

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 tier has a different copayment or coinsurance amount. Please refer to your Annual Evidence of Coverage for additional information. To find out the cost of your drugs, call the toll-free number on your member card. If a drug is considered medically necessary and administered by your provider, the cost share you pay for such covered expenses will be included in your deductible (if applicable) up to the out-of-pocket maximum. 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 cost share is 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 received each month.

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

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

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|---------------------------|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| 90375 | HYPERRAB | > \$1000 | | | | | |
| 90384 | RHOPHYLAC | <= \$100 | | | | | |
| 90585 | BCG VACCINE | <= \$100 | | | | | |
| 90586 | TICE BCG | \$100 - \$250 | | | | | |
| 90717 | STAMARIL | <= \$100 | | | | | |
| 90717 | YF-VAX | <= \$100 | | | | | |
| A9513 | LUTATHERA | <= \$100 | | X | | | |
| C9254 | VIMPAT | <= \$100 | | | | | |
| J0121 | NUZYRA | > \$1000 | | | | | |
| J0122 | XERAHA | <= \$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 | | | | | |

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|----------------|---------------------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J0171 | EPINEPHRINESNAP-EMS | <= \$100 | | | | | |
| 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 | | | | | |
| J0360 | HYDRALAZINE HCL | <= \$100 | | | | | |
| J0360 | HYDRALAZINE HYDROCHLORIDE | <= \$100 | | | | | |
| J0456 | AZITHROMYCIN | <= \$100 | | | | | |
| J0456 | ZITHROMAX | <= \$100 | | | | | |
| J0461 | ATROPINE SULFATE | <= \$100 | | | | | |
| J0475 | BACLOFEN | \$500 - \$1000 | | | | | |
| J0475 | GABLOFEN | \$500 - \$1000 | | | | | |
| J0475 | LIORESAL INTRATHECAL | \$500 - \$1000 | | | | | |
| J0485 | NULOJIX | > \$1000 | | | | | |
| J0490 | BENLYSTA | > \$1000 | X | X | | X | X |
| J0517 | FASENRA | > \$1000 | X | X | X | X | |
| J0565 | ZINPLAVA | > \$1000 | | | | | |
| J0585 | BOTOX | > \$1000 | X | | | | 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 | |
| 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 | \$100 - \$250 | | | | | |
| 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 | X |
| J0834 | CORTROSYN | <= \$100 | | | | | |
| J0834 | COSYNTROPIN | <= \$100 | | | | | |
| J0875 | DALVANCE | > \$1000 | | | | | |
| J0878 | CUBICIN RF | \$100 - \$250 | | | | | |
| J0878 | DAPTOMYCIN | \$100 - \$250 | | | | | |
| J0881 | ARANESP ALBUMIN FREE | \$500 - \$1000 | | | | | X |
| J0885 | EPOGEN | \$500 - \$1000 | X | X | X | | X |
| J0885 | PROCRIT | \$500 - \$1000 | X | X | X | | X |
| J0894 | DECITABINE | \$100 - \$250 | | | | | |
| J0895 | DEFEROXAMINE MESYLATE | <= \$100 | | | | | |
| J0895 | DESFERAL | <= \$100 | | | | | |
| J0896 | REBLOZYL | > \$1000 | | X | | | X |
| J0897 | PROLIA | > \$1000 | X | | | | |
| J0897 | XGEVA | > \$1000 | X | X | X | | |
| J1020 | DEPO-MEDROL | <= \$100 | | | | | |
| J1020 | METHYLPREDNISOLONE ACETATE | <= \$100 | | | | | |
| J1030 | DEPO-MEDROL | <= \$100 | | | | | |
| J1030 | METHYLPREDNISOLONE ACETATE | <= \$100 | | | | | |
| J1040 | DEPO-MEDROL | <= \$100 | | | | | |

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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 | \$100 - \$250 | | | | | |
| J1205 | CHLOROTHIAZIDE SODIUM | <= \$100 | | | | | |
| J1212 | RIMSO-50 | \$250 - \$500 | | | | | |
| 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 - \$250 | | | | | |
| J1335 | ERTAPENEM SODIUM | \$100 - \$250 | | | | | |
| J1410 | PREMARIN | <= \$100 | | | | | |
| J1437 | MONOFERRIC | > \$1000 | | X | X | | X |
| J1439 | INJECTAFER | \$500 - \$1000 | | X | X | | |
| J1442 | NEUPOGEN | \$500 - \$1000 | | X | X | | |
| J1447 | GRANIX | \$250 - \$500 | | X | X | | X |
| J1453 | EMEND | <= \$100 | | | | | |
| J1453 | FOSAPREPITANT DIMEGLUMINE | <= \$100 | | | | | |
| J1454 | AKYNZEO | \$500 - \$1000 | | | | | |
| J1459 | PRIVIGEN | > \$1000 | X | X | | X | X |
| J1556 | BIVIGAM | > \$1000 | X | X | | X | X |
| J1559 | HIZENTRA | > \$1000 | X | X | | X | X |
| J1561 | GAMMAKED | > \$1000 | X | X | | X | X |
| J1561 | GAMUNEX-C | > \$1000 | X | X | | X | X |
| J1566 | GAMMAGARD S/D IGA LESS THAN 1MCG/ML | > \$1000 | X | X | | X | X |
| J1568 | OCTAGAM | > \$1000 | X | X | | X | X |
| J1569 | GAMMAGARD LIQUID | > \$1000 | X | X | | X | X |
| 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 | GLUCAGEN DIAGNOSTIC | \$250 - \$500 | | | | | |
| J1610 | GLUCAGEN HYPOKIT | \$250 - \$500 | | | | | |
| J1610 | GLUCAGON | \$250 - \$500 | | | | | |
| J1610 | GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR | \$250 - \$500 | | | | | |
| J1610 | GLUCAGON HCL DIAGNOSTIC | \$250 - \$500 | | | | | |

