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	YF-VAX	<= $100					
A9513	LUTATHERA	<= $100					
C9254	VIMPAT	<= $100					
J0121	NUZYRA	> $1000					
J0122	XERAVA	<= $100					
J0129	ORENCIA	> $1000	X	X		X	X
J0131	ACETAMINOPHEN	<= $100					
J0153	ADENOSINE	<= $100					
J0171	ADRENALIN	<= $100					
J0171	EPINEPHRINE	<= $100					
J0171	EPINEPHRINE HCL	<= $100					
J0171	EPINEPHRINE HYDROCHLORIDE	<= $100					
J0171	EPINEPHRINE PROFESSIONAL	<= $100					
J0171	EPINEPHRINESNAP-EMS	<= $100					
J0171	EPINEPHRINESNAP-V	<= $100					

PROCEDURE CODE	PRODUCT NAME	COINS BAND	Drug Edits	Prior Authorization Medical Necessity Notification	Prior Authorization Step Therapy	Prior Authorization Site of Care	Supply Limits
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 HYDROCHLORIDE	<= $100					
J0456	AZITHROMYCIN	<= $100					
J0456	ZITHROMAX	<= $100					
J0461	ATROPINE SULFATE	<= $100					
J0475	BACLOFEN	$500 - $1000					
J0475	GABLOFEN	$500 - $1000					
J0485	NULOJIX	> $1000					
J0490	BENLYSTA	> $1000	X	X	X	X	
J0517	FASENRA	> $1000	X	X	X	X	X
J0565	ZINPLAVA	> $1000					
J0585	BOTOX	> $1000	X				X
J0594	BUSULFAN	<= $100		X			
J0594	BUSULFEX	<= $100		X			
J0595	BUTORPHANOL TARTRATE	<= $100					
J0637	CASPOFUNGIN ACETATE	<= $100					

PROCEDURE CODE	PRODUCT NAME	COINS BAND	Drug Edits	Prior Authorization Medical Necessity Notification	Prior Authorization Step Therapy	Prior Authorization Site of Care	Supply Limits
J0638	ILARIS	> $1000	X	X		X	X
J0640	LEUCOVORIN CALCIUM	<= $100		X	X		
J0670	POLOCAINE	<= $100					
J0670	POLOCAINE-MPF	<= $100					
J0690	CEFAZOLIN	<= $100					
J0690	CEFAZOLIN SODIUM	<= $100					
J0690	CEFAZOLIN SODIUM/DEXTROSE	<= $100					
J0692	CEFEPIME	<= $100					
J0692	CEFEPIME HYDROCHLORIDE	<= $100					
J0692	CEFEPIME/DEXTROSE	<= $100					
J0694	CEFOXITIN SODIUM	<= $100					
J0696	CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE	<= $100					
J0696	CEFTRIAXONE SODIUM	<= $100					
J0696	CEFTRIAXONE/DEXTROSE	<= $100					
J0697	CEFUROXIME SODIUM	<= $100					
J0698	CEFOTAXIME SODIUM	<= $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
J0735	CLONIDINE HCL	<= $100					
J0735	CLONIDINE HYDROCHLORIDE	<= $100					
J0735	DURACLON	<= $100					
J0740	CIDOFOVIR	$250 - $500					
J0743	IMIPENEM/CILASTATIN	<= $100					
J0743	PRIMAXIN IV	<= $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
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	DAPTOMYCIN	$100 - $250					
J0881	ARANESP ALBUMIN FREE	$500 - $1000					
J0885	EPOGEN	$500 - $1000	X	X	X		
J0885	PROCRIT	$500 - $1000		X	X		
J0894	DECITABINE	$100 - $250					
J0895	DEFEROXAMINE MESYLATE	<= $100					
J0895	DESFERAL	<= $100					
J0896	REBLOZYL	> $1000		X			
J0897	PROLIA	> $1000	X	X	X		X
J0897	XGEVA	> $1000	X	X	X		X
J1020	DEPO-MEDROL	<= $100					
J1020	METHYLPREDNISOLONE ACETATE	<= $100					
J1030	DEPO-MEDROL	<= $100					
J1030	METHYLPREDNISOLONE ACETATE	<= $100					
J1040	DEPO-MEDROL	<= $100					
J1040	METHYLPREDNISOLONE ACETATE	<= $100					
J1050	DEPO-SUBQ PROVERA 104	<= $100					
J1095	DEXYCU	<= $100					
J1100	DEXAMETHASONE SODIUM PHOSPHATE	<= $100					
J1100	DOUBLEDEX	<= $100					
J1100	MAS CARE-PAK	<= $100					
J1100	TOPIDEX	<= $100					

