



An Independent Licensee of the Blue Cross and Blue Shield Association

# 2024 Formulary

(List of Covered Drugs)

| FHCP Medical Pharmacy

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

This formulary was updated on 08/12/2023. For more information or other questions, please contact Florida Health Care Plans Member Services at 1-877-615-4022 (TTY users should call 1-800-955-8770). Hours of operation are Monday through Friday, 8:00 a.m. to 5:00 p.m. or visit [www.fhcp.com](http://www.fhcp.com).

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](http://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
<b>Biologics</b> - Biologics, Inc.	1-800-850-4306
<b>CVS Caremark</b> - CVS Caremark Specialty	1-866-278-5108
<b>Diplomat</b> - Diplomat Specialty Pharmacy	1-954-527-0440
<b>Dohmen</b> - Dohmen Life Science Services, LLC	1-866-849-4481
<b>Express Scripts</b> - Express Scripts Specialty	1-866-997-3688
<b>Optime</b> - 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**  
**2024 Medical Pharmacy Formulary**  
Federal Exchange, Non-Grandfathered, and Grandfathered Commercial Plans

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## 2024 Medical Pharmacy Formulary

Federal Exchange, Non-Grandfathered, and Grandfathered Commercial Plans

Drug Name	Tier	Requirements/Limits
<b>ANTIHISTAMINE DRUGS</b>		
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
raNITIdine HCl Injection Solution 50 MG/2ML	P	J2780
<b>ANTI-INFECTIVE AGENTS</b>		
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	
<b>Bicillin C-R 900/300 Intramuscular</b>	P	J0558
<b>Bicillin C-R Intramuscular</b>	P	J0558
<b>Bicillin L-A Intramuscular Suspension</b>	P	J0561
<b>Bicillin L-A Intramuscular Suspension Prefilled Syringe 2400000 UNIT/4ML</b>	P	J0561
CeFAZolin Sodium Injection Solution Reconstituted 1 GM, 10 GM, 500 MG	P	J0690
Cefepime HCl Injection	P	J0692
Cefepime HCl Intravenous Solution Reconstituted 2 GM	P	J0692

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Drug Name	Tier	Requirements/Limits
Cefotaxime Sodium Injection Solution Reconstituted 1 GM, 10 GM, 2 GM, 500 MG	P	J0698
CefOXitin Sodium Injection	P	J0694
CefOXitin Sodium Intravenous Solution Reconstituted 1 GM, 2 GM	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
DAPTOmycin Intravenous Solution Reconstituted 500 MG	P	PA; J0878
<b>Doribax Intravenous</b>	P	J1267
<b>Erythrocin Lactobionate Intravenous Solution Reconstituted 500 MG</b>	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
<b>Intron A Injection</b>	P	J9214
<b>INVanz Injection</b>	P	J1335
<b>INVanz Intravenous</b>	P	J1335
levoFLOXacin Intravenous	P	J1956
Lincomycin HCl Injection	P	J2010

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
Linezolid Intravenous Solution 600 MG/300ML	P	J2020
Meropenem Intravenous Solution Reconstituted 1 GM, 500 MG	P	J2185
Moxifloxacin HCl Intravenous	P	J2280
<b>Mycamine Intravenous</b>	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
<b>Teflaro Intravenous Solution Reconstituted 600 MG</b>	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
<b>ANTINEOPLASTIC AGENTS</b>		
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

