



# 2021-2022 Substance Abuse Block Grant Medication List



An Independent Licensee of the Blue Cross Blue Shield Association

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# Health Choice AZ Substance Abuse Effective 04/01/2022

Drug Name Requirements/Limits

## ANALGESICS - ANTI-INFLAMMATORY

### NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>ibuprofen tab 100 mg</i>	OTC
<i>ibuprofen tab 200 mg</i>	OTC
<i>ibuprofen tab 400 mg</i>	
<i>ibuprofen tab 600 mg</i>	
<i>ibuprofen tab 800 mg</i>	

## ANALGESICS - OPIOID

### OPIOID AGONISTS

<i>methadone hcl conc 10 mg/ml (generic of METHADOSE)</i>	Only available at an opioid treatment program (OTP) provider
<i>methadone hcl inj 10 mg/ml (generic of METHADONE HCL)</i>	Only available at an opioid treatment program (OTP) provider
<i>methadone hcl soln 5 mg/5ml</i>	Only available at an opioid treatment program (OTP) provider
<i>methadone hcl soln 10 mg/5ml</i>	Only available at an opioid treatment program (OTP) provider
<i>methadone hcl tab 5 mg</i>	Only available at an opioid treatment program (OTP) provider
<i>methadone hcl tab 10 mg</i>	Only available at an opioid treatment program (OTP) provider
<i>methadone hcl tab for oral susp 40 mg</i>	Only available at an opioid treatment program (OTP) provider
METHADONE SOL 5MG/5ML	Only available at an opioid treatment program (OTP) provider
METHADONE SOL 10MG/5ML	Only available at an opioid treatment program (OTP) provider

### OPIOID PARTIAL AGONISTS

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	PA; PA Required, Unless Pregnant or Nursing
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	PA; PA Required, Unless Pregnant or Nursing
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	
SUBLOCADE INJ 100/0.5	PA

<b>Drug Name</b>	<b>Requirements/Limits</b>
SUBLOCADE INJ 300/1.5	PA
<b>ANTICONVULSANTS</b>	
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>	
<i>clonazepam tab 0.5 mg (generic of KLONOPIN)</i>	
<i>clonazepam tab 1 mg (generic of KLONOPIN)</i>	
<i>clonazepam tab 2 mg (generic of KLONOPIN)</i>	
<b>ANTICONVULSANTS - MISC.</b>	
<i>carbamazepine chew tab 100 mg</i>	
<i>carbamazepine tab 200 mg (generic of TEGRETOL)</i>	
<i>gabapentin cap 100 mg (generic of NEURONTIN)</i>	
<i>gabapentin cap 300 mg (generic of NEURONTIN)</i>	
<i>gabapentin cap 400 mg (generic of NEURONTIN)</i>	
<b>VALPROIC ACID</b>	
<i>divalproex sodium tab delayed release 125 mg (generic of DEPAKOTE)</i>	
<i>divalproex sodium tab delayed release 250 mg (generic of DEPAKOTE)</i>	
<i>divalproex sodium tab delayed release 500 mg (generic of DEPAKOTE)</i>	
<i>divalproex sodium tab er 24 hr 250 mg (generic of DEPAKOTE ER)</i>	
<i>divalproex sodium tab er 24 hr 500 mg (generic of DEPAKOTE ER)</i>	
<b>ANTIDEPRESSANTS</b>	
<b>SEROTONIN MODULATORS</b>	
<i>trazodone hcl tab 50 mg</i>	
<i>trazodone hcl tab 100 mg</i>	
<i>trazodone hcl tab 150 mg</i>	
<i>trazodone hcl tab 300 mg</i>	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>	
<b>ANTIPERISTALTIC AGENTS</b>	
<i>loperamide hcl cap 2 mg</i>	
<i>loperamide hcl cap 2 mg</i>	OTC
<i>loperamide hcl tab 2 mg</i>	OTC
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>	
<b>OPIOID ANTAGONISTS</b>	
<i>naloxone hcl inj 0.4 mg/ml</i>	
<i>naloxone hcl inj 4 mg/10ml</i>	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	
<i>naltrexone hcl tab 50 mg</i>	
NARCAN SPR	
VIVITROL INJ 380MG	
<b>ANTIEMETICS</b>	
<b>5-HT3 RECEPTOR ANTAGONISTS</b>	
<i>ondansetron hcl tab 4 mg</i>	QL (45 tabs / 24 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>ondansetron hcl tab 8 mg</i>	QL (45 tabs / 24 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	QL (45 tabs / 24 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	QL (45 tabs / 24 days)