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

PROCEDURE CODE	PRODUCT NAME	COINS BAND	Drug Edits	Prior Authorization Medical Necessity Notification	Prior Authorization Step Therapy	Prior Authorization Site of Care	Supply Limits
J1459	PRIVIGEN	> $1000	X	X	X	X	
J1556	BIVIGAM	> $1000	X	X	X	X	
J1559	HIZENTRA	> $1000	X	X	X	X	
J1561	GAMMAKED	> $1000	X	X	X	X	
J1561	GAMUNEX-C	> $1000	X	X	X	X	
J1566	GAMMAGARD S/D IGA LESS THAN 1MCG/ML	> $1000	X	X	X	X	
J1568	OCTAGAM	> $1000	X	X	X	X	
J1569	GAMMAGARD LIQUID	> $1000	X	X	X	X	
J1575	HYQVIA	> $1000	X	X	X	X	
J1580	GENTAMICIN SULFATE	<= $100					
J1580	GENTAMICIN SULFATE PEDIATRIC	<= $100					
J1580	GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	<= $100					
J1580	ISOTONIC GENTAMICIN	<= $100					
J1602	SIMPONI ARIA	> $1000	X	X		X	X
J1610	GLUCAGON	$100 - $250					
J1610	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	$100 - $250					
J1610	GLUCAGON HCL DIAGNOSTIC	$100 - $250					
J1626	GRANISETRON HCL	<= $100					
J1626	GRANISETRON HYDROCHLORIDE	<= $100					
J1644	HEPARIN SODIUM	<= $100					
J1644	HEPARIN SODIUM/D5W	<= $100					
J1644	HEPARIN SODIUM/DEXTROSE	<= $100					
J1644	HEPARIN SODIUM/NACL 0.45%	<= $100					
J1644	HEPARIN SODIUM/SODIUM CHLORIDE	<= $100					
J1644	HEPARIN SODIUM/SODIUM CHLORIDE 0.9% PREMIX	<= $100					
J1650	ENOXAPARIN SODIUM	<= $100					
J1650	LOVENOX	<= $100					
J1720	SOLU-CORTEF	<= $100					
J1740	IBANDRONATE SODIUM	$100 - $250					

PROCEDURE CODE	PRODUCT NAME	COINS BAND	Drug Edits	Prior Authorization Medical Necessity Notification	Prior Authorization Step Therapy	Prior Authorization Site of Care	Supply Limits
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	INSULIN ASPART	<= $100					
J1815	INSULIN LISPRO	<= $100					
J1815	LYUMJEV	<= $100					
J1815	NOVOLIN R	<= $100					
J1815	NOVOLIN R FLEXPEN	<= $100					
J1815	NOVOLIN R FLEXPEN RELION	<= $100					
J1815	NOVOLIN R RELION	<= $100					
J1815	NOVOLOG	<= $100					
J1815	NOVOLOG RELION	<= $100					
J1817	HUMALOG	<= $100					
J1817	HUMULIN R	<= $100					
J1817	INSULIN ASPART	<= $100					
J1817	INSULIN LISPRO	<= $100					
J1817	LYUMJEV	<= $100					
J1817	NOVOLIN R	<= $100					
J1817	NOVOLIN R RELION	<= $100					
J1817	NOVOLOG	<= $100					
J1817	NOVOLOG RELION	<= $100					
J1885	KETOROLAC TROMETHAMINE	<= $100					
J1930	SOMATULINE DEPOT	> $1000					
J1940	FUROSEMIDE	<= $100					
J1951	FENSOLVI	> $1000	X				

PROCEDURE CODE	PRODUCT NAME	COINS BAND	Drug Edits	Prior Authorization Medical Necessity Notification	Prior Authorization Step Therapy	Prior Authorization Site of Care	Supply Limits
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 HYDROCHLORIDE	<= $100					
J2060	ATIVAN	<= $100					
J2060	LORAZEPAM	<= $100					
J2150	MANNITOL	<= $100					
J2175	DEMEROL	<= $100					
J2175	MEPERIDINE HCL	<= $100					
J2182	NUCALA	> $1000	X	X	X	X	X
J2185	MEROPENEM	<= $100					
J2185	MEROPENEM/SODIUM CHLORIDE	<= $100					
J2210	METHYLERGONOVINE MALEATE	<= $100					
J2248	MICAFUNGIN	<= $100					
J2250	MIDAZOLAM HCL	<= $100					
J2250	MIDAZOLAM HYDROCHLORIDE	<= $100					
J2250	MIDAZOLAM/SODIUM CHLORIDE	<= $100					
J2270	DURAMORPH	<= $100					
J2270	MORPHINE SULFATE	<= $100					
J2270	MORPHINE SULFATE/SODIUM CHLORIDE	<= $100					
J2274	DURAMORPH	$250 - $500					

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

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

PROCEDURE CODE	PRODUCT NAME	COINS BAND	Drug Edits	Prior Authorization Medical Necessity Notification	Prior Authorization Step Therapy	Prior Authorization Site of Care	Supply Limits
J2920	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	SEROSTIM	> $1000					
J2941	ZOMACTON	> $1000					
J2997	ACTIVASE	$100 - $250					
J2997	CATHFLO ACTIVASE	$100 - $250					
J3010	FENTANYL CITRATE	<= $100					
J3030	SUMATRIPTAN SUCCINATE	<= $100					
J3032	VYEPTI	> $1000		X	X	X	X
J3095	VIBATIV	> $1000					
J3111	EVENITY	> $1000	X				
J3230	CHLORPROMAZINE HCL	<= $100					
J3230	CHLORPROMAZINE HYDROCHLORIDE	<= $100					
J3241	TEPEZZA	> $1000	X	X		X	
J3245	ILUMYA	> $1000		X	X	X	X
J3260	TOBRAMYCIN SULFATE	<= $100					
J3262	ACTEMRA	> $1000	X	X	X	X	X
J3301	KENALOG-10	<= $100					
J3301	KENALOG-40	<= $100					
J3301	KENALOG-80	<= $100					
J3301	P-CARE K40	<= $100					
J3301	P-CARE K80	<= $100					
J3301	POD-CARE 100K	<= $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
J3301	TRIAMCINOLONE ACETONIDE	<= $100					
J3304	ZILRETTA	$500 - $1000					
J3357	STELARA	> $1000					
J3358	STELARA	> $1000	X	X	X	X	X
J3360	DIAZEPAM	<= $100					
J3370	VANCOMYCIN	<= $100					
J3370	VANCOMYCIN HCL	<= $100					
J3370	VANCOMYCIN HYDROCHLORIDE	<= $100					
J3370	VANCOMYCIN HYDROCHLORIDE/DEXTROSE	<= $100					
J3380	ENTYVIO	> $1000	X	X		X	X
J3396	VISUDYNE	> $1000					
J3411	THIAMINE HCL	<= $100					
J3411	THIAMINE HYDROCHLORIDE	<= $100					
J3415	PYRIDOXINE HCL	<= $100					
J3420	CYANOCOBALAMIN	<= $100					
J3420	PHYSICIANS EZ USE B-12 COMPLIANCE KIT	<= $100					
J3420	VITAMIN DEFICIENCY INJECTABLE SYSTEM-B12	<= $100					
J3430	PHYTONADIONE	<= $100					
J3430	VITAMIN K1	<= $100					
J3470	AMPHADASE	<= $100					
J3475	MAGNESIUM SULFATE	<= $100					
J3475	MAGNESIUM SULFATE IN D5W	<= $100					
J3475	MAGNESIUM SULFATE/DEXTROSE	<= $100					
J3480	KCL 0.075%/D5W/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					

