

Disclaimer:

Your costs, the amount you pay for a covered drug, will depend on your coverage tier. Each covered drug is in one of several tiers. Each drug’s tier amount may be different. Each drug tier may have a different copayment or coinsurance amount. Please refer to your Annual Evidence of Coverage for additional information. To find out the cost of your drugs, call the toll-free number on your ID card. The “Coins Band” (or estimated member cost share) listed below is based on a rolling 12 months’ of UHC claims data for drugs administered in a provider’s office. The band was calculated based on the number of claims received during that period and then divided by the total cost per drug. Please note the member cost share listed may vary based on the number of claims each month.

After satisfaction of the applicable deductible, based on the individuals medical plan, the member's medical drugs costs will be any of the following:

- A) \$100 and under
- B) Over \$100 to \$250
- C) Over \$250 to \$500
- D) Over \$500 to \$1,000
- E) Over \$1000

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|---------------------------|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| 90375 | HYPERRAB | > \$1000 | | | | | |
| 90384 | RHOPHYLAC | <= \$100 | | | | | |
| 90585 | BCG VACCINE | <= \$100 | | | | | |
| 90586 | TICE BCG | \$100 - \$250 | | | | | |
| 90717 | YF-VAX | <= \$100 | | | | | |
| A9513 | LUTATHERA | <= \$100 | | | | | |
| C9254 | VIMPAT | <= \$100 | | | | | |
| J0121 | NUZYRA | > \$1000 | | | | | |
| J0122 | XERAVA | <= \$100 | | | | | |
| J0129 | ORENCIA | > \$1000 | X | X | | X | X |
| J0131 | ACETAMINOPHEN | <= \$100 | | | | | |
| J0153 | ADENOSINE | <= \$100 | | | | | |
| J0171 | ADRENALIN | <= \$100 | | | | | |
| J0171 | EPINEPHRINE | <= \$100 | | | | | |
| J0171 | EPINEPHRINE HCL | <= \$100 | | | | | |
| J0171 | EPINEPHRINE HYDROCHLORIDE | <= \$100 | | | | | |
| J0171 | EPINEPHRINE PROFESSIONAL | <= \$100 | | | | | |
| J0171 | EPINEPHRINESNAP-EMS | <= \$100 | | | | | |
| J0171 | EPINEPHRINESNAP-V | <= \$100 | | | | | |
| J0178 | EYLEA | > \$1000 | X | | X | | X |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|---------------------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J0185 | CINVANTI | \$100 - \$250 | | | | | |
| J0256 | ARALAST NP | > \$1000 | | X | | X | |
| J0256 | PROLASTIN-C | > \$1000 | | X | | X | |
| J0256 | ZEMAIRA | > \$1000 | | X | | X | |
| J0270 | PROSTIN VR PEDIATRIC | <= \$100 | | | | | |
| J0278 | AMIKACIN SULFATE | <= \$100 | | | | | |
| J0280 | AMINOPHYLLINE | <= \$100 | | | | | |
| J0290 | AMPICILLIN SODIUM | <= \$100 | | | | | |
| J0295 | AMPICILLIN-SULBACTAM | <= \$100 | | | | | |
| J0295 | AMPICILLIN/SULBACTAM | <= \$100 | | | | | |
| J0295 | UNASYN | <= \$100 | | | | | |
| J0295 | UNASYN BULK PACK | <= \$100 | | | | | |
| J0348 | ERAXIS | \$250 - \$500 | | | | | |
| J0360 | HYDRALAZINE HYDROCHLORIDE | <= \$100 | | | | | |
| J0456 | AZITHROMYCIN | <= \$100 | | | | | |
| J0456 | ZITHROMAX | <= \$100 | | | | | |
| J0461 | ATROPINE SULFATE | <= \$100 | | | | | |
| J0475 | BACLOFEN | \$500 - \$1000 | | | | | |
| J0475 | GABLOFEN | \$500 - \$1000 | | | | | |
| J0485 | NULOJIX | > \$1000 | | | | | |
| J0490 | BENLYSTA | > \$1000 | X | X | X | X | |
| J0517 | FASENRA | > \$1000 | X | X | X | X | X |
| J0565 | ZINPLAVA | > \$1000 | | | | | |
| J0585 | BOTOX | > \$1000 | X | | | | X |
| J0594 | BUSULFAN | <= \$100 | | X | | | |
| J0594 | BUSULFEX | <= \$100 | | X | | | |
| J0595 | BUTORPHANOL TARTRATE | <= \$100 | | | | | |
| J0637 | CASPOFUNGIN ACETATE | <= \$100 | | | | | |
| J0638 | ILARIS | > \$1000 | X | X | | X | X |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|--|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| J0640 | LEUCOVORIN CALCIUM | <= \$100 | | X | X | | |
| J0670 | POLOCAINE | <= \$100 | | | | | |
| J0670 | POLOCAINE-MPF | <= \$100 | | | | | |
| J0690 | CEFAZOLIN | <= \$100 | | | | | |
| J0690 | CEFAZOLIN SODIUM | <= \$100 | | | | | |
| J0690 | CEFAZOLIN SODIUM/DEXTROSE | <= \$100 | | | | | |
| J0692 | CEFEPIME | <= \$100 | | | | | |
| J0692 | CEFEPIME HYDROCHLORIDE | <= \$100 | | | | | |
| J0692 | CEFEPIME/DEXTROSE | <= \$100 | | | | | |
| J0694 | CEFOXITIN SODIUM | <= \$100 | | | | | |
| J0696 | CEFTRIAZONE IN ISO-OSMOTIC DEXTROSE | <= \$100 | | | | | |
| J0696 | CEFTRIAZONE SODIUM | <= \$100 | | | | | |
| J0696 | CEFTRIAZONE/DEXTROSE | <= \$100 | | | | | |
| J0697 | CEFUROXIME SODIUM | <= \$100 | | | | | |
| J0698 | CEFOTAXIME SODIUM | <= \$100 | | | | | |
| J0702 | BETAMETHASONE SODIUM PHOSPHATE/BETAMETHASONE ACETATE | <= \$100 | | | | | |
| J0702 | CELESTONE SOLUSPAN | <= \$100 | | | | | |
| J0713 | CEFTAZIDIME | <= \$100 | | | | | |
| J0713 | TAZICEF | <= \$100 | | | | | |
| J0717 | CIMZIA | > \$1000 | X | X | | X | X |
| J0717 | CIMZIA STARTER KIT | > \$1000 | X | X | | X | X |
| J0735 | CLONIDINE HCL | <= \$100 | | | | | |
| J0735 | CLONIDINE HYDROCHLORIDE | <= \$100 | | | | | |
| J0735 | DURACLON | <= \$100 | | | | | |
| J0740 | CIDOFOVIR | \$250 - \$500 | | | | | |
| J0743 | IMIPENEM/CILASTATIN | <= \$100 | | | | | |
| J0743 | PRIMAXIN IV | <= \$100 | | | | | |
| J0744 | CIPROFLOXACIN I.V.-IN D5W | <= \$100 | | | | | |
| J0775 | XIAFLEX | > \$1000 | | X | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|--------------------------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J0780 | PROCHLORPERAZINE EDISYLATE | <= \$100 | | | | | |
| J0791 | ADAKVEO | > \$1000 | | X | | X | |
| J0834 | CORTROSYN | <= \$100 | | | | | |
| J0834 | COSYNTROPIN | <= \$100 | | | | | |
| J0875 | DALVANCE | > \$1000 | | | | | |
| J0878 | DAPTOMYCIN | \$100 - \$250 | | | | | |
| J0881 | ARANESP ALBUMIN FREE | \$500 - \$1000 | | | | | |
| J0885 | EPOGEN | \$500 - \$1000 | X | X | X | | |
| J0885 | PROCRIT | \$500 - \$1000 | | X | X | | |
| J0894 | DECITABINE | \$100 - \$250 | | | | | |
| J0895 | DEFEROXAMINE MESYLATE | <= \$100 | | | | | |
| J0895 | DESFERAL | <= \$100 | | | | | |
| J0896 | REBLOZYL | > \$1000 | | X | | | |
| J0897 | PROLIA | > \$1000 | X | X | X | | X |
| J0897 | XGEVA | > \$1000 | X | X | X | | X |
| J1020 | DEPO-MEDROL | <= \$100 | | | | | |
| J1020 | METHYLPREDNISOLONE ACETATE | <= \$100 | | | | | |
| J1030 | DEPO-MEDROL | <= \$100 | | | | | |
| J1030 | METHYLPREDNISOLONE ACETATE | <= \$100 | | | | | |
| J1040 | DEPO-MEDROL | <= \$100 | | | | | |
| J1040 | METHYLPREDNISOLONE ACETATE | <= \$100 | | | | | |
| J1050 | DEPO-SUBQ PROVERA 104 | <= \$100 | | | | | |
| J1095 | DEXYCU | <= \$100 | | | | | |
| J1100 | DEXAMETHASONE SODIUM PHOSPHATE | <= \$100 | | | | | |
| J1100 | DOUBLEDEX | <= \$100 | | | | | |
| J1100 | MAS CARE-PAK | <= \$100 | | | | | |
| J1100 | TOPIDEX | <= \$100 | | | | | |
| J1110 | DIHYDROERGOTAMINE MESYLATE | <= \$100 | | | | | |
| J1160 | DIGOXIN | <= \$100 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|--------------------------------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J1160 | LANOXIN | <= \$100 | | | | | |
| J1160 | LANOXIN PEDIATRIC | <= \$100 | | | | | |
| J1170 | DILAUDID | <= \$100 | | | | | |
| J1170 | HYDROMORPHONE HCL | <= \$100 | | | | | |
| J1170 | HYDROMORPHONE HYDROCHLORIDE | <= \$100 | | | | | |
