

# HEALTH NET ORANGE MEDICARE DRUG LIST (FORMULARY) LIST OF COVERED DRUGS

## Health Net Orange Option 1

[Download the application](#)

- **Monthly premium: \$17.65**
- **Deductible: \$0**
- Generic drug copay: \$5
- Preferred drug copay: \$35.00
- Non-preferred drug copay: NA

## Health Net Orange Option 2

[Download the application](#)

- **Monthly premium: \$21.99**
- **Deductible: \$0**
- Generic drug copay: \$5
- Preferred drug copay: \$26.00
- Non-preferred drug copay: \$53.00

To Learn More [Click Here](#)

Request Application call 818-987-5000 ( California Resident only )

Outside of California [Click Here](#)

If you are already a member of Health Net Orange,  
please call 1-800-806-8811, Monday through Friday  
from 8 am - 5 pm, except holidays.

## **WHAT IS THE HEALTH NET MEDICARE DRUG LIST (FORMULARY)?**

A Drug List, also called a Formulary, is a list of drugs selected by Health Net in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Health Net will generally cover the drugs listed on our Drug List as long as the drug is medically necessary, the prescription is filled at a Health Net network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## **CAN THE DRUG LIST CHANGE?**

Yes, Health Net may add or remove drugs from our Drug List during the year. The enclosed Drug List is current as of October 1, 2005. To get updated information about the drugs covered by Health Net, please visit our website at [www.healthnet.com](http://www.healthnet.com) or call our Customer Service Department at 1-800-806-8811, 8:00 am – 5:00 pm Monday through Friday, except holidays. TTY/TDD users should call 1-800-929-9955. If we remove a drug from our Drug List, add prior authorization, apply quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify members who take that drug that it will be removed at least 60 days before the date that the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) deems a drug on our Drug List to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our Drug List and provide notice to members who take the drug.

## **HOW DO I USE THE DRUG LIST?**

There are two ways to find your drug on the Drug List:

### **1. Medical Condition**

The Drug List begins on the page following this introduction. The drugs on this Drug List are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on the page following this introduction. Then look under the category name for your drug.

### **2. Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index at the end of this document. The Index provides an alphabetical list of all of the drugs included on the Drug List. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **HOW MUCH WILL I PAY FOR HEALTH NET COVERED DRUGS?**

**If you qualified for extra help with your drug costs, your costs for your drugs may be different than those described below. Please refer to your Evidence of Coverage or call Customer Service to find out what your costs are.**

Health Net will pay part of the costs for your covered drugs and you will pay part. The amount you pay depends on which drug tier your drug is on under our plan. You can find out which drug tier your drug is on by looking on the Drug List that begins on the page following this introduction. Please refer to your Summary of Benefits, Evidence of Coverage or call Customer Service to find out what your costs will be.

You can ask Health Net to make an exception to your drug's tier placement. See the section, "How do I request an exception to the Drug List?", for information about how to request an exception.

## ARE THERE ANY OTHER RESTRICTIONS ON COVERAGE?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Age Limits:** Some drugs may require prior authorization if your age does not meet manufacturer, Food and Drug Administration, or clinical recommendations.
- **Electronic Step Therapy:** In some cases, Health Net requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Health Net may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Health Net will then cover Drug B. The pharmacy computer will look for Drug A on your claims history and if found, automatically approve Drug B.
- **Gender Limit:** Some drugs are only covered for males or females based on manufacturer, Food and Drug Administration, or clinical recommendations.
- **Generic Preferred/Substitution:** When there is a generic version of a brand name drug available, Health Net network pharmacies will automatically give you the generic version, unless your doctor has told us that you must take the brand name drug. If you choose to fill your prescription with a brand name drug when a generic equivalent is available, you may be responsible for a higher copay and/or the difference in cost between the brand and generic medications.

- **Prior Authorization:** Health Net requires you to get prior authorization for certain drugs. This means that you will need to get approval from Health Net before you fill your prescription. If you don't get approval, Health Net may not cover the drug.

- **Quantity Limits:** For certain drugs, Health Net limits the amount of the drug that we will cover. For example, Health Net provides 6 tablets per prescription for ZITHROMAX. This limit may replace your standard 30 or 90-day supply.

- **Therapy Limit:** Some drugs are only covered for a specific length of time based on manufacturer, Food and Drug Administration, or clinical recommendations.

You can find out if your drug has any additional requirements or limits by looking on the Drug List that begins on the page following this introduction.

You can ask Health Net to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Drug List?", for information about how to request an exception.

## WHAT IF MY DRUG IS NOT ON THE DRUG LIST?

If your drug is not included on the Drug List, you should first contact Customer Service and ask if your drug is covered. You can contact Customer Service at 1-800-806-8811, 8:00 am – 5:00 pm Monday through Friday, except holidays (TTY/TDD users should call 1-800-929-9955) or log onto [www.healthnet.com](http://www.healthnet.com).

If you learn that Health Net does not cover your drug, you have two options:

1. You can ask Customer Service for a complete list of drugs that are covered by Health Net. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Health Net.
2. You can ask Health Net to make an exception and cover your drug. See below for information about how to request an exception.

## HOW DO I REQUEST AN EXCEPTION TO THE DRUG LIST?

You can ask Health Net to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

1. You can ask us to cover your drug even if it is not on our Drug List.
2. You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Health Net limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
3. You can ask us to provide coverage for your drug at a lower tier copay. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our Drug List, you may not also ask us to cover it for a lower tier copay.

Generally, Health Net will only approve your request for an exception if the alternative drug(s) included on the Drug List, the lower-tier drug(s) or additional utilization restriction(s) would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

If you would like to request a Drug List, tier or utilization restriction exception, you should ask your doctor to submit a prior authorization request or you may contact our Customer Service Department at 1-800-806-8811, 8:00 am – 5:00 pm Monday through Friday, except holidays. TTY/TDD users should call 1-800-929-9955. Generally, we must make our decision within 72 hours of your request.

## WHAT ARE GENERIC DRUGS?

Health Net covers both brand name drugs and generic drugs. Generic drugs have the same active ingredient formula as the brand name drug. Generic drugs usually cost less than brand name drugs and are rated by the Food and Drug Administration (FDA) to be as safe and effective as brand name drugs.

Generic drugs are listed in lower-case italics (e.g., *fluoxetine*) on the Drug List on the page following this introduction. Brand name drugs are capitalized on the Drug List (e.g., PROZAC).

## FOR MORE INFORMATION

For more detailed information about your Health Net prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions, please call our Customer Service Department at 1-800-806-8811, 8:00 am – 5:00 pm Monday through Friday, except holidays. TTY/TDD users should call 1-800-929-9955. Or visit our web site at [www.healthnet.com](http://www.healthnet.com).

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit [www.medicare.gov](http://www.medicare.gov).

## HEALTH NET'S DRUG LIST

The Drug List provides coverage information about drugs covered by Health Net. If you have trouble finding your drug on the list, turn to the Index.

- The first column of the Drug List indicates the drug name. Brand name drugs are capitalized (e.g., PROZAC) and generic drugs are listed in lower-case italics (e.g., *fluoxetine*).
- If you are a Health Net Prescription Drug Plan only member, you have either a 2-Tier or a 3-Tier benefit. Column 2 of the Drug List indicates the tier level for each drug listed if you have a 2-Tier benefit. Column 3 of the Drug List indicates the tier level for each drug listed if you have a 3-Tier benefit.
- If you are a Health Net Medicare Advantage member, you have a 3-Tier benefit. Column 3 of the Drug List indicates the tier level for each drug listed.

- The information in the Requirements/Limits column tells you if Health Net has any special requirements for coverage of your drug. You will find the following abbreviations in the Requirements/Limits column:

<b>ABBREVIATION</b>	<b>DEFINITION</b>	<b>DESCRIPTION</b>
AL	Age Limit	Some drugs may require prior authorization if your age does not meet manufacturer, Food and Drug Administration, or clinical recommendations.
EST	Electronic Step Therapy	In some cases, Health Net requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Health Net may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Health Net will then cover Drug B. The pharmacy computer will look for Drug A on your claims history and if found, automatically approve Drug B.
GL	Gender Limit	Some drugs are only covered for males or females based on manufacturer, Food and Drug Administration, or clinical recommendations.
GP	Generic Preferred/ Substitution	When there is a generic version of a brand name drug available, Health Net network pharmacies will automatically give you the generic version, unless your doctor has told us that you must take the brand name drug. If you choose to fill your prescription with a brand name drug when a generic equivalent is available, you may be responsible for a higher copay and/or the difference in cost between the brand and generic medications.
PA	Prior Authorization	Health Net requires you to get prior authorization for certain drugs. This means that you will need to get approval from Health Net before you fill your prescription. If you don't get approval, Health Net may not cover the drug.
QL	Quantity Limit	For certain drugs, Health Net limits the amount of the drug that we will cover. For example, Health Net provides 6 tablets per prescription for ZITHROMAX. This limit may replace your standard 30 or 90-day supply.
TL	Therapy Limit	Some drugs are only covered for a specific length of time based on manufacturer, Food and Drug Administration, or clinical recommendations.

You will find the following abbreviations in the Drug Tier columns. Please refer to your Summary of Benefits, Evidence of Coverage or call Customer Service to find out what your costs will be.

<b>ABBREVIATION</b>	<b>DEFINITION</b>	<b>DESCRIPTION</b>
1	Tier 1	Preferred Generic drugs on the Drug List. These medications are available to you at your lowest copayment.
2	Tier 2	Preferred Brand drugs on the Drug List. These medications are available to you at your second lowest copayment.
3	Tier 3	Nonpreferred Generic or Brand drugs on the Drug List. These medications are available to you at your highest copayment if you have a 3-Tier benefit.
A	Specialty Group A	Lower cost oral and injectable specialty drugs. These medications are available to you at a 25% coinsurance level.
B	Specialty Group B	High cost oral and injectable specialty drugs. These medications are available to you at a 25% coinsurance level and are not eligible for exceptions for payment at a lower tier.
NF	Nonformulary	These medications are not on the Drug List for your benefit. You can ask Health Net to make an exception to drugs not on the Drug List. See the section, "How do I request an exception to the Drug List?", for information about how to request an exception.

## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
<b><u>Analgesics</u></b>			
acetaminophen w/ codeine oral	1	1	
acetaminophen-salicylamide-phenyltoloxamine oral	NF	3	
ACTIQ BUCCAL	NF	3	PA
ACUFLEX ORAL	NF	3	
ALFENTA INJECTION	A	A	GP, PA
alfentanil injection	A	A	PA
ANEXSIA ORAL	2	2	GP
aspirin w/ codeine oral	1	1	
AVINZA ORAL	NF	3	PA
BANCAP-HC ORAL	2	2	GP
butorphanol tartrate injection	A	A	PA
butorphanol tartrate nasal	NF	3	PA
CAPITAL/CODEINE ORAL	NF	3	
CELEBREX ORAL	NF	3	PA
CODEINE PHOSPHATE INJECTION	A	A	PA
CODEINE PHOSPHATE ORAL	NF	3	
CODEINE SULFATE ORAL	2	2	
COMBUNOX ORAL	NF	3	
DARVOCET A500 ORAL	NF	3	AL Age < 65 years old
DARVOCET-N 100 ORAL	2	2	AL Age < 65 years old, GP
DARVOCET-N 50 ORAL	2	2	AL Age < 65 years old, GP
DARVON COMPOUND 32 ORAL	2	2	AL Age < 65 years old
DARVON COMPOUND-65 ORAL	2	2	AL Age < 65 years old
DARVON ORAL	2	2	AL Age < 65 years old, GP
DARVON-N ORAL	2	2	AL Age < 65 years old
DEMEROL INJECTION	A	A	GP, PA
DEMEROL ORAL	2	2	AL Age < 65 years old, GP
DILAUDID INJECTION	A	A	GP, PA

Please refer to Introduction for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
DILAUDID ORAL	2	2	GP
DILAUDID RECTAL	2	2	GP
DILAUDID-5 ORAL	2	2	GP
DILAUDID-HP INJECTION SOLN	A	A	GP, PA
DILAUDID-HP INJECTION SOLR	A	A	PA
DOLOGESIC ORAL CAPS	NF	3	GP
DOLOGESIC ORAL LIQD	NF	3	
DOLOPHINE HCL ORAL	2	2	GP
DOLOPHINE INJECTION	A	A	GP, PA
DOLOPHINE ORAL	2	2	GP
DURABAC ORAL	NF	3	
DURAGESIC TRANSDERMAL	2	2	GP, QL Limited to 10 patches per month
DURAXIN ORAL	NF	3	
EQUAGESIC ORAL	NF	3	AL Age < 65 years old
FENTANYL CITRATE/ROPIVAC INJECTION	A	A	PA
FENTANYL CITRATE/ROPIVACA INJECTION	A	A	PA
fentanyl transdermal	1	1	QL Limited to 10 patches per month
FENTANYL/BUPIVACAINE/NS INJECTION	A	A	PA
FENTANYL/NS INJECTION	A	A	PA
FLEXTRA DS ORAL	NF	3	GP
FLEXTRA ORAL	NF	3	
FLEXTRA-650 ORAL	NF	3	GP
FRENADOL ORAL	2	2	
HYCET ORAL	NF	3	
hydrocodone-acetaminophen oral	1	1	
hydrocodone-ibuprofen oral	NF	3	
hydromorphone hcl injection	A	A	PA
hydromorphone hcl oral	1	1	
hydromorphone hcl rectal	1	1	

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## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
HYDROMORPHONE/BUPIVACAINE INJECTION	A	A	PA
HYDROMORPHONE/NS INJECTION	A	A	PA
KADIAN ORAL	2	2	
LAGESIC ORAL	NF	3	
LEVACET ORAL	NF	3	
LEVO DROMORAN INJECTION	A	A	PA
LEVO-DROMORAN ORAL	NF	3	GP
levorphanol tartrate oral	NF	3	
LOBAC ORAL	NF	3	GP
LORCET 10/650 ORAL	2	2	GP
LORCET PLUS ORAL	2	2	GP
LORCET-HD ORAL	2	2	GP
LORTAB 10 ORAL	2	2	GP
LORTAB 2.5 ORAL	2	2	GP
LORTAB 5 ORAL	2	2	GP
LORTAB 7.5 ORAL	2	2	GP
LORTAB ORAL	2	2	GP
MAGAN ORAL	NF	3	
MAGSAL ORAL	NF	3	GP
MAXIDONE ORAL	2	2	GP
meperidine hcl injection	A	A	PA
meperidine hcl oral	1	1	AL Age < 65 years old
MEPERIDINE HCL/NS INTRAVENOUS	A	A	PA
meperidine w/ promethazine oral	1	1	AL Age < 65 years old
MEPERIDINE/NS INJECTION	A	A	PA
MEPROBAMATE/ASPIRIN ORAL	NF	3	AL Age < 65 years old
methadone hcl injection	A	A	PA
METHADONE HCL INTENSOL ORAL	2	2	GP
methadone hcl oral	1	1	
methadone hcl oral conc	1	1	

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## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
METHADONE HCL ORAL SOLN	2	2	
methadone hcl oral tabs	1	1	
MORPHINE SULFATE IN DEXTR INTRAVENOUS	A	A	PA
morphine sulfate injection	A	A	PA
morphine sulfate intravenous	A	A	PA
morphine sulfate oral	1	1	
morphine sulfate oral tabs	1	1	
morphine sulfate oral tb12	1	1	
morphine sulfate rectal	1	1	
MORPHINE SULFATE/D5W INJECTION	A	A	PA
MORPHINE SULFATE/NS INJECTION	A	A	PA
MORPHINE/D5W INJECTION	A	A	PA
MS CONTIN ORAL	2	2	GP
nalbuphine hcl injection	A	A	PA
NALFON ORAL	NF	3	
NORCO ORAL	2	2	GP
NUBAIN INJECTION	A	A	GP, PA
NUMORPHAN INJECTION	A	A	PA
NUMORPHAN RECTAL	NF	3	
ORAMORPH SR ORAL	2	2	GP
oxycodone hcl oral caps	1	1	
oxycodone hcl oral conc	1	1	
oxycodone hcl oral soln	1	1	
oxycodone hcl oral tabs	1	1	
oxycodone hcl oral tb12	NF	3	PA
oxycodone w/ acetaminophen oral	1	1	
oxycodone w/ aspirin oral	1	1	
OXYCONTIN ORAL	NF	3	GP, PA
OXYIR ORAL	2	2	GP
PALLADONE ORAL	NF	3	QL Limited to 1 per day

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## Health Net Medicare Drug List

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PANLOR DC ORAL	NF	3	
PANLOR SS ORAL	NF	3	
PANRITIS FORTE ORAL	2	2	GP
pentazocine w/ apap oral	NF	3	AL Age < 65 years old
pentazocine w/ naloxone oral	NF	3	AL Age < 65 years old
PERCOCET ORAL	2	2	GP
PERCODAN ORAL	2	2	GP
phenyltoloxamine w/ apap oral	NF	3	
phenyltoloxamine w/ mag salicylate oral	NF	3	
PROPOXYPHENE COMPOUND ORAL	2	2	AL Age < 65 years old
propoxyphene hcl oral	1	1	AL Age < 65 years old
propoxyphene hcl w/ apap oral	1	1	AL Age < 65 years old
propoxyphene-n w/ apap oral	NF	3	AL Age < 65 years old
PROPOXYPHENE/ASA/CAFF ORAL	2	2	AL Age < 65 years old
RELAGESIC ORAL	NF	3	GP
REPREXAIN ORAL	NF	3	
RID-A-PAIN ORAL	NF	3	
RMS RECTAL	2	2	GP
ROXANOL ORAL	2	2	GP
ROXANOL-T ORAL	2	2	GP
ROXICET ORAL	2	2	
ROXICODONE INTENSOL ORAL	2	2	GP
ROXICODONE ORAL	2	2	GP
sodium thiosalicylate injection	A	A	PA
SOLGANAL INTRAMUSCULAR	A	A	PA
STADOL INJECTION	A	A	GP, PA
STADOL NS NASAL	NF	3	GP, PA
STAFLEX ORAL	NF	3	
STAGESIC-10 ORAL	NF	3	
SUBOXONE SUBLINGUAL	NF	3	PA

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## Health Net Medicare Drug List

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SUBUTEX SUBLINGUAL	NF	3	PA
SUFENTA INTRAVENOUS	A	A	GP, PA
SYNALGOS DC ORAL	NF	3	
SYNALGOS-DC ORAL	NF	3	
TALACEN ORAL	NF	3	AL Age < 65 years old, GP
TALWIN INJECTION	A	A	PA
TALWIN NX ORAL	NF	3	AL Age < 65 years old, GP
tramadol hcl oral	1	1	QL Limited to 240 per month
tramadol-acetaminophen oral	NF	3	
TRYCET ORAL	NF	3	AL Age < 65 years old, GP
TYLENOL/CODEINE #3 ORAL	2	2	GP
TYLENOL/CODEINE #4 ORAL	2	2	GP
TYLOX ORAL	2	2	GP
ULTIVA INTRAVENOUS	A	A	PA
ULTRACET ORAL	NF	3	GP
ULTRAM ORAL	2	2	GP, QL Limited to 240 per month
VICODIN ES ORAL	2	2	GP
VICODIN ORAL	2	2	GP
VICOPROFEN ORAL	NF	3	GP
VOPAC ORAL	NF	3	
XODOL ORAL	NF	3	
ZYDONE ORAL	NF	3	

### **Anesthetics**

CARBOCAINE INJECTION	A	A	GP, PA
CHIROCAINE INJECTION	A	A	PA
chloroprocaine hcl injection	A	A	PA
DUOCAINE INJECTION	A	A	PA
INFANT LUMBAR PUNCTURE TR INJECTION	A	A	PA
INFANT/CHILD LUMBAR PUNCT INJECTION	A	A	PA

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QL = Quantity Limit

TL = Therapy Limit

## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
lidocaine hcl (local anesth.) injection	A	A	PA
LOCAL INFILTRATION TRAY 2 INJECTION	A	A	PA
LTA II KIT INJECTION	A	A	PA
NAROPIN INJECTION	A	A	PA
NESACAINE INJECTION	A	A	PA
NESACAINE-MPF INJECTION	A	A	GP, PA
NOVOCAIN INJECTION	A	A	PA
POLOCAINE-MPF INJECTION	A	A	PA
PONTOCAINE INJECTION	A	A	GP, PA
PONTOCAINE NIPHANOID INJECTION	A	A	PA
PONTOCAINE/DEXTROSE INJECTION	A	A	PA
procaine hcl injection	A	A	PA
tetracaine hcl injection	A	A	PA
XYLOCAINE INJECTION	A	A	GP, PA
XYLOCAINE-MPF INJECTION	A	A	GP, PA

### **Anti-inflammatories**

ANAPROX DS ORAL	2	2	GP
ANAPROX ORAL	2	2	GP
ANSAID ORAL	2	2	GP
ARTHROTEC 50 ORAL	NF	3	PA
ARTHROTEC 75 ORAL	NF	3	PA
aspirin oral tbc	NF	3	
aspirin oral tbec	1	1	
CATAFLAM ORAL	2	2	GP
choline & mag salicylate oral	1	1	
CLINORIL ORAL	2	2	GP
DAYPRO ORAL	2	2	GP
diclofenac potassium oral	1	1	
diclofenac sodium oral tb24	NF	3	
diclofenac sodium oral tbec	1	1	

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GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
DIFLUNISAL ORAL	NF	3	
DISALCID ORAL	2	2	GP
DOLOBID ORAL	NF	3	GP
EASPRIN ORAL	2	2	GP
EC-NAPROSYN ORAL	2	2	GP
etodolac oral	1	1	
FELDENE ORAL	2	2	GP
fenoprofen calcium oral	NF	3	
flurbiprofen oral	1	1	
gold sodium thiomalate intramuscular	A	A	PA
ibuprofen oral	1	1	
INDOCIN IV SDV INTRAVENOUS	A	A	PA
INDOCIN ORAL CAPS	2	2	GP
INDOCIN ORAL SUSP	2	2	
INDOCIN RECTAL	2	2	
INDOCIN SR ORAL	2	2	GP
indomethacin oral	1	1	
ketoprofen oral	1	1	
ketorolac tromethamine injection	A	A	PA
ketorolac tromethamine intramuscular	A	A	PA
ketorolac tromethamine oral	NF	3	AL Age < 65 years old, QL Limited to 20 in 6 months
LODINE ORAL	2	2	GP
LODINE XL ORAL	2	2	GP
magnesium salicylate oral	NF	3	
MECLOFENAMATE SODIUM ORAL	NF	3	
MOBIC ORAL	NF	3	PA
MOTRIN ORAL	2	2	GP
MYOCHRYSLINE INTRAMUSCULAR	A	A	GP, PA
nabumetone oral	1	1	
NAPRELAN ORAL TB24 375MG	NF	3	

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## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
NAPRELAN ORAL TB24 500MG	2	2	GP
NAPROSYN ORAL	2	2	GP
naproxen oral	1	1	
naproxen sodium oral	1	1	
NOVASAL ORAL	NF	3	GP
ORUDIS ORAL	2	2	GP
ORUVAIL ORAL	2	2	GP
oxaprozin oral	1	1	
piroxicam oral	1	1	
PONSTEL ORAL	NF	3	
RELAFEN ORAL	2	2	GP
salsalate oral	1	1	
sulindac oral	1	1	
TOLECTIN DS ORAL	2	2	GP
TOLECTIN ORAL	2	2	GP
tolmetin sodium oral caps	1	1	
tolmetin sodium oral tabs 200MG	1	1	
TOLMETIN SODIUM ORAL TABS 600MG	2	2	
TORADOL IM INTRAMUSCULAR	A	A	GP, PA
TORADOL INJECTION	A	A	GP, PA
TORADOL INTRAMUSCULAR	A	A	PA
TORADOL INTRAVENOUS	A	A	PA
TORADOL IV/IM INJECTION	A	A	GP, PA
TORADOL ORAL ORAL	NF	3	AL Age < 65 years old, GP, QL Limited to 20 in 6 months
TRILISATE ORAL	2	2	GP
VOLTAREN ORAL	2	2	GP
VOLTAREN-XR ORAL	NF	3	GP
ZORPRIN ORAL	NF	3	GP

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## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
<b><u>Antibacterials</u></b>			
ADOXA ORAL	NF	3	
ADOXA PAK 1/100 ORAL	NF	3	
ADOXA PAK 2/100 ORAL	NF	3	
ALINIA ORAL	NF	3	PA
amikacin sulfate injection	A	A	PA
AMIKIN INJECTION	A	A	GP, PA
amoxicillin & pot clavulanate oral	1	1	
amoxicillin oral	1	1	
AMOXIL ORAL	2	2	GP
AMOXIL ORAL CHEW	2	2	GP
AMOXIL ORAL SUSR 400MG/5ML	2	2	GP
AMOXIL ORAL SUSR 50MG/ML	2	2	
AMOXIL PEDIATRIC ORAL	2	2	
ampicillin & sulbactam sodium injection	A	A	PA
ampicillin oral	1	1	
ampicillin sodium injection	A	A	PA
ampicillin sodium intravenous	A	A	PA
ANCEF INJECTION	A	A	GP, PA
ANCEF INTRAVENOUS	A	A	GP, PA
AUGMENTIN ES-600 ORAL	2	2	GP
AUGMENTIN ORAL	2	2	GP
AUGMENTIN ORAL CHEW 125-31.25 MG	2	2	
AUGMENTIN ORAL CHEW 250-62.5 MG	2	2	
AUGMENTIN ORAL SUSR 125-31.25 MG/5ML	2	2	
AUGMENTIN ORAL SUSR 250-62.5 MG/5ML	2	2	
AUGMENTIN ORAL SUSR 400-57 MG/5ML	2	2	GP
AUGMENTIN ORAL TABS 250-125 MG	2	2	
AUGMENTIN ORAL TABS 500-125 MG	2	2	GP
AUGMENTIN XR ORAL	2	2	

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
AVELOX ABC PACK ORAL	2	2	QL Limited to 14 tablets in 3 months
AVELOX INTRAVENOUS	A	A	PA
AVELOX ORAL	2	2	QL Limited to 14 tablets in 3 months
AZACTAM IN DEXTROSE INTRAVENOUS	A	A	PA
AZACTAM INJECTION	A	A	PA
BACITRACIN INTRAMUSCULAR	A	A	GP, PA
BACTOCILL IN DEXTROSE INTRAVENOUS	A	A	PA
BACTRIM DS ORAL	2	2	GP
BACTRIM ORAL	2	2	GP
BIAXIN ORAL SUSR	2	2	TL Limited to 14 days supply
BIAXIN ORAL TABS	2	2	GP, TL Limited to 14 days supply
BIAXIN XL ORAL	2	2	QL Limited to 14 per fill
BIAXIN XL PAC ORAL	2	2	QL Limited to 14 per fill
BICILLIN C-R INTRAMUSCULAR	A	A	PA
BICILLIN L-A INTRAMUSCULAR	A	A	PA
CECLOR ORAL	2	2	GP
CEDAX ORAL	NF	3	
CEFACTOR ER ORAL	NF	3	
cefaclor monohydrate oral	NF	3	
cefaclor oral	1	1	
cefadroxil oral	1	1	
CEFAZOLIN SODIUM INJECTION	A	A	PA
cefazolin sodium intravenous	A	A	PA
CEFAZOLIN SODIUM INTRAVENOUS SOLN	A	A	PA
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS	A	A	PA
CEFIZOX IN DEXTROSE 5% INTRAVENOUS	A	A	PA
CEFIZOX INJECTION	A	A	PA
CEFIZOX INTRAVENOUS	A	A	PA