PROCEDURE CODE	PRODUCT NAME	COINS BAND	Drug Edits	Prior Authorization Medical Necessity Notification	Prior Authorization Step Therapy	Prior Authorization Site of Care	Supply Limits
J3480	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	ZOLEDRONIC ACID	$100 - $250		X			X
J3490	ACETIC ACID 0.25%	$100 - $250					
J3490	AKOVAZ	$100 - $250					
J3490	ALLOPURINOL SODIUM	$100 - $250					
J3490	ALOPRIM	$100 - $250					
J3490	AMIDATE	$100 - $250					
J3490	AMINOCAPROIC ACID	$100 - $250					
J3490	AMINOSYN II	$100 - $250					
J3490	AMINOSYN-PF	$100 - $250					
J3490	AMINOSYN-PF 7%	$100 - $250					
J3490	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					

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	BREVIBLOC PREMIXED	$100 - $250					
J3490	BREVIBLOC PREMIXED DOUBLESTRENGTH	$100 - $250					
J3490	BREVITAL SODIUM	$100 - $250					
J3490	BRIDION	$100 - $250					
J3490	BRIVIACT	$100 - $250					
J3490	BSS	$100 - $250					
J3490	BSS PLUS	$100 - $250					
J3490	BUPIVACAINE/EPINEPHRINE	$100 - $250					
J3490	BUPIVILOG KIT	$100 - $250					
J3490	BYFAVO	$100 - $250					
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					

PROCEDURE CODE	PRODUCT NAME	COINS BAND	Drug Edits	Prior Authorization Medical Necessity Notification	Prior Authorization Step Therapy	Prior Authorization Site of Care	Supply Limits
J3490	CLINIMIX E 4.25%/DEXTROSE 5%	$100 - $250					
J3490	CLINIMIX E 5%/DEXTROSE 15%	$100 - $250					
J3490	CLINIMIX E 5%/DEXTROSE 20%	$100 - $250					
J3490	CLINIMIX E 8/10	$100 - $250					
J3490	CLINIMIX E 8/14	$100 - $250					
J3490	CLINISOL SF 15%	$100 - $250					
J3490	COPPER	$100 - $250					
J3490	CORTROPHIN	$100 - $250					
J3490	CYANOKIT	$100 - $250					
J3490	CYKLOKAPRON	$100 - $250					
J3490	DANTRIUM IV	$100 - $250					
J3490	DANTROLENE SODIUM	$100 - $250					
J3490	DEFITELIO	$100 - $250					
J3490	DELFLEX-LC/1.5% DEXTROSE	$100 - $250					
J3490	DELFLEX-LC/2.5% DEXTROSE	$100 - $250					
J3490	DELFLEX-LC/4.25% DEXTROSE	$100 - $250					
J3490	DEXLIDO	$100 - $250					
J3490	DEXLIDO-M	$100 - $250					
J3490	DEXMEDETOMIDINE HCL	$100 - $250					
J3490	DEXMEDETOMIDINE HYDROCHLORIDE	$100 - $250					
J3490	DEXMEDETOMIDINE HYDROCHLORIDE/DEXTROSE MONOHYDRATE	$100 - $250					
J3490	DEXMEDETOMIDINE HYDROCHLORIDE/SODIUM CHLORIDE	$100 - $250					
J3490	DEXPANTHENOL	$100 - $250					
J3490	DEXTROSE	$100 - $250					
J3490	DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	$100 - $250					
J3490	DEXTROSE 10%	$100 - $250					
J3490	DEXTROSE 10%/SODIUM CHLORIDE 0.2%	$100 - $250					
J3490	DEXTROSE 10%/SODIUM CHLORIDE 0.45%	$100 - $250					
J3490	DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	$100 - $250					

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 25%	$100 - $250					
J3490	DEXTROSE 30%	$100 - $250					
J3490	DEXTROSE 5%	$100 - $250					
J3490	DEXTROSE 5%/SODIUM CHLORIDE 0.2%	$100 - $250					
J3490	DEXTROSE 5%/SODIUM CHLORIDE 0.3%	$100 - $250					
J3490	DEXTROSE 5%/SODIUM CHLORIDE 0.33%	$100 - $250					
J3490	DEXTROSE 5%/SODIUM CHLORIDE 0.45%	$100 - $250					
J3490	DEXTROSE 5%/SODIUM CHLORIDE 0.9%	$100 - $250					
J3490	DEXTROSE 50%	$100 - $250					
J3490	DEXTROSE 70%	$100 - $250					
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					

