

## *HI Medical Product Drug List*

**Disclaimer:**

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

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

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

PROCEDURE CODE	PRODUCT NAME	COINS BAND	Drug Edits	Prior Authorization Medical Necessity Notification	Prior Authorization Step Therapy	Prior Authorization Site of Care	Supply Limits
90291	CYTOGAM	\$100 - \$250					
90375	HYPERRAB	\$500 - \$1000					
90375	HYPERRAB S/D	\$500 - \$1000					
90376	IMOGAM RABIES-HT	\$250 - \$500					
90384	RHOPHYLAC	<= \$100					
90384	WINRHO SDF	<= \$100					
90586	TICE BCG	\$250 - \$500					
90717	STAMARIL	<= \$100					
90717	YF-VAX	<= \$100					
A9513	LUTATHERA	\$500 - \$1000					
A9606	XOFIGO	\$500 - \$1000					
C9257	AVASTIN	<= \$100					
C9290	EXPAREL	\$250 - \$500					
J0121	NUZYRA	\$500 - \$1000					
J0122	XERAVA	<= \$100					

**HI Medical Product Drug List**

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J0129	ORENCIA	> \$1000	X	X		X	X
J0131	OFIRMEV	<= \$100					
J0132	ACETADOTE	<= \$100					
J0132	ACETYLCYSTEINE	<= \$100					
J0133	ACYCLOVIR SODIUM	<= \$100					
J0153	ADENOCARD	<= \$100					
J0153	ADENOSINE	<= \$100					
J0171	ADRENALIN	<= \$100					
J0171	ADYPHREN AMP II KIT	<= \$100					
J0171	ADYPHREN AMP KIT	<= \$100					
J0171	ADYPHREN II	<= \$100					
J0171	ADYPHREN KIT	<= \$100					
J0171	EPINEPHRINE HCL	<= \$100					
J0171	EPINEPHRINE HYDROCHLORIDE	<= \$100					
J0171	EPINEPHRINE PROFESSIONAL	<= \$100					
J0171	EPINEPHRINESNAP-EMS	<= \$100					
J0171	EPINEPHRINESNAP-V	<= \$100					
J0171	EPISNAP	<= \$100					
J0178	EYLEA	> \$1000	X				
J0180	FABRAZYME	> \$1000				X	
J0185	CINVANTI	\$250 - \$500					
J0202	LEMTRADA	> \$1000		X	X		X
J0222	ONPATTRO	> \$1000		X		X	X
J0256	ARALAST NP	> \$1000				X	
J0256	PROLASTIN-C	> \$1000				X	

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J0256	ZEMAIRA	> \$1000				X	
J0270	ALPROSTADIL	<= \$100					
J0270	PROSTIN VR PEDIATRIC	<= \$100					
J0278	AMIKACIN SULFATE	<= \$100					
J0280	AMINOPHYLLINE	<= \$100					
J0287	ABELCET	<= \$100					
J0290	AMPICILLIN SODIUM	<= \$100					
J0291	ZEMDRI	\$100 - \$250					
J0295	AMPICILLIN-SULBACTAM	<= \$100					
J0295	UNASYN	<= \$100					
J0295	UNASYN BULK PACK	<= \$100					
J0330	ANECTINE	<= \$100					
J0330	QUELICIN	<= \$100					
J0330	SUCCINYLCHOLINE CHLORIDE	<= \$100					
J0360	HYDRALAZINE HCL	<= \$100					
J0360	HYDRALAZINE HYDROCHLORIDE	<= \$100					
J0456	AZITHROMYCIN	<= \$100					
J0456	ZITHROMAX	<= \$100					
J0461	ATROPINE SULFATE	<= \$100					
J0475	BACLOFEN	\$500 - \$1000					
J0475	GABLOFEN	\$500 - \$1000					
J0475	LIORESAL INTRATHECAL	\$500 - \$1000					
J0485	NULOJIX	> \$1000					
J0490	BENLYSTA	> \$1000	X	X		X	X
J0517	FASENRA	> \$1000	X	X	X	X	

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J0565	ZINPLAVA	> \$1000					
J0583	BIVALIRUDIN	\$100 - \$250					
J0583	BIVALIRUDIN/SODIUM CHLORIDE	\$100 - \$250					
J0585	BOTOX	\$500 - \$1000	X				X
J0592	BUPRENEX	<= \$100					
J0592	BUPRENORPHINE HCL	<= \$100					
J0595	BUTORPHANOL TARTRATE	<= \$100					
J0600	CALCIUM DISODIUM VERSENATE	\$250 - \$500					
J0610	CALCIUM GLUCONATE	<= \$100					
J0640	LEUCOVORIN CALCIUM	<= \$100					
J0641	LEVOLEUCOVORIN	\$250 - \$500					
J0641	LEVOLEUCOVORIN CALCIUM	\$250 - \$500					
J0670	CARBOCAINE	<= \$100					
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					

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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					
J0702	READYSHARP BETAMETHASONE	<= \$100					
J0712	TEFLARO	\$100 - \$250					
J0713	CEFTAZIDIME	<= \$100					
J0713	CEFTAZIDIME/DEXTROSE	<= \$100					
J0713	TAZICEF	<= \$100					
J0717	CIMZIA	> \$1000					
J0717	CIMZIA STARTER KIT	> \$1000					
J0735	CLONIDINE HCL	<= \$100					
J0735	CLONIDINE HYDROCHLORIDE	<= \$100					
J0735	DURACLON	<= \$100					
J0740	CIDOFOVIR	\$100 - \$250					
J0744	CIPROFLOXACIN I.V.-IN D5W	<= \$100					
J0775	XIAFLEX	> \$1000					
J0780	PROCHLORPERAZINE EDISYLATE	<= \$100					
J0795	ACTHREL	\$250 - \$500					
J0834	CORTROSYN	<= \$100					
J0834	COSYNTROPIN	<= \$100					
J0875	DALVANCE	> \$1000					

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J0878	CUBICIN	\$250 - \$500					
J0878	CUBICIN RF	\$250 - \$500					
J0878	DAPTOMYCIN	\$250 - \$500					
J0881	ARANESP ALBUMIN FREE	> \$1000	X				X
J0885	EPOGEN	\$250 - \$500	X	X	X		X
J0885	PROCRIT	\$250 - \$500	X	X	X		X
J0894	DACOGEN	> \$1000	X	X			
J0894	DECITABINE	> \$1000					
J0895	DEFEROXAMINE MESYLATE	<= \$100					
J0895	DEFERAL	<= \$100					
J0897	PROLIA	> \$1000					
J0897	XGEVA	> \$1000	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 - \$250					
J1095	DEXYCU	<= \$100					
J1100	DEXAMETHASONE SODIUM PHOSPHATE	<= \$100					
J1100	DOUBLEDEX	<= \$100					
J1100	MAS CARE-PAK	<= \$100					
J1100	READYSHARP DEXAMETHASONE	<= \$100					
J1100	TOPIDEX	<= \$100					

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J1110	D.H.E. 45	\$100 - \$250					
J1110	DIHYDROERGOTAMINE MESYLATE	\$100 - \$250					
J1160	DIGOXIN	<= \$100					
J1160	LANOXIN	<= \$100					
J1160	LANOXIN PEDIATRIC	<= \$100					
J1170	DILAUDID	<= \$100					
J1170	HYDROMORPHONE HCL	<= \$100					
J1170	HYDROMORPHONE HCL DOSETTE	<= \$100					
J1170	HYDROMORPHONE HYDROCHLORIDE	<= \$100					
J1190	DEXRAZOXANE	\$100 - \$250					
J1200	DIPHENHYDRAMINE HCL	<= \$100					
J1200	DIPHENHYDRAMINE HYDROCHLORIDE	<= \$100					
J1212	RIMSO-50	\$500 - \$1000					
J1230	METHADONE HCL	<= \$100					
J1240	DIMENHYDRINATE	<= \$100					
J1245	DIPYRIDAMOLE	<= \$100					
J1250	DOBUTAMINE HCL	<= \$100					
J1250	DOBUTAMINE HCL/D5W	<= \$100					
J1250	DOBUTAMINE HYDROCHLORIDE/DEXTROSE	<= \$100					
J1250	DOBUTAMINE/DEXTROSE 5%	<= \$100					
J1300	SOLIRIS	> \$1000	X	X		X	X
J1301	RADICAVA	> \$1000		X		X	
J1303	ULTOMIRIS	> \$1000		X		X	X
J1335	ERTAPENEM	\$250 - \$500					
J1335	ERTAPENEM SODIUM	\$250 - \$500					