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
CEFOTAN INJECTION	A	A	PA
CEFOTAN INTRAVENOUS	A	A	PA
CEFOTAN-GALAXY INTRAVENOUS	A	A	PA
cefotaxime sodium injection	A	A	PA
CEFOXITIN INJECTION	A	A	PA
cefoxitin sodium injection	A	A	PA
cefoxitin sodium intravenous	A	A	PA
cefpodoxime proxetil oral	NF	3	
CEFTAZIDIME INJECTION	A	A	PA
ceftazidime intravenous	A	A	PA
CEFTIN ORAL SUSR	2	2	
CEFTIN ORAL TABS	2	2	GP
CEFTRIAXONE/DEXTROSE INTRAVENOUS	A	A	PA
cefuroxime axetil oral	1	1	
CEFUROXIME SODIUM INJECTION	A	A	PA
cefuroxime sodium intravenous	A	A	PA
CEFUROXIME/DEXTROSE INTRAVENOUS	A	A	PA
CEFZIL ORAL	2	2	
CEPHALEXIN MONOHYDRATE ORAL	2	2	
cephalexin oral	1	1	
chloramphenicol sodium succinate intravenous	A	A	PA
CHLOROMYCETIN INTRAVENOUS	A	A	GP, PA
CIPRO CYSTITIS ORAL	2	2	GP
CIPRO I.V. INTRAVENOUS	A	A	PA
CIPRO ORAL SUSR	2	2	
CIPRO ORAL TABS	2	2	GP
CIPRO XR ORAL	NF	3	TL Limited to 14 days supply
ciprofloxacin hcl oral	1	1	
CIPROFLOXACIN HCL ORAL TABS 100MG	2	2	
CIPROFLOXACIN ORAL	2	2	

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CLAFORAN INJECTION	A	A	GP, PA
CLAFORAN INTRAVENOUS	A	A	PA
CLAFORAN/D5W INTRAVENOUS	A	A	PA
CLARITHROMYCIN ORAL SUSR	2	2	TL Limited to 14 days supply
clarithromycin oral tabs	1	1	TL Limited to 14 days supply
CLEOCIN INJECTION	A	A	GP, PA
CLEOCIN INTRAVENOUS	A	A	GP, PA
CLEOCIN ORAL	2	2	GP
CLEOCIN ORAL CAPS 75MG	2	2	
CLEOCIN PEDIATRIC GRANULE ORAL	2	2	
CLEOCIN PHOSPHATE INJECTION	A	A	GP, PA
clindamycin hcl oral	1	1	
clindamycin phosphate in d5w intravenous	A	A	PA
clindamycin phosphate injection	A	A	PA
clindamycin phosphate intravenous	A	A	PA
CLINDESSE VAGINAL	NF	3	
colistimethate sodium injection	A	A	PA
COLY-MYCIN-M INJECTION	A	A	GP, PA
CUBICIN INTRAVENOUS	A	A	PA
DECLOMYCIN ORAL	NF	3	GP
demeclocycline hcl oral	NF	3	
dicloxacillin sodium oral	1	1	
DISPERMOX ORAL	NF	3	
DORYX ORAL	NF	3	
doxycycline (monohydrate) oral	1	1	
doxycycline hyclate intravenous	A	A	PA
doxycycline hyclate oral caps	1	1	
doxycycline hyclate oral tabs 100MG	1	1	
doxycycline hyclate oral tabs 20MG	NF	3	
DURICEF ORAL CAPS	2	2	GP

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DURICEF ORAL SUSR	2	2	
DURICEF ORAL TABS	2	2	GP
DYNABAC D5-PAK ORAL	NF	3	QL Limited to 10 per fill
DYNACIN ORAL CAPS	2	2	GP
DYNACIN ORAL TABS	NF	3	GP
DYNAPEN ORAL	2	2	
E-MYCIN ORAL	2	2	
E.E.S. GRANULES ORAL	2	2	GP
ERY-TAB ORAL	2	2	
ERYC ORAL	2	2	GP
ERYPED 200 ORAL	2	2	GP
ERYPED 400 ORAL	2	2	
ERYPED ORAL	2	2	
ERYTHROCIN INTRAVENOUS	A	A	PA
erythromycin base oral cpep	1	1	
ERYTHROMYCIN BASE ORAL TABS	2	2	
ERYTHROMYCIN ESTOLATE ORAL	2	2	
erythromycin ethylsuccinate oral	1	1	
ERYTHROMYCIN LACTOBIONATE INTRAVENOUS	A	A	PA
ERYTHROMYCIN ORAL	2	2	
erythromycin stearate oral	1	1	
erythromycin-sulfisoxazole oral	1	1	
FACTIVE ORAL	NF	3	PA
FLAGYL ER ORAL	NF	3	
FLAGYL INTRAVENOUS	A	A	PA
FLAGYL ORAL	2	2	GP
FLOXIN ORAL	NF	3	GP
FORTAZ GALAXY INTRAVENOUS	A	A	PA
FORTAZ INFUSION PACK INTRAVENOUS	A	A	GP, PA
FORTAZ INJECTION	A	A	GP, PA

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
FORTAZ INTRAVENOUS SOLN	A	A	PA
FORTAZ INTRAVENOUS SOLR	A	A	GP, PA
FURADANTIN ORAL	2	2	AL Age < 65 years old
FUROXONE ORAL	2	2	
GANTRISIN PEDIATRIC ORAL	2	2	
GARAMYCIN INJECTION	A	A	GP, PA
gentamicin in saline intravenous	A	A	PA
gentamicin sulfate injection	A	A	PA
gentamicin sulfate intravenous	A	A	PA
GENTAMICIN SULFATE/0.9% S INTRAVENOUS	A	A	PA
GEOCILLIN ORAL	NF	3	
HIPREX ORAL	2	2	GP
HUMATIN ORAL	2	2	GP
INVANZ INJECTION	A	A	PA
ISOTONIC GENTAMICIN INTRAVENOUS	A	A	PA
kanamycin sulfate injection	A	A	PA
KANTREX INJECTION	A	A	GP, PA
KEFLEX ORAL	2	2	GP
KETEK ORAL	NF	3	PA
LEVAQUIN INTRAVENOUS	A	A	PA
LEVAQUIN LEVA-PAK ORAL	NF	3	QL Limited to 5 per fill
LEVAQUIN ORAL	NF	3	QL Limited to 14 tablets in 3 months
LEVAQUIN ORAL SOLN	NF	3	TL Limited to 14 days supply
LEVAQUIN ORAL TABS 750MG	NF	3	QL Limited to 5 per fill
LEVAQUIN PREMIX INTRAVENOUS	A	A	PA
LINCOCIN INJECTION	A	A	GP, PA
lincomycin hcl injection	A	A	PA
LORABID ORAL	2	2	TL Limited to 14 days supply
MACROBID ORAL	2	2	AL Age < 65 years old, GP

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
MACRODANTIN ORAL	2	2	AL Age < 65 years old, GP
MANDELAMINE ORAL	2	2	GP
MANDOL INJECTION	A	A	PA
MANDOL/D5W INTRAVENOUS	A	A	PA
MAXAQUIN ORAL	NF	3	
MAXIPIME INJECTION	A	A	PA
MAXIPIME INTRAVENOUS	A	A	PA
MEFOXIN ADD-VANTAGE INTRAVENOUS	A	A	GP, PA
MEFOXIN IN DEXTROSE 2.2% INTRAVENOUS	A	A	PA
MEFOXIN IN DEXTROSE 3.9% INTRAVENOUS	A	A	PA
MEFOXIN INJECTION	A	A	GP, PA
MEFOXIN INTRAVENOUS	A	A	GP, PA
MERREM INTRAVENOUS	A	A	PA
meth-bell-meth bl-phenyl sal oral	1	1	
methenamine hippurate oral	1	1	
methenamine mandelate oral	1	1	
methenamine-hyosc-methylene blue-sod biphos-phenyl sal oral tbec	NF	3	
methenamine-hyosc-methylene blue-sod phos-phenyl sal oral	NF	3	
methenamine-methylene blue-benz acd-phenyl sal-atrop-hyosc oral	NF	3	
METRO IV INTRAVENOUS	A	A	PA
METROGEL VAGINAL VAGINAL	NF	3	
metronidazole in nacl intravenous	A	A	PA
metronidazole oral caps	1	1	
metronidazole oral tabs	1	1	
metronidazole oral tb24	NF	3	
MINOCIN INTRAVENOUS	A	A	PA
MINOCIN ORAL	2	2	GP
minocycline hcl oral caps	1	1	

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
minocycline hcl oral tabs	NF	3	
MONODOX ORAL	2	2	GP
MONUROL ORAL	NF	3	
nafcillin sodium injection	A	A	PA
nafcillin sodium intravenous	A	A	PA
NALLPEN INJECTION	A	A	PA
NALLPEN ISO-OSMOTIC IN DE INTRAVENOUS	A	A	PA
NALLPEN/DEXTROSE INTRAVENOUS	A	A	PA
NEBCIN INJECTION	A	A	GP, PA
NEBCIN MDV INJECTION	A	A	GP, PA
NEGGRAM ORAL	NF	3	
NEO-FRADIN ORAL	2	2	
neomycin sulfate oral	1	1	
NEOSPORIN GU IRRIGANT IRRIGATION	A	A	PA
NEUTREXIN INTRAVENOUS	A	A	PA
nitrofurantoin macrocrystal oral	1	1	AL Age < 65 years old
nitrofurantoin monohyd macro oral	1	1	AL Age < 65 years old
NOROXIN ORAL	NF	3	
ofloxacin oral	NF	3	
OMNICEF ORAL	2	2	
OXACILLIN SODIUM INJECTION	A	A	PA
OXACILLIN SODIUM INTRAVENOUS	A	A	PA
PANIXINE DISPERDOSE ORAL	NF	3	
paromomycin sulfate oral	1	1	
PCE ORAL	NF	3	
PEDIAZOLE ORAL	2	2	GP
PENICILLIN G POTASSIUM IN INTRAVENOUS	A	A	PA
penicillin g potassium injection	A	A	PA
PENICILLIN G PROCAINE INTRAMUSCULAR	A	A	PA
PENICILLIN G SODIUM INJECTION	A	A	PA

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
penicillin v potassium oral	1	1	
PENTAM 300 INJECTION	A	A	GP, PA
pentamidine isethionate injection	A	A	PA
PERIOSTAT ORAL	NF	3	GP
PFIZERPEN-G INJECTION	A	A	GP, PA
PIPERACILLIN SODIUM INJECTION	A	A	PA
PIPERACILLIN SODIUM INTRAVENOUS	A	A	PA
PIPRACIL/D5W INTRAVENOUS	A	A	PA
POLYMYXIN B SULFATE INJECTION	A	A	PA
PRIMAXIN I.M. INTRAMUSCULAR	A	A	PA
PRIMAXIN IV ADD-VANTAGE INTRAVENOUS	A	A	PA
PRIMAXIN IV INTRAVENOUS	A	A	PA
PRIMSOL ORAL	2	2	
PROLOPRIM ORAL	2	2	GP
PROSED EC ORAL	NF	3	
PROSED/DS ORAL	NF	3	GP
RANICLOR ORAL	NF	3	
ROCEPHIN IN ISO-OSMOTIC D INTRAVENOUS	A	A	PA
ROCEPHIN INJECTION	A	A	GP, PA
ROCEPHIN INTRAVENOUS	A	A	GP, PA
ROCEPHIN SDV INJECTION	A	A	GP, PA
SEPTRA DS ORAL	2	2	GP
SEPTRA ORAL	2	2	GP
SPECTRACEF ORAL	NF	3	
STREPTOMYCIN SULFATE INTRAMUSCULAR	A	A	PA
SULFADIAZINE ORAL	2	2	
sulfamethoxazole-trimethoprim intravenous	A	A	PA
sulfamethoxazole-trimethoprim oral	1	1	
SULFISOXAZOLE ORAL	2	2	
SUMYCIN ORAL	2	2	

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SUPRAX ORAL	NF	3	
SYNERCID INTRAVENOUS	A	A	PA
TAZICEF INTRAVENOUS	A	A	PA
TEQUIN INTRAVENOUS	A	A	PA
TEQUIN ORAL	NF	3	QL Limited to 14 tablets in 3 months
TERRAMYCIN INTRAMUSCULAR	A	A	PA
tetracycline hcl oral	1	1	
TICAR INJECTION	A	A	PA
TICAR INTRAVENOUS	A	A	PA
TIMENTIN INTRAVENOUS	A	A	PA
TINDAMAX ORAL	NF	3	
TOBRAMYCIN SULFATE ADD-VA INTRAVENOUS	A	A	PA
tobramycin sulfate injection	A	A	PA
TOBRAMYCIN SULFATE/SODIUM INTRAVENOUS	A	A	PA
TOTACILLIN-N INTRAVENOUS	A	A	GP, PA
TRAC ORAL	2	2	
trimethoprim oral	1	1	
TROBICIN W/DILUENT INTRAMUSCULAR	A	A	PA
TYGACIL INTRAVENOUS	A	A	PA
UNASYN ADD-VANTAGE INTRAVENOUS	A	A	PA
UNASYN BULK PACK INJECTION	A	A	GP, PA
UNASYN INJECTION	A	A	GP, PA
UNASYN PIGGYBACK UNIT INTRAVENOUS	A	A	PA
URELLE ORAL	NF	3	
URETRON D/S ORAL	NF	3	GP
UREX ORAL	2	2	GP
URIMAX ORAL	NF	3	GP
URISED ORAL	2	2	GP

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URISYM ORAL	NF	3	
UROLENE BLUE ORAL	NF	3	
UROQID #2 ORAL	NF	3	
UTA ORAL	NF	3	
VANCOGIN HCL INTRAVENOUS SOLN	A	A	PA
VANCOGIN HCL INTRAVENOUS SOLR	A	A	PA
VANCOGIN HCL ISO-OSMOTIC INTRAVENOUS	A	A	PA
VANCOGIN HCL ORAL	NF	3	PA
VANCOMYCIN HCL INTRAVENOUS	A	A	PA
VANTIN ORAL SUSR	NF	3	
VANTIN ORAL TABS	NF	3	GP
VELOSEF ORAL	NF	3	
VIBRAMYCIN ORAL CAPS	2	2	GP
VIBRAMYCIN ORAL SUSR	2	2	
VIBRAMYCIN ORAL SYRP	2	2	
VIBRATAB ORAL	2	2	GP
XIFAXAN ORAL	NF	3	QL Limited to 9 per fill
XIGRIS INTRAVENOUS	A	A	PA
ZAGAM ORAL	NF	3	
ZINACEF INJECTION	A	A	GP, PA
ZINACEF INTRAVENOUS	A	A	PA
ZINACEF INTRAVENOUS SOLR	A	A	GP, PA
ZINACEF/D5W INTRAVENOUS	A	A	PA
ZITHROMAX INTRAVENOUS	A	A	PA
ZITHROMAX ORAL PACK	2	2	TL Limited to 5 days supply
ZITHROMAX ORAL SUSR	2	2	TL Limited to 5 days supply
ZITHROMAX ORAL TABS	2	2	TL Limited to 5 days supply
ZITHROMAX ORAL TABS 500MG	2	2	QL Limited to 3 per fill
ZITHROMAX TRI-PAK ORAL	2	2	QL Limited to 3 per fill
ZITHROMAX Z-PAK ORAL	2	2	TL Limited to 5 days supply

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ZMAX ORAL	NF	3	
ZOSYN INTRAVENOUS SOLN	A	A	PA
ZOSYN INTRAVENOUS SOLR	A	A	PA
ZYVOX INTRAVENOUS	A	A	PA
ZYVOX ORAL	NF	3	PA
<b>Anticonvulsants</b>			
CARBAMAZEPINE ORAL	2	2	GP
carbamazepine oral chew	1	1	
carbamazepine oral tabs	1	1	
CARBATROL ORAL	NF	3	
CELONTIN ORAL	2	2	
CEREBYX INJECTION	A	A	PA
DEPACON INTRAVENOUS	A	A	GP, PA
DEPAKENE ORAL CAPS	2	2	GP
DEPAKENE ORAL SYRP	2	2	GP
DEPAKOTE ORAL	2	2	
DEPAKOTE SPRINKLES ORAL	2	2	
DILANTIN INFATABS ORAL	2	2	
DILANTIN ORAL	2	2	GP
DILANTIN ORAL CAPS 30MG	2	2	
DILANTIN ORAL SUSP	2	2	GP
DILANTIN-125 ORAL	2	2	GP
ethosuximide oral	1	1	
FELBATOL ORAL	2	2	
gabapentin oral	1	1	PA
GABARONE ORAL	2	2	GP, PA
GABITRIL ORAL	2	2	
KEPPRA ORAL	2	2	
LAMICTAL CHEWABLE DISPERS ORAL	2	2	
LAMICTAL ORAL	2	2	

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## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
LAMICTAL STARTER/TAKING V ORAL	2	2	QL Limit 1 kit per year
LAMOTRIGINE CHEWABLE DISP ORAL	2	2	
LYRICA ORAL	NF	3	PA
MYSOLINE ORAL	2	2	GP
NEURONTIN ORAL CAPS	2	2	GP, PA
NEURONTIN ORAL SOLN	2	2	PA
NEURONTIN ORAL TABS	2	2	GP, PA
PEGANONE ORAL	2	3	
PHENYTEK ORAL	2	2	
phenytoin oral	1	1	
phenytoin sodium extended oral	1	1	
phenytoin sodium injection	A	A	PA
PHENYTOIN SODIUM PROMPT ORAL	2	2	
primidone oral	1	1	
TEGRETOL ORAL	2	2	GP
TEGRETOL-XR ORAL	2	2	
TOPAMAX ORAL	2	2	
TRILEPTAL ORAL	2	2	
valproate sodium intravenous	A	A	PA
valproate sodium oral	1	1	
valproic acid oral	1	1	
ZARONTIN ORAL	2	2	GP
ZONEGRAN ORAL	2	2	

### **Antidementia Agents**

ARICEPT ODT ORAL	2	2	PA
ARICEPT ORAL	2	2	PA
COGNEX ORAL	NF	3	PA
ergoloid mesylates oral	1	1	AL Age < 65 years old
ERGOLOID MESYLATES SUBLINGUAL	2	2	AL Age < 65 years old
EXELON ORAL	2	2	PA

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## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
HYDERGINE ORAL	2	2	AL Age < 65 years old, GP
NAMENDA ORAL	2	2	PA
RAZADYNE ER ORAL	NF	3	PA
RAZADYNE ORAL	NF	3	PA
<b><u>Antidepressants</u></b>			
amitriptyline hcl oral	1	1	AL Age < 65 years old
AMOXAPINE ORAL	2	3	
ANAFRANIL ORAL	2	2	GP
AVENTYL ORAL	2	2	GP
bupropion hcl oral	1	1	
CELEXA ORAL SOLN	2	2	GP
CELEXA ORAL TABS	2	2	GP, QL Limited to 1 per day
citalopram hydrobromide oral soln	1	1	
citalopram hydrobromide oral tabs	1	1	QL Limited to 1 per day
clomipramine hcl oral	1	1	
CYMBALTA ORAL	2	2	
desipramine hcl oral	1	1	
DESYREL ORAL	2	2	GP
doxepin hcl oral	1	1	AL Age < 65 years old
EFFEXOR ORAL	2	2	
EFFEXOR XR ORAL CP24 150MG	2	2	QL Limited to 1 per day
EFFEXOR XR ORAL CP24 37.5MG	2	2	
EFFEXOR XR ORAL CP24 75MG	2	2	QL Limited to 1 per day
ELAVIL ORAL	2	2	AL Age < 65 years old, GP
fluoxetine hcl oral	1	1	
fluoxetine hcl oral caps 40MG	NF	NF	Use fluoxetine 10mg or 20mg capsules
fluoxetine hcl oral soln	1	1	
fluoxetine hcl oral tabs	NF	NF	Use fluoxetine 10mg or 20mg capsules

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## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
fluvoxamine maleate oral	1	1	
imipramine hcl oral	1	1	
LEXAPRO ORAL	2	2	QL Limited to 1 per day
LEXAPRO ORAL SOLN	2	2	QL Limited to 40ml per day
LEXAPRO ORAL TABS 20MG	2	2	QL Limited to 2 per day
MAPROTILINE HCL ORAL	2	2	
maprotiline hcl oral	1	1	
MARPLAN ORAL	2	2	
mirtazapine oral	1	1	
MIRTAZAPINE ORAL TABS 7.5MG	2	2	GP
mirtazapine oral tbdp	1	1	
NARDIL ORAL	2	2	
nefazodone hcl oral	1	1	PA
NORPRAMIN ORAL	2	2	GP
nortriptyline hcl oral	1	1	
PAMELOR ORAL	2	2	GP
PARNATE ORAL	2	2	
paroxetine hcl oral	1	1	QL Limited to 1 per day
PAXIL CR ORAL	2	2	QL Limited to 1 per day
PAXIL ORAL SUSP	2	2	
PAXIL ORAL TABS	2	2	GP, QL Limited to 1 per day
PEXEVA ORAL	NF	3	
PROZAC ORAL	2	2	GP
PROZAC ORAL CAPS 40MG	NF	NF	Use fluoxetine 10mg or 20mg capsules
PROZAC ORAL SOLN	2	2	GP
PROZAC ORAL TABS	NF	NF	Use fluoxetine 10mg or 20mg capsules
PROZAC WEEKLY ORAL	NF	3	QL Limited to 1 per week
RAPIFLUX ORAL	NF	NF	Use fluoxetine 10mg or 20mg capsules

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
REMERON ORAL	2	2	GP
REMERON SOLTAB ORAL	2	2	GP
SARAFEM ORAL	NF	NF	Use fluoxetine 10mg or 20mg capsules
SERZONE ORAL	2	2	GP, PA
SINEQUAN ORAL	2	2	AL Age < 65 years old, GP
SURMONTIL ORAL	2	3	
TOFRANIL ORAL	2	2	GP
TOFRANIL-PM ORAL	NF	3	
trazodone hcl oral	1	1	
VIVACTIL ORAL	2	3	
WELLBUTRIN ORAL	2	2	GP
WELLBUTRIN SR ORAL	2	2	GP
WELLBUTRIN XL ORAL	2	2	QL Limited to 1 per day
ZOLOFT ORAL	2	3	EST

### **Antiemetics**

ALOXI INTRAVENOUS	B	B	PA
ANTIVERT ORAL TABS 12.5MG	2	2	GP
ANTIVERT ORAL TABS 50MG	NF	3	
ANZEMET INTRAVENOUS	B	B	PA
ANZEMET ORAL	NF	3	PA
DIMENHYDRINATE INJECTION	A	A	PA
EMEND ORAL	NF	3	PA
KYTRIL INTRAVENOUS	B	B	PA
KYTRIL ORAL	NF	3	PA
MARINOL ORAL	NF	3	PA
meclizine hcl oral tabs 12.5MG	1	1	
MENI-D ORAL	NF	3	
SCOPACE ORAL	NF	3	AL Age < 65 years old, GP
scopolamine hydrobromide oral	NF	3	AL Age < 65 years old

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
TIGAN INTRAMUSCULAR	A	A	GP, PA
TIGAN ORAL	2	2	GP
TIGAN RECTAL	2	2	GP
TORECAN ORAL	2	2	
TRANSDERM-SCOP TRANSDERMAL	NF	3	AL Age < 65 years old
trimethobenzamide hcl intramuscular	A	A	PA
trimethobenzamide hcl oral	1	1	
trimethobenzamide-benzocaine rectal	1	1	
ZOFRAN INTRAVENOUS	B	B	PA
ZOFRAN ODT ORAL	2	2	PA
ZOFRAN ORAL	2	2	PA
<b><u>Antifungals</u></b>			
ABELCET INTRAVENOUS	A	A	PA
acetic acid vaginal	1	1	
AMBISOME INTRAVENOUS	A	A	PA
AMPHOTEC INTRAVENOUS	A	A	PA
amphotericin b injection	A	A	PA
ANCOBON ORAL	NF	3	AL Age < 65 years old
AVC VAGINAL	2	2	
BIO-STATIN ORAL	2	2	
CANCIDAS INTRAVENOUS	A	A	PA
CLEOCIN VAGINAL CREA	NF	3	GP
CLEOCIN VAGINAL SUPP	NF	3	
clindamycin phosphate vaginal vaginal	NF	3	
DIFLUCAN IN ISO-OSMOTIC D INTRAVENOUS	A	A	GP, PA
DIFLUCAN IN NAACL INTRAVENOUS	A	A	GP, PA
DIFLUCAN ORAL	2	2	GP, TL Limited to 14 days supply
DIFLUCAN ORAL SUSR	2	2	GP, TL Limited to 14 days supply
DIFLUCAN ORAL TABS 150MG	2	2	GP, GL Female only, QL Limited to 1 per fill

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## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
FEM PH VAGINAL	2	2	
fluconazole in dextrose intravenous	A	A	PA
fluconazole in nacl intravenous	A	A	PA
fluconazole oral	1	1	TL Limited to 14 days supply
fluconazole oral susr	1	1	TL Limited to 14 days supply
fluconazole oral tabs 150MG	1	1	GL Female only, QL Limited to 1 per fill
FUNGIZONE INJECTION	A	A	GP, PA
GRIFULVIN V ORAL	2	2	
GRIFULVIN-V ORAL SUSP	2	2	GP
GRIFULVIN-V ORAL TABS	2	2	
GRIS-PEG ORAL	2	2	
griseofulvin microsize oral susp	1	1	
GRISEOFULVIN MICROSIZED ORAL TABS	2	2	
GRISEOFULVIN ULTRAMICROSIZED ORAL	2	2	
GNAZOLE-1 VAGINAL	NF	3	
itraconazole oral	NF	3	PA
ketoconazole oral	1	1	
LAMISIL ORAL	2	2	PA
MYCAMINE INTRAVENOUS	A	A	PA
NIZORAL ORAL	2	2	GP
nystatin	1	1	
nystatin oral tabs	1	1	
NYSTATIN VAGINAL	2	2	
RELAGARD VAGINAL	2	2	
SPORANOX INTRAVENOUS	A	A	PA
SPORANOX ORAL CAPS	NF	3	GP, PA
SPORANOX ORAL SOLN	NF	3	PA
TERAZOL 3 VAGINAL CREA	NF	3	GP
TERAZOL 3 VAGINAL SUPP	NF	3	
TERAZOL 3 W/APPLICATOR VAGINAL	NF	3	GP

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
TERAZOL 7 VAGINAL	NF	3	GP
terconazole vaginal	NF	3	
VFEND IV INTRAVENOUS	A	A	PA
VFEND ORAL	2	2	PA
ZAZOLE VAGINAL	NF	3	
<b><u>Antigout Agents</u></b>			
allopurinol oral	1	1	
allopurinol sodium intravenous	A	A	PA
ALOPRIM INTRAVENOUS	A	A	GP, PA
COLCHICINE INTRAVENOUS	A	A	PA
colchicine oral	1	1	
colchicine w/ probenecid oral	1	1	
probenecid oral	1	1	
SULFINPYRAZONE ORAL	2	2	
ZYLOPRIM ORAL	2	2	GP
<b><u>Antimigraine Agents</u></b>			
AMERGE ORAL	2	2	QL Limited to 9 per month
apap-isometheptene-caffeine oral	NF	3	
apap-isometheptene-dichloral oral	1	1	
AXERT ORAL	NF	3	QL Limited to 6 per month
CAFERGOT ORAL	2	2	GP
CAFERGOT RECTAL	2	2	GP
D.H.E. 45 INJECTION	B	B	GP, PA
DEPAKOTE ER ORAL	2	2	
dihydroergotamine mesylate injection	B	B	PA
ERGOMAR SUBLINGUAL	2	2	
ergot w/pentobarb-bella-caff rectal	NF	3	
ergotamine w/ caffeine oral	1	1	
ergotamine w/ caffeine rectal	1	1	