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|----------------|--|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| J1626 | GRANISETRON HCL | <= \$100 | | | | | |
| J1626 | GRANISETRON HYDROCHLORIDE | <= \$100 | | | | | |
| J1644 | HEPARIN SODIUM | <= \$100 | | | | | |
| J1644 | HEPARIN SODIUM/D5W | <= \$100 | | | | | |
| J1644 | HEPARIN SODIUM/DEXTROSE | <= \$100 | | | | | |
| J1644 | HEPARIN SODIUM/NACL 0.45% | <= \$100 | | | | | |
| J1644 | HEPARIN SODIUM/SODIUM CHLORIDE | <= \$100 | | | | | |
| J1644 | HEPARIN SODIUM/SODIUM CHLORIDE 0.9% PREMIX | <= \$100 | | | | | |
| J1650 | ENOXAPARIN SODIUM | <= \$100 | | | | | |
| J1650 | LOVENOX | <= \$100 | | | | | |
| J1720 | SOLU-CORTEF | <= \$100 | | | | | |
| J1740 | IBANDRONATE SODIUM | \$100 - \$250 | | | | | |
| J1745 | INFLIXIMAB | > \$1000 | | | | | |
| J1745 | REMICADE | > \$1000 | X | X | X | X | X |
| 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 | | | | | |

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|----------------|-------------------------------|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| J1817 | HUMALOG | <= \$100 | | | | | |
| J1817 | HUMULIN R | <= \$100 | | | | | |
| J1817 | INSULIN ASPART | <= \$100 | | | | | |
| J1817 | INSULIN LISPRO | <= \$100 | | | | | |
| J1817 | LYUMJEV | <= \$100 | | | | | |
| J1817 | NOVOLIN R | <= \$100 | | | | | |
| J1817 | NOVOLIN R RELION | <= \$100 | | | | | |
| J1817 | NOVOLOG | <= \$100 | | | | | |
| J1817 | NOVOLOG RELION | <= \$100 | | | | | |
| J1885 | KETOROLAC TROMETHAMINE | <= \$100 | | | | | |
| J1930 | SOMATULINE DEPOT | > \$1000 | | | X | | |
| 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 | XYLOCAINE-MPF | <= \$100 | | | | | |
| J2010 | LINCOMYCIN HCL | <= \$100 | | | | | |
| J2060 | ATIVAN | <= \$100 | | | | | |
| J2060 | LORAZEPAM | <= \$100 | | | | | |
| J2150 | MANNITOL | <= \$100 | | | | | |
| J2175 | DEMEROL | <= \$100 | | | | | |
| J2175 | MEPERIDINE HCL | <= \$100 | | | | | |

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|----------------|---|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| J2182 | NUCALA | > \$1000 | X | X | X | X | X |
| J2185 | MEROPENEM | <= \$100 | | | | | |
| J2185 | MEROPENEM/SODIUM CHLORIDE | <= \$100 | | | | | |
| J2210 | METHYLERGONOVINE MALEATE | <= \$100 | | | | | |
| J2248 | MICAFUNGIN | > \$1000 | | | | | |
| J2248 | MYCAMINE | > \$1000 | | | | | |
| J2250 | MIDAZOLAM HCL | <= \$100 | | | | | |
| J2250 | MIDAZOLAM HYDROCHLORIDE | <= \$100 | | | | | |
| J2250 | MIDAZOLAM/SODIUM CHLORIDE | <= \$100 | | | | | |
| J2270 | DURAMORPH | <= \$100 | | | | | |
| J2270 | MORPHINE SULFATE | <= \$100 | | | | | |
| J2270 | MORPHINE SULFATE/SODIUM CHLORIDE | <= \$100 | | | | | |
| J2274 | DURAMORPH | \$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 | | | | | |
| J2370 | PHENYLEPHRINE HYDROCHLORIDE | <= \$100 | | | | | |
| J2370 | VAZCULEP | <= \$100 | | | | | |
| J2405 | ONDANSETRON HYDROCHLORIDE | <= \$100 | | | | | |

