

Health Net 2-Tier Recommended Drug List

Class	Copay Level	Status	Brand Name	Generic Name	Notes
CANCER AND ORGAN TRANSPLANT MEDICATIONS					
Cancer Medications					
	II		ALKERAN	Melphalan	
	II		ANDROXY	Chlorambucil	
	I	*	ARIMIDEX	Anastrozole	
	I	*	AROMASIN	Exemestane	
	II		CAPRELSA TABLETS	Vandetanib	
	I	*	CASODEX	Bicalutamide	
	II		CEENU	Lomustine	
	I	*	CYTOXAN	Cyclophosphamide	
	I	*	EFUDEX	Fluorouracil	
	II		EMCYT	Estramustine	
	II		ERIVEDGE	Vismogib	[Not available thru Mail Order]
	I	*	EULEXIN	Flutamide	
	II		FARESTON	Toremifene	
	I	*	FEMARA	Letrozole	
	II		GLEEVEC	Imatinib Mesylate	[Not available thru Mail Order]
	II		HALOTESTIN	Fluoxymesterone	
	II		HEXALEN	Altretamine	
	II		HYCAMTIN	Topotecan	[Not available thru Mail Order]
	I	*	HYDREA	Hydroxyurea	
	II		IRESSA	Gefitinib	
	II		JAKAFI TABLETS	Ruxolitinib	[Not available thru Mail Order]
	II		LYSODREN	Mitotane	
	II		MATULANE	Procarbazine	
	I	*	MEGACE TABLETS	Megestrol	
	II		MYLERAN	Busulfan	
	II		NEXAVAR TABLETS	Sorafenib	[Not available thru Mail Order]
	II		NILANDRON	Nilutamide	
	I	*	NOLVADEX	Tamoxifen Citrate	
	II		OFORTA	Fludarabine Phosphate Tab	[Not available thru Mail Order]
	I	*	PURINETHOL	Mercaptopurine	
	II	PA	REVLIMID	Lenalidomide Cap	[Not available thru Mail Order]
	I	*	RHEUMATREX	Methotrexate	
	II		SPRYCEL TABLETS	Dasatinib	[Not available thru Mail Order]
	II		SUTENT	Sunitinib	[Not available thru Mail Order]
	II		TABLOID	Thioguanine	
	II		TARGRETIN CAPSULES	Bexarotene	[Not available thru Mail Order]

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Cancer Medications (Continued)					
	II	PA	TARCEVA TABLETS	Erlotinib	[Not available thru Mail Order]
	II	PA	TASIGNA CAPSULES	Nilotinib	[Not available thru Mail Order]
	II		TEMODAR	Temozolomide	QUANTITY LIMIT OF 15 PER MONTH-[Not available thru Mail Order]
	II		TYKERB TABLETS	Lapatinib	[Not available thru Mail Order]
	I	*	VEPESID	Etoposide	
	I	*	VESANOID	Tretinoin	
	II		VOTRIENT	pazopanib	[Not available thru Mail Order]
	I	*	WELLCOVORIN	Leucovorin	
	II	PA	XALKORI CAPSULES	Crizotinib	[Not available thru Mail Order]
	II		XELODA	Capecitabine	[Not available thru Mail Order]
	II	PA	XTANDI CAPSULES	Enzalutamide Capsules	[Not available thru Mail Order]
	II		ZELBORAF	Vemurafenib	[Not available thru Mail Order]
	II		ZOLINZA	Vorinostat	[Not available thru Mail Order]
	II	PA	ZYTIGA TABLETS	Abiraterone	[Not available thru Mail Order]
Transplant Medications					
	I	*	CELLCEPT	Mycophenolate	
	I	*	DELTASONE	Prednisone	
	I	*	HERCORIA	Tacrolimus	
	I	*	IMURAN	Azathioprine	
	I	*	NEORAL	Cyclosporine Modified	
	I	*	PROGRAF	Tacrolimus	
	I	*	SANDIMMUNE	Cyclosporine	
	II		ZORTRESS	Everolimus	
ENDOCRINE SYSTEM MEDICATIONS					
Androgens					
	II		ANDROGEL	Methyltestosterone Gel	MAX. 150 MG PER MONTH
	I	*	DANOCRINE	Danazol	
	II		HALOTESTIN	Fluoxymesterone	
	I	*	ORETON METHYL	Methyltestosterone	

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Diabetic Medications					
I		*	ACTOPLUS MET TABLETS	Metformin / Pioglitazone	
I		*	ACTOS	Pioglitazone	
I		*	AMARYL	Glimepiride	
II			AVANDAMET	Rosiglitazone / Metformin	
II			AVANDARYL	Rosiglitazone / Glimepiride	
II			AVANDIA	Rosiglitazone	
I		*	DIABETA	Glyburide	
I		*	DUETACT	Pioglitazone / Glimepiride	
I		*	GLUCOPHAGE	Metformin	
I		*	GLUCOPHAGE XR	Metformin SR	
I		*	GLUCOTROL	Glipizide	
I		*	GLUCOTROL XL	Glipizide Long Acting	
I		*	GLUCOVANCE	Metformin / Glyburide	
I		*	GLYNASE	Glyburide Micronized	
II			HUMALOG	Insulin, Lispro	LIMIT 45 ML PER MONTH
II			HUMALOG MIX 75/25	Insulin Lispro & Lispro Protamine	LIMIT 45 ML PER MONTH
II			HUMULIN	Insulin, Human	LIMIT 45 ML PER MONTH
II			JANUMET TABLETS	Sitagliptin-Metformin	
II			JANUMET XR TABLETS	Sitagliptin-Metformin XR	
II			JANUVIA TABLETS	Sitagliptin	
II			JENTADUETO TABLETS	Linagliptin-Metformin	
II			JUVISYNC TABLETS	Sitagliptin / Simvastatin	MAXIMUM 1 PER DAY
II			KOMBIGLYZE XR	Saxagliptin-Metformin HCl Tab SR 24HR	
II			LANTUS SOLOSTAR	Insulin, Glargine	LIMIT 45 ML PER MONTH
II			LANTUS VIALS	Insulin, Glargine	LIMIT 40 ML PER MONTH
II			LEVEMIR	Insulin, Detemir	LIMIT 45 ML PER MONTH
I		*	METAGLIP	Glipizide / Metformin	
I		*	MICRONASE	Glyburide	
II			ONGLYZA TABLETS	Saxagliptin HCl Tablets	
I		*	ORINASE	Tolbutamide	
II			PRANDIN	Repaglinide	
I		*	PRECOSE	Acarbose	
I		*	TOLINASE	Tolazamide	
II			TRADJENTA TABLETS	Linagliptin	

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Diabetic Testing Supplies					
	II		ACCU-CHEK ADVANTAGE TEST STRIPS	Blood Glucose Test Strips	LIMIT 200 /MONTH WITHOUT PRIOR AUTHORIZATION
	II		ACCU-CHEK COMFORT CURVE TEST STRIPS	Blood Glucose Test Strips	LIMIT 200 /MONTH WITHOUT PRIOR AUTHORIZATION
	II		ACCU-CHEK AVIVA TEST STRIPS	Blood Glucose Test Strips	LIMIT 200 /MONTH WITHOUT PRIOR AUTHORIZATION
	II		ACCU-CHEK COMPACT TEST STRIPS	Blood Glucose Test Strips	LIMIT 153 /MONTH WITHOUT PRIOR AUTHORIZATION
	II		B-D DISPOSABLE INSULIN NEEDLES & SYRINGES		
	II		PRECISION XTRA TEST STRIPS	Blood Glucose Test Strips	LIMIT 200 /MONTH WITHOUT PRIOR AUTHORIZATION
	II		PRECISION Q.I.D. TEST STRIPS	Blood Glucose Test Strips	LIMIT 200 /MONTH WITHOUT PRIOR AUTHORIZATION
	II		FREESTYLE TEST STRIPS	Blood Glucose Test Strips	LIMIT 200 /MONTH WITHOUT PRIOR AUTHORIZATION
	II		FREESTYLE LITE TEST STRIPS	Blood Glucose Test Strips	LIMIT 200 /MONTH WITHOUT PRIOR AUTHORIZATION
Drugs For Treatment of Osteoporosis					
	II		EVISTA	Raloxifene	
	I	*	FOSAMAX	Alendronate	5, 10, 35 & 70 mg
	II		MIACALCIN NASAL SPRAY	Calcitonin Nasal	
Gout Medications					
	I	*	BENEMID	Probenecid	
	I	*	COLCHICINE	Colchicine	
	II		COLCRYS	Colchicine	
	I	*	COL-PROBENECID	Probenecid / Colchicine	
	II		ULORIC TABLETS	Febuxostat	
	I	*	ZYLOPRIM	Allopurinol	
Miscellaneous Endocrine Medications					
	I	*	DDAVP	Desmopressin	
	I	*	OXANDRIN	Oxandrolone	

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Oral Steroids					
	I	*	CORTEF	Hydrocortisone	
	I	*	CORTONE	Cortisone	
	I	*	DECADRON	Dexamethasone	
	I	*	DELTA CORTEF	Prednisolone	
	I	*	DELTASONE	Prednisone	
	I	*	DEXAMETH	Dexamethasone	
	I	*	DEXONE	Dexamethasone	
	I	*	FLORINEF	Fludrocortisone	
	I	*	HYDROCORTONE	Hydrocortisone	
	I	*	LIQUID PRED	Prednisone	
	I	*	MEDROL	Methylprednisolone	
	I	*	ORASONE	Prednisone	
	I	*	PRELONE	Prednisolone	
Thyroid Medications					
	I	*	ARMOUR THYROID	Thyroid, Dessicated	
	I	*	CYTOMEL	Liothyronine	
	I	*	LEVOTHROID	Levothyroxine	
	I	*	LEVOXYL	Levothyroxine	
	I	*	PROPYLTHIOURACIL	Propylthiouracil (PTU)	
	I	*	SYNTHROID	Levothyroxine	
	I	*	TAPAZOLE	Methimazole	
GASTROINTESTINAL MEDICATIONS					
Ammonia Detoxicants					
	I		CARBAGLU	Carglumic Acid	[Not available thru Mail Order]
	II	*	CEPHULAC	Lactulose	
Antispasmodics					
	I	*	ANASPAZ	Hyoscyamine Sulfate	
	I	*	BELLERGA S	Ergotamine / Belladonna / Phenobarbital	
	I	*	BENTYL	Dicyclomine	
	I	*	DONNATAL	Belladonna / Phenobarbital Tabs	
	I	*	DONNATAL EXTENTABS	Belladonna / Phenobarbital Extended Release Tabs	
	I	*	LEVSIN	Hyoscyamine Sulfate	
	I	*	LEVSINEX	Hyoscyamine Sulfate CR	
	I	*	LIBRAX	Chlordiazepoxide / Methscopolamine	
	I	*	LOMOTIL	Diphenoxylate / Atropine	
	I	*	PAMINE FORTE TABLETS	Methscopolamine	