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	EMPAVELI	$100 - $250					
J3490	ENALAPRILAT	$100 - $250					
J3490	EPHEDRINE SULFATE	$100 - $250					
J3490	EPHEDRINE SULFATE/SODIUM CHLORIDE	$100 - $250					
J3490	ESMOLOL HCL	$100 - $250					
J3490	ESMOLOL HYDROCHLORIDE IN WATER	$100 - $250					
J3490	ESMOLOL HYDROCHLORIDE IN WATER DOUBLE STRENGTH	$100 - $250					
J3490	ESMOLOL HYDROCHLORIDE/SODIUM CHLORIDE	$100 - $250					
J3490	ESOMEPRAZOLE SODIUM	$100 - $250					
J3490	ETHACRYNATE SODIUM	$100 - $250					
J3490	ETOMIDATE	$100 - $250					
J3490	EXPAREL	$100 - $250					
J3490	EXTRANEAL	$100 - $250					
J3490	FLUMAZENIL	$100 - $250					
J3490	FLUORESCITE	$100 - $250					
J3490	FLUPHENAZINE HYDROCHLORIDE	$100 - $250					
J3490	FOLIC ACID	$100 - $250					
J3490	GANIRELIX ACETATE	$100 - $250					
J3490	GATTEX	$100 - $250					
J3490	GIAPREZA	$100 - $250					
J3490	GLYCOPHOS	$100 - $250					
J3490	GLYCOPYRROLATE	$100 - $250					
J3490	GLYRX-PF	$100 - $250					
J3490	GVOKE KIT	$100 - $250					
J3490	GVOKE PFS	$100 - $250					
J3490	HEALON DUET PRO	$100 - $250					
J3490	HEALON GV PRO	$100 - $250					
J3490	HEALON PRO	$100 - $250					
J3490	HEALON5 PRO	$100 - $250					

PROCEDURE CODE	PRODUCT NAME	COINS BAND	Drug Edits	Prior Authorization Medical Necessity Notification	Prior Authorization Step Therapy	Prior Authorization Site of Care	Supply Limits
J3490	HETASTARCH 6%/NACL	$100 - $250					
J3490	HEXTEND	$100 - $250					
J3490	HISTATROL	$100 - $250					
J3490	HYPERSAL	$100 - $250					
J3490	IBUPROFEN LYSINE	$100 - $250					
J3490	IMCIVREE	$100 - $250					
J3490	INDOCYANINE GREEN	$100 - $250					
J3490	INDOMETHACIN	$100 - $250					
J3490	INFUVITE ADULT	$100 - $250					
J3490	INFUVITE PEDIATRIC	$100 - $250					
J3490	IONOSOL-MB/DEXTROSE 5%	$100 - $250					
J3490	ISOLYTE-P/DEXTROSE 5%	$100 - $250					
J3490	ISOLYTE-S	$100 - $250					
J3490	ISOLYTE-S PH 7.4	$100 - $250					
J3490	ISONIAZID	$100 - $250					
J3490	ISOPROTERENOL HYDROCHLORIDE	$100 - $250					
J3490	KENGREAL	$100 - $250					
J3490	KETALAR	$100 - $250					
J3490	KETAMINE HYDROCHLORIDE	$100 - $250					
J3490	KETOROCAINE-L	$100 - $250					
J3490	KETOROCAINE-LM	$100 - $250					
J3490	LABETALOL HYDROCHLORIDE	$100 - $250					
J3490	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					

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	LIPIODOL	$100 - $250					
J3490	MAGNESIUM CHLORIDE	$100 - $250					
J3490	MANGANESE TRACE METAL	$100 - $250					
J3490	MARBETA-25	$100 - $250					
J3490	MARBETA-L	$100 - $250					
J3490	MARCAINE SPINAL	$100 - $250					
J3490	MARCAINE/EPINEPHRINE	$100 - $250					
J3490	MARDEX-25	$100 - $250					
J3490	MARLIDO KIT	$100 - $250					
J3490	MARLIDO-25	$100 - $250					
J3490	METOPROLOL TARTRATE	$100 - $250					
J3490	METRONIDAZOLE	$100 - $250					
J3490	MIOCHOL-E	$100 - $250					
J3490	MIOSTAT	$100 - $250					
J3490	MLK F1 KIT	$100 - $250					
J3490	MLK F2 KIT	$100 - $250					
J3490	MLK F3 KIT	$100 - $250					
J3490	MLK F4 KIT	$100 - $250					
J3490	MONOJECT BONE MARROW BIOPSY TRAY/BIOP ASPIR NEEDLE 11GX4"	$100 - $250					
J3490	MONOJECT BONE MARROW BIOPSY TRAY/BIOP ASPIR NEEDLE 8GX4"	$100 - $250					
J3490	MONOJECT BONE MARROW BIOPSY TRAY/STERNAL-ILIAC NEEDLE 16G	$100 - $250					
J3490	MULTI-SPECIALTY KIT	$100 - $250					
J3490	MULTRYS	$100 - $250					
J3490	NAFCILLIN	$100 - $250					
J3490	NAFCILLIN SODIUM	$100 - $250					
J3490	NEBUSAL	$100 - $250					
J3490	NEOMYCIN/POLYMYXIN B SULFATES	$100 - $250					