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
ergotamine w/ pb & belladonna oral	NF	3	
FROVA ORAL	NF	3	QL Limited to 9 per month
IMITREX INJECTION	A	A	PA
IMITREX NASAL	2	2	QL Limited to 6 per month
IMITREX ORAL	2	2	QL Limited to 9 per month
IMITREX STATDOSE PEN SUBCUTANEOUS	A	A	PA
IMITREX STATDOSE SUBCUTANEOUS	A	A	PA
MAXALT ORAL	NF	3	QL Limited to 9 per month
MAXALT-MLT ORAL	NF	3	QL Limited to 9 per month
MIDRIN ORAL	2	2	GP
MIGRAL ORAL	NF	3	
MIGRANAL NASAL	NF	3	QL Limited to 4 per month
RELPAK ORAL	NF	3	QL Limited to 6 per month
ZOMIG NASAL	NF	3	QL Limited to 6 per month
ZOMIG ORAL	NF	3	QL Limited to 6 per month
ZOMIG ZMT ORAL	NF	3	QL Limited to 6 per month

### **Antimycobacterials**

CAPASTAT SULFATE INJECTION	A	A	PA
DAPSONE ORAL	2	2	
ethambutol hcl oral	1	1	
ISONIAZID ORAL SYRP	2	2	
isoniazid oral tabs	1	1	
LAMPRENE ORAL	NF	3	
MYAMBUTOL ORAL	2	2	GP
MYCOBUTIN ORAL	2	2	
NYDRAZID INJECTION	A	A	PA
PASER ORAL	NF	3	
PRIFTIN ORAL	NF	3	
pyrazinamide oral	1	1	
RIFADIN INTRAVENOUS	A	A	GP, PA

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
RIFADIN ORAL	2	2	GP
RIFAMATE ORAL	NF	3	
rifampin intravenous	A	A	PA
rifampin oral	1	1	
RIFATER ORAL	NF	3	
SEROMYCIN ORAL	NF	3	
TRECTOR ORAL	NF	3	
TRECTOR-SC ORAL	NF	3	
<b><u>Antineoplastics</u></b>			
ABRAXANE INTRAVENOUS	A	A	PA
ACTIMMUNE SUBCUTANEOUS	B	B	PA
ADAGEN INTRAMUSCULAR	B	B	PA
ADRIAMYCIN PFS INTRAVENOUS	A	A	GP, PA
ADRIAMYCIN RDF INTRAVENOUS	A	A	GP, PA
ALFERON N INJECTION	B	B	PA
ALIMTA INTRAVENOUS	A	A	PA
ALKERAN INTRAVENOUS	A	A	PA
ANTIVENIN LATRODECTUS MAC INJECTION	A	A	PA
AVASTIN INTRAVENOUS	B	B	PA
BEXXAR 131 IODINE INTRAVENOUS	A	A	PA
BEXXAR INTRAVENOUS	B	B	PA
BICNU W/DILUENT ABSOLUTE INTRAVENOUS	A	A	PA
BLENOXANE INJECTION	A	A	GP, PA
bleomycin sulfate injection	A	A	PA
BUSULFEX INTRAVENOUS	A	A	PA
CAMPATH INTRAVENOUS	B	B	PA
CAMPTOSAR INTRAVENOUS	A	A	PA
CARAC EXTERNAL	2	2	QL Limited to 30gm per fill
carboplatin intravenous	A	A	PA
CEENU ORAL	2	2	

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CERUBIDINE INTRAVENOUS	A	A	GP, PA
cisplatin intravenous	A	A	PA
cladribine intravenous	A	A	PA
CLOLAR INTRAVENOUS	A	A	PA
COSMEGEN INTRAVENOUS	A	A	PA
cyclophosphamide intravenous	A	A	PA
cytarabine injection	A	A	PA
cytarabine injection solr	A	A	PA
CYTOXAN INJECTION	A	A	PA
CYTOXAN INTRAVENOUS	A	A	GP, PA
DACARBAZINE INTRAVENOUS	A	A	PA
daunorubicin hcl intravenous	A	A	PA
DAUNORUBICIN HCL INTRAVENOUS INJ	A	A	PA
DAUNOXOME INTRAVENOUS	A	A	PA
DEPO-PROVERA INTRAMUSCULAR	A	A	PA
dexrazoxane intravenous	A	A	PA
DOXIL INTRAVENOUS	A	A	PA
doxorubicin hcl intravenous	A	A	PA
DTIC-DOME INTRAVENOUS	A	A	GP, PA
EFUDEX EXTERNAL CREA	2	2	QL Limited to 30gm per fill
EFUDEX EXTERNAL SOLN	2	2	GP
ELIGARD SUBCUTANEOUS	B	B	PA
ELITEK INTRAVENOUS	B	B	PA
ELLENCE INTRAVENOUS	A	A	PA
ELOXATIN INTRAVENOUS	A	A	PA
ELSPAR INJECTION	A	A	PA
ERBITUX INTRAVENOUS	B	B	PA
ETHYOL INTRAVENOUS	A	A	PA
ETOPOPHOS INTRAVENOUS	A	A	PA
etoposide intravenous	A	A	PA

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## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
FASLODEX INTRAMUSCULAR	B	B	PA
floxuridine injection	A	A	PA
FLUDARA INTRAVENOUS	A	A	GP, PA
fludarabine phosphate intravenous	A	A	PA
FLUOROPLEX EXTERNAL CREA	2	2	QL Limited to 30gm per fill
FLUOROPLEX EXTERNAL SOLN	2	2	
fluorouracil (topical) external	1	1	
fluorouracil intravenous	A	A	PA
FUDR INJECTION	A	A	GP, PA
GEMZAR INTRAVENOUS	A	A	PA
GLEEVEC ORAL	B	B	PA
HERCEPTIN INTRAVENOUS	B	B	PA
HEXALEN ORAL	2	2	
HYCAMTIN INTRAVENOUS	A	A	PA
HYDREA ORAL	2	2	GP
hydroxyurea oral	1	1	
IDAMYCIN PFS INTRAVENOUS	A	A	GP, PA
idarubicin hcl intravenous	A	A	PA
IFEX INTRAVENOUS	A	A	GP, PA
IFEX/MESNEX COMBO PACK INTRAVENOUS	A	A	GP, PA
ifosfamide & mesna intravenous	A	A	PA
ifosfamide intravenous	A	A	PA
IRESSA ORAL	B	B	PA
KEPIVANCE INTRAVENOUS	B	B	PA
leucovorin calcium injection	A	A	PA
LEUCOVORIN CALCIUM ORAL	2	2	
leucovorin calcium oral	1	1	
LEUKERAN ORAL	2	2	
leuprolide acetate injection	B	B	PA
leuprolide acetate subcutaneous	B	B	PA

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## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
LEUSTATIN INTRAVENOUS	A	A	GP, PA
LUPRON 2 WEEK SUPPLY INJECTION	B	B	GP, PA
LUPRON 6-PACK SUBCUTANEOUS	B	B	GP, PA
LUPRON DEPOT INTRAMUSCULAR	B	B	PA
LUPRON DEPOT-PED INTRAMUSCULAR	B	B	PA
MATULANE ORAL	2	2	
mercaptopurine oral	1	1	
mesna intravenous	A	A	PA
MESNEX INTRAVENOUS	A	A	GP, PA
MESNEX ORAL	2	2	
methotrexate sodium injection	A	A	PA
methotrexate sodium oral	1	1	
mitomycin intravenous	A	A	PA
MUSTARGEN INJECTION	A	A	PA
MUTAMYCIN INTRAVENOUS	A	A	GP, PA
MYLOTARG INTRAVENOUS	B	B	PA
NAVELBINE INTRAVENOUS	A	A	GP, PA
NIPENT INTRAVENOUS	A	A	PA
NOVANTRONE INTRAVENOUS	A	A	PA
ONCASPAR INTRAMUSCULAR	A	A	PA
ONTAK INTRAVENOUS	A	A	PA
paclitaxel intravenous	A	A	PA
PARAPLATIN INTRAVENOUS	A	A	GP, PA
PHOTOFRIN INTRAVENOUS	A	A	PA
PLATINOL AQ INTRAVENOUS	A	A	GP, PA
PLENAXIS INTRAMUSCULAR	B	B	PA
PROLEUKIN INTRAVENOUS	B	B	PA
PURINETHOL ORAL	2	2	GP
QUADRAMET INTRAVENOUS	A	A	PA
RITUXAN INTRAVENOUS	B	B	PA

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
TARCEVA ORAL	B	B	PA
TARGRETIN EXTERNAL	NF	3	
TARGRETIN ORAL	2	2	
TAXOL INTRAVENOUS	A	A	GP, PA
TAXOTERE INTRAVENOUS	A	A	PA
THIOGUANINE ORAL	2	2	
thiotepa injection	A	A	PA
TRELSTAR DEPOT INTRAMUSCULAR	B	B	PA
TRELSTAR LA INTRAMUSCULAR	B	B	PA
TRISENOX INTRAVENOUS	A	A	PA
VELCADE INTRAVENOUS	A	A	PA
VEPESID INTRAVENOUS	A	A	GP, PA
VESANOID ORAL	NF	3	
VIDAZA SUBCUTANEOUS	A	A	PA
VINBLASTINE SULFATE INTRAVENOUS	A	A	PA
vincristine sulfate intravenous	A	A	PA
vinorelbine tartrate intravenous	A	A	PA
VUMON INTRAVENOUS	A	A	PA
XELODA ORAL	A	A	PA
ZANOSAR INTRAVENOUS	A	A	PA
ZEVALIN IN-111 INTRAVENOUS	B	B	PA
ZINECARD INTRAVENOUS	A	A	GP, PA
ZOLADEX SUBCUTANEOUS	B	B	PA

### **Antiparasitics**

ALBENZA ORAL	NF	3	
ARALEN INJECTION	A	A	PA
ARALEN ORAL	2	2	GP
BILTRICIDE ORAL	2	2	
chloroquine phosphate oral tabs 250MG	NF	3	
chloroquine phosphate oral tabs 500MG	1	1	

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
DARAPRIM ORAL	2	2	
ELIMITE EXTERNAL	2	2	AL Age > 2 months, GP, QL Limit 50gm per fill
EURAX EXTERNAL	2	2	
FANSIDAR ORAL	2	2	
HALFAN ORAL	NF	3	
hydroxychloroquine sulfate oral	1	1	
LARIAM ORAL	2	2	GP, QL Limited to 6 per month
LINDANE EXTERNAL LOTN	2	2	QL Limited to 60ml per fill
lindane external sham	1	1	QL Limited to 60ml per fill
MALARONE ORAL	NF	3	
mebendazole oral	1	1	QL Limited to 6 per prescription
mefloquine hcl oral	1	1	QL Limited to 6 per month
MEPRON ORAL	2	2	
MINTEZOL ORAL	2	2	
OVIDE EXTERNAL	NF	3	
permethrin external	1	1	AL Age > 2 months, QL Limit 50gm per fill
PLAQUENIL ORAL	2	2	GP
PRIMAQUINE PHOSPHATE ORAL	2	2	
quinine sulfate oral	1	1	QL Limited to 1 per day
QUININE SULFATE ORAL CAPS 200MG	2	2	QL Limited to 1 per day
quinine sulfate oral tabs	1	1	QL Limited to 1 per day
STROMECTOL ORAL	NF	3	
VERMOX ORAL	2	2	GP, QL Limited to 6 per prescription
YODOXIN ORAL	2	2	

### **Antiparkinson Agents**

AKINETON ORAL	NF	3	
amantadine hcl oral	1	1	
APOKYN SUBCUTANEOUS	B	B	PA

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## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
benztropine mesylate oral	1	1	
bromocriptine mesylate oral	1	1	
carbidopa-levodopa oral	1	1	
COGENTIN INJECTION	A	A	PA
COMTAN ORAL	2	2	
ELDEPRYL ORAL	2	2	GP
KEMADRIN ORAL	NF	3	
LARODOPA ORAL	2	2	
LODOSYN ORAL	NF	3	
MIRAPEX ORAL	NF	3	
PARCOPA ORAL	NF	3	
PARLODEL ORAL	2	2	GP
pergolide mesylate oral	1	1	
PERMAX ORAL	2	2	GP
REQUIP ORAL	NF	3	
selegiline hcl oral	1	1	
SINEMET CR ORAL	2	2	GP
SINEMET ORAL	2	2	GP
STALEVO 100 ORAL	NF	3	PA
STALEVO 150 ORAL	NF	3	PA
STALEVO 50 ORAL	NF	3	PA
SYMMETREL ORAL	2	2	GP
TASMAR ORAL	NF	3	
trihexyphenidyl hcl oral	1	1	

### **Antipsychotics**

ABILIFY ORAL	2	2	
chlorpromazine hcl injection	A	A	PA
chlorpromazine hcl oral	1	1	
clozapine oral	1	1	PA
CLOZARIL ORAL	2	2	GP, PA

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
COMPAZINE INJECTION	A	A	GP, PA
COMPAZINE ORAL SYRP	2	2	
COMPAZINE ORAL TABS	2	2	GP
COMPAZINE RECTAL	2	2	GP
EQUETRO ORAL	NF	3	PA
FAZACLO ORAL	NF	3	PA
fluphenazine decanoate injection	A	A	PA
FLUPHENAZINE HCL INJECTION	A	A	PA
FLUPHENAZINE HCL ORAL CONC	2	2	
FLUPHENAZINE HCL ORAL ELIX	2	2	
fluphenazine hcl oral tabs	1	1	
GEODON INTRAMUSCULAR	A	A	PA
GEODON ORAL	NF	3	PA
HALDOL DECANOATE-100 INTRAMUSCULAR	A	A	GP, PA
HALDOL INJECTION	A	A	GP, PA
haloperidol decanoate intramuscular	A	A	PA
haloperidol lactate injection	A	A	PA
haloperidol lactate oral	1	1	
haloperidol oral	1	1	
HALOPERIDOL ORAL TABS 10MG	2	2	
HALOPERIDOL ORAL TABS 20MG	2	2	
loxapine succinate oral	1	1	
LOXITANE ORAL	2	2	GP
MELLARIL CONCENTRATE ORAL	2	2	AL Age < 65 years old, GP
MELLARIL ORAL	2	2	AL Age < 65 years old, GP
MOBAN ORAL	2	3	
NAVANE ORAL	2	2	GP
ORAP ORAL	2	3	
PERPHENAZINE ORAL CONC	2	2	
perphenazine oral tabs	1	1	

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prochlorperazine edisylate injection	A	A	PA
prochlorperazine maleate oral	1	1	
PROCHLORPERAZINE RECTAL	2	2	
prochlorperazine rectal supp 25MG	1	1	
PROLIXIN DECANOATE INJECTION	A	A	GP, PA
PROLIXIN ORAL	2	2	GP
RISPERDAL CONSTA INTRAMUSCULAR	A	A	PA
RISPERDAL M-TAB ORAL	NF	3	
RISPERDAL ORAL SOLN	2	2	QL Limited to 16ml per day
RISPERDAL ORAL TABS	2	2	QL Limited to 2 per day
SERENTIL ORAL	2	2	AL Age < 65 years old
SEROQUEL ORAL	2	3	EST
thioridazine hcl oral	1	1	AL Age < 65 years old
thioridazine hcl oral conc	1	1	AL Age < 65 years old
thioridazine hcl oral tabs	1	1	AL Age < 65 years old
thioridazine hcl oral tabs	1	1	AL Age < 65 years old
thioridazine hcl oral tabs	1	1	AL Age < 65 years old
THIORIDAZINE HCL ORAL TABS 150MG	2	2	AL Age < 65 years old
THIORIDAZINE HCL ORAL TABS 15MG	2	2	AL Age < 65 years old
THIORIDAZINE HCL ORAL TABS 200MG	2	2	AL Age < 65 years old
thiothixene oral	1	1	
THORAZINE INJECTION	A	A	GP, PA
THORAZINE ORAL	2	2	GP
THORAZINE RECTAL	2	2	
trifluoperazine hcl oral	1	1	
VESPRIN INJECTION	A	A	
ZYPREXA INTRAMUSCULAR	A	A	PA
ZYPREXA ORAL	2	2	QL Limited to 1 per day
ZYPREXA ORAL TABS 15MG	2	2	QL Limited to 2 per day
ZYPREXA ORAL TABS 20MG	2	2	QL Limited to 2 per day

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ZYPREXA ZYDIS ORAL	NF	3	
<b><u>Antivirals</u></b>			
acyclovir oral	1	1	
acyclovir sodium intravenous	A	A	PA
AGENERASE ORAL	2	2	
APTIVUS ORAL	2	2	
BARACLUDE ORAL	NF	3	PA
COMBIVIR ORAL	2	2	
COPEGUS ORAL	2	2	PA
CRIXIVAN ORAL	2	2	
CYTOVENE INTRAVENOUS	A	A	PA
CYTOVENE ORAL	2	2	GP
didanosine oral	1	1	
EMTRIVA ORAL	2	2	QL Limited to 1 per day
EPIVIR HBV ORAL	2	2	
EPIVIR ORAL	2	2	
EPZICOM ORAL	2	2	
FAMVIR ORAL	NF	3	PA
FLUMADINE ORAL SYRP	2	2	
FLUMADINE ORAL TABS	2	2	GP
FORTOVASE ORAL	2	2	
FOSCAVIR INTRAVENOUS	A	A	PA
FUZEON SUBCUTANEOUS	B	B	PA
ganciclovir oral	1	1	
HEPSERA ORAL	2	2	PA
HIVID ORAL	2	2	
INFERGEN SUBCUTANEOUS	B	B	PA
INVIRASE ORAL	2	2	
KALETRA ORAL	2	2	
LEXIVA ORAL	2	2	

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
NORVIR ORAL	2	2	
PEG-INTRON REDIPEN SUBCUTANEOUS	B	B	PA
PEG-INTRON SUBCUTANEOUS	B	B	PA
PEGASYS SUBCUTANEOUS	B	B	PA
REBETOL ORAL CAPS	2	2	GP, PA
REBETOL ORAL SOLN	2	2	PA
REBETRON COMBINATION	B	B	PA
RELENZA DISKHALER INHALATION	NF	3	PA
RESCRIPTOR ORAL	2	2	
RETROVIR IV INFUSION INTRAVENOUS	A	A	PA
RETROVIR ORAL	2	2	
REYATAZ ORAL CAPS	2	2	QL Limited to 2 per day
REYATAZ ORAL CAPS 100MG	2	2	QL Limited to 4 per day
ribavirin (hepatitis c) oral	1	1	PA
rimantadine hydrochloride oral	1	1	
SUSTIVA ORAL	2	2	
TAMIFLU ORAL	NF	3	PA
TRIZIVIR ORAL	2	2	
TRUVADA ORAL	2	2	
VALCYTE ORAL	2	2	PA
VALTrex ORAL	2	2	
VIDEX EC ORAL	2	2	GP
VIDEX EC ORAL CPDR 125MG	2	2	
VIDEX ORAL	2	2	
VIRACEPT ORAL	2	2	
VIRAMUNE ORAL	2	2	
VIRAZOLE INHALATION	NF	3	PA
VIREAD ORAL	2	2	
VISTIDE INTRAVENOUS	A	A	PA
ZERIT ORAL	2	2	

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ZIAGEN ORAL	2	2	
ZOVIRAX INTRAVENOUS	A	A	GP, PA
ZOVIRAX ORAL	2	2	GP
<b><u>Anxiolytics</u></b>			
BUSPAR ORAL	2	2	GP
bupirone hcl oral	1	1	
droperidol injection	A	A	PA
DUO-VIL ORAL	2	2	AL Age < 65 years old
hydroxyzine pamoate oral	1	1	
INAPSINE INJECTION	A	A	GP, PA
MEPROBAMATE ORAL	NF	3	AL Age < 65 years old
MILTOWN ORAL	NF	3	AL Age < 65 years old, GP
perphenazine-amitriptyline oral	1	1	
PERPHENAZINE/AMITRIPTYLIN ORAL	2	2	AL Age < 65 years old
TRIAVIL ORAL	2	2	GP
VANSPAR ORAL	2	2	GP
VISTARIL ORAL CAPS	2	2	GP
VISTARIL ORAL SUSP	2	2	
<b><u>Autonomic Agents</u></b>			
ENLON-PLUS INTRAVENOUS	A	A	PA
GUANIDINE HCL ORAL	2	2	
MESTINON INJECTION	A	A	GP, PA
MESTINON ORAL SYRP	2	2	
MESTINON ORAL TABS	2	2	GP
MESTINON TIMESPAN ORAL	2	2	
MYTELASE ORAL	2	2	
neostigmine methylsulfate injection	A	A	PA
PROSTIGMIN INJECTION	A	A	GP, PA
PROSTIGMIN ORAL	2	2	

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
pyridostigmine bromide injection	A	A	PA
pyridostigmine bromide oral	1	1	
<b><u>Bipolar Agents</u></b>			
ESKALITH CR ORAL	2	2	GP
ESKALITH ORAL	2	2	GP
LITHIUM CARBONATE ORAL	2	2	GP
lithium carbonate oral	1	1	
LITHIUM CARBONATE ORAL TABS	2	2	
lithium carbonate oral tbcr	1	1	
lithium citrate oral	1	1	
LITHOBID ORAL	2	2	GP
SYMBYAX ORAL	2	2	
<b><u>Blood Glucose Regulators</u></b>			
ACETOHEXAMIDE ORAL	NF	3	
ACTOS ORAL	2	2	EST
AMARYL ORAL	2	2	
AVANDAMET ORAL	2	2	EST
AVANDIA ORAL	2	2	EST
B-D INSULIN SYRINGE MICRO	2	2	QL Limited to 200 per month
B-D INSULIN SYRINGE SAFET	2	2	QL Limited to 200 per month
B-D INSULIN SYRINGE SLIP	2	2	QL Limited to 200 per month
B-D INSULIN SYRINGE ULTRA	2	2	QL Limited to 200 per month
B-D INSULIN SYRINGE/DETAC	2	2	QL Limited to 200 per month
B-D INSULIN SYRINGE/U-100	2	2	QL Limited to 200 per month
B-D INTEGRA INSULIN SYRIN	2	2	QL Limited to 200 per month
B-D ULTRAFINE II SHORT NE	2	2	QL Limited to 200 per month
B-D ULTRAFINE II/SHORT NE	2	2	QL Limited to 200 per month
B-D ULTRAFINE III MINI PE	2	2	QL Limited to 200 per month
B-D ULTRAFINE III SHORT P	2	2	QL Limited to 200 per month

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
B-D ULTRAFINE ORIGINAL PE	2	2	QL Limited to 200 per month
BYETTA SUBCUTANEOUS	A	A	PA
chlorpropamide oral	1	1	AL Age < 65 years old
DIABETA ORAL	2	2	GP
DIABINESE ORAL	2	2	AL Age < 65 years old, GP
glipizide oral	1	1	
GLUCAGON EMERGENCY KIT INJECTION	2	2	QL Limit 1 kit per fill
GLUCOPHAGE ORAL	2	2	GP
GLUCOPHAGE XR ORAL	2	2	GP
GLUCOTROL ORAL	2	2	GP
GLUCOTROL XL ORAL	2	2	GP
GLUCOVANCE ORAL	2	2	GP
glyburide micronized oral	1	1	
glyburide oral	1	1	
glyburide-metformin oral	1	1	
GLYCRON ORAL	2	2	
GLYNASE ORAL	2	2	GP
GLYSET ORAL	NF	3	
HUMALOG MIX 75/25 PEN SUBCUTANEOUS SYRINGE	NF	3	PA
HUMALOG MIX 75/25 SUBCUTANEOUS VIAL	2	2	QL 2 vials per copay
HUMALOG PEN SUBCUTANEOUS CARTRIDGE	2	2	PA
HUMALOG PEN SUBCUTANEOUS SYRINGE	NF	3	PA
HUMALOG SUBCUTANEOUS VIAL	2	2	QL 2 vials per copay
HUMULIN 50/50 SUBCUTANEOUS VIAL	2	2	QL 2 vials per copay
HUMULIN 70/30 PEN SUBCUTANEOUS SYRINGE	NF	3	PA
HUMULIN 70/30 SUBCUTANEOUS VIAL	2	2	QL 2 vials per copay
HUMULIN L SUBCUTANEOUS VIAL	2	2	QL 2 vials per copay
HUMULIN N SUBCUTANEOUS VIAL	2	2	QL 2 vials per copay

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
HUMULIN N U-100 PEN SUBCUTANEOUS CARTRIDGE	2	2	PA
HUMULIN N U-100 PEN SUBCUTANEOUS SYRINGE	NF	3	PA
HUMULIN R SUBCUTANEOUS VIAL	2	2	QL 2 vials per copay
HUMULIN U SUBCUTANEOUS VIAL	2	2	QL 2 vials per copay
ILETIN II LENTE/PORK SUBCUTANEOUS VIAL	2	2	QL 2 vials per copay
ILETIN II NPH/PORK SUBCUTANEOUS VIAL	2	2	QL 2 vials per copay
ILETIN II REGULAR/PORK INJECTION VIAL	2	2	QL 2 vials per copay
LANTUS SUBCUTANEOUS VIAL	NF	3	
METAGLIP ORAL	2	2	
metformin hcl oral	1	1	
metformin hcl oral tb24	1	1	
MICRONASE ORAL	2	2	GP
NOVOLIN 70/30 INNOLET SUBCUTANEOUS	NF	3	PA
NOVOLIN 70/30 PENFILL SUBCUTANEOUS	NF	3	PA
NOVOLIN 70/30 SUBCUTANEOUS VIAL	NF	3	QL 2 vials per copay
NOVOLIN L SUBCUTANEOUS VIAL	NF	3	QL 2 vials per copay
NOVOLIN N INNOLET SUBCUTANEOUS	NF	3	PA
NOVOLIN N SUBCUTANEOUS VIAL	NF	3	QL 2 vials per copay
NOVOLIN N U-100 PENFILL SUBCUTANEOUS	NF	3	PA
NOVOLIN N U-100 SUBCUTANEOUS VIAL	NF	3	QL 2 vials per copay
NOVOLIN R INJECTION VIAL	NF	3	QL 2 vials per copay
NOVOLIN R INNOLET INJECTION	NF	3	PA
NOVOLIN R U-100 INJECTION VIAL	NF	3	QL 2 vials per copay
NOVOLIN R U-100 PENFILL INJECTION	NF	3	PA
NOVOLOG MIX 70/30 PENFILL SUBCUTANEOUS	NF	3	PA
NOVOLOG MIX 70/30 SUBCUTANEOUS VIAL	NF	3	QL 2 vials per copay
NOVOLOG PENFILL SUBCUTANEOUS	NF	3	PA
NOVOLOG SUBCUTANEOUS VIAL	NF	3	QL 2 vials per copay

