

APPENDIX A						
Schedule of Maximum Allowable						
Revised: July 1, 2018						
HCPCS/ CPT	HCPCS/CPT Name, Description, Dose	Brand Name	Max Allow	Max Units/Day	P = Preferred NP = Non-Preferred & Requires LOMN	Last Revised
	[▼] = Wholesale Acquisition Cost (WAC) PA = Requires Prior Authorization 070 = Administered only in outpatient hospitals					
90371	Hepatitis B Immune Globulin	HBIG	\$117.12	1	P	7/1/2018
90375	Rabies Immune Globulin, I intramuscular and/or subcutaneous use	Bayrab	\$295.82	12	P	7/1/2018
90378	Respiratory Syncytial Virus Immune Globulin (RSV-IgIM), Palivizumab for intramuscular use, 50 mg, each PA [▼]	Synagis	\$1,498.30	6	P	10/1/2017
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use 50mg	BCG Vaccine	\$138.11	1	P	7/1/2018
90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use	Tice BCG	\$138.11	6	P	7/1/2018
90620	Meningococcal B RP W/OMV Vaccine IM [▼]	Bexsero	\$165.75	1	P	4/1/2018
90621	Meningococcal B RIP Vaccine IM [▼]	Trumenba	\$133.62	1	P	1/1/2018
90630	Flu Vaccine, Intradermal Quad.	Fluzone Quad	\$20.34	1	P	1/1/2017
90632	Hepatitis A Vaccine, Adult	Havrix	\$56.69	1	P	7/1/2018
90636	Hepatitis A and Hepatitis B Vaccine (HepA-HepB), Adult Dosage [▼]	Twinrix	\$101.00	1	P	4/1/2018
90649	Human Papilloma Virus (HPV) vaccine types 6, 11, 16,18 (quadrivalent),3 dose schedule for IM use [▼]	Gardasil	\$160.17	1	P	4/1/2018
90651	Vaccine for Human Papilloma Virus (3 Dose Schedule) Injection into muscle [▼]	Gardasil 9	\$204.87	1	P	10/1/2017
90656	Influenza Virus Vaccine, Split virus, preservative free, for individuals 3 yrs and older, for intramuscular use	Fluvirin Syringe	\$19.25	1	P	8/1/2017
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, 65 yrs and older, for IM use	Fluzone	\$49.03	1	P	8/1/2017
90670	Pneumococcal Vaccine 13 Val IM	Prevnam 13	\$205.11	1	P	7/1/2018
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	FluMist Quad	\$26.88	1	P	8/1/2017
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for IM use	Flublok	\$40.61	1	P	7/1/2017
90674	Influenza Virus Vaccine, Quadrivalent (ccIV4), derived from cell cultures, sunbunit, preservative and antibiotic free, for IM use	Flucelvax Quad	\$24.05	1	P	8/1/2017
90675	Rabies Vaccine for IM Use	Rabavert	\$288.96	1	P	7/1/2018
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative free, for IM use	Flublok Quad Syringe	\$46.31	1	P	8/1/2018
90686	Influenza Virus Vaccine Quadrivalent, Split Virus Preservative Free for 3yrs and older, for IM use.	Flu Vaccine	\$19.03	1	P	1/1/2017
90688	Influenza Virus Vaccine Quadrivalent, Split Virus Preservative Free for 3yrs and older, for IM use.	Flu Vaccine	\$17.84	1	P	1/1/2017
90707	Measles, Mumps and Rubella Virus Vac., Live [▼]	M-M-R II Vaccine w/ Diluent	\$70.92	1	P	10/1/2017
90713	Poliovirus Vaccine, inactivated (IPV) for SQ use [▼]	IPOL	\$31.97	1	P	1/1/2018
90714	Tetanus and Diphtheria Toxoids (Td) absorbed,preservative free, for use in 7years or older	Td	\$23.72	1	P	7/1/2018
90715	Tetanus, Diphtheria Toxoids and Acellular Pertussis Vaccine (Tdap), for use in individuals 7 years or older, for IM use	Tdap	\$30.95	1	P	7/1/2018
90716	Varicella Virus Vaccine, Live, for s-q use [▼]	Varivax	\$122.02	1	P	10/1/2017
90732	Pneumococcal Vaccine, 23- Valent	Pneumovax 23	\$107.75	1	P	1/1/2018
90734	Meningococcal Conjugate Vaccine, Serogroups A, C, Y, and W-135 (tetraivalent) for IM use [▼]	Menactra, Menveo	\$116.30	1	P	1/1/2018
90736	Zoster (shingles) , live, for SQ injections, 0.65 ml (≥age 50) [▼]	Zostavax	\$212.67	1	P	10/1/2017
90746	Hepatitis B Vaccine, adult dosage, for intramuscular use 20mcg	Recombivax HB	\$65.12	1	P	7/1/2018
90747	Hepatitis B Vaccine, dialysis or immunosuppressed patient dose (4 dose schedule), for intramuscular use 40mcg	Engerix-B 40mcg/1ml	\$130.25	1	P	7/1/2018
90750	Zoster (shingles) vaccine, (HZV), recombinant, subunit, adjuvanted, for intramuscular injection [▼]	Shingrix	\$140.00	1	P	1/1/2018