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Drug Name	Tier	Requirements/Limits
Bleomycin Sulfate Injection Solution Reconstituted 15 UNIT	P	J9040
Bleomycin Sulfate Injection Solution Reconstituted 30 UNIT	P	PA; J9040
<b>Blincyto Intravenous</b>	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
<b>Cyramza Intravenous</b>	P	PA; J9308; AIM
Dacarbazine Intravenous	P	J9130
<b>Darzalex Intravenous</b>	P	PA; J9145; AIM
DAUNOrubicin HCl Intravenous	P	J9150; AIM
Decitabine Intravenous	P	J0894
<b>DepoCyt Intrathecal</b>	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
<b>Eligard Subcutaneous Kit 22.5 MG, 7.5 MG</b>	P	J9217
<b>Empliciti Intravenous</b>	P	PA; J9176; AIM
epiRUBicin HCl Intravenous Solution 200 MG/100ML, 50 MG/25ML	P	J9178
<b>Erbitux Intravenous</b>	P	PA; J9055; AIM
Etoposide Intravenous Solution 1 GM/50ML, 100 MG/5ML	P	J9181

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Drug Name	Tier	Requirements/Limits
Faslodex Intramuscular Solution 250 MG/5ML	P	J9395
Firmagon Subcutaneous	P	PA; 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
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

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Drug Name	Tier	Requirements/Limits
Melphalan HCl Intravenous	P	J9245
Methotrexate Oral	P	J8610
Methotrexate Sodium (PF) Injection	P	J9260; AIM
Methotrexate Sodium Injection Solution 25 MG/ML, 250 MG/10ML, 50 MG/2ML	P	J9260; AIM
Methotrexate Sodium Injection Solution Reconstituted	P	J9260; AIM
Methotrexate Sodium Oral	P	J8610
mitoMYcin Intravenous	P	J9280
Mitoxantrone HCl Intravenous	P	J9293
<b>Mustargen Injection</b>	P	J9230
<b>Mvasi Intravenous</b>	P	PA; Q5107; AIM
<b>Oncaspar Injection</b>	P	J9266; AIM
<b>Oncaspar Intramuscular</b>	P	J9266; AIM
<b>Ontruzant Intravenous</b>	P	Q5112
<b>Opdivo Intravenous Solution 100 MG/10ML, 40 MG/4ML</b>	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
<b>Perjeta Intravenous</b>	P	PA; J9306; AIM
<b>Ruxience Intravenous</b>	P	PA; Q5119
<b>Sylvant Intravenous</b>	NP	PA; J2860
<b>Tecentriq Intravenous Solution 1200 MG/20ML</b>	P	PA; C9483; AIM
<b>Temodar Intravenous</b>	P	J9328
<b>TheraCys Intravesical</b>	P	J9031
Topotecan HCl Intravenous Solution Reconstituted	P	J9351
<b>Trazimera Intravenous</b>	P	Q5116
<b>Treanda Intravenous Solution Reconstituted</b>	P	J9033
<b>Trelstar Mixject Intramuscular</b>	P	J3315

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Drug Name	Tier	Requirements/Limits
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
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
<b>ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES</b>		
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 Solution	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 Injectable	P	J1670
Rhophylac Injection Solution Prefilled Syringe	P	J2791
TheraCys Intravesical	P	J9031

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Drug Name	Tier	Requirements/Limits
WinRho SDF Injection	P	J2792
<b>AUTONOMIC DRUGS</b>		
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
Atracurium Besylate Intravenous Solution 100 MG/10ML	NP	
Atropine Sulfate Injection Solution 0.4 MG/ML	P	J0461
Benztropine Mesylate Injection	P	J0515
<b>Botox Injection</b>	P	PA; J0585
CloNIDine HCl (Analgesia) Epidural	P	J0735
Dicyclomine HCl Intramuscular	P	J0500
Dihydroergotamine Mesylate Injection	P	J1110
diphenhydrAMINE HCl Injection	P	J1200
DiphenhydrAMINE HCl Oral Capsule 50 MG	P	Q0163
DOBUTamine HCl Intravenous Solution 250 MG/20ML	P	J1250
DOPamine HCl Intravenous	P	J1265
EPINEPHrine HCl Injection Solution 1 MG/ML	P	J0171
<b>Gablofen Intrathecal Solution 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML</b>	P	J0475
Ipratropium Bromide Inhalation	P	J7644
Ipratropium-Albuterol Inhalation	P	J7620
<b>Levsin Injection</b>	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

