PARENTERAL).....	18
MISCELLANEOUS THERAPEUTIC AGENTS.....	18
NONHORMONAL CONTRACEPTIVES.....	20
OXYTOCICS.....	20
RADIOACTIVE AGENTS.....	20
RESPIRATORY TRACT AGENTS.....	20
SKIN AND MUCOUS MEMBRANE AGENTS.....	21
SMOOTH MUSCLE RELAXANTS.....	21
VITAMINS.....	21

2021 Medical Pharmacy Formulary

Federal Exchange, Non-Grandfathered, and Grandfathered Commercial Plans

Drug Name	Tier	Requirements/Limits
ANTIHISTAMINE DRUGS		
DimenhyDRINATE Injection	P	J1240
DiphenhydrAMINE HCl Injection	P	J1200
DiphenhydrAMINE HCl Oral Capsule 50 MG	P	Q0163
hydrOXYzine HCl Intramuscular	P	J3410
Promethazine HCl Injection Solution 25 MG/ML	P	J2550
Promethazine HCl Oral Tablet 12.5 MG	P	Q0169
ANTI-INFECTIVE AGENTS		
Acyclovir Sodium Intravenous Solution	P	J0133
Amikacin Sulfate Injection Solution 500 MG/2ML	P	J0278
Amphotericin B Injection	P	J0285
Ampicillin Sodium Injection	P	J0290
Ampicillin-Sulbactam Sodium Injection Solution Reconstituted 1.5 (1-0.5) GM, 3 (2-1) GM	P	J0295
Azithromycin Intravenous Solution Reconstituted 500 MG	P	J0456
Aztreonam Injection	P	
Bicillin C-R 900/300 Intramuscular	P	J0558
Bicillin C-R Intramuscular	P	J0558
Bicillin L-A Intramuscular	P	J0561
CeFAZolin Sodium Injection Solution Reconstituted 1 GM, 10 GM, 500 MG	P	J0690
Cefepime HCl Injection	P	J0692
Cefotaxime Sodium Injection Solution Reconstituted 1 GM, 10 GM, 2 GM, 500 MG	P	J0698
CefOXitin Sodium Injection	P	J0694
CefOXitin Sodium Intravenous	P	J0694
CefTAZidime Injection Solution Reconstituted 1 GM, 2 GM, 6 GM	P	J0713

P: Preferred **NP:** Non-Preferred **PA:** Prior Authorization. FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the drug. **AIM:** Authorization requests should be directed to AIM Specialty Health through their secure web portal located at www.providerportal.com or by telephone at 844-423-0881.

You can find more information on what the symbols and abbreviations on this table mean by going to the list of abbreviations that begins on page i.

Drug Name	Tier	Requirements/Limits
CefTRIAXone Sodium Injection Solution Reconstituted 1 GM, 2 GM, 250 MG, 500 MG	P	J0696
Cefuroxime Sodium Injection Solution Reconstituted 1.5 GM, 7.5 GM, 750 MG	P	J0697
Cefuroxime Sodium Intravenous Solution Reconstituted 1.5 GM	P	J0697
Chloramphenicol Sod Succinate Intravenous	P	J0720
Ciprofloxacin Intravenous Solution 200 MG/20ML, 400 MG/40ML	P	J0744
Colistimethate Sodium Injection	P	J0770
Cresemba Intravenous	P	PA; J1833
DAPTOmycin Intravenous Solution Reconstituted 500 MG	P	PA; J0878
Doribax Intravenous	P	J1267
Erythrocin Lactobionate Intravenous Solution Reconstituted 500 MG	P	J1364
Fluconazole in Dextrose Intravenous	P	J1450
Fluconazole in Sodium Chloride Intravenous	P	J1450
Ganciclovir Sodium Intravenous Solution Reconstituted	P	J1570
Gentamicin Sulfate Injection	P	J1580
Imipenem-Cilastatin Intravenous	P	J0743
Intron A Injection	P	J9214
INVanz Injection	P	J1335
INVanz Intravenous	P	J1335
LevoFLOXacin Intravenous	P	J1956
Lincomycin HCl Injection	P	J2010
Linezolid Intravenous Solution 600 MG/300ML	P	J2020
Meropenem Intravenous	P	J2185
Moxifloxacin HCl Intravenous	P	J2280
Mycamine Intravenous	P	J2248
Oxacillin Sodium Injection	P	J2700

P: Preferred **NP:** Non-Preferred **PA:** Prior Authorization. FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the drug. **AIM:** Authorization requests should be directed to AIM Specialty Health through their secure web portal located at www.providerportal.com or by telephone at 844-423-0881.

You can find more information on what the symbols and abbreviations on this table mean by going to the list of abbreviations that begins on page i.

Drug Name	Tier	Requirements/Limits
Penicillin G Potassium Injection	P	J2515
Penicillin G Procaine Intramuscular	P	J2540
Piperacillin Sod-Tazobactam So Intravenous Solution Reconstituted 2.25 (2-0.25) GM, 3.375 (3-0.375) GM, 4.5 (4-0.5) GM, 40.5 (36-4.5) GM	P	J2543
Retrovir Intravenous	P	J3485
Synagis Intramuscular	P	PA
Teflaro Intravenous Solution Reconstituted 600 MG	P	J0712
Tigecycline Intravenous	P	J3243
Tobramycin Sulfate Injection Solution 10 MG/ML, 80 MG/2ML	P	J3260
Tobramycin Sulfate Injection Solution Reconstituted	P	J3260
Vancomycin HCl Intravenous Solution Reconstituted 10 GM, 5000 MG, 750 MG	P	J3370
ANTINEOPLASTIC AGENTS		
Abraxane Intravenous	P	PA; J9264; AIM
Adcetris Intravenous	NP	PA; J9042; AIM
Alimta Intravenous	P	PA; J9305; AIM
Arranon Intravenous	P	J9261
Arzerra Intravenous	P	PA; J9303; AIM
AzaCITIDine Injection	P	J9025
Bavencio Intravenous	P	PA; J9023; AIM
Bendeka Intravenous	P	J9034; AIM
BiCNU Intravenous	P	J9050
Bleomycin Sulfate Injection Solution Reconstituted 15 UNIT	P	J9040
Bleomycin Sulfate Injection Solution Reconstituted 30 UNIT	P	PA; J9040
Blincyto Intravenous	P	PA; J9039; AIM
Busulfan Intravenous	P	J0594

P: Preferred **NP:** Non-Preferred **PA:** Prior Authorization. FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the drug. **AIM:** Authorization requests should be directed to AIM Specialty Health through their secure web portal located at www.providerportal.com or by telephone at 844-423-0881.

You can find more information on what the symbols and abbreviations on this table mean by going to the list of abbreviations that begins on page i.