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	NEOPROFEN	$100 - $250					
J3490	NEXAVIR	$100 - $250					
J3490	NICARDIPINE HYDROCHLORIDE	$100 - $250					
J3490	NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE	$100 - $250					
J3490	NIPRIDE RTU	$100 - $250					
J3490	NITHIODOTE	$100 - $250					
J3490	NITROGLYCERIN	$100 - $250					
J3490	NITROGLYCERIN IN DEXTROSE 5%	$100 - $250					
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					

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	POTASSIUM PHOSPHATES	$100 - $250					
J3490	PRE-PEN	$100 - $250					
J3490	PRECEDEX	$100 - $250					
J3490	PREMASOL	$100 - $250					
J3490	PREVYMIS	$100 - $250					
J3490	PROSOL	$100 - $250					
J3490	PROVAYBLUE	$100 - $250					
J3490	PROVISC	$100 - $250					
J3490	PULMOSAL	$100 - $250					
J3490	R-GENE 10	$100 - $250					
J3490	REGONOL	$100 - $250					
J3490	REMIFENTANIL HYDROCHLORIDE	$100 - $250					
J3490	REVATIO	$100 - $250					
J3490	REVONTO	$100 - $250					
J3490	RIFADIN	$100 - $250					
J3490	RIFAMPIN	$100 - $250					
J3490	RINGERS INJECTION	$100 - $250					
J3490	RINGERS IRRIGATION	$100 - $250					
J3490	ROCURONIUM BROMIDE	$100 - $250					
J3490	ROPIDEX	$100 - $250					
J3490	RYANODEX	$100 - $250					
J3490	SELENIOUS ACID	$100 - $250					
J3490	SENSORCAINE-MPF/EPINEPHRINE	$100 - $250					
J3490	SENSORCAINE/EPINEPHRINE	$100 - $250					
J3490	SEVOFLURANE	$100 - $250					
J3490	SIGNIFOR	$100 - $250					
J3490	SILDENAFIL	$100 - $250					
J3490	SODIUM ACETATE	$100 - $250					
J3490	SODIUM BICARBONATE	$100 - $250					

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 CHLORIDE	$100 - $250					
J3490	SODIUM CHLORIDE 0.45%	$100 - $250					
J3490	SODIUM NITRITE	$100 - $250					
J3490	SODIUM NITROPRUSSIDE	$100 - $250					
J3490	SODIUM PHENYLACETATE/SODIUM BENZOATE	$100 - $250					
J3490	SODIUM PHOSPHATE	$100 - $250					
J3490	SODIUM TETRADECYL SULFATE	$100 - $250					
J3490	SODIUM THIOSULFATE	$100 - $250					
J3490	SORBITOL/MANNITOL IRRIGATION	$100 - $250					
J3490	SOTALOL HYDROCHLORIDE	$100 - $250					
J3490	SOTRADECOL	$100 - $250					
J3490	STERILE DILUENT FOR REMODULIN	$100 - $250					
J3490	STERILE DILUENT FOR TREPROSTINIL INJECTION	$100 - $250					
J3490	STERITALC	$100 - $250					
J3490	SUFENTANIL CITRATE	$100 - $250					
J3490	SULFAMETHOXAZOLE/TRIMETHOPRIM	$100 - $250					
J3490	TETRACAINE HYDROCHLORIDE	$100 - $250					
J3490	THAM	$100 - $250					
J3490	THE LIQUILIFT TRACE KIT	$100 - $250					
J3490	TISSUEBLUE	$100 - $250					
J3490	TPN ELECTROLYTES	$100 - $250					
J3490	TRALEMENT	$100 - $250					
J3490	TRANEXAMIC ACID	$100 - $250					
J3490	TRANEXAMIC ACID/SODIUM CHLORIDE	$100 - $250					
J3490	TRAVASOL	$100 - $250					
J3490	TROPHAMINE	$100 - $250					
J3490	ULTANE	$100 - $250					
J3490	ULTIVA	$100 - $250					
J3490	ULTRABAG/DIANEAL LOW CALCIUM/2.5% DEXTROSE	$100 - $250					

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/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	XYLOCAINE	$100 - $250					
J3490	XYLOCAINE-MPF/EPINEPHRINE	$100 - $250					
J3490	XYLOCAINE/EPINEPHRINE	$100 - $250					
J3490	ZINC CHLORIDE	$100 - $250					
J3490	ZINC SULFATE	$100 - $250					
J3490	ZYNRELEF	$100 - $250					
J3590	ACACIA EXTRACT	$500 - $1000					
J3590	ADMELOG	$500 - $1000					
J3590	ALDER EXTRACT	$500 - $1000					
J3590	ALMOND EXTRACT	$500 - $1000					
J3590	ALTERNARIA ALTERNATA	$500 - $1000					
J3590	AMERICAN BEECH EXTRACT	$500 - $1000					
J3590	AMERICAN COCKROACH EXTRACT	$500 - $1000					
J3590	AMERICAN ELM EXTRACT	$500 - $1000					