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Drug Name	Tier	Requirements/Limits
Vecuronium Bromide Intravenous Solution Reconstituted	NP	
<b>Xeomin Intramuscular</b>	P	PA; J0588
<b>BLOOD DERIVATIVES</b>		
Albumin Human Intravenous Solution 25 %	NP	
Albumin Human Intravenous Solution 5 %	NP	J9041
<b>BLOOD FORMATION, COAGULATION, THROMBOSIS</b>		
<b>Activase Intravenous Solution Reconstituted 50 MG</b>	P	J2997
Bivalirudin Intravenous	P	J0583
<b>Cathflo Activase Injection</b>	P	J2997
<b>Ceprotin Intravenous</b>	P	J2724
Cyanocobalamin Injection Solution 1000 MCG/ML	P	J3420
Desmopressin Acetate Injection	P	J2597
Dipyridamole Intravenous	P	J1245
Enoxaparin Sodium Injection Solution 300 MG/3ML	P	J1650
Enoxaparin Sodium Subcutaneous	P	J1650
Ferumoxytol Intravenous	P	Q1038
Fondaparinux Sodium Subcutaneous	P	J1652
<b>Fulphila Subcutaneous</b>	P	PA; Q5108; AIM
Heparin Na (Pork) Lock Flsh PF Intravenous Solution 10 UNIT/ML	P	J1642
Heparin Sod (Pork) 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
<b>Infed Injection</b>	P	J1750
<b>Leukine Injection Solution</b>	P	PA; J2820; AIM
<b>Leukine Intravenous</b>	P	PA; J2820; AIM

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Drug Name	Tier	Requirements/Limits
Mircera Injection Solution	P	J0887
Mircera Injection Solution Prefilled Syringe 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	P	J0887
Mozobil Subcutaneous	P	PA; J2562; AIM
Na Ferric Gluc Cplx in Sucrose Intravenous	P	
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 Solution Prefilled Syringe	P	PA; Q5111; AIM
Venofer Intravenous	P	J1756
Zarxio Injection	P	PA; Q5101; AIM
Ziextenzo Subcutaneous	P	PA; Q5120; AIM
<b>CARDIOVASCULAR DRUGS</b>		
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
Dipyridamole Intravenous	P	J1245
DOBUTamine HCl Intravenous Solution 250 MG/20ML	P	J1250
DOPamine HCl Intravenous	P	J1265
Epoprostenol Sodium Intravenous	P	PA; J1325
<b>Ethamolin Intravenous</b>	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

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Drug Name	Tier	Requirements/Limits
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
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
Abilify Maintena Intramuscular Suspension Reconstituted ER	P	PA; J0401
acetaZOLAMIDE Sodium Injection	P	J1120
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
diazePAM Injection Solution 5 MG/ML	P	J3360
Dihydroergotamine Mesylate Injection	P	J1110
diphenhydrAMINE HCl Injection	P	J1200
DiphenhydrAMINE HCl Oral Capsule 50 MG	P	Q0163
<b>Diprivan Intravenous Emulsion 100 MG/10ML</b>	P	J2704
fentaNYL Citrate (PF) Injection Solution 100 MCG/2ML, 250 MCG/5ML	P	J3010
fluPHENAZine Decanoate Injection	P	J2680
<b>Geodon Intramuscular</b>	P	PA; J3486
Haloperidol Decanoate Intramuscular Solution 100 MG/ML, 50 MG/ML	P	J1631
Haloperidol Lactate Injection Solution 5 MG/ML	P	J1630
HYDROmorphine HCl Injection Solution 1 MG/ML, 2 MG/ML, 4 MG/ML	P	J1170
HYDROmorphine HCl PF Injection Solution 10 MG/ML	P	J1170