## **ANTI HISTAMINES**

### **ANTI HISTAMINES - ETHANOLAMINES**

<i>diphenhydramine hcl cap 25 mg</i>	OTC
<i>diphenhydramine hcl cap 50 mg</i>	OTC
<i>diphenhydramine hcl tab 25 mg</i>	OTC

## **ANTI HYPERTENSIVES**

### **ANTI ADRENERGIC ANTI HYPERTENSIVES**

<i>clonidine hcl tab 0.1 mg</i>	
<i>clonidine hcl tab 0.2 mg</i>	
<i>clonidine hcl tab 0.3 mg</i>	

## **HEMATOPOIETIC AGENTS**

### **FOLIC ACID/FOLATES**

<i>folic acid tab 1 mg</i>	
<i>folic acid tab 1 mg</i>	OTC
<i>folic acid tab 400 mcg</i>	OTC

## **HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS**

### **BARBITURATE HYPNOTICS**

<i>phenobarbital tab 30 mg</i>	
<i>phenobarbital tab 60 mg</i>	

## **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**

### **AGENTS FOR CHEMICAL DEPENDENCY**

<i>acamprosate calcium tab delayed release 333 mg</i>	
<i>disulfiram tab 250 mg</i>	
<i>disulfiram tab 500 mg</i>	

## **VITAMINS**

### **WATER SOLUBLE VITAMINS**

<i>pyridoxine hcl tab 25 mg</i>	OTC
<i>pyridoxine hcl tab 50 mg</i>	OTC
<i>thiamine hcl tab 100 mg</i>	OTC
<i>thiamine hcl tab 250 mg</i>	OTC
<i>thiamine mononitrate tab 100 mg</i>	OTC

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# Notice of Non-Discrimination



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## In Compliance with Section 1557 of the Affordable Care Act

Health Choice Arizona complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Health Choice Arizona does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Health Choice Arizona:

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:

Health Choice Arizona

Address:

410 N. 44th Street, Ste. 900,

Phoenix, AZ 85008

Phone: **1-800-322-8670**, TTY: **711**

Fax: **480-760-4739**

Email: **HCHComments@azblue.com**

If you believe that Health Choice Arizona has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). You can file a grievance with:

Health Choice Arizona

Address:

410 N. 44th Street, Ste. 900,

Phoenix, AZ 85008

Phone: **1-800-322-8670**, TTY: **711**

Fax: **480-760-4739**

Email: **HCH.GrievanceForms@azblue.com**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Grievance Manager/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, 1-800-537-7697** (TDD)

Complaint forms are available at

**<http://www.hhs.gov/ocr/office/file/index.html>**.

# Notificación de no discriminación



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## En cumplimiento con la Sección 1557 de la Ley de Cuidado de Salud de Bajo Costo

Health Choice Arizona cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género). Health Choice Arizona no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género).

Health Choice Arizona:

Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:

- Intérpretes de lenguaje de señas capacitados.
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).

Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:

- Intérpretes capacitados.
- Información escrita en otros idiomas.

Si necesita recibir estos servicios, con el Coordinador de Derechos Civiles, 410 N. 44th Street, Ste. 900, Phoenix, AZ 85008, Teléfono: **1-800-322-8670**, TTY: **711** Fax: **480-760-4739** Email: **HCHComments@azblue.com**

Si considera que Health Choice Arizona no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género). Puede presentar un reclamo a la siguiente persona:

Coordinador de Derechos Civiles,  
410 N. 44th Street, Ste. 900,  
Phoenix, AZ 85008,  
Teléfono: **1-800-322-8670**, TTY: **711**  
Fax: **480-760-4739**  
Email: **HCH.GrievanceForms@azblue.com**

Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, el Coordinador de Derechos Civiles está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

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

Puede obtener los formularios de reclamo en el sitio web **<http://www.hhs.gov/ocr/office/file/index.html>**.



# Multi-Language Interpreter Services



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as required by Section 1557  
of the Affordable Care Act

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-800-322-8670** (TTY: **711**), 8 a.m. – 5 p.m., Monday through Friday (except holidays).

ATENCIÓN: Si usted habla español, tiene a su disposición servicios de asistencia lingüística sin cargo. Llame al **1-800-322-8670** (TTY: **711**).

請注意：若您使用繁體中文，您可以接受免費的語言協助服務。請致電 **1-800-322-8670** (TTY: **711**)。

Bilag1ana bizaad doo bee y1n7ti' dago d00 saad n1n1 [a' bee y1n7ti'go, saad bee ata' hane', t'11 n7k'e h, n1 bee ah00ti' . Koj8 hod77nih **1-800-322-8670** (TTY: **711**).