Revised: July 1, 2018

HCPCS/ CPT	HCPCS/CPT Name, Description, Dose	Brand Name	Max Allow	Max Units/Day	P = Preferred NP = Non-Preferred & Requires LOMN	Last Revised
	[▼] = Wholesale Acquisition Cost (WAC) PA = Requires Prior Authorization 070 = Administered only in outpatient hospitals					
90756	Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use	Flucelvax Quad Susp	\$22.79	1	P	1/1/2018
A9606	Radium RA-223 Dichlorid, Therapeutic, Per Microcurie [▼] 070 PA	Xofigo	\$131.85	178	P	7/1/2018
C9014	Cerliponase alfa, 1 mg [▼] PA	Brineura	\$90.00	300	P	1/1/2018
C9016	Triptorelin extended release, 3.75 mg [▼] PA	Triptodur	\$2,666.67	6	P	4/1/2018
C9024	Liposomal, 1 MG Daunorubicin & 2.27 MG Cytarabine [▼] PA	Vyxeos	\$176.14	132	P	7/1/2018
C9464	Rolapitant, 0.5 mg [▼]	Varubi	\$0.89	333	P	7/1/2018
C9467	Rituximab and Hyaluronidase, 10 mg [▼]	Rituxan Hycela	\$45.17	160	NP	7/1/2018
C9469	Triamcinolone Acetonide, Preservative-free, ER [▼]	Zilretta	\$17.81	64	NP	7/1/2018
C9492	Durvalumab, 10 mg [▼] PA	Imfinzi	\$69.58	134	P	10/1/2017
C9493	Edaravone, 1 mg [▼] PA	Radicava	\$18.10	60	P	4/1/2018
J0129	Abatacept 10 mg PA	Orencia	\$51.63	100	P	7/1/2018
J0133	Acyclovir 5mg	Zovirax	\$0.05	200	P	7/1/2018
J0153	Adenosine 1mg	Adenocard, Adenoscan	\$0.77	90	P	7/1/2018
J0171	Adrenaline, Epinephrine HCl 0.1mg	Adrenalin	\$0.58	10	P	7/1/2018
J0178	Aflibercept (ophthalmic use) 1mg PA	Eylea	\$967.67	4	P	7/1/2018
J0180	Agalsidase Beta 1mg	Fabrazyme	\$174.67	100	P	7/1/2018
J0202	Alemtuzumab, 1mg PA	Lemtrada	\$1,843.28	12	P	7/1/2018
J0207	Amifostine 500mg	Ethyol	\$976.56	4	P	7/1/2018
J0221	Alglucosidase Alfa Injection 10mg	Lumizyme	162.816	200	P	7/1/2018
J0256	Alpha-1 Proteinase Inhibitor, Human, 10 mg	Prolastin C, Aralast /NP, Zemaira	\$4.52	1000	P	7/1/2018
J0257	Alpha-1 Proteinase Inhibitor, Human, 10 mg	Glassia	\$4.74	1000	P	7/1/2018
J0278	Amikacin Sulfate, 100 mg	Amikin	\$1.12	15	P	7/1/2018
J0280	Aminophyllin, 250 mg	Aminophylline	\$6.83	10	P	7/1/2018
J0285	Amphotericin B 50 mg	Amphocin, Fungizone	\$33.68	3	P	7/1/2018
J0290	Ampicillin 500 mg	Ampicillin Sodium	\$1.12	4	P	7/1/2018
J0295	Ampicillin sodium/sulbactam sodium 1.5 g	Unasyn	\$2.39	2	P	7/1/2018
J0300	Amobarbital Sodium 125 mg [▼]	Amytal	\$183.26	8	P	10/1/2017
J0348	Anidulafungin, 1 mg	Eraxis	\$0.56	200	P	7/1/2018
J0360	Hydralazine HCl, 20 mg	Apresoline	\$2.84	15	P	7/1/2018
J0401	Aripiprazole extended release, 1mg PA	Abilify Maintena	\$5.24	400	P	7/1/2018
J0461	Atropine Sulfate, 0.01mg	Atropine Sulfate	\$0.07	330	P	7/1/2018
J0475	Baclofen 10 mg	Lioresal	\$173.31	8	P	7/1/2018
J0490	Belimumab 10mg PA	Benlysta	\$43.62	160	P	7/1/2018
J0500	Dicyclomine HCl up to 20mg	Bentyl	\$77.12	2	P	7/1/2018
J0515	Benzotropine Mesylate 1 mg	Cogentin	\$16.68	6	P	7/1/2018
J0558	Penicillin G Benzathine, Penicillin G Procaine 100,000units	Bicillin CR, Bicillin CR 900/300	\$10.93	24	P	7/1/2018
J0561	Penicillin G Benzathine 100,000units	Penicillin G Benzathine	\$13.94	24	P	7/1/2018
J0565	Injection, bezlotoxumab, 10 mg [▼] PA	Zinplava	\$38.00	200	P	1/1/2018
J0570	Buprenorphine Implant 74.2mg PA	Probuphine System Kit	\$1,250.92	4	P	7/1/2018
J0585	OnabotulinumtoxinA, per 1 U PA	Botox	\$6.16	600	P	7/24/2018
J0586	Abobotulinumtoxin A 5U	Dysport	\$8.43	300	P	7/1/2018
J0587	RimabotulinumtoxinB per 100 U	Myobloc	\$12.02	100	NP	7/1/2018