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J1335	INVANZ	\$250 - \$500					
J1410	PREMARIN	\$100 - \$250					
J1439	INJECTAFER	> \$1000					
J1442	NEUPOGEN	\$500 - \$1000		X	X		
J1447	GRANIX	\$250 - \$500		X			X
J1450	FLUCONAZOLE IN NACL	<= \$100					
J1450	FLUCONAZOLE IN SODIUM CHLORIDE	<= \$100					
J1453	EMEND	\$250 - \$500					
J1453	FOSAPREPITANT DIMEGLUMINE	\$250 - \$500					
J1454	AKYNZEO	\$250 - \$500					
J1459	PRIVIGEN	> \$1000	X	X		X	X
J1557	GAMMAPLEX	\$500 - \$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	CARIMUNE NANOFILTERED	> \$1000	X	X		X	X
J1566	GAMMAGARD S/D IGA LESS THAN 1MCG/ML	> \$1000					
J1568	OCTAGAM	> \$1000	X	X		X	X
J1569	GAMMAGARD LIQUID	> \$1000	X	X		X	X
J1570	CYTOVENE	<= \$100					
J1570	GANCICLOVIR	<= \$100					
J1571	HEPAGAM B	\$100 - \$250					
J1575	HYQVIA	\$500 - \$1000	X	X		X	X
J1580	GENTAMICIN SULFATE	<= \$100					
J1580	GENTAMICIN SULFATE PEDIATRIC	<= \$100					



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J1580	GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	<= \$100					
J1580	ISOTONIC GENTAMICIN	<= \$100					
J1599	PANZYGA	> \$1000	X	X		X	
J1602	SIMPONI ARIA	> \$1000	X	X		X	X
J1610	GLUCAGEN DIAGNOSTIC	\$100 - \$250					
J1610	GLUCAGEN HYPOKIT	\$100 - \$250					
J1610	GLUCAGON	\$100 - \$250					
J1610	GLUCAGON EMERGENCY KIT	\$100 - \$250					
J1610	GLUCAGON HCL DIAGNOSTIC	\$100 - \$250					
J1626	GRANISETRON HCL	<= \$100					
J1626	GRANISETRON HYDROCHLORIDE	<= \$100					
J1627	SUSTOL	\$100 - \$250					
J1630	HALDOL	<= \$100					
J1630	HALOPERIDOL LACTATE	<= \$100					
J1640	PANHEMATIN	> \$1000					
J1644	HEPARIN SODIUM	<= \$100					
J1644	HEPARIN SODIUM DCU	<= \$100					
J1644	HEPARIN SODIUM/D5W	<= \$100					
J1644	HEPARIN SODIUM/DEXTROSE	<= \$100					
J1644	HEPARIN SODIUM/NAACL 0.45%	<= \$100					
J1644	HEPARIN SODIUM/NAACL 0.9%	<= \$100					
J1644	HEPARIN SODIUM/SODIUM CHLORIDE	<= \$100					
J1644	HEPARIN SODIUM/SODIUM CHLORIDE 0.9%	<= \$100					
J1644	HEPARIN SODIUM/SODIUM CHLORIDE 0.9% PREMIX	<= \$100					
J1645	FRAGMIN	\$100 - \$250					

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J1650	ENOXAPARIN SODIUM	<= \$100					
J1650	LOVENOX	<= \$100					
J1720	SOLU-CORTEF	<= \$100					
J1726	MAKENA	\$500 - \$1000					X
J1740	BONIVA	\$100 - \$250					
J1740	IBANDRONATE SODIUM	\$100 - \$250					
J1741	CALDOLOR	<= \$100					
J1742	CORVERT	<= \$100					
J1742	IBUTILIDE FUMARATE	<= \$100					
J1745	REMICADE	> \$1000	X	X		X	X
J1750	INFED	\$250 - \$500					
J1756	VENOFER	\$100 - \$250					
J1815	FIASP	<= \$100					
J1815	HUMALOG	<= \$100					
J1815	HUMULIN R	<= \$100					
J1815	HUMULIN R U-500 (CONCENTRATED)	<= \$100					
J1815	INSULIN LISPRO	<= \$100					
J1815	NOVOLIN R	<= \$100					
J1815	NOVOLIN R RELION	<= \$100					
J1815	NOVOLOG	<= \$100					
J1817	HUMALOG	\$100 - \$250					
J1817	HUMULIN R	\$100 - \$250					
J1817	INSULIN LISPRO	\$100 - \$250					
J1817	NOVOLIN R	\$100 - \$250					
J1817	NOVOLIN R RELION	\$100 - \$250					

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J1817	NOVOLOG	\$100 - \$250					
J1885	KETOROLAC TROMETHAMINE	<= \$100					
J1885	READYSHARP KETOROLAC	<= \$100					
J1930	SOMATULINE DEPOT	> \$1000					
J1940	FUROSEMIDE	<= \$100					
J1955	CARNITOR	<= \$100					
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	LINCOCIN	<= \$100					
J2010	LINCOMYCIN HCL	<= \$100					
J2060	ATIVAN	<= \$100					
J2060	LORAZEPAM	<= \$100					
J2150	MANNITOL	<= \$100					
J2175	DEMEROL	<= \$100					
J2175	MEPERIDINE HCL	<= \$100					
J2182	NUCALA	> \$1000	X	X	X	X	X
J2185	MEROPENEM	<= \$100					
J2185	MEROPENEM/SODIUM CHLORIDE	<= \$100					
J2185	MERREM	<= \$100					
J2210	METHYLERGONOVINE MALEATE	<= \$100					
J2250	MIDAZOLAM HCL	<= \$100					

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J2250	MIDAZOLAM HYDROCHLORIDE	<= \$100					
J2270	DURAMORPH	<= \$100					
J2270	MORPHINE SULFATE	<= \$100					
J2274	DURAMORPH	\$100 - \$250					
J2274	INFUMORPH 200	\$100 - \$250					
J2274	INFUMORPH 500	\$100 - \$250					
J2274	MITIGO	\$100 - \$250					
J2274	MORPHINE SULFATE	\$100 - \$250					
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					
J2400	CHLOROPROCAINE HYDROCHLORIDE	\$100 - \$250					
J2400	NESACAINE	\$100 - \$250					
J2400	NESACAINE-MPF	\$100 - \$250					
J2405	ONDANSETRON HYDROCHLORIDE	<= \$100					
J2407	ORBACTIV	> \$1000					
J2430	PAMIDRONATE DISODIUM	<= \$100					
J2440	PAPAVERINE HCL	<= \$100					
J2469	ALOXI	\$100 - \$250					

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J2469	PALONOSETRON HYDROCHLORIDE	\$100 - \$250					
J2501	PARICALCITOL	<= \$100					
J2501	ZEMPLAR	<= \$100					
J2505	NEULASTA	> \$1000		X			X
J2505	NEULASTA ONPRO KIT	> \$1000		X			X
J2507	KRYSTEXXA	> \$1000		X			
J2515	NEMBUTAL SODIUM	<= \$100					
J2515	PENTOBARBITAL SODIUM	<= \$100					
J2540	PENICILLIN G POTASSIUM	<= \$100					
J2540	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	<= \$100					
J2540	PFIZERPEN	<= \$100					
J2543	PIPERACILLIN SODIUM/ TAZOBACTAM SODIUM	<= \$100					
J2543	PIPERACILLIN SODIUM/TAZOBACTAM	<= \$100					
J2543	PIPERACILLIN SODIUM/TAZOBACTAM SODIUM	<= \$100					
J2543	PIPERACILLIN/TAZOBACTAM	<= \$100					
J2543	ZOSYN	<= \$100					
J2550	PHENERGAN	<= \$100					
J2550	PROMETHAZINE HCL	<= \$100					
J2550	PROMETHAZINE HYDROCHLORIDE	<= \$100					
J2590	OXYTOCIN	<= \$100					
J2590	PITOCIN	<= \$100					
J2597	DDAVP	\$250 - \$500					
J2597	DESMOPRESSIN ACETATE	\$250 - \$500					
J2680	FLUPHENAZINE DECANOATE	<= \$100					
J2690	PROCAINAMIDE HCL	<= \$100					

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J2690	PROCAINAMIDE HYDROCHLORIDE	<= \$100					
J2704	ANESTHESIA S/I-40	<= \$100					
J2704	ANESTHESIA S/I-40A	<= \$100					
J2704	ANESTHESIA S/I-40H	<= \$100					
J2704	ANESTHESIA S/I-40S	<= \$100					
J2704	ANESTHESIA S/I-60	<= \$100					
J2704	DIPRIVAN	<= \$100					
J2704	FRESENIUS PROPOVEN	<= \$100					
J2704	PROPOFOL	<= \$100					
J2710	BLOXIVERZ	<= \$100					
J2710	NEOSTIGMINE METHYLSULFATE	<= \$100					
J2720	PROTAMINE SULFATE	<= \$100					
J2724	CEPROTIN	<= \$100					
J2760	PHENTOLAMINE MESYLATE	\$100 - \$250					
J2765	METOCLOPRAMIDE HCL	<= \$100					
J2778	LUCENTIS	> \$1000	X				
J2783	ELITEK	> \$1000					
J2785	LEXISCAN	\$100 - \$250					
J2786	CINQAIR	> \$1000	X	X	X	X	X
J2791	RHOPHYLAC	<= \$100					
J2795	NAROPIN	<= \$100					
J2795	ROPIVACAINE	<= \$100					
J2795	ROPIVACAINE HCL	<= \$100					
J2795	ROPIVACAINE HYDROCHLORIDE	<= \$100					
J2796	NPLATE	> \$1000					