Drug Name	Tier	Requirements/Limits
Capecitabine Oral Tablet 500 MG	P	J8521
CARBOplatin Intravenous Solution	P	J9045
CISplatin Intravenous Solution 100 MG/100ML, 200 MG/200ML, 50 MG/50ML	P	J9060
Cladribine Intravenous Solution 10 MG/10ML	P	J9065
Clofarabine Intravenous	P	J9027
Cyclophosphamide Injection	P	J9070
Cyramza Intravenous	P	PA; J9308; AIM
Dacarbazine Intravenous	P	J9130
Darzalex Intravenous	P	PA; J9145; AIM
DAUNOrubicin HCl Intravenous	P	J9150; AIM
Decitabine Intravenous	P	J0894
DepoCyt Intrathecal	P	J9098
DOCEtaxel Intravenous Concentrate 20 MG/ML, 80 MG/4ML	P	J9171
DOXOrubicin HCl Intravenous Solution	P	J9000
DOXOrubicin HCl Intravenous Solution Reconstituted 10 MG	P	Q2050
DOXOrubicin HCl Liposomal Intravenous	P	PA; Q2050; AIM
Eligard Subcutaneous Kit 22.5 MG, 7.5 MG	P	J9217
Empliciti Intravenous	P	PA; J9176; AIM
EpiRUBicin HCl Intravenous Solution 200 MG/100ML, 50 MG/25ML	P	J9178
Erbitux Intravenous	P	PA; J9055; AIM
Etoposide Intravenous Solution 1 GM/50ML, 100 MG/5ML	P	J9181
Faslodex Intramuscular Solution 250 MG/5ML	P	J9395
Firmagon Subcutaneous	P	J9155
Floxuridine Injection	P	J9200
Fludarabine Phosphate Intravenous Solution Reconstituted	P	J9185
Fluorouracil Intravenous	P	J9190

P: Preferred **NP:** Non-Preferred **PA:** Prior Authorization. FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the drug. **AIM:** Authorization requests should be directed to AIM Specialty Health through their secure web portal located at www.providerportal.com or by telephone at 844-423-0881.

You can find more information on what the symbols and abbreviations on this table mean by going to the list of abbreviations that begins on page i.

Drug Name	Tier	Requirements/Limits
Gazyva Intravenous	P	PA; J9301; AIM
Gemcitabine HCl Intravenous Solution Reconstituted 1 GM, 200 MG	P	J9201
Halaven Intravenous	P	PA; J9179; AIM
IDArubicin HCl Intravenous	P	J9211
Ifosfamide Intravenous Solution Reconstituted	P	J9208
Imfinzi Intravenous	P	PA
Imlygic Intralesional	P	PA; J9325; AIM
Intron A Injection	P	J9214
Irinotecan HCl Intravenous Solution 100 MG/5ML, 40 MG/2ML	P	J9206
Ixempra Kit Intravenous	NP	PA; J9207; AIM
Jevtana Intravenous	P	PA; J9043; AIM
Kadcyla Intravenous	P	PA; J9354; AIM
Kanjinti Intravenous	P	Q5517
Keytruda Intravenous	P	PA; J9271; AIM
Kyprolis Intravenous Solution Reconstituted 30 MG, 60 MG	P	PA; J9047; AIM
Leuprolide Acetate Injection	P	J9218
Lupron Depot (1-Month) Intramuscular Kit 3.75 MG	NP	J1950
Lupron Depot (1-Month) Intramuscular Kit 7.5 MG	NP	J9217
Lupron Depot (3-Month) Intramuscular Kit 11.25 MG	NP	J1950
Lupron Depot (3-Month) Intramuscular Kit 22.5 MG	NP	J9217
Lupron Depot-Ped (1-Month) Intramuscular Kit 11.25 MG	NP	J1950
Lupron Depot-Ped (1-Month) Intramuscular Kit 15 MG, 7.5 MG	NP	J9217
Lupron Depot-Ped (3-Month) Intramuscular	NP	J1950

P: Preferred **NP:** Non-Preferred **PA:** Prior Authorization. FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the drug. **AIM:** Authorization requests should be directed to AIM Specialty Health through their secure web portal located at www.providerportal.com or by telephone at 844-423-0881.

You can find more information on what the symbols and abbreviations on this table mean by going to the list of abbreviations that begins on page i.

Drug Name	Tier	Requirements/Limits
Melphalan HCl Intravenous	P	J9245
Methotrexate Oral	P	J8610
Methotrexate Sodium (PF) Injection	P	J9260; AIM
Methotrexate Sodium Injection	P	J9260; AIM
Methotrexate Sodium Oral	P	J8610
MitoMYcin Intravenous	P	J9280
Mitoxantrone HCl Intravenous	P	J9293
Mustargen Injection	P	J9230
Mvasi Intravenous	P	PA; Q5107; AIM
Oncaspar Injection	P	J9266; AIM
Oncaspar Intramuscular	P	J9266; AIM
Opdivo Intravenous Solution 100 MG/10ML, 40 MG/4ML	P	PA; J9299; AIM
Oxaliplatin Intravenous Solution 100 MG/20ML, 50 MG/10ML	P	J9263
PAClitaxel Intravenous Concentrate 150 MG/25ML, 30 MG/5ML, 300 MG/50ML	P	J9267
Perjeta Intravenous	P	PA; J9306; AIM
Ruxience Intravenous	P	PA; Q5119
Sylvant Intravenous	NP	PA; J2860
Tecentriq Intravenous Solution 1200 MG/20ML	P	PA; C9483; AIM
Temodar Intravenous	P	J9328
TheraCys Intravesical	P	J9031
Topotecan HCl Intravenous Solution Reconstituted	P	J9351
Trazimera Intravenous Solution Reconstituted 420 MG	P	Q5116
Treanda Intravenous Solution Reconstituted	P	J9033
Trelstar Mixject Intramuscular	P	J3315
Trexall Oral Tablet 5 MG	P	J9250
Trisenox Intravenous Solution 10 MG/10ML	P	PA; J9017; AIM

P: Preferred **NP:** Non-Preferred **PA:** Prior Authorization. FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the drug. **AIM:** Authorization requests should be directed to AIM Specialty Health through their secure web portal located at www.providerportal.com or by telephone at 844-423-0881.

You can find more information on what the symbols and abbreviations on this table mean by going to the list of abbreviations that begins on page i.

