

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 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 member 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 is 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 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 received during that period and then divided by the total cost per drug.

After satisfaction of the applicable deductible, based on the individual's medical plan, the member's medical drug 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					
90376	IMOGAM RABIES-HT	> \$1000					
90384	RHOPHYLAC	<= \$100					
90586	TICE BCG	\$250 - \$500					
90717	STAMARIL	<= \$100					
90717	YF-VAX	<= \$100					
A9606	XOFIGO	> \$1000		X			
C9257	AVASTIN	<= \$100					
J0121	NUZYRA	\$500 - \$1000					
J0129	ORENCIA	> \$1000	X	X		X	X
J0131	ACETAMINOPHEN	<= \$100					
J0135	HUMIRA	\$100 - \$250					
J0135	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	\$100 - \$250					
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					

PROCEDURE CODE	PRODUCT NAME	COINS BAND	Drug Edits	Prior Authorization Medical Necessity Notification	Prior Authorization Step Therapy	Prior Authorization Site of Care	Supply Limits
J0171	EPINEPHRINESNAP-V	<= \$100					
J0171	EPISNAP	<= \$100					
J0178	EYLEA	> \$1000	X		X		X
J0185	CINVANTI	\$250 - \$500					
J0256	ARALAST NP	> \$1000		X		X	
J0256	PROLASTIN-C	> \$1000		X		X	
J0256	ZEMAIRA	> \$1000		X			
J0270	PROSTIN VR PEDIATRIC	<= \$100					
J0278	AMIKACIN SULFATE	<= \$100					
J0280	AMINOPHYLLINE	<= \$100					
J0287	ABELCET	<= \$100					
J0290	AMPICILLIN SODIUM	<= \$100					
J0295	AMPICILLIN-SULBACTAM	<= \$100					
J0295	AMPICILLIN/SULBACTAM	<= \$100					
J0295	UNASYN	<= \$100					
J0295	UNASYN BULK PACK	<= \$100					
J0330	ANECTINE	<= \$100					
J0330	QUELICIN	<= \$100					
J0330	SUCCINYLCHOLINE CHLORIDE	<= \$100					
J0360	HYDRALAZINE HCL	<= \$100					
J0360	HYDRALAZINE HYDROCHLORIDE	<= \$100					
J0456	AZITHROMYCIN	<= \$100					
J0456	ZITHROMAX	<= \$100					
J0461	ATROPINE SULFATE	<= \$100					
J0475	BACLOFEN	\$500 - \$1000					
J0475	GABLOFEN	\$500 - \$1000					
J0475	LIORESAL INTRATHECAL	\$500 - \$1000					
J0485	NULOJIX	> \$1000					
J0490	BENLYSTA	> \$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
J0517	FASENRA	> \$1000	X	X	X	X	
J0565	ZINPLAVA	> \$1000					
J0585	BOTOX	> \$1000	X				X
J0594	BUSULFAN	<= \$100		X			
J0594	BUSULFEX	<= \$100		X			
J0595	BUTORPHANOL TARTRATE	<= \$100					
J0610	CALCIUM GLUCONATE	<= \$100					
J0637	CANCIDAS	<= \$100					
J0637	CASPOFUNGIN ACETATE	<= \$100					
J0638	ILARIS	> \$1000		X		X	
J0640	LEUCOVORIN CALCIUM	<= \$100		X			
J0641	LEVOLEUCOVORIN	\$500 - \$1000		X			
J0641	LEVOLEUCOVORIN CALCIUM	\$500 - \$1000		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					
J0695	ZERBAXA	<= \$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	BETA 1 KIT	<= \$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
J0702	BETAMETHASONE SODIUM PHOSPHATE/BETAMETHASONE ACETATE	<= \$100					
J0702	CELESTONE SOLUSPAN	<= \$100					
J0702	POD-CARE 100C	<= \$100					
J0706	CAFFEINE CITRATE	<= \$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	\$100 - \$250					
J0743	IMIPENEM/CILASTATIN	<= \$100					
J0743	PRIMAXIN IV	<= \$100					
J0744	CIPROFLOXACIN I.V.-IN D5W	<= \$100					
J0775	XIAFLEX	> \$1000		X			X
J0780	PROCHLORPERAZINE EDISYLATE	<= \$100					
J0791	ADAKVEO	> \$1000		X		X	X
J0834	CORTROSYN	<= \$100					
J0834	COSYNTROPIN	<= \$100					
J0875	DALVANCE	> \$1000					
J0878	CUBICIN RF	\$100 - \$250					
J0878	DAPTOMYCIN	\$100 - \$250					
J0881	ARANESP ALBUMIN FREE	\$500 - \$1000					X
J0882	ARANESP ALBUMIN FREE	\$100 - \$250					
J0885	EPOGEN	\$500 - \$1000	X	X	X		X
J0885	PROCRIT	\$500 - \$1000	X	X	X		X
J0894	DECITABINE	> \$1000					