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J2800	METHOCARBAMOL	<= \$100					
J2800	ROBAXIN	<= \$100					
J2805	KINEVAC	<= \$100					
J2850	CHIRHOSTIM	<= \$100					
J2860	SYLVANT	> \$1000	X	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	METHYLPREDNISOLONE SODIUMSUCCINATE	<= \$100					
J2930	SOLU-MEDROL	<= \$100					
J2997	ACTIVASE	\$100 - \$250					
J2997	CATHFLO ACTIVASE	\$100 - \$250					
J3010	FENTANYL CITRATE	<= \$100					
J3030	IMITREX	<= \$100					
J3030	SUMATRIPTAN SUCCINATE	<= \$100					
J3095	VIBATIV	> \$1000					
J3105	TERBUTALINE SULFATE	<= \$100					
J3111	EVENITY	> \$1000		X			
J3260	TOBRAMYCIN SULFATE	<= \$100					
J3262	ACTEMRA	> \$1000	X	X		X	X
J3300	TRIESENCE	\$100 - \$250					
J3301	KENALOG-10	<= \$100					
J3301	KENALOG-40	<= \$100					

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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	
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
J3385	VPRIV	> \$1000				X	X
J3396	VISUDYNE	\$500 - \$1000					
J3411	THIAMINE HCL	<= \$100					
J3415	PYRIDOXINE HCL	<= \$100					
J3420	B-12 COMPLIANCE INJECTIONKIT	<= \$100					
J3420	CYANOCOBALAMIN	<= \$100					
J3420	PHYSICIANS EZ USE B-12 COMPLIANCE KIT	<= \$100					
J3420	VITAMIN DEFICIENCY INJECTABLE SYSTEM-B12	<= \$100					
J3430	PHYTONADIONE	<= \$100					



**HI Medical Product Drug List**

PROCEDURE CODE	PRODUCT NAME	COINS BAND	Drug Edits	Prior Authorization Medical Necessity Notification	Prior Authorization Step Therapy	Prior Authorization Site of Care	Supply Limits
J3430	VITAMIN K1	<= \$100					
J3470	AMPHADASE	<= \$100					
J3473	HYLENEX	<= \$100					
J3475	MAGNESIUM SULFATE	<= \$100					
J3475	MAGNESIUM SULFATE IN D5W	<= \$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 0.45%	<= \$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/LACTATED RINGERS	<= \$100					
J3480	POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	<= \$100					
J3480	POTASSIUM CHLORIDE/SODIUM CHLORIDE	<= \$100					
J3489	RECLAST	\$100 - \$250					
J3489	ZOLEDRONIC ACID	\$100 - \$250					
J3490	ACETIC ACID 0.25%	<= \$100					
J3490	ACTIVE INJECTION KIT KET-L	<= \$100					
J3490	ACTIVE INJECTION KIT KETMARC-L	<= \$100					
J3490	ACTIVE INJECTION KIT L	<= \$100					
J3490	ACTIVE INJECTION KIT LM-2	<= \$100					
J3490	ACTIVE INJECTION KIT LM-DEP-2	<= \$100					
J3490	ADMELOG	<= \$100					
J3490	AK-FLUOR	<= \$100					

**HI Medical Product Drug List**

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	AKOVAZ	<= \$100					
J3490	ALFENTANIL HYDROCHLORIDE	<= \$100					
J3490	ALLOPURINOL SODIUM	<= \$100					
J3490	ALOPRIM	<= \$100					
J3490	AMIDATE	<= \$100					
J3490	AMINOCAPROIC ACID	<= \$100					
J3490	AMINOSYN II	<= \$100					
J3490	AMINOSYN-PF 7%	<= \$100					
J3490	AMMONUL	<= \$100					
J3490	AMVISC	<= \$100					
J3490	AMVISC PLUS	<= \$100					
J3490	APIDRA	<= \$100					
J3490	ARTICADENT DENTAL	<= \$100					
J3490	ASCLERA	<= \$100					
J3490	ASCOR	<= \$100					
J3490	ASCORBIC ACID	<= \$100					
J3490	ATRACURIUM BESYLATE	<= \$100					
J3490	AZACTAM	<= \$100					
J3490	AZTREONAM	<= \$100					
J3490	B-COMPLEX	<= \$100					
J3490	BALANCED SALT SOLUTION	<= \$100					
J3490	BAXDELA	<= \$100					
J3490	BETALIDO	<= \$100					
J3490	BIOLON	<= \$100					
J3490	BIORPHEN	<= \$100					

**HI Medical Product Drug List**

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	<= \$100					
J3490	BREVIBLOC PREMIXED	<= \$100					
J3490	BREVIBLOC PREMIXED DOUBLESTRENGTH	<= \$100					
J3490	BREVITAL SODIUM	<= \$100					
J3490	BRIDION	<= \$100					
J3490	BRIVIACT	<= \$100					
J3490	BSS	<= \$100					
J3490	BSS PLUS	<= \$100					
J3490	BUPIVACAINE SPINAL	<= \$100					
J3490	BUPIVACAINE/DEXTROSE SPINAL	<= \$100					
J3490	BUPIVACAINE/EPINEPHRINE	<= \$100					
J3490	BUPIVILOG KIT	<= \$100					
J3490	CAFFEINE/SODIUM BENZOATE	<= \$100					
J3490	CALCIUM CHLORIDE	<= \$100					
J3490	CALCIUM GLUCONATE/SODIUM CHLORIDE	<= \$100					
J3490	CANDIDA ALBICANS	<= \$100					
J3490	CANDIN	<= \$100					
J3490	CAPASTAT SULFATE	<= \$100					
J3490	CARDENE IV	<= \$100					
J3490	CEFOTAN	<= \$100					
J3490	CEFOTETAN	<= \$100					
J3490	CEFOTETAN/DEXTROSE	<= \$100					
J3490	CETROTIDE	<= \$100					
J3490	CHROMIUM CHLORIDE	<= \$100					
J3490	CISATRACURIUM BESYLATE	<= \$100					

**HI Medical Product Drug List**

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	CITANEST FORTE DENTAL	<= \$100					
J3490	CITANEST PLAIN DENTAL	<= \$100					
J3490	CLEVIPREX	<= \$100					
J3490	CLINIMIX 4.25%/DEXTROSE 10%	<= \$100					
J3490	CLINIMIX 4.25%/DEXTROSE 5%	<= \$100					
J3490	CLINIMIX 5%/DEXTROSE 15%	<= \$100					
J3490	CLINIMIX 5%/DEXTROSE 20%	<= \$100					
J3490	CLINIMIX E 2.75%/DEXTROSE 5%	<= \$100					
J3490	CLINIMIX E 4.25%/DEXTROSE 10%	<= \$100					
J3490	CLINIMIX E 4.25%/DEXTROSE 5%	<= \$100					
J3490	CLINIMIX E 5%/DEXTROSE 15%	<= \$100					
J3490	CLINIMIX E 5%/DEXTROSE 20%	<= \$100					
J3490	CLINISOL SF 15%	<= \$100					
J3490	CLOROTEKAL	<= \$100					
J3490	COPPER TRACE METAL	<= \$100					
J3490	CORLOPAM	<= \$100					
J3490	CUROSURF	<= \$100					
J3490	CYANOKIT	<= \$100					
J3490	CYKLOKAPRON	<= \$100					
J3490	CYSVIEW	<= \$100					
J3490	D-CARE 100X	<= \$100					
J3490	DANTRIUM IV	<= \$100					
J3490	DANTROLENE SODIUM	<= \$100					
J3490	DEFITELIO	<= \$100					
J3490	DEHYDRATED ALCOHOL	<= \$100					

**HI Medical Product Drug List**

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	DELFLEX-LC/1.5% DEXTROSE	<= \$100					
J3490	DELFLEX-LC/2.5% DEXTROSE	<= \$100					
J3490	DELFLEX-LC/4.25% DEXTROSE	<= \$100					
J3490	DELFLEX-SM/1.5% DEXTROSE	<= \$100					
J3490	DELFLEX-SM/2.5% DEXTROSE	<= \$100					
J3490	DEXLIDO	<= \$100					
J3490	DEXMEDETOMIDINE HCL	<= \$100					
J3490	DEXMEDETOMIDINE HYDROCHLORIDE	<= \$100					
J3490	DEXMEDETOMIDINE HYDROCHLORIDE/DEXTROSE MONOHYDRATE	<= \$100					
J3490	DEXMEDETOMIDINE HYDROCHLORIDE/SODIUM CHLORIDE	<= \$100					
J3490	DEXPANTHENOL	<= \$100					
J3490	DEXTROSE 10%/NACL 0.45%	<= \$100					
J3490	DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	<= \$100					
J3490	DEXTROSE 10%	<= \$100					
J3490	DEXTROSE 10%/NACL 0.2%	<= \$100					
J3490	DEXTROSE 2.5%/NACL 0.45%	<= \$100					
J3490	DEXTROSE 25%	<= \$100					
J3490	DEXTROSE 30%	<= \$100					
J3490	DEXTROSE 40%	<= \$100					
J3490	DEXTROSE 5%	<= \$100					
J3490	DEXTROSE 5%/NACL 0.2%	<= \$100					
J3490	DEXTROSE 5%/NACL 0.3%	<= \$100					
J3490	DEXTROSE 5%/NACL 0.33%	<= \$100					