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|----------------|--|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| 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 | | | |
| J2540 | PENICILLIN G POTASSIUM | <= \$100 | | | | | |
| J2540 | PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE | <= \$100 | | | | | |
| J2540 | PFIZERPEN | <= \$100 | | | | | |
| J2543 | PIPERACILLIN SODIUM/TAZOBACTAM SODIUM | <= \$100 | | | | | |
| J2543 | ZOSYN | <= \$100 | | | | | |
| J2550 | PHENERGAN | <= \$100 | | | | | |
| J2550 | PROMETHAZINE HCL | <= \$100 | | | | | |
| J2550 | PROMETHAZINE HYDROCHLORIDE | <= \$100 | | | | | |
| J2560 | PHENOBARBITAL SODIUM | \$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 | | | | | |
| J2724 | CEPROTIN | <= \$100 | | | | | |
| J2760 | PHENTOLAMINE MESYLATE | \$100 - \$250 | | | | | |

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|----------------|---|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J2765 | METOCLOPRAMIDE HCL | <= \$100 | | | | | |
| J2765 | METOCLOPRAMIDE HYDROCHLORIDE | <= \$100 | | | | | |
| J2778 | LUCENTIS | > \$1000 | X | | X | | X |
| J2783 | ELITEK | \$500 - \$1000 | | | | | |
| J2785 | LEXISCAN | \$100 - \$250 | | | | | |
| J2786 | CINQAIR | \$500 - \$1000 | X | X | X | X | X |
| J2791 | RHOPHYLAC | <= \$100 | | | | | |
| J2795 | NAROPIN | <= \$100 | | | | | |
| J2795 | ROPIVACAINE | <= \$100 | | | | | |
| J2795 | ROPIVACAINE HCL | <= \$100 | | | | | |
| J2795 | ROPIVACAINE HYDROCHLORIDE | <= \$100 | | | | | |
| J2796 | NPLATE | > \$1000 | | | | | |
| J2800 | METHOCARBAMOL | <= \$100 | | | | | |
| J2800 | ROBAXIN | <= \$100 | | | | | |
| J2805 | KINEVAC | <= \$100 | | | | | |
| J2820 | LEUKINE | \$500 - \$1000 | | X | | | 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 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|------------------------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J2941 | 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 |
| 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 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|--|---------------|------------|--|----------------------------------|----------------------------------|---------------|
| J3370 | VANCOMYCIN HCL | <= \$100 | | | | | |
| J3370 | VANCOMYCIN HYDROCHLORIDE | <= \$100 | | | | | |
| J3370 | VANCOMYCIN HYDROCHLORIDE/DEXTROSE | <= \$100 | | | | | |
| J3380 | ENTYVIO | > \$1000 | X | X | | X | X |
| J3396 | VISUDYNE | > \$1000 | | | | | |
| J3411 | THIAMINE HCL | <= \$100 | | | | | |
| J3415 | PYRIDOXINE HCL | <= \$100 | | | | | |
| J3420 | CYANOCOBALAMIN | <= \$100 | | | | | |
| J3420 | PHYSICIANS EZ USE B-12 COMPLIANCE KIT | <= \$100 | | | | | |
| J3420 | VITAMIN DEFICIENCY INJECTABLE SYSTEM-B12 | <= \$100 | | | | | |
| J3430 | PHYTONADIONE | <= \$100 | | | | | |
| J3430 | VITAMIN K 1 | <= \$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 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|---|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J3489 | ZOLEDRONIC ACID | \$ 100 - \$250 | | X | | | |
| J3490 | ACETIC ACID 0.25 % | \$ 100 - \$250 | | | | | |
| J3490 | AK-FLUOR | \$ 100 - \$250 | | | | | |
| J3490 | AKOVAZ | \$ 100 - \$250 | | | | | |
| J3490 | ALLOPURINOL SODIUM | \$ 100 - \$250 | | | | | |
| J3490 | ALOPRIM | \$ 100 - \$250 | | | | | |
| J3490 | AMIDATE | \$ 100 - \$250 | | | | | |
| J3490 | AMINOCAPROIC ACID | \$ 100 - \$250 | | | | | |
| J3490 | AMINOSYN II | \$ 100 - \$250 | | | | | |
| J3490 | AMINOSYN-PF | \$ 100 - \$250 | | | | | |
| J3490 | AMINOSYN-PF 7 % | \$ 100 - \$250 | | | | | |
| J3490 | AMMONUL | \$ 100 - \$250 | | | | | |
| J3490 | AMVISC | \$ 100 - \$250 | | | | | |
| J3490 | ARTESUNATE | \$ 100 - \$250 | | | | | |
| J3490 | ARTICADENT DENTAL | \$ 100 - \$250 | | | | | |
| J3490 | ASCOR | \$ 100 - \$250 | | | | | |
| J3490 | ASCORBIC ACID | \$ 100 - \$250 | | | | | |
| J3490 | ATRACURIUM BESYLATE | \$ 100 - \$250 | | | | | |
| J3490 | 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 | | | | | |