J0895	DEFEROXAMINE MESYLATE	<= \$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
J0895	DESFERAL	<= \$100					
J0896	REBLOZYL	> \$1000	X	X			X
J0897	PROLIA	> \$1000	X				
J0897	XGEVA	> \$1000	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					
J1160	LANOXIN	<= \$100					
J1160	LANOXIN PEDIATRIC	<= \$100					
J1170	DILAUDID	<= \$100					
J1170	HYDROMORPHONE HCL	<= \$100					
J1170	HYDROMORPHONE HYDROCHLORIDE	<= \$100					
J1200	DIPHENHYDRAMINE HCL	<= \$100					
J1200	DIPHENHYDRAMINE HYDROCHLORIDE	<= \$100					
J1201	QUZYTIR	\$100 - \$250					
J1205	CHLOROTHIAZIDE SODIUM	<= \$100					
J1212	RIMSO-50	\$500 - \$1000					
J1230	METHADONE HCL	<= \$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
J1245	DIPYRIDAMOLE	<= \$100					
J1250	DOBUTAMINE HCL	<= \$100					
J1250	DOBUTAMINE HCL/D5W	<= \$100					
J1250	DOBUTAMINE HYDROCHLORIDE/DEXTROSE 5%	<= \$100					
J1270	DOXERCALCIFEROL	<= \$100					
J1270	HECTOROL	<= \$100					
J1300	SOLIRIS	> \$1000	X	X		X	X
J1303	ULTOMIRIS	> \$1000		X		X	
J1335	ERTAPENEM	\$100 - \$250					
J1335	ERTAPENEM SODIUM	\$100 - \$250					
J1437	MONOFERRIC	> \$1000		X	X		
J1439	INJECTAFER	> \$1000		X	X		
J1442	NEUPOGEN	\$100 - \$250		X	X		
J1453	EMEND	<= \$100					
J1453	FOSAPREPITANT DIMEGLUMINE	<= \$100					
J1454	AKYNZEO	\$500 - \$1000					
J1459	PRIVIGEN	> \$1000	X	X		X	X
J1556	BIVIGAM	> \$1000	X	X		X	X
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
J1570	GANCICLOVIR	<= \$100					
J1575	HYQVIA	\$500 - \$1000	X	X		X	X
J1580	GENTAMICIN SULFATE	<= \$100					
J1580	GENTAMICIN SULFATE PEDIATRIC	<= \$100					
J1580	GENTAMICIN SULFATE/0.9% 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
J1580	ISOTONIC GENTAMICIN	<= \$100					
J1602	SIMPONI ARIA	> \$1000	X	X		X	X
J1610	GLUCAGEN DIAGNOSTIC	\$250 - \$500					
J1610	GLUCAGEN HYPOKIT	\$250 - \$500					
J1610	GLUCAGON	\$250 - \$500					
J1610	GLUCAGON EMERGENCY KIT	\$250 - \$500					
J1610	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	\$250 - \$500					
J1610	GLUCAGON HCL DIAGNOSTIC	\$250 - \$500					
J1626	GRANISETRON HCL	<= \$100					
J1626	GRANISETRON HYDROCHLORIDE	<= \$100					
J1642	HEPARIN LOCK FLUSH	<= \$100					
J1642	HEPARIN SODIUM LOCK FLUSH	<= \$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					
J1741	CALDOLOR	<= \$100					
J1745	INFLIXIMAB	> \$1000					
J1745	REMICADE	> \$1000	X	X	X	X	X
J1746	TROGARZO	> \$1000		X			
J1750	INFED	\$250 - \$500					
J1756	VENOFER	\$250 - \$500					
J1815	FIASP	<= \$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
J1815	HUMALOG	<= \$100					
J1815	HUMULIN R	<= \$100					
J1815	HUMULIN R U-500 (CONCENTRATED)	<= \$100					
J1815	INSULIN ASPART	<= \$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 ASPART	<= \$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					
J1930	SOMATULINE DEPOT	> \$1000	X		X		
J1940	FUROSEMIDE	<= \$100					
J1953	KEPPRA	<= \$100					
J1953	LEVETIRACETAM	<= \$100					
J1953	LEVETIRACETAM/SODIUM CHLORIDE	<= \$100					
J1955	CARNITOR	\$250 - \$500					
J1956	LEVOFLOXACIN	<= \$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
J1956	LEVOFLOXACIN IN D5W	<= \$100					
J1980	HYOSCYAMINE SULFATE	<= \$100					
J2001	LIDOCAINE HCL	<= \$100					
J2001	LIDOCAINE HCL IN D5W	<= \$100					
J2001	LIDOCAINE HCL/DEXTROSE	<= \$100					
J2001	XYLOCAINE-MPF	<= \$100					
J2010	LINCOMYCIN HCL	<= \$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	\$500 - \$1000					
J2248	MYCAMINE	\$500 - \$1000					
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	\$100 - \$250					
J2274	INFUMORPH 200	\$100 - \$250					
J2274	INFUMORPH 500	\$100 - \$250					
J2274	MITIGO	\$100 - \$250					
J2274	MORPHINE SULFATE	\$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
J2280	MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE	<= \$100					
J2280	MOXIFLOXACIN HYDROCHLORIDE	<= \$100					