| J1190 | DEXRAZOXANE | \$500 - \$1000 | | X | | | |
| J1200 | DIPHENHYDRAMINE HYDROCHLORIDE | <= \$100 | | | | | |
| J1201 | QUZYTIR | \$250 - \$500 | | | | | |
| J1205 | CHLOROTHIAZIDE SODIUM | <= \$100 | | | | | |
| J1212 | RIMSO-50 | > \$1000 | | | | | |
| J1230 | METHADONE HCL | <= \$100 | | | | | |
| J1245 | DIPYRIDAMOLE | <= \$100 | | | | | |
| J1250 | DOBUTAMINE HCL | <= \$100 | | | | | |
| J1250 | DOBUTAMINE HCL/D5W | <= \$100 | | | | | |
| J1250 | DOBUTAMINE HYDROCHLORIDE/DEXTROSE 5% | <= \$100 | | | | | |
| J1270 | DOXERCALCIFEROL | <= \$100 | | | | | |
| J1300 | SOLIRIS | > \$1000 | | | | | |
| J1303 | ULTOMIRIS | > \$1000 | X | X | X | X | X |
| J1335 | ERTAPENEM SODIUM | <= \$100 | | | | | |
| J1410 | PREMARIN | <= \$100 | | | | | |
| J1437 | MONOFERRIC | \$500 - \$1000 | | X | X | | |
| J1439 | INJECTAFER | > \$1000 | | X | X | | |
| J1442 | NEUPOGEN | \$500 - \$1000 | | X | X | | |
| J1447 | GRANIX | \$250 - \$500 | | X | X | | |
| J1453 | EMEND | <= \$100 | | | | | |
| J1453 | FOSAPREPITANT DIMEGLUMINE | <= \$100 | | X | X | | |
| J1454 | AKYNZEO | \$500 - \$1000 | | | | | |
| J1459 | PRIVIGEN | > \$1000 | X | X | X | X | |
| J1556 | BIVIGAM | > \$1000 | X | X | X | X | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|--|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| J1559 | HIZENTRA | > \$1000 | X | X | X | X | |
| J1561 | GAMMAKED | > \$1000 | X | X | X | X | |
| J1561 | GAMUNEX-C | > \$1000 | X | X | X | X | |
| J1566 | GAMMAGARD S/D IGA LESS THAN 1MCG/ML | > \$1000 | X | X | X | X | |
| J1568 | OCTAGAM | > \$1000 | X | X | X | X | |
| J1569 | GAMMAGARD LIQUID | > \$1000 | X | X | X | X | |
| J1575 | HYQVIA | > \$1000 | X | X | X | X | |
| J1580 | GENTAMICIN SULFATE | <= \$100 | | | | | |
| J1580 | GENTAMICIN SULFATE PEDIATRIC | <= \$100 | | | | | |
| J1580 | GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE | <= \$100 | | | | | |
| J1580 | ISOTONIC GENTAMICIN | <= \$100 | | | | | |
| J1602 | SIMPONI ARIA | > \$1000 | X | X | | X | X |
| J1610 | GLUCAGON | \$100 - \$250 | | | | | |
| J1610 | GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR | \$100 - \$250 | | | | | |
| J1610 | GLUCAGON HCL DIAGNOSTIC | \$100 - \$250 | | | | | |
| J1626 | GRANISETRON HCL | <= \$100 | | | | | |
| J1626 | GRANISETRON HYDROCHLORIDE | <= \$100 | | | | | |
| J1644 | HEPARIN SODIUM | <= \$100 | | | | | |
| J1644 | HEPARIN SODIUM/D5W | <= \$100 | | | | | |
| J1644 | HEPARIN SODIUM/DEXTROSE | <= \$100 | | | | | |
| J1644 | HEPARIN SODIUM/NACL 0.45% | <= \$100 | | | | | |
| J1644 | HEPARIN SODIUM/SODIUM CHLORIDE | <= \$100 | | | | | |
| J1644 | HEPARIN SODIUM/SODIUM CHLORIDE 0.9% PREMIX | <= \$100 | | | | | |
| J1650 | ENOXAPARIN SODIUM | <= \$100 | | | | | |
| J1650 | LOVENOX | <= \$100 | | | | | |
| J1720 | SOLU-CORTEF | <= \$100 | | | | | |
| J1740 | IBANDRONATE SODIUM | \$100 - \$250 | | | | | |
| J1745 | INFLIXIMAB | > \$1000 | | | | | |
| J1745 | REMICADE | > \$1000 | X | X | X | X | X |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|-------------------------------|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| J1750 | INFED | \$250 - \$500 | | | | | |
| J1756 | VENOFER | \$250 - \$500 | | | | | |
| J1815 | FIASP | <= \$100 | | | | | |
| J1815 | HUMALOG | <= \$100 | | | | | |
| J1815 | HUMULIN R | <= \$100 | | | | | |
| J1815 | INSULIN LISPRO | <= \$100 | | | | | |
| J1815 | LYUMJEV | <= \$100 | | | | | |
| J1815 | NOVOLIN R | <= \$100 | | | | | |
| J1815 | NOVOLIN R FLEXPEN | <= \$100 | | | | | |
| J1815 | NOVOLIN R FLEXPEN RELION | <= \$100 | | | | | |
| J1815 | NOVOLIN R RELION | <= \$100 | | | | | |
| J1815 | NOVOLOG | <= \$100 | | | | | |
| J1815 | NOVOLOG RELION | <= \$100 | | | | | |
| J1817 | HUMALOG | <= \$100 | | | | | |
| J1817 | HUMULIN R | <= \$100 | | | | | |
| J1817 | INSULIN LISPRO | <= \$100 | | | | | |
| J1817 | LYUMJEV | <= \$100 | | | | | |
| J1817 | NOVOLIN R | <= \$100 | | | | | |
| J1817 | NOVOLIN R RELION | <= \$100 | | | | | |
| J1817 | NOVOLOG | <= \$100 | | | | | |
| J1817 | NOVOLOG RELION | <= \$100 | | | | | |
| J1885 | KETOROLAC TROMETHAMINE | <= \$100 | | | | | |
| J1885 | KETOROLAC TROMETHAMINE +RFID | <= \$100 | | | | | |
| J1930 | SOMATULINE DEPOT | > \$1000 | | | | | |
| J1940 | FUROSEMIDE | <= \$100 | | | | | |
| J1951 | FENSOLVI | > \$1000 | X | | | | |
| J1953 | KEPPRA | <= \$100 | | | | | |
| J1953 | LEVETIRACETAM | <= \$100 | | | | | |
| J1953 | LEVETIRACETAM/SODIUM CHLORIDE | <= \$100 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|----------------------------------|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| J1955 | CARNITOR | \$250 - \$500 | | | | | |
| J1956 | LEVOFLOXACIN | <= \$100 | | | | | |
| J1956 | LEVOFLOXACIN IN D5W | <= \$100 | | | | | |
| J2001 | LIDOCAINE HCL | <= \$100 | | | | | |
| J2001 | LIDOCAINE HCL IN D5W | <= \$100 | | | | | |
| J2001 | LIDOCAINE HCL/DEXTROSE | <= \$100 | | | | | |
| J2001 | LIDOCAINE HYDROCHLORIDE | <= \$100 | | | | | |
| J2001 | XYLOCAINE-MPF | <= \$100 | | | | | |
| J2010 | LINCOMYCIN HYDROCHLORIDE | <= \$100 | | | | | |
| J2060 | ATIVAN | <= \$100 | | | | | |
| J2060 | LORAZEPAM | <= \$100 | | | | | |
| J2150 | MANNITOL | <= \$100 | | | | | |
| J2175 | DEMEROL | <= \$100 | | | | | |
| J2175 | MEPERIDINE HCL | <= \$100 | | | | | |
| J2182 | NUCALA | > \$1000 | X | X | X | X | X |
| J2185 | MEROPENEM | <= \$100 | | | | | |
| J2185 | MEROPENEM/SODIUM CHLORIDE | <= \$100 | | | | | |
| J2210 | METHYLERGONOVINE MALEATE | <= \$100 | | | | | |
| J2248 | MICAFUNGIN | <= \$100 | | | | | |
| J2250 | MIDAZOLAM HCL | <= \$100 | | | | | |
| J2250 | MIDAZOLAM HYDROCHLORIDE | <= \$100 | | | | | |
| J2250 | MIDAZOLAM/SODIUM CHLORIDE | <= \$100 | | | | | |
| J2270 | DURAMORPH | <= \$100 | | | | | |
| J2270 | MORPHINE SULFATE | <= \$100 | | | | | |
| J2270 | MORPHINE SULFATE/SODIUM CHLORIDE | <= \$100 | | | | | |
| J2274 | DURAMORPH | \$250 - \$500 | | | | | |
| J2274 | INFUMORPH 200 | \$250 - \$500 | | | | | |
| J2274 | INFUMORPH 500 | \$250 - \$500 | | | | | |
| J2274 | MITIGO | \$250 - \$500 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|---|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J2274 | MORPHINE SULFATE | \$250 - \$500 | | | | | |
| J2280 | MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE | <= \$100 | | | | | |
| J2280 | MOXIFLOXACIN HYDROCHLORIDE | <= \$100 | | | | | |
| J2300 | NALBUPHINE HYDROCHLORIDE | <= \$100 | | | | | |
| J2310 | NALOXONE HCL | <= \$100 | | | | | |
| J2310 | NALOXONE HYDROCHLORIDE | <= \$100 | | | | | |
| J2323 | TYSABRI | > \$1000 | | X | | | |
| J2350 | OCREVUS | > \$1000 | X | X | | X | X |
| J2357 | XOLAIR | > \$1000 | X | X | | X | X |
| J2360 | ORPHENADRINE CITRATE | <= \$100 | | | | | |
| J2405 | ONDANSETRON HYDROCHLORIDE | <= \$100 | | | | | |
| J2430 | PAMIDRONATE DISODIUM | <= \$100 | | | | | |
| J2440 | PAPAVERINE HYDROCHLORIDE | <= \$100 | | | | | |
| J2469 | PALONOSETRON HYDROCHLORIDE | <= \$100 | | | | | |
| J2506 | NEULASTA | \$500 - \$1000 | | X | X | | X |
| J2506 | NEULASTA ONPRO KIT | \$500 - \$1000 | | X | X | | X |
| J2507 | KRYSTEXXA | > \$1000 | X | X | | | X |
| J2540 | PENICILLIN G POTASSIUM | <= \$100 | | | | | |