Drug Name	Tier	Requirements/Limits
Vectibix Intravenous	P	PA; J9303
Velcade Injection	P	PA; J9041; AIM
VinBLASTine Sulfate Intravenous Solution	P	J9360
vinCRISTine Sulfate Intravenous	P	J9370
Vinorelbine Tartrate Intravenous Solution 10 MG/ML	P	J9390
Yervoy Intravenous	P	PA; J9228; AIM
Zaltrap Intravenous	P	PA; J9400; AIM
Zirabev Intravenous	P	PA; Q5118; AIM
Zoladex Subcutaneous	P	J9202
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES		
Afluria Intramuscular	P	Q2035
Afluria Preservative Free Intramuscular	P	Q2035
Afluria Quadrivalent Intramuscular Suspension	P	Q2035
Afluria Quadrivalent Intramuscular Suspension Prefilled Syringe 0.5 ML	P	Q2035
Fluvirin Intramuscular	P	Q2037
Fluvirin Preservative Free Intramuscular	P	Q2037
Gammagard Injection	P	PA; J1569
Gamunex-C Injection	P	PA; J1561
HepaGam B Injection	P	J1571
HyperRHO S/D Intramuscular Solution Prefilled Syringe 1500 UNIT	P	J2790
HyperRHO S/D Intramuscular Solution Prefilled Syringe 250 UNIT	P	J2788
HyperTET S/D Intramuscular	P	J1670
Rhophylac Injection Solution Prefilled Syringe	P	J2791
TheraCys Intravesical	P	J9031
WinRho SDF Injection	P	J2792

P: Preferred **NP:** Non-Preferred **PA:** Prior Authorization. FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the drug. **AIM:** Authorization requests should be directed to AIM Specialty Health through their secure web portal located at www.providerportal.com or by telephone at 844-423-0881.

You can find more information on what the symbols and abbreviations on this table mean by going to the list of abbreviations that begins on page i.

Drug Name	Tier	Requirements/Limits
AUTONOMIC DRUGS		
Albuterol Sulfate Inhalation Nebulization Solution (2.5 MG/3ML) 0.083%	P	J7613
Albuterol Sulfate Inhalation Nebulization Solution (5 MG/ML) 0.5%	P	J7611
Atropine Sulfate Injection Solution 0.4 MG/ML	P	J0461
Benztropine Mesylate Injection	P	J0515
Botox Injection	P	PA; J0585
CloNIDine HCl (Analgesia) Epidural	P	J0735
Dicyclomine HCl Intramuscular	P	J0500
Dihydroergotamine Mesylate Injection	P	J1110
DOBUTamine HCl Intravenous Solution 250 MG/20ML	P	J1250
DOPamine HCl Intravenous	P	J1265
EPINEPHrine HCl Injection Solution 1 MG/ML	P	J0171
Gablofen Intrathecal Solution 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	P	J0475
Ipratropium Bromide Inhalation	P	J7644
Ipratropium-Albuterol Inhalation	P	J7620
Levsin Injection	P	J1980
Methocarbamol Injection Solution 1000 MG/10ML	P	J2800
Orphenadrine Citrate Injection	P	J2360
Propranolol HCl Intravenous	P	J1800
Terbutaline Sulfate Injection	P	J3105
Xeomin Intramuscular	P	PA; J0588
BLOOD DERIVATIVES		
Albumin Human Intravenous Solution 5 %	P	J9041

P: Preferred **NP:** Non-Preferred **PA:** Prior Authorization. FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the drug. **AIM:** Authorization requests should be directed to AIM Specialty Health through their secure web portal located at www.providerportal.com or by telephone at 844-423-0881.

You can find more information on what the symbols and abbreviations on this table mean by going to the list of abbreviations that begins on page i.

Drug Name	Tier	Requirements/Limits
BLOOD FORMATION, COAGULATION, THROMBOSIS		
Activase Intravenous Solution Reconstituted 50 MG	P	J2997
Bivalirudin Intravenous	P	J0583
Cathflo Activase Injection	P	J2997
Ceprotrin Intravenous	P	J2724
Desmopressin Acetate Injection	P	J2597
Dipyridamole Intravenous	P	J1245
Enoxaparin Sodium Injection	P	J1650
Enoxaparin Sodium Subcutaneous	P	J1650
Fondaparinux Sodium Subcutaneous	P	J1652
Fulphila Subcutaneous	P	PA; Q5108; AIM
Heparin Lock Flush Intravenous Solution 10 UNIT/ML	P	J1642
Heparin Sodium (Porcine) Injection Solution 1000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	J1644
Infed Injection	P	J1750
Leukine Injection Solution	P	PA; J2820; AIM
Leukine Intravenous	P	PA; J2820; AIM
Mircera Injection	P	J0887
Mozobil Subcutaneous	P	PA; J2562; AIM
Nivestym Injection	P	PA; Q5110; AIM
Protamine Sulfate Intravenous	P	J2720
Retacrit Injection Solution 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	P	Q5105, Q5106
Udenyca Subcutaneous	P	PA; Q5111; AIM
Venofer Intravenous	P	J1756
Zarxio Injection	P	PA; Q5101; AIM
CARDIOVASCULAR DRUGS		
AcetaZOLAMIDE Sodium Injection	P	J1120

P: Preferred **NP:** Non-Preferred **PA:** Prior Authorization. FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the drug. **AIM:** Authorization requests should be directed to AIM Specialty Health through their secure web portal located at www.providerportal.com or by telephone at 844-423-0881.

You can find more information on what the symbols and abbreviations on this table mean by going to the list of abbreviations that begins on page i.

Drug Name	Tier	Requirements/Limits
Adenosine Intravenous Solution 12 MG/4ML	P	J0153
Chlorothiazide Sodium Intravenous	P	J1205
CloNIDine HCl (Analgesia) Epidural	P	J0735
Digoxin Injection	P	J1160
Dipyridamole Intravenous	P	J1245
DOBUTamine HCl Intravenous Solution 250 MG/20ML	P	J1250
DOPamine HCl Intravenous	P	J1265
Epoprostenol Sodium Intravenous	P	PA; J1325
Ethamolin Intravenous	P	J1410
Furosemide Injection Solution 10 MG/ML	P	J1940
HydrALAZINE HCl Injection	P	J0360
Lidocaine in D5W Intravenous Solution 4-5 MG/ML-%, 8-5 MG/ML-%	P	J2001
Magnesium Sulfate Injection Solution 50 %	P	J3475
Mannitol Intravenous Solution 20 %, 25 %	P	J2150
Phenytoin Sodium Injection	P	J1165
Procainamide HCl Injection	P	J2690
Propranolol HCl Intravenous	P	J1800
Theophylline in D5W Intravenous Solution 0.8-5 MG/ML-%	P	J2810
Treprostinil Sodium Injection	P	PA; J3285
CENTRAL NERVOUS SYSTEM AGENTS		
Abilify Maintena Intramuscular Suspension Reconstituted ER	P	PA; J0401
Benzotropine Mesylate Injection	P	J0515
Buprenorphine HCl Injection Solution 0.3 MG/ML	P	J0592
Butorphanol Tartrate Injection	P	J0595
chlorproMAZINE HCl Injection	P	J3230
CloNIDine HCl (Analgesia) Epidural	P	J0735
diazePAM Injection	P	J3360

P: Preferred **NP:** Non-Preferred **PA:** Prior Authorization. FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the drug. **AIM:** Authorization requests should be directed to AIM Specialty Health through their secure web portal located at www.providerportal.com or by telephone at 844-423-0881.