J2300	NALBUPHINE HCL	<= \$100					
J2310	NALOXONE HCL	<= \$100					
J2310	NALOXONE HYDROCHLORIDE	<= \$100					
J2323	TYSABRI	> \$1000		X		X	
J2350	OCREVUS	> \$1000		X			X
J2357	XOLAIR	> \$1000	X	X			
J2360	ORPHENADRINE CITRATE	<= \$100					
J2370	PHENYLEPHRINE HYDROCHLORIDE	<= \$100					
J2370	VAZCULEP	<= \$100					
J2405	ONDANSETRON HYDROCHLORIDE	<= \$100					
J2430	PAMIDRONATE DISODIUM	<= \$100					
J2440	PAPAVERINE HYDROCHLORIDE	<= \$100					
J2469	PALONOSETRON HYDROCHLORIDE	<= \$100					
J2506	NEULASTA	> \$1000		X	X		X
J2506	NEULASTA ONPRO KIT	> \$1000		X	X		X
J2507	KRYSTEXXA	> \$1000		X			
J2540	PENICILLIN G POTASSIUM	<= \$100					
J2540	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	<= \$100					
J2540	PFIZERPEN	<= \$100					
J2543	PIPERACILLIN SODIUM/TAZOBACTAM SODIUM	<= \$100					
J2543	ZOSYN	<= \$100					
J2550	PHENERGAN	<= \$100					
J2550	PROMETHAZINE HCL	<= \$100					
J2550	PROMETHAZINE HYDROCHLORIDE	<= \$100					
J2560	PHENOBARBITAL SODIUM	\$100 - \$250					
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	ANESTHESIA S/I-40A	<= \$100					
J2704	ANESTHESIA S/I-40H	<= \$100					
J2704	ANESTHESIA S/I-40S	<= \$100					
J2704	DIPRIVAN	<= \$100					
J2704	FRESENIUS PROPOVEN	<= \$100					
J2704	PROPOFOL	<= \$100					
J2704	PROPOFOL-LIPURO	<= \$100					
J2720	PROTAMINE SULFATE	<= \$100					
J2724	CEPROTIN	<= \$100					
J2760	PHENTOLAMINE MESYLATE	\$250 - \$500					
J2765	METOCLOPRAMIDE HCL	<= \$100					
J2765	METOCLOPRAMIDE HYDROCHLORIDE	<= \$100					
J2778	LUCENTIS	> \$1000	X		X		X
J2783	ELITEK	> \$1000					
J2785	LEXISCAN	\$100 - \$250					
J2786	CINQAIR	> \$1000	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					
J2860	SYLVANT	> \$1000		X			
J2916	FERRLECIT	<= \$100					
J2916	SODIUM FERRIC GLUCONATE COMPLEX/SUCROSE	<= \$100					
J2920	METHYLPREDNISOLONE SODIUMSUCCINATE	<= \$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
J2920	SOLU-MEDROL	<= \$100					
J2930	METHYLPREDNISOLONE SODIUM SUCCINATE	<= \$100					
J2930	SOLU-MEDROL	<= \$100					
J2997	ACTIVASE	\$100 - \$250					
J2997	CATHFLO ACTIVASE	\$100 - \$250					
J3010	FENTANYL CITRATE	<= \$100					
J3030	SUMATRIPTAN SUCCINATE	<= \$100					
J3032	VYEPTI	> \$1000		X		X	X
J3095	VIBATIV	\$500 - \$1000					
J3105	TERBUTALINE SULFATE	<= \$100					
J3111	EVENITY	> \$1000	X				
J3230	CHLORPROMAZINE HCL	<= \$100					
J3230	CHLORPROMAZINE HYDROCHLORIDE	<= \$100					
J3241	TEPEZZA	> \$1000		X			
J3245	ILUMYA	> \$1000		X		X	
J3260	TOBRAMYCIN SULFATE	<= \$100					
J3262	ACTEMRA	> \$1000	X	X		X	X
J3300	TRIESENCE	\$100 - \$250					
J3301	KENALOG-10	<= \$100					
J3301	KENALOG-40	<= \$100					
J3301	KENALOG-80	<= \$100					
J3301	P-CARE K40	<= \$100					
J3301	P-CARE K80	<= \$100					
J3301	POD-CARE 100K	<= \$100					
J3301	PRO-C-DURE 5 KIT	<= \$100					
J3301	PRO-C-DURE 6 KIT	<= \$100					
J3301	TRIAMCINOLONE ACETONIDE	<= \$100					
J3304	ZILRETTA	\$500 - \$1000					
J3357	STELARA	> \$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
J3358	STELARA	> \$1000	X	X			
J3360	DIAZEPAM	<= \$100					
J3370	VANCOMYCIN	<= \$100					
J3370	VANCOMYCIN HCL	<= \$100					
J3370	VANCOMYCIN HYDROCHLORIDE	<= \$100					
J3370	VANCOMYCIN HYDROCHLORIDE/DEXTROSE	<= \$100					
J3380	ENTYVIO	> \$1000	X	X		X	X
J3396	VISUDYNE	> \$1000					
J3411	THIAMINE HCL	<= \$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/NACL 0.45%	<= \$100					
J3480	KCL 0.15%/D5W/NACL 0.2%	<= \$100					
J3480	KCL 0.15%/D5W/NACL 0.225%	<= \$100					
J3480	KCL 0.15%/D5W/NACL 0.45%	<= \$100					
J3480	KCL 0.15%/D5W/NACL 0.9%	<= \$100					
J3480	KCL 0.3%/D5W/NACL 0.45%	<= \$100					
J3480	KCL 0.3%/D5W/NACL 0.9%	<= \$100					
J3480	POTASSIUM CHLORIDE	<= \$100					
J3480	POTASSIUM CHLORIDE/DEXTROSE	<= \$100					
J3480	POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	<= \$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