Revised: July 1, 2018

HCPCS/ CPT	HCPCS/CPT Name, Description, Dose	Brand Name	Max Allow	Max Units/Day	P = Preferred NP = Non-Preferred & Requires LOMN	Last Revised
	[▼] = Wholesale Acquisition Cost (WAC) PA = Requires Prior Authorization 070 = Administered only in outpatient hospitals					
J0588	Incobotulinumtoxin A 1U	Xeomin	\$5.08	400	NP	7/1/2018
J0595	Butorphanol Tartrate 1 mg	Stadol	\$2.39	4	P	7/1/2018
J0598	C-1 esterase Inhibitor 10 units (Human) Cinryze ^{PA}	Cinryze	\$55.94	100	P	7/1/2018
J0610	Calcium gluconate per 10 mg	Calcium Gluconate	\$4.16	20	P	7/1/2018
J0640	Leucovorin Calcium 50 mg	Leucovorin Calcium	\$3.13	30	P	7/1/2018
J0641	Leucovorin calcium 0.5mg	Fusilev	\$0.23	800	P	7/1/2018
J0670	Mepivacaine HCl Vial 10 ml	Carbocaine	\$2.54	40	P	7/1/2018
J0690	Cefazolin Sodium 500 mg	Ancef, Kefzol	\$0.78	8	P	7/1/2018
J0694	Cefoxitin Sodium, 1 g	Mefoxin	\$3.83	3	P	7/1/2018
J0696	Ceftriaxone Sodium, 250 mg	Rocephin	\$0.59	8	P	7/1/2018
J0697	Cefuroxime Sodium, 750 mg	Zinacef	\$1.99	4	P	7/1/2018
J0698	Cefotaxime Sodium, 1 g [▼]	Cefotaxime Sodium	\$3.62	2	P	4/1/2018
J0702	Betamethasone Acetate- Betamethasone Sodium Phosphate, 3mg	Celestone Soluspan	\$6.99	4	P	7/1/2018
J0717	Certolizumab pegol Lyophilized Powder 1mg ^{PA}	Cimzia Lyophilized Powder	\$8.02	400	P	7/1/2018
J0725	Gonadotropin, Chorionic, per 1000 USP units	Profasi HP; Pregnyl	\$24.11	10	P	7/1/2018
J0743	Cilastatin Sodium; Imipenem, per 250 mg	Primaxin	\$6.96	16	P	7/1/2018
J0775	Collagenase Clostridium Histolyticum 0.01mg	Xiaflex	\$43.50	90	P	7/1/2018
J0780	Prochlorperazine 10 mg	Compazine	\$10.05	40	P	7/1/2018
J0795	Corticotropin Ovine Triflutate, 1 microgram	Acthrel	\$8.60	80	P	7/1/2018
J0834	Injection, Cosyntropin, 0.25mg	Cosyntropin	\$33.15	3	P	7/1/2018
J0875	Dalbavancin 5mg ^{PA}	Dalvance	\$14.66	300	P	7/1/2018
J0878	Daptomycin (Cubicin), 1mg	Cubicin	\$0.36	1000	P	7/1/2018
J0881	Darbepoetin Alfa, 1 microgram (non-ESRD use)	Aranesp	\$3.78	500	P	7/1/2018
J0885	Epoetin Alfa, (for non-ESRD use), 1000 units	Procrit	\$13.33	60	P	7/1/2018
J0894	Decitabine 1mg	Dacogen	\$14.50	50	P	7/1/2018
J0895	Deferoxamine Mesylate 500 mg	Desferal	\$20.16	12	P	7/1/2018
J0897	Denosumab 1mg ^{PA}	Prolia	\$17.94	60	P	7/1/2018
J0897	Denosumab 1mg	Xgeva	\$17.94	120	P	7/1/2018
J1000	Depo-estradiol Cypionate 5 mg	Depogen	\$21.97	1	P	7/1/2018
J1020	Methylprednisolone Acetate 20 mg	Depo-Medrol	\$4.18	6	P	7/1/2018
J1030	Methylprednisolone Acetate 40 mg	Edrol-40	\$7.00	3	P	7/1/2018
J1040	Methylprednisolone Acetate 80 mg	Edrol-80	\$13.51	2	P	7/1/2018
J1050	Medroxyprogesterone Acetate, 1 mg	Depo-Provera	\$0.56	1000	P	7/1/2018
J1071	Testosterone Cypionate 1mg	Depo-Testosterone	\$0.03	400	P	4/1/2018
J1100	Dexamethasone Sodium Phosphate, 1 mg	Decajet, Dexone, Solurex	\$0.12	50	P	7/1/2018
J1110	Dihydroergotamine Mesylate 1 mg	D.H.E. 45	\$92.19	4	P	7/1/2018
J1120	Acetazolamide 500 mg	Diamox	\$15.17	4	P	7/1/2018
J1160	Digoxin 0.5 mg	Lanoxin	\$6.99	2	P	7/1/2018
J1165	Phenytoin Sodium 50 mg	Dilantin	\$0.60	40	P	7/1/2018
J1170	Hydromorphone HCl, 4 mg	Dilaudid	\$1.37	1	P	7/1/2018
J1190	Dexrazoxane HCl 250 mg	Zinecard	\$236.49	8	P	7/1/2018
J1200	Diphenhydramine HCl 50 mg	Benadryl	\$0.59	4	P	1/1/2018
J1245	Dipyridamole 10 mg	Persantine	\$0.80	6	P	4/1/2018
J1250	Dobutamine HCl per 250 mg	Dobutrex	\$5.06	2	P	7/1/2018

