

PRESCRIPTION TRANSITION FORM

How to continue coverage for medications that require prior authorization

We want your first experiences with Health Net to be positive, so we've created a program to help ensure that if you're taking a maintenance medication that requires Prior Authorization, we can transition it into our plans as smoothly as possible. This form is to be used only for new members who have transitioned to Health Net from a different health plan. This program is for prescriptions that you take regularly. Here's how the program works:

- Health Net will use this transition form to enter authorizations for the medications on this form only in the pharmacy claims processing system. This will allow your maintenance medication to process without requiring additional authorization.
- This form is to be used for only the prescription drugs below within the first 90 days of eligibility.
- The list below is not a comprehensive list of drugs that require Prior Authorization from Health Net. For a comprehensive list of medications that require prior authorization or if you have questions related to prescriptions not on the list visit www.healthnet.com or if you are a member, contact us at the number on the back of your ID card.

INSTRUCTIONS:

1. A form is not required if a member is currently **not** taking any of the drugs listed.
2. If the individual listed is currently established on any of the drugs listed below, please circle the correct drug **AND** strength if provided:
3. Fax completed form(s) to the Health Net of California Pharmacy Department at **(818) 676-8086** or mail the form to Health Net at: P.O. Box 9103 Van Nuys, California 91409-9103, ATTN: PHARMACY.

Example: Singulair 4 mg, 5 mg, 10 mg

Last name: _____	First name: _____	Middle name: _____
Date of birth: _____	Member I.D. (if applicable): _____	Phone number: _____
Employer group name (if applicable): _____		Effective date with Health Net: _____

DRUG	STRENGTH
ACCOLATE	10MG, 20 MG
ACTONEL	5MG, 30MG, 150MG
ADDERALL XR CAPSULES	5MG, 10MG, 15MG, 20MG, 25MG, 30MG
AMBIEN CR	6.25MG, 12.5MG
ATACAND	4MG, 8MG, 16MG, 32MG
ATACAND HCT	16-12.5, 32-12.5MG
AVALIDE	150-12.5, 300-12.5, 300-25MG
AVAPRO	72MG, 150MG, 300MG
AVODART (Finasteride)	0.5MG
BARACLUDE	0.5MG, 1MG
BONIVA	150MG
CELEBREX	100MG, 200MG, 400MG
CLARINEX	5MG, 2.5MG RDT, 5MG RDT
COPEGUS	200MG
COZAAR	25MG, 50MG, 100MG
CRESTOR	5MG, 10MG, 20MG, 40MG
CYMBALTA	20MG, 30MG, 60MG
EFFEXOR XR	37.5MG, 75MG, 150MG
EXFORGE	5/160MG, 5/320MG, 10/160MG, 10/320MG
FEXOFENADINE	60MG, 180MG
GLEEVEC	100MG, 400MG
HEPSERA	10MG
HYZAAR	100-12.5, 100-25, 50-12.5
INSPIRA	25MG, 50MG
LEXAPRO	5MG, 10MG, 20MG

DRUG	STRENGTH
LIPITOR	10MG, 20MG, 40MG, 80MG
LOVAZA	
LUNESTA	1MG, 2MG, 3MG
LYRICA	25MG, 50MG, 75MG, 100MG, 150MG, 200MG, 225MG, 300MG
MICARDIS	20MG, 40MG, 80MG
MICARDIS HCT	40-12.5MG, 80-12.5MG, 80-25MG
NAMENDA	5MG, 10MG
NEFAZODONE	100MG, 150MG, 200MG
NEXIUM	20MG, 40MG
PREVACID CAPSULE	15MG, 30MG
PRISTIQ	50MG, 100MG
PROSCAR (Finasteride)	5MG
PROVIGIL	100MG, 200MG
RAZADYNE (ER) (Galantamine)	4MG, 8MG, 12MG, 16MG, 24 MG
REVLIMID	5MG, 10MG, 15MG, 25MG
Ribavirin Tablets, Capsules	
ROZEREM	8MG
SINGULAIR	4MG, 5MG, 10MG
TARCEVA	25MG, 100MG, 150MG
TEKTURNA	150MG, 300MG
TEKTURNA HCT	300-12.5MG, 300-25MG
THALOMID	50MG, 100MG, 150MG, 200MG
WELLBUTRIN XL	150MG, 300MG
XYZAL	5MG
ZETIA	10MG