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 SYCAMORE EXTRACT	$500 - $1000					
J3590	AMNIOFIX	$500 - $1000					
J3590	AMPHENOL-40	$500 - $1000					
J3590	ANTIVENIN LATRODECTUS MACTANS	$500 - $1000					
J3590	ANTIVENIN NORTH AMERICAN CORAL SNAKE	$500 - $1000					
J3590	APIDRA	$500 - $1000					
J3590	APPLE EXTRACT	$500 - $1000					
J3590	ASPERGILLUS FUMIGATUS	$500 - $1000					
J3590	ASPERGILLUS FUMIGATUS EXTRACT	$500 - $1000					
J3590	AUREOBASIDIUM PULLULANS	$500 - $1000					
J3590	AUREOBASIDIUM PULLULANS EXTRACT	$500 - $1000					
J3590	AVOCADO EXTRACT	$500 - $1000					
J3590	BAHIA EXTRACT	$500 - $1000					
J3590	BANANA EXTRACT	$500 - $1000					
J3590	BAYBERRY WAX MYRTLE EXTRACT	$500 - $1000					
J3590	BEEF EXTRACT	$500 - $1000					
J3590	BESREMI	$500 - $1000					
J3590	BLACK WALNUT POLLEN EXTRACT	$500 - $1000					
J3590	BOTRYTIS CINEREA	$500 - $1000					
J3590	BOTRYTIS EXTRACT	$500 - $1000					
J3590	BOX ELDER EXTRACT	$500 - $1000					
J3590	BROME EXTRACT	$500 - $1000					
J3590	CABLIVI	$500 - $1000					
J3590	CANDIDA ALBICANS ALLERGENIC EXTRACT	$500 - $1000					
J3590	CANDIN	$500 - $1000					
J3590	CANTALOUPE EXTRACT	$500 - $1000					
J3590	CASEIN EXTRACT	$500 - $1000					
J3590	CATTLE EPITHELIUM EXTRACT	$500 - $1000					
J3590	CEDAR ELM EXTRACT	$500 - $1000					

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	CHICKEN MEAT EXTRACT	$500 - $1000					
J3590	CLADOSPORIUM CLADOSPORIODIDES	$500 - $1000					
J3590	CLADOSPORIUM CLADOSPORIOIDES EXTRACT	$500 - $1000					
J3590	COCKLEBUR EXTRACT	$500 - $1000					
J3590	COCOA BEAN EXTRACT	$500 - $1000					
J3590	CORN POLLEN EXTRACT	$500 - $1000					
J3590	COSENTYX	$500 - $1000					
J3590	CRAB EXTRACT	$500 - $1000					
J3590	CUROSURF	$500 - $1000					
J3590	CUTAQUIG	$500 - $1000					
J3590	DANDELION ALLERGENIC EXTRACT	$500 - $1000					
J3590	DOG EPITHELIUM EXTRACT	$500 - $1000					
J3590	DOG FENNEL EXTRACT	$500 - $1000					
J3590	DUPIXENT	$500 - $1000					
J3590	EASTERN COTTONWOOD EXTRACT	$500 - $1000					
J3590	EGG WHITE EXTRACT	$500 - $1000					
J3590	EGRIFTA SV	$500 - $1000					
J3590	EMGALITY	$500 - $1000					
J3590	ENGLISH PLANTAIN EXTRACT	$500 - $1000					
J3590	ENSPRYNG	$500 - $1000					
J3590	EPICOCCUM NIGRUM	$500 - $1000					
J3590	FIRE ANT EXTRACT	$500 - $1000					
J3590	GOLDENROD EXTRACT	$500 - $1000					
J3590	GONAL-F	$500 - $1000					
J3590	HACKBERRY EXTRACT	$500 - $1000					
J3590	HORSE EPITHELIUM EXTRACT	$500 - $1000					
J3590	INFASURF	$500 - $1000					
J3590	JOHNSON GRASS EXTRACT	$500 - $1000					
J3590	KEVZARA	$500 - $1000					

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	KINERET	$500 - $1000					
J3590	KOCHIA EXTRACT	$500 - $1000					
J3590	LAMBS QUARTERS EXTRACT	$500 - $1000					
J3590	LANTUS	$500 - $1000					
J3590	LENSCALE EXTRACT	$500 - $1000					
J3590	MEADOW FESCUE GRASS POLLEN EXTRACT	$500 - $1000					
J3590	MELALEUCA EXTRACT	$500 - $1000					
J3590	MENOPUR	$500 - $1000					
J3590	MESQUITE EXTRACT	$500 - $1000					
J3590	MIXED FEATHERS EXTRACT	$500 - $1000					
J3590	MIXED RAGWEED EXTRACT	$500 - $1000					
J3590	MOSQUITO EXTRACT	$500 - $1000					
J3590	MOUNTAIN CEDAR EXTRACT	$500 - $1000					
J3590	MOUSE EPITHELIUM EXTRACT	$500 - $1000					
J3590	MUCOR	$500 - $1000					
J3590	MUCOR EXTRACT	$500 - $1000					
J3590	MUCOR PLUMBEUS	$500 - $1000					
J3590	MUGWORT EXTRACT	$500 - $1000					
J3590	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					

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	PECAN POLLEN EXTRACT	$500 - $1000					
J3590	PENICILLIUM NOTATUM	$500 - $1000					
J3590	PENICILLIUM NOTATUM EXTRACT	$500 - $1000					
J3590	PISTACHIO NUT EXTRACT	$500 - $1000					
J3590	PLEGRIDY	$500 - $1000					
J3590	PLEGRIDY STARTER PACK	$500 - $1000					
J3590	PORK EXTRACT	$500 - $1000					
J3590	PRAXBIND	$500 - $1000					
J3590	QUEEN PALM EXTRACT	$500 - $1000					
J3590	RABBIT EPITHELIUM EXTRACT	$500 - $1000					
J3590	RED BIRCH EXTRACT	$500 - $1000					
J3590	RED CEDAR EXTRACT	$500 - $1000					
J3590	RED MULBERRY EXTRACT	$500 - $1000					
J3590	RED TOP GRASS POLLEN EXTRACT	$500 - $1000					
J3590	RICE EXTRACT	$500 - $1000					
J3590	ROUGH MARSH ELDER EXTRACT	$500 - $1000					
J3590	ROUGH PIGWEED EXTRACT	$500 - $1000					
J3590	RUSSIAN THISTLE EXTRACT	$500 - $1000					
J3590	RYPLAZIM	$500 - $1000					
J3590	SACCHAROMYCES CEREVISIAE	$500 - $1000					
J3590	SAGEBRUSH EXTRACT	$500 - $1000					
J3590	SAPHNELO	$500 - $1000					
J3590	SAROCLADIUM STRICTUM	$500 - $1000					
J3590	SESAME SEED EXTRACT	$500 - $1000					
J3590	SHAGBARK HICKORY EXTRACT	$500 - $1000					
J3590	SHORT RAGWEED EXTRACT	$500 - $1000					
J3590	SHRIMP EXTRACT	$500 - $1000					
J3590	SILIQ	$500 - $1000					
J3590	SIMPONI	$500 - $1000					