You can find more information on what the symbols and abbreviations on this table mean by going to the list of abbreviations that begins on page i.

Drug Name	Tier	Requirements/Limits
Dihydroergotamine Mesylate Injection	P	J1110
Diprivan Intravenous Emulsion 100 MG/10ML	P	J2704
fentaNYL Citrate (PF) Injection Solution 100 MCG/2ML, 250 MCG/5ML	P	J3010
FluPHENAZine Decanoate Injection	P	J2680
Geodon Intramuscular	P	PA; J3486
Haloperidol Decanoate Intramuscular Solution 100 MG/ML, 50 MG/ML	P	J1631
Haloperidol Lactate Injection Solution 5 MG/ML	P	J1630
HYDRomorphone HCl Injection Solution 1 MG/ML, 2 MG/ML, 4 MG/ML	P	J1170
HYDRomorphone HCl PF Injection Solution 10 MG/ML	P	J1170
hydrOXYzine HCl Intramuscular	P	J3410
Invega Sustenna Intramuscular Suspension	NP	J2426
Ketorolac Tromethamine Injection Solution 15 MG/ML, 30 MG/ML	P	J1885
levETIRAcetam in NaCl Intravenous	P	J1953
LORazepam Injection	P	J2060
Magnesium Sulfate Injection Solution 50 %	P	J3475
Meperidine HCl Injection Solution 100 MG/ML, 25 MG/ML, 50 MG/ML	P	J2175
Methadone HCl Injection	P	J1230
Midazolam HCl Injection Solution 10 MG/2ML, 2 MG/2ML	P	J2250
Morphine Sulfate (PF) Injection Solution 1 MG/ML	P	J2274
Morphine Sulfate Intravenous Solution 50 MG/ML	P	J2270
Nalbuphine HCl Injection	P	J2300
Naloxone HCl Injection Solution	P	J2310
Naloxone HCl Injection Solution Cartridge	P	J2310

P: Preferred **NP:** Non-Preferred **PA:** Prior Authorization. FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the drug. **AIM:** Authorization requests should be directed to AIM Specialty Health through their secure web portal located at www.providerportal.com or by telephone at 844-423-0881.

You can find more information on what the symbols and abbreviations on this table mean by going to the list of abbreviations that begins on page i.

Drug Name	Tier	Requirements/Limits
Naloxone HCl Injection Solution Prefilled Syringe	P	J2310
PENTobarbital Sodium Injection	P	J2515
PHENobarbital Sodium Injection	P	J2560
Phenytoin Sodium Injection	P	J1165
Prochlorperazine Edisylate Injection Solution 5 MG/ML	P	J0780
Prochlorperazine Maleate Oral Tablet 5 MG	P	Q0164
Promethazine HCl Injection Solution 25 MG/ML	P	J2550
Promethazine HCl Oral Tablet 12.5 MG	P	Q0169
Propranolol HCl Intravenous	P	J1800
Radicava Intravenous	NP	PA; J3490
RisperDAL Consta Intramuscular Suspension Reconstituted 12.5 MG	P	J2794
RisperDAL Consta Intramuscular Suspension Reconstituted 25 MG, 37.5 MG, 50 MG	NP	J2794
Talwin Injection	P	J3070
ZyPREXA Relprevv Intramuscular	NP	J2358
DEVICES		
Contour Monitor Device	\$0	
Dexcom G6 Receiver	\$40 per receiver	PA; QL (1 EA per 365 days)
Dexcom G6 Sensor	\$40 per sensor kit	PA; QL (1 KIT per 30 days)
Dexcom G6 Transmitter	\$40 per transmitter	PA; QL (1 EA per 90 days)
FreeStyle Libre 14 Day Reader	\$40 per reader	PA; QL (1 EA per 365 days)
FreeStyle Libre 14 Day Sensor	\$20 (1 sensor/14 days) \$40 (2 sensors/28 days)	PA; QL (2 KITS per 28 days)
FreeStyle Libre 2 Reader	\$40 per reader	PA; QL (1 EA per 365 days)
FreeStyle Libre 2 Sensor	\$20 (1 sensor/14 days) \$40 (2 sensors/28 days)	PA; QL (2 KITS per 28 days)
Heparin Lock Flush Intravenous Solution 10 UNIT/ML	P	J1642
Lancets	\$4 per box of 100	

P: Preferred **NP:** Non-Preferred **PA:** Prior Authorization. FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the drug. **AIM:** Authorization requests should be directed to AIM Specialty Health through their secure web portal located at www.providerportal.com or by telephone at 844-423-0881.

You can find more information on what the symbols and abbreviations on this table mean by going to the list of abbreviations that begins on page i.

Drug Name	Tier	Requirements/Limits
DIAGNOSTIC AGENTS		
Accu-Chek Aviva Plus In Vitro	\$10 per box of 50	PA
ChiRhoStim Intravenous	P	J2850
Contour Next Test In Vitro	\$10 per box of 50	
Contour Test In Vitro	\$10 per box of 50	
Cortrosyn Injection	P	J0834
Cosyntropin Injection	P	J0834
Cosyntropin Intravenous	P	J0834
FreeStyle Lite Test In Vitro	\$10 per box of 50	PA
FreeStyle Test In Vitro	\$10 per box of 50	PA
Glucagon HCl (Diagnostic) Injection	P	J1610
Lexiscan Intravenous	P	J2785
Mannitol Intravenous Solution 20 %, 25 %	P	J2150
Nova Max Glucose Test In Vitro	\$10 per box of 50	PA
OneTouch Ultra Blue In Vitro	\$10 per box of 50	PA
OneTouch Verio In Vitro Strip	\$10 per box of 50	PA
Prodigy No Coding Blood Gluc In Vitro	\$10 per box of 50	PA
Provocholine Inhalation	P	J7674
Thyrogen Intramuscular	P	PA; J3240
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
AcetaZOLAMIDE Sodium Injection	P	J1120
Calcium Gluconate Intravenous Solution	P	J0610
Chlorothiazide Sodium Intravenous	P	J1205
Dextrose Intravenous Solution 5 %	P	J7060
Dextrose-NaCl Intravenous Solution 5-0.9 %	P	J7042
Furosemide Injection Solution 10 MG/ML	P	J1940
Lactated Ringers Intravenous	P	J7120
Mannitol Intravenous Solution 20 %, 25 %	P	J2150
Potassium Chloride Intravenous Solution 2 MEQ/ML	P	J3480

P: Preferred **NP:** Non-Preferred **PA:** Prior Authorization. FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the drug. **AIM:** Authorization requests should be directed to AIM Specialty Health through their secure web portal located at www.providerportal.com or by telephone at 844-423-0881.