**HI Medical Product Drug List**

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%/NACL 0.45%	<= \$100					
J3490	DEXTROSE 50%	<= \$100					
J3490	DEXTROSE 70%	<= \$100					
J3490	DEXTROSE/SODIUM CHLORIDE	<= \$100					
J3490	DIANEAL LOW CALCIUM/1.5% DEXTROSE	<= \$100					
J3490	DIANEAL LOW CALCIUM/2.5% DEXTROSE	<= \$100					
J3490	DIANEAL LOW CALCIUM/4.25%DEXTROSE	<= \$100					
J3490	DIANEAL PD-2/1.5% DEXTROSE	<= \$100					
J3490	DIANEAL PD-2/2.5% DEXTROSE	<= \$100					
J3490	DIANEAL PD-2/4.25% DEXTROSE	<= \$100					
J3490	DILTIAZEM HCL	<= \$100					
J3490	DILTIAZEM HYDROCHLORIDE	<= \$100					
J3490	DOPRAM	<= \$100					
J3490	DOXY 100	<= \$100					
J3490	DOXYCYCLINE HYCLATE	<= \$100					
J3490	DUOVISC	<= \$100					
J3490	DYURAL-40	<= \$100					
J3490	DYURAL-80	<= \$100					
J3490	DYURAL-L	<= \$100					
J3490	DYURAL-LM	<= \$100					
J3490	ELCYS	<= \$100					
J3490	ENALAPRILAT	<= \$100					
J3490	ENGYSTOL	<= \$100					
J3490	EPHEDRINE SULFATE	<= \$100					
J3490	ESMOLOL HCL	<= \$100					

**HI Medical Product Drug List**

PROCEDURE CODE	PRODUCT NAME	COINS BAND	Drug Edits	Prior Authorization Medical Necessity Notification	Prior Authorization Step Therapy	Prior Authorization Site of Care	Supply Limits
J3490	ESMOLOL HYDROCHLORIDE IN WATER	<= \$100					
J3490	ESMOLOL HYDROCHLORIDE IN WATER DOUBLE STRENGTH	<= \$100					
J3490	ESMOLOL HYDROCHLORIDE/SODIUM CHLORIDE	<= \$100					
J3490	ESOMEPRAZOLE SODIUM	<= \$100					
J3490	ETHACRYNATE SODIUM	<= \$100					
J3490	ETOMIDATE	<= \$100					
J3490	EXONDYS 51	<= \$100					
J3490	EXTRANEAL	<= \$100					
J3490	FLUMAZENIL	<= \$100					
J3490	FLUORESCITE	<= \$100					
J3490	FLUPHENAZINE HCL	<= \$100					
J3490	FOLIC ACID	<= \$100					
J3490	FREAMINE HBC 6.9%	<= \$100					
J3490	FREAMINE III	<= \$100					
J3490	GATTEX	<= \$100					
J3490	GIAPREZA	<= \$100					
J3490	GLYCOPHOS	<= \$100					
J3490	GLYCOPYRROLATE	<= \$100					
J3490	GLYRX-PF	<= \$100					
J3490	GVOKE PFS	<= \$100					
J3490	HEALON	<= \$100					
J3490	HEALON GV	<= \$100					
J3490	HEALON5	<= \$100					
J3490	HEPATAMINE	<= \$100					

**HI Medical Product Drug List**

PROCEDURE CODE	PRODUCT NAME	COINS BAND	Drug Edits	Prior Authorization Medical Necessity Notification	Prior Authorization Step Therapy	Prior Authorization Site of Care	Supply Limits
J3490	HESPAN	<= \$100					
J3490	HETASTARCH 6%/NACL	<= \$100					
J3490	HEXTEND	<= \$100					
J3490	HISTATROL	<= \$100					
J3490	HYPERLYTE-CR	<= \$100					
J3490	HYPERSAL	<= \$100					
J3490	IBUPROFEN LYSINE	<= \$100					
J3490	IC GREEN	<= \$100					
J3490	INDIGO CARMINE	<= \$100					
J3490	INDOCYANINE GREEN	<= \$100					
J3490	INDOMETHACIN	<= \$100					
J3490	INFASURF	<= \$100					
J3490	INFUVITE ADULT	<= \$100					
J3490	INFUVITE PEDIATRIC	<= \$100					
J3490	IONOSOL-MB/DEXTROSE 5%	<= \$100					
J3490	ISOLYTE-P/DEXTROSE 5%	<= \$100					
J3490	ISOLYTE-S	<= \$100					
J3490	ISOLYTE-S PH 7.4	<= \$100					
J3490	ISONIAZID	<= \$100					
J3490	ISOPROTERENOL HYDROCHLORIDE	<= \$100					
J3490	ISUPREL	<= \$100					
J3490	KENGREAL	<= \$100					
J3490	KETALAR	<= \$100					
J3490	KETAMINE HYDROCHLORIDE	<= \$100					
J3490	KETOROCAINE-L	<= \$100					



**HI Medical Product Drug List**

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	KETOROCAINE-LM	<= \$100					
J3490	LABETALOL HYDROCHLORIDE	<= \$100					
J3490	LACTATED RINGERS IRRIGATION	<= \$100					
J3490	LANTUS	<= \$100					
J3490	LEVEMIR	<= \$100					
J3490	LEVOPHED	<= \$100					
J3490	LEVOTHYROXINE SODIUM	<= \$100					
J3490	LIDOCAINE HYDROCHLORIDE	<= \$100					
J3490	LIDOCAINE HYDROCHLORIDE MONOHYDRATE	<= \$100					
J3490	LIDOCAINE/EPINEPHRINE	<= \$100					
J3490	LIDOCIDEX I	<= \$100					
J3490	LIDOLOG KIT	<= \$100					
J3490	LIOthyRONINE SODIUM	<= \$100					
J3490	LIPIODOL	<= \$100					
J3490	LIQUIVIDA HYDRATION KIT	<= \$100					
J3490	LT INJECTION KIT	<= \$100					
J3490	LYMPHOMYOSOT X	<= \$100					
J3490	M.V.I. ADULT	<= \$100					
J3490	M.V.I. PEDIATRIC	<= \$100					
J3490	MAGNESIUM CHLORIDE	<= \$100					
J3490	MANGANESE SULFATE	<= \$100					
J3490	MANGANESE TRACE METAL	<= \$100					
J3490	MARBETA-25	<= \$100					
J3490	MARBETA-L	<= \$100					
J3490	MARCAINE SPINAL	<= \$100					

**HI Medical Product Drug List**

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	MARCAINE/EPINEPHRINE	<= \$100					
J3490	MARDEX-25	<= \$100					
J3490	MARLIDO KIT	<= \$100					
J3490	MARLIDO-25	<= \$100					
J3490	METOPROLOL TARTRATE	<= \$100					
J3490	MIOCHOL-E	<= \$100					
J3490	MIOSTAT	<= \$100					
J3490	MLK F1 KIT	<= \$100					
J3490	MLK F2 KIT	<= \$100					
J3490	MLK F3 KIT	<= \$100					
J3490	MLK F4 KIT	<= \$100					
J3490	MONOJECT BONE MARROW BIOPSY TRAY/BIOP ASPIR NEEDLE 11GX4"	<= \$100					
J3490	MONOJECT BONE MARROW BIOPSY TRAY/BIOP ASPIR NEEDLE 8GX4"	<= \$100					
J3490	MONOJECT BONE MARROW BIOPSY TRAY/STERNAL-ILIAC NEEDLE 16G	<= \$100					
J3490	MULTI-SPECIALTY KIT	<= \$100					
J3490	MULTITRACE-4 NEONATAL	<= \$100					
J3490	MULTITRACE-4 PEDIATRIC	<= \$100					
J3490	MULTITRACE-5 CONCENTRATE	<= \$100					
J3490	MYXREDLIN	<= \$100					
J3490	NAFCILLIN	<= \$100					
J3490	NAFCILLIN SODIUM	<= \$100					
J3490	NEOMYCIN/POLYMYXIN B SULFATES	<= \$100					
J3490	NEOPROFEN	<= \$100					