| 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 | BRIVIACT | \$ 100 - \$250 | | | | | |
| J3490 | BSS | \$ 100 - \$250 | | | | | |
| J3490 | BSS PLUS | \$ 100 - \$250 | | | | | |
| J3490 | BUPIVACAINE/EPINEPHRINE | \$ 100 - \$250 | | | | | |
| J3490 | BUPIVILOG KIT | \$ 100 - \$250 | | | | | |
| J3490 | BYFAVO | \$ 100 - \$250 | | | | | |
| J3490 | CAFFEINE/SODIUM BENZOATE | \$ 100 - \$250 | | | | | |
| J3490 | CALCIUM CHLORIDE | \$ 100 - \$250 | | | | | |
| J3490 | CALCIUM GLUCONATE/SODIUM CHLORIDE | \$ 100 - \$250 | | | | | |
| J3490 | CANDIDA ALBICANS | \$ 100 - \$250 | | | | | |
| J3490 | CARDENE IV | \$ 100 - \$250 | | | | | |
| J3490 | CEFOTETAN | \$ 100 - \$250 | | | | | |
| J3490 | CETROTIDE | \$ 100 - \$250 | | | | | |
| J3490 | CHROMIUM CHLORIDE | \$ 100 - \$250 | | | | | |
| J3490 | CISATRACURIUM BESYLATE | \$ 100 - \$250 | | | | | |
| J3490 | CLEVIPREX | \$ 100 - \$250 | | | | | |
| J3490 | CLINIMIX 4.25 %/DEXTROSE 10 % | \$ 100 - \$250 | | | | | |
| J3490 | CLINIMIX 4.25 %/DEXTROSE 5 % | \$ 100 - \$250 | | | | | |
| J3490 | CLINIMIX 5 %/DEXTROSE 15 % | \$ 100 - \$250 | | | | | |
| J3490 | CLINIMIX 5 %/DEXTROSE 20 % | \$ 100 - \$250 | | | | | |
| J3490 | CLINIMIX 6/5 | \$ 100 - \$250 | | | | | |
| J3490 | CLINIMIX 8/10 | \$ 100 - \$250 | | | | | |
| J3490 | CLINIMIX 8/14 | \$ 100 - \$250 | | | | | |
| J3490 | CLINIMIX E 2.75 %/DEXTROSE 5 % | \$ 100 - \$250 | | | | | |
| J3490 | CLINIMIX E 4.25 %/DEXTROSE 10 % | \$ 100 - \$250 | | | | | |
| J3490 | CLINIMIX E 4.25 %/DEXTROSE 5 % | \$ 100 - \$250 | | | | | |
| J3490 | CLINIMIX E 5 %/DEXTROSE 15 % | \$ 100 - \$250 | | | | | |
| J3490 | CLINIMIX E 5 %/DEXTROSE 20 % | \$ 100 - \$250 | | | | | |
| J3490 | CLINIMIX E 8/10 | \$ 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 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 | DELFLEX-SM/1.5 % DEXTROSE | \$ 100 - \$250 | | | | | |
| J3490 | DELFLEX-SM/2.5 % DEXTROSE | \$ 100 - \$250 | | | | | |
| J3490 | DEXLIDO | \$ 100 - \$250 | | | | | |
| J3490 | DEXLIDO-M | \$ 100 - \$250 | | | | | |
| J3490 | DEXMEDETOMIDINE HCL | \$ 100 - \$250 | | | | | |
| J3490 | DEXMEDETOMIDINE HYDROCHLORIDE | \$ 100 - \$250 | | | | | |
| J3490 | DEXMEDETOMIDINE HYDROCHLORIDE/DEXTROSE MONOHYDRATE | \$ 100 - \$250 | | | | | |
| J3490 | DEXMEDETOMIDINE HYDROCHLORIDE/SODIUM CHLORIDE | \$ 100 - \$250 | | | | | |
| J3490 | DEXPANTHENOL | \$ 100 - \$250 | | | | | |
| J3490 | DEXTROSE | \$ 100 - \$250 | | | | | |
| J3490 | DEXTROSE 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 | | | | | |

| 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 % | \$ 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 | | | | | |
| J3490 | EMPAVELI | \$ 100 - \$250 | | | | | |
| J3490 | ENALAPRILAT | \$ 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 | EPHEDRINE SULFATE | \$ 100 - \$250 | | | | | |
| J3490 | ESMOLOL HCL | \$ 100 - \$250 | | | | | |
| J3490 | ESMOLOL HYDROCHLORIDE IN WATER | \$ 100 - \$250 | | | | | |
| J3490 | ESMOLOL HYDROCHLORIDE IN WATER DOUBLE STRENGTH | \$ 100 - \$250 | | | | | |
| J3490 | ESMOLOL HYDROCHLORIDE/SODIUM CHLORIDE | \$ 100 - \$250 | | | | | |
| J3490 | ESOMEPRAZOLE SODIUM | \$ 100 - \$250 | | | | | |
| J3490 | ETHACRYNATE SODIUM | \$ 100 - \$250 | | | | | |
| J3490 | ETOMIDATE | \$ 100 - \$250 | | | | | |
| J3490 | EXPAREL | \$ 100 - \$250 | | | | | |
| J3490 | EXTRANEAL | \$ 100 - \$250 | | | | | |
| J3490 | FLUMAZENIL | \$ 100 - \$250 | | | | | |
| J3490 | FLUORESCITE | \$ 100 - \$250 | | | | | |
| J3490 | FLUPHENAZINE HCL | \$ 100 - \$250 | | | | | |
| J3490 | FOLIC ACID | \$ 100 - \$250 | | | | | |
| J3490 | 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 | | | | | |

