

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. Please note coverage for a drug that is administered by a healthcare professional (versus self-administered) is covered under your medical benefit. 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          | STAMARIL                  | <= \$100      |            |  |                                  |                                  |               |
| 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      |            |  |                                  |                                  |               |

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| J0171          | EPINEPHRINESNAP-V         | <= \$100       |            |  |                                  |                                  |               |
| J0171          | EPISNAP                   | <= \$100       |            |  |                                  |                                  |               |
| J0178          | EYLEA                     | > \$1000       | X          |  | X                                |                                  | X             |
| 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 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                                |               |
| J0517          | FASENRA                   | > \$1000       | X          | X  | X                                | X                                | X             |
| J0565          | ZINPLAVA                  | > \$1000       |            |  |                                  |                                  |               |
| J0585          | BOTOX                     | > \$1000       | X          |  |                                  |                                  |               |

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| J0594          | BUSULFAN   | <= \$100   |            | X  |                                  |                                  |               |
| J0594          | BUSULFEX   | <= \$100   |            | X  |                                  |                                  |               |
| J0595          | BUTORPHANOL TARTRATE                                 | <= \$100   |            |  |                                  |                                  |               |
| J0637          | CANCIDAS   | <= \$100   |            |  |                                  |                                  |               |
| J0637          | CASPOFUNGIN ACETATE                                  | <= \$100   |            |  |                                  |                                  |               |
| J0638          | ILARIS   | > \$1000   | X          | X  |                                  | X                                | X             |
| J0640          | LEUCOVORIN CALCIUM                                   | <= \$100   |            | 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          | BETA 1 KIT   | <= \$100   |            |  |                                  |                                  |               |
| J0702          | BETAMETHASONE SODIUM PHOSPHATE/BETAMETHASONE ACETATE | <= \$100   |            |  |                                  |                                  |               |
| J0702          | CELESTONE SOLUSPAN                                   | <= \$100   |            |  |                                  |                                  |               |
| J0702          | POD-CARE 100C  | <= \$100   |            |  |                                  |                                  |               |
| J0713          | CEFTAZIDIME  | <= \$100   |            |  |                                  |                                  |               |
| J0713          | TAZICEF  | <= \$100   |            |  |                                  |                                  |               |
| J0717          | CIMZIA   | > \$1000   | X          | X  |                                  | X                                | X             |
| J0717          | CIMZIA STARTER KIT                                   | > \$1000   | X          | X  |                                  | X                                | X             |

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| 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  |                                  |                                  |               |
| J0780          | PROCHLORPERAZINE EDISYLATE | <= \$100       |            |  |                                  |                                  |               |
| J0791          | ADAKVEO                    | > \$1000       |            | 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 |            |  |                                  |                                  |               |
| 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             |
| 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       |            |  |                                  |                                  |               |

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| 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       |            |  |                                  |                                  |               |
| J1190          | DEXRAZOXANE                          | \$500 - \$1000 |            | X  |                                  |                                  |               |
| J1200          | DIPHENHYDRAMINE HCL                  | <= \$100       |            |  |                                  |                                  |               |
| 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       |            |  |                                  |                                  |               |
| J1270          | HECTOROL                             | <= \$100       |            |  |                                  |                                  |               |
| J1300          | SOLIRIS                              | > \$1000       | X          | X  |                                  | X                                | X             |
| J1303          | ULTOMIRIS                            | > \$1000       | X          | X  |                                  | X                                | X             |

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| J1335          | ERTAPENEM                                  | <= \$100       |            |  |                                  |                                  |               |
| 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       |            |  |                                  |                                  |               |
| J1454          | AKYNZEO                                    | \$500 - \$1000 |            |  |                                  |                                  |               |
| J1459          | PRIVIGEN                                   | > \$1000       | X          | X  |                                  | X                                |               |
| J1556          | BIVIGAM                                    | > \$1000       | X          | X  |                                  | X                                |               |
| J1559          | HIZENTRA                                   | > \$1000       | X          | X  |                                  | X                                |               |
| J1561          | GAMMAKED                                   | > \$1000       | X          | X  |                                  | X                                |               |
| J1561          | GAMUNEX-C                                  | > \$1000       | X          | X  |                                  | X                                |               |
| J1566          | GAMMAGARD S/D IGA LESS THAN 1MCG/ML        | > \$1000       | X          | X  |                                  | X                                |               |
| J1568          | OCTAGAM                                    | > \$1000       | X          | X  |                                  | X                                |               |
| J1569          | GAMMAGARD LIQUID                           | > \$1000       | X          | X  |                                  | X                                |               |
| J1575          | HYQVIA                                     | > \$1000       | 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          | GLUCAGEN DIAGNOSTIC                        | \$100 - \$250  |            |  |                                  |                                  |               |
| J1610          | GLUCAGON                                   | \$100 - \$250  |            |  |                                  |                                  |               |
| J1610          | GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR | \$100 - \$250  |            |  |                                  |                                  |               |
| J1610          | GLUCAGON HCL DIAGNOSTIC                    | \$100 - \$250  |            |  |                                  |                                  |               |
| J1626          | GRANISETRON HCL                            | <= \$100       |            |  |                                  |                                  |               |