**HI Medical Product Drug List**

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	NEPHRAMINE	<= \$100					
J3490	NEURALGO-RHEUM	<= \$100					
J3490	NEXAVIR	<= \$100					
J3490	NEXIUM I.V.	<= \$100					
J3490	NICARDIPINE HCL	<= \$100					
J3490	NIMBEX	<= \$100					
J3490	NIPRIDE RTU	<= \$100					
J3490	NITHIODOLE	<= \$100					
J3490	NITROGLYCERIN	<= \$100					
J3490	NITROGLYCERIN IN DEXTROSE 5%	<= \$100					
J3490	NITROPRESS	<= \$100					
J3490	NOREPINEPHRINE BITARTRATE	<= \$100					
J3490	NORMAL SALINE I.V. FLUSH	<= \$100					
J3490	NORMOSOL -R	<= \$100					
J3490	NORMOSOL-M IN D5W	<= \$100					
J3490	NOXAFIL	<= \$100					
J3490	ORABLOC	<= \$100					
J3490	OSMITROL VIAFLEX	<= \$100					
J3490	OVIDREL	<= \$100					
J3490	P-CARE X	<= \$100					
J3490	PANCURONIUM BROMIDE	<= \$100					
J3490	PARSABIV	<= \$100					
J3490	PENICILLIN G SODIUM	<= \$100					
J3490	PH 12 STERILE DILUENT FORFLOLAN	<= \$100					
J3490	PHYSICIANS EZ USE M-PRED	<= \$100					

**HI Medical Product Drug List**

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	PHYSOSTIGMINE SALICYLATE	<= \$100					
J3490	PLASMA-LYTE A	<= \$100					
J3490	PLASMA-LYTE-148	<= \$100					
J3490	PLENAMINE	<= \$100					
J3490	POD-CARE 100CMX	<= \$100					
J3490	POINT OF CARE KM	<= \$100					
J3490	POINT OF CARE L.2	<= \$100					
J3490	POINT OF CARE L.5	<= \$100					
J3490	POINT OF CARE LM DEP 2	<= \$100					
J3490	POINT OF CARE LM-2.2	<= \$100					
J3490	POINT OF CARE LM-2.5	<= \$100					
J3490	POLYMYXIN B SULFATE	<= \$100					
J3490	POTASSIUM ACETATE	<= \$100					
J3490	POTASSIUM PHOSPHATE	<= \$100					
J3490	POTASSIUM PHOSPHATES	<= \$100					
J3490	PRE-PEN	<= \$100					
J3490	PRECEDEX	<= \$100					
J3490	PREMASOL	<= \$100					
J3490	PREVYMIS	<= \$100					
J3490	PRISMASOL B22GK 4/0	<= \$100					
J3490	PRISMASOL BGK 0/2.5	<= \$100					
J3490	PRISMASOL BGK 2/0	<= \$100					
J3490	PRISMASOL BGK 2/3.5	<= \$100					
J3490	PRISMASOL BGK 4/2.5	<= \$100					
J3490	PRISMASOL BK 0/0/1.2	<= \$100					

**HI Medical Product Drug List**

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	PROCALAMINE	<= \$100					
J3490	PROSOL	<= \$100					
J3490	PROVAYBLUE	<= \$100					
J3490	PROVISC	<= \$100					
J3490	PULMOSAL	<= \$100					
J3490	R-GENE 10	<= \$100					
J3490	READYSHARP ANESTHETICS + BETAMETHASONE	<= \$100					
J3490	READYSHARP ANESTHETICS + DEXAMETHASONE	<= \$100					
J3490	READYSHARP ANESTHETICS + KETOROLAC	<= \$100					
J3490	READYSHARP LIDOCAINE	<= \$100					
J3490	REGONOL	<= \$100					
J3490	REMIFENTANIL HYDROCHLORIDE	<= \$100					
J3490	REVATIO	<= \$100					
J3490	REVONTO	<= \$100					
J3490	RIFADIN	<= \$100					
J3490	RIFAMPIN	<= \$100					
J3490	RINGERS INJECTION	<= \$100					
J3490	RINGERS IRRIGATION	<= \$100					
J3490	ROCURONIUM BROMIDE	<= \$100					
J3490	ROPIDEX	<= \$100					
J3490	RYANODEX	<= \$100					
J3490	SELENIOS ACID	<= \$100					
J3490	SELENIUM	<= \$100					
J3490	SENSORCAINE-MPF/EPINEPHRINE	<= \$100					
J3490	SENSORCAINE/EPINEPHRINE	<= \$100					

**HI Medical Product Drug List**

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	SEVOFLURANE	<= \$100					
J3490	SIGNIFOR	<= \$100					
J3490	SILDENAFIL	<= \$100					
J3490	SODIUM ACETATE	<= \$100					
J3490	SODIUM BICARBONATE	<= \$100					
J3490	SODIUM CHLORIDE 0.45%	<= \$100					
J3490	SODIUM EDECRIN	<= \$100					
J3490	SODIUM HYALURONATE	<= \$100					
J3490	SODIUM NITRITE	<= \$100					
J3490	SODIUM NITROPRUSSIDE	<= \$100					
J3490	SODIUM PHENYLACETATE/SODIUM BENZOATE	<= \$100					
J3490	SODIUM PHOSPHATE	<= \$100					
J3490	SODIUM THIOSULFATE	<= \$100					
J3490	SOMAVERT	<= \$100					
J3490	SOTALOL HYDROCHLORIDE	<= \$100					
J3490	SOTRADECOL	<= \$100					
J3490	SPASCUPREEL	<= \$100					
J3490	SPINRAZA	<= \$100					
J3490	STERILE DILUENT FOR EPOPROSTENOL SODIUM	<= \$100					
J3490	STERILE DILUENT FOR TREPROSTINIL INJECTION	<= \$100					
J3490	STERITALC	<= \$100					
J3490	SUFENTANIL CITRATE	<= \$100					
J3490	SULFAMETHOXAZOLE/TRIMETHOPRIM	<= \$100					
J3490	SURVANTA INTRATRACHEAL	<= \$100					
J3490	SYMJEPI	<= \$100					

**HI Medical Product Drug List**

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	TEGSEDI	<= \$100					
J3490	TETRACAINE HYDROCHLORIDE	<= \$100					
J3490	THE LIQUILIFT TRACE KIT	<= \$100					
J3490	TIS-U-SOL	<= \$100					
J3490	TPN ELECTROLYTES	<= \$100					
J3490	TRACE ELEMENTS 4/PEDIATRIC	<= \$100					
J3490	TRANEXAMIC ACID	<= \$100					
J3490	TRANEXAMIC ACID/SODIUM CHLORIDE	<= \$100					
J3490	TRAUMEEL	<= \$100					
J3490	TRAVASOL	<= \$100					
J3490	TRESIBA	<= \$100					
J3490	TRIOSTAT	<= \$100					
J3490	TRIVISC	<= \$100					
J3490	TROPHAMINE	<= \$100					
J3490	ULTANE	<= \$100					
J3490	ULTIVA	<= \$100					
J3490	ULTRABAG/DIANEAL LOW CALCIUM/1.5% DEXTROSE	<= \$100					
J3490	ULTRABAG/DIANEAL LOW CALCIUM/2.5% DEXTROSE	<= \$100					
J3490	ULTRABAG/DIANEAL LOW CALCIUM/4.25% DEXTROSE	<= \$100					
J3490	ULTRABAG/DIANEAL PD-2/1.5% DEXTROSE	<= \$100					
J3490	ULTRABAG/DIANEAL PD-2/2.5% DEXTROSE	<= \$100					
J3490	ULTRABAG/DIANEAL PD-2/4.25% DEXTROSE	<= \$100					
J3490	VABOMERE	<= \$100					
J3490	VALPROATE SODIUM	<= \$100					
J3490	VAPRISOL	<= \$100					

**HI Medical Product Drug List**

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	VARITHENA	<= \$100					
J3490	VASOSTRICT	<= \$100					
J3490	VECURONIUM BROMIDE	<= \$100					
J3490	VERAPAMIL HYDROCHLORIDE	<= \$100					
J3490	VIMPAT	<= \$100					
J3490	VITAMIN B-COMPLEX 100	<= \$100					
J3490	XENLETA	<= \$100					
J3490	XYLOCAINE	<= \$100					
J3490	XYLOCAINE DENTAL	<= \$100					
J3490	XYLOCAINE-MPF/EPINEPHRINE	<= \$100					
J3490	XYLOCAINE/EPINEPHRINE	<= \$100					
J3490	ZEEL	<= \$100					
J3490	ZINC CHLORIDE	<= \$100					
J3490	ZINC SULFATE	<= \$100					
J3490	ZINGO	<= \$100					
J3490	ZULRESSO	<= \$100					
J3590	ACACIA EXTRACT	\$100 - \$250					
J3590	ACREMONIUM EXTRACT	\$100 - \$250					
J3590	ALDER EXTRACT	\$100 - \$250					
J3590	ALMOND EXTRACT	\$100 - \$250					
J3590	AMERICAN BEECH EXTRACT	\$100 - \$250					
J3590	AMERICAN COCKROACH EXTRACT	\$100 - \$250					
J3590	AMERICAN ELM EXTRACT	\$100 - \$250					
J3590	AMERICAN SYCAMORE EXTRACT	\$100 - \$250					
J3590	AMNIOFIX	\$100 - \$250					