| 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 | HISTATROL | \$ 100 - \$250 | | | | | |
| J3490 | HYPERSAL | \$ 100 - \$250 | | | | | |
| J3490 | IBUPROFEN LYSINE | \$ 100 - \$250 | | | | | |
| J3490 | IMCIVREE | \$ 100 - \$250 | | | | | |
| J3490 | INDOCYANINE GREEN | \$ 100 - \$250 | | | | | |
| J3490 | INDOMETHACIN | \$ 100 - \$250 | | | | | |
| J3490 | INFUVITE ADULT | \$ 100 - \$250 | | | | | |
| J3490 | INFUVITE PEDIATRIC | \$ 100 - \$250 | | | | | |
| J3490 | IONOSOL-MB/DEXTROSE 5% | \$ 100 - \$250 | | | | | |
| J3490 | ISOLYTE-P/DEXTROSE 5% | \$ 100 - \$250 | | | | | |
| J3490 | ISOLYTE-S | \$ 100 - \$250 | | | | | |
| J3490 | ISOLYTE-S PH 7.4 | \$ 100 - \$250 | | | | | |
| J3490 | ISONIAZID | \$ 100 - \$250 | | | | | |
| J3490 | ISOPROTERENOL HYDROCHLORIDE | \$ 100 - \$250 | | | | | |
| J3490 | KENGREAL | \$ 100 - \$250 | | | | | |
| J3490 | KETALAR | \$ 100 - \$250 | | | | | |
| J3490 | KETAMINE HYDROCHLORIDE | \$ 100 - \$250 | | | | | |
| J3490 | KETOROCAINE-L | \$ 100 - \$250 | | | | | |
| J3490 | KETOROCAINE-LM | \$ 100 - \$250 | | | | | |
| J3490 | LABETALOL HYDROCHLORIDE | \$ 100 - \$250 | | | | | |
| J3490 | LABETALOL HYDROCHLORIDE/DEXTROSE | \$ 100 - \$250 | | | | | |
| J3490 | LABETALOL HYDROCHLORIDE/SODIUM CHLORIDE | \$ 100 - \$250 | | | | | |
| J3490 | LACTATED RINGERS IRRIGATION | \$ 100 - \$250 | | | | | |
| J3490 | LEVOPHED | \$ 100 - \$250 | | | | | |
| J3490 | LEVOTHYROXINE SODIUM | \$ 100 - \$250 | | | | | |
| J3490 | LIDOCAINE HYDROCHLORIDE | \$ 100 - \$250 | | | | | |
| J3490 | LIDOCAINE/EPINEPHRINE | \$ 100 - \$250 | | | | | |
| J3490 | LIDOCIDEX I | \$ 100 - \$250 | | | | | |
| J3490 | LIDOLOG KIT | \$ 100 - \$250 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|---|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J3490 | LIOETHYRONINE SODIUM | \$ 100 - \$250 | | | | | |
| J3490 | LIPIODOL | \$ 100 - \$250 | | | | | |
| J3490 | MAGNESIUM CHLORIDE | \$ 100 - \$250 | | | | | |
| J3490 | MANGANESE TRACE METAL | \$ 100 - \$250 | | | | | |
| J3490 | MARBETA-25 | \$ 100 - \$250 | | | | | |
| J3490 | MARBETA-L | \$ 100 - \$250 | | | | | |
| J3490 | MARCAINE SPINAL | \$ 100 - \$250 | | | | | |
| J3490 | MARCAINE/EPINEPHRINE | \$ 100 - \$250 | | | | | |
| J3490 | MARDEX-25 | \$ 100 - \$250 | | | | | |
| J3490 | MARLIDO KIT | \$ 100 - \$250 | | | | | |
| J3490 | MARLIDO-25 | \$ 100 - \$250 | | | | | |
| J3490 | METOPROLOL TARTRATE | \$ 100 - \$250 | | | | | |
| J3490 | MIOCHOL-E | \$ 100 - \$250 | | | | | |
| J3490 | MIOSTAT | \$ 100 - \$250 | | | | | |
| J3490 | MLK F1 KIT | \$ 100 - \$250 | | | | | |
| J3490 | MLK F2 KIT | \$ 100 - \$250 | | | | | |
| J3490 | MLK F3 KIT | \$ 100 - \$250 | | | | | |
| J3490 | MLK F4 KIT | \$ 100 - \$250 | | | | | |
| J3490 | MONOJECT BONE MARROW BIOPSY TRAY/BIOP ASPIR NEEDLE 11GX4" | \$ 100 - \$250 | | | | | |
| J3490 | MONOJECT BONE MARROW BIOPSY TRAY/BIOP ASPIR NEEDLE 8GX4" | \$ 100 - \$250 | | | | | |
| J3490 | MONOJECT BONE MARROW BIOPSY TRAY/STERNAL-ILIAC NEEDLE 16G | \$ 100 - \$250 | | | | | |
| J3490 | MULTI-SPECIALTY KIT | \$ 100 - \$250 | | | | | |
| J3490 | MULTITRACE-4 PEDIATRIC | \$ 100 - \$250 | | | | | |
| J3490 | MULTRYS | \$ 100 - \$250 | | | | | |
| J3490 | NAFCILLIN | \$ 100 - \$250 | | | | | |
| J3490 | NAFCILLIN SODIUM | \$ 100 - \$250 | | | | | |
| J3490 | NEBUSAL | \$ 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 | NEOMYCIN/POLYMYXIN B SULFATES | \$ 100 - \$250 | | | | | |
| J3490 | NEOPROFEN | \$ 100 - \$250 | | | | | |
| J3490 | NEXAVIR | \$ 100 - \$250 | | | | | |
| J3490 | NEXIUM I.V. | \$ 100 - \$250 | | | | | |
| J3490 | NICARDIPINE HYDROCHLORIDE | \$ 100 - \$250 | | | | | |