J3480	POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	<= \$100					
J3480	POTASSIUM CHLORIDE/SODIUM CHLORIDE	<= \$100					
J3489	RECLAST	\$100 - \$250					
J3489	ZOLEDRONIC ACID	\$100 - \$250					
J3490	ACETIC ACID 0.25%	\$100 - \$250					
J3490	AK-FLUOR	\$100 - \$250					
J3490	AKOVAZ	\$100 - \$250					
J3490	ALLOPURINOL SODIUM	\$100 - \$250					
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	AMMONUL	\$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	B-COMPLEX	\$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					

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	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					
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					

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	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	CORLOPAM	\$100 - \$250					
J3490	CORTROPHIN	\$100 - \$250					
J3490	CYANOKIT	\$100 - \$250					
J3490	CYKLOKAPRON	\$100 - \$250					
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	DELFLEX-SM/1.5% DEXTROSE	\$100 - \$250					
J3490	DELFLEX-SM/2.5% 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 10%/NACL 0.45%	\$100 - \$250					
J3490	DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	\$100 - \$250					
J3490	DEXTROSE 10%	\$100 - \$250					
J3490	DEXTROSE 10%/NACL 0.2%	\$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 2.5%/NACL 0.45%	\$100 - \$250					
J3490	DEXTROSE 25%	\$100 - \$250					
J3490	DEXTROSE 30%	\$100 - \$250					
J3490	DEXTROSE 5%	\$100 - \$250					
J3490	DEXTROSE 5%/NACL 0.2%	\$100 - \$250					
J3490	DEXTROSE 5%/NACL 0.3%	\$100 - \$250					
J3490	DEXTROSE 5%/NACL 0.33%	\$100 - \$250					
J3490	DEXTROSE 5%/NACL 0.45%	\$100 - \$250					
J3490	DEXTROSE 5%/NACL 0.9%	\$100 - \$250					
J3490	DEXTROSE 50%	\$100 - \$250					
J3490	DEXTROSE 70%	\$100 - \$250					
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	DILUENT FOR LEFAMULIN INJECTION	\$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					

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	ELCYS	\$ 100 - \$250					
J3490	EMERPHED	\$ 100 - \$250					
J3490	EMPAVELI	\$ 100 - \$250					
J3490	ENALAPRILAT	\$ 100 - \$250					
J3490	EPHEDRINE SULFATE	\$ 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					
J3490	ETOMIDATE	\$ 100 - \$250					
J3490	EXPAREL	\$ 100 - \$250					
J3490	EXTRANEAL	\$ 100 - \$250					
J3490	FLUMAZENIL	\$ 100 - \$250					
J3490	FLUORESCITE	\$ 100 - \$250					
J3490	FLUPHENAZINE HCL	\$ 100 - \$250					
J3490	FOLIC ACID	\$ 100 - \$250					
J3490	GATTEX	\$ 100 - \$250					
J3490	GIAPREZA	\$ 100 - \$250					
J3490	GLYCOPHOS	\$ 100 - \$250					
J3490	GLYCOPYRROLATE	\$ 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					

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	HESPAN	\$ 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					
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/DEXTROSE	\$ 100 - \$250					
J3490	LABETALOL HYDROCHLORIDE/SODIUM CHLORIDE	\$ 100 - \$250					
J3490	LACTATED RINGERS IRRIGATION	\$ 100 - \$250					
J3490	LEVOPHED	\$ 100 - \$250					
J3490	LEVOTHYROXINE SODIUM	\$ 100 - \$250					
J3490	LIDOCAINE HYDROCHLORIDE	\$ 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	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					
J3490	MARLIDO KIT	\$ 100 - \$250					
J3490	MARLIDO-25	\$ 100 - \$250					
J3490	METOPROLOL TARTRATE	\$ 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	MULTITRACE-4 PEDIATRIC	\$ 100 - \$250					
J3490	MULTRYS	\$ 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	NAFCILLIN	\$ 100 - \$250					
J3490	NAFCILLIN SODIUM	\$ 100 - \$250					
J3490	NEOMYCIN/POLYMYXIN B SULFATES	\$ 100 - \$250					
J3490	NEOPROFEN	\$ 100 - \$250					