| J2540 | PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE | <= \$100 | | | | | |
| J2540 | PFIZERPEN | <= \$100 | | | | | |
| J2543 | PIPERACILLIN SODIUM/TAZOBACTAM SODIUM | <= \$100 | | | | | |
| J2550 | PHENERGAN | <= \$100 | | | | | |
| J2550 | PROMETHAZINE HCL | <= \$100 | | | | | |
| J2550 | PROMETHAZINE HYDROCHLORIDE | <= \$100 | | | | | |
| J2560 | PHENOBARBITAL SODIUM | \$250 - \$500 | | | | | |
| J2590 | OXYTOCIN | <= \$100 | | | | | |
| J2590 | PITOCIN | <= \$100 | | | | | |
| J2597 | DDAVP | \$100 - \$250 | | | | | |
| J2597 | DESMOPRESSIN ACETATE | \$100 - \$250 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|---|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J2704 | DIPRIVAN | <= \$100 | | | | | |
| J2704 | DIPRIVAN +RFID | <= \$100 | | | | | |
| J2704 | PROPOFOL | <= \$100 | | | | | |
| J2720 | PROTAMINE SULFATE | <= \$100 | | | | | |
| J2760 | PHENTOLAMINE MESYLATE | \$100 - \$250 | | | | | |
| J2765 | METOCLOPRAMIDE HCL | <= \$100 | | | | | |
| J2778 | LUCENTIS | > \$1000 | X | | X | | X |
| J2783 | ELITEK | \$500 - \$1000 | | | | | |
| J2785 | LEXISCAN | \$100 - \$250 | | | | | |
| J2786 | CINQAIR | \$250 - \$500 | X | X | X | X | X |
| J2791 | RHOPHYLAC | <= \$100 | | | | | |
| J2795 | NAROPIN | <= \$100 | | | | | |
| J2795 | ROPIVACAINE | <= \$100 | | | | | |
| J2795 | ROPIVACAINE HCL | <= \$100 | | | | | |
| J2795 | ROPIVACAINE HYDROCHLORIDE | <= \$100 | | | | | |
| J2796 | NPLATE | > \$1000 | | | | | |
| J2800 | METHOCARBAMOL | <= \$100 | | | | | |
| J2800 | ROBAXIN | <= \$100 | | | | | |
| J2805 | KINEVAC | <= \$100 | | | | | |
| J2820 | LEUKINE | \$500 - \$1000 | | X | | | |
| J2860 | SYLVANT | > \$1000 | | X | | | |
| J2916 | FERRLECIT | <= \$100 | | | | | |
| J2916 | SODIUM FERRIC GLUCONATE COMPLEX/SUCROSE | <= \$100 | | | | | |
| J2920 | METHYLPREDNISOLONE SODIUMSUCCINATE | <= \$100 | | | | | |
| J2920 | SOLU-MEDROL | <= \$100 | | | | | |
| J2930 | METHYLPREDNISOLONE SODIUM SUCCINATE | <= \$100 | | | | | |
| J2930 | SOLU-MEDROL | <= \$100 | | | | | |
| J2941 | GENOTROPIN | > \$1000 | | | | | |
| J2941 | GENOTROPIN MINIQUICK | > \$1000 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|-----------------------------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J2941 | HUMATROPE | > \$1000 | | | | | |
| J2941 | OMNITROPE | > \$1000 | | | | | |
| J2941 | SEROSTIM | > \$1000 | | | | | |
| J2941 | ZOMACTON | > \$1000 | | | | | |
| J2997 | ACTIVASE | \$100 - \$250 | | | | | |
| J2997 | CATHFLO ACTIVASE | \$100 - \$250 | | | | | |
| J3010 | FENTANYL CITRATE | <= \$100 | | | | | |
| J3030 | SUMATRIPTAN SUCCINATE | <= \$100 | | | | | |
| J3032 | VYEPTI | > \$1000 | | X | X | X | X |
| J3095 | VIBATIV | > \$1000 | | | | | |
| J3111 | EVENITY | > \$1000 | X | | | | |
| J3230 | CHLORPROMAZINE HCL | <= \$100 | | | | | |
| J3230 | CHLORPROMAZINE HYDROCHLORIDE | <= \$100 | | | | | |
| J3241 | TEPEZZA | > \$1000 | X | X | | X | |
| J3245 | ILUMYA | > \$1000 | | X | X | X | X |
| J3260 | TOBRAMYCIN SULFATE | <= \$100 | | | | | |
| J3262 | ACTEMRA | > \$1000 | X | X | X | X | X |
| J3301 | KENALOG-10 | <= \$100 | | | | | |
| J3301 | KENALOG-40 | <= \$100 | | | | | |
| J3301 | KENALOG-80 | <= \$100 | | | | | |
| J3301 | TRIAMCINOLONE ACETONIDE | <= \$100 | | | | | |
| J3304 | ZILRETTA | \$500 - \$1000 | | | | | |
| J3357 | STELARA | > \$1000 | | | | | |
| J3358 | STELARA | > \$1000 | X | X | X | X | X |
| J3360 | DIAZEPAM | <= \$100 | | | | | |
| J3370 | VANCOMYCIN | <= \$100 | | | | | |
| J3370 | VANCOMYCIN HCL | <= \$100 | | | | | |
| J3370 | VANCOMYCIN HYDROCHLORIDE | <= \$100 | | | | | |
| J3370 | VANCOMYCIN HYDROCHLORIDE/DEXTROSE | <= \$100 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|--|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| J3380 | ENTYVIO | > \$1000 | X | X | | X | X |
| J3411 | THIAMINE HCL | <= \$100 | | | | | |
| J3411 | THIAMINE HYDROCHLORIDE | <= \$100 | | | | | |
| J3415 | PYRIDOXINE HCL | <= \$100 | | | | | |
| J3420 | CYANOCOBALAMIN | <= \$100 | | | | | |
| J3420 | PHYSICIANS EZ USE B-12 COMPLIANCE KIT | <= \$100 | | | | | |
| J3420 | VITAMIN DEFICIENCY INJECTABLE SYSTEM-B12 | <= \$100 | | | | | |
| J3430 | PHYTONADIONE | <= \$100 | | | | | |
| J3430 | VITAMIN K1 | <= \$100 | | | | | |
| J3470 | AMPHADASE | <= \$100 | | | | | |
| J3475 | MAGNESIUM SULFATE | <= \$100 | | | | | |
| J3475 | MAGNESIUM SULFATE IN D5W | <= \$100 | | | | | |
| J3475 | MAGNESIUM SULFATE/DEXTROSE | <= \$100 | | | | | |
| J3480 | KCL 0.075%/D5W/NAACL 0.45% | <= \$100 | | | | | |
| J3480 | KCL 0.15%/D5W/NAACL 0.2% | <= \$100 | | | | | |
| J3480 | KCL 0.15%/D5W/NAACL 0.225% | <= \$100 | | | | | |
| J3480 | KCL 0.15%/D5W/NAACL 0.45% | <= \$100 | | | | | |
| J3480 | KCL 0.15%/D5W/NAACL 0.9% | <= \$100 | | | | | |
| J3480 | KCL 0.3%/D5W/NAACL 0.45% | <= \$100 | | | | | |
| J3480 | KCL 0.3%/D5W/NAACL 0.9% | <= \$100 | | | | | |
| J3480 | POTASSIUM CHLORIDE | <= \$100 | | | | | |
| J3480 | POTASSIUM CHLORIDE/DEXTROSE | <= \$100 | | | | | |
| J3480 | POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS | <= \$100 | | | | | |
| J3480 | POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE | <= \$100 | | | | | |
| J3480 | POTASSIUM CHLORIDE/SODIUM CHLORIDE | <= \$100 | | | | | |
| J3489 | ZOLEDRONIC ACID | \$100 - \$250 | | X | | | X |
| J3490 | ACETIC ACID 0.25% | \$100 - \$250 | | | | | |
| J3490 | AKOVAZ | \$100 - \$250 | | | | | |
| J3490 | ALLOPURINOL SODIUM | \$100 - \$250 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|---|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| J3490 | ALOPRIM | \$100 - \$250 | | | | | |
| J3490 | AMIDATE | \$100 - \$250 | | | | | |
| J3490 | AMINOCAPROIC ACID | \$100 - \$250 | | | | | |
| J3490 | AMINOSYN II | \$100 - \$250 | | | | | |
| J3490 | AMINOSYN-PF | \$100 - \$250 | | | | | |
| J3490 | AMINOSYN-PF 7% | \$100 - \$250 | | | | | |
| J3490 | AMVISC | \$100 - \$250 | | | | | |
| J3490 | ARTESUNATE | \$100 - \$250 | | | | | |
| J3490 | ARTICADENT DENTAL | \$100 - \$250 | | | | | |
| J3490 | ASCOR | \$100 - \$250 | | | | | |
| J3490 | ASCORBIC ACID | \$100 - \$250 | | | | | |
| J3490 | ATRACURIUM BESYLATE | \$100 - \$250 | | | | | |
| J3490 | AZACTAM | \$100 - \$250 | | | | | |
| J3490 | AZTREONAM | \$100 - \$250 | | | | | |
| J3490 | BACTERIOSTATIC WATER FOR INJECTION/BENZYL ALCOHOL | \$100 - \$250 | | | | | |
| J3490 | BARHEMSYS | \$100 - \$250 | | | | | |
| J3490 | BAXDELA | \$100 - \$250 | | | | | |
| J3490 | BETALIDO | \$100 - \$250 | | | | | |
| J3490 | BREVIBLOC | \$100 - \$250 | | | | | |
| J3490 | BREVIBLOC PREMIXED | \$100 - \$250 | | | | | |
| J3490 | BREVIBLOC PREMIXED DOUBLESTRENGTH | \$100 - \$250 | | | | | |
| J3490 | BREVITAL SODIUM | \$100 - \$250 | | | | | |
| J3490 | BRIDION | \$100 - \$250 | | | | | |
| J3490 | BRIVIACT | \$100 - \$250 | | | | | |
| J3490 | BSS | \$100 - \$250 | | | | | |
| J3490 | BSS PLUS | \$100 - \$250 | | | | | |
| J3490 | BUPIVACAINE/EPINEPHRINE | \$100 - \$250 | | | | | |
| J3490 | BUPIVILOG KIT | \$100 - \$250 | | | | | |
| J3490 | BYFAVO | \$100 - \$250 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|-----------------------------------|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| J3490 | CAFFEINE/SODIUM BENZOATE | \$100 - \$250 | | | | | |
