



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 08/28/2020. 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

\$0: Glucometer

\$4: Lancets

\$10: Test Strips

\$20: Continuous Blood Glucose Sensor

\$40: Continuous Blood Glucose Reader

(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.

(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

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2021 Medical Pharmacy Formulary

Federal Exchange, Non-Grandfathered, and Grandfathered Commercial Plans

Drug Name	Tier	Requirements/Limits
KP DiphenhydrAMINE HCl Oral	P	Q0163
PrednisoLONE Sodium Phosphate Oral Solution 5 MG/5ML	P	J7510
Testosterone Cypionate Intramuscular Solution 250 MG/ML	P	J1071
ANTI-HISTAMINE 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

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Drug Name	Tier	Requirements/Limits
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
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

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Drug Name	Tier	Requirements/Limits
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
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

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Drug Name	Tier	Requirements/Limits
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
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

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Drug Name	Tier	Requirements/Limits
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
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

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Drug Name	Tier	Requirements/Limits
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
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
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
Oncaspar Injection	P	J9266; AIM

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Drug Name	Tier	Requirements/Limits
Oncaspar Intramuscular	P	J9266; AIM
Opdivo Intravenous Solution 100 MG/10ML, 40 MG/4ML	P	PA; J9299; AIM
Oxaliplatin Intravenous Solution	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	P	J9355
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
Vectibix Intravenous	P	PA; J9303
Velcade Injection	P	PA; J9041; AIM
VinBLASStine Sulfate Intravenous Solution	P	J9360
vinCRISStine 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

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Drug Name	Tier	Requirements/Limits
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
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

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Drug Name	Tier	Requirements/Limits
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
BLOOD FORMATION, COAGULATION, THROMBOSIS		
Activase Intravenous Solution Reconstituted 50 MG	P	J2997
Bivalirudin Intravenous	P	J0583

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Drug Name	Tier	Requirements/Limits
Cathflo Activase Injection	P	J2997
Ceprotin 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	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
Adenosine Intravenous Solution 12 MG/4ML	P	J0153
Chlorothiazide Sodium Intravenous	P	J1205
CloNIDine HCl (Analgesia) Epidural	P	J0735
Digoxin Injection	P	J1160

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Drug Name	Tier	Requirements/Limits
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
Benztropine 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

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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

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Drug Name	Tier	Requirements/Limits
Nalbuphine HCl Injection	P	J2300
Naloxone HCl Injection Solution	P	J2310
Naloxone HCl Injection Solution Cartridge	P	J2310
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	
FreeStyle Libre 14 Day Reader	\$40	PA
FreeStyle Libre 14 Day Sensor	\$20	PA
Heparin Lock Flush Intravenous Solution 10 UNIT/ML	P	J1642
Lancets	\$4	

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Drug Name	Tier	Requirements/Limits
DIAGNOSTIC AGENTS		
Accu-Chek Aviva Plus In Vitro	\$10	PA
ChiRhoStim Intravenous	P	J2850
Contour Next Test In Vitro	\$10	
Contour Test In Vitro	\$10	
Cortrosyn Injection	P	J0834
Cosyntropin Injection	P	J0834
Cosyntropin Intravenous	P	J0834
FreeStyle Lite Test In Vitro	\$10	PA
FreeStyle Test In Vitro	\$10	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	PA
OneTouch Ultra Blue In Vitro	\$10	PA
OneTouch Verio In Vitro Strip	\$10	PA
Prodigy No Coding Blood Gluc In Vitro	\$10	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

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Drug Name	Tier	Requirements/Limits
Lactated Ringers Intravenous	P	J7120
Mannitol Intravenous Solution 20 %, 25 %	P	J2150
Potassium Chloride Intravenous Solution 2 MEQ/ML	P	J3480
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

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Drug Name	Tier	Requirements/Limits
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
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

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Drug Name	Tier	Requirements/Limits
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
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
methylPREDNISolone Oral Tablet 4 MG	P	J7509

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Drug Name	Tier	Requirements/Limits
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
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

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Drug Name	Tier	Requirements/Limits
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
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

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Drug Name	Tier	Requirements/Limits
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
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

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Drug Name	Tier	Requirements/Limits
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
Promethazine HCl Injection Solution 25 MG/ML	P	J2550
Promethazine HCl Oral Tablet 12.5 MG	P	Q0169
Terbutaline Sulfate Injection	P	J3105

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Drug Name	Tier	Requirements/Limits
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

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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
1340 Ridgewood Avenue,
Holly Hill, FL 32117.
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>.