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| 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             |
| J1750          | INFED                                      | \$250 - \$500 |            |  |                                  |                                  |               |
| J1756          | VENOFER                                    | \$250 - \$500 |            |  |                                  |                                  |               |
| J1815          | FIASP                                      | <= \$100      |            |  |                                  |                                  |               |
| 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      |            |  |                                  |                                  |               |

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| 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                                |                                  |               |
| J1940          | FUROSEMIDE                    | <= \$100      |            |  |                                  |                                  |               |
| J1951          | FENSOLVI                      | > \$1000      | X          |  |                                  |                                  |               |
| J1953          | KEPPRA                        | <= \$100      |            |  |                                  |                                  |               |
| J1953          | LEVETIRACETAM                 | <= \$100      |            |  |                                  |                                  |               |
| J1953          | LEVETIRACETAM/SODIUM CHLORIDE | <= \$100      |            |  |                                  |                                  |               |
| 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 HCL                | <= \$100      |            |  |                                  |                                  |               |
| J2060          | ATIVAN                        | <= \$100      |            |  |                                  |                                  |               |
| J2060          | LORAZEPAM                     | <= \$100      |            |  |                                  |                                  |               |
| J2150          | MANNITOL                      | <= \$100      |            |  |                                  |                                  |               |
| J2175          | DEMEROL                       | <= \$100      |            |  |                                  |                                  |               |
| J2175          | MEPERIDINE 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 |
|----------------|---|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| J2182          | NUCALA  | > \$1000      | X          | X  | X                                | X                                | X             |
| J2185          | MEROPENEM                                       | <= \$100      |            |  |                                  |                                  |               |
| J2185          | MEROPENEM/SODIUM CHLORIDE                       | <= \$100      |            |  |                                  |                                  |               |
| J2210          | METHYLERGONOVINE MALEATE                        | <= \$100      |            |  |                                  |                                  |               |
| J2248          | MICAFUNGIN                                      | <= \$100      |            |  |                                  |                                  |               |
| J2248          | MYCAMINE  | <= \$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 |            |  |                                  |                                  |               |
| J2274          | MORPHINE SULFATE                                | \$250 - \$500 |            |  |                                  |                                  |               |
| 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  |                                  |                                  |               |
| J2350          | OCREVUS   | > \$1000      | X          | X  |                                  |                                  | X             |
| J2357          | XOLAIR  | > \$1000      | X          | X  |                                  |                                  | X             |
| J2360          | ORPHENADRINE CITRATE                            | <= \$100      |            |  |                                  |                                  |               |
| J2405          | ONDANSETRON HYDROCHLORIDE                       | <= \$100      |            |  |                                  |                                  |               |
| J2430          | PAMIDRONATE DISODIUM                            | <= \$100      |            |  |                                  |                                  |               |
| J2440          | PAPAVERINE HYDROCHLORIDE                        | <= \$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 |
|----------------|--|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| 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  |            |  |                                  |                                  |               |
| 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       |            |  |                                  |                                  |               |
| J2760          | PHEHTOLAMINE MESYLATE                          | \$100 - \$250  |            |  |                                  |                                  |               |
| J2765          | METOCLOPRAMIDE HCL                             | <= \$100       |            |  |                                  |                                  |               |
| J2765          | METOCLOPRAMIDE HYDROCHLORIDE                   | <= \$100       |            |  |                                  |                                  |               |
| J2778          | LUCENTIS                                       | > \$1000       | X          |  | X                                |                                  | X             |
| J2783          | ELITEK   | \$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 |
|----------------|---|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| 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       |            |  |                                  |                                  |               |
| J2941          | HUMATROPE                               | > \$1000       |            |  |                                  |                                  |               |
| J2941          | OMNITROPE                               | > \$1000       |            |  |                                  |                                  |               |
| J2941          | SAIZEN                                  | > \$1000       |            |  |                                  |                                  |               |
| J2941          | SEROSTIM                                | > \$1000       |            |  |                                  |                                  |               |
| J2941          | ZOMACTON                                | > \$1000       |            |  |                                  |                                  |               |
| J2997          | ACTIVASE                                | \$100 - \$250  |            |  |                                  |                                  |               |
| J2997          | CATHFLO ACTIVASE                        | \$100 - \$250  |            |  |                                  |                                  |               |
| J3010          | FENTANYL CITRATE                        | <= \$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 |
|----------------|-----------------------------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| 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             |
| 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       |            |  |                                  |                                  |               |
| J3358          | STELARA                           | > \$1000       | X          | X  |                                  | 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             |