| J3490 | CALCIUM CHLORIDE | \$100 - \$250 | | | | | |
| J3490 | CALCIUM GLUCONATE/SODIUM CHLORIDE | \$100 - \$250 | | | | | |
| J3490 | CANDIDA ALBICANS | \$100 - \$250 | | | | | |
| J3490 | CARDENE IV | \$100 - \$250 | | | | | |
| J3490 | CEFOTETAN | \$100 - \$250 | | | | | |
| J3490 | CETROTIDE | \$100 - \$250 | | | | | |
| J3490 | CHROMIUM CHLORIDE | \$100 - \$250 | | | | | |
| J3490 | CISATRACURIUM BESYLATE | \$100 - \$250 | | | | | |
| J3490 | CLEVIPREX | \$100 - \$250 | | | | | |
| J3490 | CLINIMIX 4.25%/DEXTROSE 10% | \$100 - \$250 | | | | | |
| J3490 | CLINIMIX 4.25%/DEXTROSE 5% | \$100 - \$250 | | | | | |
| J3490 | CLINIMIX 5%/DEXTROSE 15% | \$100 - \$250 | | | | | |
| J3490 | CLINIMIX 5%/DEXTROSE 20% | \$100 - \$250 | | | | | |
| J3490 | CLINIMIX 6/5 | \$100 - \$250 | | | | | |
| J3490 | CLINIMIX 8/10 | \$100 - \$250 | | | | | |
| J3490 | CLINIMIX 8/14 | \$100 - \$250 | | | | | |
| J3490 | CLINIMIX E 2.75%/DEXTROSE 5% | \$100 - \$250 | | | | | |
| J3490 | CLINIMIX E 4.25%/DEXTROSE 10% | \$100 - \$250 | | | | | |
| J3490 | CLINIMIX E 4.25%/DEXTROSE 5% | \$100 - \$250 | | | | | |
| J3490 | CLINIMIX E 5%/DEXTROSE 15% | \$100 - \$250 | | | | | |
| J3490 | CLINIMIX E 5%/DEXTROSE 20% | \$100 - \$250 | | | | | |
| J3490 | CLINIMIX E 8/10 | \$100 - \$250 | | | | | |
| J3490 | CLINIMIX E 8/14 | \$100 - \$250 | | | | | |
| J3490 | CLINISOL SF 15% | \$100 - \$250 | | | | | |
| J3490 | COPPER | \$100 - \$250 | | | | | |
| J3490 | CORTROPHIN | \$100 - \$250 | | | | | |
| J3490 | CYANOKIT | \$100 - \$250 | | | | | |
| J3490 | CYKLOKAPRON | \$100 - \$250 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|--|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| J3490 | DANTRIUM IV | \$100 - \$250 | | | | | |
| J3490 | DANTROLENE SODIUM | \$100 - \$250 | | | | | |
| J3490 | DEFITELIO | \$100 - \$250 | | | | | |
| J3490 | DELFLEX-LC/1.5% DEXTROSE | \$100 - \$250 | | | | | |
| J3490 | DELFLEX-LC/2.5% DEXTROSE | \$100 - \$250 | | | | | |
| J3490 | DELFLEX-LC/4.25% DEXTROSE | \$100 - \$250 | | | | | |
| J3490 | DEXLIDO | \$100 - \$250 | | | | | |
| J3490 | DEXLIDO-M | \$100 - \$250 | | | | | |
| J3490 | DEXMEDETOMIDINE HCL | \$100 - \$250 | | | | | |
| J3490 | DEXMEDETOMIDINE HYDROCHLORIDE | \$100 - \$250 | | | | | |
| J3490 | DEXMEDETOMIDINE HYDROCHLORIDE/DEXTROSE MONOHYDRATE | \$100 - \$250 | | | | | |
| J3490 | DEXMEDETOMIDINE HYDROCHLORIDE/SODIUM CHLORIDE | \$100 - \$250 | | | | | |
| J3490 | DEXPANTHENOL | \$100 - \$250 | | | | | |
| J3490 | DEXTROSE | \$100 - \$250 | | | | | |
| J3490 | DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX | \$100 - \$250 | | | | | |
| J3490 | DEXTROSE 10% | \$100 - \$250 | | | | | |
| J3490 | DEXTROSE 10%/SODIUM CHLORIDE 0.2% | \$100 - \$250 | | | | | |
| J3490 | DEXTROSE 10%/SODIUM CHLORIDE 0.45% | \$100 - \$250 | | | | | |
| J3490 | DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% | \$100 - \$250 | | | | | |
| J3490 | DEXTROSE 25% | \$100 - \$250 | | | | | |
| J3490 | DEXTROSE 30% | \$100 - \$250 | | | | | |
| J3490 | DEXTROSE 5% | \$100 - \$250 | | | | | |
| J3490 | DEXTROSE 5%/SODIUM CHLORIDE 0.2% | \$100 - \$250 | | | | | |
| J3490 | DEXTROSE 5%/SODIUM CHLORIDE 0.3% | \$100 - \$250 | | | | | |
| J3490 | DEXTROSE 5%/SODIUM CHLORIDE 0.33% | \$100 - \$250 | | | | | |
| J3490 | DEXTROSE 5%/SODIUM CHLORIDE 0.45% | \$100 - \$250 | | | | | |
| J3490 | DEXTROSE 5%/SODIUM CHLORIDE 0.9% | \$100 - \$250 | | | | | |
| J3490 | DEXTROSE 50% | \$100 - \$250 | | | | | |
| J3490 | DEXTROSE 70% | \$100 - \$250 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|--|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| J3490 | DEXTROSE/SODIUM CHLORIDE | \$100 - \$250 | | | | | |
| J3490 | DIANEAL LOW CALCIUM/1.5% DEXTROSE | \$100 - \$250 | | | | | |
| J3490 | DIANEAL LOW CALCIUM/2.5% DEXTROSE | \$100 - \$250 | | | | | |
| J3490 | DIANEAL LOW CALCIUM/4.25% DEXTROSE | \$100 - \$250 | | | | | |
| J3490 | DIANEAL PD-2/1.5% DEXTROSE | \$100 - \$250 | | | | | |
| J3490 | DIANEAL PD-2/2.5% DEXTROSE | \$100 - \$250 | | | | | |
| J3490 | DIANEAL PD-2/4.25% DEXTROSE | \$100 - \$250 | | | | | |
| J3490 | DILTIAZEM HCL | \$100 - \$250 | | | | | |
| J3490 | DILTIAZEM HYDROCHLORIDE | \$100 - \$250 | | | | | |
| J3490 | DOPRAM | \$100 - \$250 | | | | | |
| J3490 | DOXY 100 | \$100 - \$250 | | | | | |
| J3490 | DOXYCYCLINE HYCLATE | \$100 - \$250 | | | | | |
| J3490 | DUOVISC | \$100 - \$250 | | | | | |
| J3490 | DYURAL-40 | \$100 - \$250 | | | | | |
| J3490 | DYURAL-80 | \$100 - \$250 | | | | | |
| J3490 | DYURAL-L | \$100 - \$250 | | | | | |
| J3490 | DYURAL-LM | \$100 - \$250 | | | | | |
| J3490 | ELCYS | \$100 - \$250 | | | | | |
| J3490 | EMERPHED | \$100 - \$250 | | | | | |
| J3490 | EMPAVELI | \$100 - \$250 | | | | | |
| J3490 | ENALAPRILAT | \$100 - \$250 | | | | | |
| J3490 | EPHEDRINE SULFATE | \$100 - \$250 | | | | | |
| J3490 | EPHEDRINE SULFATE/SODIUM CHLORIDE +RFID | \$100 - \$250 | | | | | |
| J3490 | ESMOLOL HCL | \$100 - \$250 | | | | | |
| J3490 | ESMOLOL HYDROCHLORIDE IN WATER | \$100 - \$250 | | | | | |
| J3490 | ESMOLOL HYDROCHLORIDE IN WATER DOUBLE STRENGTH | \$100 - \$250 | | | | | |
| J3490 | ESMOLOL HYDROCHLORIDE/SODIUM CHLORIDE | \$100 - \$250 | | | | | |
| J3490 | ESOMEPRAZOLE SODIUM | \$100 - \$250 | | | | | |
| J3490 | ETHACRYNATE SODIUM | \$100 - \$250 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|----------------------------|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| J3490 | ETOMIDATE | \$100 - \$250 | | | | | |
| J3490 | EXPAREL | \$100 - \$250 | | | | | |
| J3490 | EXTRANEAL | \$100 - \$250 | | | | | |
| J3490 | FLUMAZENIL | \$100 - \$250 | | | | | |
| J3490 | FLUORESCITE | \$100 - \$250 | | | | | |
| J3490 | FLUPHENAZINE HYDROCHLORIDE | \$100 - \$250 | | | | | |
| J3490 | FOLIC ACID | \$100 - \$250 | | | | | |
| J3490 | GANIRELIX ACETATE | \$100 - \$250 | | | | | |
| J3490 | GATTEX | \$100 - \$250 | | | | | |
| J3490 | GIAPREZA | \$100 - \$250 | | | | | |
| J3490 | GLYCOPHOS | \$100 - \$250 | | | | | |
| J3490 | GLYCOPYRROLATE | \$100 - \$250 | | | | | |
| J3490 | GLYCOPYRROLATE +RFID | \$100 - \$250 | | | | | |
| J3490 | GLYRX-PF | \$100 - \$250 | | | | | |
| J3490 | GVOKE KIT | \$100 - \$250 | | | | | |
| J3490 | GVOKE PFS | \$100 - \$250 | | | | | |
| J3490 | HEALON DUET PRO | \$100 - \$250 | | | | | |
| J3490 | HEALON GV PRO | \$100 - \$250 | | | | | |
| J3490 | HEALON PRO | \$100 - \$250 | | | | | |
| J3490 | HEALON5 PRO | \$100 - \$250 | | | | | |
| J3490 | HETASTARCH 6%/NACL | \$100 - \$250 | | | | | |
| J3490 | HEXTEND | \$100 - \$250 | | | | | |
| J3490 | HISTATROL | \$100 - \$250 | | | | | |
| J3490 | HYPERSAL | \$100 - \$250 | | | | | |
| J3490 | IBUPROFEN LYSINE | \$100 - \$250 | | | | | |
| J3490 | IMCIVREE | \$100 - \$250 | | | | | |
| J3490 | INDOCYANINE GREEN | \$100 - \$250 | | | | | |
| J3490 | INDOMETHACIN | \$100 - \$250 | | | | | |
| J3490 | INFUVITE ADULT | \$100 - \$250 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|-------------------------------|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| J3490 | INFUVITE PEDIATRIC | \$100 - \$250 | | | | | |