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Drug Name	Tier	Requirements/Limits
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 Solution 1000 MG/100ML, 1500 MG/100ML, 500 MG/100ML	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
Naloxone HCl Injection Solution Prefilled Syringe	P	J2310
Orphenadrine Citrate Injection	P	J2360
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

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Drug Name	Tier	Requirements/Limits
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
Theophylline in D5W Intravenous Solution 0.8-5 MG/ML-%	P	J2810
ZyPREXA Relprevv Intramuscular	NP	J2358
<b>DEVICES</b>		
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)
Dexcom G7 Receiver	\$40 per receiver	PA; QL (1 EA per 365 days)
Dexcom G7 Sensor	\$40 per sensor kit	PA; QL (1 KIT per 30 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)
FreeStyle Libre 3 Sensor	\$20 (1 sensor/14 days) \$40 (2 sensors/28 days)	PA
Lancets	\$4 per box of 100	
<b>DIAGNOSTIC AGENTS</b>		
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

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Drug Name	Tier	Requirements/Limits
FreeStyle Lite Test In Vitro	\$10 per box of 50	PA
FreeStyle Test In Vitro	\$10 per box of 50	PA
Lexiscan Intravenous	P	J2785
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 Solution Reconstituted	P	J7674
Thyrogen Intramuscular Solution Reconstituted 1.1 MG	P	PA; J3240
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
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
Fluconazole in Dextrose Intravenous	P	J1450
Fluconazole in Sodium Chloride Intravenous	P	J1450
Furosemide Injection Solution 10 MG/ML	P	J1940
Lactated Ringers Intravenous	P	J7120
levETIRAcetam in NaCl Intravenous Solution 1000 MG/100ML, 1500 MG/100ML, 500 MG/100ML	P	J1953
Lidocaine in D5W Intravenous Solution 4-5 MG/ML-%, 8-5 MG/ML-%	P	J2001
Mannitol Intravenous Solution 20 %, 25 %	P	J2150
Normal Saline Flush Intravenous	NP	
Potassium Chloride Intravenous Solution 2 MEQ/ML	P	J3480
Sodium Chloride Intravenous Solution 0.9 %	P	J7050
Theophylline in D5W Intravenous Solution 0.8-5 MG/ML-%	P	J2810

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Drug Name	Tier	Requirements/Limits
Zinc Sulfate Intravenous Solution 1 MG/ML	NP	
<b>ENZYMES</b>		
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
<b>EYE, EAR, NOSE AND THROAT (EENT) PREPS.</b>		
acetaZOLAMIDE Sodium Injection	P	J1120
Mannitol Intravenous Solution 20 %, 25 %	P	J2150
Mvasi Intravenous	P	PA; Q5107; AIM
Tepezza Intravenous	NP	PA
Triesence Intraocular	P	J3300
Visudyne Intravenous	P	PA; J3396
Zirabev Intravenous	P	PA; Q5118; AIM
<b>GASTROINTESTINAL DRUGS</b>		
Aloxi Intravenous Solution 0.25 MG/5ML	P	J2469
Aprepitant Oral	P	PA; J8501
DimenhyDRINATE Injection	P	J1240
Emend Intravenous Solution Reconstituted 150 MG	P	
Entyvio Intravenous	P	PA; J3380
Esomeprazole Sodium Intravenous	P	
Fosaprepitant Dimeglumine Intravenous	P	
Granisetron HCl Intravenous Solution 0.1 MG/ML, 1 MG/ML	P	J1626
Metoclopramide HCl Injection	P	J2765
Octreotide Acetate Injection	P	
Ondansetron HCl Injection Solution 4 MG/2ML	P	J2405