Revised: July 1, 2018

HCPCS/ CPT	HCPCS/CPT Name, Description, Dose	Brand Name	Max Allow	Max Units/Day	P = Preferred NP = Non-Preferred & Requires LOMN	Last Revised
	[▼] = Wholesale Acquisition Cost (WAC) PA = Requires Prior Authorization 070 = Administered only in outpatient hospitals					
J1290	Ecallantide 1mg	Kalbitor	\$476.87	30	P	7/1/2018
J1300	Eculizumab, 10 mg PA	Soliris	\$230.48	120	P	4/1/2018
J1322	Elosulfase alfa, 1mg PA [▼]	Vimizim	\$227.80	125	P	7/1/2018
J1335	Ertapenem, (Invanz), 500 mg	Invanz	\$62.78	2	P	7/1/2018
J1364	Erythromycin Lactobionate, 500 mg	Erythromycin Lactobionate	\$78.87	2	P	7/1/2018
J1410	Estrogen Conjugated, 25 mg	Premarin	\$310.39	1	P	7/1/2018
J1428	Eteplirsen, 10 mg PA [▼]	Exondys 51	\$160.00	300	P	1/1/2018
J1439	Ferric Carboxymaltose 1mg PA	Injectafer	\$1.07	750	P	7/1/2018
J1442	Filgrastim 1mcg	Neupogen	\$1.02	960	P	4/1/2018
J1447	Filgrastim (tbo), 1 mcg	Granix	\$0.59	780	P	7/1/2018
J1450	Fluconazole 200 mg	Diflucan in Saline	\$4.49	3	P	7/1/2018
J1453	Fosaprepitant dimeglumine, for injection, 1 mg	Emend	\$2.08	150	P	7/1/2018
J1458	Galsulfase for Injection, 1 mg PA	Naglazyme	\$383.21	50	P	7/1/2018
J1459	Immune Globulin IV, (Human) nonlyophilized liquid 500mg	Privigen	\$39.67	200	P	7/1/2018
J1561	Immune Globulin IV, (Human) nonlyophilized liquid 500mg	Gamunex C, Gammaked	\$41.21	200	P	7/1/2018
J1566	Immune Globulin, IV, Lyophilized (e.g., powder), 500 mg	Immune Globulin	\$41.40	180	P	7/1/2018
J1569	Immune Globulin IV, (Human) nonlyophilized liquid 500mg	Gammagard liquid	\$50.55	120	P	7/1/2018
J1570	Ganciclovir sodium, 500 mg	Cytovene	\$68.53	1	P	7/1/2018
J1572	Immune Globulin IV, (Human) nonlyophilized liquid 500mg	Flebogamma Dif	\$36.07	120	P	7/1/2018
J1580	Garamycin, Gentamycin up to 80 mg	Gentamycin	\$1.36	7	P	7/1/2018
J1602	Golimumab for Infusion 1mg PA	Simponi Aria	\$24.30	250	P	7/1/2018
J1610	Glucagon 1 mg	Glucagon	\$197.32	2	P	7/1/2018
J1626	Granisetron HCl, 100 mcg	Kytril	\$0.32	20	P	7/1/2018
J1627	Granisetron, extended-release, 0.1 mg	Sustol	\$3.89	100	NP	7/1/2018
J1630	Haloperidol, 5 mg	Haldol	\$0.99	5	P	7/1/2018
J1631	Haloperidol Deconate 50 mg	Haloperidol Deconate	\$17.98	9	P	7/1/2018
J1642	Heparin Lock Flush 10 U/ml	Heparin Lock Flush	\$0.18	2	P	7/1/2018
J1644	Heparin Sodium 1000 U	Heparin Sodium	\$0.20	40	P	1/1/2018
J1670	Tetanus Immune Globulin 250 U	Baytet	\$312.43	4	P	7/1/2018
J1720	Hydrocortisone Sodium Succinate up to 100 mg	Solu-Cortef	\$13.18	20	P	7/1/2018
J1726	Hydroxyprogesterone caproate, 10mg PA [▼]	Makena	\$32.12	25	P	4/1/2018
J1743	Idursulfase, 1 mg PA	Elaprase	\$542.92	45	P	7/1/2018
J1745	Infliximab 10 mg PA	Remicade	\$83.90	100	P	7/1/2018
J1750	Iron Dextran Inj, 50mg	INFeD	\$13.67	100	P	7/1/2018
J1756	Iron Sucrose Complex, 1 mg	Venofer	\$0.23	500	P	7/1/2018
J1786	Imiglucerase 10units	Cerezyme	\$41.33	540	P	7/1/2018
J1800	Propranolol HCl 1 mg	Inderal	\$4.53	4	P	7/1/2018
J1815	Insulin per 5 U	Insulins	\$0.94	40	P	7/1/2018
J1885	Ketorolac Tromethamine 15 mg	Toradol	\$0.57	4	P	7/1/2018
J1930	Lanreotide, 1mg PA	Somatuline Depot	\$58.98	120	P	7/1/2018
J1940	Furosemide up to 20 mg	Lasix	\$0.88	8	P	7/1/2018
J1942	Aripiprazole Lauroxil 1mg PA	Aristada	\$2.46	1064	P	7/1/2018
J1950	Leuprolide Acetate (for Depot Suspension) 3.75 mg	Lupron Depot	\$1,196.91	8	P	7/1/2018
J1955	Levocarnitine, 1 g	Carnitor	\$32.08	24	P	7/1/2018