| J3490 | IONOSOL-MB/DEXTROSE 5% | \$100 - \$250 | | | | | |
| J3490 | ISOLYTE-P/DEXTROSE 5% | \$100 - \$250 | | | | | |
| J3490 | ISOLYTE-S | \$100 - \$250 | | | | | |
| J3490 | ISOLYTE-S PH 7.4 | \$100 - \$250 | | | | | |
| J3490 | ISONIAZID | \$100 - \$250 | | | | | |
| J3490 | ISOPROTERENOL HYDROCHLORIDE | \$100 - \$250 | | | | | |
| J3490 | KENGREAL | \$100 - \$250 | | | | | |
| J3490 | KETALAR | \$100 - \$250 | | | | | |
| J3490 | KETAMINE HYDROCHLORIDE | \$100 - \$250 | | | | | |
| J3490 | KETOROCAINE-L | \$100 - \$250 | | | | | |
| J3490 | KETOROCAINE-LM | \$100 - \$250 | | | | | |
| J3490 | LABETALOL HYDROCHLORIDE | \$100 - \$250 | | | | | |
| J3490 | LABETALOL HYDROCHLORIDE +RFID | \$100 - \$250 | | | | | |
| J3490 | LACTATED RINGERS IRRIGATION | \$100 - \$250 | | | | | |
| J3490 | LEVOPHED | \$100 - \$250 | | | | | |
| J3490 | LEVOTHYROXINE SODIUM | \$100 - \$250 | | | | | |
| J3490 | LIDOCAINE/EPINEPHRINE | \$100 - \$250 | | | | | |
| J3490 | LIDOCIDEX I | \$100 - \$250 | | | | | |
| J3490 | LIDOLOG KIT | \$100 - \$250 | | | | | |
| J3490 | LIOTHYRONINE SODIUM | \$100 - \$250 | | | | | |
| J3490 | LIPIODOL | \$100 - \$250 | | | | | |
| J3490 | MAGNESIUM CHLORIDE | \$100 - \$250 | | | | | |
| J3490 | MANGANESE TRACE METAL | \$100 - \$250 | | | | | |
| J3490 | MARBETA-25 | \$100 - \$250 | | | | | |
| J3490 | MARBETA-L | \$100 - \$250 | | | | | |
| J3490 | MARCAINE SPINAL | \$100 - \$250 | | | | | |
| J3490 | MARCAINE/EPINEPHRINE | \$100 - \$250 | | | | | |
| J3490 | MARDEX-25 | \$100 - \$250 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|---|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| J3490 | MARLIDO KIT | \$100 - \$250 | | | | | |
| J3490 | MARLIDO-25 | \$100 - \$250 | | | | | |
| J3490 | METOPROLOL TARTRATE | \$100 - \$250 | | | | | |
| J3490 | METRONIDAZOLE | \$100 - \$250 | | | | | |
| J3490 | MIOCHOL-E | \$100 - \$250 | | | | | |
| J3490 | MIOSTAT | \$100 - \$250 | | | | | |
| J3490 | MLK F1 KIT | \$100 - \$250 | | | | | |
| J3490 | MLK F2 KIT | \$100 - \$250 | | | | | |
| J3490 | MLK F3 KIT | \$100 - \$250 | | | | | |
| J3490 | MLK F4 KIT | \$100 - \$250 | | | | | |
| J3490 | MONOJECT BONE MARROW BIOPSY TRAY/BIOP ASPIR NEEDLE 11GX4" | \$100 - \$250 | | | | | |
| J3490 | MONOJECT BONE MARROW BIOPSY TRAY/BIOP ASPIR NEEDLE 8GX4" | \$100 - \$250 | | | | | |
| J3490 | MONOJECT BONE MARROW BIOPSY TRAY/STERNAL-ILIAC NEEDLE 16G | \$100 - \$250 | | | | | |
| J3490 | MULTI-SPECIALTY KIT | \$100 - \$250 | | | | | |
| J3490 | MULTRYS | \$100 - \$250 | | | | | |
| J3490 | NAFCILLIN | \$100 - \$250 | | | | | |
| J3490 | NAFCILLIN SODIUM | \$100 - \$250 | | | | | |
| J3490 | NEBUSAL | \$100 - \$250 | | | | | |
| J3490 | NEOMYCIN/POLYMYXIN B SULFATES | \$100 - \$250 | | | | | |
| J3490 | NEOPROFEN | \$100 - \$250 | | | | | |
| J3490 | NEXAVIR | \$100 - \$250 | | | | | |
| J3490 | NICARDIPINE HYDROCHLORIDE | \$100 - \$250 | | | | | |
| J3490 | NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE | \$100 - \$250 | | | | | |
| J3490 | NIPRIDE RTU | \$100 - \$250 | | | | | |
| J3490 | NITHIODOTE | \$100 - \$250 | | | | | |
| J3490 | NITROGLYCERIN | \$100 - \$250 | | | | | |
| J3490 | NITROGLYCERIN IN DEXTROSE 5% | \$100 - \$250 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|------------------------------------|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| J3490 | NOREPINEPHRINE BITARTRATE | \$100 - \$250 | | | | | |
| J3490 | NOREPINEPHRINE BITARTRATE/DEXTROSE | \$100 - \$250 | | | | | |
| J3490 | NORMOSOL -R | \$100 - \$250 | | | | | |
| J3490 | NORMOSOL-M/D5W | \$100 - \$250 | | | | | |
| J3490 | NORMOSOL-R | \$100 - \$250 | | | | | |
| J3490 | NORMOSOL-R/5% DEXTROSE | \$100 - \$250 | | | | | |
| J3490 | NOXAFIL | \$100 - \$250 | | | | | |
| J3490 | OLINVYK | \$100 - \$250 | | | | | |
| J3490 | ORABLOC | \$100 - \$250 | | | | | |
| J3490 | OSMITROL VIAFLEX | \$100 - \$250 | | | | | |
| J3490 | PENICILLIN G SODIUM | \$100 - \$250 | | | | | |
| J3490 | PENTAM 300 | \$100 - \$250 | | | | | |
| J3490 | PENTAMIDINE ISETHIONATE | \$100 - \$250 | | | | | |
| J3490 | PHYSICIANS EZ USE M-PRED | \$100 - \$250 | | | | | |
| J3490 | PLASMA-LYTE A | \$100 - \$250 | | | | | |
| J3490 | PLENAMINE | \$100 - \$250 | | | | | |
| J3490 | POLYMYXIN B SULFATE | \$100 - \$250 | | | | | |
| J3490 | POTASSIUM ACETATE | \$100 - \$250 | | | | | |
| J3490 | POTASSIUM PHOSPHATES | \$100 - \$250 | | | | | |
| J3490 | PRE-PEN | \$100 - \$250 | | | | | |
| J3490 | PRECEDEX | \$100 - \$250 | | | | | |
| J3490 | PREMASOL | \$100 - \$250 | | | | | |
| J3490 | PREVYMIS | \$100 - \$250 | | | | | |
| J3490 | PROSOL | \$100 - \$250 | | | | | |
| J3490 | PROVAYBLUE | \$100 - \$250 | | | | | |
| J3490 | PROVISC | \$100 - \$250 | | | | | |
| J3490 | PULMOSAL | \$100 - \$250 | | | | | |
| J3490 | R-GENE 10 | \$100 - \$250 | | | | | |
| J3490 | REGONOL | \$100 - \$250 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|--------------------------------------|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| J3490 | REMIFENTANIL HYDROCHLORIDE | \$100 - \$250 | | | | | |
| J3490 | REVONTO | \$100 - \$250 | | | | | |
| J3490 | RIFADIN | \$100 - \$250 | | | | | |
| J3490 | RIFAMPIN | \$100 - \$250 | | | | | |
| J3490 | RINGERS INJECTION | \$100 - \$250 | | | | | |
| J3490 | RINGERS IRRIGATION | \$100 - \$250 | | | | | |
| J3490 | ROCURONIUM BROMIDE | \$100 - \$250 | | | | | |
| J3490 | ROCURONIUM BROMIDE +RFID | \$100 - \$250 | | | | | |
| J3490 | ROPIDEX | \$100 - \$250 | | | | | |
| J3490 | RYANODEX | \$100 - \$250 | | | | | |
| J3490 | SELENIOUS ACID | \$100 - \$250 | | | | | |
| J3490 | SENSORCAINE-MPF/EPINEPHRINE | \$100 - \$250 | | | | | |
| J3490 | SENSORCAINE/EPINEPHRINE | \$100 - \$250 | | | | | |
| J3490 | SEVOFLURANE | \$100 - \$250 | | | | | |
| J3490 | SIGNIFOR | \$100 - \$250 | | | | | |
| J3490 | SILDENAFIL | \$100 - \$250 | | | | | |
| J3490 | SODIUM ACETATE | \$100 - \$250 | | | | | |
| J3490 | SODIUM BICARBONATE | \$100 - \$250 | | | | | |
| J3490 | SODIUM CHLORIDE | \$100 - \$250 | | | | | |
| J3490 | SODIUM CHLORIDE 0.45% | \$100 - \$250 | | | | | |
| J3490 | SODIUM NITRITE | \$100 - \$250 | | | | | |
| J3490 | SODIUM NITROPRUSSIDE | \$100 - \$250 | | | | | |
| J3490 | SODIUM PHENYLACETATE/SODIUM BENZOATE | \$100 - \$250 | | | | | |
| J3490 | SODIUM PHOSPHATE | \$100 - \$250 | | | | | |
| J3490 | SODIUM TETRADECYL SULFATE | \$100 - \$250 | | | | | |
| J3490 | SODIUM THIOSULFATE | \$100 - \$250 | | | | | |
| J3490 | SORBITOL/MANNITOL IRRIGATION | \$100 - \$250 | | | | | |
| J3490 | SOTALOL HYDROCHLORIDE | \$100 - \$250 | | | | | |
| J3490 | SOTRADECOL | \$100 - \$250 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|---|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| J3490 | STERILE DILUENT FOR REMODULIN | \$100 - \$250 | | | | | |
| J3490 | STERILE DILUENT FOR TREPROSTINIL INJECTION | \$100 - \$250 | | | | | |
| J3490 | STERITALC | \$100 - \$250 | | | | | |
| J3490 | SUFENTANIL CITRATE | \$100 - \$250 | | | | | |
| J3490 | SULFAMETHOXAZOLE/TRIMETHOPRIM | \$100 - \$250 | | | | | |
| J3490 | TETRACAINE HYDROCHLORIDE | \$100 - \$250 | | | | | |
| J3490 | THAM | \$100 - \$250 | | | | | |
| J3490 | TISSUEBLUE | \$100 - \$250 | | | | | |