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PRANDIN ORAL	2	2	
PRECOSE ORAL	2	2	
PROGLYCEM ORAL	NF	3	PA
R-GENE 10 INTRAVENOUS	A	A	PA
RELION 70/30 INNOLET SUBCUTANEOUS	NF	3	PA
RELION 70/30 SUBCUTANEOUS VIAL	NF	3	QL 2 vials per copay
RELION N INNOLET SUBCUTANEOUS	NF	3	PA
RELION N SUBCUTANEOUS VIAL	NF	3	QL 2 vials per copay
RELION R INJECTION VIAL	NF	3	QL 2 vials per copay
RIOMET ORAL	2	2	
STARLIX ORAL	NF	3	
SYMLIN SUBCUTANEOUS	A	A	PA
tolazamide oral	1	1	
TOLBUTAMIDE ORAL	2	2	
TOLINASE ORAL	2	2	GP

### **Blood Products/Modifiers/ Volume Expanders**

ABBOKINASE INJECTION	B	B	PA
ACTIVASE INTRAVENOUS	B	B	PA
AGGRASTAT INTRAVENOUS CONC	B	B	PA
AGGRASTAT INTRAVENOUS SOLN	B	B	PA
AGGRENOX ORAL	NF	3	
AGRYLIN ORAL	2	2	GP
AMICAR INTRAVENOUS	A	A	GP, PA
AMICAR ORAL	2	2	GP
AMICAR ORAL SYRP	2	2	GP
AMICAR ORAL TABS 1000MG	2	2	
aminocaproic acid intravenous	A	A	PA
aminocaproic acid oral	1	1	
anagrelide hcl oral	1	1	
ANGIOMAX INTRAVENOUS	B	B	PA

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
ARANESP INJECTION	B	B	PA
ARGATROBAN INTRAVENOUS	B	B	PA
ARIXTRA SUBCUTANEOUS	B	B	TL Limited to 10 days therapy
CATHFLO ACTIVASE INJECTION	B	B	PA
CEREDASE INTRAVENOUS	B	B	PA
cilostazol oral	NF	3	
COUMADIN INTRAVENOUS	A	A	PA
COUMADIN ORAL	2	2	GP
CYKLOKAPRON INTRAVENOUS	A	A	PA
dextran 1 intravenous	A	A	PA
dextran 40 in d5w intravenous	A	A	PA
dextran 40 in saline intravenous	A	A	PA
dextran 70 in saline intravenous	A	A	PA
dextran 75 in saline intravenous	A	A	PA
DEXTRAN 75 INTRAVENOUS	A	A	PA
DEXTRAN HM INJECTION	A	A	PA
DEXTRAN INTRAVENOUS	A	A	GP, PA
dipyridamole oral	1	1	AL Age < 65 years old
EMINASE INTRAVENOUS	B	B	PA
EPOGEN INJECTION	B	B	PA
ETHAMOLIN INTRAVENOUS	A	A	PA
FRAGMIN SUBCUTANEOUS	B	B	TL Limited to 10 days therapy
GENTRAN 75-TRAVERT INTRAVENOUS	A	A	PA
heparin (porcine) in sodium chloride injection	A	A	PA
HEPARIN COMBINATION INJECTION	A	A	PA
heparin sod (porcine) in d5w intravenous	A	A	PA
heparin sodium (bovine) injection	A	A	PA
heparin sodium (porcine) injection	A	A	PA
heparin sodium (porcine) intravenous	A	A	PA
HEPARIN SODIUM BEEF LUNG INJECTION	A	A	PA

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HEPARIN SODIUM DCU INJECTION	A	A	PA
HEPARIN SODIUM INJECTION	A	A	PA
HEPARIN SODIUM INTRAVENOUS	A	A	PA
HEPARIN SODIUM/D5W INTRAVENOUS	A	A	GP, PA
HEPARIN SODIUM/NAACL 0.45% INJECTION	A	A	PA
HEPARIN SODIUM/SODIUM CHL INJECTION	A	A	GP, PA
HESPAN INTRAVENOUS	A	A	GP, PA
hetastarch in sodium chloride intravenous	A	A	PA
HEXTEND INTRAVENOUS	A	A	PA
HSA STERILE DILUENT INJECTION	A	A	PA
INNOHEP SUBCUTANEOUS	B	B	TL Limited to 10 days therapy
INTEGRILIN INTRAVENOUS	B	B	PA
LEUKINE INTRAVENOUS	B	B	PA
LMD 10 0EXTROSE 5% INJECTION	A	A	PA
LOVENOX SUBCUTANEOUS	B	B	TL Limited to 10 days therapy
NEULASTA SUBCUTANEOUS	B	B	PA
NEUMEGA SUBCUTANEOUS	B	B	PA
NEUPOGEN INJECTION	B	B	PA
PENTASPAN INTRAVENOUS	A	A	PA
pentoxifylline oral	1	1	
PERSANTINE ORAL	2	2	AL Age < 65 years old, GP
PLAVIX ORAL	2	2	
PLETAL ORAL	NF	3	GP
PROCRIT INJECTION	B	B	PA
PROMIT INTRAVENOUS	A	A	PA
PROTAMINE SULFATE INTRAVENOUS	A	A	PA
REFLUDAN INTRAVENOUS	B	B	PA
REOPRO INTRAVENOUS	B	B	PA
RETAVASE HALF-KIT INTRAVENOUS	B	B	PA
RETAVASE INTRAVENOUS	B	B	PA

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STREPTASE INTRAVENOUS	B	B	PA
TICLID ORAL	2	2	AL Age < 65 years old, GP
ticlopidine hcl oral	1	1	AL Age < 65 years old
TNKASE INTRAVENOUS	B	B	PA
TRASYLOL INTRAVENOUS	A	A	PA
TRENTAL ORAL	2	2	GP
warfarin sodium oral	1	1	

### **Cardiovascular Agents**

ACCUPRIL ORAL	NF	3	GP, QL Limited to 1 per day
ACCURETIC ORAL	NF	3	GP, QL Limited to 1 per day
acebutolol hcl oral	1	1	
ACEON ORAL	NF	3	QL Limited to 1 per day
acetazolamide oral	1	1	
ACETAZOLAMIDE SODIUM INJECTION	A	A	PA
ADALAT CC ORAL	2	2	GP
ADENOCARD INTRAVENOUS	A	A	GP, PA
adenosine intravenous	A	A	PA
ADVICOR ORAL	NF	3	QL Limited to 1 per day
ALDACTAZIDE ORAL	2	2	GP
ALDACTONE ORAL	2	2	GP
ALDOCLOR ORAL	NF	3	AL Age < 65 years old
ALDOMET ORAL	2	2	AL Age < 65 years old, GP
ALDORIL D30 ORAL	2	2	AL Age < 65 years old
ALDORIL D50 ORAL	2	2	AL Age < 65 years old
ALDORIL-15 ORAL	2	2	AL Age < 65 years old, GP
ALDORIL-25 ORAL	2	2	AL Age < 65 years old, GP
ALTACE ORAL	2	2	QL Limited to 1 per day
ALTACE ORAL CAPS 10MG	2	2	QL Limited to 2 per day
ALTOCOR ORAL	NF	3	QL Limited to 1 per day
ALTOPREV ORAL	NF	3	QL Limited to 1 per day

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## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
amiloride & hydrochlorothiazide oral	1	1	
amiloride hcl oral	NF	3	
amiodarone hcl intravenous	A	A	PA
amiodarone hcl oral	1	1	
amiodarone hcl oral tabs 400MG	NF	3	
AMYL NITRITE INHALATION	NF	3	
ANTARA ORAL	NF	3	
APRESOLINE ORAL	2	2	GP
ARAMINE INJECTION	A	A	PA
ATACAND HCT ORAL	NF	3	PA
ATACAND ORAL	NF	3	PA
atenolol & chlorthalidone oral	1	1	
atenolol oral	1	1	
AVALIDE ORAL	NF	3	PA
AVAPRO ORAL	NF	3	PA
benazepril & hydrochlorothiazide oral	1	1	
benazepril hcl oral	1	1	
BENICAR HCT ORAL	2	2	EST
BENICAR ORAL	2	2	EST
BETAPACE AF ORAL	2	2	GP
BETAPACE ORAL	2	2	GP
betaxolol hcl oral	NF	3	
BIDIL ORAL	NF	3	PA
bisoprolol & hydrochlorothiazide oral	1	1	
bisoprolol fumarate oral	1	1	
BLOCADREN ORAL	2	2	GP
bretylium tosylate injection	A	A	PA
BRETYLIUM TOSYLATE ORAL	A	A	PA
BRETYLIUM TOSYLATE/D5W INTRAVENOUS	A	A	PA
BREVIBLOC INTRAVENOUS	A	A	GP, PA

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
bumetanide injection	A	A	PA
bumetanide oral	1	1	
BUMEX INJECTION	A	A	GP, PA
BUMEX ORAL	2	2	GP
CADUET ORAL	NF	3	PA
CALAN ORAL	2	2	GP
CALAN SR ORAL	2	2	GP
CAPOTEN ORAL	2	2	GP
CAPOZIDE ORAL	2	2	GP
captopril & hydrochlorothiazide oral	1	1	
captopril oral	1	1	
CARDENE I.V. INTRAVENOUS	A	A	PA
CARDENE ORAL	2	2	GP
CARDENE SR ORAL	NF	3	
CARDIZEM CD ORAL	NF	3	GP
CARDIZEM INTRAVENOUS	A	A	GP, PA
CARDIZEM LA ORAL	NF	3	
CARDIZEM ORAL	2	2	GP
CARDIZEM SR ORAL	2	2	GP
CARDURA ORAL	2	2	GP
CARTROL ORAL	NF	3	
CATAPRES ORAL	2	2	GP
CATAPRES-TTS 2 TRANSDERMAL	NF	3	PA
CATAPRES-TTS-1 TRANSDERMAL	NF	3	QL Limited to 1 per week
CATAPRES-TTS-2 TRANSDERMAL	NF	3	PA
CATAPRES-TTS-3 TRANSDERMAL	NF	3	QL Limited to 1 per week
chlorothiazide oral	1	1	
chlorthalidone oral	1	1	
CHLORTHALIDONE ORAL TABS 100MG	2	2	
cholestyramine light oral pack	NF	3	

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
cholestyramine light oral powd	1	1	
cholestyramine oral pack	NF	3	
cholestyramine oral powd	1	1	
clonidine hcl oral	1	1	
CLORPRES ORAL	NF	3	
COLESTID FLAVORED ORAL	NF	3	
COLESTID ORAL	2	2	
CORDARONE I.V. INTRAVENOUS	A	A	GP, PA
CORDARONE ORAL	2	2	GP
COREG ORAL	2	2	
CORGARD ORAL	2	2	GP
CORLOPAM INTRAVENOUS	A	A	GP, PA
CORVERT INTRAVENOUS	A	A	PA
CORZIDE ORAL	NF	3	
COVERA-HS ORAL	NF	3	
COZAAR ORAL	NF	3	PA
CRESTOR ORAL	NF	3	PA
DEMADEX INTRAVENOUS	A	A	PA
DEMADEX ORAL	NF	3	GP
DEMSER ORAL	NF	3	
DIAMOX ORAL	2	2	
DIBENZYLINE ORAL	2	2	
digoxin injection	A	A	PA
digoxin oral	1	1	
digoxin oral elix	1	1	
DIGOXIN ORAL TABS 0.5MG	2	2	
DILACOR XR ORAL	2	2	GP
DILATRATE SR ORAL	2	2	
diltiazem hcl coated beads oral	1	1	
diltiazem hcl extended release beads oral	1	1	

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
DILTIAZEM HCL INTRAVENOUS	A	A	PA
diltiazem hcl oral	1	1	
DIOVAN HCT ORAL	2	2	EST
DIOVAN ORAL	2	2	EST
disopyramide phosphate oral	1	1	AL Age < 65 years old
DIURIL IV INTRAVENOUS	A	A	PA
DIURIL ORAL	2	2	
dobutamine hcl intravenous	A	A	PA
dobutamine in d5w intravenous	A	A	PA
DOBUTAMINE/DEXTROSE 5% INTRAVENOUS	A	A	GP, PA
DOBUTREX INTRAVENOUS	A	A	GP, PA
DOPAMINE HCL INTRAVENOUS	A	A	PA
dopamine in d5w intravenous	A	A	PA
doxazosin mesylate oral	1	1	
DYAZIDE ORAL	2	2	GP
DYNACIRC CR ORAL	NF	3	
DYNACIRC ORAL	NF	3	
DYNACIRC-CR ORAL	NF	3	
DYRENIUM ORAL	NF	3	
EDECRIN ORAL	NF	3	
enalapril maleate & hydrochlorothiazide oral	1	1	
enalapril maleate oral	1	1	
enalaprilat intravenous	A	A	PA
ENDURON ORAL	NF	3	GP
ENDURONYL ORAL	NF	3	
ephedrine sulfate (pressors) injection	A	A	PA
esmolol hcl intravenous	A	A	PA
ETHMOZINE ORAL	NF	3	
felodipine oral	1	1	
fenoldopam mesylate intravenous	A	A	PA

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
flecainide acetate oral	1	1	
FLOLAN INTRAVENOUS	B	B	PA
fosinopril sodium & hydrochlorothiazide oral	1	1	
fosinopril sodium oral	1	1	
furosemide injection	A	A	PA
furosemide oral	1	1	
FUROSEMIDE ORAL SOLN 8MG/ML	2	2	
furosemide oral tabs	1	1	
gemfibrozil oral	1	1	
GUANABENZ ACETATE ORAL	2	2	
guanfacine hcl oral	1	1	
hydralazine hcl injection	A	A	PA
hydralazine hcl oral	1	1	
HYDRALAZINE/HYDROCHLOROTH ORAL	2	2	
HYDRALAZINE/RESERPINE/HYD ORAL	NF	3	
hydrochlorothiazide oral caps	1	1	
HYDROCHLOROTHIAZIDE ORAL SOLN	2	2	
hydrochlorothiazide oral tabs	1	1	
HYPERSTAT IV INTRAVENOUS	A	A	PA
HYTRIN ORAL	2	2	GP
HYZAAR ORAL	NF	3	PA
IMDUR ORAL	2	2	GP
INAMRINONE INTRAVENOUS	A	A	PA
inamrinone lactate intravenous	A	A	PA
indapamide oral	1	1	
INDERAL INTRAVENOUS	A	A	GP, PA
INDERAL LA ORAL	2	2	
INDERAL ORAL	2	2	GP
INDERIDE 40/25 ORAL	2	2	GP
INDERIDE ORAL	2	2	GP

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INNOPRAN XL ORAL	NF	3	
INSPRA ORAL	NF	3	PA
INTROL ORAL	NF	3	
INVERSINE ORAL	NF	3	
ISMO ORAL	2	2	GP
ISMOTIC ORAL	NF	3	
ISOPTIN SR ORAL	2	2	GP
ISORDIL TITRADOSE ORAL	2	2	GP
isosorbide dinitrate oral	1	1	
isosorbide dinitrate oral tbc	1	1	
isosorbide dinitrate sublingual	1	1	
isosorbide mononitrate oral	1	1	
isoxsuprine hcl oral	NF	3	AL Age < 65 years old
KERLONE ORAL	NF	3	GP
labetalol hcl intravenous	A	A	PA
labetalol hcl oral	1	1	
LANOXICAPS ORAL	NF	3	
LANOXIN INJECTION	A	A	PA
LANOXIN ORAL	2	2	GP
LASIX ORAL	2	2	GP
LESCOL ORAL	NF	3	QL Limited to 1 per day
LESCOL XL ORAL	NF	3	QL Limited to 1 per day
LEVATOL ORAL	NF	3	
LEVOPHED INJECTION	A	A	GP, PA
LEXXEL ORAL	NF	3	QL Limited to 1 per day
lidocaine hcl (cardiac) intravenous	A	A	PA
LIDOCAINE HCL INTRAVENOUS	A	A	PA
lidocaine in d5w intravenous	A	A	PA
LIPEX ORAL	NF	3	
LIPITOR ORAL	2	2	QL Limited to 1 per day

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
lisinopril & hydrochlorothiazide oral	1	1	
lisinopril oral	1	1	
LOFIBRA ORAL	NF	3	
LONITEN ORAL	2	2	GP
LOPID ORAL	2	2	GP
LOPRESSOR HCT ORAL	2	2	GP
LOPRESSOR INTRAVENOUS	A	A	GP, PA
LOPRESSOR ORAL	2	2	GP
LOTENSIN HCT ORAL	2	2	GP
LOTENSIN ORAL	2	2	GP
LOTREL ORAL	NF	3	QL Limited to 1 per day
lovastatin oral	1	1	QL Limited to 1 per day
LOZOL ORAL	2	2	GP
mannitol intravenous	A	A	PA
MAVIK ORAL	NF	3	QL Limited to 1 per day
MAXZIDE ORAL	2	2	GP
MAXZIDE-25 ORAL	2	2	GP
MAXZIDE-25MG ORAL	2	2	GP
methazolamide oral	1	1	
methyclothiazide oral	NF	3	
methyldopa & hydrochlorothiazide oral	1	1	AL Age < 65 years old
methyldopa oral	1	1	AL Age < 65 years old
methyldopate hcl intravenous	A	A	PA
metolazone oral	1	1	
metoprolol & hydrochlorothiazide oral	1	1	
metoprolol tartrate intravenous	A	A	PA
metoprolol tartrate oral	1	1	
MEVACOR ORAL	2	2	GP, QL Limited to 1 per day
mexiletine hcl oral	1	1	
MEXITIL ORAL	2	2	GP

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MICARDIS HCT ORAL	NF	3	PA
MICARDIS ORAL	NF	3	PA
MICROZIDE ORAL	2	2	GP
MIDAMOR ORAL	NF	3	GP
midodrine hcl oral	NF	3	
milrinone in dextrose intravenous	A	A	PA
milrinone lactate intravenous	A	A	PA
MINIPRESS ORAL	2	2	GP
MINIZIDE ORAL	NF	3	
minoxidil oral	1	1	
MODURETIC 5-50 ORAL	2	2	GP
moexipril hcl oral	1	1	
MONOKET ORAL	2	2	GP
MONOPRIL HCT ORAL	2	2	GP
MONOPRIL ORAL	2	2	GP
MYKROX ORAL	2	2	
nadolol oral	1	1	
NATRECOR INTRAVENOUS	B	B	PA
NATURETIN ORAL	NF	3	
NEO-SYNEPHRINE INJECTION	A	A	GP, PA
NEPTAZANE ORAL	2	2	GP
nicardipine hcl oral	1	1	
nifedipine oral caps	1	1	AL Age < 65 years old
nifedipine oral tb24	1	1	
NIMOTOP ORAL	2	2	
NITRO-DUR TRANSDERMAL	2	2	GP, QL Limited to 1 per day
NITROBID TRANSDERMAL	2	2	
NITROGARD BUCCAL	NF	3	
nitroglycerin in d5w intravenous	A	A	PA
NITROGLYCERIN IN DEXTROSE INTRAVENOUS	A	A	GP, PA

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
nitroglycerin intravenous	A	A	PA
nitroglycerin oral	1	1	
nitroglycerin sublingual	1	1	
nitroglycerin transdermal	1	1	QL Limited to 1 per day
NITROLINGUAL PUMPSPRAY TRANSLINGUAL	2	2	
NITROPRESS INTRAVENOUS	A	A	PA
NITROSTAT SUBLINGUAL	2	2	GP
norepinephrine bitartrate injection	A	A	PA
NORMODYNE INTRAVENOUS	A	A	GP, PA
NORMODYNE ORAL	2	2	GP
NORPACE CR ORAL	2	2	AL Age < 65 years old, GP
NORPACE ORAL	2	2	AL Age < 65 years old, GP
NORVASC ORAL	2	2	QL Limited to 1 per day
OSMOGLYN ORAL	NF	3	
PACERONE ORAL	NF	3	
PACERONE ORAL TABS 300MG	NF	3	
PACERONE ORAL TABS 400MG	NF	3	GP
papaverine hcl injection	A	A	PA
papaverine hcl oral	NF	3	
phenylephrine hcl (pressors) injection	A	A	PA
pindolol oral	1	1	
PLENDIL ORAL	2	2	GP
PRAVACHOL ORAL	NF	3	QL Limited to 1 per day
PRAVIGARD PAC ORAL	NF	3	QL Limited to 1 per day
prazosin hcl oral	1	1	
PRIMACOR INTRAVENOUS	A	A	GP, PA
PRINIVIL ORAL	2	2	GP
PRINZIDE ORAL	2	2	GP
PROAMATINE ORAL	NF	3	GP
PROCAINAMIDE HCL ER ORAL	2	2	

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
PROCAINAMIDE HCL INJECTION	A	A	PA
procainamide hcl oral	1	1	
PROCAINAMIDE HCL ORAL CAPS 500MG	2	2	
procainamide hcl oral tbcr	1	1	
PROCANBID ORAL	2	2	
PROCARDIA ORAL	2	2	AL Age < 65 years old, GP
PROCARDIA XL ORAL	2	2	GP
PRONESTYL ORAL CAPS	2	2	GP
PRONESTYL ORAL TABS	2	2	
PRONESTYL SR ORAL	2	2	GP
propafenone hcl oral	1	1	
propranolol & hydrochlorothiazide oral	1	1	
PROPRANOLOL HCL CR ORAL	2	2	
PROPRANOLOL HCL ER ORAL	2	2	
PROPRANOLOL HCL INTENSOL ORAL	2	2	
propranolol hcl intravenous	A	A	PA
PROPRANOLOL HCL LA ORAL	2	2	
PROPRANOLOL HCL ORAL SOLN	2	2	
propranolol hcl oral tabs	1	1	
QUESTRAN LIGHT ORAL PACK	NF	3	GP
QUESTRAN LIGHT ORAL POWD	2	2	GP
QUESTRAN ORAL PACK	NF	3	GP
QUESTRAN ORAL POWD	2	2	GP
quinapril hcl oral	NF	3	QL Limited to 1 per day
quinapril-hydrochlorothiazide oral	NF	3	QL Limited to 1 per day
QUINIDINE GLUCONATE INJECTION	A	A	PA
quinidine gluconate oral	1	1	
QUINIDINE SULFATE ER ORAL	2	2	
quinidine sulfate oral	1	1	
RAUWOLFIA/BENDROFLUMETHIA ORAL	NF	3	

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REMODULIN INJECTION	B	B	PA
RENESE ORAL	NF	3	
RESERPINE ORAL	2	2	
REVATIO ORAL	NF	3	PA
RYTHMOL ORAL	2	2	GP
RYTHMOL SR ORAL	2	2	
SECTRAL ORAL	2	2	GP
SODIUM EDECIN INTRAVENOUS	A	A	PA
sotalol hcl (afib/af) oral	1	1	
sotalol hcl oral	1	1	
spironolactone & hydrochlorothiazide oral	1	1	
spironolactone oral	1	1	
SULAR ORAL	2	2	QL Limited to 1 per day
TAMBOCOR ORAL	2	2	GP
TARKA ORAL	NF	3	QL Limited to 1 per day
TENEX ORAL	2	2	GP
TENORETIC 100 ORAL	2	2	GP
TENORETIC 50 ORAL	2	2	GP
TENORMIN INTRAVENOUS	A	A	PA
TENORMIN ORAL	2	2	GP
terazosin hcl oral caps	1	1	
TERAZOSIN HCL ORAL TABS	NF	3	
TEVETEN HCT ORAL	NF	3	PA
TEVETEN ORAL	NF	3	PA
THALITONE ORAL	2	2	
TIAZAC ORAL	2	2	GP
TIKOSYN ORAL	NF	3	PA
TIMOLIDE 10/25 ORAL	2	2	
timolol maleate oral	1	1	
TONOCARD ORAL	NF	3	

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TOPROL XL ORAL	2	2	
toremide oral	NF	3	
TRACLEER ORAL	B	B	PA
TRANDATE INTRAVENOUS	A	A	GP, PA
TRANDATE IV INTRAVENOUS	A	A	GP, PA
TRANDATE ORAL	2	2	GP
triamterene & hydrochlorothiazide oral	1	1	
TRICOR ORAL	2	2	
TRIGLIDE ORAL	NF	3	
TRIMPEX ORAL	2	2	
TWINJECT INJECTION	A	A	PA
UNI-SERP ORAL	NF	3	
UNIRETIC ORAL	2	2	QL Limited to 1 per day
UNIVASC ORAL	2	2	
VASCOR ORAL	NF	3	
VASERETIC ORAL	2	2	GP
VASODILAN ORAL	NF	3	AL Age < 65 years old, GP
VASOTEC ORAL	2	2	GP
verapamil hcl intravenous	A	A	PA
verapamil hcl oral	1	1	
VERELAN ORAL	2	2	GP
VERELAN PM ORAL	NF	3	
VYTORIN ORAL	NF	3	QL Limited to 1 per day
WELCHOL ORAL	NF	3	
XYLOCAINE INTRAVENOUS	A	A	GP, PA
ZAROXOLYN ORAL	2	2	GP
ZEBETA ORAL	2	2	GP
ZESTORETIC ORAL	2	2	GP
ZESTRIL ORAL	2	2	GP
ZETIA ORAL	NF	3	PA

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
ZIAC ORAL	2	2	GP
ZOCOR ORAL	2	2	QL Limited to 1 per day
<b><u>Central Nervous System Agents</u></b>			
ADDERALL ORAL	2	2	GP
ADDERALL XR ORAL	NF	3	QL Limited to 1 per day
amphetamine-dextroamphetamine oral	1	1	
CAFCIT INJECTION	A	A	PA
CAFCIT ORAL	NF	3	
caffeine & sodium benzoate injection	A	A	PA
CONCERTA ORAL	2	2	QL Limited to 1 per day
CONCERTA ORAL TBCR 36MG	2	2	QL Limited to 2 per day
CYLERT ORAL	NF	3	GP, PA
DESOXYN ORAL	NF	3	GP
DEXEDRINE ORAL	2	2	GP
dextroamphetamine sulfate oral	1	1	
DEXTROSTAT ORAL	2	2	GP
DOPRAM INTRAVENOUS	A	A	GP, PA
doxapram hcl intravenous	A	A	PA
EPIPEN INTRAMUSCULAR	2	2	QL Limited to 1 per fill
EPIPEN-JR INTRAMUSCULAR	2	2	QL Limited to 1 per fill
FOCALIN ORAL	NF	3	QL Limited to 2 per day
FOCALIN XR ORAL	NF	3	
METADATE CD ORAL	NF	3	QL Limited to 2 per day
METADATE ER ORAL	2	2	GP
methamphetamine hcl oral	NF	3	
METHYLIN ORAL	2	2	
methylphenidate hcl oral	1	1	
pemoline oral	NF	3	PA
PROVIGIL ORAL	2	3	PA
RILUTEK ORAL	2	3	AL Age < 65 years old