PADL-Appendix A-Schedule of Maximum Allowable

July 2018

Revised: July 1, 2018

HCPCS/ CPT	HCPCS/CPT Name, Description, Dose	Brand Name	Max Allow	Max Units/Day	P = Preferred NP = Non-Preferred & Requires LOMN	Last Revised
	[▼] = Wholesale Acquisition Cost (WAC) PA = Requires Prior Authorization 070 = Administered only in outpatient hospitals					
J1980	Hyoscyamine Sulfate up to 0.25 mg	Levsin	\$30.34	5	P	7/1/2018
J2001	Lidocaine HCl, 10 mg	Xylocaine HCl	\$0.02	50	P	9/1/2009
J2010	Lincomycin HCl, 300 mg	Lincocin	\$13.03	7	P	7/1/2018
J2020	Linezolid, 200 mg	Zyvox	\$11.92	6	P	7/1/2018
J2150	Mannitol 25% in 50 ml	Mannitol	\$2.32	16	P	7/1/2018
J2175	Meperidine 100 mg	Demerol	\$3.77	2	P	7/1/2018
J2182	Mepolizumab 1mg PA [▼]	Nucala	\$28.69	100	P	4/1/2018
J2185	Meropenem 100mg	Merrem	\$0.81	20	P	4/1/2018
J2210	Methylergonovine Maleate 0.2 mg	Methergine	\$14.81	4	P	7/1/2018
J2248	Micafungin Sodium Injection, 1mg	Mycamine	\$0.86	150	P	7/1/2018
J2250	Midazolam HCl 1 mg	Versed	\$0.12	28	P	7/1/2018
J2260	Milrinone Lactate, 5mg	Primacor	\$1.66	23	P	7/1/2018
J2270	Morphine Sulfate, up to 10mg	Depodur, Infumorph	\$2.43	10	P	7/1/2018
J2274	Morphine Sulfate, PF for Epidural or Intrathecal Use 10mg	DepoDur, Astromorph PF, Duramorph PF	\$11.43	10	P	7/1/2018
J2278	Ziconotide injection 1mcg PA	Prialt	\$7.58	600	P	7/1/2018
J2300	Nalbuphine HCl, 10 mg	Nubain	\$2.90	20	P	7/1/2018
J2310	Naloxone HCl, 1 mg	Narcan	\$23.87	2	P	7/1/2018
J2315	Naltrexone, Depot Form, 1 mg	Vivitrol	\$3.26	380	P	4/1/2018
J2323	Natalizumab, 1 mg PA	Tysabri	\$19.90	300	P	7/1/2018
J2326	Nusinersen, 0.1 mg [▼] 070 PA	Spinraza	\$1,041.67	120	P	1/1/2018
J2350	Ocrelizumab, 1 mg PA	Ocrevus	\$57.17	600	P	7/1/2018
J2353	Octreotide, Depot for IM use, 1mg PA	Sandostatin LAR	\$199.03	30	P	7/1/2018
J2354	Octreotide, non-depot form, SQ or IV Inj, 25mcg, PA	Sandostatin	\$0.93	60	P	7/1/2018
J2357	Omalizumab 5mg PA	Xolair	\$36.33	90	P	7/1/2018
J2360	Orphenadrine Citrate 60 mg	Norflex	\$6.39	4	P	7/1/2018
J2370	Phenylephrine HCl, Inj [▼]	Phenylephrine HCl	\$4.59	5	P	4/1/2018
J2405	Ondasetron HCl per 1 mg	Zofran	\$0.08	32	P	7/1/2018
J2407	Oritavancin 10mg PA	Orbactiv	\$25.62	120	P	7/1/2018
J2426	Paliperidone Palmitate inj 1mg PA	Invega Sustenna	\$10.88	234	P	7/1/2018
J2469	Palonosetron HCL, Injection 25 mcg	Aloxi	\$22.60	10	NP	7/1/2018
J2501	Paricalcitol 1 mcg	Zemlar	\$0.75	20	P	7/1/2018
J2505	Pegfilgrastim 6 mg PA	Neulasta, Neulasta Del.Kit	\$4,500.88	1	P	7/1/2018
J2507	Pegloticase 1mg PA	Krystexxa	\$2,322.06	8	P	7/1/2018
J2510	Penicillin G Procaine, Aqueous, up to 600,000 U	Wycillin Tubex	\$29.29	4	P	7/1/2018
J2515	Pentobarbital Sodium 50 mg	Nembutal Sodium	\$49.20	4	P	7/1/2018
J2540	Penicillin G Potassium up to 600,000 U	Pfizerpen, Pen G K+	\$1.09	34	P	7/1/2018
J2543	Piperacillin Sodium / Tazobactam Sodium, 1g/ 0.125g (1.125g)	Zosyn	\$2.73	4	P	7/1/2018
J2550	Promethazine HCl 50 mg	Phenergan	\$1.93	2	P	7/1/2018
J2560	Phenobarbital Sodium up to 120 mg	Phenobarbital	\$38.17	2	P	7/1/2018
J2562	Plerixafor 1 mg PA	Mozobil	\$329.81	24	P	7/1/2018
J2675	Progesterone, per 50 mg	Progesterone	\$1.10	2	P	7/1/2018
J2680	Fluphenazine Deconate 25 mg	Prolixin	\$13.94	5	P	7/1/2018
J2690	Procainamide, up to 1 g	Procainamide	\$69.42	1	P	7/1/2018
J2700	Oxacillin Sodium up to 250 mg	Bactocill	\$2.27	8	P	7/1/2018
J2720	Protamine Sulfate, 10 mg	Protamine Sulfate	\$1.15	5	P	7/1/2018
J2765	Metoclopramide HCl, up to 10mg	Reglan	\$0.85	2	P	7/1/2018
J2778	Ranibizumab 0.1 mg, intravitreal inj. (per eye) PA	Lucentis	\$373.50	10	P	7/1/2018
J2785	Regadenoson 0.1mg	Lexiscan	\$56.50	4	P	7/1/2018
J2786	Reslizumab, 1mg PA [▼]	Cinqair	\$8.60	400	P	8/1/2017