| J3490 | TPN ELECTROLYTES | \$100 - \$250 | | | | | |
| J3490 | TRALEMENT | \$100 - \$250 | | | | | |
| J3490 | TRANEXAMIC ACID | \$100 - \$250 | | | | | |
| J3490 | TRANEXAMIC ACID/SODIUM CHLORIDE | \$100 - \$250 | | | | | |
| J3490 | TRAVASOL | \$100 - \$250 | | | | | |
| J3490 | TROPHAMINE | \$100 - \$250 | | | | | |
| J3490 | ULTANE | \$100 - \$250 | | | | | |
| J3490 | ULTIVA | \$100 - \$250 | | | | | |
| J3490 | ULTRABAG/DIANEAL LOW CALCIUM/2.5% DEXTROSE | \$100 - \$250 | | | | | |
| J3490 | ULTRABAG/DIANEAL LOW CALCIUM/4.25% DEXTROSE | \$100 - \$250 | | | | | |
| J3490 | ULTRABAG/DIANEAL PD-2/1.5% DEXTROSE | \$100 - \$250 | | | | | |
| J3490 | ULTRABAG/DIANEAL PD-2/2.5% DEXTROSE | \$100 - \$250 | | | | | |
| J3490 | ULTRABAG/DIANEAL PD-2/4.25% DEXTROSE | \$100 - \$250 | | | | | |
| J3490 | UPTRAVI | \$100 - \$250 | | | | | |
| J3490 | VALPROATE SODIUM | \$100 - \$250 | | | | | |
| J3490 | VARITHENA | \$100 - \$250 | | | | | |
| J3490 | VASOSTRICT | \$100 - \$250 | | | | | |
| J3490 | VECURONIUM BROMIDE | \$100 - \$250 | | | | | |
| J3490 | VEKLURY | \$100 - \$250 | | | | | |
| J3490 | VERAPAMIL HYDROCHLORIDE | \$100 - \$250 | | | | | |
| J3490 | VISCOAT | \$100 - \$250 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|--------------------------------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J3490 | VISIONBLUE | \$100 - \$250 | | | | | |
| J3490 | VITAMIN B-COMPLEX 100 | \$100 - \$250 | | | | | |
| J3490 | VOXZOGO | \$100 - \$250 | | | | | |
| J3490 | XYLOCAINE | \$100 - \$250 | | | | | |
| J3490 | XYLOCAINE-MPF/EPINEPHRINE | \$100 - \$250 | | | | | |
| J3490 | XYLOCAINE/EPINEPHRINE | \$100 - \$250 | | | | | |
| J3490 | ZINC CHLORIDE | \$100 - \$250 | | | | | |
| J3490 | ZINC SULFATE | \$100 - \$250 | | | | | |
| J3490 | ZYNRELEF | \$100 - \$250 | | | | | |
| J3590 | ACACIA EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | ADMELOG | \$500 - \$1000 | | | | | |
| J3590 | ALDER EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | ALMOND EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | ALTERNARIA ALTERNATA | \$500 - \$1000 | | | | | |
| J3590 | AMERICAN BEECH EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | AMERICAN COCKROACH EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | AMERICAN ELM EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | AMERICAN SYCAMORE EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | AMNIOFIX | \$500 - \$1000 | | | | | |
| J3590 | AMPHENOL-40 | \$500 - \$1000 | | | | | |
| J3590 | ANTIVENIN LATRODECTUS MACTANS | \$500 - \$1000 | | | | | |
| J3590 | ANTIVENIN NORTH AMERICAN CORAL SNAKE | \$500 - \$1000 | | | | | |
| J3590 | APIDRA | \$500 - \$1000 | | | | | |
| J3590 | APPLE EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | ASPERGILLUS FUMIGATUS | \$500 - \$1000 | | | | | |
| J3590 | ASPERGILLUS FUMIGATUS EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | AUREOBASIDIUM PULLULANS | \$500 - \$1000 | | | | | |
| J3590 | AUREOBASIDIUM PULLULANS EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | AVOCADO EXTRACT | \$500 - \$1000 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|--------------------------------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J3590 | BAHIA EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | BANANA EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | BAYBERRY WAX MYRTLE EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | BEEF EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | BESREMI | \$500 - \$1000 | | | | | |
| J3590 | BLACK WALNUT POLLEN EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | BOTRYTIS CINEREA | \$500 - \$1000 | | | | | |
| J3590 | BOTRYTIS EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | BOX ELDER EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | BROME EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | CABLIVI | \$500 - \$1000 | | | | | |
| J3590 | CANDIDA ALBICANS ALLERGENIC EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | CANDIN | \$500 - \$1000 | | | | | |
| J3590 | CANTALOUPE EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | CASEIN EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | CATTLE EPITHELIUM EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | CEDAR ELM EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | CHICKEN MEAT EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | CLADOSPORIUM CLADOSPORIODIDES | \$500 - \$1000 | | | | | |
| J3590 | CLADOSPORIUM CLADOSPORIOIDES EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | COCKLEBUR EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | COCOA BEAN EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | CORN POLLEN EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | COSENTYX | \$500 - \$1000 | | | | | |
| J3590 | CRAB EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | CUROSURF | \$500 - \$1000 | | | | | |
| J3590 | CUTAQUIG | \$500 - \$1000 | | | | | |
| J3590 | DANDELION ALLERGENIC EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | DOG EPITHELIUM EXTRACT | \$500 - \$1000 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|------------------------------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J3590 | DOG FENNEL EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | DUPIXENT | \$500 - \$1000 | | | | | |
| J3590 | EASTERN COTTONWOOD EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | EGG WHITE EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | EGRIFTA SV | \$500 - \$1000 | | | | | |
| J3590 | EMGALITY | \$500 - \$1000 | | | | | |
| J3590 | ENGLISH PLANTAIN EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | ENSPRYNG | \$500 - \$1000 | | | | | |
| J3590 | EPICOCCUM NIGRUM | \$500 - \$1000 | | | | | |
| J3590 | FIRE ANT EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | GOLDENROD EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | GONAL-F | \$500 - \$1000 | | | | | |
| J3590 | HACKBERRY EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | HORSE EPITHELIUM EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | INFASURF | \$500 - \$1000 | | | | | |
| J3590 | JOHNSON GRASS EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | KEVZARA | \$500 - \$1000 | | | | | |
| J3590 | KINERET | \$500 - \$1000 | | | | | |
| J3590 | KOCHIA EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | LAMBS QUARTERS EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | LANTUS | \$500 - \$1000 | | | | | |
| J3590 | LENSCALE EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | MEADOW FESCUE GRASS POLLEN EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | MELALEUCA EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | MENOPUR | \$500 - \$1000 | | | | | |
| J3590 | MESQUITE EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | MIXED FEATHERS EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | MIXED RAGWEED EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | MOSQUITO EXTRACT | \$500 - \$1000 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|-----------------------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J3590 | MOUNTAIN CEDAR EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | MOUSE EPITHELIUM EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | MUCOR | \$500 - \$1000 | | | | | |