You can find more information on what the symbols and abbreviations on this table mean by going to the list of abbreviations that begins on page i.

Drug Name	Tier	Requirements/Limits
Rimso-50 Intravesical	P	J1212
Sodium Chloride Intravenous Solution 0.9 %	P	J7050
Theophylline in D5W Intravenous Solution 0.8-5 MG/ML-%	P	J2810
ENZYMES		
Activase Intravenous Solution Reconstituted 50 MG	P	J2997
Cathflo Activase Injection	P	J2997
Cerezyme Intravenous Solution Reconstituted 400 UNIT	P	PA; J1786
Elaprase Intravenous	P	PA; J1743
Vitrase Injection Solution	P	J3471
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
AcetaZOLAMIDE Sodium Injection	P	J1120
Triesence Intraocular	P	J3300
Visudyne Intravenous	P	PA; J3396
GASTROINTESTINAL DRUGS		
Aloxi Intravenous Solution 0.25 MG/5ML	P	J2469
Aprepitant Oral	P	PA; J8501
DimenhyDRINATE Injection	P	J1240
Entyvio Intravenous	P	PA; J3380
Esomeprazole Sodium Intravenous	P	
Granisetron HCl Intravenous Solution 0.1 MG/ML, 1 MG/ML	P	J1626
Metoclopramide HCl Injection	P	J2765
Ondansetron HCl Injection Solution 4 MG/2ML	P	J2405
Ondansetron HCl Oral Tablet 4 MG, 8 MG	P	Q0162
Prochlorperazine Edisylate Injection Solution 5 MG/ML	P	J0780
Prochlorperazine Maleate Oral Tablet 5 MG	P	Q0164
raNITidine HCl Injection Solution 50 MG/2ML	P	J2780

P: Preferred **NP:** Non-Preferred **PA:** Prior Authorization. FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the drug. **AIM:** Authorization requests should be directed to AIM Specialty Health through their secure web portal located at www.providerportal.com or by telephone at 844-423-0881.

You can find more information on what the symbols and abbreviations on this table mean by going to the list of abbreviations that begins on page i.

Drug Name	Tier	Requirements/Limits
Renflexis Intravenous	P	PA; Q5104
Tigan Intramuscular	P	J3250
HEAVY METAL ANTAGONISTS		
Bal in Oil Intramuscular	P	J0470
Calcium Disodium Versenate Injection Solution 1 GM/5ML	P	J0600
Deferoxamine Mesylate Injection Solution Reconstituted 500 MG	P	J0895
HORMONES AND SYNTHETIC SUBSTITUTES		
Betamethasone Sod Phos & Acet Injection Suspension 6 (3-3) MG/ML	P	J0702
Budesonide Inhalation Suspension 0.25 MG/2ML, 0.5 MG/2ML	P	J7626
Delestrogen Intramuscular Oil 10 MG/ML	P	J1380
Depo-Estradiol Intramuscular	P	J1000
Depo-Medrol Injection Suspension 20 MG/ML	P	J1020
Depo-Testosterone Intramuscular	P	J1071
Desmopressin Acetate Injection	P	J2597
Dexamethasone Oral Elixir	P	J8540
Dexamethasone Oral Tablet 4 MG	P	J8540
Dexamethasone Sodium Phosphate Injection Solution 10 MG/ML, 4 MG/ML	P	J1100
Eligard Subcutaneous Kit 22.5 MG, 7.5 MG	P	J9217
Estradiol Valerate Intramuscular Oil 20 MG/ML, 40 MG/ML	P	J1380
Firmagon Subcutaneous	P	J9155
Glucagon HCl (Diagnostic) Injection	P	J1610
Kenalog Injection Suspension 10 MG/ML	P	J3301
Kyleena Intrauterine	P	SP; CVS Caremark; Q9984
Leuprolide Acetate Injection	P	J9218
Liletta (52 MG) Intrauterine Intrauterine Device 19.5 MCG/DAY	P	SP; CVS Caremark; J7297

P: Preferred **NP:** Non-Preferred **PA:** Prior Authorization. FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the drug. **AIM:** Authorization requests should be directed to AIM Specialty Health through their secure web portal located at www.providerportal.com or by telephone at 844-423-0881.

You can find more information on what the symbols and abbreviations on this table mean by going to the list of abbreviations that begins on page i.

Drug Name	Tier	Requirements/Limits
Lupron Depot (1-Month) Intramuscular Kit 3.75 MG	NP	J1950
Lupron Depot (1-Month) Intramuscular Kit 7.5 MG	NP	J9217
Lupron Depot (3-Month) Intramuscular Kit 11.25 MG	NP	J1950
Lupron Depot (3-Month) Intramuscular Kit 22.5 MG	NP	J9217
Lupron Depot-Ped (1-Month) Intramuscular Kit 11.25 MG	NP	J1950
Lupron Depot-Ped (1-Month) Intramuscular Kit 15 MG, 7.5 MG	NP	J9217
Lupron Depot-Ped (3-Month) Intramuscular	NP	J1950
MedroxyPROGESTERone Acetate Intramuscular Suspension	P	J1050
MethylPREDNISolone Acetate Injection Suspension 40 MG/ML	P	J1030
MethylPREDNISolone Acetate Injection Suspension 80 MG/ML	P	J1040
methyIPREDNISolone Oral Tablet 4 MG	P	J7509
MethylPREDNISolone Sodium Succ Injection Solution Reconstituted 1000 MG, 125 MG	P	J2930
MethylPREDNISolone Sodium Succ Injection Solution Reconstituted 40 MG	P	J2920
Miacalcin Injection	P	J0630
Mirena (52 MG) Intrauterine	P	SP; CVS Caremark; J7298
Nexplanon Subcutaneous	P	SP; CVS Caremark; J7307
NovoLIN R Injection	P	J1815
Octreotide Acetate Injection	P	
PrednisoLONE Sodium Phosphate Oral Solution 6.7 (5 Base) MG/5ML	P	J7510
PredniSONE Oral Tablet 1 MG	P	J7512
Progesterone Intramuscular	P	J2675

P: Preferred **NP:** Non-Preferred **PA:** Prior Authorization. FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the drug. **AIM:** Authorization requests should be directed to AIM Specialty Health through their secure web portal located at www.providerportal.com or by telephone at 844-423-0881.

You can find more information on what the symbols and abbreviations on this table mean by going to the list of abbreviations that begins on page i.