| PROCEDURE CODE | PRODUCT NAME                                 | COINS BAND    | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|--|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| 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      |            |  |                                  |                                  |               |
| J3480          | POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE  | <= \$100      |            |  |                                  |                                  |               |
| J3480          | POTASSIUM CHLORIDE/SODIUM CHLORIDE           | <= \$100      |            |  |                                  |                                  |               |
| J3489          | RECLAST                                      | \$100 - \$250 |            |  |                                  |                                  |               |
| J3489          | ZOLEDRONIC ACID                              | \$100 - \$250 |            | X  |                                  |                                  | X             |
| J3490          | ACETIC ACID 0.25%                            | \$100 - \$250 |            |  |                                  |                                  |               |
| J3490          | AK-FLUOR                                     | \$100 - \$250 |            |  |                                  |                                  |               |
| J3490          | AKOVAZ                                       | \$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          | 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          | 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 |            |  |                                  |                                  |               |

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|----------------|-----------------------------------|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| 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 |            |  |                                  |                                  |               |
| 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 |            |  |                                  |                                  |               |

| 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          | CYANOKIT   | \$100 - \$250 |            |  |                                  |                                  |               |
| J3490          | CYKLOKAPRON  | \$100 - \$250 |            |  |                                  |                                  |               |
| J3490          | DANTRIUM IV  | \$100 - \$250 |            |  |                                  |                                  |               |
| J3490          | DANTROLENE SODIUM                                  | \$100 - \$250 |            |  |                                  |                                  |               |
| J3490          | DEFITELIO  | \$100 - \$250 |            |  |                                  |                                  |               |
| J3490          | DELFLX-LC/1.5% DEXTROSE                            | \$100 - \$250 |            |  |                                  |                                  |               |
| J3490          | DELFLX-LC/2.5% DEXTROSE                            | \$100 - \$250 |            |  |                                  |                                  |               |
| J3490          | DELFLX-LC/4.25% DEXTROSE                           | \$100 - \$250 |            |  |                                  |                                  |               |
| J3490          | DELFLX-SM/1.5% DEXTROSE                            | \$100 - \$250 |            |  |                                  |                                  |               |
| J3490          | DELFLX-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 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 |            |  |                                  |                                  |               |



| 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 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 |            |  |                                  |                                  |               |
| 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          | ESMOLOL HCL                                    | \$100 - \$250 |            |  |                                  |                                  |               |
| J3490          | ESMOLOL HYDROCHLORIDE IN WATER                 | \$100 - \$250 |            |  |                                  |                                  |               |
| J3490          | ESMOLOL HYDROCHLORIDE IN WATER DOUBLE STRENGTH | \$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          | 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          | GANIRELIX ACETATE                     | \$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 |            |  |                                  |                                  |               |
| 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 |            |  |                                  |                                  |               |

| 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          | 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/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 |            |  |                                  |                                  |               |

| 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          | 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          | 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          | MULTITRACE-4 PEDIATRIC                                    | \$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          | NEXIUM I.V.   | \$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          | 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 |            |  |                                  |                                  |               |
| 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          | PH 12 STERILE DILUENT FORFLOLAN           | \$100 - \$250 |            |  |                                  |                                  |               |
| J3490          | PHYSICIANS EZ USE M-PRED                  | \$100 - \$250 |            |  |                                  |                                  |               |
| J3490          | PLASMA-LYTE A                             | \$100 - \$250 |            |  |                                  |                                  |               |
| J3490          | PLENAMINE                                 | \$100 - \$250 |            |  |                                  |                                  |               |
| J3490          | POD-CARE 100CMX                           | \$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 |            |  |                                  |                                  |               |