| J3590 | MUCOR EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | MUCOR PLUMBEUS | \$500 - \$1000 | | | | | |
| J3590 | MUGWORT EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | MYXREDLIN | \$500 - \$1000 | | | | | |
| J3590 | NEXVIAZYME | \$500 - \$1000 | | | | | |
| J3590 | NUCEL | \$500 - \$1000 | | | | | |
| J3590 | OAT GRAIN EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | ORANGE EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | OVIDREL | \$500 - \$1000 | | | | | |
| J3590 | PALINGEN INOVOFLO | \$500 - \$1000 | | | | | |
| J3590 | PALYNZIQ | \$500 - \$1000 | | | | | |
| J3590 | PEANUT EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | PECAN NUT EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | PECAN POLLEN EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | PENICILLIUM NOTATUM | \$500 - \$1000 | | | | | |
| J3590 | PENICILLIUM NOTATUM EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | PISTACHIO NUT EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | PLEGRIDY | \$500 - \$1000 | | | | | |
| J3590 | PLEGRIDY STARTER PACK | \$500 - \$1000 | | | | | |
| J3590 | PORK EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | PRAXBIND | \$500 - \$1000 | | | | | |
| J3590 | QUEEN PALM EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | RABBIT EPITHELIUM EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | RED BIRCH EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | RED CEDAR EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | RED MULBERRY EXTRACT | \$500 - \$1000 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|---|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J3590 | RED TOP GRASS POLLEN EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | RICE EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | ROUGH MARSH ELDER EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | ROUGH PIGWEED EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | RUSSIAN THISTLE EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | RYPLAZIM | \$500 - \$1000 | | | | | |
| J3590 | SACCHAROMYCES CEREVISIAE | \$500 - \$1000 | | | | | |
| J3590 | SAGEBRUSH EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | SAPHNELO | \$500 - \$1000 | | | | | |
| J3590 | SAROCLADIUM STRICTUM | \$500 - \$1000 | | | | | |
| J3590 | SESAME SEED EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | SHAGBARK HICKORY EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | SHORT RAGWEED EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | SHRIMP EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | SILIQ | \$500 - \$1000 | | | | | |
| J3590 | SIMPONI | \$500 - \$1000 | | | | | |
| J3590 | SKYRIZI | \$500 - \$1000 | | | | | |
| J3590 | SKYTROFA | \$500 - \$1000 | | | | | |
| J3590 | SOMAVERT | \$500 - \$1000 | | | | | |
| J3590 | SORREL/DOCK MIX EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | SOYBEAN EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | SPINY PIGWEED EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | STANDARDIZED BERMUDA GRASS POLLEN | \$500 - \$1000 | | | | | |
| J3590 | STANDARDIZED CAT HAIR EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | STANDARDIZED GRASS POLLEN MIX KORT/SWEET VERNAL GRASS EXT | \$500 - \$1000 | | | | | |
| J3590 | STANDARDIZED JUNE GRASS POLLEN EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | STANDARDIZED MITE DERMATOPHAGOIDES FARINAE | \$500 - \$1000 | | | | | |
| J3590 | STANDARDIZED MITE DERMATOPHAGOIDES PTERONYSSINUS | \$500 - \$1000 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|---|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J3590 | STANDARDIZED MITE EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | STANDARDIZED MITE MIX | \$500 - \$1000 | | | | | |
| J3590 | STANDARDIZED MITE MIXED EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | STANDARDIZED PERENNIAL RYE GRASS POLLEN EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | STANDARDIZED TIMOTHY GRASS POLLEN EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | STRAWBERRY EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | STRENSIQ | \$500 - \$1000 | | | | | |
| J3590 | SURVANTA INTRATRACHEAL | \$500 - \$1000 | | | | | |
| J3590 | SUSVIMO | \$500 - \$1000 | | | | | |
| J3590 | SWEET CORN EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | TALL RAGWEED EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | TALTZ | \$500 - \$1000 | | | | | |
| J3590 | TIMOTHY GRASS POLLEN EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | TOMATO EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | TRESIBA | \$500 - \$1000 | | | | | |
| J3590 | TRICOPHYTON MENTAGROPHYTES | \$500 - \$1000 | | | | | |
| J3590 | VIRGINIA LIVE OAK EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | VORAXAZE | \$500 - \$1000 | | | | | |
| J3590 | WESTERN JUNIPER EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | WHITE ASH EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | WHITE MULBERRY EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | WHITE OAK EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | WHITE PINE EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | WHOLE EGG EXTRACT | \$500 - \$1000 | | | | | |
| J7170 | HEMLIBRA | > \$1000 | | X | | | X |
| J7187 | HUMATE-P | > \$1000 | | X | | | |
| J7205 | ELOCTATE | > \$1000 | | X | | | |
| J7209 | NUWIQ | > \$1000 | | X | X | | |
| J7296 | KYLEENA | > \$1000 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|--|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J7297 | LILETTA | \$500 - \$1000 | | | | | |
| J7298 | MIRENA | \$500 - \$1000 | | | | | |
| J7300 | PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A | \$500 - \$1000 | | | | | |
| J7301 | SKYLA | \$500 - \$1000 | | | | | |
| J7307 | NEXPLANON | \$500 - \$1000 | | | | | |
| J7312 | OZURDEX | \$500 - \$1000 | | | | | |
| J7313 | ILUVIEN | > \$1000 | | | | | |
| J7318 | DUROLANE | \$250 - \$500 | X | | X | | |
| J7320 | GENVISC 850 | <= \$100 | X | X | X | | |
| J7321 | HYALGAN | \$100 - \$250 | X | X | X | | |
| J7321 | SUPARTZ FX | \$100 - \$250 | X | X | X | | |
| J7321 | VISCO-3 | \$100 - \$250 | X | X | X | | |
| J7323 | EUFLEXXA | \$250 - \$500 | X | | X | | |
| J7324 | ORTHOVISC | \$100 - \$250 | X | X | X | | |
| J7325 | SYNVISC | \$250 - \$500 | X | X | X | | |
| J7325 | SYNVISC ONE | \$250 - \$500 | X | X | X | | |
| J7326 | GEL-ONE | > \$1000 | X | X | X | | |
| J7327 | MONOVISC | \$100 - \$250 | X | X | X | | |
| J7328 | GELSYN-3 | \$250 - \$500 | X | | X | | |
| J7329 | TRIVISC | <= \$100 | X | X | X | | |
| J7351 | DURYSTA | > \$1000 | | | | | |
| J7609 | ALBUTEROL SULFATE | <= \$100 | | | | | |
| J7612 | LEVALBUTEROL | <= \$100 | | | | | |
| J7613 | ALBUTEROL SULFATE | <= \$100 | | | | | |
| J7614 | LEVALBUTEROL HCL | <= \$100 | | | | | |
| J7614 | LEVALBUTEROL HYDROCHLORIDE | <= \$100 | | | | | |
| J7620 | IPRATROPIUM BROMIDE/ALBUTEROL SULFATE | <= \$100 | | | | | |
| J7626 | BUDESONIDE | <= \$100 | | | | | |