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	SKYRIZI	$500 - $1000					
J3590	SKYTROFA	$500 - $1000					
J3590	SOMAVERT	$500 - $1000					
J3590	SORREL/DOCK MIX EXTRACT	$500 - $1000					
J3590	SOYBEAN EXTRACT	$500 - $1000					
J3590	SPINY PIGWEED EXTRACT	$500 - $1000					
J3590	STANDARDIZED BERMUDA GRASS POLLEN	$500 - $1000					
J3590	STANDARDIZED CAT HAIR EXTRACT	$500 - $1000					
J3590	STANDARDIZED GRASS POLLEN MIX KORT/SWEET VERNAL GRASS EXT	$500 - $1000					
J3590	STANDARDIZED JUNE GRASS POLLEN EXTRACT	$500 - $1000					
J3590	STANDARDIZED MITE DERMATOPHAGOIDES FARINAE	$500 - $1000					
J3590	STANDARDIZED MITE DERMATOPHAGOIDES PTERONYSSINUS	$500 - $1000					
J3590	STANDARDIZED MITE EXTRACT	$500 - $1000					
J3590	STANDARDIZED MITE MIX	$500 - $1000					
J3590	STANDARDIZED MITE MIXED EXTRACT	$500 - $1000					
J3590	STANDARDIZED PERENNIAL RYE GRASS POLLEN EXTRACT	$500 - $1000					
J3590	STANDARDIZED TIMOTHY GRASS POLLEN EXTRACT	$500 - $1000					
J3590	STRAWBERRY EXTRACT	$500 - $1000					
J3590	STRENSIQ	$500 - $1000					
J3590	SURVANTA INTRATRACHEAL	$500 - $1000					
J3590	SUSVIMO	$500 - $1000					
J3590	SWEET CORN EXTRACT	$500 - $1000					
J3590	TALL RAGWEED EXTRACT	$500 - $1000					
J3590	TALTZ	$500 - $1000					
J3590	TIMOTHY GRASS POLLEN EXTRACT	$500 - $1000					
J3590	TOMATO EXTRACT	$500 - $1000					
J3590	TRESIBA	$500 - $1000					
J3590	TRICOPHYTON MENTAGROPHYTES	$500 - $1000					

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	VIRGINIA LIVE OAK EXTRACT	$500 - $1000					
J3590	VORAXAZE	$500 - $1000					
J3590	WESTERN JUNIPER EXTRACT	$500 - $1000					
J3590	WHITE ASH EXTRACT	$500 - $1000					
J3590	WHITE MULBERRY EXTRACT	$500 - $1000					
J3590	WHITE OAK EXTRACT	$500 - $1000					
J3590	WHITE PINE EXTRACT	$500 - $1000					
J3590	WHOLE EGG EXTRACT	$500 - $1000					
J7170	HEMLIBRA	> $1000		X			X
J7187	HUMATE-P	> $1000		X			
J7205	ELOCTATE	> $1000		X			
J7209	NUWIQ	> $1000		X	X		
J7296	KYLEENA	> $1000					
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		
J7323	EUFLEXXA	$250 - $500	X		X		
J7324	ORTHOVISC	$100 - $250	X	X	X		
J7325	SYNVISC	$250 - $500	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
J7325	SYNVISC ONE	$250 - $500	X	X	X		
J7326	GEL-ONE	> $1000	X	X	X		
J7327	MONOVISC	$100 - $250	X	X	X		
J7328	GELSYN-3	$250 - $500	X		X		
J7329	TRIVISC	<= $100	X	X	X		
J7351	DURYSTA	> $1000					
J7609	ALBUTEROL SULFATE	<= $100					
J7612	LEVALBUTEROL	<= $100					
J7613	ALBUTEROL SULFATE	<= $100					
J7614	LEVALBUTEROL HCL	<= $100					
J7614	LEVALBUTEROL HYDROCHLORIDE	<= $100					
J7620	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	<= $100					
J7626	BUDESONIDE	<= $100					
J7626	PULMICORT	<= $100					
J7644	IPRATROPIUM BROMIDE	<= $100					
J8499	ARIKAYCE	$100 - $250					
J9000	ADRIAMYCIN	<= $100					
J9000	DOXORUBICIN HCL	<= $100		X			
J9000	DOXORUBICIN HYDROCHLORIDE	<= $100		X			
J9022	TECENTRIQ	> $1000	X	X	X		X
J9023	BAVENCIO	> $1000	X	X			X
J9025	AZACITIDINE	$100 - $250					
J9025	VIDAZA	$100 - $250		X			
J9030	TICE BCG	$250 - $500		X			
J9033	TREANDA	$250 - $500	X	X			
J9034	BENDEKA	> $1000	X	X			
J9035	AVASTIN	$100 - $250	X	X	X		X
J9039	BLINCYTO	> $1000	X	X			
J9040	BLEOMYCIN SULFATE	<= $100		X			