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Drug Name	Tier	Requirements/Limits
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
Promethazine HCl Injection Solution 25 MG/ML	P	J2550
Promethazine HCl Oral Tablet 12.5 MG	P	Q0169
raNITIdine HCl Injection Solution 50 MG/2ML	P	J2780
<b>Renflexis Intravenous</b>	P	PA; Q5104
<b>SandoSTATIN LAR Depot Intramuscular</b>	NP	PA; J2353
<b>Tigan Intramuscular</b>	P	J3250
<b>HEAVY METAL ANTAGONISTS</b>		
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
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>		
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
<b>Delestrogen Intramuscular Oil 10 MG/ML</b>	P	J1380
<b>Depo-Estradiol Intramuscular</b>	P	J1000
<b>Depo-Medrol Injection Suspension 20 MG/ML</b>	P	J1020
<b>Depo-Testosterone Intramuscular</b>	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
<b>Eligard Subcutaneous Kit 22.5 MG, 7.5 MG</b>	P	J9217

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Drug Name	Tier	Requirements/Limits
Estradiol Valerate Intramuscular Oil 20 MG/ML, 40 MG/ML	P	J1380
<b>Firmagon Subcutaneous</b>	P	PA; J9155
Glucagon HCl (Diagnostic) Injection	P	J1610
<b>Kenalog Injection Suspension 10 MG/ML</b>	P	J3301
<b>Kyleena Intrauterine</b>	P	SP; CVS Caremark; Q9984
Leuprolide Acetate Injection	P	J9218
<b>Liletta (52 MG) Intrauterine Intrauterine Device 19.5 MCG/DAY</b>	P	SP; CVS Caremark; J7297
<b>Lupron Depot (1-Month) Intramuscular Kit 3.75 MG</b>	NP	J1950
<b>Lupron Depot (1-Month) Intramuscular Kit 7.5 MG</b>	NP	J9217
<b>Lupron Depot (3-Month) Intramuscular Kit 11.25 MG</b>	NP	J1950
<b>Lupron Depot (3-Month) Intramuscular Kit 22.5 MG</b>	NP	J9217
<b>Lupron Depot-Ped (1-Month) Intramuscular Kit 11.25 MG</b>	NP	J1950
<b>Lupron Depot-Ped (1-Month) Intramuscular Kit 15 MG, 7.5 MG</b>	NP	J9217
<b>Lupron Depot-Ped (3-Month) Intramuscular</b>	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
methylPREDNISolone Sodium Succ Injection Solution Reconstituted 1000 MG, 125 MG	P	J2930
methylPREDNISolone Sodium Succ Injection Solution Reconstituted 40 MG	P	J2920

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Drug Name	Tier	Requirements/Limits
Miacalcin Injection	P	J0630
Mirena (52 MG) Intrauterine Intrauterine Device 20 MCG/24HR	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
<b>LOCAL ANESTHETICS (PARENTERAL)</b>		
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
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
Acetylcysteine Intravenous	P	J0132

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Drug Name	Tier	Requirements/Limits
<b>Actemra Intravenous</b>	NP	PA; J3262
Atropine Sulfate Injection Solution 0.4 MG/ML	P	J0461
azaTHIOPrine Oral Tablet 50 MG	P	J7500
Bal in Oil Intramuscular	P	J0470
<b>Benlysta Intravenous</b>	NP	PA; J0490
<b>Botox Injection</b>	P	PA; J0585
Calcium Disodium Versenate Injection Solution 1 GM/5ML	P	J0600
Cyclophosphamide Injection	P	J9070
cycloSPORINE Intravenous	P	J7516
Deferoxamine Mesylate Injection Solution Reconstituted 500 MG	P	J0895
<b>Delestrogen Intramuscular Oil 10 MG/ML</b>	P	J1380
<b>Depo-Estradiol Intramuscular</b>	P	J1000
<b>Enspryng Subcutaneous</b>	NP	PA
Estradiol Valerate Intramuscular Oil 20 MG/ML, 40 MG/ML	P	J1380
<b>Firmagon Subcutaneous Solution Reconstituted 120 MG</b>	P	PA; J9155
Glucagon HCl (Diagnostic) Injection	P	J1610
<b>Intron A Injection</b>	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 Solution 25 MG/ML, 250 MG/10ML, 50 MG/2ML	P	J9260; AIM
Methotrexate Sodium Injection Solution Reconstituted	P	J9260; AIM
Methotrexate Sodium Oral	P	J8610