Drug Name	Tier	Requirements/Limits
Rayos Oral Tablet Delayed Release 1 MG	P	J7512
SandoSTATIN LAR Depot Intramuscular	NP	PA; J2353
Skyla Intrauterine	P	SP; CVS Caremark; J7301
Solu-CORTEF Injection	P	J1720
Somatuline Depot Subcutaneous	NP	PA; J1930
Testone CIK Intramuscular	P	J1071
Testosterone Cypionate Intramuscular Oil	P	J1071
Testosterone Cypionate Intramuscular Solution 100 MG/ML, 200 MG/ML	P	J1071
Testosterone Enanthate Intramuscular	P	J3121
Trelstar Mixject Intramuscular	P	J3315
Triamcinolone Acetonide Injection Suspension 40 MG/ML	P	J3301
Zoladex Subcutaneous	P	J9202
LOCAL ANESTHETICS (PARENTERAL)		
Carbocaine Injection	P	J0670
Nesacaine Injection	P	J2400
Ropivacaine HCl Injection Solution 10 MG/ML, 2 MG/ML, 5 MG/ML, 7.5 MG/ML	P	J2795
MISCELLANEOUS THERAPEUTIC AGENTS		
Acetylcysteine Intravenous	P	J0132
Actemra Intravenous	NP	PA; J3262
azaTHIOprine Oral	P	J7500
Bal in Oil Intramuscular	P	J0470
Benlysta Intravenous	NP	PA; J0490
Botox Injection	P	PA; J0585
Calcium Disodium Versenate Injection Solution 1 GM/5ML	P	J0600
Cinryze Intravenous	NP	PA; J0598
Cyclophosphamide Injection	P	J9070
CycloSPORINE Intravenous	P	J7516

P: Preferred **NP:** Non-Preferred **PA:** Prior Authorization. FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the drug. **AIM:** Authorization requests should be directed to AIM Specialty Health through their secure web portal located at www.providerportal.com or by telephone at 844-423-0881.

You can find more information on what the symbols and abbreviations on this table mean by going to the list of abbreviations that begins on page i.

Drug Name	Tier	Requirements/Limits
Deferoxamine Mesylate Injection Solution Reconstituted 500 MG	P	J0895
Entyvio Intravenous	P	PA; J3380
Firmagon Subcutaneous	P	J9155
Intron A Injection	P	J9214
Leucovorin Calcium Injection Solution Reconstituted	P	J0640
Magnesium Sulfate Injection Solution 50 %	P	J3475
Mesna Intravenous	P	J9209
Methotrexate Oral	P	J8610
Methotrexate Sodium (PF) Injection	P	J9260; AIM
Methotrexate Sodium Injection	P	J9260; AIM
Methotrexate Sodium Oral	P	J8610
Miacalcin Injection	P	J0630
Naloxone HCl Injection Solution	P	J2310
Naloxone HCl Injection Solution Cartridge	P	J2310
Naloxone HCl Injection Solution Prefilled Syringe	P	J2310
Nulojix Intravenous	P	PA; J0485
Ocrevus Intravenous	P	PA; J2350
Octreotide Acetate Injection	P	
Orencia Intravenous	P	PA; J0129
Pamidronate Disodium Intravenous Solution Reconstituted	P	J2430
Prolia Subcutaneous Solution	P	PA; J0897
Protamine Sulfate Intravenous	P	J2720
Renflexis Intravenous	P	PA; Q5104
SandoSTATIN LAR Depot Intramuscular	NP	PA; J2353
Simulect Intravenous Solution Reconstituted 20 MG	P	J0480
Stelara Subcutaneous Solution 45 MG/0.5ML	NP	PA; J3357
Stelara Subcutaneous Solution Prefilled Syringe	NP	PA; J3357

P: Preferred **NP:** Non-Preferred **PA:** Prior Authorization. FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the drug. **AIM:** Authorization requests should be directed to AIM Specialty Health through their secure web portal located at www.providerportal.com or by telephone at 844-423-0881.

You can find more information on what the symbols and abbreviations on this table mean by going to the list of abbreviations that begins on page i.

Drug Name	Tier	Requirements/Limits
Trexall Oral Tablet 5 MG	P	J9250
Tysabri Intravenous	NP	PA; J2323
Vitamin K1 Injection Solution 1 MG/0.5ML	P	J3430
Xeomin Intramuscular	P	PA; J0588
Xgeva Subcutaneous	NP	PA; J0897
Zoledronic Acid Intravenous Solution 5 MG/100ML	P	J3489
NONHORMONAL CONTRACEPTIVES		
Paragard Intrauterine Copper Intrauterine	P	SP; Biologics; J7300
OXYTOCICS		
Methylergonovine Maleate Injection	P	J2210
RADIOACTIVE AGENTS		
Xofigo Intravenous	P	PA; A9606
RESPIRATORY TRACT AGENTS		
Albuterol Sulfate Inhalation Nebulization Solution (2.5 MG/3ML) 0.083%	P	J7613
Albuterol Sulfate Inhalation Nebulization Solution (5 MG/ML) 0.5%	P	J7611
Aminophylline Intravenous	P	J0280
Atropine Sulfate Injection Solution 0.4 MG/ML	P	J0461
Budesonide Inhalation Suspension 0.25 MG/2ML, 0.5 MG/2ML	P	J7626
DimenhyDRINATE Injection	P	J1240
DiphenhydrAMINE HCl Injection	P	J1200
DiphenhydrAMINE HCl Oral Capsule 50 MG	P	Q0163
EPINEPHrine HCl Injection Solution 1 MG/ML	P	J0171
Epoprostenol Sodium Intravenous	P	PA; J1325
Ipratropium Bromide Inhalation	P	J7644
Ipratropium-Albuterol Inhalation	P	J7620
Prolastin-C Intravenous Solution Reconstituted 1000 MG	P	PA; J0256

P: Preferred **NP:** Non-Preferred **PA:** Prior Authorization. FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the drug. **AIM:** Authorization requests should be directed to AIM Specialty Health through their secure web portal located at www.providerportal.com or by telephone at 844-423-0881.

You can find more information on what the symbols and abbreviations on this table mean by going to the list of abbreviations that begins on page i.

Drug Name	Tier	Requirements/Limits
Promethazine HCl Injection Solution 25 MG/ML	P	J2550
Promethazine HCl Oral Tablet 12.5 MG	P	Q0169
Terbutaline Sulfate Injection	P	J3105
Theophylline in D5W Intravenous Solution 0.8-5 MG/ML-%	P	J2810
Treprostinil Sodium Injection	P	PA; J3285
Xolair Subcutaneous Solution Reconstituted	NP	PA; J2357
SKIN AND MUCOUS MEMBRANE AGENTS		
Ameluz External	P	PA; J7345
Levulan Kerastick External	P	PA; J7308
Renflexis Intravenous	P	PA; Q5104
Rimso-50 Intravesical	P	J1212
Stelara Subcutaneous Solution 45 MG/0.5ML	NP	PA; J3357
Stelara Subcutaneous Solution Prefilled Syringe	NP	PA; J3357
SMOOTH MUSCLE RELAXANTS		
Aminophylline Intravenous	P	J0280
Theophylline in D5W Intravenous Solution 0.8-5 MG/ML-%	P	J2810
VITAMINS		
Calcitriol Intravenous Solution 1 MCG/ML	P	J0636
Cyanocobalamin Injection Solution 1000 MCG/ML	P	J3420
Doxercalciferol Intravenous	P	J1270
Paricalcitol Intravenous	P	J2501
Pyridoxine HCl Injection	P	J3415
Thiamine HCl Injection	P	J3411
Vitamin K1 Injection Solution 1 MG/0.5ML	P	J3430

P: Preferred **NP:** Non-Preferred **PA:** Prior Authorization. FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the drug. **AIM:** Authorization requests should be directed to AIM Specialty Health through their secure web portal located at www.providerportal.com or by telephone at 844-423-0881.