J3490	NEXAVIR	\$ 100 - \$250					
J3490	NEXIUM I.V.	\$ 100 - \$250					
J3490	NICARDIPINE HYDROCHLORIDE	\$ 100 - \$250					
J3490	NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE	\$ 100 - \$250					
J3490	NIPRIDE RTU	\$ 100 - \$250					
J3490	NITHIODOLE	\$ 100 - \$250					
J3490	NITROGLYCERIN	\$ 100 - \$250					
J3490	NITROGLYCERIN IN DEXTROSE 5 %	\$ 100 - \$250					
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	PH 12 STERILE DILUENT FORFLOLAN	\$ 100 - \$250					
J3490	PHYSICIANS EZ USE M-PRED	\$ 100 - \$250					
J3490	PLASMA-LYTE A	\$ 100 - \$250					
J3490	PLASMA-LYTE-148	\$ 100 - \$250					
J3490	PLENAMINE	\$ 100 - \$250					
J3490	POD-CARE 100CMX	\$ 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	POINT OF CARE KM	\$ 100 - \$250					
J3490	POINT OF CARE L.2	\$ 100 - \$250					
J3490	POINT OF CARE L.5	\$ 100 - \$250					
J3490	POINT OF CARE LM DEP 2	\$ 100 - \$250					
J3490	POINT OF CARE LM-2.2	\$ 100 - \$250					
J3490	POINT OF CARE LM-2.5	\$ 100 - \$250					
J3490	POLYMYXIN B SULFATE	\$ 100 - \$250					
J3490	POTASSIUM ACETATE	\$ 100 - \$250					
J3490	POTASSIUM PHOSPHATE	\$ 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					
J3490	REMIFENTANIL HYDROCHLORIDE	\$ 100 - \$250					
J3490	REVATIO	\$ 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	ROPIDEX	\$ 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	RYANODEX	\$ 100 - \$250					
J3490	SELENIOS 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 0.45%	\$ 100 - \$250					
J3490	SODIUM EDECRIN	\$ 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					
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	TEGSEDI	\$ 100 - \$250					
J3490	TETRACAINE HYDROCHLORIDE	\$ 100 - \$250					
J3490	THAM	\$ 100 - \$250					
J3490	THE LIQUILIFT TRACE KIT	\$ 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	TIS-U-SOL	\$ 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/1.5% DEXTROSE	\$ 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	VAPRISOL	\$ 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	VIMPAT	\$ 100 - \$250					
J3490	VISCOAT	\$ 100 - \$250					
J3490	VISIONBLUE	\$ 100 - \$250					
J3490	VITAMIN B-COMPLEX 100	\$ 100 - \$250					
J3490	VOXZOGO	\$ 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	XARACOLL	\$ 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	ZINGO	\$ 100 - \$250					
J3490	ZYNRELEF	\$ 100 - \$250					
J3590	ACACIA EXTRACT	\$250 - \$500					
J3590	ADMELOG	\$250 - \$500					
J3590	ALDER EXTRACT	\$250 - \$500					
J3590	ALMOND EXTRACT	\$250 - \$500					
J3590	AMERICAN BEECH EXTRACT	\$250 - \$500					
J3590	AMERICAN COCKROACH EXTRACT	\$250 - \$500					
J3590	AMERICAN ELM EXTRACT	\$250 - \$500					
J3590	AMNIOFIX	\$250 - \$500					
J3590	AMPHENOL-40	\$250 - \$500					
J3590	ANTIVENIN LATRODECTUS MACTANS	\$250 - \$500					
J3590	ANTIVENIN NORTH AMERICAN CORAL SNAKE	\$250 - \$500					
J3590	APIDRA	\$250 - \$500					
J3590	APPLE EXTRACT	\$250 - \$500					
J3590	ASPERGILLUS FUMIGATUS	\$250 - \$500					
J3590	ASPERGILLUS FUMIGATUS EXTRACT	\$250 - \$500					
J3590	AUREOBASIDIUM PULLULANS	\$250 - \$500					
J3590	AUREOBASIDIUM PULLULANS EXTRACT	\$250 - \$500					
J3590	AVOCADO EXTRACT	\$250 - \$500					
J3590	BAHIA EXTRACT	\$250 - \$500					
J3590	BANANA EXTRACT	\$250 - \$500					
J3590	BAYBERRY WAX MYRTLE EXTRACT	\$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
J3590	BEEF EXTRACT	\$250 - \$500					
J3590	BESREMI	\$250 - \$500					
J3590	BOTRYTIS CINEREA	\$250 - \$500					
J3590	BOTRYTIS EXTRACT	\$250 - \$500					
J3590	BROME EXTRACT	\$250 - \$500					
J3590	CABLIVI	\$250 - \$500					
J3590	CANDIDA ALBICANS ALLERGENIC EXTRACT	\$250 - \$500					
J3590	CANDIN	\$250 - \$500					
J3590	CANTALOUPE EXTRACT	\$250 - \$500					
J3590	CASEIN EXTRACT	\$250 - \$500					
J3590	CATTLE EPITHELIUM EXTRACT	\$250 - \$500					