If you or someone you're helping has questions about Florida Health Care Plans, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-877-615-4022. (TTY: TRS Relay 711)

Si usted o alguien a quien ayuda tienen preguntas sobre Florida Health Care Plans, tienen derecho a obtener ayuda e información en su idioma de manera gratuita. Para hablar con un intérprete, llame al 1-877-615-4022. (TTY: TRS Relay 711)

Si ou menm, oswa yon moun w ap ede, gen kesyon sou Florida Health Care Plans ,ou gen dwa pou jwenn enfòmasyon nan lang ou gratis. Pou ale ak yon entèprèt, rele 1-877-615-4022. (TTY: TRS Relay 711)

Nếu quý vị, hoặc người nào đó mà quý vị đang giúp đỡ, có các thắc mắc về Florida Health Care Plans, quý vị có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của quý vị miễn phí. Để trao đổi với phiên dịch, hãy gọi theo số 1-877-615-4022. (TTY: TRS Relay 711)

Se você, ou alguém que estiver a ajudar, tiver dúvidas sobre Florida Health Care Plans, tem o direito de obter ajuda e informações na sua língua, sem nenhuma custas. Para falar com um intérprete, ligue para 1-877-615-4022. (TTY: TRS Relay 711)

如果您或您正協助的某人對Florida Health Care Plans 有疑問，您有權免費以您的語言取得本協助及資訊。如欲與口譯員交談，請致電1-877-615-4022. (TTY: TRS Relay 711)

Si vous ou une personne que vous aidez avez des questions au sujet de Florida Health Care Plans, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, veuillez appeler le 1-877-615-4022. (TTY: TRS Relay 711)

Kung ikaw, o ang isang taong tinutulungan mo, ay may mga tanong tungkol sa Florida Health Care Plans, mayroon kang karapatang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang interpreter, tumawag sa 1-877-615-4022. (TTY: TRS Relay 711)

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы о программе Florida Health Care Plans, Вы имеет право бесплатно получить ответы в переводе на Ваш язык. Для того чтобы воспользоваться помощью устного переводчика, позвоните по телефону 1-877-615-4022. (TTY: TRS Relay 711)

إذا كان لديك أو الشخص الذي تساعد استفسارات حول [Florida Health Care Plans]، يحق لك تلقي المساعدة والمعلومات بلغتك مجاناً. تحدث إلى مترجم فوري، اتصل على الرقم [1-877-615-4022. (TTY: TRS Relay 711)]

se voi, o una persona che state aiutando, avete domande relative al Florida Health Care Plans, avete diritto a ottenere assistenza e informazioni gratuitamente nella vostra lingua. Per parlare con un interprete, chiamare il numero 1-877-615-4022. (TTY: TRS Relay 711)

Falls Sie oder jemand, dem Sie helfen, irgendwelche Fragen über Florida Health Care Plans haben, so haben Sie Anspruch auf kostenlose Unterstützung und Informationen in Ihrer eigenen Sprache. Bitte rufen Sie uns unter der Nummer 1-877-615-4022. (TTY: TRS Relay 711) an, um mit einem Dolmetscher/einer Dolmetscherin zu sprechen.

귀하 또는 귀하가 도와드리고 있는 분이 Florida Health Care Plans에 관한 질문이 있을 경우, 귀하에게는 무료로 본인이 구사하는 언어로 도움과 정보를 받을 권리가 있습니다. 통역으로 전화 연결되려면 1-877-615-4022. (TTY: TRS Relay 711) 번으로 전화해 주십시오.

Jeśli Ty lub ktoś, komu pomagasz macie pytania dotyczące Florida Health Care Plans, macie prawo uzyskać pomoc i informacje w swoim języku, bez żadnych kosztów. Porozmawiaj z tłumaczem, zadzwoń pod numer 1-877-615-4022. (TTY: TRS Relay 711)

જો તમને અથવા તમે જેને મદદ કરી રહ્યાં છો તેમને Florida Health Care Plans વિશે કોઈ પ્રશ્નો હોય, તો તમને તમારી ભાષામાં કોઈ પણ ખર્ચ વિના મદદ અને માહિતી મેળવવાનો હક છે. દુભાષિયા સાથે વાત કરવા માટે 1-877-615-4022. (TTY: TRS Relay 711) પર ફોન કરો.

หากคุณ หรือคนที่กำลังช่วยเหลืออยู่มีคำถามเกี่ยวกับ Florida Health Care Plans คุณจะได้รับการช่วยเหลือและได้รับข้อมูลในภาษาของคุณโดยที่ไม่มีค่าใช้จ่ายใดๆ หากต้องการพูดคุยกับล่ามแปลภาษา โทร. 1-877-615-4022. (TTY: TRS Relay 711)