| J3490 | NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE | \$ 100 - \$250 | | | | | |
| J3490 | NIPRIDE RTU | \$ 100 - \$250 | | | | | |
| J3490 | NITHIODOLE | \$ 100 - \$250 | | | | | |
| J3490 | NITROGLYCERIN | \$ 100 - \$250 | | | | | |
| J3490 | NITROGLYCERIN IN DEXTROSE 5% | \$ 100 - \$250 | | | | | |
| J3490 | NOREPINEPHRINE BITARTRATE | \$ 100 - \$250 | | | | | |
| J3490 | NOREPINEPHRINE BITARTRATE/DEXTROSE | \$ 100 - \$250 | | | | | |
| J3490 | NORMOSOL -R | \$ 100 - \$250 | | | | | |
| J3490 | NORMOSOL-M/D5W | \$ 100 - \$250 | | | | | |
| J3490 | NORMOSOL-R | \$ 100 - \$250 | | | | | |
| J3490 | NORMOSOL-R/5% DEXTROSE | \$ 100 - \$250 | | | | | |
| J3490 | NOXAFIL | \$ 100 - \$250 | | | | | |
| J3490 | OLINVYK | \$ 100 - \$250 | | | | | |
| J3490 | ORABLOC | \$ 100 - \$250 | | | | | |
| J3490 | OSMITROL VIAFLEX | \$ 100 - \$250 | | | | | |
| J3490 | PENICILLIN G SODIUM | \$ 100 - \$250 | | | | | |
| J3490 | 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 | PLASMA-LYTE-148 | \$ 100 - \$250 | | | | | |
| J3490 | PLENAMINE | \$ 100 - \$250 | | | | | |
| J3490 | POD-CARE 100CMX | \$ 100 - \$250 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|----------------------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J3490 | POINT OF CARE KM | \$ 100 - \$250 | | | | | |
| J3490 | POINT OF CARE L.2 | \$ 100 - \$250 | | | | | |
| J3490 | POINT OF CARE L.5 | \$ 100 - \$250 | | | | | |
| J3490 | POINT OF CARE LM DEP 2 | \$ 100 - \$250 | | | | | |
| J3490 | POINT OF CARE LM-2.2 | \$ 100 - \$250 | | | | | |
| J3490 | POINT OF CARE LM-2.5 | \$ 100 - \$250 | | | | | |
| J3490 | POLYMYXIN B SULFATE | \$ 100 - \$250 | | | | | |
| J3490 | POTASSIUM ACETATE | \$ 100 - \$250 | | | | | |
| J3490 | POTASSIUM PHOSPHATE | \$ 100 - \$250 | | | | | |
| J3490 | POTASSIUM PHOSPHATES | \$ 100 - \$250 | | | | | |
| J3490 | PRE-PEN | \$ 100 - \$250 | | | | | |
| J3490 | PRECEDEX | \$ 100 - \$250 | | | | | |
| J3490 | PREMASOL | \$ 100 - \$250 | | | | | |
| J3490 | PREVYMIS | \$ 100 - \$250 | | | | | |
| J3490 | PROSOL | \$ 100 - \$250 | | | | | |
| J3490 | PROVAYBLUE | \$ 100 - \$250 | | | | | |
| J3490 | PROVISC | \$ 100 - \$250 | | | | | |
| J3490 | PULMOSAL | \$ 100 - \$250 | | | | | |
| J3490 | R-GENE 10 | \$ 100 - \$250 | | | | | |
| J3490 | REGONOL | \$ 100 - \$250 | | | | | |
| J3490 | REMIFENTANIL HYDROCHLORIDE | \$ 100 - \$250 | | | | | |
| J3490 | REVATIO | \$ 100 - \$250 | | | | | |
| J3490 | REVONTO | \$ 100 - \$250 | | | | | |
| J3490 | RIFADIN | \$ 100 - \$250 | | | | | |
| J3490 | RIFAMPIN | \$ 100 - \$250 | | | | | |
| J3490 | RINGERS INJECTION | \$ 100 - \$250 | | | | | |
| J3490 | RINGERS IRRIGATION | \$ 100 - \$250 | | | | | |
| J3490 | ROCURONIUM BROMIDE | \$ 100 - \$250 | | | | | |
| J3490 | ROPIDEX | \$ 100 - \$250 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|--|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J3490 | RYANODEX | \$ 100 - \$250 | | | | | |
| J3490 | SELENIOUS ACID | \$ 100 - \$250 | | | | | |
| J3490 | SENSORCAINE-MPF/EPINEPHRINE | \$ 100 - \$250 | | | | | |
| J3490 | SENSORCAINE/EPINEPHRINE | \$ 100 - \$250 | | | | | |
| J3490 | SEVOFLURANE | \$ 100 - \$250 | | | | | |
| J3490 | SIGNIFOR | \$ 100 - \$250 | | | | | |
| J3490 | SILDENAFIL | \$ 100 - \$250 | | | | | |
| J3490 | SODIUM ACETATE | \$ 100 - \$250 | | | | | |
| J3490 | SODIUM BICARBONATE | \$ 100 - \$250 | | | | | |
| J3490 | SODIUM CHLORIDE | \$ 100 - \$250 | | | | | |
| J3490 | SODIUM CHLORIDE 0.45 % | \$ 100 - \$250 | | | | | |
| J3490 | SODIUM 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 | | | | | |