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
RITALIN LA ORAL	NF	3	QL Limited to 1 per day
RITALIN LA ORAL CP24 30MG	NF	3	QL Limited to 2 per day
RITALIN ORAL	2	2	GP
RITALIN SR ORAL	2	2	GP
STRATTERA ORAL	2	2	QL Limited to 2 per day
XYREM ORAL	NF	3	PA
<b><u>Dental and Oral Agents</u></b>			
APHTHASOL MOUTH/THROAT	NF	3	
ARESTIN MOUTH/THROAT	NF	3	
ATRIDOX MOUTH/THROAT	NF	3	
BUCALCIDE MOUTH/THROAT	NF	3	
chlorhexidine gluconate (mouth-throat) mouth/throat	1	1	QL Limited to 946ml per month
clotrimazole mouth/throat	1	1	
DEBACTEROL MOUTH/THROAT	NF	3	
EVOXAC ORAL	NF	3	
FIRST-MOUTHWASH BLM MOUTH/THROAT	NF	3	
GEL-KAM ORAL CARE RINSE MOUTH/THROAT	NF	3	GP
GELCLAIR CONCENTRATED ORA MOUTH/THROAT	NF	3	
KENALOG IN ORABASE MOUTH/THROAT	2	2	GP
lidocaine hcl (mouth-throat) mouth/throat	1	1	
MYCELEX MOUTH/THROAT	2	2	GP
MYCOSTATIN MOUTH/THROAT	2	2	GP
nystatin (mouth-throat) mouth/throat	1	1	
ORASEP MOUTH/THROAT	NF	3	
PERIDEX MOUTH/THROAT	2	2	GP, QL Limited to 946ml per month
PERIDEX ORAL RINSE MOUTH/THROAT	2	2	GP, QL Limited to 946ml per month

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
pilocarpine hcl (oral) oral	NF	3	
PREVIDENT MOUTH/THROAT	NF	3	
SALAGEN ORAL	NF	3	GP
stannous fluoride mouth/throat	NF	3	
triamcinolone acetonide (mouth) mouth/throat	1	1	
XYLOCAINE MOUTH/THROAT	2	2	GP
XYLOCAINE VISCOUS MOUTH/THROAT	2	2	GP

### **Dermatological Agents**

8-MOP ORAL	2	2	
ACCUTANE ORAL	2	2	GP, PA
ACCUZYME EXTERNAL LIQD	2	2	
ACCUZYME EXTERNAL OINT	2	2	GP
acetic acid irrigation	A	A	PA
AKNE-MYCIN EXTERNAL	NF	3	
ALA-QUIN EXTERNAL	NF	3	
ALCOHOL SWABS	2	2	QL Limited to 200 per month
ALCORTIN EXTERNAL	NF	3	
aluminum chloride external	1	1	
AMERICAINE EXTERNAL	NF	3	
AMEVIVE INTRAMUSCULAR	B	B	PA
AMEVIVE INTRAVENOUS	B	B	PA
ANACAINE EXTERNAL	NF	3	
ANALPRAM-HC RECTAL	NF	3	
ANALPRAM-HC RECTAL LOTN	NF	3	
ANAMANTLE HC FORTE RECTAL	NF	3	
ANAMANTLE HC RECTAL	NF	3	GP
ANESTHETIC SKIN REFRIGERA EXTERNAL	NF	3	
anthralin external	1	1	AL Age > 2 months, QL Limit 50gm per fill

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
ANUSOL-HC RECTAL CREA	2	2	GP
ANUSOL-HC RECTAL SUPP	2	2	GP
AVAR EXTERNAL	NF	3	
AVAR GREEN EXTERNAL	NF	3	
AZELEX EXTERNAL	NF	3	QL Limited to 30gm per month
BACTROBAN EXTERNAL CREA	NF	3	QL Limited to 15gm per month
BACTROBAN EXTERNAL OINT	2	2	GP, QL Limited to 15gm per month
BENSAL HP EXTERNAL	NF	3	
BENZAC AC WASH EXTERNAL	2	2	GP
BENZACLIN EXTERNAL	NF	3	QL Limited to 25gm per month
BENZAMYCIN EXTERNAL	2	2	GP, QL Limited to 23.3gm per month
BENZAMYCINPAK EXTERNAL	NF	3	
BENZASHAVE 5 EXTERNAL	NF	3	
benzoyl peroxide external	1	1	
benzoyl peroxide-erythromycin external	1	1	QL Limited to 23.3gm per month
benzoyl peroxide-urea external	NF	3	
BREVOXYL EXTERNAL	NF	3	
BREVOXYL-4 CREAMY WASH EXTERNAL	NF	3	
BREVOXYL-8 CLEANSING EXTERNAL	NF	3	GP
BREVOXYL-8 CREAMY WASH EXTERNAL	NF	3	
butamben-tetracaine-benzocaine external	1	1	
CAPITROL EXTERNAL	NF	3	
CARMOL 40 EXTERNAL	2	2	GP
CARMOL SCALP TREATMENT EXTERNAL	NF	3	GP
CARMOL-HC EXTERNAL	NF	3	GP, QL Limited to 30gm per month
CETACAINE EXTERNAL AERO	2	2	GP
CETACAINE EXTERNAL GEL	2	2	
CETACAINE EXTERNAL LIQD	2	2	

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CETACAINE EXTERNAL OINT	2	2	
CETACAINE MEDICAL KIT E EXTERNAL	2	2	
ciclopirox olamine external crea	NF	3	QL Limited to 30gm per month
ciclopirox olamine external susp	NF	3	
CLEOCIN-T EXTERNAL GEL	2	2	GP, QL Limited to 30gm per month
CLEOCIN-T EXTERNAL LOTN	2	2	GP
CLEOCIN-T EXTERNAL SOLN	2	2	GP, QL Limited to 30ml per month
CLEOCIN-T EXTERNAL SWAB	2	2	GP
CLINAC BPO EXTERNAL	NF	3	
CLINDAGEL EXTERNAL	2	2	QL Limited to 30gm per month
clindamycin phosphate (topical) external gel	1	1	QL Limited to 30gm per month
clindamycin phosphate (topical) external lotn	1	1	
clindamycin phosphate (topical) external soln	1	1	QL Limited to 30ml per month
clindamycin phosphate (topical) external swab	1	1	
clioquinol-hc external	NF	3	
clotrimazole w/ betamethasone external crea	1	1	QL Limited to 15gm per month
clotrimazole w/ betamethasone external lotn	1	1	QL Limited to 45gm per month
COCAINE HCL EXTERNAL	NF	3	
CONDYLOX EXTERNAL GEL	2	2	
CONDYLOX EXTERNAL SOLN	2	2	GP
CORTIFOAM RECTAL	NF	3	
CORTISPORIN EXTERNAL CREA	2	2	
CORTISPORIN EXTERNAL OINT	2	2	
DENAVIR EXTERNAL	2	2	PA
DIFFERIN EXTERNAL CREA	NF	3	QL Limited to 45gm per month
DIFFERIN EXTERNAL GEL	NF	3	QL Limited to 45gm per month
DIFFERIN EXTERNAL PADS	NF	3	QL Limit 2 per day
DIFFERIN EXTERNAL SOLN	NF	3	QL Limited to 30ml per month

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
DOVONEX EXTERNAL	2	2	QL Limited to 120gm per month
doxepin hcl (antipruritic) external	1	1	PA
DRITHO-SCALP EXTERNAL	2	2	AL Age > 2 months, QL Limit 50gm per fill
DRYSOL EXTERNAL	2	2	GP
DUAC EXTERNAL	NF	3	QL Limited to 45gm per fill
econazole nitrate external	NF	3	QL Limited to 30gm per month
EMLA ANESTHETIC DISC EXTERNAL	NF	3	
EMLA EXTERNAL	NF	3	GP
EMLA/TEGADERM EXTERNAL	NF	3	
EPIFOAM EXTERNAL	2	2	
ERTACZO EXTERNAL	NF	3	
ERYGEL EXTERNAL	2	2	GP, QL Limited to 30gm per month
erythromycin (acne aid) external gel	1	1	QL Limited to 30gm per month
erythromycin (acne aid) external pads	1	1	
erythromycin (acne aid) external soln	1	1	
ETHEZYME EXTERNAL	NF	3	
ETHYL CHLORIDE EXTERNAL	NF	3	
EVOCLIN EXTERNAL	NF	3	
EXELDERM EXTERNAL CREA	NF	3	QL Limited to 30gm per month
EXELDERM EXTERNAL SOLN	NF	3	
FINACEA EXTERNAL	NF	3	QL Limited to 50gm per month
FLUORI-METHANE EXTERNAL	NF	3	
GEBAUERS PAIN EASE EXTERNAL	NF	3	
GEBAUERS SPRAY AND STRETC EXTERNAL	NF	3	
gentamicin sulfate (topical) external	1	1	
glycine (gu irrigant) irrigation	A	A	PA
GORDOFILM EXTERNAL	NF	3	
GORDON'S UREA EXTERNAL	NF	3	
GRANULEX EXTERNAL	2	2	GP

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HC PRAMOXINE RECTAL	2	2	
hydrocortisone (intrarectal) rectal	1	1	
hydrocortisone (rectal) rectal	1	1	
hydrocortisone acetate (rectal) rectal	1	1	
iodoquinol-hc external	NF	3	
irrigation solutions irrigation	A	A	PA
isotretinoin oral	1	1	PA
KERALAC EXTERNAL CREA	NF	3	GP
KERALAC EXTERNAL GEL	2	2	GP
KERALAC EXTERNAL LOTN	2	2	GP
ketoconazole (topical) external crea	1	1	QL Limited to 30gm per month
ketoconazole (topical) external sham	1	1	
KLARON EXTERNAL	NF	3	
lactated ringer's (irrigation) irrigation	A	A	PA
lactic acid (ammonium lactate) external	NF	3	
lactic acid w/ vitamin e external	NF	3	
LACTINOL EXTERNAL	NF	3	GP
LIDAMANTLE EXTERNAL	2	2	GP
LIDAMANTLE HC EXTERNAL	NF	3	GP
lidocaine external	1	1	
lidocaine hcl external	1	1	
lidocaine-hydrocortisone acetate (rectal) rectal	NF	3	
lidocaine-hydrocortisone acetate external	NF	3	
lidocaine-prilocaine external	NF	3	
LIDODERM EXTERNAL	NF	3	PA
LOPROX EXTERNAL	NF	3	GP, QL Limited to 30gm per month
LOPROX EXTERNAL GEL	NF	3	QL Limited to 45gm per fill
LOPROX EXTERNAL SUSP	NF	3	GP
LOPROX SHAMPOO EXTERNAL	NF	3	

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
LOTRISONE EXTERNAL CREA	2	2	GP, QL Limited to 15gm per month
LOTRISONE EXTERNAL LOTN	2	2	GP, QL Limited to 45gm per month
METROCREAM EXTERNAL	2	2	GP
METROGEL EXTERNAL	2	2	
METROLOTION EXTERNAL	2	2	
metronidazole (topical) external	1	1	
mupirocin external	1	1	QL Limited to 15gm per month
MYCOLOG II EXTERNAL	2	2	GP
MYCOSTATIN EXTERNAL CREA	2	2	GP
MYCOSTATIN EXTERNAL POWD	2	2	GP, QL Limited to 30gm per month
NAFTIN EXTERNAL CREA	NF	3	QL Limited to 30gm per month
NAFTIN EXTERNAL GEL	NF	3	QL Limited to 40gm per month
NIZORAL EXTERNAL	2	2	GP
NORITATE EXTERNAL	NF	3	
NOVACORT EXTERNAL	NF	3	
NUOX EXTERNAL	NF	3	
NUZON EXTERNAL	NF	3	
nystatin (topical) external crea	1	1	
nystatin (topical) external oint	1	1	
nystatin (topical) external powd	1	1	QL Limited to 30gm per month
nystatin-triamcinolone external	1	1	
OVACE EXTERNAL CREA	NF	3	QL Limited to 30gm per month
OVACE EXTERNAL FOAM	NF	3	QL Limited to 50gm per month
OVACE EXTERNAL GEL	NF	3	QL Limited to 30gm per month
OVACE WASH EXTERNAL	NF	3	GP, QL Limited to 170gm per month
OXISTAT EXTERNAL CREA	NF	3	QL Limited to 30gm per month
OXISTAT EXTERNAL LOTN	NF	3	
OXSORALEN ULTRA ORAL	2	2	

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PANAFIL EXTERNAL LIQD	2	2	
PANAFIL EXTERNAL OINT	2	2	GP
PANAFIL-WHITE EXTERNAL	2	2	
PANRETIN EXTERNAL	NF	3	PA
papain-urea (wound care) external	1	1	
papain-urea-chlorophyllin external	1	1	
PENLAC NAIL LACQUER EXTERNAL	NF	3	PA
PHYSIOSOL IRRIGATION PH 7 IRRIGATION	A	A	PA
PLEXION EXTERNAL EMUL	2	2	GP, QL Limited to 170gm per month
PLEXION EXTERNAL MISC	NF	3	
PLEXION SCT EXTERNAL	2	2	GP
PLEXION TS EXTERNAL	2	2	GP
podofilox external	1	1	
podophyllum resin external	1	1	
PRAMOSONE EXTERNAL	NF	3	GP, QL Limited to 28.4gm per month
PRAMOSONE EXTERNAL OINT	NF	3	
pramoxine-hc external	1	1	QL Limited to 120ml per month
pramoxine-hc external	1	1	QL Limited to 60gm per month
pramoxine-hc external crea	NF	3	QL Limited to 28.4gm per month
PROCTOCORT RECTAL	2	2	GP
PROCTOCREAM-HC RECTAL	NF	3	
PROCTOFOAM HC RECTAL	NF	3	
PROCTOZONE H RECTAL	NF	3	
PSORiatec EXTERNAL	2	2	AL Age > 2 months, GP, QL Limit 50gm per fill
PYROGALLIC ACID EXTERNAL	NF	3	
RAPTIVA SUBCUTANEOUS	B	B	PA
REGENECARE WOUND EXTERNAL	NF	3	
REGRANEX EXTERNAL	NF	3	PA

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
RENACIDIN IRRIGATION	A	A	PA
RETIN-A EXTERNAL CREA	2	2	AL Age < 40 years old, GP, QL Limited to 20gm per month
RETIN-A EXTERNAL GEL	2	2	AL Age < 40 years old, GP, QL Limited to 15gm per month
RETIN-A EXTERNAL LIQD	2	2	AL Age < 40 years old
RETIN-A MICRO EXTERNAL	NF	3	AL Age < 40 years old, QL Limited to 20gm per month
ringer's irrigation irrigation	A	A	PA
ROSAC EXTERNAL	NF	3	
ROSULA EXTERNAL EMUL	2	2	GP, QL Limited to 170gm per month
ROSULA EXTERNAL GEL	NF	3	GP
ROSULA NS EXTERNAL	NF	3	
ROZEX EXTERNAL	NF	3	
SALEX EXTERNAL	NF	3	
SANTYL EXTERNAL	NF	3	
SEBIZON EXTERNAL	NF	3	
SELAN + ZINC OXIDE EXTERNAL	NF	3	
selenium sulfide external	1	1	
SELSEB EXTERNAL	NF	3	
SELSUN SHAMPOO EXTERNAL	2	2	GP
SILVADENE EXTERNAL	2	2	GP, QL Limited to 50gm per month
silver sulfadiazine external	1	1	QL Limited to 50gm per month
sodium chloride (gu irrigant) irrigation	A	A	PA
sodium thiosulfate-salicylic acid external	NF	3	
SOLARAZE EXTERNAL	2	2	PA
SORBITOL IRRIGATION	A	A	PA
SORBITOL-MANNITOL IRRIGATION	A	A	PA
SORIATANE ORAL	NF	3	
SOTRET ORAL	2	2	PA

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
SPECTAZOLE EXTERNAL	NF	3	GP, QL Limited to 30gm per month
STATICIN EXTERNAL	NF	3	
suby's solution g irrigation	A	A	PA
SULFACET-R EXTERNAL	2	2	GP
sulfacetamide sodium external	NF	3	QL Limited to 170gm per month
sulfacetamide sodium w/ sulfur external crea	1	1	
sulfacetamide sodium w/ sulfur external emul	1	1	QL Limited to 170gm per month
sulfacetamide sodium w/ sulfur external lotn	1	1	
sulfacetamide sodium w/ sulfur external susp	1	1	
sulfacetamide sodium-sulfur in urea vehicle external emul	1	1	QL Limited to 170gm per month
sulfacetamide sodium-sulfur in urea vehicle external gel	NF	3	
SULFAMYLON EXTERNAL CREA	NF	3	QL Limited to 113gm per month
SULFAMYLON EXTERNAL PACK	NF	3	
SULFOAM EXTERNAL	NF	3	
SULFOXYL REGULAR EXTERNAL	NF	3	
SULFOXYL STRONG EXTERNAL	NF	3	
SULFURATED LIME EXTERNAL	NF	3	
T-STAT EXTERNAL	2	2	GP
TAZORAC EXTERNAL	2	2	AL Age < 40 years old, QL Limited to 30gm per month up to age 40
tretinoin external crea	1	1	AL Age < 40 years old, QL Limited to 20gm per month
tretinoin external gel	1	1	AL Age < 40 years old, QL Limited to 15gm per month
TRIACETIN EXTERNAL	NF	3	
TRIAZ CLEANSER EXTERNAL	NF	3	
TRIAZ EXTERNAL	NF	3	
trypsin w/ castor oil & peruvian balsam external	1	1	

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UMECTA EXTERNAL	NF	3	
urea external	1	1	
urea external	1	1	
urea external crea	1	1	
urea-hc acetate external	NF	3	QL Limited to 30gm per month
VANOXIDE-HC EXTERNAL	NF	3	
VYTONE EXTERNAL	NF	3	GP
XENADERM EXTERNAL	2	2	
XERAC AC EXTERNAL	NF	3	
XYLOCAINE EXTERNAL	2	2	GP
XYLOCAINE JELLY EXTERNAL	2	2	GP
Z-CLINZ 10 EXTERNAL	NF	3	
Z-CLINZ 5 EXTERNAL	NF	3	
ZACLIR CLEANSING EXTERNAL	NF	3	
ZODERM CLEANSER EXTERNAL	NF	3	GP
ZODERM EXTERNAL	NF	3	
ZODERM EXTERNAL CREA 8.5-10%	NF	3	GP
ZODERM EXTERNAL GEL	NF	3	GP
ZONALON EXTERNAL	2	2	GP, PA
ZOVIRAX EXTERNAL	2	2	PA
<b><u>Deterrents/ Replacements</u></b>			
ANTABUSE ORAL	2	2	
bupropion hcl (smoking deterrent) oral	1	1	PA
CAMPRAL ORAL	2	2	PA
NICOTROL INHALER INHALATION	NF	3	PA
NICOTROL NS NASAL	2	2	PA
ZYBAN ORAL	2	2	GP, PA
<b><u>Enzyme Replacements/ Modifiers</u></b>			
BUPHENYL ORAL	2	2	

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
CEREZYME INTRAVENOUS	B	B	PA
CREON 5 ORAL	2	2	
CREON 10 ORAL	2	2	
CREON 20 ORAL	2	2	
CYSTADANE ORAL	2	2	
DIGEX ORAL	NF	3	
DYGASE ORAL	2	2	
ENZYCAP ORAL	2	2	
ENZYMAX ORAL	2	2	
GASTRINEX ORAL	NF	3	
INTESTINEX ORAL	NF	3	
KU-ZYME HP ORAL	2	2	
KU-ZYME ORAL	2	2	
KUTRASE ORAL	2	2	
LAPASE ORAL	2	2	
LIPRAM 4500 ORAL	2	2	
LIPRAM-CR10 ORAL	2	2	
LIPRAM-CR20 ORAL	2	2	
LIPRAM-CR5 ORAL	2	2	
LIPRAM-PN10 ORAL	2	2	
LIPRAM-PN16 ORAL	2	2	
LIPRAM-PN20 ORAL	2	2	
LIPRAM-UL12 ORAL	2	2	
LIPRAM-UL18 ORAL	2	2	
LIPRAM-UL20 ORAL	2	2	
ORFADIN ORAL	2	2	
PALIPASE MT 16 ORAL	2	2	
PALIPASE MT 20 ORAL	2	2	
PALIPASE ORAL	2	2	
PALPEON DR 10 ORAL	2	2	

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
PALPEON DR 20 ORAL	2	2	
PALPEON MT 20 ORAL	2	2	
PALTRASE V8 ORAL	2	2	
PANCREASE MT 10 ORAL	2	2	
PANCREASE MT 16 ORAL	2	2	
PANCREASE MT 20 ORAL	2	2	
PANCREASE MT 4 ORAL	2	2	
PANCREASE ORAL	2	2	
PANCREATIN ORAL	NF	3	
PANCRECARB MS-16 ORAL	2	2	
PANCRECARB MS-4 ORAL	2	2	
PANCRECARB MS-8 ORAL	2	2	
PANCRELIPASE MST-16 ORAL	2	2	
PANCRELIPASE ORAL	2	2	
PANCRON 10 ORAL	2	2	
PANCRON 20 ORAL	2	2	
PANGESTYME CN 10 ORAL	2	2	
PANGESTYME CN 20 ORAL	2	2	
PANGESTYME EC ORAL	2	2	
PANGESTYME MT 16 ORAL	2	2	
PANGESTYME UL 12 ORAL	2	2	
PANGESTYME UL 18 ORAL	2	2	
PANGESTYME UL 20 ORAL	2	2	
PANOKASE ORAL	2	2	
PANOKASE-16 ORAL	2	2	
PLARETASE 8000 ORAL	2	2	
SUCRAID ORAL	2	2	
ULTRASE MT 12 ORAL	2	2	
ULTRASE MT 18 ORAL	2	2	
ULTRASE MT 20 ORAL	2	2	

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ULTRASE ORAL	2	2	
VIOKASE 16 ORAL	2	2	
VIOKASE 8 ORAL	2	2	
VIOKASE ORAL	2	2	
ZAVESCA ORAL	B	B	PA
<b><u>Gastrointestinal Agents</u></b>			
ACIPHEX ORAL	2	2	QL Limited to 1 per day for 8 weeks
ACTIGALL ORAL	2	2	GP
ANASPAZ ORAL	2	2	AL Age < 65 years old, GP
ATROPINE SULFATE INJECTION	A	A	PA
atropine sulfate oral	NF	3	AL Age < 65 years old
AXID ORAL CAPS	NF	3	GP
AXID ORAL SOLN	NF	3	
B & O 15-A SUPPRETTE RECTAL	NF	3	AL Age < 65 years old, GP
B & O 16-A SUPPRETTE RECTAL	NF	3	AL Age < 65 years old, GP
belladonna alkaloids & opium rectal	NF	3	AL Age < 65 years old
BELLADONNA ALKALOIDS ORAL	NF	3	AL Age < 65 years old
BENTYL INTRAMUSCULAR	A	A	GP, PA
BENTYL ORAL	2	2	AL Age < 65 years old, GP
CANTIL ORAL	NF	3	
CARAFATE ORAL SUSP	2	2	
CARAFATE ORAL TABS	2	2	GP
CASCARA SAGRADA AROMATIC ORAL	NF	3	
CASCARA SAGRADA ORAL	NF	3	
cimetidine hcl injection	A	A	PA
CIMETIDINE HCL INTRAVENOUS	A	A	PA
cimetidine hcl oral	1	1	
CIMETIDINE HCL/NACL INTRAVENOUS	A	A	PA
cimetidine oral	1	1	

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## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
COLYTE ORAL	2	2	GP
COLYTE-FLAVORED ORAL	2	2	GP
COLYTROL ORAL	NF	3	AL Age < 65 years old
COLYTROL PEDIATRIC ORAL	2	2	AL Age < 65 years old
CYSTOSPAZ-M ORAL	2	2	AL Age < 65 years old, GP
CYTOTEC ORAL	2	2	GP
dexpanthenol injection	A	A	PA
dicyclomine hcl intramuscular	A	A	PA
dicyclomine hcl oral	1	1	AL Age < 65 years old
dicyclomine hcl oral caps	1	1	AL Age < 65 years old
dicyclomine hcl oral tabs	1	1	AL Age < 65 years old
diphenoxylate w/ atropine oral	1	1	
famotidine in nacl intravenous	A	A	PA
famotidine intravenous	A	A	PA
famotidine oral	1	1	
GASTROCROM ORAL	NF	3	
glycopyrrolate injection	A	A	PA
glycopyrrolate oral	NF	3	
GOLYTELY ORAL	2	2	
HALFLYTELY BOWEL PREP KIT ORAL	2	2	
HELIDAC ORAL	NF	3	QL Limited to 56 per month
HOMAPIN-10 ORAL	NF	3	
hyoscyamine sulfate oral	1	1	AL Age < 65 years old
hyoscyamine sulfate sublingual	1	1	AL Age < 65 years old
IB-STAT ORAL	2	2	AL Age < 65 years old
KRISTALOSE ORAL	NF	3	
lactulose (encephalopathy) oral	1	1	
lactulose oral	1	1	
LEVBIID ORAL	2	2	AL Age < 65 years old, GP
LEVSIN INJECTION	A	A	PA

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
LEVSIN ORAL	2	2	AL Age < 65 years old, GP
LEVSIN/SL SUBLINGUAL	2	2	AL Age < 65 years old, GP
LEVSINEX ORAL	2	2	AL Age < 65 years old, GP
LOMOTIL ORAL	2	2	GP
LOTRONEX ORAL	2	2	PA
metoclopramide hcl injection	A	A	PA
metoclopramide hcl oral	1	1	
MIRALAX ORAL	2	2	GP
misoprostol oral	1	1	
MOTOFEN ORAL	NF	3	
NEXIUM I.V. INTRAVENOUS	A	A	PA
NEXIUM ORAL	NF	3	PA
nizatidine oral	NF	3	
NULEV ORAL	2	2	AL Age < 65 years old, GP
NULYTELY ORAL	2	2	GP
OCL ORAL	2	2	
omeprazole oral	NF	3	PA
OPIUM TINCTURE ORAL	NF	3	
PAMINE FORTE ORAL	NF	3	AL Age < 65 years old
PAMINE ORAL	NF	3	AL Age < 65 years old
paregoric oral	NF	3	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate oral	1	1	
peg 3350-potassium chloride-sod bicarbonate-sod chloride oral	1	1	
PEPCID I.V. INTRAVENOUS	A	A	GP, PA
PEPCID ORAL SUSR	2	2	
PEPCID ORAL TABS	2	2	GP
PEPCID PREMIXED INTRAVENOUS	A	A	GP, PA
PEPCID RPD ORAL	2	2	
PHOSLO ORAL	2	2	

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
polyethylene glycol 3350 oral	1	1	
PREVACID I.V. INTRAVENOUS	A	A	PA
PREVACID NAPRAPAC ORAL	NF	3	PA
PREVACID ORAL	NF	3	QL Limited to 1 per day for 8 weeks
PREVACID SOLUTAB ORAL	NF	3	QL Limited to 1 per day for 8 weeks
PREVPAC ORAL	NF	3	PA
PRILOSEC ORAL	NF	3	GP, PA
PRO-BANTHINE ORAL	2	2	AL Age < 65 years old
PROPANTHELINE BROMIDE ORAL	2	2	AL Age < 65 years old
PROTONIX INTRAVENOUS	A	A	PA
PROTONIX ORAL	2	2	QL Limited to 1 per day for 8 weeks
QUARZAN ORAL	NF	3	
ranitidine hcl injection	A	A	PA
ranitidine hcl oral caps	1	1	
RANITIDINE HCL ORAL SYRP	2	2	
ranitidine hcl oral tabs	1	1	
REGLAN INJECTION	A	A	GP, PA
REGLAN ORAL	2	2	GP
RENAGEL ORAL	NF	3	PA
ROBINUL FORTE ORAL	NF	3	GP
ROBINUL INJECTION	A	A	GP, PA
ROBINUL ORAL	NF	3	GP
SAL-TROPINE ORAL	NF	3	AL Age < 65 years old, GP
SCOPOLAMINE HYDROBROMIDE INJECTION	A	A	PA
SIMETYL ORAL	NF	3	AL Age < 65 years old
SUCRALFATE ORAL SUSP	2	2	
sucralfate oral tabs	1	1	
SYMAX DUOTAB ORAL	NF	3	AL Age < 65 years old