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| J3490          | PRECEDEX                    | \$100 - \$250 |            |  |                                  |                                  |               |
| J3490          | PREMASOL                    | \$100 - \$250 |            |  |                                  |                                  |               |
| J3490          | PREVMIS                     | \$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 |            |  |                                  |                                  |               |
| 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             | \$100 - \$250 |            |  |                                  |                                  |               |
| J3490          | SODIUM CHLORIDE 0.45%       | \$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          | 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 |            |  |                                  |                                  |               |
| 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 |            |  |                                  |                                  |               |

| 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          | 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  |            |  |                                  |                                  |               |
| J3490          | VISIONBLUE                                  | \$100 - \$250  |            |  |                                  |                                  |               |
| J3490          | VITAMIN B-COMPLEX 100                       | \$100 - \$250  |            |  |                                  |                                  |               |
| J3490          | VOXZOGO                                     | \$100 - \$250  |            |  |                                  |                                  |               |
| 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          | ZYNRELEF                                    | \$100 - \$250  |            |  |                                  |                                  |               |
| J3590          | ACACIA EXTRACT                              | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | ADMELOG                                     | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | ALDER EXTRACT                               | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | ALMOND EXTRACT                              | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | AMERICAN BEECH EXTRACT                      | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | AMERICAN COCKROACH 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          | AMERICAN ELM 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 |            |  |                                  |                                  |               |
| 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          | BOTRYTIS CINEREA                     | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | BOTRYTIS 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 |            |  |                                  |                                  |               |

| 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          | 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 |            |  |                                  |                                  |               |
| 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          | 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          | GONAL-F RFF                          | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | HACKBERRY EXTRACT                    | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | HORSE EPITHELIUM EXTRACT             | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | INFASURF                             | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | INSULIN GLARGINE-YFGN                | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | JOHNSON GRASS EXTRACT                | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | KEVZARA                              | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | KINERET                              | \$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          | KOCHIA EXTRACT                     | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | LANTUS                             | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | LENSCALE EXTRACT                   | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | LEVEMIR                            | \$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 |            |  |                                  |                                  |               |
| J3590          | MOUNTAIN CEDAR EXTRACT             | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | MOUSE EPITHELIUM EXTRACT           | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | MUCOR                              | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | MUCOR EXTRACT                      | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | MUGWORT EXTRACT                    | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | MYALEPT                            | \$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          | PENICILLIUM NOTATUM                | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | PENICILLIUM NOTATUM 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          | 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 MULBERRY EXTRACT         | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | RED TOP GRASS POLLEN EXTRACT | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | REPATHA                      | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | RICE EXTRACT                 | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | ROUGH MARSH ELDER EXTRACT    | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | RUSSIAN THISTLE EXTRACT      | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | RYPLAZIM                     | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | SACCHAROMYCES CEREVISIAE     | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | SAPHNELO                     | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | SEMGLEE                      | \$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 |            |  |                                  |                                  |               |

| 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 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 |            |  |                                  |                                  |               |
| 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          | SUSVIMO OCULAR IMPLANT                                    | \$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          | VORAXAZE  | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | WESTERN JUNIPER EXTRACT                                   | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | WHITE MULBERRY EXTRACT                                    | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | WHITE OAK EXTRACT   | \$500 - \$1000 |            |  |                                  |                                  |               |
| J3590          | WHITE PINE 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          | 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       |            |  |                                  |                                  |               |
| 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       |            |  |                                  |                                  |               |
| J7314          | YUTIQ  | > \$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                                |                                  |               |
| J7322          | HYMOVIS  | > \$1000       | 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       |            |  |                                  |                                  |               |