| 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 | 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 | | | | | |
| J3490 | ULTRABAG/DIANEAL LOW CALCIUM/1.5% DEXTROSE | \$ 100 - \$250 | | | | | |
| J3490 | ULTRABAG/DIANEAL LOW CALCIUM/2.5% DEXTROSE | \$ 100 - \$250 | | | | | |
| J3490 | ULTRABAG/DIANEAL LOW CALCIUM/4.25% DEXTROSE | \$ 100 - \$250 | | | | | |
| J3490 | ULTRABAG/DIANEAL PD-2/1.5% DEXTROSE | \$ 100 - \$250 | | | | | |
| J3490 | ULTRABAG/DIANEAL PD-2/2.5% DEXTROSE | \$ 100 - \$250 | | | | | |
| J3490 | ULTRABAG/DIANEAL PD-2/4.25% DEXTROSE | \$ 100 - \$250 | | | | | |
| J3490 | UPTRAVI | \$ 100 - \$250 | | | | | |
| J3490 | VALPROATE SODIUM | \$ 100 - \$250 | | | | | |
| J3490 | 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 | | | | | |

| 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 | 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 | | | | | |
| 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 | | | | | |

| 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 | 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 | | | | | |
| 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 | | | | | |

| 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 | EPICOCCUM NIGRUM | \$500 - \$1000 | | | | | |
| J3590 | FIRE ANT EXTRACT | \$500 - \$1000 | | | | | |
| J3590 | FOLLISTIM AQ | \$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 | | | | | |
| 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 | | | | | |

| 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 | 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 | | | | | |
| 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 | | | | | |

| 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 | 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 | | | | | |
| 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 | | | | | |