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
TAGAMET ORAL	2	2	GP
TALADINE ORAL	2	2	GP
URSO FORTE ORAL	2	2	
URSO ORAL	2	2	
ursodiol oral	1	1	
ZANTAC INJECTION	A	A	GP, PA
ZANTAC INTRAVENOUS	A	A	PA
ZANTAC ORAL CAPS	2	2	GP
ZANTAC ORAL PACK	2	2	
ZANTAC ORAL SYRP	2	2	
ZANTAC ORAL TABS	2	2	GP
ZANTAC ORAL TBEF	2	2	
ZEGERID ORAL	NF	3	PA
ZELNORM ORAL	2	2	PA

### **Genitourinary Agents**

AVODART ORAL	2	2	
bethanechol chloride oral	1	1	
BICITRA ORAL	NF	3	GP
CALCIBIND ORAL	NF	3	
CAVERJECT IMPULSE INTRACAVERNOSAL	B	B	PA
CAVERJECT INTRACAVERNOSAL	B	B	PA
CIALIS ORAL	2	2	GL Male only, QL Limited to 4 per month across all drugs in class
CITROLITH ORAL	NF	3	
CYSTAGON ORAL	NF	3	
CYSTOSPAZ ORAL	2	2	AL Age < 65 years old, GP
DETROL LA ORAL	2	2	QL Limited to 1 per day
DETROL ORAL	2	2	
dimethyl sulfoxide intravesical	A	A	PA

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DITROPAN ORAL	2	2	GP
DITROPAN XL ORAL	NF	3	QL Limited to 1 per day
EDEX INTRACAVERNOSAL	B	B	PA
EDEX-REFILL PACK INTRACAVERNOSAL	B	B	PA
ELMIRON ORAL	NF	3	
ENABLEX ORAL	2	2	QL Limited to 1 per day
flavoxate hcl oral	1	1	
FLOMAX ORAL	NF	3	QL Limited to 1 per day
hydrochloric acid intravenous	A	A	PA
hyoscyamine oral	1	1	AL Age < 65 years old
K-PHOS MF ORAL	NF	3	
K-PHOS NO 2 ORAL	NF	3	
LEVITRA ORAL	NF	3	PA
LITHOSTAT ORAL	NF	3	
MUSE URETHRAL	2	2	
ORACIT ORAL	NF	3	
oxybutynin chloride oral	1	1	
OXYTROL TRANSDERMAL	NF	3	QL Limited to 2 per week
phenazopyridine hcl oral	1	1	
phenazopyridine-butabarbital-hyoscyamine oral	1	1	
POLYCITRA ORAL	NF	3	GP
POLYCITRA-K CRYSTALS ORAL	2	2	GP
POLYCITRA-K ORAL	2	2	GP
POLYCITRA-LC ORAL	2	2	GP
pot & sod citrates w/citric ac oral	NF	3	
potassium citrate-citric acid oral	1	1	
PROSCAR ORAL	2	2	
PYRIDIUM ORAL	2	2	GP
PYRIDIUM PLUS ORAL	2	2	GP
RIMSO-50 INTRAVESICAL	A	A	GP, PA

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SANCTURA ORAL	NF	3	PA
SHOHL'S SOLUTION MODIFIED ORAL	NF	3	GP
sodium citrate & citric acid oral	NF	3	
THIOLA ORAL	NF	3	
URECHOLINE ORAL	2	2	GP
URISPAS ORAL	2	2	GP
UROKIT-K 10 ORAL	2	2	
UROKIT-K 5 ORAL	2	2	
UROXATRAL ORAL	NF	3	QL Limited to 1 per day
VESICARE ORAL	2	2	QL Limited to 1 per day
VIAGRA ORAL	2	2	GL Male only, QL Limited to 4 per month across all drugs in class
<b><u>Hormonal Agents, Stimulant/ Replacement/ Modifyin</u></b>			
VANOS EXTERNAL	NF	3	
<b><u>Hormonal Agents, Stimulant/ Replacement/ Modifying</u></b>			
ACLOVATE EXTERNAL CREA	NF	3	QL Limited to 45gm per month
ACLOVATE EXTERNAL OINT	NF	3	GP, QL Limited to 45gm per month
ACTHAR HP INJECTION	B	B	PA
ACTIVELLA ORAL	NF	3	
ACTONEL ORAL TABS 30MG	2	2	QL Limited to 1 per day
ACTONEL ORAL TABS 35MG	2	2	QL Limited to 1 per week
ACTONEL ORAL TABS 5MG	2	2	QL Limited to 1 per day
ACTONEL WITH CALCIUM ORAL	2	2	QL Limited to 1 per day
ALA-SCALP EXTERNAL	NF	3	
alclometasone dipropionate external	NF	3	QL Limited to 45gm per month
ALDURAZYME INTRAVENOUS	B	B	PA
ALESSE ORAL	2	2	GP GL Female only, QL Limited to 1 per day

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
ALORA TRANSDERMAL	NF	3	QL Limited to 2 per week
alprostadil injection	B	B	PA
amcinonide external crea	NF	3	QL Limited to 30gm per month
amcinonide external lotn	NF	3	QL Limited to 20gm per month
amcinonide external oint	NF	3	QL Limited to 30gm per month
ANADROL-50 ORAL	NF	3	
ANDRODERM TRANSDERMAL PT24 2.5MG/24HR	2	2	GL Male only, QL Limited to 2 per day
ANDRODERM TRANSDERMAL PT24 5MG/24HR	2	2	GL Male only, QL Limited to 1 per day
ANDROGEL PUMP TRANSDERMAL	2	2	GL Male only
ANDROGEL TRANSDERMAL	2	2	GL Male only
ANDROID ORAL	2	2	
AREZIA INTRAVENOUS	B	B	GP, PA
ARISTOCORT A EXTERNAL	2	2	GP, QL Limited to 60gm per month
ARISTOCORT A EXTERNAL OINT	2	2	GP
ARISTOCORT FORTE INJECTION	A	A	GP, PA
ARISTOCORT INJECTION	A	A	PA
ARISTOCORT ORAL	NF	3	
ARISTOSPAN INJECTION	A	A	PA
ARISTOSPAN INTRA-ARTICULA INJECTION	A	A	PA
ARISTOSPAN INTRALESIONAL INJECTION	A	A	PA
ARMOUR THYROID ORAL	2	2	GP
aug betamethasone dipropionate external	1	1	QL Limited to 15gm per month
AYGESTIN ORAL	2	2	GP
betamethasone dipropionate (topical) external crea	1	1	QL Limited to 15gm per month
betamethasone dipropionate (topical) external lotn	1	1	

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
betamethasone dipropionate (topical) external oint	1	1	
betamethasone valerate external	1	1	
BIO- THROID ORAL	2	2	
BIO-THROID ORAL	2	2	
BONIVA ORAL	NF	3	PA
BREVICON-28 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
CAPEX EXTERNAL	NF	3	
CARNITOR INTRAVENOUS	A	A	GP, PA
CARNITOR ORAL	NF	3	GP
CELESTONE ORAL	NF	3	
CELESTONE SOLUSPAN INJECTION	A	A	PA
CENESTIN ORAL	NF	3	
CERVIDIL VAGINAL	NF	3	
chorionic gonadotropin intramuscular	B	B	PA
CLIMARA PRO TRANSDERMAL	2	2	QL Limited to 1 per week
CLIMARA TRANSDERMAL	2	2	QL Limited to 1 per week
clobetasol propionate emollient base external	1	1	QL Limited to 30gm per month
clobetasol propionate external crea	1	1	QL Limited to 30gm per month
clobetasol propionate external gel	1	1	QL Limited to 30gm per month
clobetasol propionate external oint	1	1	QL Limited to 30gm per month
clobetasol propionate external soln	1	1	QL Limited to 25ml per month
CLOBEX EXTERNAL LOTN	NF	3	QL Limited to 30gm per month
CLOBEX EXTERNAL SHAM	NF	3	
CLODERM EXTERNAL	NF	3	QL Limited to 45gm per month
COMBIPATCH TRANSDERMAL	NF	3	QL Limited to 2 per week
CORDRAN EXTERNAL	NF	3	
CORDRAN SP EXTERNAL	NF	3	
CORDRAN TAPE EXTERNAL	NF	3	QL Limited to one roll of 24X3 per month

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## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
CORTEF ORAL	2	2	GP
cortisone acetate oral	1	1	
CRINONE VAGINAL	NF	3	PA
CUTIVATE EXTERNAL CREA	2	2	GP, QL Limited to 30gm per month
CUTIVATE EXTERNAL LOTN	NF	3	
CUTIVATE EXTERNAL OINT	2	2	GP, QL Limited to 30gm per month
CYCLESSA ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
CYCLOCORT EXTERNAL CREA	NF	3	GP, QL Limited to 30gm per month
CYCLOCORT EXTERNAL LOTN	NF	3	GP, QL Limited to 20gm per month
CYCLOCORT EXTERNAL OINT	NF	3	GP, QL Limited to 30gm per month
CYTOMEL ORAL	2	2	
DANAZOL ORAL	2	2	
DANOCRINE ORAL	2	2	GP
DDAVP INJECTION	A	A	GP, PA
DDAVP NASAL	2	2	GP
DDAVP ORAL	2	2	GP
DECADRON ORAL	2	2	GP
DELATESTRYL INTRAMUSCULAR	A	A	GP, PA
DELESTROGEN INTRAMUSCULAR	A	A	PA
DELTASONE ORAL	2	2	
DEMULEN 1/35-21 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
DEMULEN 1/35-28 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
DEMULEN 1/50-21 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
DEMULEN 1/50-28 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
DEPO-ESTRADIOL INTRAMUSCULAR	A	A	PA
DEPO-MEDROL INJECTION	A	A	GP, PA
DEPO-PROVERA CONTRACEPTIV INTRAMUSCULAR	A	A	GP, PA
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200MG/ML	A	A	GP, PA
DERMA-SMOOTHIE/FS EXTERNAL	NF	3	
DERMATOP EXTERNAL	NF	3	
desmopressin acetate injection	A	A	PA
desmopressin acetate oral tabs	1	1	
desmopressin acetate oral tabs 0.2MG	1	1	
desmopressin acetate refrigerated nasal	1	1	
desmopressin acetate spray nasal	1	1	
DESOGEN ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
desogestrel & ethinyl estradiol oral	1	1	GL Female only, QL Limited to 1 per day
desogestrel-ethinyl estradiol (triphasic) oral	1	1	GL Female only, QL Limited to 1 per day
desonide external crea	1	1	QL Limited to 15gm per month
desonide external lotn	1	1	QL Limited to 59gm per month
desonide external oint	1	1	QL Limited to 15gm per month
DESOWEN EXTERNAL CREA	2	2	GP, QL Limited to 15gm per month
DESOWEN EXTERNAL LOTN	2	2	GP, QL Limited to 59gm per month
DESOWEN EXTERNAL OINT	2	2	GP, QL Limited to 15gm per month
DESOXIMETASONE EXTERNAL CREA 0.05%	NF	3	QL Limited to 15gm per month
desoximetasone external crea 0.25%	1	1	QL Limited to 15gm per month
desoximetasone external gel	1	1	QL Limited to 15gm per month
desoximetasone external oint	1	1	QL Limited to 15gm per month
dexamethasone acetate injection	A	A	PA

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
DEXAMETHASONE INTENSOL ORAL	2	2	
dexamethasone oral	1	1	
dexamethasone oral elix	1	1	
DEXAMETHASONE ORAL SOLN	2	2	
DEXAMETHASONE ORAL TABS 0.25MG	2	2	
DEXAMETHASONE ORAL TABS 1MG	2	2	
DEXAMETHASONE ORAL TABS 2MG	2	2	
dexamethasone sodium phosphate injection	A	A	PA
DEXPAK ORAL	2	2	
DIDRONEL IV INTRAVENOUS	B	B	PA
DIDRONEL ORAL	NF	3	
diflorasone diacetate emollient base external	1	1	QL Limited to 30gm per month
diflorasone diacetate external crea	1	1	
diflorasone diacetate external oint	1	1	QL Limited to 30gm per month
DIPROLENE AF EXTERNAL	2	2	GP, QL Limited to 15gm per month
DIPROLENE EXTERNAL GEL	2	2	GP, QL Limited to 15gm per month
DIPROLENE EXTERNAL LOTN	2	2	QL Limited to 30ml per month
DIPROLENE EXTERNAL OINT	2	2	GP, QL Limited to 15gm per month
ELOCON EXTERNAL CREA	2	2	GP, QL Limited to 15gm per month
ELOCON EXTERNAL LOTN	2	2	GP, QL Limited to 30ml per month
ELOCON EXTERNAL OINT	2	2	GP, QL Limited to 15gm per month
ERGONOVINE MALEATE INJECTION	A	A	
ERGONOVINE MALEATE ORAL	2	2	
ERGOTRATE MALEATE ORAL	2	2	
ESCLIM TRANSDERMAL	NF	3	QL Limited to 2 per week
est estrogens & methyltest oral	1	1	

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
ESTRACE ORAL	2	2	GP
ESTRACE VAGINAL	2	2	GL Female only
ESTRADERM TRANSDERMAL	NF	3	QL Limited to 2 per week
estradiol oral	1	1	
estradiol transdermal	1	1	QL Limited to 1 per week
ESTRASORB TRANSDERMAL	NF	3	QL Limit 2 per day
ESTRATEST H.S. ORAL	2	2	GP
ESTRATEST ORAL	2	2	GP
ESTRING VAGINAL	NF	3	GL Female only, QL 3 copays per ring
ESTROGEL TRANSDERMAL	NF	3	QL Limited to 1 pump every 2 months
estrone intramuscular	A	A	PA
estropipate oral	1	1	
ESTROSTEP FE ORAL	NF	3	GL Female only, QL Limited to 1 per day
ethynodiol diacet & eth estrad oral	1	1	GL Female only, QL Limited to 1 per day
EVISTA ORAL	2	2	QL Limited to 1 per day
FABRAZYME INTRAVENOUS	B	B	PA
FEMHRT 1/5 ORAL	NF	3	
FEMRING VAGINAL	NF	3	GL Female only, QL 3 copays per ring
FIRST-HYDROCORTISONE EXTERNAL	NF	3	
FIRST-PROGESTERONE MC 10 TRANSDERMAL	NF	3	
FIRST-PROGESTERONE MC 5 TRANSDERMAL	NF	3	
FIRST-PROGESTERONE VGS 10 VAGINAL	NF	3	
FIRST-PROGESTERONE VGS 50 VAGINAL	NF	3	
FIRST-TESTOSTERONE MC COM TRANSDERMAL	NF	3	GL Male only, QL Limited to 60gm per month

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FIRST-TESTOSTERONE TRANSDERMAL	NF	3	GL Male only, QL Limited to 60gm per month
FLORINEF ORAL	2	2	GP
FLORONE EXTERNAL	2	2	GP, QL Limited to 30gm per month
fludrocortisone acetate oral	1	1	
fluocinolone acetonide external	1	1	QL Limited to 15gm per month
fluocinolone acetonide external oint	1	1	QL Limited to 15gm per month
fluocinolone acetonide external soln	1	1	QL Limited to 20ml per month
fluocinonide emulsified base external	1	1	QL Limited to 30gm per month
fluocinonide external crea	1	1	QL Limited to 30gm per month
fluocinonide external gel	1	1	QL Limited to 30gm per month
fluocinonide external oint	1	1	QL Limited to 30gm per month
fluocinonide external soln	1	1	QL Limited to 20ml per month
FLUOXYMESTERONE ORAL	2	2	
fluticasone propionate external	1	1	QL Limited to 30gm per month
FORTEO SUBCUTANEOUS	A	A	PA
FOSAMAX ORAL	2	2	
FOSAMAX PLUS D ORAL	2	2	
GANITE INTRAVENOUS	A	A	PA
GENOTROPIN INTRA-MIX SUBCUTANEOUS	B	B	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS	B	B	PA
GENOTROPIN SUBCUTANEOUS	B	B	PA
GEREF SUBCUTANEOUS	B	B	PA
GYNODIOL ORAL	2	2	
halobetasol propionate external	NF	3	QL Limited to 15gm per month
HALOG EXTERNAL CREA	NF	3	QL Limited to 30gm per month
HALOG EXTERNAL OINT	NF	3	QL Limited to 30gm per month
HALOG EXTERNAL SOLN	NF	3	QL Limited to 20ml per month
HALOG-E EXTERNAL	NF	3	QL Limited to 30gm per month
HECTOROL INTRAVENOUS	A	A	PA

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## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
HECTOROL ORAL	NF	3	
HEMABATE INTRAMUSCULAR	A	A	PA
HUMATROPE COMBO PACK INJECTION	B	B	PA
HUMATROPE INJECTION	B	B	PA
HYBOLIN IMPROVED INTRAMUSCULAR	A	A	PA
hydrocortisone (topical) external crea	1	1	
hydrocortisone (topical) external lotn	1	1	QL Limited to 59gm per month
hydrocortisone (topical) external oint	1	1	
hydrocortisone butyrate external oint	1	1	QL Limited to 15gm per month
hydrocortisone butyrate external soln	1	1	QL Limited to 20ml per month
hydrocortisone oral	1	1	
hydrocortisone sod succinate injection	A	A	PA
hydrocortisone valerate external	1	1	QL Limited to 45gm per month
HYDROCORTONE ORAL	2	2	
HYTONE EXTERNAL CREA	2	2	GP
HYTONE EXTERNAL LOTN	2	2	GP, QL Limited to 59gm per month
HYTONE EXTERNAL OINT	2	2	GP
KENALOG EXTERNAL	2	2	GP, QL Limited to 60gm per month
KENALOG EXTERNAL AERS	NF	3	
KENALOG EXTERNAL LOTN	2	2	GP
KENALOG EXTERNAL OINT	2	2	GP
KENALOG-10 INJECTION	A	A	PA
KENALOG-40 INJECTION	A	A	PA
KEY-PRED INJECTION	A	A	PA
levocarnitine (metabolic modifiers) intravenous	A	A	PA
levocarnitine (metabolic modifiers) oral	NF	3	
levonorgestrel & eth estradiol oral	1	1	GL Female only, QL Limited to 1 per day

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levonorgestrel-eth estradiol (triphasic) oral	1	1	GL Female only, QL Limited to 1 per day
levothyroxine sodium injection	A	A	PA
levothyroxine sodium oral	1	1	
LIDEX EXTERNAL CREA	2	2	GP, QL Limited to 30gm per month
LIDEX EXTERNAL GEL	2	2	GP, QL Limited to 30gm per month
LIDEX EXTERNAL OINT	2	2	GP, QL Limited to 30gm per month
LIDEX EXTERNAL SOLN	2	2	GP, QL Limited to 20ml per month
LIDEX-E EXTERNAL	2	2	GP, QL Limited to 30gm per month
LO/OVRAL ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
LOCOID EXTERNAL CREA	2	2	GP, QL Limited to 15gm per month
LOCOID EXTERNAL OINT	2	2	GP, QL Limited to 15gm per month
LOCOID EXTERNAL SOLN	2	2	GP, QL Limited to 20ml per month
LOCOID LIPOCREAM EXTERNAL	2	2	QL Limited to 15gm per month
LOESTRIN 1.5/30-21 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
LOESTRIN 1/20-21 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
LOESTRIN FE 1/20 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
LOESTRIN FE ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
LUNESTA ORAL	NF	3	PA
LUXIQ EXTERNAL	NF	3	QL Limited to 50gm per month
MAXIFLOR EXTERNAL CREA	2	2	GP

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MAXIFLOR EXTERNAL OINT	2	2	GP, QL Limited to 30gm per month
MEDROL DOSEPAK ORAL	2	2	GP
MEDROL ORAL	2	2	GP
medroxyprogesterone acetate (contraceptive) intramuscular	A	A	PA
medroxyprogesterone acetate oral	1	1	
megestrol acetate oral tabs	1	1	
MENOSTAR TRANSDERMAL	NF	3	QL Limited to 1 per week
METHERGINE INJECTION	A	A	PA
METHERGINE ORAL	2	2	QL Limited to 28 per month
methimazole oral	1	1	
METHITEST ORAL	2	2	
methylprednisolone acetate injection	A	A	PA
methylprednisolone oral	1	1	
methylprednisolone sod succ injection	A	A	PA
MIACALCIN INJECTION	A	A	PA
MIACALCIN NASAL	2	2	PA
MIRCETTE ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
MODICON-28 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
mometasone furoate external	1	1	QL Limited to 15gm per month
mometasone furoate external oint	1	1	QL Limited to 15gm per month
mometasone furoate external soln	1	1	QL Limited to 30ml per month
NAGLAZYME INTRAVENOUS	B	B	PA
NANDROLONE DECANOATE INTRAMUSCULAR	A	A	PA
NOR-QD ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
NORDETTE ORAL	2	2	GP GL Female only, QL Limited to 1 per day
NORDITROPIN CARTRIDGE SUBCUTANEOUS	B	B	PA

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## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
NORDITROPIN NORDIFLEX PEN SUBCUTANEOUS	B	B	PA
NORDITROPIN SUBCUTANEOUS	B	B	PA
norethin acet & estrad-fe oral	1	1	GL Female only, QL Limited to 1 per day
norethindrone & eth estradiol oral	1	1	GL Female only, QL Limited to 1 per day
norethindrone & mestranol oral	1	1	GL Female only, QL Limited to 1 per day
norethindrone (contraceptive) oral	1	1	GL Female only, QL Limited to 1 per day
norethindrone acet & eth estra oral	1	1	GL Female only, QL Limited to 1 per day
norethindrone acetate oral	1	1	
norethindrone-eth estradiol (biphasic) oral	1	1	GL Female only, QL Limited to 1 per day
norethindrone-eth estradiol (triphasic) oral	1	1	GL Female only, QL Limited to 1 per day
norgestimate-ethinyl estradiol (triphasic) oral	1	1	GL Female only, QL Limited to 1 per day
norgestimate-ethinyl estradiol oral	1	1	GL Female only, QL Limited to 1 per day
norgestrel & ethinyl estradiol oral	1	1	GL Female only, QL Limited to 1 per day
NORINYL 1+35 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
NORINYL 1+50 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
NUTROPIN AQ PEN SUBCUTANEOUS	B	B	PA
NUTROPIN AQ SUBCUTANEOUS	B	B	PA
NUTROPIN DEPOT SUBCUTANEOUS	B	B	PA
NUTROPIN SUBCUTANEOUS	B	B	PA
NUVARING VAGINAL	2	2	GL Female only, QL Limit 1 per 21 days
octreotide acetate injection	B	B	PA

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## Health Net Medicare Drug List

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OGEN ORAL	2	2	GP
OGESTREL ORAL	2	2	GL Female only, QL Limited to 1 per day
OLUX EXTERNAL	NF	3	
ORAPRED ORAL	2	2	GP
ORTHO EVRA TRANSDERMAL	2	2	GL Female only, Limited to 3 per month
ORTHO MICRONOR ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
ORTHO TRI-CYCLEN LO ORAL	2	2	GL Female only, QL Limited to 1 per day
ORTHO TRI-CYCLEN ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
ORTHO-CEPT ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
ORTHO-CEPT-28 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
ORTHO-CYCLEN-28 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
ORTHO-DIENESTROL VAGINAL	NF	3	GL Female only
ORTHO-NOVUM 1/35-28 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
ORTHO-NOVUM 1/50-28 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
ORTHO-NOVUM 10/11-28 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
ORTHO-NOVUM 7/7/7-21 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
ORTHO-NOVUM 7/7/7-28 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
ORTHO-PREFEST ORAL	NF	3	
OVCON-35 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
OVCON-50 28 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day

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## Health Net Medicare Drug List

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OVCON-50/28 ORAL	2	2	GP GL Female only, QL Limited to 1 per day
OVRAL ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
OVRETTE 28 ORAL	NF	3	GL Female only, QL Limited to 1 per day
OXANDRIN ORAL	2	2	PA
oxytocin injection	A	A	PA
pamidronate disodium intravenous	B	B	PA
pamidronate disodium intravenous solr	B	B	PA
PANDEL EXTERNAL	NF	3	QL Limited to 45gm per month
PEDIAPRED ORAL	2	2	GP
PITOCIN INJECTION	A	A	GP, PA
PITRESSIN SYNTHETIC INJECTION	A	A	GP, PA
PLAN B ORAL	2	2	GP GL Female only
prednisolone acetate injection	A	A	PA
prednisolone oral	1	1	
prednisolone sodium phosphate oral	1	1	
PREDNISONO INTENSOL ORAL	2	2	
prednisone oral	1	1	
PREDNISONO ORAL SOLN	2	2	
PREDNISONO ORAL TABS 50MG	2	2	
PREFEST ORAL	NF	3	
PRELONE ORAL	2	2	GP
PREMARIN INJECTION	A	A	PA
PREMARIN ORAL	2	2	
PREMARIN VAGINAL	2	2	GL Female only
PREMARIN W/APPLICATOR VAGINAL	2	2	GL Female only
PREMPHASE ORAL	2	2	
PREMPRO ORAL	2	2	
PREPIDIL VAGINAL	NF	3	

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## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
PREVEN EMERGENCY CONTRACE COMBINATION	NF	3	GL Female only
PROCHIEVE VAGINAL	NF	3	PA
PROFASI HP INTRAMUSCULAR	B	B	PA
progesterone intramuscular	A	A	PA
PROMETRIUM ORAL CAPS 100MG	NF	3	GL Female only, QL Limited to 1 per day
PROMETRIUM ORAL CAPS 200MG	NF	3	GL Female only, QL Limited to 2 per day
PROSTIN E2 VAGINAL	NF	3	
PROSTIN VR PEDIATRIC INJECTION	B	B	GP, PA
PROTROPIN INJECTION	B	B	PA
PROVERA ORAL	2	2	GP
PSORCON E EXTERNAL CREA	2	2	GP, QL Limited to 30gm per month
PSORCON E EXTERNAL OINT	2	2	QL Limited to 30gm per month
PSORCON EXTERNAL	2	2	GP, QL Limited to 30gm per month
RITODRINE HCL INTRAVENOUS	A	A	
SAIZEN CLICK.EASY INJECTION	B	B	PA
SAIZEN INJECTION	B	B	PA
SANDOSTATIN INJECTION	B	B	GP, PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR	B	B	PA
SEASONALE ORAL	NF	3	GL Female only, QL Limited to 1 per day
SEROSTIM SUBCUTANEOUS	B	B	PA
SKELID ORAL	2	2	
SOLU-CORTEF INJECTION	A	A	GP, PA
SOLU-MEDROL ACT-O-VIAL INJECTION	A	A	PA
SOLU-MEDROL INJECTION	A	A	GP, PA
SOMAVERT SUBCUTANEOUS	B	B	PA
STERAPRED 12-DAY ORAL	2	2	GP