| PROCEDURE CODE | PRODUCT NAME                          | COINS BAND    | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|---------------------------------------|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| 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      |            |  |                                  |                                  |               |
| 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             |
| J9023          | BAVENCIO                              | > \$1000      | X          | X  |                                  |                                  | X             |
| J9025          | AZACITIDINE                           | \$100 - \$250 |            |  |                                  |                                  |               |
| J9025          | VIDAZA                                | \$100 - \$250 |            | X  |                                  |                                  |               |
| J9030          | TICE BCG                              | \$250 - \$500 |            |  |                                  |                                  |               |
| J9033          | TREANDA                               | \$250 - \$500 | X          | X  |                                  |                                  |               |
| J9034          | BENDEKA                               | > \$1000      | X          | X  |                                  |                                  |               |
| J9035          | AVASTIN                               | \$100 - \$250 | X          | X  | X                                |                                  | X             |
| J9035          | BEVACIZUMAB                           | \$100 - \$250 |            |  |                                  |                                  |               |
| 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  |                                  |                                  |               |
| J9045          | PARAPLATIN                            | <= \$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 |
|----------------|------------------------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J9047          | KYPROLIS                     | > \$1000       | X          | X  |                                  |                                  |               |
| J9055          | ERBITUX                      | > \$1000       | X          | X  |                                  |                                  |               |
| J9060          | CISPLATIN                    | <= \$100       |            | X  |                                  |                                  |               |
| J9065          | CLADRIBINE                   | \$500 - \$1000 |            | X  |                                  |                                  |               |
| J9070          | CYCLOPHOSPHAMIDE             | \$250 - \$500  |            |  |                                  |                                  |               |
| J9070          | CYCLOPHOSPHAMIDE MONOHYDRATE | \$250 - \$500  |            |  |                                  |                                  |               |
| J9100          | CYTARABINE                   | <= \$100       |            | X  |                                  |                                  |               |
| J9100          | CYTARABINE AQUEOUS           | <= \$100       |            | X  |                                  |                                  |               |
| J9119          | LIBTAYO                      | > \$1000       | X          | X  |                                  |                                  | 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  |                                  |                                  | X             |
| J9177          | PADCEV                       | > \$1000       |            | X  |                                  |                                  |               |
| J9178          | ELLENC                       | \$100 - \$250  |            |  |                                  |                                  |               |
| 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          |  |                                  |                                  |               |
| 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  |                                  |                                  |               |



| PROCEDURE CODE | PRODUCT NAME        | COINS BAND     | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|---------------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| 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             |
| J9250          | METHOTREXATE        | <= \$100       |            |  |                                  |                                  |               |
| J9250          | METHOTREXATE SODIUM | <= \$100       |            |  |                                  |                                  |               |
| J9260          | METHOTREXATE        | <= \$100       |            | X  |                                  |                                  |               |
| J9260          | METHOTREXATE SODIUM | <= \$100       |            | X  |                                  |                                  |               |
| J9263          | OXALIPLATIN         | \$100 - \$250  |            | X  |                                  |                                  |               |
| J9264          | ABRAXANE            | > \$1000       | X          | X  |                                  |                                  |               |
| J9266          | ONCASPAR            | \$250 - \$500  | X          | X  |                                  |                                  |               |
| J9267          | PACLITAXEL          | <= \$100       |            | X  |                                  |                                  |               |
| J9271          | KEYTRUDA            | > \$1000       | X          | X  |                                  |                                  | X             |
| J9280          | MITOMYCIN           | \$250 - \$500  |            | X  |                                  |                                  |               |
| J9280          | MUTAMYCIN           | \$250 - \$500  |            |  |                                  |                                  |               |
| J9299          | OPDIVO              | > \$1000       | X          | X  |                                  |                                  | X             |
| J9301          | GAZYVA              | > \$1000       | X          | X  |                                  |                                  |               |
| J9303          | VECTIBIX            | > \$1000       | X          | X  |                                  |                                  |               |
| J9304          | PEMFEXY             | > \$1000       | X          | X  | X                                |                                  |               |
| J9305          | ALIMTA              | \$500 - \$1000 | X          | X  | X                                |                                  |               |
| J9306          | PERJETA             | > \$1000       | X          | X  |                                  |                                  |               |
| J9308          | CYRAMZA             | > \$1000       | X          | X  |                                  |                                  |               |
| J9309          | POLIVY              | > \$1000       | X          | X  |                                  |                                  |               |
| J9312          | RITUXAN             | > \$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 |
|----------------|-------------------------------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| 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       |            |  |                                  |                                  |               |
| 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             |
| 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             |
| Q5120          | ZIEXTENZO                           | \$100 - \$250  | 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             |

| PROCEDURE CODE | PRODUCT NAME              | COINS BAND    | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|---------------------------|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| 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      |            |  |                                  |                                  |               |
| 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      |            |  |                                  |                                  |               |
| S0077          | CLEOCIN PHOSPHATE         | <= \$100      |            |  |                                  |                                  |               |
| S0077          | CLINDAMYCIN PHOSPHATE     | <= \$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 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             |