ATENÇÃO: Se você fala português brasileiro, oferecemos serviços gratuitos de assistência para idiomas. Ligue para **1-800-322-8670** (TTY: **711**).

CHÚ Ý: Nếu quý vị nói [Tiếng Việt], chúng tôi sẽ cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Hãy gọi số **1-800-322-8670** (TTY: **711**).

تنبيه: إذا كنت تتحدث العربية، فسوف تتوفر لديك خدمات المساعدة اللغوية، مجاناً. اتصل على **1-800-322-8670** (هاتف نصي: **711**)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-322-8670** (TTY: **711**).

ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang, gratis, disponib pou ou. Rele **1-800-322-8670** (TTY: **711**).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen ein kostenloser Fremdsprachenservice zur Verfügung. Rufen Sie **1-800-322-8670** (TTY: **711**) an.

ΠΡΟΣΟΧΗ: εάν μιλάτε Ελληνικά, μπορείτε να λάβετε δωρεάν υπηρεσίες γλωσσικής βοήθειας. Καλέστε τον αριθμό **1-800-322-8670** (TTY: **711**).

સૂચના: જો તમે બોલતા હોવ, તો તમારા માટે મફત ભાષા સહાયતા સેવાઓ ઉપલબ્ધ છે. સંપર્ક **1-800-322-8670** (TTY: **711**).

ध्यान दें: यदि आप हिन्दी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। **1-800-322-8670** (TTY: **711**) पर कॉल करें।

ATTENZIONE: Se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiami il numero **1-800-322-8670** (TTY: **711**).

# Multi-Language Interpreter Services



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as required by Section 1557  
of the Affordable Care Act

注意：日本語を話される場合、無料で言語支援サービスをご利用いただけます。次の番号までお電話してください：**1-800-322-8670 (TTY: 711)**

주의: 한국어를 사용하는 경우, 언어 지원 서비스가 무료로 제공됩니다. **1-800-322-8670 (TTY: 711)** 번으로 전화하십시오.

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើលោកអ្នកនិយាយភាសា ខ្មែរ យើងខ្ញុំមានសេវាកម្មជំនួយភាសាដល់លោកអ្នកដោយមិនគិតថ្លៃនោះទេ។ សូមហៅទូរស័ព្ទមកលេខ **1-800-322-8670 (TTY: 711)**។

नेपाली – बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध छन् । ध्यान दिनुहोस्: तपाईं  
**1-800-322-8670 (TTY: 711)** मा कल गर्नुहोस् ।

توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات زبانی رایگان به شما ارائه می‌شود. **1-800-322-8670 (TTY: 711)**. تماس  
بگیرید.

UWAGA: Jeżeli mówi Pan/Pani po polsku, oferujemy bezpłatne usługi pomocy językowej. Prosimy o kontakt pod numerem **1-800-322-8670 (telefon tekstowy (TTY: 711))**.

ВНИМАНИЕ! Если вы говорите на Русский, вам бесплатно доступны услуги языковой поддержки. Звоните **1-800-322-8670 (телетайп: 711)**.

PAŽNJA: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su Vam besplatno. Pozovite **1-800-322-8670 (TTY: 711)**.

مَعِيرَةٌ: اَيْنَ بَعَالَتُكَ دَمَخِكَةَ (لِسْنَا أُسُورِيًّا) وَبِمَجَن دَلَا أَجْرًا بِنَيْشًا دَشْمِشَةً وَعَدْرَنَةً. **1-800-322-8670 (TTY: 711)** عَبُود شَقَلَيْبٌ لَلَّاءِ بِنِّ  
مِنِّيَّا.

ATENSIYON: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, na walang singil, ay magagamit mo. Tumawag sa **1-800-322-8670 (TTY: 711)**.

โปรดทราบ: หากคุณพูดภาษาไทย คุณจะสามารรถใช้บริการความช่วยเหลือด้านภาษาได้โดยไม่มีค่าใช้จ่าย โทร **1-800-322-8670 (TTY: 711)**

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai **1-800-322-8670 (TTY: 711)**.

**Member Services / Servicios Para Miembros:**

410 N. 44th Street, Suite 900  
Phoenix, Arizona 85008

Phone: 480-968-6866

Toll-free: 1-800-322-8670 | TTY/TDD: 711

Monday - Friday, 8 a.m. - 5 p.m.

[www.HealthChoiceAZ.com](http://www.HealthChoiceAZ.com)



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