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Antispasmodics Continued					
	I	*	ROBINUL TABLETS	Glycopyrrolate Tablets	
	I	*	ROBINUL FORTE TABLETS	Glycopyrrolate Tablets	
	I	*	PAMINE TABLETS	Methscopolamine	
	I	*	REGLAN	Metoclopramide	
Anti-Ulcer Medications					
	I	*	AXID CAPSULES	Nizatidine Capsules	
	I	*	AXID SOLUTION	Nizatidine Solution	
	II		ACIPHEX	Rabeprazole	Maximum 2 per Day Without PA
	I	*	CARAFATE	Sucralfate	
	I	*	CYTOTEC	Misoprostol	
	I	*	PEPCID 20MG, 40MG	Famotidine Tablets	
	I	*	PRILOSEC CAPSULES	Omeprazole Capsules	
	I	*	PROTONIX TABLETS	Pantoprazole Tablets	Limited To 1 per Day Without PA
	I	*	TAGAMET	Cimetidine	
	I	*	ZANTAC	Ranitidine	300 MG Tablets Only
Digestive Enzymes					
	II		COTAZYM (S)	Amylase / Lipase / Protease	
	II		CREON	Amylase / Lipase / Protease / Pancreatin	
	II		PANCRELIPASE	Amylase / Lipase / Protease	
	II		ULTRASE CAPSULES	Amylase / Lipase / Protease	
	II		ULTRASE MT CAPSULES	Amylase / Lipase / Protease	
	II		VIOKASE POWDER	Amylase / Lipase / Protease Powder	
	II		ZENPEP CAPSULES	Amylase / Lipase / Protease	
Drugs For Nausea And Vomiting					
	I	*	COMPAZINE	Prochlorperazine	
	I	*	PHENERGAN TABS.	Promethazine Tabs	
	I	*	TIGAN	Trimethobenzamide Caps	
	I	*	ZOFRAN	Ondansetron	QTY. LIMIT 20 TABS.
	I	*	ZOFRAN ODT	Ondansetron Orally Disintegrating Tablets	QTY. LIMIT 20 TABS.

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Medications For Bowel Disease					
	I	*	ANUSOL-HC SUPP	Hydrocortisone Suppositories	
	I	*	ANALPRAM CREAM 1%-1%	Hydrocortison-Pramoxine Cream 1%-1%	
	I	*	ANALPRAM CREAM 2.5%-1%	Hydrocortisone-Pramoxine Cream 2.5%-1%	
	II		ASACOL TABLETS	Mesalamine Tablets	
	II		ASACOL HD TABLETS	Mesalamine Tablets	
	I	*	AZULFIDINE	Sulfasalazine	ENTERIC COATED TABS NOT COVERED
	I	*	COLAZAL	Balsalazide Disodium	MAX. 280 PER MONTH
	I	*	COLYTE	Oral Colon Lavage Solution	
	I	*	CORTENEMA	Hydrocortisone Retention Enema	
	II		CORTIFOAM	Hydrocortisone Acetate Rectal	
	I	*	GAVILYTE-C	Oral Colon Lavage Solution	
	II		LIALDA TABLETS	Mesalamine Tablets	
	I	*	PROCTOCORT SUPPOSITORIES	Hydrocortisone Suppositories	
	II		PROCTOFOAM HC	Pramoxine / Hydrocortisone	
	I	*	PRAMOSONE CREAM	Hydrocortisone-Pramoxine Cream 2.5%-1%	
	I	*	ROWASA ENEMA	Mesalamine Enema	
	II		CANASA	Mesalamine Suppositories	ENEMA NOT COVERED-USE SUPPOSITORY
Other GI Medications					
	I	*	ACTIGALL	Ursodiol 300 mg	
	II		AMITIZA CAPSULES	Lubiprostone	
	I	*	MIRALAX POWDER	Polyethylene Glycol 3350	LIMITED TO 527 GM.
	I	*	URSO TABLETS	Ursodiol 300 mg	
	I	*	URSO FORTE TABLETS	Ursodiol 500 mg	
	I	*	URSO	Ursodiol 250 mg	
GENITOURINARY TRACT MEDICATIONS					
Drugs for the Urinary Tract					
	I	*	CARDURA	Doxazosin	
	I	*	DETROL TABLETS	Tolterodine Tartrate	LIMITED TO 2 PER DAY
	II		DETROL LA CAPSULES	Tolterodine Tartrate Long Acting	LIMITED TO 1 PER DAY
	I	*	DITROPAN	Oxybutynin	IMMEDIATE RELEASE ONLY
	I	*	FLOMAX	Tamsulosin	
	I	*	FURADANTIN	Nitrofurantoin Suspension	
	I	*	HYTRIN	Terazosin	
	I	*	MACROBID	Nitrofurantoin Extended Release	
	I	*	MACRODANTIN	Nitrofurantoin Macrocrystals	

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Drugs for the Urinary Tract Continued					
	I	*	PROSCAR	Finasteride	AGE LIMIT > 50 YEARS OF AGE
	I	*	PYRIDIUM	Phenazopyridine	
	II		TOVIAZ TABLETS	Fesoteradine	
	I	*	TRIMPEX	Trimethoprim	
	I	*	URECHOLINE	Bethanechol	
	I	*	URISPAS	Flavoxate	
Drugs for the Treatment of Erectile Dysfunction (Not Covered by All Plans - Check Specific Benefits for Exclusions and Limitations)					
	PA		CIALIS	Tadalafil	REFER TO SPECIFIC PLAN BENEFITS
	PA		VIAGRA	Sildenafil Citrate	REFER TO SPECIFIC PLAN BENEFITS
HEART AND BLOOD PRESSURE MEDICATIONS					
Alpha-Beta Blockers					
	I	*	COREG	Carvedilol	
	I	*	NORMODYNE	Labetalol	
	I	*	SECTRAL	Acebutolol	
	I	*	TRANDATE	Labetalol	
Angiotensin Converting Enzyme Inhibitors					
	I	*	ACCUPRIL	Quinapril	
	I	*	ACEON	<i>Perindopril Tablets</i>	
	I	*	ACCURETIC	Quinapril / HCTZ	
	I	*	ALTACE CAPSULES	Ramipril	
	I	*	CAPOTEN	Captopril	
	I	*	CAPOZIDE	Captopril / HCTZ	
	I	*	LOTENSIN	Benazepril	
	I	*	LOTENSIN HCT	Benazepril / HCTZ	
	I	*	LOTREL	Benazepril / Amlodipine	LIMIT 1 CAPSULE PER DAY
	I	*	MAVIK TABLETS	Trandolapril Tablets	
	I	*	MONOPRIL	Fosinopril	
	I	*	MONOPRIL HCT	Fosinopril / HCTZ	
	I	*	UNIVASC	Moexipril	
	I	*	UNIRETIC	Moexipril / HCTZ	
	I	*	VASERETIC	Enalapril / Hydrochlorothiazide	
	I	*	VASOTEC	Enalapril	
	I	*	ZESTRIL	Lisinopril	
	I	*	ZESTORETIC	Lisinopril / HCTZ	

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Angiotensin II Receptor Blockers					
	I	*	AVALIDE TABLETS	Irbesartan-Hydrochlorothiazide	
	I	*	AVAPRO TABLETS	Irbesartan Tablets	
	II		BENICAR	Olmesartan	
	I	*	COZAAR	Losartan	
	II		DIOVAN	Valsartan	
	I	*	TEVETEN	Eprosartan	
Angiotensin II Receptor Blockers Combinations					
	II	EST	AMTURNIDE	Aliskiren-Amlodipine-Hctz	
	II	EST	AZOR	Olmesartan / Amlodipine	
	II		BENICAR HCT	Olmesartan Medoxomil / HCTZ	
	II		DIOVAN HCT	Valsartan / Hydrochlorothiazide	
	II	EST	EXFORGE	Valsartan / Amlodipine	
	II	EST	EXFORGE HCT	Valsartan / Amlodipine / HCTZ	
	I	*	HYZAAR	Losartan / Hydrochlorothiazide	
	II	EST	TEKAMLO	Aliskiren and Amlodipine Olmesartan / Amlodipine / Hydrochlorthiazide	MUST HAVE FAILED AN ACEI OR AN ARB
	II	EST	TRIBENZOR		
Antiarrhythmics					
	I	*	CORDARONE	Amiodarone	
	I	*	LANOXIN	Digoxin	
	II		MULTAQ TABLETS	Dronedarone	
	I	*	MEXITIL	Mexiletine	
	I	*	NORPACE	Disopyramide	
	I	*	QUINAGLUTE	Quinidine Gluconate	
	I	*	QUINIDEX	Quinidine Sulfate Sustained Release	
	I	*	QUINIDINE	Quinidine Sulfate	
	I	*	RYTHMOL TABLETS	Propafenone	
	II		RYTHMOL SR CAPSULES	Propafenone SR	
	I	*	TAMBOCOR	Flecainide	
	II		TIKOSYN	Dofetilide	[Not available thru Mail Order]

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Beta Blockers					
	I	*	BETAPACE	Sotalol	
	I	*	BETAPACE AF	Sotalol	
	I	*	BLOCADREN	Timolol	
	I	*	CORGARD	Nadolol	
	I	*	INDERAL	Propranolol	
	I	*	INDERAL LA	Propranolol Long Acting	
	I	*	INDERIDE	Propranolol / Hydrochlorothiazide	
	I	*	KERLONE	Betaxolol	
	I	*	LOPRESSOR	Metoprolol	
	I	*	LOPRESSOR HCT	Metoprolol HCT	
	I	*	TENORETIC	Atenolol / Chlorthalidone	
	I	*	TENORMIN	Atenolol	
	I	*	TOPROL XL	Metoprolol Extended Release	
	I	*	VISKEN	Pindolol	
	I	*	ZEBETA	Bisoprolol	
	I	*	ZIAC	Bisoprolol / Hydrochlorothiazide	
Calcium Channel Blockers					
	I	*	ADALAT	Nifedipine	
	I	*	ADALAT CC	Nifedipine, Sustained Release	
	I	*	CALAN	Verapamil	
	I	*	CALAN SR	Verapamil SA Tablets	
	I	*	CARDIZEM	Diltiazem	
	I	*	CARDIZEM CD	Diltiazem Extended Release Capsules	
	I	*	CARDIZEM LA TABLETS	Diltiazem Coated Beads SR 24 HR Tablets	
	I	*	CARDIZEM SR	Diltiazem SR	
	I	*	DILACOR XR	Diltiazem Extended Release Capsules	
	I	*	ISOPTIN	Verapamil	
	I	*	ISOPTIN SR	Verapamil SA Tablets	
	I	*	NIMOTOP	Nimodipine	
	I	*	NORVASC	Amlodipine	
	I	*	PLENDIL	Felodipine	
	I	*	SULAR SR TABLETS	Nisoldipine	
	I	*	TIAZAC	Diltiazem Extended Release Capsules	
	I	*	VERELAN	Verapamil SR 24 HR Tablets	