You can find more information on what the symbols and abbreviations on this table mean by going to the list of abbreviations that begins on page i.

Index

Abilify Maintena	11	Busulfan	4	Depo-Medrol	16
Abraxane	4	Butorphanol Tartrate	11	Depo-Testosterone	16
Accu-Chek Aviva Plus	14	Calcitriol	21	Desmopressin Acetate	10, 16
AcetaZOLAMIDE Sodium .	10, 14, 15	Calcium Disodium Versenate	16, 18	Dexamethasone	16
Acetylcysteine	18	Calcium Gluconate	14	Dexamethasone Sodium	
Actemra	18	Capecitabine	5	Phosphate	16
Activase	10, 15	Carbocaine	18	Dexcom G6 Receiver	13
Acyclovir Sodium	2	CARBOplatin	5	Dexcom G6 Sensor	13
Adcetris	4	Cathflo Activase	10, 15	Dexcom G6 Transmitter	13
Adenosine	11	CeFAZolin Sodium	2	Dextrose	14
Afluria	8	Cefepime HCl	2	Dextrose-NaCl	14
Afluria Preservative Free	8	Cefotaxime Sodium	2	diazepam	11
Afluria Quadrivalent	8	CefOXitin Sodium	2	Dicyclomine HCl	9
Albumin Human	9	CefTAZidime	2	Digoxin	11
Albuterol Sulfate	9, 20	CefTRIAxone Sodium	3	Dihydroergotamine Mesylate .	9, 12
Alimta	4	Cefuroxime Sodium	3	DimenhyDRINATE	2, 15, 20
Aloxi	15	Ceprotrin	10	DiphenhydrAMINE HCl	2, 20
Ameluz	21	Cerezyme	15	Diprivan	12
Amikacin Sulfate	2	ChiRhoStim	14	Dipyridamole	10, 11
Aminophylline	20, 21	Chloramphenicol Sod Succinate ...	3	DOBUtamine HCl	9, 11
Amphotericin B	2	Chlorothiazide Sodium	11, 14	DOCEtaxel	5
Ampicillin Sodium	2	chlorproMAZINE HCl	11	DOPamine HCl	9, 11
Ampicillin-Sulbactam Sodium	2	Cinryze	18	Doribax	3
Aprepitant	15	Ciprofloxacin	3	Doxercalciferol	21
Arranon	4	CISplatin	5	DOXOrubicin HCl	5
Arzerra	4	Cladribine	5	DOXOrubicin HCl Liposomal	5
Atropine Sulfate	9, 20	Clofarabine	5	Elaprase	15
AzaCITIDine	4	CloNIDine HCl (Analgesia)	9, 11	Eligard	5, 16
azaTHIOprine	18	Colistimethate Sodium	3	Empliciti	5
Azithromycin	2	Contour Monitor	13	Enoxaparin Sodium	10
Aztreonam	2	Contour Next Test	14	Entyvio	15, 19
Bal in Oil	16, 18	Contour Test	14	EPINEPHrine HCl	9, 20
Bavencio	4	Cortrosyn	14	EpiRUBicin HCl	5
Bendeka	4	Cosyntropin	14	Epoprostenol Sodium	11, 20
Benlysta	18	Cresemba	3	Erbitux	5
Benztrapine Mesylate	9, 11	Cyanocobalamin	21	Erythrocin Lactobionate	3
Betamethasone Sod Phos & Acet	16	Cyclophosphamide	5, 18	Esomeprazole Sodium	15
Bicillin C-R	2	CycloSPORINE	18	Estradiol Valerate	16
Bicillin C-R 900/300	2	Cyramza	5	Ethamolin	11
Bicillin L-A	2	Dacarbazine	5	Etoposide	5
BiCNU	4	DAPTOmycin	3	Faslodex	5
Bivalirudin	10	Darzalex	5	fentaNYL Citrate (PF)	12
Bleomycin Sulfate	4	DAUNOrubicin HCl	5	Firmagon	5, 16, 19
Blincyto	4	Decitabine	5	Floxuridine	5
Botox	9, 18	Deferoxamine Mesylate	16, 19	Fluconazole in Dextrose	3
Budesonide	16, 20	Delestrogen	16	Fluconazole in Sodium Chloride ...	3
Buprenorphine HCl	11	DepoCyt	5	Fludarabine Phosphate	5
		Depo-Estradiol	16	Fluorouracil	5