Revised: July 1, 2018

HCPCS/ CPT	HCPCS/CPT Name, Description, Dose	Brand Name	Max Allow	Max Units/Day	P = Preferred NP = Non-Preferred & Requires LOMN	Last Revised
	[▼] = Wholesale Acquisition Cost (WAC) PA = Requires Prior Authorization 070 = Administered only in outpatient hospitals					
J2788	Rho D immune globulin, minidose, 50 mcg (250 IU)	RhoGam, MICRhoGAM	\$25.38	1	P	7/1/2018
J2790	Rho D Immune Globulin, Human, Full Dose, 300mcg(1500IU)	RhoGam	\$82.44	1	P	7/1/2018
J2791	Rho(D) immune globulin (human), full dose IM or IV 100IU	Rhophylac	\$4.85	15	P	7/1/2018
J2792	Injection Rho D immune globulin, IV, human solvent detergent, 100IU	WinRho SDF	\$27.32	250	P	7/1/2018
J2794	Risperidone, long acting, 0.5 mg PA	Risperdal Consta	\$9.40	100	P	7/1/2018
J2796	Romiplostim 10mcg PA	Nplate	\$68.50	100	P	7/1/2018
J2800	Methocarbamol up to 10 ml	Robaxin	\$24.13	3	P	7/1/2018
J2820	Sargramostim 50 mcg	Leukine	\$35.62	17	P	7/1/2018
J2840	Sebelipase alfa 1 mg PA [▼]	Kanuma	\$510.50	140	P	4/1/2018
J2916	Sodium Ferric Gluconate Complex/Sucrose, 12.5mg	Ferlecit	\$2.18	10	P	7/1/2018
J2920	Methylprednisolone Sodium Succinate 40 mg	Solu-Medrol	\$4.81	60	P	7/1/2018
J2930	Methylprednisolone Sodium Succinate 125 mg	Solu-Medrol	\$6.97	20	P	7/1/2018
J3000	Streptomycin HCl, 1 g	Streptomycin Sulfate	\$16.46	2	P	7/1/2018
J3010	Fentanyl citrate injection, 0.1mg	Sublimaze	\$0.60	100	P	7/1/2018
J3030	Sumatriptan Succinate, 6 mg/vial [▼]	Imitrex	\$68.13	2	P	4/1/2018
J3070	Pentazocine Lactate 30 mg	Talwin	\$108.39	4	P	7/1/2018
J3105	Terbutaline Sulfate, 1 mg	Terbutaline sulfate	\$2.90	2	P	7/1/2018
J3121	Testosterone Enanthate 1mg	Delatestryl	\$0.04	400	P	1/1/2017
J3230	Chlorpromazine HCl, 50mg	Chlorpromazine HCl	\$29.35	8	P	7/1/2018
J3240	Thyrotropin Alpha 1.1 mg	Thyrogen	\$1,608.72	1	P	7/1/2018
J3250	Trimethobenzamide HCl, up to 200 mg	Tigan	\$32.24	2	P	7/1/2018
J3260	Tobramycin Sulfate up to 80 mg	Nebcin	\$3.00	3	P	7/1/2018
J3262	Tocilizumab, 1 mg PA	Actemra	\$4.72	800	P	7/1/2018
J3301	Triamcinolone Acetonide, 10 mg	Kenalog	\$1.77	8	P	7/1/2018
J3315	Triptorelin Pamoate, 3.75 mg	Trelstar Depot/LA	\$262.10	6	P	7/1/2018
J3357	Ustekinumab, for subcutaneous injection, 1 mg PA	Stelara	\$195.55	90	P	7/1/2018
J3358	Ustekinumab, for intravenous injection, 1 mg PA	Stelara IV	\$12.55	520	P	7/1/2018
J3360	Diazepam 5 mg	Valium	\$6.96	4	P	7/1/2018
J3370	Vancomycin 500 mg Vial	Vancocin	\$3.91	4	P	7/1/2018
J3380	Vedolizumab Injection 1mg PA	Entyvio	\$19.62	300	P	7/1/2018
J3385	Velaglucerase Alfa 100u	VPRIV	\$345.25	54	P	7/1/2018
J3396	Verteporfin, 0.1 mg	Visudyne	\$10.86	150	P	4/1/2018
J3410	Hydroxyzine HCl 25 mg	Vistaril	\$7.27	5	P	7/1/2018
J3420	Vitamin B-12, cyanocobalamin, up to 1000 mcg	Vitamin B-12	\$1.91	1	P	7/1/2018
J3430	Phytonadione (Vitamin K), per 1 mg	Aqua-Mephyton	\$4.27	10	P	7/1/2018
J3475	Magnesium Sulfate per 500 mg	Magnesium Sulfate 50%	\$0.51	12	P	7/1/2018
J3480	Potassium Chloride, 2 mEq	Potassium Chloride	\$0.12	20	P	7/1/2018
J3486	Ziprasidone Mesylate 10mg	Geodon	\$18.07	4	P	7/1/2018
J3489	Zoledronic Acid (Reclast), 1 mg	Reclast	\$14.72	5	P	7/1/2018
J3489	Zoledronic Acid (Zometa), 1 mg	Zometa	\$14.72	4	P	7/1/2018
J7030	Normal Saline Solution, 1000 cc	Sodium Chloride	\$2.50	2	P	7/1/2018
J7040	Normal Saline Solution, 500 cc	Sodium Chloride	\$1.26	4	P	7/1/2018