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
STERAPRED DS ORAL	2	2	GP
STERAPRED ORAL	2	2	GP
STIMATE NASAL	2	2	
STRIANT BUCCAL	NF	3	PA
SYNALAR EXTERNAL CREA	2	2	GP, QL Limited to 15gm per month
SYNALAR EXTERNAL OINT	2	2	GP, QL Limited to 15gm per month
SYNALAR EXTERNAL SOLN	2	2	GP, QL Limited to 20gm per month
SYNTHROID INJECTION	A	A	GP, PA
SYNTHROID LYOPHILIZED INJECTION	A	A	GP, PA
SYNTHROID ORAL	2	2	GP
TAPAZOLE ORAL	2	2	GP
TAPAZOLE ORAL	2	2	GP
TEMOVATE E EXTERNAL	2	2	GP, QL Limited to 30gm per month
TEMOVATE EXTERNAL CREA	2	2	GP, QL Limited to 30gm per month
TEMOVATE EXTERNAL GEL	2	2	GP, QL Limited to 30gm per month
TEMOVATE EXTERNAL OINT	2	2	GP, QL Limited to 30gm per month
TEMOVATE EXTERNAL SOLN	2	2	GP, QL Limited to 25ml per month
TESTIM TRANSDERMAL	2	2	GL Male only
TESTODERM TRANSDERMAL	NF	3	PA
testosterone cypionate intramuscular	A	A	PA
testosterone enanthate intramuscular	A	A	PA
TESTOSTERONE INTRAMUSCULAR	A	A	PA
TESTOSTERONE PROPIONATE INTRAMUSCULAR	A	A	PA
TESTRED ORAL	2	2	

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## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
TEV-TROPIN SUBCUTANEOUS	B	B	PA
TEXACORT EXTERNAL	NF	3	
thyroid oral	1	1	
THYROLAR-1 ORAL	2	2	
THYROLAR-1/2 ORAL	2	2	
THYROLAR-1/4 ORAL	2	2	
THYROLAR-2 ORAL	2	2	
THYROLAR-3 ORAL	2	2	
TOPICORT EXTERNAL	2	2	GP, QL Limited to 15gm per month
TOPICORT LP EXTERNAL	NF	3	QL Limited to 15gm per month
TRI-NORINYL 28 ORAL	2	2	GP, GL Female only, QL Limited to 1 per day
TRIAM FORTE INJECTION	A	A	PA
triamcinolone acetonide (topical) external crea 0.025%	1	1	
triamcinolone acetonide (topical) external crea 0.1%	1	1	QL Limited to 60gm per month
triamcinolone acetonide (topical) external crea 0.5%	1	1	
triamcinolone acetonide (topical) external lotn	1	1	
triamcinolone acetonide (topical) external oint	1	1	
TRIAMCINOLONE ACETONIDE I EXTERNAL	2	2	
TRIDESILON EXTERNAL	2	2	GP, QL Limited to 15gm per month
TRIOSTAT INTRAVENOUS	A	A	PA
TRIPHASIL ORAL	2	2	GP GL Female only, QL Limited to 1 per day
ULTRAVATE EXTERNAL	NF	3	GP, QL Limited to 15gm per month
VAGIFEM VAGINAL	NF	3	GL Female only
VALERTEST #1 INTRAMUSCULAR	A	A	PA
VANTAS SUBCUTANEOUS	B	B	PA

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vasopressin injection	A	A	PA
VIVELLE TRANSDERMAL	NF	3	QL Limited to 2 per week
VIVELLE-DOT TRANSDERMAL	NF	3	QL Limited to 2 per week
WESTCORT EXTERNAL	2	2	GP, QL Limited to 45gm per month
WINSTROL ORAL	NF	3	
YASMIN 28 ORAL	2	2	GL Female only, QL Limited to 1 per day
ZEMPLAR INTRAVENOUS	A	A	PA
ZEMPLAR ORAL	NF	3	PA
ZOMETA INTRAVENOUS	B	B	PA
ZORBTIVE SUBCUTANEOUS	B	B	PA

### **Hormonal Agents, Suppressant**

ARIMIDEX ORAL	2	2	
AROMASIN ORAL	2	2	
CASODEX ORAL	2	2	
CYTADREN ORAL	2	2	
DOSTINEX ORAL	NF	3	
EMCYT ORAL	2	2	
EULEXIN ORAL	2	2	GP
FARESTON ORAL	2	2	
FEMARA ORAL	2	2	
flutamide oral	1	1	
LYSODREN ORAL	2	2	
NILANDRON ORAL	2	2	
NOLVADEX ORAL	2	2	GP
propylthiouracil oral	1	1	
SENSIPAR ORAL	B	B	PA
SYNAREL NASAL	2	2	
tamoxifen citrate oral	1	1	

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
TESLAC ORAL	2	2	
<b><u>Immunological Agents</u></b>			
ACTHIB INTRAMUSCULAR	A	A	PA
ADACEL INTRAMUSCULAR	A	A	PA
ALDARA EXTERNAL	NF	3	PA
ANTIVENIN CROTALIDAE POLY INJECTION	A	A	PA
ANTIVENIN MICRURUS FULVIU INJECTION	A	A	PA
ARAVA ORAL TABS 10MG	NF	3	QL Limited to 1 per day
ARAVA ORAL TABS 20MG	NF	3	
ATGAM INTRAVENOUS	A	A	PA
ATTENUVAX SUBCUTANEOUS	A	A	PA
AZASAN ORAL	2	2	PA
azathioprine oral	1	1	PA
AZATHIOPRINE SODIUM INJECTION	A	A	PA
BAYHEP B INTRAMUSCULAR	B	B	GP, PA
BAYRHO-D INTRAMUSCULAR	B	B	PA
BAYTET INTRAMUSCULAR	B	B	PA
BETASERON SUBCUTANEOUS	B	B	PA
BOOSTRIX INTRAMUSCULAR	A	A	PA
CELLCEPT INTRAVENOUS INTRAVENOUS	A	A	PA
CELLCEPT ORAL	2	2	PA
COMVAX INTRAMUSCULAR	A	A	PA
COPAXONE SUBCUTANEOUS	B	B	PA
CROFAB INTRAVENOUS	A	A	PA
CUPRIMINE ORAL	2	2	
cyclosporine intravenous	A	A	PA
cyclosporine modified (for microemulsion) oral	1	1	PA
CYCLOSPORINE MODIFIED ORAL	2	2	PA
cyclosporine oral	1	1	PA

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
CYTOGAM INTRAVENOUS	B	B	PA
DAPTACEL INTRAMUSCULAR	A	A	PA
DEPEN TITRATABS ORAL	2	2	
DIPHTHERIA/TETANUS TOXOID INTRAMUSCULAR	A	A	PA
DROXIA ORAL	NF	3	
ELIDEL EXTERNAL	NF	3	PA
ENBREL SUBCUTANEOUS	B	B	PA
ENGERIX-B INJECTION	A	A	PA
ENGERIX-B INTRAMUSCULAR	A	A	PA
ENGERIX-B SDV INJECTION	A	A	PA
FLEBOGAMMA INTRAVENOUS	B	B	GP, PA
GAMIMUNE N INTRAVENOUS	B	B	GP, PA
GAMUNEX INTRAVENOUS	B	B	GP, PA
HAVRIX INTRAMUSCULAR	A	A	PA
hepatitis b immune globulin (human) intramuscular	B	B	PA
HIBTITER INTRAMUSCULAR	A	A	PA
HONEY BEE TREATMENT KIT INJECTION	A	A	PA
HONEY BEE VENOM MDV INJECTION	A	A	PA
HONEY BEE VENOM PROTEIN INJECTION	A	A	PA
HUMIRA SUBCUTANEOUS	B	B	PA
immune globulin (human) intramuscular	B	B	PA
immune globulin (human) iv intravenous	B	B	PA
IMOVAX RABIES (H.D.C.V.) INTRAMUSCULAR	A	A	PA
IMURAN ORAL	2	2	GP, PA
INFANRIX INTRAMUSCULAR	A	A	PA
INTRON-A INJECTION	B	B	PA
INTRON-A SUBCUTANEOUS	B	B	PA
INTRON-A W/DILUENT INJECTION	B	B	PA
IPOL INACTIVATED IPV SUBCUTANEOUS	A	A	

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JE-VAX SUBCUTANEOUS	A	A	PA
KINERET SUBCUTANEOUS	B	B	PA
M-M-R II 1 DOSE SUBCUTANEOUS	A	A	PA
M-M-R II SUBCUTANEOUS	A	A	PA
M-M-R II W/DILUENT 1 DOSE SUBCUTANEOUS	A	A	PA
M-M-R II W/DILUENT 10 DOS SUBCUTANEOUS	A	A	PA
M-R-VAX II SUBCUTANEOUS	A	A	
MENACTRA INTRAMUSCULAR	A	A	PA
MENOMUNE-A/C/Y/W-135 SUBCUTANEOUS	A	A	
MERUVAX II W/DILUENT 1 DO SUBCUTANEOUS	A	A	
MERUVAX II W/DILUENT 10 D SUBCUTANEOUS	A	A	
methotrexate sodium (antirheumatic) oral	1	1	
MIXED VESPID VENOM PROTEI INJECTION	A	A	
MUMPSVAX W/DILUENT 1 DOSE SUBCUTANEOUS	A	A	
MUMPSVAX W/DILUENT 10 DOS SUBCUTANEOUS	A	A	
MYFORTIC ORAL	NF	3	PA
NEORAL ORAL	2	2	GP, PA
ORTHOCLONE OKT3 INTRAVENOUS	B	B	PA
PANGLOBULIN INTRAVENOUS	B	B	GP, PA
PEDIARIX INTRAMUSCULAR	A	A	PA
PEDVAX HIB INTRAMUSCULAR	A	A	PA
PROGRAF INTRAVENOUS	A	A	PA
PROGRAF ORAL	2	2	PA
PROTOPIC EXTERNAL	2	2	PA
RABAVERT INTRAMUSCULAR	A	A	
rabies immune globulin (human) intramuscular	B	B	PA

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## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
RAPAMUNE ORAL	2	2	PA
REBIF SUBCUTANEOUS	B	B	PA
REBIF TITRATION PACK SUBCUTANEOUS	B	B	PA
RECOMBIVAX HB INJECTION	A	A	PA
RESPIGAM INTRAVENOUS	B	B	PA
RHEUMATREX ORAL	2	2	GP
rho d immune globulin (human) intramuscular	B	B	PA
RHOGAM HUMAN INTRAMUSCULAR	B	B	PA
RHOPHYLAC INJECTION	B	B	PA
RIDAURA ORAL	2	2	
ROFERON-A SUBCUTANEOUS	B	B	PA
SANDIMMUNE INTRAVENOUS	A	A	GP, PA
SANDIMMUNE ORAL	2	2	GP, PA
SIMULECT INTRAVENOUS	B	B	PA
STAPHAGE LYSATE I & III INJECTION	A	A	PA
SYNAGIS INTRAMUSCULAR	B	B	PA
SYPRINE ORAL	NF	3	
TE ANATOXAL BERNA INTRAMUSCULAR	A	A	PA
TETANUS TOXOID ADSORBED INTRAMUSCULAR	A	A	PA
TETANUS TOXOID INJECTION	A	A	PA
tetanus-diphtheria toxoids (td) intramuscular	A	A	PA
TETANUS/DIPHTHERIA TOXOID INTRAMUSCULAR INJ	A	A	GP, PA
TETANUS/DIPHTHERIA TOXOID INTRAMUSCULAR SUSP	A	A	PA
THALOMID ORAL	NF	3	PA
THERACYS INTRAVESICAL	B	B	PA
THYMOGLOBULIN INTRAVENOUS	A	A	PA
TICE BCG INTRAVESICAL	B	B	PA
TREXALL ORAL	NF	3	

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TRIHIBIT INTRAMUSCULAR	A	A	PA
TRIPEDIA INTRAMUSCULAR	A	A	PA
TWINRIX INTRAMUSCULAR	A	A	PA
TYPHIM VI INTRAMUSCULAR	A	A	PA
TYPHOID VI INTRAMUSCULAR	A	A	PA
UVADEX INJECTION	A	A	PA
VAQTA INTRAMUSCULAR	A	A	PA
VARICELLA-ZOSTER IMMUNE G INTRAMUSCULAR	B	B	PA
VARIVAX SUBCUTANEOUS	A	A	PA
VENOMIL HONEY BEE VENOM INJECTION	A	A	PA
VENOMIL MIXED VESPID VENO INJECTION	A	A	
VIVOTIF BERNA ORAL	A	A	
WINRHO SDF INJECTION	B	B	PA
ZENAPAX INTRAVENOUS	B	B	PA

### **Inflammatory Bowel Disease Agents**

ASACOL ORAL	2	2	
AZULFIDINE EN-TABS ORAL	2	2	GP
AZULFIDINE ORAL	2	2	GP
CANASA RECTAL	2	2	
COLAZAL ORAL	2	2	
DIPENTUM ORAL	NF	3	
ENTOCORT EC ORAL	NF	3	PA
mesalamine rectal	1	1	
PENTASA ORAL	2	2	
REMICADE INTRAVENOUS	B	B	PA
ROWASA RECTAL	2	2	GP
sulfasalazine oral	1	1	

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
<b><u>Ophthalmic Agents</u></b>			
ACULAR LS OPHTHALMIC	2	2	QL Limited to 5ml per month
ACULAR OPHTHALMIC	2	2	QL Limited to 5ml per month
ACULAR PF OPHTHALMIC	2	2	QL Limited to 5ml per month
ALAMAST OPHTHALMIC	NF	3	
ALBALON OPHTHALMIC	2	2	GP
ALCAINE OPHTHALMIC	NF	3	GP
ALOCRIL OPHTHALMIC	NF	3	
ALOMIDE OPHTHALMIC	NF	3	
ALPHAGAN P OPHTHALMIC	2	2	QL Limited to 5ml per month
ALREX OPHTHALMIC	NF	3	QL Limited to 5ml per month
atropine sulfate (ophthalmic) ophthalmic oint	1	1	
atropine sulfate (ophthalmic) ophthalmic soln	1	1	QL Limited to 5ml per month
AZOPT OPHTHALMIC	2	2	QL Limited to 5ml per month
bacitracin (ophthalmic) ophthalmic	1	1	
bacitracin-poly-neomycin-hc ophthalmic	1	1	
bacitracin-polymyxin b (ophth) ophthalmic	1	1	
BETADINE OPHTHALMIC PREP OPHTHALMIC	NF	3	
BETAGAN C CAP QD OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
BETAGAN OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
BETAGAN WITHOUT C CAP OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
betaxolol hcl (ophth) ophthalmic	1	1	QL Limited to 5ml per month
BETAXOLOL HCL OPHTHALMIC	2	2	QL Limited to 5ml per month
BETIMOL OPHTHALMIC	2	2	QL Limited to 5ml per month
BETOPTIC-S OPHTHALMIC	2	2	QL Limited to 5ml per month
BLEPH-10 OPHTHALMIC	2	2	GP
BLEPHAMIDE LIQUIFILM OPHTHALMIC	2	2	QL Limited to 5ml per month
BLEPHAMIDE OPHTHALMIC	2	2	QL Limited to 5ml per month
BLEPHAMIDE S.O.P. OPHTHALMIC	2	2	
BOTOX INTRAMUSCULAR	A	A	PA

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brimonidine tartrate ophthalmic	1	1	QL Limited to 5ml per month
carbachol (ophth) ophthalmic	1	1	
carteolol hcl (ophth) ophthalmic	NF	3	QL Limited to 5ml per month
CILOXAN OPHTHALMIC OINT	2	2	
CILOXAN OPHTHALMIC SOLN	2	2	GP, QL Limited to 5ml per month
ciprofloxacin hcl (ophth) ophthalmic	1	1	QL Limited to 5ml per month
CORTISPORIN OPHTHALMIC OINT	2	2	GP
CORTISPORIN OPHTHALMIC SUSP	2	2	GP
COSOPT OPHTHALMIC	NF	3	QL Limited to 5ml per month
CROLOM OPHTHALMIC	2	2	GP
cromolyn sodium (ophth) ophthalmic	1	1	
CYCLOGYL OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
CYCLOMYDRIL OPHTHALMIC	NF	3	
cyclopentolate hcl ophthalmic	1	1	QL Limited to 5ml per month
dexamethasone sodium phosphate (ophth) ophthalmic	1	1	
dipivefrin hcl ophthalmic	1	1	QL Limited to 5ml per month
ECONOPRED OPHTHALMIC	2	2	
ECONOPRED PLUS OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
EFLONE OPHTHALMIC	2	2	
ELESTAT OPHTHALMIC	NF	3	
EMADINE OPHTHALMIC	NF	3	
EPIFRIN OPHTHALMIC	2	2	
EPINAL OPHTHALMIC	NF	3	
erythromycin (ophth) ophthalmic	1	1	
FLAREX OPHTHALMIC	2	2	
fluorometholone (ophth) ophthalmic	1	1	QL Limited to 5ml per month
flurbiprofen sodium ophthalmic	1	1	
FML FORTE OPHTHALMIC	2	2	QL Limited to 5ml per month
FML LIQUIFILM OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
FML S.O.P. OPHTHALMIC	2	2	

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## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
FML-S LIQUIFILM OPHTHALMIC	NF	3	QL Limited to 5ml per month
GARAMYCIN OPHTHALMIC	2	2	GP, QL Limited to 5ml per fill
GELFILM OP OPHTHALMIC	NF	3	
gentamicin sulfate (ophth) ophthalmic oint	1	1	
gentamicin sulfate (ophth) ophthalmic soln	1	1	QL Limited to 5ml per fill
HMS LIQUIFILM OPHTHALMIC	NF	3	QL Limited to 5ml per month
homatropine hbr ophthalmic	1	1	
INFLAMASE FORTE OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
INFLAMASE MILD OPHTHALMIC	2	2	QL Limited to 5ml per month
IOPIDINE OPHTHALMIC	NF	3	QL Limited to 5ml per month
ISOPTO ATROPINE OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
ISOPTO CARBACHOL OPHTHALMIC SOLN 3%	2	2	GP
ISOPTO CARPINE OPHTHALMIC	2	2	GP, QL Limited to 15ml per month
ISOPTO HOMATROPINE OPHTHALMIC	2	2	GP
ISOPTO HYOSCINE OPHTHALMIC	NF	3	
ISTALOL OPHTHALMIC	2	2	QL Limited to 5ml per month
levobunolol hcl ophthalmic	1	1	QL Limited to 5ml per month
LIVOSTIN OPHTHALMIC	NF	3	QL Limited to 5ml per month
LOTEMAX OPHTHALMIC	NF	3	QL Limited to 5ml per month
LUMIGAN OPHTHALMIC	2	2	QL Limited to 2.5ml per month
MAXIDEX OPHTHALMIC	NF	3	QL Limited to 5ml per month
MAXITROL OPHTHALMIC	2	2	GP
metipranolol ophthalmic	1	1	QL Limited to 5ml per month
MUROCOLL-2 OPHTHALMIC	NF	3	
MYDFRIN OPHTHALMIC	2	2	GP
MYDRIACYL OPHTHALMIC	NF	3	GP
naphazoline hcl ophthalmic	1	1	
NATACYN OPHTHALMIC	2	2	
neomycin-bacitracin zn-polymyxin ophthalmic	1	1	

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
neomycin-polymy-dexameth ophthalmic	1	1	
neomycin-polymy-gramicid ophthalmic	1	1	
neomycin-polymyxin-hc (ophth) ophthalmic	1	1	
NEOSPORIN OPHTHALMIC OINT	2	2	GP
NEOSPORIN OPHTHALMIC SOLN	2	2	GP
OCUFEN OPHTHALMIC	2	2	GP
OCUFLOX OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
OCUPRESS OPHTHALMIC	NF	3	GP, QL Limited to 5ml per month
ofloxacin (ophth) ophthalmic	1	1	QL Limited to 5ml per month
OPHTHETIC OPHTHALMIC	NF	3	GP
OPTICROM OPHTHALMIC	2	2	GP
OPTIPRANOLOL OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
OPTIVAR OPHTHALMIC	NF	3	
oxytetracycline-polymyxin b (ophth) ophthalmic	NF	3	
PATANOL OPHTHALMIC	2	2	
phenylephrine hcl (ophth) ophthalmic	1	1	
PHENYLEPHRINE HCL OPHTHALMIC	2	2	
PHOSPHOLINE IODIDE OPHTHALMIC	NF	3	
pilocarpine & epinephrine ophthalmic	1	1	
pilocarpine hcl ophthalmic	1	1	QL Limited to 15ml per month
PILOPINE HS OPHTHALMIC	2	2	
POLY-PRED OPHTHALMIC	NF	3	QL Limited to 5ml per month
polymyxin b-trimethoprim ophthalmic	1	1	
POLYSPORIN OPHTHALMIC	2	2	GP
POLYTRIM OPHTHALMIC	2	2	GP
PONTOCAINE OPHTHALMIC	NF	3	GP
PRED FORTE OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
PRED MILD OPHTHALMIC	2	2	QL Limited to 5ml per month
PRED-G OPHTHALMIC	NF	3	QL Limited to 5ml per month
PRED-G S.O.P. OPHTHALMIC	NF	3	

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
prednisolone acetate (ophth) ophthalmic	1	1	QL Limited to 5ml per month
prednisolone sodium phosphate (ophth) ophthalmic	1	1	QL Limited to 5ml per month
PREDNISOLONE/SULFACETAMID OPTHALMIC	2	2	QL Limited to 5ml per month
proparacaine hcl ophthalmic	NF	3	
PROPINE OPTHALMIC	2	2	GP, QL Limited to 5ml per month
PROPINE-C OPTHALMIC	2	2	GP, QL Limited to 5ml per month
QUIXIN OPTHALMIC	NF	3	
RESCULA OPTHALMIC	NF	3	QL Limited to 5ml per month
RESTASIS OPTHALMIC	NF	3	PA
REV-EYES OPTHALMIC	NF	3	
sulfacetamide sod-pred ophthalmic	1	1	QL Limited to 5ml per month
sulfacetamide sodium (ophth) ophthalmic	1	1	
SULFACETAMIDE SODIUM OPTHALMIC	2	2	
SULFACETAMIDE/PREDNISOLON OPTHALMIC	2	2	QL Limited to 5ml per month
TERRAMYCIN W/POLYMYXIN B OPTHALMIC	NF	3	GP
TERRAMYCIN/POLYMYXIN B SU OPTHALMIC	NF	3	GP
tetracaine hcl (ophth) ophthalmic	NF	3	
timolol maleate (ophth) ophthalmic solg	1	1	
timolol maleate (ophth) ophthalmic soln	1	1	QL Limited to 5ml per month
TIMOPTIC OPTHALMIC	2	2	GP, QL Limited to 5ml per month
TIMOPTIC-XE OPTHALMIC	2	2	GP
TOBRADEX OPTHALMIC	NF	3	QL Limited to 5ml per month
tobramycin sulfatate (ophth) ophthalmic	1	1	
TOBREX OPTHALMIC OINT	2	2	
TOBREX OPTHALMIC SOLN	2	2	GP
TRAVATAN OPTHALMIC	2	2	QL Limited to 2.5ml per month
trifluridine ophthalmic	1	1	

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
tropicamide ophthalmic	NF	3	
TRUSOPT OPHTHALMIC	NF	3	QL Limited to 5ml per month
VASOCIDIN OPHTHALMIC	2	2	GP, QL Limited to 5ml per month
VEXOL OPHTHALMIC	NF	3	QL Limited to 5ml per month
VIGAMOX OPHTHALMIC	NF	3	
VIROPTIC OPHTHALMIC	2	2	GP
VISUDYNE INTRAVENOUS	B	B	PA
VOLTAREN OPHTHALMIC	2	2	
XALATAN OPHTHALMIC	NF	3	QL Limited to 2.5ml per month
XIBROM OPHTHALMIC	NF	3	
ZADITOR OPHTHALMIC	NF	3	
ZYLET OPHTHALMIC	NF	3	QL Limited to 5ml per fill
ZYMAR OPHTHALMIC	NF	3	

### **Otic Agents**

acetic acid (otic) otic	1	1	
acetic acid-aluminum acetate otic	1	1	
ALBA-3 OTIC	NF	3	
AMERICAINE OTIC OTIC	2	2	GP
benzocaine & antipyrine otic	1	1	
benzocaine (otic) otic	1	1	
benzocaine-phenylephrine-antipyrine otic	NF	3	
CERUMENEX OTIC	NF	3	
CIPRO HC OTIC	NF	3	
CIPRODEX OTIC	NF	3	
COLY-MYCIN S OTIC	NF	3	
CORTANE-B AQUEOUS OTIC	NF	3	GP
CORTANE-B EXTERNAL	NF	3	
CORTANE-B-OTIC OTIC	NF	3	GP
CORTISPORIN OTIC	2	2	GP
CORTISPORIN-TC OTIC	NF	3	

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
CRESYLATE OTIC	NF	3	
FLOXIN OTIC OTIC	2	2	
FLOXIN OTIC SINGLES OTIC	2	2	
hydrocortisone w/acetic acid otic	1	1	
neomycin-polymyxin-hc (otic) otic	1	1	
OTICIN HC OTIC	NF	3	GP
OTILAM OTIC	NF	3	
OTIX DROPS OTIC	NF	3	
PEDIOTIC OTIC	2	2	GP
PRAMOTIC OTIC	NF	3	GP
pramoxine-chloroxylenol otic	NF	3	
pramoxine-hc-chloroxylenol aqueous otic	NF	3	
pramoxine-hc-chloroxylenol otic	NF	3	
TYMPAGESIC DROPS OTIC	NF	3	GP
TYMPAGESIC OTIC	NF	3	GP

### **Respiratory Tract Agents**

ACCOLATE ORAL	2	2	EST
ACCUHIST LA ORAL	NF	3	AL Age < 65 years old, GP
ACCUHIST ORAL	NF	3	GP
ADRENALIN INJECTION	A	A	GP, PA
ADVAIR DISKUS INHALATION	2	2	QL Limited to 60 per month
AEROBID INHALATION	NF	3	QL Limited to 2 inhalers per month
AEROBID-M INHALATION	NF	3	QL Limited to 2 inhalers per month
AEROHIST ORAL	NF	3	AL Age < 65 years old, GP
AEROKID ORAL	NF	3	AL Age < 65 years old, GP
AEROLATE III TD ORAL	2	2	
AEROLATE JR ORAL	2	2	
AEROLATE SENIOR ORAL	2	2	

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
AH-CHEW II ORAL	NF	3	AL Age < 65 years old
AH-CHEW ORAL	NF	3	AL Age < 65 years old
AHIST ORAL	NF	3	
ALACOL ORAL	NF	3	
ALBATUSSIN EX PEDIATRIC ORAL	NF	3	
albuterol inhalation	1	1	
ALBUTEROL SULFATE HFA INHALATION	2	2	QL Limited to 2 inhalers per month
albuterol sulfate oral	1	1	
ALLEGRA ORAL	NF	3	GP, PA
ALLEGRA-D 24 HOUR ORAL	NF	3	PA
ALLEGRA-D ORAL	NF	3	PA
ALLERSCRIPT ORAL	NF	3	
ALLERX DOSE PACK ORAL	NF	3	AL Age < 65 years old
ALLERX ORAL	NF	3	
ALLERX-D ORAL	NF	3	AL Age < 65 years old, GP
ALLFEN ORAL	NF	3	
ALUPENT INHALATION AERP	2	2	
ALUPENT ORAL SYRP	2	2	GP
ALUPENT ORAL TABS	2	2	
AMERIFED ORAL	NF	3	
aminophylline intravenous	A	A	PA
aminophylline oral	1	1	
ANDEHIST ORAL LIQD	2	2	
ANDEHIST ORAL SYRP	NF	3	
ARALAST INTRAVENOUS	B	B	PA
ASMANEX 120 METERED DOSES INHALATION	NF	3	PA
ASMANEX 14 METERED DOSES INHALATION	NF	3	PA
ASMANEX 30 METERED DOSES INHALATION	NF	3	PA
ASMANEX 60 METERED DOSES INHALATION	NF	3	PA