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Centrally Acting Antihypertensives					
	I	*	ALDOMET	Methyldopa	
	I	*	ALDORIL	Methyldopa / Hydrochlorothiazide	
	I	*	CATAPRES	Clonidine (Tablets only)	PATCHES ARE NOT COVERED
	II		DIBENZYLINE	Phenoxybenzamine	
	I	*	LONITEN	Minoxidil	
	II		SERPASIL	Reserpine	
	I	*	TENEX	Guanfacine	
	II		WYTENSIN	Guanabenz	
Cholesterol Lowering Drugs					
	II		ADVICOR	Niacin / Lovastatin CR Tab	1 TABLET DAILY
	I	*	COLESTID GRANULES	Colestipol Granules	
	I	*	COLESTID TABLETS	Colestipol Tablets	
	I	*	LIPITOR TABLETS	Atorvastatin	
	I	*	LOPID	Gemfibrozil	
	I	*	MEVACOR	Lovastatin	1 TABLET DAILY
	II		NIASPAN	Niacin Extended Release	
	I	*	PRAVACHOL	Pravastatin	1 TABLET DAILY
	I	*	QUESTRAN	Cholestyramine - Bulk Powder Only	PACKETS NOT COVERED
	I	*	QUESTRAN LIGHT	Cholestyramine - Bulk Powder Only	PACKETS NOT COVERED
	II		SIMCOR EXTENDED RELEASE TABLETS	simvastatin/niacin extended-release	
	I	*	TRICOR	Fenofibrate	
	II		TRILIPIX CAPSULES	Choline Fenofibrate	
	II	EST	VYTORIN	Ezetimibe / Simvastatin Tablets	1 TABLET DAILY; 10-10 MG EST; 10-80 MG REQUIRES PA
	II		ZETIA TABLETS	Ezetimibe	
	I	*	ZOCOR	Simvastatin	1 TABLET DAILY
Direct Renin Inhibitors					
	II	EST	TEKTURNA	Aliskiren	
	II	EST	TEKTURNA HCT	Aliskiren/ HCTZ	

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Diuretics					
	I	*	ALDACTAZIDE	Spirolactone / HCTZ	
	I	*	ALDACTONE	Spirolactone	
	I	*	BUMEX	Bumetanide	
	I	*	DEMADEX TABLETS	Torsemide Tablets	
	I	*	DYAZIDE	Triamterene / HCTZ Capsules	
	I	*	HYDRODIURIL	Hydrochlorothiazide (HCTZ)	
	I	*	HYGROTON	Chlorthalidone	
	I	*	LASIX	Furosemide	
	I	*	LOZOL	Indapamide	
	I	*	MAXZIDE	Triamterene / HCTZ Tablets	
	I	*	MIDAMOR	Amiloride	
	I	*	MODURETIC	Amiloride / Hydrochlorothiazide	
	II		SAMSCA TABLETS	Tolvaptan	[Not available thru Mail Order]
	I	*	ZAROXOLYN	Metolazone	
Drugs Affecting The Blood					
	I	*	Anagrelide Capsules	Anagrelide Capsules	
	I	*	COUMADIN	Warfarin Sodium	
	II		EFFIENT TABLETS	Prasugrel Tablets	
	II		ELIQUIS TABLETS	Apixaban Tablets	
	II		EXJADE TABLETS	Deferasirox	[Not available thru Mail Order]
	II		KUVAN TABLETS	Sapropterin Dihydrochloride Soluble Tab 100	[Not available thru Mail Order]
	II		MEPHYTON	Phytonadione	
	I	*	PERSANTINE	Dipyridamole	
	I	*	PLAVIX	Clopidogrel	QTY LIMIT 2 PER DAY
	I	*	PLETAL	Cilostazol	
	II		PRADAXA	Dabigatran Etxilate Mesylate	
	I	*	TICLID	Ticlopidine	
	I	*	TRENTAL	Pentoxifylline	
	II		XARELTO	Rivaroxaban	QTY LIMIT 1 PER DAY

Health Net 2-Tier Recommended Drug List

Class	Copay Level	Status	Brand Name	Generic Name	Notes
Medications For Angina					
	I	*	IMDUR	Isosorbide Mononitrate	
	I	*	ISORDIL	Isosorbide Dinitrate	
	I	*	NITRO-BID	Nitroglycerin Ointment	
	I	*	NITRO-DUR	Nitroglycerin Patches	QTY. LIMIT 30 PATCHES / 30 DAYS
	I	*	NITROGLYN SR	Nitroglycerin Oral	
	II		NITROLINGUAL SPRAY	Nitroglycerin Spray	
	I	*	NITROSTAT SL	Nitroglycerin Sublingual	
	I	*	PERSANTINE	Dipyridamole	
Vasodilators					
	II	PA	ADCIRCA TABLETS	Tadalafil Tablets	[Not available thru Mail Order]
	I	*	APRESOLINE	Hydralazine	
	I	*	CARDURA	Doxazosin Mesylate	
	I	*	HYTRIN	Terazosin	
	II		LETAIRIS	Ambrisentan tablets	[Not available thru Mail Order]
	I	*	MINIPRESS	Prazosin	
	II		TRACLEER	Bosentan	[Not available thru Mail Order]
MEDICATIONS FOR THE EYES, EARS, NOSE & THROAT					
Anti-Inflammatory Medications For The Eye					
	I	*	ACULAR	Ketorolac Ophthalmic 0.5% Solution	
	I	*	ACULAR LS	Ketorolac Ophthalmic 0.4% Solution	
	I	*	AK-DEX	Dexamethasone Ophthalmic Oint. & Soln. Only	
	II		AK-PRED	Prednisolone Phosphate Ophth. Soln.	
	I	*	DECADRON	Dexamethasone Ophthalmic Oint. & Soln. Only	
	I	*	ECONOPRED	Prednisolone Acetate Ophth. Susp.	
	I	*	ECONOPRED PLUS	Prednisolone Acetate Ophth. Susp.	
	II		FLAREX	Fluorometholone Acetate Ophth. Susp..	
	I	*	FLUOR-OP	Fluorometholone acetate Ophth. Susp.	
	I	*	FML	Fluorometholone Ophth. Susp. & Oint.	
	II		FML FORTE	Fluorometholone Ophth. Susp. & Oint.	
	I	*	INFLAMASE	Prednisolone Phosphate Ophth. Soln.	
	I	*	INFLAMASE FORTE	Prednisolone Phosphate Ophth. Soln.	
	I	*	PRED FORTE	Prednisolone Acetate Susp.	
	I	*	PRED FORTE	Prednisolone Acetate Ophth. Susp.	
	I	*	PRED MILD	Prednisolone Acetate Ophth. Susp.	
	II		VOLTAREN	Diclofenac Sodium Ophth. Soln.	
Glaucoma Medications					
	I	*	AKPRO	Dipivefrin	

PA = Prior Authorization Required
 * = Generic Product Available
 EST=Electronic Step Edit

BRANDS ARE LISTED FOR REFERENCE ONLY-GENERIC WILL BE USED WHENEVER AVAILABLE

Health Net 2-Tier Recommended Drug List

Class	Copay Level	Status	Brand Name	Generic Name	Notes
	I	*	ALPHAGAN	Brimonidine	
	II		ALPHAGAN P 0.1%	Brimonidine-P	
	I	*	ALPHAGAN P 0.15%	Brimonidine-P	
	II		ALPHAGAN P	Brimonidine P	
	II		AZOPT	Brinzolamide	
	I	*	BETAGAN	Levobunolol	
	II		BETIMOL	Timolol Hemihydrate	
	II		BETOPTIC	Betaxolol	
	I	*	COSOPT	Dorzolamide -Timolol Ophthalmic Solution	
	I	*	DIAMOX	Acetazolamide Tabs	
	I	*	DIAMOX SEQUELS	Acetazolamide SR Caps	
	II		ISOPTO CARBACHOL	Carbachol	
	I	*	ISOPTO CARPINE	Pilocarpine HCL	
	II		LUMIGAN	Bimatoprost	
	I	*	NEPTAZANE	Methazolamide	
	II		PHOSPHOLINE IODIDE	Echothiophate Iodide	
	I	*	PILOCAR	Pilocarpine HCL	
	II		PILOPINE HS	Pilocarpine HS	
	I	*	PROPINE	Dipivefrin	
	I	*	TIMOPTIC	Timolol Maleate	
	I	*	TIMOPTIC XE	Timolol XE	
	II		TRAVATAN Z	Travaprost	MAX QTY 2.5 ML PER MONTH
	I	*	TRUSOPT	Dorzolamide Ophthalmic Solution	
	I	*	XALATAN	Latanaprost	MAX QTY 2.5 ML PER MONTH
Medications For The Ear					
	I	*	AUROTO	Benzocaine / Antipyrine Otic	
	II		CIPRODEX OTIC SOLUTION	Ciprofloxacin / Betamethasone	
	I	*	CORTISPORIN OTIC	Hydrocortisone / Neomycin / Polymyxin	
	I	*	DOMEBORO	Acetic Acid 2%	
	I	*	FLOXIN OTIC SOLUTION	Ofloxacin Otic Solution 0.3%	
	I	*	OTICIN HC OTIC SOLUTION	Hydrocortisone / Chloroxylonol / Pramoxine hydrochloride Otic Sol.	
	I	*	VOSOL	Acetic Acid	