FluPHENAZine Decanoate	12	Kanjinti	6	Mitoxantrone HCl	7
Fluvirin	8	Kenalog	16	Morphine Sulfate	12
Fluvirin Preservative Free	8	Ketorolac Tromethamine	12	Morphine Sulfate (PF)	12
Fondaparinux Sodium	10	Keytruda	6	Moxifloxacin HCl	3
FreeStyle Libre 14 Day Reader ...	13	Kyleena	16	Mozobil	10
FreeStyle Libre 14 Day Sensor ...	13	Kyprolis	6	Mustargen	7
FreeStyle Libre 2 Reader	13	Lactated Ringers	14	Mvasi	7
FreeStyle Libre 2 Sensor	13	Lancets	13	Mycamine	3
FreeStyle Lite Test	14	Leucovorin Calcium	19	Nalbuphine HCl	12
FreeStyle Test	14	Leukine	10	Naloxone HCl	12, 13, 19
Fulphila	10	Leuprolide Acetate	6, 16	Nesacaine	18
Furosemide	11, 14	levETIRAcetam in NaCl	12	Nexplanon	17
Gablofen	9	LevoFLOXacin	3	Nivestym	10
Gammagard	8	Levsin	9	Nova Max Glucose Test	14
Gamunex-C	8	Levulan Kerastick	21	NovoLIN R	17
Ganciclovir Sodium	3	Lexiscan	14	Nulojix	19
Gazyva	6	Lidocaine in D5W	11	Ocrevus	19
Gemcitabine HCl	6	Liletta (52 MG)	16	Octreotide Acetate	17, 19
Gentamicin Sulfate	3	Lincomycin HCl	3	Oncaspar	7
Geodon	12	Linezolid	3	Ondansetron HCl	15
Glucagon HCl (Diagnostic)	14, 16	LORazepam	12	OneTouch Ultra Blue	14
Granisetron HCl	15	Lupron Depot (1-Month)	6, 17	OneTouch Verio	14
Halaven	6	Lupron Depot (3-Month)	6, 17	Opdivo	7
Haloperidol Decanoate	12	Lupron Depot-Ped (1-Month)	6, 17	Orencia	19
Haloperidol Lactate	12	Lupron Depot-Ped (3-Month)	6, 17	Orphenadrine Citrate	9
HepaGam B	8	Magnesium Sulfate	11, 12, 19	Oxacillin Sodium	3
Heparin Lock Flush	10, 13	Mannitol	11, 14	Oxaliplatin	7
Heparin Sodium (Porcine)	10	MedroxyPROGESTERone		PACLitaxel	7
HydrALAZINE HCl	11	Acetate	17	Pamidronate Disodium	19
HYDRomorphone HCl	12	Melphalan HCl	7	Paragard Intrauterine Copper ...	20
HYDRomorphone HCl PF	12	Meperidine HCl	12	Paricalcitol	21
hydrOXYzine HCl	2, 12	Meropenem	3	Penicillin G Potassium	4
HyperRHO S/D	8	Mesna	19	Penicillin G Procaine	4
HyperTET S/D	8	Methadone HCl	12	PENTobarbital Sodium	13
IDArubicin HCl	6	Methocarbamol	9	Perjeta	7
Ifosfamide	6	Methotrexate	7, 19	PHENobarbital Sodium	13
Imfinzi	6	Methotrexate Sodium	7, 19	Phenytoin Sodium	11, 13
Imipenem-Cilastatin	3	Methotrexate Sodium (PF)	7, 19	Piperacillin Sod-Tazobactam So ...	4
Imlygic	6	Methylergonovine Maleate	20	Potassium Chloride	14
Infed	10	methylPREDNISolone	17	PrednisoLONE Sodium	
Intron A	3, 6, 19	MethylPREDNISolone Acetate ...	17	Phosphate	17
INVanz	3	MethylPREDNISolone Sodium		PredniSONE	17
Invega Sustenna	12	Succ	17	Procainamide HCl	11
Ipratropium Bromide	9, 20	Metoclopramide HCl	15	Prochlorperazine Edisylate ...	13, 15
Ipratropium-Albuterol	9, 20	Miacalcin	17, 19	Prochlorperazine Maleate ...	13, 15
Irinotecan HCl	6	Midazolam HCl	12	Prodigy No Coding Blood Gluc ...	14
Ixempra Kit	6	Mircera	10	Progesterone	17
Jevtana	6	Mirena (52 MG)	17	Prolastin-C	20
Kadcyla	6	MitoMYcin	7	Prolia	19

Promethazine HCl.....	2, 13, 21	Tysabri	20
Propranolol HCl.....	9, 11, 13	Udenyca	10
Protamine Sulfate.....	10, 19	Vancomycin HCl.....	4
Provocholine	14	Vectibix	8
Pyridoxine HCl.....	21	Velcade	8
Radicava	13	Venofer	10
raNITidine HCl.....	15	VinBLASTine Sulfate.....	8
Rayos	18	vinCRISTine Sulfate.....	8
Renflexis	16, 19, 21	Vinorelbine Tartrate.....	8
Retacrit	10	Visudyne	15
Retrovir	4	Vitamin K1.....	20, 21
Rhophylac	8	Vitrase	15
Rimso-50	15, 21	WinRho SDF	8
RisperDAL Consta	13	Xeomin	9, 20
Ropivacaine HCl.....	18	Xgeva	20
Ruxience	7	Xofigo	20
SandoSTATIN LAR Depot	18, 19	Xolair	21
Simulect	19	Yervoy	8
Skyla	18	Zaltrap	8
Sodium Chloride.....	15	Zarxio	10
Solu-CORTEF	18	Zirabev	8
Somatuline Depot	18	Zoladex	8, 18
Stelara	19, 21	Zoledronic Acid.....	20
Sylvant	7	ZyPREXA Relprevv	13
Synagis	4		
Talwin	13		
Tecentriq	7		
Teflaro	4		
Temodar	7		
Terbutaline Sulfate.....	9, 21		
Testone CIK	18		
Testosterone Cypionate.....	18		
Testosterone Enanthate.....	18		
Theophylline in D5W.....	11, 15, 21		
TheraCys	7, 8		
Thiamine HCl.....	21		
Thyrogen	14		
Tigan	16		
Tigecycline.....	4		
Tobramycin Sulfate.....	4		
Topotecan HCl.....	7		
Trazimera	7		
Treanda	7		
Trelstar Mixject	7, 18		
Treprostinil Sodium.....	11, 21		
Trexall	7, 20		
Triamcinolone Acetonide.....	18		
Triesence	15		
Trisenox	7		

Discrimination is Against the Law

Florida Health Care Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Florida Health Care Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Health Care Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified Interpreters
 - Information written in other languages

If you need these services, contact:

- Florida Health Care Plans : 1-877-615-4022

If you believe that Florida Health Care Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Florida Health Care Plans
Civil Rights Coordinator
PO Box 9910,
Daytona Beach, FL 32120-9910.
Phone: 1-844-219-6137,
TTY: 1-800-955-8770
Fax: 386-676-7149,
Email: rights@fhcp.com.

You can file grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



An Independent Licensee of the Blue Cross and Blue Shield Association

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-877-615-4022. (TTY: 1-800-955-8770)**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-615-4022 (TTY: 1-800-955-8770).**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-877-615-4022 (TTY: 1-800-955-8770).**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-615-4022 (TTY: 1-800-955-8770).**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-877-615-4022 (TTY: 1-800-955-8770).**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-615-4022 (TTY: 1-800-955-8770)**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-615-4022 (ATS : 1-800-955-8770).**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-615-4022 (TTY: 1-800-955-8770).**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-877-615-4022 (телетайп: 1-800-955-8770).**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-877-615-4022 (رقم هاتف الصم والبكم: 1-800-955-8770).**

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-615-4022 (TTY: 1-800-955-8770).**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-615-4022 (TTY: 1-800-955-8770).**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-615-4022 (TTY: 1-800-955-8770)**번으로 전화해 주십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-877-615-4022 (TTY: 1-800-955-8770).**

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-877-615-4022 (TTY: 1-800-955-8770).**

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-877-615-4022 (TTY: 1-800-955-8770).**

Florida Health Care Plan, Inc. d/b/a Florida Health Care Plans ("FHCP") offers health insurance coverage products. FHCP is an affiliate of Blue Cross and Blue Shield of Florida, Inc. d/b/a Florida Blue. Both companies are Independent Licensees of the Blue Cross and Blue Shield Association.