Revised: July 1, 2018

HCPCS/ CPT	HCPCS/CPT Name, Description, Dose	Brand Name	Max Allow	Max Units/Day	P = Preferred NP = Non-Preferred & Requires LOMN	Last Revised
	[▼] = Wholesale Acquisition Cost (WAC) PA = Requires Prior Authorization 070 = Administered only in outpatient hospitals					
J7042	Dextrose Normal Saline 5% 500 cc	Dextrose with Na CL	\$1.01	4	P	7/1/2018
J7050	Normal Saline Solution, 250 cc	Sodium Chloride	\$0.62	8	P	7/1/2018
J7060	Dextrose (D-Glucose) D5W 500 cc	Dextrose in Water	\$2.28	4	P	7/1/2018
J7070	Dextrose (D-Glucose) D5W 1000 cc	Dextrose in Water	\$4.49	5	P	7/1/2018
J7120	Ringers Lactate 1000 cc	Lactated Ringers	\$2.67	2	P	7/1/2018
J7178	Human Fibrinogen concentrate 1mg [▼]	RiaStap	\$1.17	7000	P	10/1/2017
J7296	Levonorgestrel-releasing intrauterine contraceptive system, 19.5mg 5 years [▼]	Kyleena	\$908.97	1	P	1/1/2018
J7297	Levonorgestrel Releasing Intrauterine Contraceptive System, 52mg 3 years [▼]	Liletta	\$684.38	1	P	10/1/2017
J7298	Levonorgestrel Releasing Intrauterine Contraceptive System, 52mg 5 years [▼]	Mirena	\$908.97	1	P	4/1/2018
J7300	Copper IUD [▼]	ParaGard IUD	\$808.50	1	P	10/1/2017
J7301	Levonorgestrel-releasing Intrauterine contraceptive system [▼]	Skyla	\$756.87	1	P	4/1/2018
J7307	Etonogestrel (contraceptive) Implant System, including implant and supplies [▼]	Nexplanon	\$890.30	1	P	7/1/2018
J7312	Dexamethasone Intravitreal Implant 0.1mg PA	Ozurdex	\$200.20	14	P	7/1/2018
J7313	Injection, Fluocinolone Acetonide, Intravitreal Implant, 0.01 mg	Iluvien	\$490.20	38	P	7/1/2018
J7316	Ocriplasmin 0.125mg	Jetrea	\$908.37	4	P	7/1/2018
J7321	Hyaluronan or derivative, for intra-articular injection, per dose, PA	Hyalgan/Supartz	\$83.18	2	P	7/1/2018
J7342	Ciprofloxacin Otic Suspension, Instillation [▼]	Otiprio	\$28.32	10	P	10/1/2017
J9000	Doxorubicin 10 mg	Adriamycin PFS	\$3.07	25	P	4/1/2018
J9015	Aldesleukin, per single use vial [▼] 070 PA	Proleukin	\$3,903.91	4	P	7/1/2018
J9017	Arsenic Trioxide 1mg	Trisenox	\$77.06	15	P	7/1/2018
J9019	Asparaginase Erwinia Chrysanthem 1,000 IU PA	Erwinaze	\$414.83	50	P	7/1/2018
J9022	Injection, atezolizumab, 10 mg	Tecentriq	\$76.90	120	P	7/1/2018
J9023	Injection, avelumab, 10 mg PA	Bavencio	\$80.59	140	P	7/1/2018
J9025	Azacitidine 1 mg	Vidaza	\$1.51	215	P	7/1/2018
J9027	Clofarabine, 1 mg	Clolar	\$120.24	155	P	7/1/2018
J9031	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use	Tice	\$138.11	1	P	7/1/2018
J9032	Belinostat 10mg	Beleodaq	\$37.26	200	P	7/1/2018
J9033	Bendamustine, 1mg PA	Treanda	\$30.75	270	P	7/1/2018
J9034	Bendeka 1 mg PA	Bendeka	\$23.45	320	P	7/1/2018
J9035	Bevacizumab, 10 mg	Avastin	\$78.85	200	P	7/1/2018
J9039	Blinatumomab 1mcg PA	Blincyto	\$107.47	35	P	4/1/2018
J9040	Bleomycin Sulfate, 15 U	Blenoxane	\$27.82	3	P	7/1/2018
J9041	Bortezomib, 0.1 mg	Velcade	\$46.75	35	P	7/1/2018
J9042	Brentuximab Vendotin 1mg PA	Adcetris	\$150.82	200	P	7/1/2018
J9043	Cabazitaxel 1mg PA	Jevtana	\$163.59	60	P	7/1/2018
J9045	Carboplatin, 50 mg	Paraplatin	\$3.24	40	P	7/1/2018
J9047	Carfilzomib 1mg PA	Kyprolis	\$34.11	150	P	4/1/2018
J9050	Carmustine, 100 mg/cc	BiCNU	\$3,921.51	10	P	7/1/2018
J9055	Cetuximab 10 mg	Erbix	\$60.78	120	P	7/1/2018
J9060	Cisplatin, powder or Solution per 10mg	Platinol AQ	\$1.98	50	P	7/1/2018
J9070	Cyclophosphamide 100mg	Cytosan	\$41.83	40	P	7/1/2018

Revised: July 1, 2018

HCPCS/ CPT	HCPCS/CPT Name, Description, Dose	Brand Name	Max Allow	Max Units/Day	P = Preferred NP = Non-Preferred & Requires LOMN	Last Revised
	[▼] = Wholesale Acquisition Cost (WAC) PA = Requires Prior Authorization 070 = Administered only in outpatient hospitals					
J9098	Cytarabine Liposome, 10 mg	Depocyt	\$628.37	5	P	4/1/2018
J9100	Cytarabine 100 mg	Cytosar-U, Ara-C, TarabinCFS	\$0.60	80	P	7/1/2018
J9120	Dactinomycin, 0.5 mg	Cosmegen	\$1,574.07	7	P	7/1/2018
J9130	Dacarbazine 100 mg	Dtic-Dome	\$3.93	20	P	7/1/2018
J9145	Daratumumab 10 mg	Darzalex	\$50.95	220	P	7/1/2018
J9150	Daunorubicin HCl, 10 mg	Cerubidine	\$42.30	11	P	7/1/2018
J9155	Degarelix 1mg	Firmagon	\$3.66	240	P	7/1/2018
J9171	Docetaxel 1mg	Taxotere	\$1.81	500	P	7/1/2018
J9176	Elotuzumab, 1mg	Empliciti	\$6.42	1400	P	7/1/2018
J9178	Epirubicin HCl Inj. 2 mg	Ellence	\$1.29	200	P	7/1/2018
J9179	Eribulin Mesylate 0.1mg PA	Halaven	\$112.99	30	P	7/1/2018
J9181	Etoposide 10 mg inj	Toposar	\$1.35	30	P	7/1/2018
J9185	Fludarabine Phosphate 50 mg	Fludara	\$74.28	2	P	7/1/2018
J9190	Fluorouracil 500 mg	Adrucil	\$1.74	15	P	7/1/2018
J9201	Gemcitabine HCl, 200 mg	Gemzar	\$6.50	16	P	7/1/2018
J9202	Goserelin Acetate Implant, per 3.6mg	Zoladex	\$467.58	3	P	7/1/2018
J9205	Irinotecan Liposome 1 mg	Onivyde	\$45.63	215	P	7/1/2018
J9206	Irinotecan HCl, 20 mg	Camptosar	\$3.07	42	P	7/1/2018
J9207	Ixabepilone, 1mg	Ixempra	\$70.59	89	P	7/1/2018
J9208	Ifosfamide, 1 g	Ifex	\$26.27	10	P	7/1/2018
J9209	Mesna, 200 mg	Mesnex	\$2.47	10	P	7/1/2018
J9214	Interferon, Alfa-2B, Recombinant, 1 million U	Intron A	\$34.38	52	P	7/1/2018
J9217	Leuprolide Acetate 7.5 mg	Eligard	\$218.17	6	P	7/1/2018
J9225	Histrelin Implant (Vantas) 50mg	Vantas Implant Kit	\$3,452.33	1	P	7/1/2018
J9226	Histrelin Implant (Supprelin LA), 50mg PA	Supprelin LA	\$30,441.90	1	P	7/1/2018
J9228	Ipilimumab 1mg PA	Yervoy	\$148.63	1100	P	7/1/2018
J9230	Mechlorethamine HCl (Nitrogen Mustard) 10 mg	Mustargen	\$322.66	3	P	7/1/2018
J9245	Melphalan Hydrochloride, 50 mg	Evomela	\$1,055.92	5	P	7/1/2018
J9250	Methotrexate 5 mg	Folex	\$0.25	10	P	7/1/2018
J9260	Methotrexate 50 mg	Folex	\$2.46	400	P	7/1/2018
J9263	Oxaliplatin, 0.5 mg	Eloxatin	\$0.21	560	P	7/1/2018
J9264	Paclitaxel Protein-Bound Particles, 1 mg	Abraxane	\$11.23	559	P	7/1/2018
J9266	Pegaspargase, per single dose vial PA	Oncaspar	\$15,030.18	2	P	7/1/2018
J9267	Paclitaxel 1mg	Taxol	\$0.13	750	P	7/1/2018
J9271	Pembrolizumab 1mg PA	Keytruda	\$48.57	250	P	7/1/2018
J9280	Mitomycin 5 mg	Mutamycin	\$144.08	8	P	7/1/2018
J9285	Injection, olaratumab, 10 mg	Lartruvo	\$51.04	200	P	7/1/2018
J9293	Mitoxantrone, 5 mg	Novantrone	\$29.88	8	P	7/1/2018
J9295	Necitumumab 1mg PA	Portrazza	\$5.51	800	P	7/1/2018
J9299	Nivolumab 1mg PA	Opdivo	\$27.16	480	P	7/1/2018
J9301	Obinutuzumab, 10 mg PA	Gazyva	\$62.84	100	P	7/1/2018
J9302	Ofatumumab 10mg PA	Arzerra	\$58.44	200	P	7/1/2018
J9303	Panitumumab, 10 mg	Vectibix	\$111.94	100	P	4/1/2018
J9305	Pemetrexed disodium, 10 mg	Alimta	\$67.46	130	P	7/1/2018