Health Net 2-Tier Recommended Drug List

Class	Copay Level	Status	Brand Name	Generic Name	Notes
Medications For The Eye					
	I	*	AK-TOB	Tobramycin Ophth. Soln.	
	I	*	BLEPH 10	Sulfacetamide Ophth. Soln.	
	I	*	CILOXAN	Ciprofloxacin	
	I	*	GARAMYCIN	Gentamicin	
	I	*	GENOPTIC	Gentamicin	
	I	*	GENTACIDIN	Gentamicin	
	I	*	ILOTYCIN	Erythromycin Base	
	II		MOXEZA	Moxifloxacin Ophthalmic Solution	
	II		NATACYN	Natamycin	
	I	*	NEOSPORIN OPHTHALMIC OINT.	Neomycin / Bacitracin / Polymyxin Ophth. Oint.	
	I	*	NEOSPORIN OPHTHALMIC SOLN.	Neomycin / Gramicidin / Polymyxin Ophth. Soln.	
	II		VIGAMOX	Moxifloxacin Ophthalmic Solution	
	I	*	OCUFLOX	Ofloxacin	
	I	*	OCUTRICIN OINT.	Neomycin / Bacitracin / Polymyxin Ophth. Oint.	
	I	*	POLYTRIM	Polymixin B Sulfate / Trimethoprim Ophth. Soln.	
	I	*	TOBREX	Tobramycin Ophth. Oint. & Soln.	
Nasal Antihistamines					
	I	*	ASTELIN	Azelastine Nasal Spray	MDI: QTY. LIMIT OF 1 CANISTERS / 30 DAYS
	II		ASTEPRO	Azelastine Nasal Spray	MDI: QTY. LIMIT OF 1 CANISTERS / 30 DAYS
Medications For The Nose					
	I	*	FLONASE	Fluticasone Nasal	MDI: QTY. LIMIT OF 2 CANISTERS / 30 DAYS
	I	*	NASALIDE NASAL SPRAY	Flunisolide Nasal Solution 0.025%	
	II		NASONEX	Mometasone, Nasal	MDI: QTY. LIMIT OF 2 CANISTERS / 30 DAYS
	II		VERAMYST	Fluticasone Nasal	MDI: QTY. LIMIT OF 2 CANISTERS / 30 DAYS
Medications For The Throat and Mouth					
	I	*	KENALOG IN ORABASE	Triamcinolone 0.1% in Orabase	
	I	*	PERIDEX	Chlorhexidine Gluconate (For The Mouth)	COVERED ONLY IF MEMBER HAS DENTAL RIDER
	II		SALAGEN	Pilocarpine	
	I	*	VISCOUS XYLOCAINE	Lidocaine, Viscous	

Health Net 2-Tier Recommended Drug List

Class	Copay Level	Status	Brand Name	Generic Name	Notes
Ophthalmic Anti-Inflammatory / Anti-Infective Combinations					
	II		AK-CIDE	Sulfacetamide / Prednisolone Acetate Ophth. Oint & Soln.	
	II		BLEPHAMIDE	Sulfacetamide / Prednisolone Acetate Ophth. Oint & Soln.	
	II		CETAPRED	Sulfacetamide / Prednisolone Ophth. Oint.	
	I	*	CORTISPORIN OPHTHALMIC	Hydrocortisone / Neomycin / Polymyxin Ophth. Oint & Soln.	
	I	*	MAXITROL	Dexamethasone / Neomycin / Polymyxin Ophth. Oint & Soln.	
	II		METIMYD	Sulfacetamide / Prednisolone Acetate Ophth. Oint & Soln.	
	II		POLY PRED	Neomycin / Polymyxin / Prednisone Ophth.	
	I	*	TOBRADEX	Tobramycin / Dexamethasone Ophth. Soln.	
	I	*	VASOCIDIN	Sulfacetamide / Prednisolone Oint.	
	II		ZYLET	Loteprednol etabonate / Tobramycin Ophthalmic Suspension	
Other Medications For The Eye					
	I	*	AK-PENTOLATE	Cyclopentolate	
	II		ALOMIDE	Lodoxamide	
	I	*	CROLOM	Cromolyn Sodium Ophth.	
	II		CYCLOGYL	Cyclopentolate	
	II		HERPLEX	Idoxuridine	
	I	*	ISOPTO ATROPINE	Atropine Sulfate	
	I	*	ISOPTO-HOMATROPINE	Homatropine	
	II		ISOPTO-HYOSCINE	Scopolamine HBr	
	II		LASTACAFT	Alcaftadine Ophthalmic Solution 0.25%	
	I	*	MYDFRIN	Phenylephrine 2.5%	
	II		PATADAY	Olopatadine	
	I	*	PENTOLAIR	Cyclopentolate	
Other Ophthalmic Medications					
	I	*	VIROPTIC	Trifluridine Ophthalmic Soln	
MEDICATIONS THAT AFFECT THE NERVOUS SYSTEM					
Antianxiety Medications					
	I	*	ATIVAN	Lorazepam	
	I	*	BUSPAR	Buspirone	
	I	*	LIBRIUM	Chlordiazepoxide	
	I	*	SERAX	Oxazepam	
	I	*	TRANXENE	Clorazepate	
	I	*	VALIUM	Diazepam	
	I	*	XANAX	Alprazolam	

Health Net 2-Tier Recommended Drug List

Class	Copay Level	Status	Brand Name	Generic Name	Notes
Anticonvulsants					
	II		BANZEL TABLETS	Rufinamide	
	I	*	CARBATROL CAPSULES	Carbamazepine SR Capsules 12 Hr	
	II		CELONTIN	Methsuximide 300 mg	
	I	*	DEPAKENE	Valproic Acid	
	I	*	DEPAKOTE	Divalproex Sodium	
	I	*	DEPAKOTE ER	Divalproex Sodium Extended Release	
	I	*	DILANTIN CAPSULES	Phenytoin	
	I	*	DILANTIN CHEWABLE TABLETS	Phenytoin	
	I	*	FELBATOL	Felbamate	
	I	*	KEPPRA	Levetiracetam	
	I	*	KLONOPIN	Clonazepam	
	I	*	LAMICTAL	Lamotrigine	
	II		MESANTOIN	Mephenytoin	
	I	*	MYSOLINE	Primidone	
	I	*	NEURONTIN	Gabapentin	
	I	*	GABARONE	Gabapentin Tablets	
	I	*	PHENOBARBITAL	Phenobarbital	
	II		POTIGA TABLETS	Ezogabine	
	II		SABRIL PACKETS	Vigabatrin	[Not available thru Mail Order]
	II		SABRIL TABLETS	Vigabatrin	[Not available thru Mail Order]
	I	*	TEGRETOL	Carbamazepine	
	I	*	TEGRETOL XR	Carbamazepine Sustained Release	
	I	*	TOPAMAX	Topiramate	
	I	*	TRILEPTAL TABLETS / SUSPENSION	Oxcarbazepine	
	II		VIMPAT	Locosamide	
	I	*	ZARONTIN	Ethosuximide	
	I	*	ZONEGRAN CAPSULES	Zonisamide	

Health Net 2-Tier Recommended Drug List

Class	Copay Level	Status	Brand Name	Generic Name	Notes
Antidepressants					
	II		ASENDIN	Amoxapine Tablets	
	I	*	ANAFRANIL	Clomipramine	
	I	*	AVENTYL	Nortriptyline	
	I	*	CELEXA	Citalopram	MAXIMUM 1 PER DAY FOR 40 MG; 2 PER DAY 10MG AND 20MG; 20ML FOR ORAL SOLUTION
	II	EST	CYMBALTA	Duloxetine EC Capsules	MAXIMUM 2 PER DAY
	I	*	DESYREL	Trazodone	
	I	*	EFFEXOR	Venlafaxine	
	I	*	EFFEXOR XR	Venlafaxine Controlled Release Capsules	37.5 MG and 75 MG LIMITED TO 1 DAILY WITHOUT PA
	I	*	ELAVIL	Amitriptyline	
	I	*	LEXAPRO	Escitalopram Oxalate	
	I	*	LUDIOMIL	Maprotiline	
	I	*	NARDIL	Phenelzine	
	I	*	NORPRAMIN	Desipramine	
	I	*	PAMELOR	Nortriptyline	
	I	*	PARNATE	Tranlycypromine	
	I	*	PAXIL	Paroxetine HCl Tablets	
	I	*	PAXIL CR	Paroxetine Controlled Release	
	I	*	PROZAC	Fluoxetine Capsules/Tablets	
	I	*	REMERON SOLTABS	Mirtazapine	
	I	*	REMERON TABS	Mirtazapine	
	I	*	SINEQUAN	Doxepin	
	I	*	TOFRANIL	Imipramine	
	I	*	WELLBUTRIN	Bupropion	
	I	*	WELLBUTRIN SR	Bupropion Sustained Release	
	I	*	WELLBUTRIN XL	Bupropion Extended Release	QUANTITY LIMIT - 1 DAILY
	I	*	ZOLOFT	Sertraline Tablets	
Anti-mania					
	I	*	ESKALITH	Lithium Carbonate	
	I	*	LITHOBID	Lithium Carbonate Slow Release	

Health Net 2-Tier Recommended Drug List

Class	Copay Level	Status	Brand Name	Generic Name	Notes
Anti-psychotic Medications					
	II		ABILIFY	Aripiprazole	
	I	*	CLOZARIL	Clozapine	
	I	*	GEODON	Ziprasidone	
	I	*	HALDOL	Haloperidol	
	I	*	LOXITANE	Loxapine	
	II		NAVANE	Thiothixene	
	II		PERPHENAZINE	Perphenazine	
	I	*	RISPERDAL	Risperidone	
	II		SAPHRIS TABLETS	Asenapine Maleate	
	I	*	SEROQUEL	Quetiapine Fumarate	
	I	*	THORAZINE	Chlorpromazine	
	II		TRIFLUOPERAZINE	Trifluoperazine	
	I	*	ZYPREXA	Olanzapine	
Miscellaneous Drugs Affecting The Brain					
	I	*	ANTABUSE	Disulfiram	
	I	*	ARICEPT 5MG, 10MG	Donepezil	
	II		ARICEPT 23MG	Donepezil	
	I	*	ARICEPT ODT 5MG, 10MG	Donepezil Orally Disintegrating Tablet	
	I	*	EXELON CAPSULES	Rivastigmine Tartrate	
	II		EXELON PATCHES	Rivastigmine Tartrate	
	II		GUANIDINE	Guanidine	
	I	*	MESTINON	Pyridostigmine	
	II		NUEDEXTA CAPSULES	Dextromethorphan hbr-quinidine sulfate	
	II		PROSTIGMIN	Neostigmine	