**HI Medical Product Drug List**

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	AMPHENOL-40	\$100 - \$250					
J3590	ANAVIP	\$100 - \$250					
J3590	ANDEXXA	\$100 - \$250					
J3590	ANTIVENIN LATRODECTUS MACTANS	\$100 - \$250					
J3590	ANTIVENIN NORTH AMERICAN CORAL SNAKE	\$100 - \$250					
J3590	APPLE EXTRACT	\$100 - \$250					
J3590	AUREOBASIDIUM EXTRACT	\$100 - \$250					
J3590	AUSTRALIAN PINE EXTRACT	\$100 - \$250					
J3590	AVOCADO EXTRACT	\$100 - \$250					
J3590	BAHIA EXTRACT	\$100 - \$250					
J3590	BANANA EXTRACT	\$100 - \$250					
J3590	BAYBERRY WAX MYRTLE EXTRACT	\$100 - \$250					
J3590	BEEF EXTRACT	\$100 - \$250					
J3590	BEOVU	\$100 - \$250					
J3590	BLACK WALNUT POLLEN EXTRACT	\$100 - \$250					
J3590	BLACK WILLOW EXTRACT	\$100 - \$250					
J3590	BOTRYTIS EXTRACT	\$100 - \$250					
J3590	BOX ELDER EXTRACT	\$100 - \$250					
J3590	BROME EXTRACT	\$100 - \$250					
J3590	CABLIVI	\$100 - \$250					
J3590	CANDIDA ALBICANS EXTRACT	\$100 - \$250					
J3590	CANTALOUPE EXTRACT	\$100 - \$250					
J3590	CASEIN EXTRACT	\$100 - \$250					
J3590	CATTLE EPITHELIUM EXTRACT	\$100 - \$250					
J3590	CEDAR ELM EXTRACT	\$100 - \$250					

**HI Medical Product Drug List**

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	\$100 - \$250					
J3590	CLADOSPORIUM CLADOSPORIOIDES EXTRACT	\$100 - \$250					
J3590	COCKLEBUR EXTRACT	\$100 - \$250					
J3590	COCOA BEAN EXTRACT	\$100 - \$250					
J3590	CORN POLLEN EXTRACT	\$100 - \$250					
J3590	COSENTYX	\$100 - \$250					
J3590	CRAB EXTRACT	\$100 - \$250					
J3590	CRYSVITA	\$100 - \$250					
J3590	CUTAQUIG	\$100 - \$250		X		X	
J3590	CUVITRU	\$100 - \$250					
J3590	DANDELION ALLERGENIC EXTRACT	\$100 - \$250					
J3590	DOG EPITHELIUM EXTRACT	\$100 - \$250					
J3590	DOG FENNEL EXTRACT	\$100 - \$250					
J3590	DRECHSLERA EXTRACT	\$100 - \$250					
J3590	DUPIXENT	\$100 - \$250					
J3590	EASTERN COTTONWOOD EXTRACT	\$100 - \$250					
J3590	EGG WHITE EXTRACT	\$100 - \$250					
J3590	EMGALITY	\$100 - \$250					
J3590	ENGLISH PLANTAIN EXTRACT	\$100 - \$250					
J3590	EPICOCUM EXTRACT	\$100 - \$250					
J3590	FIBRYGA	\$100 - \$250					
J3590	FIRE ANT EXTRACT	\$100 - \$250					
J3590	FUSARIUM EXTRACT	\$100 - \$250					
J3590	GOLDENROD EXTRACT	\$100 - \$250					
J3590	HACKBERRY EXTRACT	\$100 - \$250					

**HI Medical Product Drug List**

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	HAEGARDA	\$100 - \$250					
J3590	HONEY BEE VENOM EXTRACT	\$100 - \$250					
J3590	HORSE EPITHELIUM EXTRACT	\$100 - \$250					
J3590	ILUMYA	\$100 - \$250					
J3590	JOHNSON GRASS EXTRACT	\$100 - \$250					
J3590	KAPOK EXTRACT	\$100 - \$250					
J3590	KCENTRA	\$100 - \$250					
J3590	KEVZARA	\$100 - \$250					
J3590	KINERET	\$100 - \$250					
J3590	KOCHIA EXTRACT	\$100 - \$250					
J3590	LAMBS QUARTERS EXTRACT	\$100 - \$250					
J3590	LENSCALE EXTRACT	\$100 - \$250					
J3590	LUXTURNA	\$100 - \$250					
J3590	MEADOW FESCUE GRASS POLLEN EXTRACT	\$100 - \$250					
J3590	MELALEUCA EXTRACT	\$100 - \$250					
J3590	MEPSEVII	\$100 - \$250					
J3590	MESQUITE EXTRACT	\$100 - \$250					
J3590	MIXED FEATHERS EXTRACT	\$100 - \$250					
J3590	MIXED RAGWEED EXTRACT	\$100 - \$250					
J3590	MIXED VESPID VENOM PROTEIN EXTRACT	\$100 - \$250					
J3590	MOSQUITO EXTRACT	\$100 - \$250					
J3590	MOUNTAIN CEDAR EXTRACT	\$100 - \$250					
J3590	MOUSE EPITHELIUM EXTRACT	\$100 - \$250					
J3590	MUGWORT EXTRACT	\$100 - \$250					
J3590	MYALEPT	\$100 - \$250					

**HI Medical Product Drug List**

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	NATPARA	\$100 - \$250					
J3590	NUCEL	\$100 - \$250					
J3590	OAT GRAIN EXTRACT	\$100 - \$250					
J3590	ORANGE EXTRACT	\$100 - \$250					
J3590	PALINGEN INOVOFLO	\$100 - \$250					
J3590	PALYNZIQ	\$100 - \$250					
J3590	PEANUT EXTRACT	\$100 - \$250					
J3590	PECAN NUT EXTRACT	\$100 - \$250					
J3590	PECAN POLLEN EXTRACT	\$100 - \$250					
J3590	PEGASYS	\$100 - \$250					
J3590	PEGASYS PROCLICK	\$100 - \$250					
J3590	PEGINTRON	\$100 - \$250					
J3590	PHOMA EXTRACT	\$100 - \$250					
J3590	PISTACHIO NUT EXTRACT	\$100 - \$250					
J3590	PLEGRIDY	\$100 - \$250					
J3590	PLEGRIDY STARTER PACK	\$100 - \$250					
J3590	PORK EXTRACT	\$100 - \$250					
J3590	PRAXBIND	\$100 - \$250					
J3590	QUEEN PALM EXTRACT	\$100 - \$250					
J3590	RABBIT EPITHELIUM EXTRACT	\$100 - \$250					
J3590	REBLOZYL	\$100 - \$250					
J3590	RED BIRCH EXTRACT	\$100 - \$250					
J3590	RED CEDAR EXTRACT	\$100 - \$250					
J3590	RED MULBERRY EXTRACT	\$100 - \$250					
J3590	RED TOP GRASS POLLEN EXTRACT	\$100 - \$250					

### *HI Medical Product Drug List*

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	REPATHA	\$100 - \$250					
J3590	RICE EXTRACT	\$100 - \$250					
J3590	ROUGH MARSH ELDER EXTRACT	\$100 - \$250					
J3590	ROUGH PIGWEED EXTRACT	\$100 - \$250					
J3590	RUSSIAN THISTLE EXTRACT	\$100 - \$250					
J3590	SAGEBRUSH EXTRACT	\$100 - \$250					
J3590	SESAME SEED EXTRACT	\$100 - \$250					
J3590	SHAGBARK HICKORY EXTRACT	\$100 - \$250					
J3590	SHORT RAGWEED EXTRACT	\$100 - \$250					
J3590	SHRIMP EXTRACT	\$100 - \$250					
J3590	SILIQ	\$100 - \$250					
J3590	SIMPONI	\$100 - \$250					
J3590	SKYRIZI	\$100 - \$250					
J3590	SORREL/DOCK MIX EXTRACT	\$100 - \$250					
J3590	SOYBEAN EXTRACT	\$100 - \$250					
J3590	SPINY PIGWEED EXTRACT	\$100 - \$250					
J3590	STANDARDIZED BERMUDA GRASS POLLEN	\$100 - \$250					
J3590	STANDARDIZED CAT HAIR EXTRACT	\$100 - \$250					
J3590	STANDARDIZED JUNE GRASS POLLEN EXTRACT	\$100 - \$250					
J3590	STANDARDIZED MITE EXTRACT	\$100 - \$250					
J3590	STANDARDIZED MITE MIXED EXTRACT	\$100 - \$250					
J3590	STANDARDIZED PERENNIAL RYE GRASS POLLEN EXTRACT	\$100 - \$250					
J3590	STANDARDIZED TIMOTHY GRASS POLLEN EXTRACT	\$100 - \$250					
J3590	STEMPHYLIUM EXTRACT	\$100 - \$250					
J3590	STRAWBERRY EXTRACT	\$100 - \$250					