| 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 | 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 | | | | | |
| J3590 | WHOLE EGG EXTRACT | \$500 - \$1000 | | | | | |
| J7170 | HEMLIBRA | > \$1000 | | X | | | |
| J7187 | HUMATE-P | > \$1000 | | X | | | |
| J7205 | ELOCTATE | > \$1000 | | X | | | 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 | | X |
| J7320 | GENVISC 850 | <= \$100 | 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 |
|----------------|---------------------------------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J7321 | HYALGAN | \$ 100 - \$250 | X | X | X | | X |
| J7321 | SUPARTZ FX | \$ 100 - \$250 | X | X | X | | X |
| J7321 | VISCO-3 | \$ 100 - \$250 | X | X | X | | X |
| J7322 | HYMOVIS | > \$1000 | X | X | X | | X |
| J7323 | EUFLEXXA | \$250 - \$500 | X | | X | | X |
| J7324 | ORTHOVISC | \$ 100 - \$250 | X | X | X | | X |
| J7325 | SYNVISC | \$250 - \$500 | X | X | X | | X |
| J7325 | SYNVISC ONE | \$250 - \$500 | X | X | X | | X |
| J7326 | GEL-ONE | \$500 - \$1000 | X | X | X | | X |
| J7327 | MONOVISC | \$500 - \$1000 | X | X | X | | X |
| J7328 | GELSYN-3 | \$250 - \$500 | X | | X | | X |
| J7329 | TRIVISC | <= \$100 | X | 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 | | | |
| J9023 | BAVENCIO | > \$1000 | X | X | | | |
| J9025 | AZACITIDINE | \$ 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 |
|----------------|------------------------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| 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 | | | | | |
| J9047 | KYPROLIS | > \$1000 | X | X | | | |
| J9055 | ERBITUX | > \$1000 | X | X | | | |
| J9060 | CISPLATIN | <= \$100 | | X | | | |
| J9065 | CLADRIBINE | \$500 - \$1000 | | X | | | |
| J9070 | CYCLOPHOSPHAMIDE | \$ 100 - \$250 | | | | | |
| J9070 | CYCLOPHOSPHAMIDE MONOHYDRATE | \$ 100 - \$250 | | | | | |
| J9100 | CYTARABINE | <= \$100 | | X | | | |
| J9100 | CYTARABINE AQUEOUS | <= \$100 | | X | | | |
| J9119 | LIBTAYO | > \$1000 | 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 | | | |
| J9177 | PADCEV | > \$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 |
|----------------|---------------------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| 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 | | | |
| J9208 | IFEX | \$ 100 - \$250 | | | | | |
| J9208 | IFOSFAMIDE | \$ 100 - \$250 | | X | | | |
| J9209 | MESNA | <= \$100 | X | X | | | |
| J9209 | MESNEX | <= \$100 | | | | | |
| J9217 | ELIGARD | \$500 - \$1000 | X | X | X | | |
| J9226 | SUPPRELIN LA | > \$1000 | X | X | | | |
| J9227 | SARCLISA | > \$1000 | X | X | | | |
| J9228 | YERVOY | > \$1000 | 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 | ONCASPAS | \$250 - \$500 | X | X | | | |
| J9267 | PACLITAXEL | <= \$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 |
|----------------|-------------------------------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| J9271 | KEYTRUDA | > \$1000 | X | X | | | |
| J9280 | MITOMYCIN | \$250 - \$500 | | X | | | |
| J9280 | MUTAMYCIN | \$250 - \$500 | | | | | |
| J9299 | OPDIVO | > \$1000 | X | X | | | |
| J9301 | GAZYVA | > \$1000 | X | X | | | |
| J9303 | VECTIBIX | > \$1000 | X | X | | | |
| J9304 | PEMFEXY | > \$1000 | X | X | X | | |
| J9305 | ALIMTA | \$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 |
| 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 | VINOURELBINE 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 | | 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 |
|----------------|--------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| Q5107 | MVASI | > \$1000 | | X | X | | |
| Q5110 | NIVESTYM | \$250 - \$500 | | X | X | | |
| Q5114 | OGIVRI | > \$1000 | | X | X | | |
| Q5115 | TRUXIMA | > \$1000 | X | X | X | | X |
| Q5116 | TRAZIMERA | > \$1000 | | X | X | | |
| Q5117 | KANJINTI | > \$1000 | | X | X | | |
| Q5118 | ZIRABEV | > \$1000 | | X | X | | |
| Q5119 | RUXIENCE | > \$1000 | X | X | X | | X |
| Q5120 | ZIEXTENZO | \$250 - \$500 | 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 | | |
| 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 | | | | | |

| PROCEDURE CODE | PRODUCT NAME | COINS BAND | Drug Edits | Prior Authorization Medical Necessity Notification | Prior Authorization Step Therapy | Prior Authorization Site of Care | Supply Limits |
|----------------|--------------------------------|----------------|------------|--|----------------------------------|----------------------------------|---------------|
| Q9992 | SUBLOCADE | > \$1000 | | | | | |
| S0020 | BUPIVACAINE FISIOPHARMA | <= \$100 | | | | | |
| S0020 | BUPIVACAINE HCL | <= \$100 | | | | | |
| S0020 | BUPIVACAINE HYDROCHLORIDE | <= \$100 | | | | | |
| S0020 | BUPIVACAINE SPINAL | <= \$100 | | | | | |
| S0020 | MARCAINE | <= \$100 | | | | | |
| S0020 | SENSORCAINE | <= \$100 | | | | | |
| S0020 | SENSORCAINE-MPF | <= \$100 | | | | | |
| S0028 | FAMOTIDINE | <= \$100 | | | | | |
| S0028 | FAMOTIDINE PREMIXED | <= \$100 | | | | | |
| S0030 | METRONIDAZOLE | <= \$100 | | | | | |
| S0077 | CLEOCIN PHOSPHATE | <= \$100 | | | | | |
| S0077 | CLINDAMYCIN PHOSPHATE | <= \$100 | | | | | |
| S0077 | CLINDAMYCIN PHOSPHATE IN D5W | <= \$100 | | | | | |
| S0077 | CLINDAMYCIN PHOSPHATE/DEXTROSE | <= \$100 | | | | | |
| S0077 | CLINDAMYCIN/SODIUM CHLORIDE | <= \$100 | | | | | |
| S0164 | PANTOPRAZOLE SODIUM | <= \$100 | | | | | |
| S0164 | PROTONIX | <= \$100 | | | | | |
| S0171 | BUMETANIDE | <= \$100 | | | | | |
| S0189 | TESTOPEL | \$500 - \$1000 | X | | | | |