Health Net 2-Tier Recommended Drug List

Class	Copay Level	Status	Brand Name	Generic Name	Notes
Parkinsonism Medications					
	I	*	ARTANE	Trihexyphenidyl	
	II		AZILECT TABLETS	Rasagiline Mesylate	
	I	*	COGENTIN	Benzotropine Mesylate	
	I	*	DOPAR	Levodopa	
	I	*	ELDEPRYL	Selegiline	
	I	*	LARODOPA	Levodopa	
	I	*	MIRAPEX	Pramipexole	
	I	*	PARLODEL	Bromocriptine	
	I	*	REQUIP	Ropinirole	
	I	*	SINEMET	Carbidopa / Levodopa	
	I	*	SINEMET CR	Carbidopa / Levodopa CR	
	I	*	STALEVO	Carbidopa, Levodopa, Entacapone	
	I	*	SYMMETREL	Amantadine	
Sedative / Hypnotics					
	I	*	AMBIEN	Zolpidem – For Short Term Use Only	QTY. LIMIT = 30 / 30 DAYS
	I	*	DALMANE	Flurazepam	
	I	*	HALCION	Triazolam	QTY. LIMIT = 30 / 30 DAYS
	I	*	NOCTEC	Chloral Hydrate	
	I	*	PROSOM	Estazolam	
	I	*	RESTORIL	Temazepam	
	I	*	SONATA	Zaleplon	QTY. LIMIT = 30 / 30 DAYS
Stimulants					
	I	*	ADDERALL	Amphetamine / Dextroamphetamine	
	I	*	ADDERALL XR	Amphetamine / Dextroamphetamine Caps 24hr	QTY. LIMIT = 1 CAPSULE DAILY
	I	*	CONCERTA	Methylphenidate Sustained Action Tablets	
	I	*	DEXEDRINE	Dextroamphetamine	
	I	*	DEXEDRINE SPANSULES	Dextroamphetamine Controlled Release	
	I	*	FOCALIN TABLETS	Dexmethylphenidate Tablets	MAXIMUM 2 PER DAY
	I	*	METHYLIN ORAL SOLUTION	Methylphenidate Oral Solution	
	I	*	RITALIN	Methylphenidate	
	I	*	RITALIN SR	Methylphenidate SR	
	II		VYVANSE	Lisdexamfetamine Dimesylate	QTY. LIMIT = 1 CAPSULE DAILY

Health Net 2-Tier Recommended Drug List

Class	Copay Level	Status	Brand Name	Generic Name	Notes
MEDICATIONS TO TREAT INFECTIONS					
Antibiotics					
	I	*	ACHROMYCIN V	Tetracycline	
	I	*	AMOXIL	Amoxicillin	
	II		AMOXICILLIN 400MG CHEWABLE TABS	Amoxicillin	
	I	*	AUGMENTIN	Amoxicillin / Potassium Clavulanate	
	I	*	AUGMENTIN XR	Amoxicillin / Potassium Clavulanate Extended Release	
	II		AVELOX	Moxifloxacin 400 MG	
	I	*	BACTRIM	Sulfamethoxazole / Trimethoprim (SMZ / TMP)	
	I	*	BACTRIM DS	Sulfamethoxazole / Trimethoprim DS (SMZ / TMP DS)	
	I	*	BEEPEN-VK	Penicillin VK	
	I	*	BIAXIN	Clarithromycin	QTY. LIMIT 14 DAYS PRESCRIPTION
	I	*	BIAXIN XL	Clarithromycin XL	QTY. LIMIT 14 TABS PRESCRIPTION
	I	*	CECLOR	Cefaclor	
	I	*	CEFTIN	Cefuroxime	
	I	*	CEFZIL	Cefprozil	
	I	*	CIPRO	Ciprofloxacin	
	I	*	CIPRO XR	Ciprofloxacin Extended Release	MAX. 14 DAYS FOR 1000MG - 3 DAYS FOR 500MG
	I	*	DECLOMYCIN	Demeclocycline	
	I	*	DOXYCHEL	Doxycycline Hyclate	
	I	*	DURICEF	Cefadroxil	
	I	*	DYNAPEN	Dicloxacillin	
	I	*	EES	Erythromycin Ethylsuccinate	
	I	*	E-MYCIN	Erythromycin Base	
	I	*	ERYPED	Erythromycin Ethylsuccinate	
	II		ERY-TAB TABLETS	Erythromycin Base	

Health Net 2-Tier Recommended Drug List

Class	Copay Level	Status	Brand Name	Generic Name	Notes
Antibiotics (Continued)					
	I	*	ERYTHROCIN	Erythromycin Stearate	
	I	*	ERYZOLE	Erythromycin / Sulfisoxazole	
	I	*	KEFLEX	Cephalexin	KEFTABS ARE EXCLUDED
	I	*	LEVAQUIN ORAL SOLUTION	Levofloxacin Oral Solution	
	I	*	LEVAQUIN TABLETS	Levofloxacin Tablets	14 TABLETS PER FILL
	I	*	MACROBID	Nitrofurantoin Extended Release	
	I	*	MACRODANTIN	Nitrofurantoin Macrocrystals	
	I	*	MINOCIN	Minocycline 50 mg,100 mg Capsules Only	PELLETS AND SUSPENSION ARE NON-FORMULARY
	I	*	OMNICEF	Cefdinir	
	I	*	OMNIPEN	Ampicillin	
	I	*	PEDIAZOLE	Erythromycin / Sulfisoxazole	
	I	*	PEN VK	Penicillin VK	
	I	*	PRINCIPEN	Ampicillin	
	I	*	SEPTRA	Sulfamethoxazole / Trimethoprim (SMZ / TMP)	
	I	*	SEPTRA DS	Sulfamethoxazole / Trimethoprim DS (SMZ / TMP)	
	I	*	TRIMOX	Amoxicillin	
	I	*	VANTIN	Cefpodoxime Proxetil	
	I	*	VECTRIN	Minocycline 50 mg and 100 mg Caps Only	PELLETS AND SUSPENSION ARE NON-FORMULARY
	I	*	VEETIDS	Penicillin VK	
	I	*	VELOSEF	Cephradine	
	I	*	VIBRAMYCIN	Doxycycline Hyclate	
	I	*	VIBRA-TABS	Doxycycline Hyclate	
	I	*	WYMOX	Amoxicillin	
	I	*	ZITHROMAX	Azithromycin	QTY. LIMIT = 6 TABS. PER PRESCRIPTION
	II		ZYVOX	Linezolid	
Antimalarials					
	II		ARALEN	Chloroquine Tablets	
	II		COARTEM	Artemether/lumefantrine	MAXIMUM 3 DAYS TREATMENT
	II		FANSIDAR	Sulfadoxine / Pyrimethamine	
	I	*	LARIAM	Mefloquine	QTY. LIMIT = 6 TABS.FOR MONTH SUPPLY
	I	*	PLAQUENIL	Hydroxychloroquine	
	II		PRIMAQUINE	Primaquine	

Health Net 2-Tier Recommended Drug List

Class	Copay Level	Status	Brand Name	Generic Name	Notes
Anti-Parasitic Medications					
	II		BILTRICIDE	Praziquantel	
	II		HUMATIN	Paramomycin	
	II		MINTEZOL	Thiabendazole	
	II		NICLOCIDE	Niclosamide	
	I	*	VERMOX	Mebendazole	QTY. LIMIT = 6 TABS.
	II		YODOXIN	Iodoquinol (Diiodohydroxyquin) Tabs.	
Antituberculosis Medications					
	I	*	ISONIAZID	Isoniazid	
	I	*	MYAMBUTOL	Ethambutol	
	II		MYCOBUTIN	Rifabutin	
	II		PYRAZINAMIDE	Pyrazinamide	
	I	*	RIFADIN	Rifampin	
	II		RIFAMATE	Isoniazid & Rifampin	
	II		TRECTOR-SC	Ethionamide	
Antivirals					
	II		APTIVUS CAPSULES	Tipranavir	
	II		ATRIPLA TABLETS	Efavirenz-emtricitabine-tenofovir 600-200-300MG	
	II		BARACLUDE TABLETS	Entecavir	
	I	*	COMBIVIR	Lamivudine / Zidovudine	
	II		COMPLERA TABLETS	Emtricitabine-rilpivirine-tenofovir	
	II	PA	COPEGUS	Ribavirin	ONLY WHEN USING PEG-INTRON or PEGASYS
	II		CRIXIVAN	Indinavir	
	I	*	CYTOVENE	Ganciclovir	
	II		EDURANT	Rilpivirine HCl Tab 25 MG	
	II		EMTRIVA CAP 200MG	Emtricitabine Caps 200 MG	
	I	*	EPIVIR	Lamivudine (3TC)	
	II		FAMVIR TABLETS	Famciclovir Tablets	
	II		FLUMADINE	Rimantadine	
	II		FORTOVASE, INVIRASE	Saquinavir Mesylate	
	II		HEPSERA	Adefovir dipivoxil	
	II		HIVID	Zalcitabine (ddC)	
	II	PA	INCIVEK TABLETS	Telaprevir	NOT AVAILABLE THROUGH MAIL
	II		INTELENCE TABLETS	Etravirine	
	II		ISENTRESS TABLETS	Raltegravir Potassium Tab 400 MG	

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 EST=Electronic Step Edit

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Health Net 2-Tier Recommended Drug List

Class	Copay Level	Status	Brand Name	Generic Name	Notes
Antivirals Continued					
	II		KALETRA	Lopinavir / Ritonavir	
	II		LEXIVA	Fosamprenavir Calcium	
	II		NORVIR	Ritonavir	
	II		PREZISTA	Darunavir	
	I	PA *	REBETOL	Ribavirin	ONLY WHEN USING PEG-INTRON or PEGASYS
	II		RELENZA	Zanamivir	LIMITED TO 10 DAYS OF TREATMENT
	II		RESCRIPTOR	Delavirdine	
	II		RETROVIR	Zidovudine (AZT)	
	II		REYATAZ	Atazanavir	
	II		SELZENTRY TABLETS	Miaraviroc	
	II		STRIBILD TABLETS	Elvitegravir, Cobicistat, Emtricitabine, Tenofovir disoproxil fumarate	
	II		SUSTIVA	Efavirenz	
	I	*	SYMMETREL	Amantadine	
	II		TAMIFLU	Oseltamivir	LIMITED TO 5 DAYS OF TREATMENT
	II		TRIZIVIR	Abacavir / Zidovudine / Lamivudine	
	II		TRUVADA	Emtricitabine -Tenofovir Disoproxil Fumarate	
	II		VALCYTE	Valganciclovir	MAX. 4 PER DAY
	I	*	VALTRES	Valacyclovir	
	II	PA	VICTRELIS CAPSULES	Boceprevir	NOT AVAILABLE THROUGH MAIL
	I	*	VIDEX CHEWABLE	Didanosine Chewable Tablets	
	I	*	VIDEX EC	Didanosine (ddl) Enteric Coated	
	II		VIRACEPT	Nelfinavir	
	I	*	VIRAMUNE	Nevirapine	
	II		VIREAD TABLETS	Tenofovir Disoproxil Fumarate (PMPA)	
	I	*	ZERIT	Stavudine	
	I	*	ZIAGEN	Abacavir	
	I	*	ZOVIRAX OINTMENT	Acyclovir Ointment	QTY. LIMIT 30 gm. PER PRESCRIPTION
	I	*	ZOVIRAX ORAL CAPSULES	Acyclovir Oral	
	II		ZOVIRAX ORAL TABLETS	Acyclovir Oral	