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
ASTELIN NASAL	2	2	
ATARAX ORAL	2	2	GP
ATARAX ORAL SYRP	2	2	GP
ATROVENT HFA INHALATION	2	2	
ATROVENT INHALER INHALATION	2	2	
ATROVENT NASAL	2	2	GP
AZMACORT INHALATION	2	2	QL Limited to 2 inhalers per month
BACTROBAN NASAL NASAL	NF	3	
BECLOVENT INHALATION	2	2	
BECONASE AQ NASAL	NF	3	
BENADRYL INJECTION	A	A	GP, PA
BIODEC ORAL	NF	3	
BIOHIST LA ORAL	NF	3	GP
BRETHINE INJECTION	A	A	GP, PA
BRETHINE ORAL	2	2	GP
BROFED ORAL	NF	3	
BROMFED ORAL CP12	NF	3	GP
BROMFED PD ORAL	NF	3	GP
BROMFED-PD ORAL	NF	3	GP
brompheniramine & phenyleph oral	NF	3	
brompheniramine & pseudoeph oral	NF	3	
brompheniramine maleate injection	A	A	PA
brompheniramine maleate oral	NF	3	
BRONCAP ORAL	NF	3	
BRONCODUR ORAL	NF	3	
BRONCOMAR-1 ORAL	NF	3	
BRONDIL ORAL	NF	3	
BROVEX CT ORAL	NF	3	
BROVEX ORAL	NF	3	
BROVEX SR ORAL	NF	3	

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
BROVEX-D ORAL	NF	3	
C-HIST SR ORAL	NF	3	
carbinoxamine & pseudoeph oral	NF	3	
carbinoxamine maleate oral	NF	3	
carbinoxamine-pseudoephedrine-methscopolamine oral	NF	3	AL Age < 65 years old
CARBOXINE-PSE ORAL	NF	3	
CHLOR/PSEUDO SR ORAL	NF	3	
chlorphen tan & pseudoeph tan oral	NF	3	
chlorphen-pe-atropine-hyoscyamine-scopolamine oral	NF	3	AL Age < 65 years old
chlorphen-phenyltolox-pe oral	NF	3	
chlorpheniramine & phenylephrine oral	NF	3	
chlorpheniramine & pseudoeph oral	NF	3	
chlorpheniramine tannate-phenylephrine tannate oral susp	NF	3	
chlorpheniramine tannate-phenylephrine tannate oral tabs	1	1	
chlorpheniramine-methscopolamine oral	NF	3	AL Age < 65 years old
chlorpheniramine-phenylephrine-methscopolamine oral	NF	3	AL Age < 65 years old
chlorpheniramine-pseudoephedrine & belladonna alkaloids oral	NF	3	AL Age < 65 years old
chlorpheniramine-pseudoephedrine & methscopolamine oral	NF	3	AL Age < 65 years old
chlorpheniramine-pyrimilamine & phenylephrine oral	NF	3	
CLARINEX ORAL	NF	3	PA
CLARINEX REDITABS ORAL	NF	3	PA
CLARINEX-D 24 HOUR ORAL	NF	3	PA
clemastine fumarate oral	NF	3	
CLORFED ORAL	NF	3	
CODIMAL L.A. HALF ORAL	NF	3	GP

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
COLDEC D ORAL	NF	3	
COLDEC DS ORAL	NF	3	
COMBIVENT INHALATION	NF	3	
COMHIST ORAL	NF	3	
CORDRON-D ORAL	NF	3	
CUROSURF INHALATION	NF	3	
CYPROHEPTADINE HCL ORAL SYRP	2	2	
cyproheptadine hcl oral tabs	1	1	
D.A. CHEWABLE ORAL	NF	3	AL Age < 65 years old, GP
DALLERGY JR ORAL	NF	3	
DALLERGY ORAL TABS	NF	3	AL Age < 65 years old
DALLERGY ORAL TB12	NF	3	AL Age < 65 years old, GP
DALLERGY-JR ORAL	NF	3	
DECON-A ORAL	NF	3	
DECONAMINE ORAL	NF	3	GP
DECONAMINE SR ORAL	NF	3	GP
DEXCHLORPHENIRAMINE MALEA ORAL	2	2	
dexchlorpheniramine maleate oral	1	1	
dexchlorpheniramine tannate & pseudoephedrine tannate oral	NF	3	
DIFIL-G ORAL	NF	3	
DILEX-G 200 ORAL	NF	3	
DILEX-G 400 ORAL	NF	3	
DILOR INTRAMUSCULAR	A	A	PA
diphenhydramine hcl injection	A	A	PA
diphenhydramine tannate oral	NF	3	
diphenhydramine tannate-phenylephrine tannate oral	NF	3	
DURAHIST D ORAL	NF	3	
DURAHIST ORAL	NF	3	AL Age < 65 years old, GP
DURAHIST PE ORAL	NF	3	AL Age < 65 years old, GP

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## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
DURATUSS G ORAL	2	2	GP
DYLIX ORAL	NF	3	
dyphylline oral	NF	3	
dyphylline-guaifenesin oral	NF	3	
DYTAN ORAL CHEW	NF	3	
DYTAN ORAL SUSP	NF	3	GP
DYTAN-D ORAL CHEW	NF	3	
DYTAN-D ORAL SUSP	NF	3	GP
ED A-HIST ORAL LIQD	NF	3	
ED A-HIST ORAL TBCR	NF	3	GP
ED CHLORPED ORAL	NF	3	
ED-BRON G ORAL	NF	3	
ED-CHLOR-TAN ORAL	NF	3	
ELIXOPHYLLIN ORAL	2	2	
ELIXOPHYLLIN-GG ORAL	NF	3	
ELIXOPHYLLIN-KI ORAL	NF	3	
epinephrine hcl injection	A	A	PA
EXTENDRYL JR ORAL	NF	3	AL Age < 65 years old
EXTENDRYL ORAL	NF	3	AL Age < 65 years old, GP
EXTENDRYL SR ORAL	NF	3	AL Age < 65 years old
Fexofenadine HCl	NF	3	PA
FLONASE NASAL	2	2	QL Limited to 1 inhaler per month
FLOVENT HFA INHALATION	2	2	
FLOVENT INHALATION	2	2	QL Limited to 2 inhalers per month
FLOVENT ROTADISK INHALATION	2	2	QL Limited to 2 inhalers per month
flunisolide (nasal) nasal	1	1	
FORADIL AEROLIZER INHALATION	2	2	QL Limited to 2 per day
guaifenesin oral	1	1	

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guaifenesin-potassium guaiacolsulfonate oral	NF	3	
HEXAFED ORAL	NF	3	
HEXAFLU ORAL	NF	3	
HISTALET ORAL	NF	3	
HISTEX CT ORAL	NF	3	GP
HISTEX IE ORAL	NF	3	
HISTEX ORAL	NF	3	GP
HISTEX PD 12 ORAL	NF	3	
HISTEX PD ORAL	NF	3	GP
HISTEX SR ORAL	NF	3	GP
HUMIBID LA ORAL	NF	3	
hydroxyzine hcl intramuscular	A	A	PA
hydroxyzine hcl oral	1	1	
INFASURF INHALATION	NF	3	
INTAL INHALER INHALATION	2	2	
ipratropium bromide (nasal) nasal	1	1	
isoproterenol hcl injection	A	A	PA
ISUPREL INJECTION	A	A	GP, PA
J-TAN ORAL	NF	3	
JAY-GIC DS ORAL	NF	3	
JAY-RX ORAL	NF	3	
JAY-RX PD ORAL	NF	3	
KIE ORAL	NF	3	
LODRANE 12 HOUR ORAL	NF	3	GP
LODRANE 12D ORAL	NF	3	GP
LODRANE 24 ORAL	NF	3	
LODRANE D ORAL	NF	3	
LODRANE ORAL	NF	3	GP
LODRANE XR ORAL	NF	3	
LUFYLLIN ORAL	NF	3	GP

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LUFYLLIN-GG ORAL	NF	3	GP
MAXAIR AUTOHALER INHALATION	2	2	
MESCOLOR ORAL	NF	3	AL Age < 65 years old, GP
metaproterenol sulfate oral syrup	1	1	
METAPROTERENOL SULFATE ORAL TABS	2	2	
N D CLEAR ORAL	NF	3	GP
NALEX-A ORAL	NF	3	GP
NASACORT AQ NASAL	NF	3	QL Limited to 2 inhalers per month
NASAREL NASAL	NF	3	
NASONEX NASAL	2	2	QL Limited to 2 inhalers per month
ND-GESIC ORAL	NF	3	
NOREL LA ORAL	NF	3	
NOREL SR ORAL	NF	3	
NUMOBID ORAL	NF	3	
OMNIHIST II LA ORAL	NF	3	AL Age < 65 years old
PALGIC D ORAL	NF	3	GP
PALGIC DS ORAL	NF	3	GP
PALGIC ORAL	NF	3	
PANFIL-G ORAL CAPS	NF	3	
PANFIL-G ORAL SYRP	NF	3	GP
PANNAZ ORAL	NF	3	AL Age < 65 years old, GP
PANNAZ S ORAL	NF	3	AL Age < 65 years old, GP
PEDIATEX 12 ORAL	NF	3	
PEDIATEX 12D ORAL	NF	3	
PEDIATEX D ORAL	NF	3	GP
PEDIATEX ORAL	NF	3	GP
PEDIATEX-D ORAL	NF	3	GP
PEDIOX ORAL	NF	3	GP
PHANASIN ORAL	NF	3	

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PHENA-PLUS ORAL	NF	3	
PHENA-S ORAL	NF	3	
PHENERGAN INJECTION	A	A	GP, PA
PHENERGAN ORAL	2	2	GP
PHENERGAN RECTAL	2	2	GP
pheniramine-phenyltoloxamine-pyridamine oral	1	1	
PIMA ORAL	2	2	
POLY HIST FORTE ORAL	NF	3	
POLY HIST PD ORAL	NF	3	
POLY-HISTINE ORAL	2	2	GP
PROLASTIN INTRAVENOUS	B	B	PA
promethazine hcl injection	A	A	PA
PROMETHAZINE HCL INTRAMUSCULAR	A	A	PA
promethazine hcl oral	1	1	
promethazine hcl oral syrp	1	1	
PROMETHAZINE HCL ORAL TABS 12.5MG	2	2	
promethazine hcl rectal	1	1	
PROMETHAZINE VC ORAL	2	3	
PROMETHAZINE/PHENYLEPHRIN ORAL	2	3	
PROTID ORAL	NF	3	
PROVENTIL HFA INHALATION	2	2	QL Limited to 2 inhalers per month
PROVENTIL INHALATION AERS	2	2	GP
pseudoephedrine-methscopolamine oral	NF	3	AL Age < 65 years old
PULMICORT INHALATION	2	2	QL Limited to 2 respules per day
PULMICORT TURBUHALER INHALATION	2	2	QL Limited to 1 inhaler per 45 days
PULMOZYME INHALATION	2	2	QL Limited to 1 per day
pyrilamine tannate-phenylephrine tannate oral	NF	3	
QDALL AR ORAL	NF	3	

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QDALL ORAL	NF	3	
QUIBRON 300 ORAL	NF	3	
QUIBRON ORAL	NF	3	
QUIBRON-T ORAL	2	2	
QUIBRON-T/SR ORAL	2	2	GP
QVAR INHALATION	2	2	QL Limited to 2 inhalers per month
RESCON-JR ORAL	NF	3	
RESCON-MX ORAL	NF	3	AL Age < 65 years old, GP
RESPA-A.R. ORAL	NF	3	AL Age < 65 years old, GP
RHINOCORT AQUA NASAL	NF	3	
RICOBID NR ORAL	NF	3	
RICOBID ORAL	NF	3	
RICOBID-H ORAL	NF	3	
RONDEC ORAL LIQD	NF	3	GP
RONDEC ORAL SYRP	NF	3	GP
RONDEC ORAL TABS	NF	3	GP
RONDEC TR ORAL	NF	3	GP
RONDEC-TR ORAL	NF	3	GP
RYNA-12 ORAL	NF	3	GP
RYNA-12 S ORAL	NF	3	GP
RYNATAN ORAL	2	2	GP
RYNATAN PEDIATRIC ORAL	NF	3	GP
SCLEROSOL INTRAPLEURAL INTRAPLEURAL	NF	3	
SEMPREX-D ORAL	NF	3	
SEREVENT DISKUS INHALATION	2	2	QL Limited to 2 per day
SINGULAIR ORAL	2	2	EST
SLO-BID GYROCAPS ORAL	2	2	GP
SPIRIVA HANDIHALER INHALATION	2	2	PA
SSKI ORAL	2	2	
STA-D ORAL	NF	3	AL Age < 65 years old

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STAHIST ORAL	NF	3	AL Age < 65 years old
STERILE TALC POWDER INTRAPLEURAL	NF	3	
STERILE WATER INHALATION	NF	3	
SUDAL 12 ORAL CHEW	NF	3	
SUDAL 12 ORAL LQCR	NF	3	
SURVANTA INTRATRACHEAL INHALATION	NF	3	
TANACOF-XR ORAL	NF	3	
TANAFED DP ORAL	NF	3	GP
TANAFED ORAL	NF	3	GP
TAVIST ORAL	NF	3	GP
terbutaline sulfate injection	A	A	PA
terbutaline sulfate oral	1	1	
THEO-24 ORAL	2	2	
THEOLAIR ORAL	2	2	
THEOMAR GG ORAL	NF	3	
theophylline in dextrose intravenous	A	A	PA
theophylline oral cp12	1	1	
THEOPHYLLINE ORAL SOLN	2	2	
theophylline oral tb12	1	1	
theophylline oral tb24	1	1	
THEOPHYLLINE/D5W INTRAVENOUS	A	A	GP, PA
TILADE INHALATION	2	2	
TOURO ALLERGY ORAL	NF	3	
TOURO EX ORAL	NF	3	
TRI-NASAL NASAL	NF	3	
UNIPHYL ORAL	2	2	GP
UNIPHYL ORAL	2	2	GP
VANCENASE AQ DOUBLE STREN NASAL	NF	3	
VAZOL ORAL	NF	3	
VAZOL-D ORAL	NF	3	GP

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
VENTOLIN HFA INHALATION	2	2	QL Limited to 2 inhalers per month
VENTOLIN INHALATION AERS	2	2	GP
VIRAVAN-S ORAL	NF	3	GP
VIRAVAN-T ORAL	NF	3	
VITA-NUMONYL EX ORAL	NF	3	
VOLMAX ORAL	2	2	GP
VOSPIRE ER ORAL	NF	3	
XOLAIR SUBCUTANEOUS	B	B	PA
YODEFAN ORAL	NF	3	
YODEFAN-NF ORAL	NF	3	
ZEMAIRA INTRAVENOUS	B	B	PA
ZYMINE ORAL	NF	3	
ZYMINE-D ORAL	NF	3	
ZYRTEC ORAL	NF	3	PA
ZYRTEC-D ORAL	NF	3	PA
<b><u>Sedatives/ Hypnotics</u></b>			
AMBIEN ORAL	2	2	QL Limited to 1 per day
AQUACHLORAL RECTAL	NF	3	
chloral hydrate oral	1	1	
CHLORAL HYDRATE RECTAL	2	2	
PLACIDYL ORAL	NF	3	
PRECEDEX INTRAVENOUS	A	A	PA
ROZEREM ORAL	NF	3	PA
SOMNOTE ORAL	NF	3	
SONATA ORAL	NF	3	QL Limited to 1 per day
<b><u>Skeletal Muscle Relaxants</u></b>			
baclofen oral	1	1	
carisoprodol oral	1	1	AL Age < 65 years old

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carisoprodol w/ aspirin & codeine oral	NF	3	AL Age < 65 years old
carisoprodol w/ aspirin oral	1	1	AL Age < 65 years old
chlorzoxazone oral	NF	3	AL Age < 65 years old
cyclobenzaprine hcl oral	1	1	AL Age < 65 years old
DANTRIUM IV INTRAVENOUS	A	A	PA
DANTRIUM ORAL	2	2	GP
dantrolene sodium oral	1	1	
FLEXERIL ORAL	2	2	AL Age < 65 years old, GP
FLEXERIL ORAL TABS 5MG	NF	3	AL Age < 65 years old
methocarbamol oral	1	1	AL Age < 65 years old
NORFLEX INJECTION	A	A	GP, PA
NORFLEX ORAL	NF	3	AL Age < 65 years old, GP
NORGESIC FORTE ORAL	NF	3	AL Age < 65 years old, GP
NORGESIC ORAL	NF	3	AL Age < 65 years old, GP
orphenadrine citrate injection	A	A	PA
orphenadrine citrate oral	NF	3	AL Age < 65 years old
orphenadrine w/ aspirin & caff oral	NF	3	AL Age < 65 years old
PARAFON FORTE DSC ORAL	NF	3	AL Age < 65 years old, GP
ROBAXIN INJECTION	A	A	GP, PA
ROBAXIN INJECTION	A	A	GP, PA
ROBAXIN ORAL	2	2	AL Age < 65 years old, GP
ROBAXIN-750 ORAL	2	2	AL Age < 65 years old, GP
SKELAXIN ORAL	NF	3	AL Age < 65 years old
SOMA COMPOUND ORAL	2	2	AL Age < 65 years old, GP
SOMA COMPOUND/CODEINE ORAL	NF	3	AL Age < 65 years old, GP
SOMA ORAL	2	2	AL Age < 65 years old, GP
tizanidine hcl oral	NF	3	PA
ZANAFLEX ORAL CAPS	NF	3	PA
ZANAFLEX ORAL TABS	NF	3	GP, PA

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Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
<b><u>Therapeutic Nutrients/Minerals/Electrolytes</u></b>			
ANEMAGEN OB ORAL	2	2	GL Female only
ATABEX PRENATAL ORAL	2	2	GL Female only
BRIGHT BEGINNINGS PRENATA ORAL	2	2	GL Female only
CENOGEN ULTRA ORAL	2	2	GP, GL Female only
CITRACAL PRENATAL RX ORAL	2	2	GP, GL Female only
cysteine hcl intravenous	A	A	PA
DEXTROSE 2.5% INTRAVENOUS	A	A	PA
dextrose intravenous	A	A	PA
DUET DHA ORAL	2	2	GL Female only
DUET ORAL	2	2	GP, GL Female only
DUET ORAL CHEW	2	2	GL Female only
EMBREX 600 ORAL	2	2	GP, GL Female only
fat emulsion intravenous	A	A	PA
FLUORABON BASIC ORAL	2	2	AL Age < 6 years old
FLUORABON ORAL	2	2	AL Age < 6 years old, GP
FRUCTOSE 10% INTRAVENOUS	A	A	PA
ICAR PRENATAL COMBO PACK ORAL	2	2	GL Female only
INTRALIPID INTRAVENOUS	A	A	GP, PA
invert sugar intravenous	A	A	PA
K-DUR ORAL	2	2	GP
K-LOR HOSPITAL PACK ORAL	2	2	GP
K-LOR ORAL	2	2	GP
K-LYTE ORAL	2	2	GP
K-LYTE/CL 50 ORAL	2	2	
K-LYTE/CL ORAL	2	2	GP
K-TABS ORAL	2	2	GP
KAON-CL ORAL	2	2	GP
KLOR-CON 25 ORAL	2	2	
KLOR-CON M15 ORAL	2	2	GP

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L-CYSTEINE HCL INTRAVENOUS	A	A	GP, PA
LACTOCAL-F ORAL	2	2	GP, GL Female only
LIPOSYN II INTRAVENOUS	A	A	GP, PA
LIPOSYN II KIT ADMINISTRA INTRAVENOUS	A	A	GP, PA
LIPOSYN III INTRAVENOUS	A	A	GP, PA
LURIDE ORAL	2	2	AL Age < 6 years old, GP
MARNATAL-F PLUS DUO PACK ORAL	2	2	GL Female only
MATERNA ORAL	2	2	GP, GL Female only
MAXINATE ORAL	2	2	GL Female only
MICRO-K 10 EXTENCAPS ORAL	2	2	GP
MICRO-K ORAL CPCR 8MEQ	2	2	
MYNATAL ORAL	2	2	GP, GL Female only
NATACHEW ORAL	2	2	GP, GL Female only
NATALVIT ORAL	2	2	GL Female only
NATELLE EZ ORAL	2	2	GL Female only
NATELLE ORAL	2	2	GL Female only
NATELLE PREFER ORAL	2	2	GL Female only
NESTABS CBF ORAL	2	2	GP, GL Female only
NESTABS FA ORAL	2	2	GP, GL Female only
NESTABS RX ORAL	2	2	GP, GL Female only
NOVANATAL ORAL	2	2	GP, GL Female only
NOVASTART ORAL	2	2	GP, GL Female only
NUTRACARE ORAL	2	2	GL Female only
O-CAL FA ORAL	2	2	GL Female only
O-CAL PRENATAL ORAL	2	2	GL Female only
OB COMPLETE ORAL	2	2	GL Female only
OBEGYN LIQUID PRENATAL VI ORAL	2	2	GL Female only
OBSTETRIX-100 ORAL	2	2	GL Female only
OBTREX ORAL	2	2	GP, GL Female only
OPTINATE ORAL	2	2	GL Female only

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ped multi vitamins w/fl & fe oral	1	1	AL Age < 6 years old
ped mv w/ fluoride oral	1	1	AL Age < 6 years old
ped vitamins acid fluoride & iron oral	1	1	AL Age < 6 years old
ped vitamins acid w/ fluoride oral	1	1	AL Age < 6 years old
PEDIAFLOR ORAL	2	2	AL Age < 6 years old, GP
POLY-VI-FLOR ORAL	2	2	AL Age < 6 years old, GP
POLY-VI-FLOR/FE ORAL	2	2	AL Age < 6 years old, GP
POLY-VI-FLOR/IRON ORAL	2	2	AL Age < 6 years old, GP
POLY-VI-FLOR/IRON ORAL SOLN	2	2	AL Age < 6 years old, GP
potassium bicarb & chloride oral	1	1	
potassium chloride oral	1	1	
PRECARE CONCEIVE ORAL	2	2	GL Female only
PRECARE ORAL	2	2	GL Female only
PRECARE PRENATAL ORAL	2	2	GL Female only
PREMESIS RX ORAL	2	2	GL Female only
PRENA-CAP ORAL	2	2	GL Female only
prenatal mv & min w/fe-fa oral	1	1	GL Female only
prenatal mv & min w/fe-fa-ca oral	1	1	GL Female only
prenatal vit w/ docusate-fe fumarate-folic acid oral	1	1	GL Female only
prenatal vit w/ docusate-iron carbonyl-folic acid oral	1	1	GL Female only
prenatal vit w/ fe bisglycinate chelate-folic acid oral	1	1	GL Female only
prenatal vit w/ ferrous fumarate-folic acid oral chew	1	1	GL Female only
prenatal vit w/ iron carbonyl-fe gluconate-folic acid oral	1	1	GL Female only
prenatal vit w/ iron carbonyl-fe sulfate-folic acid oral	1	1	GL Female only
prenatal vit w/ iron carbonyl-folic acid oral	1	1	GL Female only
prenatal vit w/ iron polysaccharide complex-folic acid oral	1	1	GL Female only

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prenatal vit w/ selenium-fe fumarate-folic acid oral	1	1	GL Female only
prenatal without a vit w/ fe fumarate-folic acid oral	1	1	GL Female only
prenatal without a vit w/ iron carbonyl-folic acid oral	1	1	GL Female only
prenatal without a w/ fe carbonyl-docusate-folic acid oral	1	1	GL Female only
PRENATE ADVANCE ORAL	2	2	GP, GL Female only
PRENATE ELITE ORAL	2	2	GL Female only
PRENATE GT ORAL	2	2	GP, GL Female only
PRIMACARE ONE ORAL	2	2	GL Female only
PRIMACARE ORAL	2	2	GL Female only
RUM-K ORAL	2	2	
sodium fluoride mouth/throat	1	1	AL Age < 6 years old
SODIUM FLUORIDE ORAL	2	2	AL Age < 6 years old
sodium fluoride oral chew	1	1	AL Age < 6 years old
sodium fluoride oral soln	1	1	AL Age < 6 years old
STRONGSTART ORAL CHEW	2	2	GL Female only
STRONGSTART ORAL TABS	2	2	GL Female only
STUARTNATAL PLUS 3 ORAL	2	2	GP, GL Female only
TRAVERT INTRAVENOUS	A	A	PA
TRI-VI-FLOR ORAL	2	2	AL Age < 6 years old, GP
TRI-VI-FLOR/IRON ORAL	2	2	AL Age < 6 years old, GP
VI-DAYLIN/F + IRON ORAL	2	2	AL Age < 6 years old, GP
VI-DAYLIN/F ORAL	2	2	AL Age < 6 years old, GP
VI-DAYLIN/F/ADC ORAL	2	2	AL Age < 6 years old, GP
VI-DAYLIN/F/ADC/FE ORAL	2	2	AL Age < 6 years old, GP
VINATE II ORAL	2	2	GL Female only
VISICOL ORAL	NF	3	
VITA-PREN ORAL	2	2	GL Female only
VITAFOL-PN ORAL	2	2	GL Female only

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<b><u>Toxicologic Agents</u></b>			
ACETADOTE INTRAVENOUS	A	A	PA
ANTIZOL INTRAVENOUS	A	A	PA
BAL IN OIL INTRAMUSCULAR	A	A	PA
CALCIUM DISODIUM VERSENAT INJECTION	A	A	PA
CHEMET ORAL	NF	3	
CYANIDE ANTIDOTE PKG COMBINATION	A	A	PA
deferoxamine mesylate injection	A	A	PA
DESFERAL INJECTION	A	A	GP, PA
DIGIBIND INTRAVENOUS	A	A	PA
DIGIFAB INTRAVENOUS	A	A	PA
edetate disodium intravenous	A	A	PA
ENDRATE INTRAVENOUS	A	A	GP, PA
flumazenil intravenous	A	A	PA
FOSRENOL ORAL	NF	3	PA
KAYEXALATE ORAL	2	2	GP
methylene blue (antidote) injection	A	A	PA
naloxone hcl injection	A	A	PA
naltrexone hcl oral	1	1	PA
NARCAN INJECTION	A	A	GP, PA
PENTETATE CALCIUM TRISODI COMBINATION	A	A	PA
PENTETATE ZINC TRISODIUM COMBINATION	A	A	PA
physostigmine salicylate injection	A	A	PA
PROTOPAM CHLORIDE INTRAVENOUS	A	A	PA
REVEX INJECTION	A	A	PA
REVIA ORAL	2	2	GP, PA
ROMAZICON INTRAVENOUS	A	A	GP, PA
sodium polystyrene sulfonate oral	1	1	
sodium polystyrene sulfonate rectal	1	1	

Please refer to Introduction for additional information on abbreviations.

A = Specialty Group A

AL = Age Limit

B = Specialty Group B

EST = Electronic Step Therapy

GL = Gender Limit

GP = Generic Preferred/Substitution

NF = Nonformulary

PA = Prior Authorization

QL = Quantity Limit

TL = Therapy Limit

## Health Net Medicare Drug List

Drug Name	Drug Tier on 2 TIER Benefit	Drug Tier on 3 TIER Benefit	Requirements/Limits
sodium thiosulfate intravenous	A	A	PA
<b><u>UNKNOWN</u></b>			
amino acid-urea vaginal vaginal	NF	3	
AMINO-CERV VAGINAL	NF	3	GP
ANANA FORTE ORAL	NF	3	
ANANA ORAL	NF	3	
MYOBLOC INTRAMUSCULAR	B	B	PA

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