J3590	CEDAR ELM EXTRACT	\$250 - \$500					
J3590	CHICKEN MEAT EXTRACT	\$250 - \$500					
J3590	CLADOSPORIUM CLADOSPORIODIDES	\$250 - \$500					
J3590	CLADOSPORIUM CLADOSPORIOIDES EXTRACT	\$250 - \$500					
J3590	COCKLEBUR EXTRACT	\$250 - \$500					
J3590	COCOA BEAN EXTRACT	\$250 - \$500					
J3590	CORN POLLEN EXTRACT	\$250 - \$500					
J3590	COSENTYX	\$250 - \$500					
J3590	CRAB EXTRACT	\$250 - \$500					
J3590	CUROSURF	\$250 - \$500					
J3590	CUTAQUIG	\$250 - \$500					
J3590	DANDELION ALLERGENIC EXTRACT	\$250 - \$500					
J3590	DOG EPITHELIUM EXTRACT	\$250 - \$500					
J3590	DOG FENNEL EXTRACT	\$250 - \$500					
J3590	DUPIXENT	\$250 - \$500					
J3590	EASTERN COTTONWOOD EXTRACT	\$250 - \$500					
J3590	EGG WHITE EXTRACT	\$250 - \$500					
J3590	EGRIFTA SV	\$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
J3590	EMGALITY	\$250 - \$500					
J3590	ENSPRYNG	\$250 - \$500					
J3590	EPICOCCUM NIGRUM	\$250 - \$500					
J3590	FIRE ANT EXTRACT	\$250 - \$500					
J3590	GOLDENROD EXTRACT	\$250 - \$500					
J3590	GONAL-F	\$250 - \$500					
J3590	GONAL-F RFF	\$250 - \$500					
J3590	HACKBERRY EXTRACT	\$250 - \$500					
J3590	HORSE EPITHELIUM EXTRACT	\$250 - \$500					
J3590	INFASURF	\$250 - \$500					
J3590	JOHNSON GRASS EXTRACT	\$250 - \$500					
J3590	KEVZARA	\$250 - \$500					
J3590	KINERET	\$250 - \$500					
J3590	KOCHIA EXTRACT	\$250 - \$500					
J3590	LANTUS	\$250 - \$500					
J3590	LENSCALE EXTRACT	\$250 - \$500					
J3590	LEVEMIR	\$250 - \$500					
J3590	MEADOW FESCUE GRASS POLLEN EXTRACT	\$250 - \$500					
J3590	MELALEUCA EXTRACT	\$250 - \$500					
J3590	MESQUITE EXTRACT	\$250 - \$500					
J3590	MIXED FEATHERS EXTRACT	\$250 - \$500					
J3590	MIXED RAGWEED EXTRACT	\$250 - \$500					
J3590	MOSQUITO EXTRACT	\$250 - \$500					
J3590	MOUNTAIN CEDAR EXTRACT	\$250 - \$500					
J3590	MOUSE EPITHELIUM EXTRACT	\$250 - \$500					
J3590	MUCOR	\$250 - \$500					
J3590	MUCOR EXTRACT	\$250 - \$500					
J3590	MUGWORT EXTRACT	\$250 - \$500					
J3590	MYALEPT	\$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
J3590	MYXREDLIN	\$250 - \$500					
J3590	NEXVIAZYME	\$250 - \$500					
J3590	NUCEL	\$250 - \$500					
J3590	OAT GRAIN EXTRACT	\$250 - \$500					
J3590	ORANGE EXTRACT	\$250 - \$500					
J3590	OVIDREL	\$250 - \$500					
J3590	PALINGEN INOVOFLO	\$250 - \$500					
J3590	PALYNZIQ	\$250 - \$500					
J3590	PEANUT EXTRACT	\$250 - \$500					
J3590	PECAN NUT EXTRACT	\$250 - \$500					
J3590	PENICILLIUM NOTATUM	\$250 - \$500					
J3590	PENICILLIUM NOTATUM EXTRACT	\$250 - \$500					
J3590	PISTACHIO NUT EXTRACT	\$250 - \$500					
J3590	PLEGRIDY	\$250 - \$500					
J3590	PLEGRIDY STARTER PACK	\$250 - \$500					
J3590	PORK EXTRACT	\$250 - \$500					
J3590	PRAXBIND	\$250 - \$500					
J3590	QUEEN PALM EXTRACT	\$250 - \$500					
J3590	RABBIT EPITHELIUM EXTRACT	\$250 - \$500					
J3590	RED MULBERRY EXTRACT	\$250 - \$500					
J3590	RED TOP GRASS POLLEN EXTRACT	\$250 - \$500					
J3590	REPATHA	\$250 - \$500					
J3590	RICE EXTRACT	\$250 - \$500					
J3590	ROUGH MARSH ELDER EXTRACT	\$250 - \$500					
J3590	RUSSIAN THISTLE EXTRACT	\$250 - \$500					
J3590	RYPLAZIM	\$250 - \$500					
J3590	SACCHAROMYCES CEREVISIAE	\$250 - \$500					
J3590	SAPHNELO	\$250 - \$500					
J3590	SEMGLEE	\$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
J3590	SESAME SEED EXTRACT	\$250 - \$500					
J3590	SHAGBARK HICKORY EXTRACT	\$250 - \$500					
J3590	SHORT RAGWEED EXTRACT	\$250 - \$500					
J3590	SHRIMP EXTRACT	\$250 - \$500					
J3590	SILIQ	\$250 - \$500					
J3590	SIMPONI	\$250 - \$500					
J3590	SKYRIZI	\$250 - \$500					
J3590	SKYTROFA	\$250 - \$500					
J3590	SOMAVERT	\$250 - \$500					
J3590	SORREL/DOCK MIX EXTRACT	\$250 - \$500					
J3590	SOYBEAN EXTRACT	\$250 - \$500					
J3590	SPINY PIGWEED EXTRACT	\$250 - \$500					