**HI Medical Product Drug List**

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	STRENSIQ	\$100 - \$250					
J3590	SWEET CORN EXTRACT	\$100 - \$250					
J3590	TALL RAGWEED EXTRACT	\$100 - \$250					
J3590	TALTZ	\$100 - \$250					
J3590	TIMOTHY GRASS POLLEN EXTRACT	\$100 - \$250					
J3590	TOMATO EXTRACT	\$100 - \$250					
J3590	TREMFYA	\$100 - \$250					
J3590	TRICHOPHYTON EXTRACT	\$100 - \$250					
J3590	TROGARZO	\$100 - \$250					
J3590	VIRGINIA LIVE OAK EXTRACT	\$100 - \$250					
J3590	VORAXAZE	\$100 - \$250					
J3590	WASP VENOM PROTEIN EXTRACT	\$100 - \$250					
J3590	WESTERN JUNIPER EXTRACT	\$100 - \$250					
J3590	WHITE ASH EXTRACT	\$100 - \$250					
J3590	WHITE FACED HORNET VENOM PROTEIN EXTRACT	\$100 - \$250					
J3590	WHITE MULBERRY EXTRACT	\$100 - \$250					
J3590	WHITE OAK EXTRACT	\$100 - \$250					
J3590	WHITE PINE EXTRACT	\$100 - \$250					
J3590	WHOLE EGG EXTRACT	\$100 - \$250					
J3590	XEMBIFY	\$100 - \$250					
J3590	YELLOW HORNET VENOM PROTEIN EXTRACT	\$100 - \$250					
J3590	YELLOW JACKET VENOM PROTEIN EXTRACT	\$100 - \$250					
J3590	ZIEXTENZO	\$100 - \$250					
J3590	ZOLGENSMA 10.1-10.5 KG	\$100 - \$250					
J3590	ZOLGENSMA 10.6-11.0 KG	\$100 - \$250					

**HI Medical Product Drug List**

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	ZOLGENSMA 11.1-11.5 KG	\$100 - \$250					
J3590	ZOLGENSMA 11.6-12.0 KG	\$100 - \$250					
J3590	ZOLGENSMA 12.1-12.5 KG	\$100 - \$250					
J3590	ZOLGENSMA 12.6-13.0 KG	\$100 - \$250					
J3590	ZOLGENSMA 13.1-13.5 KG	\$100 - \$250					
J3590	ZOLGENSMA 2.6-3.0 KG	\$100 - \$250					
J3590	ZOLGENSMA 3.1-3.5 KG	\$100 - \$250					
J3590	ZOLGENSMA 3.6-4.0 KG	\$100 - \$250					
J3590	ZOLGENSMA 4.1-4.5 KG	\$100 - \$250					
J3590	ZOLGENSMA 4.6-5.0 KG	\$100 - \$250					
J3590	ZOLGENSMA 5.1-5.5 KG	\$100 - \$250					
J3590	ZOLGENSMA 5.6-6.0 KG	\$100 - \$250					
J3590	ZOLGENSMA 6.1-6.5 KG	\$100 - \$250					
J3590	ZOLGENSMA 6.6-7.0 KG	\$100 - \$250					
J3590	ZOLGENSMA 7.1-7.5 KG	\$100 - \$250					
J3590	ZOLGENSMA 7.6-8.0 KG	\$100 - \$250					
J3590	ZOLGENSMA 8.1-8.5 KG	\$100 - \$250					
J3590	ZOLGENSMA 8.6-9.0 KG	\$100 - \$250					
J3590	ZOLGENSMA 9.1-9.5 KG	\$100 - \$250					
J3590	ZOLGENSMA 9.6-10.0 KG	\$100 - \$250					
J7187	HUMATE-P	\$500 - \$1000		X			
J7296	KYLEENA	> \$1000					
J7297	LILETTA	\$500 - \$1000					
J7298	MIRENA	\$500 - \$1000					

### HI Medical Product Drug List

PROCEDURE CODE	PRODUCT NAME	COINS BAND	Drug Edits	Prior Authorization Medical Necessity Notification	Prior Authorization Step Therapy	Prior Authorization Site of Care	Supply Limits
J7300	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	\$500 - \$1000					
J7301	SKYLA	\$500 - \$1000					
J7307	NEXPLANON	\$500 - \$1000					
J7312	OZURDEX	> \$1000					
J7313	ILUVIEN	> \$1000					
J7314	YUTIQ	> \$1000					
J7318	DUROLANE	\$500 - \$1000	X				X
J7320	GENVISC 850	\$500 - \$1000					
J7321	HYALGAN	\$100 - \$250	X	X	X		X
J7321	SUPARTZ FX	\$100 - \$250	X	X	X		X
J7321	VISCO-3	\$100 - \$250					
J7322	HYMOVIS	\$100 - \$250	X	X	X		X
J7323	EUFLEXXA	\$250 - \$500	X				X
J7324	ORTHOVISC	\$250 - \$500	X	X	X		X
J7325	SYNVISC	\$250 - \$500	X	X	X		X
J7325	SYNVISC ONE	\$250 - \$500	X	X	X		X
J7327	MONOVISC	\$500 - \$1000	X	X	X		X
J7328	GELSYN-3	\$500 - \$1000	X				X
J7599	CELLCEPT INTRAVENOUS	<= \$100					
J7599	MYCOPHENOLATE MOFETIL	<= \$100					
J7606	PERFOROMIST	<= \$100					
J7608	ACETYLCYSTEINE	<= \$100					
J7609	ALBUTEROL SULFATE	<= \$100					
J7611	ALBUTEROL SULFATE	<= \$100					



**HI Medical Product Drug List**

PROCEDURE CODE	PRODUCT NAME	COINS BAND	Drug Edits	Prior Authorization Medical Necessity Notification	Prior Authorization Step Therapy	Prior Authorization Site of Care	Supply Limits
J7612	LEVALBUTEROL	<= \$100					
J7612	XOPENEX CONCENTRATE	<= \$100					
J7613	ALBUTEROL SULFATE	<= \$100					
J7614	LEVALBUTEROL HCL	<= \$100					
J7614	LEVALBUTEROL HYDROCHLORIDE	<= \$100					
J7614	XOPENEX	<= \$100					
J7620	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	<= \$100					
J7626	BUDESONIDE	<= \$100					
J7626	PULMICORT	<= \$100					
J7631	CROMOLYN SODIUM	<= \$100					
J7644	IPRATROPIUM BROMIDE	<= \$100					
J7699	DESFLURANE	<= \$100					
J7699	LONHALA MAGNAIR REFILL KIT	<= \$100					
J7699	LONHALA MAGNAIR STARTER KIT	<= \$100					
J7699	NEBUSAL	<= \$100					
J7699	S2	<= \$100					
J7699	SODIUM CHLORIDE	<= \$100					
J7699	SUPRANE	<= \$100					
J8499	ARIKAYCE	<= \$100					
J9000	ADRIAMYCIN	<= \$100					
J9000	DOXORUBICIN HCL	<= \$100					
J9000	DOXORUBICIN HYDROCHLORIDE	<= \$100					
J9017	ARSENIC TRIOXIDE	> \$1000					
J9017	TRISENOX	> \$1000					
J9022	TECENTRIQ	> \$1000	X	X			

**HI Medical Product Drug List**

PROCEDURE CODE	PRODUCT NAME	COINS BAND	Drug Edits	Prior Authorization Medical Necessity Notification	Prior Authorization Step Therapy	Prior Authorization Site of Care	Supply Limits
J9023	BAVENCIO	> \$1000	X	X			
J9025	AZACITIDINE	> \$1000					
J9025	VIDAZA	> \$1000					
J9030	TICE BCG	\$250 - \$500					
J9033	TREANDA	> \$1000	X	X			
J9034	BENDEKA	> \$1000	X	X			
J9035	AVASTIN	\$250 - \$500	X	X	X		X
J9036	BELRAPZO	> \$1000					
J9036	BENDAMUSTINE HYDROCHLORIDE	> \$1000					
J9040	BLEOMYCIN	<= \$100					
J9040	BLEOMYCIN SULFATE	<= \$100					
J9041	VELCADE	> \$1000	X	X			
J9042	ADCETRIS	> \$1000	X	X			
J9043	JEVTANA	> \$1000	X	X			
J9045	CARBOPLATIN	\$100 - \$250					
J9047	KYPROLIS	> \$1000	X	X			
J9055	ERBITUX	> \$1000	X	X			
J9060	CISPLATIN	<= \$100					
J9065	CLADRIBINE	\$500 - \$1000					
J9070	CYCLOPHOSPHAMIDE	\$250 - \$500					
J9100	CYTARABINE	<= \$100					
J9100	CYTARABINE AQUEOUS	<= \$100					
J9120	COSMEGEN	\$250 - \$500					
J9120	DACTINOMYCIN	\$250 - \$500					
J9130	DACARBAZINE	\$100 - \$250					