| J7626 | PULMICORT | <= \$100 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|---------------------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J7644 | IPRATROPIUM BROMIDE | <= \$100 | | | | | |
| J8499 | ARIKAYCE | \$100 - \$250 | | | | | |
| J9000 | ADRIAMYCIN | <= \$100 | | | | | |
| J9000 | DOXORUBICIN HCL | <= \$100 | | X | | | |
| J9000 | DOXORUBICIN HYDROCHLORIDE | <= \$100 | | X | | | |
| J9022 | TECENTRIQ | > \$1000 | X | X | X | | X |
| J9023 | BAVENCIO | > \$1000 | X | X | | | X |
| J9025 | AZACITIDINE | \$100 - \$250 | | | | | |
| J9025 | VIDAZA | \$100 - \$250 | | X | | | |
| J9030 | TICE BCG | \$250 - \$500 | | X | | | |
| J9033 | TREANDA | \$250 - \$500 | X | X | | | |
| J9034 | BENDEKA | > \$1000 | X | X | | | |
| J9035 | AVASTIN | \$100 - \$250 | X | X | X | | X |
| J9039 | BLINCYTO | > \$1000 | X | X | | | |
| J9040 | BLEOMYCIN SULFATE | <= \$100 | | X | | | |
| J9041 | VELCADE | \$250 - \$500 | X | X | | | |
| J9042 | ADCETRIS | > \$1000 | X | X | | | |
| J9043 | JEVTANA | > \$1000 | X | X | | | |
| J9045 | CARBOPLATIN | <= \$100 | | X | | | |
| J9047 | KYPROLIS | > \$1000 | X | X | | | |
| J9055 | ERBITUX | > \$1000 | X | X | | | |
| J9060 | CISPLATIN | <= \$100 | | X | | | |
| J9065 | CLADRIBINE | \$500 - \$1000 | | X | | | |
| J9070 | CYCLOPHOSPHAMIDE | \$250 - \$500 | | | | | |
| J9100 | CYTARABINE | <= \$100 | | X | | | |
| J9100 | CYTARABINE AQUEOUS | <= \$100 | | X | | | |
| J9119 | LIBTAYO | > \$1000 | X | X | X | | X |
| J9120 | DACTINOMYCIN | > \$1000 | | | | | |
| J9130 | DACARBAZINE | <= \$100 | | X | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|---------------------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J9155 | FIRMAGON | \$500 - \$1000 | X | X | | | |
| J9171 | DOCETAXEL | \$100 - \$250 | | X | X | | |
| J9173 | IMFINZI | > \$1000 | X | X | | | X |
| J9177 | PADCEV | > \$1000 | | X | | | |
| J9179 | HALAVEN | > \$1000 | X | X | | | |
| J9181 | ETOPOPHOS | <= \$100 | | | | | |
| J9181 | ETOPOSIDE | <= \$100 | | X | | | |
| J9190 | FLUOROURACIL | <= \$100 | | X | | | |
| J9201 | GEMCITABINE HCL | \$100 - \$250 | X | X | X | | |
| J9201 | GEMCITABINE HYDROCHLORIDE | \$100 - \$250 | X | X | X | | |
| J9202 | ZOLADEX | > \$1000 | X | X | X | | |
| J9204 | POTELIGEO | > \$1000 | X | X | | | |
| J9205 | ONIVYDE | > \$1000 | X | X | X | | |
| J9206 | IRINOTECAN | \$100 - \$250 | | X | X | | |
| J9206 | IRINOTECAN HYDROCHLORIDE | \$100 - \$250 | | X | X | | |
| J9208 | IFEX | \$100 - \$250 | | | | | |
| J9208 | IFOSFAMIDE | \$100 - \$250 | | X | | | |
| J9209 | MESNA | <= \$100 | X | X | | | |
| J9209 | MESNEX | <= \$100 | | | | | |
| J9217 | ELIGARD | \$500 - \$1000 | X | X | X | | |
| J9218 | LEUPROLIDE ACETATE | <= \$100 | | X | | | |
| J9226 | SUPPRELIN LA | > \$1000 | X | X | | | |
| J9227 | SARCLISA | > \$1000 | X | X | | | |
| J9228 | YERVOY | > \$1000 | X | X | X | | X |
| J9250 | METHOTREXATE | <= \$100 | | | | | |
| J9250 | METHOTREXATE SODIUM | <= \$100 | | | | | |
| J9260 | METHOTREXATE | <= \$100 | | X | | | |
| J9260 | METHOTREXATE SODIUM | <= \$100 | | X | | | |
| J9263 | OXALIPLATIN | \$100 - \$250 | | X | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|-------------------------------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J9264 | ABRAXANE | > \$1000 | X | X | | | |
| J9266 | ONCASPAR | \$250 - \$500 | X | X | | | |
| J9267 | PACLITAXEL | <= \$100 | | X | | | |
| J9271 | KEYTRUDA | > \$1000 | X | X | X | | X |
| J9280 | MITOMYCIN | \$250 - \$500 | | X | | | |
| J9280 | MUTAMYCIN | \$250 - \$500 | | | | | |
| J9299 | OPDIVO | > \$1000 | X | X | X | | X |
| J9301 | GAZYVA | > \$1000 | X | X | | | |
| J9303 | VECTIBIX | > \$1000 | X | X | | | |
| J9304 | PEMFEXY | > \$1000 | X | X | X | | |
| J9306 | PERJETA | > \$1000 | X | X | X | | |
| J9308 | CYRAMZA | > \$1000 | X | X | | | |
| J9309 | POLIVY | > \$1000 | X | X | | | |
| J9312 | RITUXAN | > \$1000 | X | X | X | | X |
| J9317 | TRODELVY | > \$1000 | X | X | | | |
| J9352 | YONDELIS | > \$1000 | X | X | | | |
| J9354 | KADCYLA | > \$1000 | X | X | | | |
| J9355 | HERCEPTIN | > \$1000 | X | X | X | | X |
| J9356 | HERCEPTIN HYLECTA | > \$1000 | | X | X | | |
| J9358 | ENHERTU | > \$1000 | X | X | | | |
| J9360 | VINBLASTINE SULFATE | <= \$100 | | X | | | |
| J9370 | VINCRISTINE SULFATE | <= \$100 | | X | | | |
| J9390 | VINORELBINE TARTRATE | \$100 - \$250 | | X | | | |
| Q0138 | FERAHEME | \$250 - \$500 | | X | X | | |
| Q0138 | FERUMOXYTOL | \$250 - \$500 | | | | | |
| Q2050 | DOXIL | \$500 - \$1000 | | X | | | |
| Q2050 | DOXORUBICIN HYDROCHLORIDE LIPOSOMAL | \$500 - \$1000 | | | | | |
| Q5101 | ZARXIO | \$100 - \$250 | X | X | X | | |
| Q5103 | INFLECTRA | > \$1000 | X | X | X | X | X |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|--------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| Q5104 | RENFLEXIS | > \$1000 | X | X | X | X | X |
| Q5106 | RETACRIT | \$250 - \$500 | | | X | | |
| Q5107 | MVASI | > \$1000 | | X | X | | X |
| Q5110 | NIVESTYM | \$250 - \$500 | | X | X | | |
| Q5114 | OGIVRI | > \$1000 | | X | X | | X |
| Q5115 | TRUXIMA | > \$1000 | X | X | X | | X |
| Q5116 | TRAZIMERA | > \$1000 | | X | X | | X |
| Q5117 | KANJINTI | > \$1000 | | X | X | | X |
| Q5118 | ZIRABEV | > \$1000 | | X | X | | X |
| Q5119 | RUXIENCE | > \$1000 | X | X | X | | X |
| Q5121 | AVSOLA | > \$1000 | X | X | X | X | X |
| Q5122 | NYVEPRIA | \$500 - \$1000 | | X | X | | X |
| Q5123 | RIABNI | > \$1000 | X | X | X | | X |
| Q9950 | LUMASON | <= \$100 | | | | | |
| Q9956 | OPTISON | \$100 - \$250 | | | | | |
| Q9957 | DEFINITY | <= \$100 | | | | | |
| Q9961 | CONRAY | <= \$100 | | | | | |
| Q9965 | OMNIPAQUE | <= \$100 | | | | | |
| Q9966 | ISOVUE-200 | <= \$100 | | | | | |
| Q9966 | ISOVUE-250 | <= \$100 | | | | | |
| Q9966 | ISOVUE-M 200 | <= \$100 | | | | | |
| Q9966 | OMNIPAQUE | <= \$100 | | | | | |
| Q9966 | VISIPAQUE | <= \$100 | | | | | |
| Q9967 | ISOVUE-300 | <= \$100 | | | | | |
| Q9967 | ISOVUE-370 | <= \$100 | | | | | |
| Q9967 | ISOVUE-M 300 | <= \$100 | | | | | |
| Q9967 | OMNIPAQUE | <= \$100 | | | | | |
| Q9967 | ULTRAVIST | <= \$100 | | | | | |
| Q9967 | VISIPAQUE | <= \$100 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|--------------------------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| Q9991 | SUBLOCADE | > \$1000 | | | | | |
| Q9992 | SUBLOCADE | > \$1000 | | | | | |
| S0020 | BUPIVACAINE FISIOPHARMA | <= \$100 | | | | | |
| S0020 | BUPIVACAINE HYDROCHLORIDE | <= \$100 | | | | | |
| S0020 | BUPIVACAINE SPINAL | <= \$100 | | | | | |
| S0020 | MARCAINE | <= \$100 | | | | | |
| S0020 | SENSORCAINE | <= \$100 | | | | | |
| S0020 | SENSORCAINE-MPF | <= \$100 | | | | | |
| S0028 | FAMOTIDINE | <= \$100 | | | | | |
| S0028 | FAMOTIDINE PREMIXED | <= \$100 | | | | | |
| S0077 | CLEOCIN PHOSPHATE | <= \$100 | | | | | |
| S0077 | CLINDAMYCIN PHOSPHATE | <= \$100 | | | | | |
| S0077 | CLINDAMYCIN PHOSPHATE IN D5W | <= \$100 | | | | | |
| S0077 | CLINDAMYCIN PHOSPHATE/DEXTROSE | <= \$100 | | | | | |
| S0077 | CLINDAMYCIN/SODIUM CHLORIDE | <= \$100 | | | | | |
| S0164 | PANTOPRAZOLE SODIUM | <= \$100 | | | | | |
| S0164 | PROTONIX | <= \$100 | | | | | |
| S0171 | BUMETANIDE | <= \$100 | | | | | |
| S0189 | TESTOPEL | \$500 - \$1000 | X | | | | X |