J3590	STANDARDIZED BERMUDA GRASS POLLEN	\$250 - \$500					
J3590	STANDARDIZED CAT HAIR EXTRACT	\$250 - \$500					
J3590	STANDARDIZED GRASS POLLEN MIX KORT/SWEET VERNAL GRASS EXT	\$250 - \$500					
J3590	STANDARDIZED JUNE GRASS POLLEN EXTRACT	\$250 - \$500					
J3590	STANDARDIZED MITE DERMATOPHAGOIDES FARINAE	\$250 - \$500					
J3590	STANDARDIZED MITE DERMATOPHAGOIDES PTERONYSSINUS	\$250 - \$500					
J3590	STANDARDIZED MITE EXTRACT	\$250 - \$500					
J3590	STANDARDIZED MITE MIX	\$250 - \$500					
J3590	STANDARDIZED MITE MIXED EXTRACT	\$250 - \$500					
J3590	STANDARDIZED PERENNIAL RYE GRASS POLLEN EXTRACT	\$250 - \$500					
J3590	STANDARDIZED TIMOTHY GRASS POLLEN EXTRACT	\$250 - \$500					
J3590	STRAWBERRY EXTRACT	\$250 - \$500					
J3590	STRENSIQ	\$250 - \$500					
J3590	SURVANTA INTRATRACHEAL	\$250 - \$500					
J3590	SUSVIMO	\$250 - \$500					
J3590	SUSVIMO OCULAR IMPLANT	\$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
J3590	SWEET CORN EXTRACT	\$250 - \$500					
J3590	TALL RAGWEED EXTRACT	\$250 - \$500					
J3590	TALTZ	\$250 - \$500					
J3590	TIMOTHY GRASS POLLEN EXTRACT	\$250 - \$500					
J3590	TOMATO EXTRACT	\$250 - \$500					
J3590	TRESIBA	\$250 - \$500					
J3590	TRICOPHYTON MENTAGROPHYTES	\$250 - \$500					
J3590	VORAXAZE	\$250 - \$500					
J3590	WESTERN JUNIPER EXTRACT	\$250 - \$500					
J3590	WHITE MULBERRY EXTRACT	\$250 - \$500					
J3590	WHITE OAK EXTRACT	\$250 - \$500					
J3590	WHITE PINE EXTRACT	\$250 - \$500					
J3590	WHOLE EGG EXTRACT	\$250 - \$500					
J7170	HEMLIBRA	\$250 - \$500		X			
J7187	HUMATE-P	> \$1000		X			
J7192	ADVATE	> \$1000		X	X		
J7192	KOGENATE FS	> \$1000		X	X		
J7192	KOVALTRY	> \$1000					
J7192	RECOMBINATE	> \$1000		X			
J7209	NUWIQ	> \$1000		X	X		
J7296	KYLEENA	\$500 - \$1000					
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	> \$1000					
J7313	ILUVIEN	> \$1000					
J7314	YUTIQ	> \$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
J7318	DUROLANE	\$500 - \$1000	X		X		X
J7320	GENVISC 850	<= \$100	X	X	X		X
J7321	HYALGAN	\$100 - \$250	X	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		X
J7324	ORTHOVISC	\$100 - \$250	X	X	X		X
J7325	SYNVISC	\$250 - \$500	X	X	X		X
J7325	SYNVISC ONE	\$250 - \$500	X	X	X		
J7325	SYNVISC ONE	\$250 - \$500	X	X	X		X
J7326	GEL-ONE	\$100 - \$250	X	X	X		X
J7327	MONOVISC	\$500 - \$1000	X	X	X		X
J7328	GELSYN-3	\$250 - \$500	X		X		X
J7329	TRIVISC	\$100 - \$250	X	X	X		
J7351	DURYSTA	> \$1000					
J7609	ALBUTEROL SULFATE	<= \$100					
J7611	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					
J7644	IPRATROPIUM BROMIDE	<= \$100					
J7699	DESFLURANE	<= \$100					
J7699	NEBUSAL	<= \$100					
J7699	S2	<= \$100					
J7699	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
J7699	SUPRANE	<= \$100					
J8499	ARIKAYCE	\$100 - \$250					
J9000	ADRIAMYCIN	<= \$100					
J9000	DOXORUBICIN HCL	<= \$100		X			
J9000	DOXORUBICIN HYDROCHLORIDE	<= \$100		X			
J9017	ARSENIC TRIOXIDE	> \$1000					
J9017	TRISENOX	> \$1000		X			
J9022	TECENTRIQ	> \$1000	X	X			
J9023	BAVENCIO	> \$1000	X	X			
J9025	AZACITIDINE	\$250 - \$500					
J9025	VIDAZA	\$250 - \$500		X			
J9030	TICE BCG	\$250 - \$500					
J9033	TREANDA	\$500 - \$1000	X	X			
J9034	BENDEKA	> \$1000	X	X			
J9035	AVASTIN	\$100 - \$250	X	X	X		X
J9035	BEVACIZUMAB	\$100 - \$250					
J9036	BELRAPZO	> \$1000		X			
J9040	BLEOMYCIN SULFATE	<= \$100		X			
J9041	VELCADE	\$500 - \$1000	X	X		X	
J9042	ADCETRIS	> \$1000	X	X			
J9043	JEVTANA	> \$1000	X	X			
J9045	CARBOPLATIN	<= \$100					
J9045	PARAPLATIN	<= \$100					
J9047	KYPROLIS	> \$1000	X	X			
J9055	ERBITUX	> \$1000	X	X			
J9060	CISPLATIN	<= \$100		X			
J9065	CLADRIBINE	\$250 - \$500		X			
J9070	CYCLOPHOSPHAMIDE	\$100 - \$250		X			
J9070	CYCLOPHOSPHAMIDE MONOHYDRATE	\$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
J9119	LIBTAYO	> \$1000	X	X			