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BRANDS ARE LISTED FOR REFERENCE ONLY-GENERICS WILL BE USED WHENEVER AVAILABLE

Health Net 2-Tier Recommended Drug List

Class	Copay Level	Status	Brand Name	Generic Name	Notes
Oral Antifungals					
	I	*	DIFLUCAN	Fluconazole	
	I	*	VFEND	Voriconazole Tab	
		*	GRIFULVIN V SUSPENSION	Griseofulvin Microsize Suspension	
	I	*	GRIS-PEG	Griseofulvin Ultramicrosize	
	I	PA *	LAMISIL	Terbinafine Tablets	
	I	*	MYCELEX TROCHES	Clotrimazole Troches	
	I	*	MYCOSTATIN	Nystatin	
	I	*	NIZORAL TABLETS	Ketoconazole Tablets	
	I	PA *	SPORANOX	Itraconazole	
Other Anti-Infective Medications					
	I	*	CLEOCIN	Clindamycin	
	II		DAPSONE	Dapsone	
	I	*	FLAGYL TABS	Metronidazole Tabs	250 MG OR 500MG ONLY
	II		FUROXONE	Furazolidone	
	II		MEPRON	Atovaquone	
	II		MYCIFRADIN	Neomycin Oral Soln	
	II		NEBUPENT	Pentamidine	
	I	*	NEOMYCIN	Neomycin	
MUSCULOSKELETAL MEDICATIONS					
Anti-Inflammatory Medications					
	I	*	ANAPROX	Naproxen Sodium	
	I	*	ANAPROX DS	Naproxen Sodium, DS	
	I	*	ANSAID	Flurbiprofen 50 mg Tablets	
	I	*	CLINORIL	Sulindac	
	II	PA *	CELEBREX	Celecoxib	MUST MEET PRIOR AUTHORIZATION
	I	*	DAYPRO TABLETS	Oxaprozin	IMMEDIATE RELEASE TABS ONLY
	I	*	DISALCID	Salsalate	
	I	*	FELDENE	Piroxicam	
	I	*	IBU	Ibuprofen	
	I	*	INDOCIN	Indomethacin	
	I	*	INDOCIN SR	Indomethacin, Sustained Release	
	I	*	LODINE TABLETS / CAPSULES	Etodolac	
	I	*	LODINE ER TABLETS	Etodolac	
	I	*	MOBIC TABLETS	Meloxicam	QTY. LIMIT 1 DAILY

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Health Net 2-Tier Recommended Drug List

Class	Copay Level	Status	Brand Name	Generic Name	Notes
Anti-Inflammatory Medications Continued					
	I	*	MOTRIN	Ibuprofen	
	I	*	NALFON	Fenoprofen	
	I	*	NAPROSYN	Naproxen	ENTERIC COATED PRODUCT NOT COVERED
	I	*	ORUDIS	Ketoprofen	IMMEDIATE RELEASE TABLET ONLY
	I	*	RELAFEN TABLETS	Nabumetone	LIMIT TO 2000 MG PER DAY
	I	*	TOLECTIN (DS)	Tolmetin (DS)	
	I	PA *	TORADOL	Ketorolac Oral	QTY. LIMIT = 20 TABS.
	I	*	TRILISATE	Choline Magnesium Salicylate	
	I	*	VOLTAREN	Diclofenac Sodium	
Anti-rheumatic Medications					
	I	*	ARAVA	Leflunomide	
	II		CUPRIMINE	Penicillamine	
	II		DEPEN	Penicillamine	
	II		RIDAURA	Auranofin	
	I	*	PLAQUENIL	Hydroxychloroquine	
	I	*	RHEUMATREX	Methotrexate	
Migraine Medications					
	I	*	AMERGE	Naratriptan	QTY. LIMIT OF 9 TABLETS/ MONTH
	I	*	CAFERGOT	Ergotamine / Caffeine	
	I	*	ERCAF	Ergotamine / Caffeine	
	II		ERGOMAR	Ergotamine Tartrate	
	II		ERGOSTAT	Ergotamine Tartrate	
	I	*	IMITREX NASAL SPRAY	Sumatriptan Nasal Spray	LIMIT = 1 PKG. OF 6 DOSES / MONTH
	I	*	IMITREX TABLETS	Sumatriptan Tabs	QTY. LIMIT OF 12 TABLETS/ MONTH
	I	*	MAXALT TABLETS	Rizatriptan	QTY. LIMIT OF 12 TABLETS/ MONTH
	I	*	MAXALT MLT	Rizatriptan Orally Disintegrating Tablets	QTY. LIMIT OF 12 TABLETS/ MONTH
	I	*	MIDRIN	APAP / Dichloralphenazone / Isometheptene	
	I	*	WIGRAINE	Ergotamine / Caffeine	

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Health Net 2-Tier Recommended Drug List

Class	Copay Level	Status	Brand Name	Generic Name	Notes
Narcotic Analgesics					
	II		AVINZA ER CAPSULES	Morphine Sulfate SR	
	I	*	CODEINE	Codeine Tablets	
	I	*	DEMEROL TABS	Meperidine	
	I	*	DILAUDID	Hydromorphone	
	I	*	DOLOPHINE TABS	Methadone Tabs	5 MG, 10 MG and 40 MG TABS ONLY
	I	*	DURAGESIC	Fentanyl Transdermal Patch	QTY LIMIT 10 PATCHES PER 30 DAYS
	I	*	EMPIRIN #2, #3, #4	Codeine / Aspirin	
	I	*	ESGIC TABS	Butalbital / Acetaminophen / Caffeine	
	I	*	FIORICET TABS	Butalbital / Acetaminophen / Caffeine	
	I	*	FIORINAL	Butalbital / Aspirin / Caffeine	
	I	*	FIORPAP TABS	Butalbital / Acetaminophen / Caffeine	
	I	*	KADIAN CR CAPSULES 20MG, 30MG, 50MG, 80MG, 100MG ONLY	Morphine Sulfate Sustained Release Capsules	LIMITED TO 2 PER DAY
	I	*	LORCET PLUS 7.5/650	Acetaminophen / Hydrocodone	
	I	*	LORTAB 5/500 TABLET, ELIXIR	Acetaminophen / Hydrocodone	
	I	*	MS CONTIN	Morphine SR	
	I	*	MSIR	Morphine Solution	
	I	*	NORCO TABLETS	Acetaminophen / Hydrocodone	
	II		NUCYNTA TABLETS	Tapentadol	MAX. 6 PER DAY
	II		NUCYNTA ER TABLETS	Tapentadol	MAX. 2 PER DAY
	II		OPANA ER TABLETS	Oxymorphone	
	I	*	PERCOCET 5/325	Oxycodone / Acetaminophen	
	I	*	PERCODAN	Oxycodone / Aspirin	
	I	*	REPREXAIN TABLETS	Hydrocodone - Ibuprofen Tablets	
	I	*	RMS SUPPOSITORIES	Morphine Suppositories	
	I	*	ROXICET 5/325	Oxycodone / Acetaminophen	
	II		ROXICODONE	Oxycodone	
	I	*	ROXILOX 5/500	Oxycodone / Acetaminophen	
	I	*	ROXIPRIN	Oxycodone / Aspirin	
	I	*	TYLENOL #2, #3, #4	Acetaminophen / Codeine Tabs	
	I	*	TYLOX 5/500	Oxycodone / Acetaminophen	
	I	*	ULTRAM 50MG TABLETS	Tramadol 50 mg Tablets	
	I	*	VICODIN 5/500	Acetaminophen / Hydrocodone	
	I	*	VICODIN ES 7.5/750	Acetaminophen / Hydrocodone	
	I	*	VICOPROFEN TABLETS	Hydrocodone - Ibuprofen Tablets	
	I	*	XODOL TABLETS	Acetaminophen / Hydrocodone	

Health Net 2-Tier Recommended Drug List

Class	Copay Level	Status	Brand Name	Generic Name	Notes
Opiate Antagonists					
	I	*	REVIA	Naltrexone	
Skeletal Muscle Relaxants					
	I	*	DANTRIUM	Dantrolene Sodium	
	I	*	FLEXERIL 10 mg	Cyclobenzaprine	
	I	*	LIORESAL	Baclofen	
	I	*	NORFLEX	Orphenadrine Citrate	
	I	*	NORGESIC	Orphenadrine / Aspirin / Caffeine	
	I	*	NORGESIC FORTE	Orphenadrine / Aspirin / Caffeine	
	I	*	ROBAXIN	Methocarbamol	
	I	*	SOMA 350MG	Carisoprodol	
	I	*	SOMA COMPOUND	Carisoprodol / Aspirin	
	I	*	VALIUM	Diazepam	
NUTRITIONAL SUPPLEMENTS					
Electrolytes					
	I	*	CYTRA-3 SYRUP	Citric Acid / Potassium Citrate / Sodium Citrate	
	I	*	KAON-CL	Potassium Chloride Liquid	
	I	*	KAYEXALATE POWDER	Sodium Polysterene Sulfonate	
	I	*	K-DUR	Potassium Chloride 10 mEq, 20 mEq	
	I	*	KLOR-CON	Potassium Chloride Effervescent Tabs	
	I	*	KLOR-CON PKTS.	Potassium Chloride Pkts.	
	I	*	K-LYTE (DS)	Potassium Chloride Tabs	
	II		K-PHOS	Potassium Acid Phosphate	
	I	*	K-TABS	Potassium Chloride 8 mEq, 10 mEq	
	I	*	MICRO-K	Potassium Chloride 8 mEq, 10 mEq	
	I	*	PHOSLO	Calcium Acetate	
	I	*	POLY-CITRA CRYSTALS	Citric Acid / Potassium Citrate / Sodium Citrate	
	I	*	SPS SOLUTION	Sodium Polysterene Sulfonate	
	I	*	UROCIT-K	Potassium Citrate CR Tablets	