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Drug Name	Tier	Requirements/Limits
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
<b>Nulojix Intravenous</b>	P	PA; J0485
<b>Ocrevus Intravenous</b>	P	PA; J2350
<b>Orencia Intravenous</b>	P	PA; J0129
Pamidronate Disodium Intravenous Solution Reconstituted	P	J2430
<b>Prolia Subcutaneous Solution</b>	P	PA; J0897
Protamine Sulfate Intravenous	P	J2720
<b>Renflexis Intravenous</b>	P	PA; Q5104
<b>Rimso-50 Intravesical</b>	P	J1212
<b>Simulect Intravenous Solution Reconstituted 20 MG</b>	P	J0480
<b>Trexall Oral Tablet 5 MG</b>	P	J9250
<b>Tysabri Intravenous</b>	NP	PA; J2323
Vitamin K1 Injection Solution 1 MG/0.5ML	P	J3430
<b>Xeomin Intramuscular</b>	P	PA; J0588
<b>Xgeva Subcutaneous</b>	NP	PA; J0897
Zoledronic Acid Intravenous Solution 5 MG/100ML	P	J3489
<b>NONHORMONAL CONTRACEPTIVES</b>		
<b>Paragard Intrauterine Copper Intrauterine</b>	P	SP; Biologics; J7300
<b>OXYTOCICS</b>		
Methylergonovine Maleate Injection	P	J2210
<b>RADIOACTIVE AGENTS</b>		
<b>Xofigo Intravenous</b>	P	PA; A9606
<b>RESPIRATORY TRACT AGENTS</b>		
Albuterol Sulfate Inhalation Nebulization Solution (2.5 MG/3ML) 0.083%	P	J7613

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Drug Name	Tier	Requirements/Limits
Albuterol Sulfate Inhalation Nebulization Solution (5 MG/ML) 0.5%	P	J7611
Atropine Sulfate Injection Solution 0.4 MG/ML	P	J0461
Budesonide Inhalation Suspension 0.25 MG/2ML, 0.5 MG/2ML	P	J7626
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
<b>Prolastin-C Intravenous Solution Reconstituted 1000 MG</b>	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
Theophylline in D5W Intravenous Solution 0.8-5 MG/ML-%	P	J2810
Treprostинil Sodium Injection	P	PA; J3285
<b>Xolair Subcutaneous Solution Reconstituted</b>	NP	PA; J2357
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
Ameluz External	P	PA; J7345
Levulan Kerastick External	P	PA; J7308
Renflexis Intravenous	P	PA; Q5104
<b>Stelara Subcutaneous Solution 45 MG/0.5ML</b>	NP	PA; J3357
<b>Stelara Subcutaneous Solution Prefilled Syringe</b>	NP	PA; J3357
<b>SMOOTH MUSCLE RELAXANTS</b>		
Aminophylline Intravenous	P	J0280
Theophylline in D5W Intravenous Solution 0.8-5 MG/ML-%	P	J2810

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Drug Name	Tier	Requirements/Limits
<b>VITAMINS</b>		
Calcitriol Intravenous Solution 1 MCG/ML	P	J0636
Cyanocobalamin Injection Solution 1000 MCG/ML	P	J3420
Doxercalciferol Intravenous	P	J1270
Leucovorin Calcium Injection Solution Reconstituted	P	J0640
Paricalcitol Intravenous	P	J2501
Pyridoxine HCl Injection	P	J3415
Thiamine HCl Injection Solution 100 MG/ML	P	J3411
Vitamin K1 Injection Solution 1 MG/0.5ML	P	J3430

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<b>Arzerra</b>	4	Cladribine	5	Doxercalciferol	23
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200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
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