Revised: July 1, 2018

HCPCS/ CPT	HCPCS/CPT Name, Description, Dose	Brand Name	Max Allow	Max Units/Day	P = Preferred NP = Non-Preferred & Requires LOMN	Last Revised
	[▼] = Wholesale Acquisition Cost (WAC) PA = Requires Prior Authorization 070 = Administered only in outpatient hospitals					
J9306	Pertuzumab 1mg ^{PA}	Perjeta	\$11.81	840	P	7/1/2018
J9307	Pralatrexate 1mg	Folotyn	\$267.08	60	P	7/1/2018
J9308	Ramucirumab Injection, 5mg ^{PA}	Cyramza	\$57.67	200	P	7/1/2018
J9310	Rituximab 100 mg	Rituxan	\$915.30	60	P	7/1/2018
J9325	Talimogene Laherparepvec per 1 million plaque forming units	Imlygic	\$48.60	400	P	4/1/2018
J9328	Temozolamide 1mg ^{PA}	Temodar	\$10.56	440	P	7/1/2018
J9330	Temsirolimus 1mg ^{PA}	Torisel	\$73.77	25	P	7/1/2018
J9340	Thiotepa 15 mg [▼]	Thioplex	\$900.00	5	P	10/1/2017
J9351	Topotecan 0.1mg	Hycamtin	\$1.04	40	P	7/1/2018
J9352	Trabectedin 0.1mg	Yondelis	\$296.42	40	P	7/1/2018
J9354	Ado-trastuzumab emtansine 1mg, ^{PA}	Kadcyla	\$30.69	480	P	7/1/2018
J9355	Trastuzumab 10 mg	Herceptin	\$103.73	120	P	7/1/2018
J9357	Valrubicin 200mg	Valstar	\$1,249.17	4	P	7/1/2018
J9360	Vinblastine 1 mg	Velban	\$3.81	20	P	7/1/2018
J9370	Vincristine 1 mg	Oncovin	\$5.22	3	P	7/1/2018
J9371	Vincristine Sulfate Liposomal Injection 1 mg ^{PA}	Marqibo	\$2,807.15	5	P	4/1/2018
J9390	Vinorelbine Tartrate, 10 mg	Navelbine	\$17.23	10	P	7/1/2018
J9395	Fulvestrant 25 mg	Faslodex	\$97.24	20	P	7/1/2018
J9400	Ziv-Aflibercept 1mg ^{PA}	Zaltrap	\$8.09	400	P	7/1/2018
P9046	Albumin 25% in 20 ml (Human)	Plasbumin 25	\$22.49	10	P	1/1/2015
P9047	Albumin 25% in 50 ml (Human)	Plasbumin 25	\$53.44	4	P	1/1/2015
Q0138	Ferumoxytol 1mg (non-ESRD use) ^{PA}	Feraheme	\$0.96	510	P	7/1/2018
Q2035	Influenza virus vaccine, split virus, for 3 years of age and older, IM	Afluria	\$17.69	1	P	8/1/2017
Q2037	Influenza virus vaccine, split virus, for 3 years of age and older, IM	Fluvirin Vial	\$17.69	1	P	8/1/2017
Q2050	Injection Doxorubicin HCl, Liposomal Doxil 10mg	Doxil	\$372.49	15	P	7/1/2018
Q5101	Filgrastim(G-CSF), Biosimilar, 1 mcg	Zarxio	\$0.65	13,400	NP	7/1/2018
S0020	Bupivacaine HCl, 30 ml [▼]	Marcaine	\$1.83	3	P	1/1/2018
S0032	Nafcillin Sodium 2 g [▼]	Nafcillin Sodium	\$22.60	4	P	1/1/2018
S0077	Clindamycin Phosphate 300 mg [▼]	Cleocin	\$4.40	4	P	7/1/2018
S0166	Olanzapine, 2.5 mg [▼]	Zyprexa	\$8.30	4	P	10/1/2017