Health Net 2-Tier Recommended Drug List

Class	Copay Level	Status	Brand Name	Generic Name	Notes
Vitamin and Minerals					
	II		CONCEPT DHA	PRENATAL VITAMINS WITH DHA	
	II		CONCEPT OB	PRENATAL VITAMINS WITH OMEGA	
	I	*	DRISDOL	Ergocalciferol Caps Only	
	I	*	FOLVITE	Folic Acid 1 mg	
	I	*	LURIDE	Sodium Fluoride (Drops and Tabs)	
	I	*	POLY-VI-FLOR	Fluoride / Polyvitamins (Without Iron; Drops & Tabs) (age limit 6 years and younger)	AGE LIMIT - LESS THAN 6 YEARS
	I	*	ROCALTROL	Calcitriol	
	II		STRONGSTART	Prenatal Multivitamins / Folic Acid	
	I	*	TRI-VI-FLOR	Fluoride / Vitamins A,D,C (Without Iron; Drops & Tabs) (age limit 6 years and younger)	AGE LIMIT - LESS THAN 6 YEARS
	I	*	VIDAYLIN/F	Fluoride / Polyvitamins (Without Iron; Drops & Tabs) (age limit 6 years and younger)	AGE LIMIT - LESS THAN 6 YEARS
	I		VINATE C TABLETS	Prenatal Multivitamins / Folic Acid	
RESPIRATORY MEDICATIONS					
Antihistamine / Decongestants					
	I	*	EXTENDRYL SYRUP	Chlorpheniramine / Phenylephrine / Pyrilamine / Methscopolamine Syrup	
	I	*	EXTENDRYL SR	Chlorpheniramine / Phenylephrine / Methscopolamine	
Antihistamines					
	I	*	ATARAX	Hydroxyzine HCl	
	I	*	PALGIC SOLUTION	Carbinoxamine	
	I	*	PERIACTIN 4 MG TABLETS	Cyproheptadine	
	I	*	PERIACTIN SYRUP	Cyproheptadine	
	I	*	PHENERGAN SYRUP	Promethazine Syrup	
	I	*	TAVIST	Clemastine	
	I	*	VISTARIL	Hydroxyzine Pamoate	

Health Net 2-Tier Recommended Drug List

Class	Copay Level	Status	Brand Name	Generic Name	Notes
Cough Medications					
	I	*	HYCODAN	Hydrocodone / Homatropine	
	I	*	IOPHEN-DM	Iodinated Glycerol / Dextromethorphan	
	I	*	PHENERGAN / DM	Promethazine / Dextromethorphan	
	I	*	PHENERGAN VC	Promethazine / Phenylephrine	
	I	*	PHENERGAN VC CODEINE	Promethazine / Phenylephrine / Codeine	
	I	*	PHENERGAN / CODEINE	Promethazine / Codeine	
	I	*	PIMA	Potassium Iodide	
	I	*	RONDEC DM SYRUP	Phenylephrine / Chlorpheniramine / DM	
	I	*	SSKI	Potassium Iodide	
	I	*	TESSALON PERLES	Benzonatate	
	I	*	TUSSIONEX	Hydrocodone / Chlorpheniramine	
Inhaled Medications For Asthma and Other Lung Diseases					
	II		ADVAIR	Salmeterol / Fluticasone Powder Disks	QTY. LIMIT OF 60 CAPSULES / MONTH
	II		ADVAIR HFA	Salmeterol-Fluticasone Inhalation Aerosol	
	II		ASMANEX AEROSOL	Mometasone Furoate	QTY. LIMIT UP TO 1 INHALER / 30 DAYS SUPPLY
	II		ATROVENT HFA	Pirbuterol Acetate	NASAL SPRAY NOT COVERED
	I	*	BRETHINE	Terbutaline Sulfate	MAXIMUM 2 INHALERS PER MONTH
	II		DULERA AEROSOL	Mometasone Furoate-Formoterol Fumarate	QTY. LIMIT UP TO 1 INHALER / 30 DAYS SUPPLY MAX. DAILY DOSE 40 FOR 50MG; 20 FOR 100MG; 8 FOR 250MG
	II		FLOVENT DISKUS	Fluticasone	
	II		FLOVENT HFA	Fluticasone HFA	UP TO 2 INHALERS/ 30 DAYS-1 FOR 220MCG.
	II		MAXAIR AUTOHALER	Pirbuterol Acetate	QTY. LIMIT UP TO 2 INHALERS / 30 DAYS SUPPLY
	I	*	MUCOMYST	Acetylcysteine	
	I	*	PROVENTIL	Albuterol Nebulizer Solution	
	II		PROVENTIL HFA	Albuterol Aerosol	QTY. LIMIT UP TO 1 INHALER / 30 DAYS SUPPLY
				Budesonide Inhalation Suspension 0.25mg,	
	I	*	PULMICORT INHALATION SUSPENSION 0.5 mg	Budesonide Inhalation Suspension 0.5 mg	AGE RESTRICTION: Less Than 9 years of Age
	II		PULMICORT INHALATION SUSPENSION	Budesonide Inhalation Suspension 1 mg	AGE RESTRICTION: Less Than 9 years of Age
	II		PULMICORT FLEXHALER	Budesonide	MAXIMUM 2 INHALERS PER MONTH QTY LIMIT = 30 AMPS / 30 DAYS-[Not available thru Mail Order]
	II		PULMOZYME	Dornase Alfa	

Health Net 2-Tier Recommended Drug List

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Oral Medications For Asthma and Other Lung Diseases					
	II		QVAR	Betamethasone Dipropionate MDI	QTY. LIMIT UP TO 2 INHALERS / 30 DAYS SUPPLY
	II		SEREVENT DISKUS	Salmeterol	QTY. LIMIT = 60 PER 30 DAYS
	II		SPIRIVA INHALER	Tiotropium Bromide	LIMITED TO 1 CAPSULE PER DAY
	II		SYMBICORT INHALER	Budesonide- Formoterol Fumarate Aeorsol	
	II		TUDORZA PRESSAIR	Acidinium Bromide	MAXIMUM 1 INHALER PER MONTH
	II		XOPENEX HFA AEROSOL	Levalbuterol	QTY. LIMIT UP TO 1 INHALER / 30 DAYS SUPPLY
	I	*	ACCOLATE TABLETS	Zafirlukast	
	I	*	ALUPENT TABS	Metaproterenol Oral Tabs	
	I	*	AMINOPHYLLINE	Aminophylline	
	I	*	CAFCIT ORAL SOLUTION	Caffeine Oral Solution	
	II	PA	KALYDECO TABLETS	Ivacaftor	[Not available thru Mail Order]
	II		PROVENTIL REPETABS	Albuterol Repetabs	
	I	*	PROVENTIL TABS	Albuterol Tabs	
	I	*	SINGULAIR	Montelukast	
	I	*	SLO-PHYLLIN	Theophylline, Immediate Release	
	I	*	THEODUR	Theophylline, Sustained Release	
	II		THEO-24	Theophylline, Sustained Release	
	I	*	UNIPHYL	Theophylline, Sustained Release	
	I	*	VOSPIRE ER TABS	Albuterol ER Tabs	
Devices For Asthma and Other Lung Diseases					
	II		AEROCHAMBER	Spacer	
	II		INSPIREASE	Spacer	
	II		PEAK FLOW METER	Peak Flow Meter	

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Health Net 2-Tier Recommended Drug List

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SKIN MEDICATIONS					
Acne Medications					
I	PA	*	ACCUTANE	Isotretinoin	5 MONTHS CONTINUOUS THERAPY LIMIT
I		*	BENZAMYCIN	Erythromycin / Benzoyl Peroxide	
I		*	C/T/S	Clindamycin Solution 1%	SWABS & PLEDGETTES EXCLUDED
I		*	CLARIFOAM EF	Sodium Sulfacetamide Sulfur Foam	
I		*	CLEOCIN T	Clindamycin Solution 1%	SWABS & PLEDGETTES EXCLUDED
I		*	DIFFERIN 0.1% CREAM or GEL	Adapalene	QTY. LIMIT 45gm PER PRESCRIPTION
II			DIFFERIN 0.3% GEL / PADS	Adapalene	QTY. LIMIT 45gm or 60 PADS PER PRESCRIPTION
I		*	DUAC GEL	Benzoyl Peroxide 5% / Clindamycin 1 % Gel	QTY. LIMIT 45gm PER PRESCRIPTION
I		*	EMGEL	Erythromycin 2 % Gel	
I		*	ERYCETTE	Erythromycin 2 % Solution	
I		*	ERYDERM	Erythromycin 2 % Solution	SWABS & PLEDGETTES EXCLUDED
I		*	ERYGEL	Erythromycin 2 % Gel	
II			FINACEA GEL 15%	Azelaic Acid 15% Gel	
I		*	SALEX CREAM	Salicylic Acid Cream	
II			METROGEL GEL	Metronidazole Gel Topical	
I		*	METROCREAM	Metronidazole Topical Cream	
				Sulfacetamide Sodium-Sulfur in Urea	
I		*	ROSULA CLARIFYING WASH	Emulsion 10-4%	
I		*	OVACE WASH	Sulfacetamide sodium liquid 10% Wash	
I		*	RETIN A	Tretinoin	
II			RETIN A MICRO GEL	Tretinoin Micro Gel	
I		*	STATICIN	Erythromycin 1.5 %	
I		*	SULFACET-R LOTION	Sulfacetamide 10% / Sulfur 5 % Lotion	QTY. LIMIT 25 ml. PER PRESCRIPTION
II			TAZORAC GEL / CREAM	Tazarotene	QTY. LIMIT 30gm PER PRESCRIPTION
II			ZENATANE	Isotretinoin	5 MONTHS CONTINUOUS THERAPY LIMIT
Antiparasitics					
I		*	ACTICIN	Permethrin cream	AGE > 2 MONTHS. LIMIT = 60 GMS.
I		*	ELIMITE	Permethrin cream	
II			EURAX	Crotamiton	

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Health Net 2-Tier Recommended Drug List