### HI Medical Product Drug List

PROCEDURE CODE	PRODUCT NAME	COINS BAND	Drug Edits	Prior Authorization Medical Necessity Notification	Prior Authorization Step Therapy	Prior Authorization Site of Care	Supply Limits
J9145	DARZALEX	> \$1000	X	X			
J9150	DAUNORUBICIN HYDROCHLORIDE	<= \$100					
J9155	FIRMAGON	\$500 - \$1000	X	X			
J9171	DOCETAXEL	\$250 - \$500					
J9171	TAXOTERE	\$250 - \$500	X	X			
J9173	IMFINZI	> \$1000					
J9176	EMPLICITI	> \$1000					
J9178	ELLENC	<= \$100					
J9178	EPIRUBICIN HCL	<= \$100					
J9179	HALAVEN	> \$1000	X	X			
J9181	ETOPOPHOS	<= \$100					
J9181	ETOPOSIDE	<= \$100					
J9181	TOPOSAR	<= \$100					
J9190	FLUOROURACIL	<= \$100					
J9200	FLOXURIDINE	\$250 - \$500					
J9201	GEMCITABINE	\$250 - \$500	X	X			
J9201	GEMCITABINE HCL	\$250 - \$500	X	X			
J9201	GEMCITABINE HYDROCHLORIDE	\$250 - \$500	X	X			
J9202	ZOLADEX	> \$1000	X	X			
J9205	ONIVYDE	> \$1000	X	X			
J9206	CAMPTOSAR	\$100 - \$250					
J9206	IRINOTECAN	\$100 - \$250					
J9206	IRINOTECAN HCL	\$100 - \$250					
J9206	IRINOTECAN HYDROCHLORIDE	\$100 - \$250					
J9207	IXEMPRA KIT	\$250 - \$500	X	X			

**HI Medical Product Drug List**

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					
J9209	MESNA	<= \$100	X	X			
J9209	MESNEX	<= \$100					
J9214	INTRON A	> \$1000					
J9217	ELIGARD	\$500 - \$1000	X	X			
J9218	LEUPROLIDE ACETATE	<= \$100					
J9225	VANTAS	> \$1000	X	X			
J9226	SUPPRELIN LA	> \$1000	X	X			
J9228	YERVOY	> \$1000	X	X			
J9250	METHOTREXATE	<= \$100					
J9250	METHOTREXATE SODIUM	<= \$100					
J9260	METHOTREXATE SODIUM	<= \$100					
J9263	OXALIPLATIN	\$500 - \$1000					
J9264	ABRAXANE	> \$1000	X	X			
J9267	PACLITAXEL	\$100 - \$250					
J9271	KEYTRUDA	> \$1000	X	X			
J9280	MITOMYCIN	\$100 - \$250					
J9280	MUTAMYCIN	\$100 - \$250					
J9299	OPDIVO	> \$1000	X	X			
J9301	GAZYVA	> \$1000	X	X			
J9303	VECTIBIX	> \$1000	X	X			
J9305	ALIMTA	> \$1000	X	X			
J9306	PERJETA	> \$1000	X	X			
J9308	CYRAMZA	> \$1000	X	X			

**HI Medical Product Drug List**

PROCEDURE CODE	PRODUCT NAME	COINS BAND	Drug Edits	Prior Authorization Medical Necessity Notification	Prior Authorization Step Therapy	Prior Authorization Site of Care	Supply Limits
J9311	RITUXAN HYCELA	> \$1000					
J9312	RITUXAN	> \$1000					
J9315	ISTODAX (OVERFILL)	> \$1000	X	X			
J9330	TEMSIROLIMUS	> \$1000					
J9330	TORISEL	> \$1000	X	X			
J9351	HYCANTIN	\$500 - \$1000					
J9351	TOPOTECAN HCL	\$500 - \$1000					
J9351	TOPOTECAN HYDROCHLORIDE	\$500 - \$1000					
J9352	YONDELIS	> \$1000	X	X			
J9354	KADCYLA	> \$1000	X	X			
J9355	HERCEPTIN	> \$1000	X	X	X		X
J9356	HERCEPTIN HYLECTA	> \$1000					
J9357	VALRUBICIN	> \$1000					
J9357	VALSTAR	> \$1000	X	X			
J9360	VINBLASTINE SULFATE	<= \$100					
J9370	VINCRISTINE SULFATE	<= \$100					
J9390	NAVELBINE	\$100 - \$250					
J9390	VINORELBINE TARTRATE	\$100 - \$250					
J9999	ALIQOPA	> \$1000					
J9999	BESPONSА	> \$1000					
J9999	BORTEZOMIB	> \$1000					
J9999	INFUGEM	> \$1000					
J9999	KYMRIАH	> \$1000					
J9999	LARTRUVO	> \$1000					
J9999	MYLOTARG	> \$1000					

**HI Medical Product Drug List**

PROCEDURE CODE	PRODUCT NAME	COINS BAND	Drug Edits	Prior Authorization Medical Necessity Notification	Prior Authorization Step Therapy	Prior Authorization Site of Care	Supply Limits
J9999	POLIVY	> \$1000					
J9999	UNITUXIN	> \$1000					
J9999	VYXEOS	> \$1000					
Q0138	FERAHEME	\$500 - \$1000					
Q0139	FERAHEME	\$500 - \$1000					
Q2043	PROVENGE	> \$1000	X	X			
Q2050	DOXIL	> \$1000					
Q2050	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	> \$1000					
Q2050	DOXORUBICIN HYDROCHLORIDE LIPOSOME	> \$1000					
Q5101	ZARXIO	\$250 - \$500		X			
Q5103	INFLECTRA	> \$1000	X	X		X	X
Q5104	RENFLEXIS	> \$1000	X	X	X	X	X
Q5106	RETACRIT	\$500 - \$1000	X				X
Q5107	MVASI	> \$1000	X	X	X		
Q5110	NIVESTYM	\$100 - \$250		X	X		
Q5117	KANJINTI	> \$1000	X	X	X		
Q9950	LUMASON	\$100 - \$250					
Q9956	OPTISON	<= \$100					
Q9957	DEFINITY	<= \$100					
Q9961	CONRAY	<= \$100					
Q9965	OMNIPAQUE	<= \$100					
Q9966	ISOVUE-200	<= \$100					
Q9966	ISOVUE-250	<= \$100					
Q9966	ISOVUE-250 MULTIPACK	<= \$100					
Q9966	ISOVUE-M 200	<= \$100					

**HI Medical Product Drug List**

PROCEDURE CODE	PRODUCT NAME	COINS BAND	Drug Edits	Prior Authorization Medical Necessity Notification	Prior Authorization Step Therapy	Prior Authorization Site of Care	Supply Limits
Q9966	OMNIPAQUE	<= \$100					
Q9966	OPTIRAY 240	<= \$100					
Q9966	ULTRAVIST	<= \$100					
Q9966	VISIPAQUE	<= \$100					
Q9967	ISOVUE-300	<= \$100					
Q9967	ISOVUE-300 MULTIPACK	<= \$100					
Q9967	ISOVUE-370	<= \$100					
Q9967	ISOVUE-370 MULTIPACK	<= \$100					
Q9967	ISOVUE-M 300	<= \$100					
Q9967	OMNIPAQUE	<= \$100					
Q9967	OPTIRAY 300	<= \$100					
Q9967	OPTIRAY 320	<= \$100					
Q9967	OPTIRAY 350	<= \$100					
Q9967	ULTRAVIST	<= \$100					
Q9967	VISIPAQUE	<= \$100					
Q9991	SUBLOCADE	> \$1000	X	X			
Q9992	SUBLOCADE	\$500 - \$1000	X	X			
S0020	BUPIVACAINE FISIOPHARMA	<= \$100					
S0020	BUPIVACAINE HCL	<= \$100					
S0020	BUPIVACAINE HYDROCHLORIDE	<= \$100					
S0020	MARCAINE	<= \$100					
S0020	SENSORCAINE	<= \$100					
S0020	SENSORCAINE-MPF	<= \$100					
S0028	FAMOTIDINE	<= \$100					
S0028	FAMOTIDINE PREMIXED	<= \$100					

**HI Medical Product Drug List**

PROCEDURE CODE	PRODUCT NAME	COINS BAND	Drug Edits	Prior Authorization Medical Necessity Notification	Prior Authorization Step Therapy	Prior Authorization Site of Care	Supply Limits
S0030	METRONIDAZOLE	<= \$100					
S0030	METRONIDAZOLE IN NAACL 0.79%	<= \$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					
S0080	PENTAM 300	<= \$100					
S0080	PENTAMIDINE ISETHIONATE	<= \$100					
S0122	MENOPUR	\$100 - \$250					
S0126	GONAL-F	<= \$100					
S0126	GONAL-F RFF	<= \$100					
S0126	GONAL-F RFF REDJECT	<= \$100					
S0128	FOLLISTIM AQ	\$100 - \$250					
S0132	GANIRELIX ACETATE	<= \$100					
S0164	PANTOPRAZOLE SODIUM	<= \$100					
S0164	PROTONIX	<= \$100					
S0171	BUMETANIDE	<= \$100					
S0189	TESTOPEL	\$250 - \$500					