

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: PO 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	DRUG	STRENGTH
ACCOLATE	10MG, 20 MG	LIVALO TABLETS	1MG, 2MG, 4MG
ACTONEL	5MG, 30MG, 150MG	LUNESTA	1MG, 2MG, 3MG
AMBIEN CR	6.25MG, 12.5MG	LYRICA	25MG, 50MG, 75MG, 100MG, 150MG, 200MG, 225MG, 300MG
APIDRA SOLOSTAR		MICARDIS	20MG, 40MG, 80MG
ATACAND	4MG, 8MG, 16MG, 32MG	MICARDIS HCT	40-12.5MG, 80-12.5MG, 80-25MG
ATACAND HCT	16-12.5, 32-12.5MG	NAMENDA	5MG, 10MG
AVALIDE	150-12.5, 300-12.5, 300-25MG	NEFAZODONE	100MG, 150MG, 200MG
AVAPRO	75MG, 150MG, 300MG	NEXIUM	20MG, 40MG
AVODART	0.5MG	NUVIGIL	50MG, 150MG, 250MG
BARACLUDE	0.5MG, 1MG	PREVACID (Lansoprazole)	15MG, 30MG
BONIVA	150MG	PREVACID SOLUTAB	15MG, 30MG
CELEBREX	100MG, 200MG, 400MG	PRISTIQ	50MG, 100MG
CLARINEX	5MG, 2.5MG RDT, 5MG RDT	PROSCAR (Finasteride)	5MG
COZAAR (Losartan)	25MG, 50MG, 100MG	PROTOPIC	0.03%, 0.1%
CRESTOR	5MG, 10MG, 20MG, 40MG	PROVIGIL	100MG, 200MG
CYMBALTA	20MG, 30MG, 60MG	REVLIMID	5MG, 10MG, 15MG, 25MG
EFFEXOR XR	37.5MG, 75MG, 150MG	Ribavirin Tablets, Capsules	200MG
EXFORGE	5/160MG, 5/320MG, 10/160MG, 10/320MG	ROZEREM	8MG
FOSAMAX-D		SAVELLA	12.5MG, 25MG, 50MG, 100MG
GLEEVEC	100MG, 400MG	SINGULAIR	10MG
HEPSERA	10MG	TARCEVA	25MG, 100MG, 150MG
HYZAAR (Losartan-HCTZ)	100-12.5, 100-25, 50-12.5	TEKTURNA	150MG, 300MG
DEXILANT CAPSULES	30MG, 60MG	TEKTURNA HCT	300-12.5MG, 300-25MG
LESCOL/LESCOL XL	20MG, 40MG, 80MG	THALOMID	50MG, 100MG, 150MG, 200MG
LEXAPRO	5MG, 10MG, 20MG	WELLBUTRIN XL	150MG, 300MG
LIPITOR	10MG, 20MG, 40MG, 80MG	XYZAL	5MG