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Medications For Psoriasis					
	I	*	DOVONEX CREAM / OINTMENT	Calcipotriene	MAXIMUM 120 GMS PER 30 DAYS
	II		DRITHO-CRÈME	Anthralin	
	I	*	PLEXION CLEANSER	Sulfacetamide Sodium w/ Sulfur Suspension 8%-4%	
	I	*	PLEXION SCT CREAM	Sulfacetamide Sodium w/ Sulfur Suspension 9%-4%	
	I	*	SUMAXIN TS SUSPENSION	Sulfacetamide Sodium w/ Sulfur Emulsion 10-5%	
	I	*	SUMAXIN WASH	Sulfacetamide Sodium w/ Sulfur Cream 10-5%	
	I	*	DOVONEX SOLUTION	Calcipotriene	
	II		SEBIZON	Sulfacetamide Lotion	
	I	*	SELSEB SHAMPOO	Selenium sulfide-pyithione zinc in Urea Shampoo	
	I	*	SELSUN	Selenium Sulfide 2.5%	
	II		TAZORAC GEL / CREAM	Tazarotene	QTY. LIMIT 30 GM PER PRESCRIPTION
	I	*	VECTICAL OINTMENT	Calcitriol Ointment	QTY. LIMIT 100 GM PER PRESCRIPTION
Other Topical Medications					
	II		ALDARA CREAM	Imiquimod Cream	
	I	*	BACTROBAN CREAM / OINTMENT	Mupirocin Cream / Ointment	
	I	*	CENTANY OINTMENT	Mupirocin Ointment	
	II		CONDYLOX – GEL	Podofilox	GEL ONLY
	II		CORTIFOAM	Hydrocortisone Acetate	
	I	*	DRYSOL	Aluminum Chloride Hexahydrate	
	I	*	EFUDEX	Fluorouracil	
	II		FLUOROPLEX	Fluorouracil	
	I	*	GARAMYCIN	Gentamicin Sulfate	
	II		OXSORALEN ULTRA	Methoxsalen	LOTION EXCLUDED.
	II		PICATO GEL	Ingenol Mebutate	
	I	*	PROCTO-CREAM	Hydrocortisone (Rectal)	
	II	PA	PROTOPIC	Tacrolimus Ointment	
	I	*	SILVADENE	Silver Sulfadiazine	
	I	*	SSD CREAM	Silver Sulfadiazine	
	I	*	ZOVIRAX 5% OINTMENT	Acyclovir 5% Ointment	MAXIMUM 30 GM PER PRESCRIPTION

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Health Net 2-Tier Recommended Drug List

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Topical Antifungals					
	I	*	LOPROX CREAM	Ciclopirox Cream	
	I	*	LOTRISONE	Clotrimazole / Betamethasone	QTY. LIMIT 45 gm / 30 DAYS
	I	*	MYCOLOG II	Triamcinolone / Nystatin	
	I	*	MYCOSTATIN	Nystatin	
	I	*	NILSTAT	Nystatin	
	I	*	NIZORAL CREAM 2%	Ketoconazole cream 2%	QTY. LIMIT 60 gm / 30 DAYS
	I	*	SPECTAZOLE	Econazole	
Topical Anti-inflammatory Medications					
	I	*	ACLOVATE	Aclometasone Dipropionate	
	I	*	ARISTOCORT	Triamcinolone Acetonide	
	I	*	CUTIVATE CREAM / OINTMENT	Fluticasone Cream / Ointment	
	I	*	CYCLORT CREAM	Amcinonide Cream	
	I	*	DERMATOP CREAM	Prednicarbate Cream	
	I	*	DESOWEN	Desonide	
	I	*	DIPROLENE AF	Augmented Betamethasone Dipropionate	
	I	*	DIPROSONE	Betamethasone Dipropionate	
	I	*	ELOCON	Mometasone Furoate Cream	
	I	*	FLORONE	Diflorasone Diacetate	
	I	*	HYTONE	Hydrocortisone 2.5%	
	I	*	KENALOG	Triamcinolone Acetonide	
	I	*	LIDEX	Fluocinonide	
	I	*	LIDEX E	Fluocinonide, Emollient	
	I	*	LOCOID CREAM	Hydrocortisone Butyrate Cream	
	I	*	MAXIFLOR	Diflorasone Diacetate	
	I	*	MAXIVATE	Betamethasone Dipropionate	
	I	*	PSORCON	Diflorasone Diacetate	
	I	*	SYNALAR	Fluocinolone Acetonide 0.01%	
	I	*	SYNALAR	Fluocinolone Acetonide 0.025%	
	I	*	SYNALAR HP	Fluocinolone Acetonide 0.2%	
	I	*	TEMOVATE	Clobetasol Propionate	
	I	*	TOPICORT LP	Desoximetasone 0.05% Only	
	I	*	ULTRAVATE	Halobetasol Propionate	

Health Net 2-Tier Recommended Drug List

Class	Copay Level	Status	Brand Name	Generic Name	Notes
WOMEN'S HEALTH					
Estrogens					
	I	*	ACTIVELLA TABLETS	Estradiol & Norethindrone Acetate Tab	
	I	*	CLIMARA PATCH	Estradiol Transdermal - Weekly	QTY. LIMIT = 4 PATCHES /MONTH
	II		CLIMARA PRO PATCH	Estradiol / Levonorgestrel Transdermal Patch	QTY. LIMIT = 4 PATCHES /MONTH
	I	*	ESTRACE	Estradiol	
	II		ESTRACE VAGINAL CREAM	Estradiol Vaginal Cream	
	II		ESTRADERM	Estradiol Transdermal - Bi-Weekly	QTY. LIMIT = 8 PATCHES /MONTH
	I	*	ESTRATEST TABLETS	Esterified Estrogens / Methyltestosterone	
	I	*	ESTRATEST HS TABLETS	Esterified Estrogens / Methyltestosterone	
	I	*	FemHRT TABLETS	Norethindrone / Estradiol	
	II		MENEST	Esterified Estrogens	
	I	*	OGEN	Estropipate	
	I	*	ORTHO-EST	Estropipate	
	II		PREMARIN	Conjugated Estrogens	
	II		PREMARIN VAGINAL CREAM	Conjugated Estrogens Vaginal Cream	
	II		PREMPHASE	Estrogens / Medroxyprogesterone	
	II		PREMPRO	Estrogens / Medroxyprogesterone	
	II		PREMPRO 0.45/0.15MG	Estrogens 0.45mg/ Medroxyprogesterone 0.15mg	
	II		VIVELLE-DOT	Estradiol Transdermal - Bi-Weekly	QTY. LIMIT = 8 PATCHES /MONTH
Emergency Contraceptives					
	I	*	PLAN B	Levonorgestrel	COVERED ONLY FOR EMERGENCIES FOR UNDER 18 YRS
	I	*	NEXT CHOICE	Levonorgestrel	COVERED ONLY FOR EMERGENCIES FOR UNDER 18 YRS

Health Net 2-Tier Recommended Drug List

Class	Copay Level	Status	Brand Name	Generic Name	Notes
Oral Contraceptives					
	II		BEYAZ	Drospirenone-ethinyl estrad-levomefolate	
	I	*	CYCLESSA	Desogestrel / Ethinyl Estradiol	
	I	*	DEMULEN	Ethinodiol / Ethinyl Estradiol	
	I	*	LEVLEN	Levonorgestrel / Ethinyl Estradiol	
	I	*	LEVLITE	Levonorgestrel / Ethinyl Estradiol	
	I	*	LO/OVRAL	Norgestrel / Ethinyl Estradiol	
	I	*	LOESTRIN	Norethindrone Acetate / Ethinyl Estradiol	
	I	*	LOESTRIN FE	Norethindrone Acetate / Ethinyl Estradiol Fe	
	I	*	LOSEASONIQUE TABLETS	Levonorgestrel-Ethinyl Estradiol Tablet	3 MONTH SUPPLY
	I	*	MIRCETTE	Desogestrel / Ethinyl Estradiol	
	I	*	MODICON	Norethindrone / Ethinyl Estradiol	
	II		NATAZIA TABLETS	Estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	
	I	*	NORA-BE TABLETS	Norethindrone	
	I	*	OEGESTREL	Norgestrel / Ethinyl Estradiol	BRAND OVRAL NO LONGER MANUFACTURED
	I	*	ORTHO MICRONOR	Norethindrone	
	I	*	ORTHO TRI-CYCLEN	Norgestimate / Ethinyl Estradiol	
	II		ORTHO TRI-CYCLEN LO	Norgestimate / Ethinyl Estradiol	
	I	*	ORTHO-CEPT	Desogestrel / Ethinyl Estradiol	
	I	*	ORTHO-CYCLEN	Norgestimate / Ethinyl Estradiol	
	I	*	ORTHO-NOVUM	Norethindrone / Ethinyl Estradiol	
	I	*	ORTHO-NOVUM 10/11	Norethindrone / Ethinyl Estradiol	
	I	*	ORTHO-NOVUM 7/7/7	Norethindrone / Ethinyl Estradiol	
	I	*	OVCON-35	Norethindrone / Ethinyl Estradiol	
	II		SAFYRAL	Drospirenone-Ethinyl Estrad-Levomefolate	
	I	*	SEASONIQUE TABLETS	Levonorgestrel-Ethinyl Estradiol Tablet	3 MONTH SUPPLY
	I	*	TRI-LEVLEN	Levonorgestrel / Ethinyl Estradiol	
	I	*	TRI-NORINYL	Norethindrone / Ethinyl Estradiol	
	I	*	YASMIN	Drospirenone / Ethinyl Estradiol	
	I	*	YAZ	Drospirenone / Ethinyl Estradiol	
	I	*	ZOVIA	Ethinodiol / Ethinyl Estradiol	

Health Net 2-Tier Recommended Drug List

Class	Copay Level	Status	Brand Name	Generic Name	Notes
Other OB-GYN Medications					
	I	*	CLOMID	Clomiphene	NOT COVERED BY ALL PLANS – LIMIT 15 TABS
	II	PA	CRINONE 8%	Progesterone Gel 8%	NOT COVERED BY ALL PLANS
	I	*	ERGOTRATE	Ergonovine Maleate	
	II		METHERGINE	Methylergonovine	MAX. 28 TABS PER RX
	I	*	METROGEL VAGINAL GEL	Metronidazole Vaginal Gel	
	I	*	SEROPHENE	Clomiphene	NOT COVERED BY ALL PLANS – LIMIT 15 TABS
	II		SYNAREL	Nafarelin	
	I	*	TERAZOL 7 VAGINAL CREAM	Terconazole 7 Vaginal Cream	
Progestins					
	I	*	AYGESTIN	Norethindrone	
	I	*	CYCRIN	Medroxyprogesterone	
	I	*	PROVERA	Medroxyprogesterone	