PROCEDURE CODE	PRODUCT NAME	COINS BAND	Drug Edits	Prior Authorization Medical Necessity Notification	Prior Authorization Step Therapy	Prior Authorization Site of Care	Supply Limits
J9041	VELCADE	$250 - $500	X	X			
J9042	ADCETRIS	> $1000	X	X			
J9043	JEVTANA	> $1000	X	X			
J9045	CARBOPLATIN	<= $100		X			
J9047	KYPROLIS	> $1000	X	X			
J9055	ERBITUX	> $1000	X	X			
J9060	CISPLATIN	<= $100		X			
J9065	CLADRIBINE	$500 - $1000		X			
J9070	CYCLOPHOSPHAMIDE	$250 - $500					
J9100	CYTARABINE	<= $100		X			
J9100	CYTARABINE AQUEOUS	<= $100		X			
J9119	LIBTAYO	> $1000	X	X	X		X
J9120	DACTINOMYCIN	> $1000					
J9130	DACARBAZINE	<= $100		X			
J9155	FIRMAGON	$500 - $1000	X	X			
J9171	DOCETAXEL	$100 - $250		X	X		
J9173	IMFINZI	> $1000	X	X			X
J9177	PADCEV	> $1000		X			
J9179	HALAVEN	> $1000	X	X			
J9181	ETOPOPHOS	<= $100					
J9181	ETOPOSIDE	<= $100		X			
J9190	FLUOROURACIL	<= $100		X			
J9201	GEMCITABINE HCL	$100 - $250	X	X	X		
J9201	GEMCITABINE HYDROCHLORIDE	$100 - $250	X	X	X		
J9202	ZOLADEX	> $1000	X	X	X		
J9204	POTELIGEO	> $1000	X	X			
J9205	ONIVYDE	> $1000	X	X	X		
J9206	IRINOTECAN	$100 - $250		X	X		
J9206	IRINOTECAN HYDROCHLORIDE	$100 - $250		X	X		

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		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		X
J9280	MITOMYCIN	$250 - $500		X			
J9280	MUTAMYCIN	$250 - $500					
J9299	OPDIVO	> $1000	X	X	X		X
J9301	GAZYVA	> $1000	X	X			
J9303	VECTIBIX	> $1000	X	X			
J9304	PEMFEXY	> $1000	X	X	X		
J9305	ALIMTA	$500 - $1000	X	X	X		
J9306	PERJETA	> $1000	X	X	X		
J9308	CYRAMZA	> $1000	X	X			
J9309	POLIVY	> $1000	X	X			
J9312	RITUXAN	> $1000	X	X	X		X

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		X	X		
J9358	ENHERTU	> $1000	X	X			
J9360	VINBLASTINE SULFATE	<= $100		X			
J9370	VINCRISTINE SULFATE	<= $100		X			
J9390	VINORELBINE TARTRATE	$100 - $250		X			
Q0138	FERAHEME	$250 - $500		X	X		
Q0138	FERUMOXYTOL	$250 - $500					
Q2050	DOXIL	$500 - $1000		X			
Q2050	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	$500 - $1000					
Q5101	ZARXIO	$100 - $250	X	X	X		
Q5103	INFLECTRA	> $1000	X	X	X	X	X
Q5104	RENFLEXIS	> $1000	X	X	X	X	X
Q5106	RETACRIT	$250 - $500			X		
Q5107	MVASI	> $1000		X	X		X
Q5110	NIVESTYM	$250 - $500		X	X		
Q5114	OGIVRI	> $1000		X	X		X
Q5115	TRUXIMA	> $1000	X	X	X		X
Q5116	TRAZIMERA	> $1000		X	X		X
Q5117	KANJINTI	> $1000		X	X		X
Q5118	ZIRABEV	> $1000		X	X		X
Q5119	RUXIENCE	> $1000	X	X	X		X
Q5121	AVSOLA	> $1000	X	X	X	X	X
Q5122	NYVEPRIA	$500 - $1000		X	X		X
Q5123	RIABNI	> $1000	X	X	X		X
Q9950	LUMASON	<= $100					

PROCEDURE CODE	PRODUCT NAME	COINS BAND	Drug Edits	Prior Authorization Medical Necessity Notification	Prior Authorization Step Therapy	Prior Authorization Site of Care	Supply Limits
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 HYDROCHLORIDE	<= $100					
S0020	BUPIVACAINE SPINAL	<= $100					
S0020	MARCAINE	<= $100					
S0020	SENSORCAINE	<= $100					
S0020	SENSORCAINE-MPF	<= $100					
S0028	FAMOTIDINE	<= $100					
S0028	FAMOTIDINE PREMIXED	<= $100					
S0077	CLEOCIN PHOSPHATE	<= $100					
S0077	CLINDAMYCIN PHOSPHATE	<= $100					
S0077	CLINDAMYCIN PHOSPHATE IN D5W	<= $100					
S0077	CLINDAMYCIN PHOSPHATE/DEXTROSE	<= $100					

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S0077	CLINDAMYCIN/SODIUM CHLORIDE	<= $100					
S0164	PANTOPRAZOLE SODIUM	<= $100					
S0164	PROTONIX	<= $100					
S0171	BUMETANIDE	<= $100					
S0189	TESTOPEL	$500 - $1000	X				X