J9120	COSMEGEN	> \$1000		X			
J9120	DACTINOMYCIN	> \$1000					
J9130	DACARBAZINE	<= \$100		X			
J9145	DARZALEX	> \$1000	X	X			
J9155	FIRMAGON	\$500 - \$1000	X	X			
J9171	DOCETAXEL	\$100 - \$250		X			
J9173	IMFINZI	> \$1000	X	X			
J9176	EMPLICITI	> \$1000		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				
J9203	MYLOTARG	\$500 - \$1000	X	X			
J9204	POTELIGEO	> \$1000	X	X			
J9205	ONIVYDE	> \$1000	X	X			
J9206	CAMPTOSAR	\$100 - \$250					
J9206	IRINOTECAN	\$100 - \$250		X			
J9206	IRINOTECAN HYDROCHLORIDE	\$100 - \$250		X			
J9208	IFEX	\$100 - \$250		X			
J9208	IFOSFAMIDE	\$100 - \$250					
J9209	MESNA	<= \$100	X	X			
J9209	MESNEX	<= \$100					
J9217	ELIGARD	\$500 - \$1000	X	X	X		
J9218	LEUPROLIDE ACETATE	<= \$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
J9227	SARCLISA	> \$1000	X	X			
J9228	YERVOY	> \$1000	X	X			
J9250	METHOTREXATE	<= \$100		X			
J9250	METHOTREXATE SODIUM	<= \$100		X			
J9260	METHOTREXATE	<= \$100		X			
J9260	METHOTREXATE SODIUM	<= \$100		X			
J9263	OXALIPLATIN	\$100 - \$250					
J9264	ABRAXANE	> \$1000	X	X			
J9266	ONCASPAR	\$250 - \$500	X	X			
J9267	PACLITAXEL	\$100 - \$250		X			
J9271	KEYTRUDA	> \$1000	X	X			
J9280	MITOMYCIN	\$250 - \$500		X			
J9280	MUTAMYCIN	\$250 - \$500					
J9299	OPDIVO	> \$1000	X	X			
J9301	GAZYVA	> \$1000	X	X			
J9303	VECTIBIX	> \$1000	X	X			
J9304	PEMFEXY	> \$1000	X	X	X		
J9305	ALIMTA	> \$1000	X	X			
J9306	PERJETA	> \$1000	X	X	X		
J9308	CYRAMZA	> \$1000	X	X			
J9312	RITUXAN	> \$1000	X	X	X		X
J9317	TRODELVY	> \$1000	X	X		X	
J9351	HYCAMTIN	<= \$100		X			
J9351	TOPOTECAN HCL	<= \$100					
J9351	TOPOTECAN HYDROCHLORIDE	<= \$100					
J9354	KADCYLA	> \$1000	X	X			
J9355	HERCEPTIN	> \$1000	X	X	X		X
J9356	HERCEPTIN HYLECTA	> \$1000					
J9358	ENHERTU	> \$1000	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
J9360	VINBLASTINE SULFATE	<= \$100		X			
J9370	VINCRISTINE SULFATE	<= \$100		X			
J9390	VINORELBINE TARTRATE	<= \$100		X			
J9400	ZALTRAP	\$500 - \$1000	X	X			
Q0138	FERAHEME	\$250 - \$500		X	X		
Q0138	FERUMOXYTOL	\$250 - \$500					
Q2043	PROVENGE	> \$1000		X			
Q2050	DOXIL	> \$1000		X			
Q2050	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	> \$1000					
Q5101	ZARXIO	\$250 - \$500	X	X	X	X	
Q5103	INFLECTRA	> \$1000	X	X	X	X	X
Q5104	RENFLEXIS	> \$1000	X	X	X	X	X
Q5106	RETACRIT	\$500 - \$1000	X		X		X
Q5107	MVASI	> \$1000		X	X		
Q5110	NIVESTYM	\$250 - \$500		X	X		
Q5115	TRUXIMA	> \$1000	X	X	X		X
Q5116	TRAZIMERA	> \$1000		X	X		
Q5117	KANJINTI	> \$1000		X	X		
Q5118	ZIRABEV	> \$1000		X	X		
Q5119	RUXIENCE	> \$1000	X	X	X		
Q5120	ZIEXTENZO	> \$1000	X	X	X		X
Q5121	AVSOLA	> \$1000		X	X	X	X
Q5122	NYVEPRIA	\$250 - \$500		X	X		X
Q5123	RIABNI	> \$1000	X	X	X		
Q9950	LUMASON	<= \$100					
Q9956	OPTISON	<= \$100					
Q9957	DEFINITY	<= \$100					
Q9961	CONRAY	<= \$100					
Q9965	OMNIPAQUE	<= \$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
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					
Q9991	SUBLOCADE	> \$1000					
Q9992	SUBLOCADE	> \$1000					
S0020	BUPIVACAINE FISIOPHARMA	<= \$100					
S0020	BUPIVACAINE HCL	<= \$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					
S0030	METRONIDAZOLE	<= \$100					
S0073	AZACTAM	<= \$100					
S0073	AZTREONAM	<= \$100					
S0077	CLEOCIN PHOSPHATE	<= \$100					
S0077	CLINDAMYCIN PHOSPHATE	<= \$100					
S0077	CLINDAMYCIN PHOSPHATE IN D5W	<= \$100					
S0077	CLINDAMYCIN PHOSPHATE/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
S0077	CLINDAMYCIN/SODIUM CHLORIDE	<= \$100					
S0080	PENTAM 300	<= \$100					
S0080	PENTAMIDINE ISETHIONATE	<= \$100					
S0122	MENOPUR	\$100 - \$250					
S0128	FOLLISTIM AQ	\$100 - \$250					
S0132	GANIRELIX ACETATE	\$100 - \$250					
S0164	PANTOPRAZOLE SODIUM	<= \$100					
S0164	PROTONIX	<= \$100					
S0171	BUMETANIDE	<= \$100					
S0189	TESTOPEL	\$500 - \$1000	X				